Community Engagement
Curricular Strategies to Reduce Health Disparities

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Bethel University

- Small private liberal arts college
- Suburban location with proximity to major metropolitan area
- 90 nursing students in each class
- 8% diversity – traditional undergraduates
- Values include reconciliation and peacemaking
Community Engagement

**Definition:** Applying institutional resources to address and solve challenges facing communities through collaboration with these communities (CCPH)

**Curricular Goals:**
Prepare nurses who will:
- Contribute to reducing health disparities
- Develop cultural sensitivity and competence
- Develop commitment to serving diverse and vulnerable populations
Curricular Foundations

• Health disparities
• Social determinants of health
• Cultural competence
• Social justice
The Beginning

• 2007-2008 – Bethel University Alumni Grant
  ▫ Held community meeting with potential partners
  ▫ Focus groups with community partners
  ▫ Involved nursing graduate students

• Outcomes
  ▫ Literature review
  ▫ Community Engagement Manual
  ▫ Focus group data published in article

Focus Group Results (n = 11)

- Churches, schools, non-profit agencies, long-term care facility

- Themes
  - Preparation of students - orientation
  - Expectations of students
  - Scheduling/logistics
  - Student investment and match with organization
  - Project ideas
  - Challenge of interacting with populations served
Community Engagement Structure

- Students remain in same site for 5 semesters of nursing courses
- 4 to 5 students per site (12 to 15 after 3 years)
- Agency and faculty liaison for each site
- 21 sites (50% churches)
- Sites cover the lifespan and both specific and general health concerns
Community Engagement
Curricular Activities

**Course**

*Sophomore*
- Health Assessment

*Junior*
- Practicum I
- Practicum II

*Senior*
- Population-Focused Nursing
- Leadership Development

**Learning Experience**

- Orientation
- Assess population and environment
- Identify health implications
- Health promotion presentation
- Chronic illness project
- 25-hour group project determined by agency
- Organizational assessment and plan for health improvement
Assignment Examples

- Community engagement reflections
- Cultural competence assessment
- Health promotion plan for a population
- Evidence-based matrix
- Social justice paper
- Systems-based cultural assessment
Early Planning for Community Engagement

• **May 2008** – graduate student presentations to nursing faculty

• **Feb - April 2009** - Meetings with community partners to obtain feedback about curriculum and brainstorm about project ideas

• **May 2009** – Lunch with invited community partners and faculty
Continued Planning for Community Engagement

Spring 2010
• Racial Reconciliation Lunches with all nursing faculty
• Matched faculty liaisons to CE sites

Fall 2010
• Lunch and Learn Sessions (Alumni grant)
  ▫ 2 on campus, 4 at Community Engagement sites
  ▫ Community partners invited to all
  ▫ Dialogue about Unnatural Causes DVD series (focus on health disparities) [http://www.unnaturalcauses.org/](http://www.unnaturalcauses.org/)
  ▫ Community Engagement Coordinator
Health Factors & Social Determinants of Health

Health Behaviors

**Barriers**
- stress
- costly fruits & vegetables
- lack of exercise
- traditional medicine
- lack of access to health care

**Solutions**
- "free" extracurriculars
- learning to manage stress
- health education
- increased focus on preventive health
- people taking charge of their own health

Social & Economic Factors

**Barriers**
- lack of education
- income/financial status
- "families broken up"
- lack of power & control
- social isolation
- language barriers

**Solutions**
- education
- family connections
- political involvement
- "having a choice"
- "realizing that different does not = bad"

Physical Environment

**Barriers**
- cultural disconnect
- unfamiliar community
- lack of communication

**Solutions**
- available community resources
- open forums for community
- identify stressors in community
Community Engagement - Spring 2011

- Established student CE Student Council
  - 8 members; 2 meetings each semester
  - Provided feedback about experience and collaborated on planning
- CE Partner Meeting
  - Continued partnership building
  - Dialogue about student and community partner experience
Students at Community Engagement Sites
Evaluation of CE Curriculum

February 2011
• Student Survey – Expectations for Community Engagement in the Nursing Curriculum

May 2011
• Faculty Survey – Year One
• Community Partner Survey – Year One
• Two focus groups – 10 sophomore nursing students in each group (one student from each Community Engagement site)

May 2012
• Two focus groups – 10 junior nursing students in each group (one student from each Community Engagement site)
Evaluation of CE Curriculum

May 2013

• Faculty Survey – Year Three
• Community Partner Survey – Year Three
• Student Survey – Evaluation of Community Engagement Experience
• Two focus groups – senior nursing students


[Developed for the Health Professions Schools in Service to the Nation (HPSISN) Program, a national demonstration program of service-learning in the health professions and funded by the Corporation for National Service and The Pew Charitable Trusts].  
Focus Group Questions (end of semester)

1. What was the most positive/fulfilling aspect of your experience?
2. What was the most frustrating aspect of your experience?
4. What needs did the clients have?
5. What contributions did you make to meeting needs of the agency?
6. How did experiences change your ideas of, or approaches to, caring for people?
7. In what ways did you feel useful in community engagement activities at this agency?
8. How did this experience add to your nursing education?
9. How can we improve upon this experience?
## Similar Focus Group Themes

<table>
<thead>
<tr>
<th>Sophomores ($n = 8$, $n = 9$)</th>
<th>Juniors ($n = 8$, $n = 6$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Experiencing difference</td>
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<tr>
<td>- Learning from and being in the community</td>
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<tr>
<td>- Expectations for the faculty role</td>
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<tr>
<td>- Suggestions for creating effective CE partnerships</td>
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</tr>
<tr>
<td>- Student role expectations</td>
<td>- Community partners lack of knowledge about CE expectations</td>
</tr>
<tr>
<td>- Lack of community partner knowledge about student role</td>
<td>- Schedules</td>
</tr>
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<td>- Acquiring skills - teaching, problem solving</td>
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<td>- Acquiring skills - communication, teamwork, problem solving</td>
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</tbody>
</table>
## Different Focus Group Themes

<table>
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<tr>
<th>Sophomores ((n = 8, \ n = 9))</th>
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<tbody>
<tr>
<td>• Framing the experience as public health/holistic learning</td>
<td>• Meaning of nursing</td>
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<tr>
<td></td>
<td>• Meaning of CE Experience</td>
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<tr>
<td></td>
<td>• Questioning the Benefits of CE</td>
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<td>• Positive Experience</td>
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<td></td>
<td>• Challenges</td>
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<td></td>
<td>• Helping Sophomores understand CE</td>
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<td></td>
<td>• Building relationships with community members</td>
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### Sophomore Focus Group Themes

2 groups - $n = 8$, $n = 9$

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<tbody>
<tr>
<td>1. Experiencing difference</td>
<td>It’s giving us a chance to see different people than what we normally come in contact or see every day so that’s really nice. Not to even feel comfortable around people that are different than you is extremely detrimental to being a nurse.</td>
</tr>
<tr>
<td>2. Learning from and being in the community</td>
<td>It’s like learning from them, them being who they are is a lot to offer us. They can shape us to be better nurses. Helps us become well rounded as opposed to little boxes that nurses are often put in.</td>
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# Sophomore Focus Group Themes

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<tbody>
<tr>
<td>3. Expectations for faculty role</td>
<td>She made us more comfortable by emailing the site director and getting us started.</td>
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<tr>
<td></td>
<td>I have never met my [faculty] liaison.</td>
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<tr>
<td>4. Suggestions for creating effective CE partnerships</td>
<td>Get the ball rolling right away, I don’t know but I think we waited for a while.</td>
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<td></td>
<td>Going back to the faculty liaison, there need to be more consistency within them.</td>
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Sophomore Focus Group Themes

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<tr>
<td>5. Experiencing ambiguity</td>
<td>Not really knowing what is going on goes back to being flexible and being on top of things but it’s kind of frustrating.</td>
</tr>
<tr>
<td>• Student role expectation</td>
<td>We have had difficulties communicating with the person in charge.</td>
</tr>
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<td>• Communication channels</td>
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<td>• Lack of community partner knowledge about student role</td>
<td>There is not a lot of opportunity to go there so we had to work around their schedule and all of our busy schedules.</td>
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<td>6. Acquiring skills of communication, teamwork, and problem solving</td>
<td>Learning how to communicate with people and interact with people. Trying to mesh differences and work towards a new goal definitely adds to the aspect of teamwork. Even though we don’t have all the details we have to figure stuff out on our own.</td>
</tr>
<tr>
<td>7. Framing the experience as public health/holistic learning</td>
<td>It will help us see the public health side of nursing that is different from hospital. I think it’s cool to see nursing from almost a non-medical standpoint.</td>
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## Junior Focus Group Themes

2 groups - $n = 8$, $n = 6$

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<td>1. Experiencing difference</td>
<td>I feel like it is make me more comfortable with people of different background who have not grown up the same way as I have... So it will make me more comfortable in a clinical setting as a nurse.</td>
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<td>2. Learning from and being in the community</td>
<td>I feel like the agency contributes more to us. They pop our little bubbles because we hear about a lot of stories. Just some of the things that people have gone through have totally changed my outlook on people in CD treatment.</td>
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## Junior Focus Group Themes

2 groups - $n = 8$, $n = 6$

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<tr>
<td><strong>3. Expectations for faculty role</strong></td>
<td>I think having faculty liaisons come with students to the site helped a lot especially because we were the first group to ever do this. It was the first time we were going there. It just helped us feel more comfortable knowing that she was introducing us into it. Our faculty liaison actually brought us to our site for the first time last year and she sat us down with the nurse and really ushered us in and that was super nice.</td>
</tr>
<tr>
<td><strong>4. Suggestions for creating effective CE partnerships</strong></td>
<td>Maybe making the nursing staff more aware of the challenges we are facing with it so they understand better. Maybe clear communication on what goes on the council meetings.</td>
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<tr>
<td>5. Experiencing Ambiguity</td>
<td>My site coordinator seems to be clueless like who communicates this stuff to her, who hasn’t told her what is going on. Maybe it’s a systems issue. I was just really surprised that there isn’t more communication going on between whoever is organizing this whole CE experience and each site coordinator.</td>
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<tr>
<td>6. Acquiring skills – teaching, problem solving</td>
<td>When you’re teaching something, you remember it better and to develop empathy for the people that you’re caring for because you get involved in the community and get to know people, so it just helps you care more about the things you’re learning from the textbook.</td>
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| 7. Meaning of nursing                | There is more to nursing than the IV poles and bedpans  
I am learning every single day that there are so many different types of nursing and a lot of so many different things you do in nursing. |
| 8. Meaning of CE Experience          | I realize there is an element of serving involved and we can have a servant attitude towards this but when it involves an educational career and grades are on the line, it causes more stress than needed.  
We don’t want it to fail. It is awesome that we can be with the community, learn, and they can learn. |
<p>| • Questioning Benefits of CE         |                                                                                                                                          |
| • Positive Experience                |                                                                                                                                          |
| • Challenges                         |                                                                                                                                          |</p>
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<td>9. Helping Sophomores understand CE</td>
<td>So maybe what we can do is really try to help the sophomores transitioned into developing relationships with the sites and have them do the same with the next sophomores.</td>
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<td>10. Building relationships with community members</td>
<td>I think just the relationships that we developed with the staff like especially our main site coordinator. She is very encouraging and she also is very laid back and understands that this is just a small part for what we are doing for our classes.  You want to establish relationships but you’re only at the sites two times a semester. It’s really awkward because you’re saying you want to get to know them but it really doesn’t look like it because you don’t have time.</td>
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Lessons Learned

#1 *Constraints of Time and Academic Expectations*

- “All the academic stuff”
- Faculty and students learn to “let go” or adapt expected assignments and tasks, given the uncertainty and changing community environment
Lessons Learned

#2 Being in the Community Requires Flexibility

- The norm for nursing faculty is to develop the course plan prior to each semester, and then follow the syllabus.
- Nursing faculty and students have learned to cope by following their “to do lists.”
- In community settings, the “to do list” may change several times within a semester timeframe.
Lessons Learned

#3 Working Side by Side

- Building in time to share food and open conversation
- Relationship building is a foundation for planning and implementing the CE curriculum
Lessons Learned

#4 *The Community Teaches Students and Faculty*

- By taking on the role of “coach” nursing faculty members emphasize the learning that comes from being in the community.
- Being in the community often requires moving out of one’s “comfort zone” in wanting detailed plans for completing specific activities and tasks.
- Respond to the norms of the community organization.
#5 Recognize the “Learning Curve”

- Change is a constant given the differences in roles and settings.
- The Community Engagement Curriculum is in flux and will change through the implementation process.
- Consistent with the real world.
- Also learn from times when the experience does not go as expected.
Acknowledgements

- Kemo Marong, BSN, MA, RN
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- Minnesota Campus Compact
- Association of American Colleges and Universities