Catalysts for Change

by Richard A. Couto

A program director advocates a service-learning strategy that provides short-term direct service and mobilizes the community to take long-term action.

Volunteer program strategies, like those for other activities, are susceptible to a routinization that permits secondary goals to obscure the primary purpose. If the service-learning educator does not take care, fieldwork may lose its service focus and become only an orientation to an agency or to a professional role. The emphasis may be on the learning, with a concomitant concern on the conversion of an experience into credit hours and a grade, or on the individual's maturation and personal growth. What may be sacrificed is the opportunity for students to work for change or to contribute to alleviating a specific need and through this to gain a sense that their efforts made a difference.

In the Spring 1979 issue of *Synergist* (reprint 181), Robert Sigmon reflected on "Service-Learning: Three Principles," giving the following guidelines to safeguard the service component of a service-learning strategy.

Principle one: Those being served control the service(s) provided.

Principle two: Those being served become better able to serve and be served by their own actions.

Principle three: Those who serve are learners and have significant control over what is expected to be learned.

According to Sigmon, these principles establish a service situation that enhances learning, and my experience with student projects bears him out. I would like to identify further components of a *service*-learning strategy that delivers effective service, enhances learning, and, most of all, invigorates a volunteer strategy.

Over the past 10 years student projects of the Vanderbilt University Center for Health Services, Nashville, especially the student health coalitions (see box), have made a difference in the communities where students worked. During this time, students have led projects in Appalachia, West Tennessee, and Nashville. In addition to providing more than 40,000 physical examinations to people without ordinary access to health care, the students have worked with community leaders to devise more permanent health services. A score of primary care community-initiated and community-run clinics now dot the Tennessee Valley as a result of the community leadership the student health coalitions helped catalyze.

This is not to suggest that rural health care needs now are being adequately met by the coalitions and coalition-initiated activities, but the accomplishments indicate that students and community can work together to institute services related to health care and other problems.

The students' work has been a catalyst not only for change but also for learning—particularly the learning that comes from sharing in a process of change or in addressing others' needs. I offer the guidelines that we have found important in getting the most from students' work.

Cautious Catalysts

Awareness of a need is not sufficient to mobilize people to work on it until they have confidence that something can be done about it. Students are important catalysts in accurately assessing the dimensions of needs and in raising expectations as to what can be done about them. One clinic board member in Petros, Tennessee, remembered the most difficult problem in establishing the clinic as "a lack of support of the people in that they didn't believe that it could really happen."

A member of the St. Charles, Virginia, community recalls how student activity created belief in what the community could do.

> The first summer the student health coalition was in St. Charles, the people weren't that enthusiastic. But students began to find things that other doctors hadn't found. This changed people's minds. It took time to accept it all.
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> There was a need for a doctor in St. Charles. The nearest doctor was in Pennington Gap and there were always long lines there. The health fairs demonstrated the need for better health care. After the second fair, Charlie Province and some sixty others got together at the school to discuss the issue.
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> Many called in before the clinic building was started. They never waited to see a structure before they started giving to the community health effort. Within a year of that second summer, the clinic was built.

This catalytic process has its dangers. Students can overpromise and set unrealistic goals. Realistic goals that deal with the community's perceived needs and problems are important to both the students' contribution to change and the community's willingness and ability to organize.

But here again caution is necessary, for some problems have systemic origins requiring large-scale change. For example, strip mining around St. Charles, Virginia, has caused frequent flooding and although the people have a strong will to clean up, dredge the creeks, and do

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A student nurse assists in examining a child during a health fair.

something about it, the prevention of floods is related to the creation and enforcement of laws. These latter measures are vigorously opposed and require much greater organizational and political effort than a summer student project can provide. Even clinic development must be understood as merely a first step in meeting community health needs. Recruitment of professional staff, reimbursement procedures, and integration with other health services are only a few of the other tasks required of the community to achieve adequate health care.

Nonetheless, it is evident from our experience that the correct fit of student services and community need can help start people on their way to meeting needs susceptible to local effort.

The fit also is very important in achieving the proper mode of learning and community mobilization. Shortly after the beginning of coalition activities, the students hit upon health fairs as an appropriate fit for student skills and community needs. Health fairs offer to each community resident a desired and valuable service, a free complete physical exam including lab work and x-rays when required. Medical and nursing students, with the assistance of other students and supervising physicians, are prepared to perform this needed service well. Simultaneously, the health fair provides an activity around which people organize, for it usually demonstrates both the need for additional health services and the ability of the community to do something about health needs.

The health fair has been adapted to other situations. Recently health fairs conducted in conjunction with organized labor have led to the formation of health and safety committees. The coalition conducted a health fair in White Oak, Tennessee, to help revive interest in health care in a community where the clinic had just closed. This health fair contributed, in part, to the greater use of the clinic building as a community center and to renewing efforts begun in 1972 that resulted in establishing a water system for the community this year.

Finally, the health fair model has been adapted to prisons. It can lead to better health conditions there only if people outside the walls are willing to work along with inmates. The health fair model has been adapted to other areas of student service as well, including the direct marketing of farm produce to urban residents. (See "Come to the Food Fairs," by John Vleck, *Synergist,* Spring 1978, pp. 19-22; reprint 46.)

Support for New Services

The health fair is a vehicle of both service delivery and community mobilization. It makes effective use—and fosters development—of students' skills in addressing community needs. It can contribute to change at the community level if it is organized to elicit a collective response from the people involved with a common problem. This has occurred most successfully in rural areas where a tradition of self-reliance and a lack of services were catalyzed by health fair activity into an effort to introduce new service agencies.

But not all *service*-learning strategies need to aim at introducing new agencies. In urban areas, especially, often the problem is not beginning new agencies but effectively utilizing or expanding existing services. A service-learning program can foster change vis a vis existing agencies by assisting in introducing new and needed services. One example of this strategy at work is the expansion of health services to include nurse practitioner services as a result of the health fair at the Tennessee Prison for Women in 1979. In another instance, health examinations given within day care centers in Nashville did much to uncover early childhood diseases, bring innoculations up to date, and institute therapy for learning impediments.

The point is that where new services are to be introduced, service-learning programs can make quantum gains in terms of organizing people to initiate them. Rural health and occupational health are pertinent examples. Where services already exist, service-learning programs can support people already organized. In both instances, but especially the latter, it is important to keep in mind the three principles that Sigmon enumerated. Otherwise service-learning can become a subsidy for existing services, a student-centered experience, and/or part of the welfare syndrome of need and dependence.

Community Leadership

Another safeguard against these pitfalls is community leadership. Planning with community members prior to the project is essential to gaining their support. This planning helps determine the fit of student services to community need and allows both students and community to make further gains from their work.

Community organizing and mobilization for the student service—and subsequent to that service—are absolutely dependent upon community leadership. Square Mormon, president of the Poor People's Health Council, Rossville, Tennessee, exemplifies this type of leadership and, in an article called "Sick for

Justice'' (*Southern Exposure*, Spring 1978, p. 74), illustrates one form of leadership necessary to prepare for a student's service.

> . . . We had a dream of health care because we had seen so many of our people suffer and die for health protection. And so, some of the students came down and I talked with them and I asked them what could we do, because we insisted that they come down. They said, 'We would need some homes because there would be students coming out of school and they would need a place to stay.' And I said, 'That would be no problem. As bad as we need a clinic and as bad as we need people to be examined we will do everything we can.' We asked them, 'How many homes would you need?' And they said, 'We would need twenty-five or thirty homes.' We went out and got forty homes.

Other characteristics that Mormon shares with other effective leaders of the coalitions' past are secure, if limited, economic means that permit a degree of freedom from economic reprisal when working for change.

Followup and Student Leadership

If students adopt a change orientation, they imply their commitment to following up with the people with whom they are working. It is not enough to start a process of change, or even to discover individual problems, and then to walk away leaving others to bear the consequences, the frustrations, and sometimes the harsh reprisals. This followup may be the creation of institutional linkages or the establishment of other services or projects that can support the activities that the student projects started at the community level.

In response to this need for followup, Vanderbilt created the Center for Health Services to assist in the continuation of projects and to devise new program responses to new needs. In conjunction with the coalition's experience, the Center has helped provide technical assistance to developing and existing health councils.

Followup also may take the form of appropriate referrals to agencies that can deal with problems uncovered by students.

The original summer project of the student health coalition involved 13 students. In 1971 more than 100 students participated. This number was reduced because of the difficulties in funding a project of this scale and, more importantly, because in such a large group consensus decisionmaking seems to break down and fragmentation seems inevitable. Large budgets and large numbers of students imply a permanent staff and less student leadership. In other words, in terms of student leadership, service-learning has an economy of scale. As the projects function now, one summer's group selects the student leaders for the next year, so leadership changes annually.

The leaders are responsible for fundraising (from an array of public programs, private foundations, and church groups),

Student Health Coalitions

In 1968 students from various departments of Vanderbilt University and Meharry Medical College, Nashville, began to form health coalitions to deliver direct services in rural and urban communities and to help members of those communities mobilize to initiate permanent health services. Several ongoing student projects developed to continue this summer's work. One was the Appalachian Student Health Coalition, which concentrates on community-identified health care problems of various types and acts as an impetus to the establishment of community health councils. Another was the Urban Student Health Coalition, which focuses on day care centers, community clinics, and prison health issues. Each summer some 50 to 75 students in these and other projects work closely with communities to carry out major service projects.

By 1972 the coalitions were so well established that the Center for Health Services became incorporated as part of Vanderbilt. Today several student health coalitions, projects meeting other needs (including marketing farm products and providing legal assistance), and community organizations that have grown from student projects fall under the Center's umbrella. (For more details, request copies of the Center's annual reports through interlibrary loan from the Vanderbilt Medical Library.)

From the beginning health fairs have been at the heart of the coalition's operations. Though these are one- to two-week events, they require months of student effort. The work for the summer begins during the regular academic year. The elected student leaders, who work on stipend 10 to 15 hours a week during the academic year, meet with community members to determine need and support for coalition projects, recruit students from Vanderbilt and other universities (Meharry provides the most students), and line up funds and equipment to carry out the proposed projects. The students come from all disciplines but predominantly from medicine, nursing, and the liberal arts.

By April the Center's board of directors (composed of students, faculty members, community members, and past participants) decides which proposals are to be funded and assists with funding needs. From then until early June the student leaders work with community people to determine exactly what will be done. Then one or two students, usually arts and sciences majors, go to each community to prepare the way for the coming of the medical team (medical and nursing students with faculty or other qualified medical personnel as volunteer supervisors). This means organizing community support for meals, lodging, and a health fair site and trying to determine what kind of followup will be needed. The medical team returns for a few days three or four weeks after the health fair to compile results, deal with some health problems, and follow up and assist with referrals to health facilities for those who need them. Many health fairs result in the communities setting up health councils or even health clinics.

The student health coalition model has been used by university-based groups in Alabama (where the program is as large as that at Vanderbilt), Georgia, North Carolina, South Carolina, and Texas.

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recruitment, site selection, orientation, and all other aspects of the coalition activity. In many ways this creates inefficiencies. Fundraising is impaired as proposals are developed late, and contacts made one year are not followed up the next. Sites may be chosen without full or thoughtful consideration because of time limits. Recruitment has been hampered because funds were lacking to make commitments to students for jobs. New beginnings seem to characterize the coalition as students orient themselves annually rather than follow up on what has already been learned.

But if the turnover has its inefficiencies, it also has its strengths. Because the coalition has no permanent staff, the responsibility for continuing the project falls upon the student leaders. History is a guide, but each summer's projects clearly belong to those within the coalition at the time. Participation is a discovery rather than a mapped route. This may be reinventing the wheel, but it engenders a sense of responsibility for tasks that never are allowed to become routine even as they are repeated year after year.

Turnover also instills a certain humility and dependence on others that is often missing in more established programs. As one student said, "As for my summer experience, I fear to say that I feel I got more out of it than the communities. I feel it was a GREAT experience for amateurs, but amateurs don't have the power nor the experience to change community affairs. . . ." A student with this attitude welcomes community partnership in any change effort.

The encouragement of student leadership and initiative must be balanced with the organizational needs for followup that led to the creation of the Center for Health Services. On the other hand, a balance must be struck so that organizational needs do not supercede student leadership within the projects. The Center has sought to do this by creating a decision-making body (a board) of faculty and former project members, community residents, and students.

Service and Learning

In sum then, the Center for Health Services projects have demonstrated two sets of charactertistics of a *service*-learning strategy. First, the coalitions have an emphasis on participation and collective leadership within their activities. There were so few clear lines between leaders and others in the coalition that one out of every three former coalition people who responded to a survey saw themselves as having had a leadership role. Second, the coalition has had a concept of community that includes factors of socioeconomic class and political power. The students worked with people who were, as one said, "the chronic grumblers and complainers," the people who, in the words of another community resident, "fought for everything we got."

The coalition's ambition was to mobilize community leadership to organize and control the provision of needed health services. Community mobilization or self-effort was a goal of equal importance to experiential education. This did not necessarily lend an explicitly political connotation to the activity. In fact, students with great diversity in their political views participated in the projects.

This diversity and the combination of education and community mobilization fostered different perceptions of the coalition activity and its meaning. As one early coalition member wrote:

> The problem has always been that different sections of the project have had their own view of its raison d'etre. The school of medicine sees it as social work and delivering primary health care. The medical students get a chance to gain experience doing physicals. The nurses can break out of the doctor-dominated system and gain some independence in health care delivery and the community organizers can hatch their commie plots to organize the poor people of the mountains.

This may not have been the problem of the coalition as much as the secret of its vitality.

Two other important points must be underscored. First, when student learning, the delivery of services to underserved groups, and community mobilization all have equal emphasis within a project, learning is not sacrificed. More than 30 years ago, Helen Lynd posited that fieldwork offers to preprofessional students—and professional students, we might add—diverse experiences and to liberal arts students the opportunity to ground learning in actual situations. Thus, fieldwork offered, in her estimation, a means "of exploring profound problems basic to the humanities as they arise in situations which have immediate meaning to students." (See *Field Work in College Education,* by Helen Lynd, New York: Columbia University Press 1945; p. 161.)

The coalitions have been a means of exploring profound problems, including the techniques of the various professions and their adequacy measured against the human needs that the students encountered. This is not the education that institutions ordinarily sponsor or for which they assign grades or credit hours. But it is a form of education that examines and questions the "machinery of human existence" that R. H. Tawney has suggested is the essence of humanism, that examines "property, material wealth and the whole fabric of social institutions and services for their bearing on individual lives." (See *Equality,* fifth edition, London: Unwin Press, 1964, pp. 85-86.)

There is no way to institutionalize this process. In fact, institutions militate against it. It is for individuals, students, faculty, and staff within institutions and within *service*-learning programs to maintain their vigor and freshness so that the promise that Lynd saw in fieldwork might be achieved. This is to say that students, like community leaders associated with past coalition work, are engaged in a similar process of expanding institutions to take into account unmet needs and new forms of leadership.

Second, while the programs we describe here are not for everyone, they are suited for some. Those students for whom these projects are appropriate not only exist but must be served. We must be wary of the easy route of channeling youthful energies into pre-existing patterns of institutional conformity and bureaucratic organization. In pursuit of this easier route, it is common to dismiss individual students seeking alternatives in learning or seeking the opportunities for social and political involvement in terms of their psychological need or the child-rearing practices of their parents.

In an interview in *U.S. News and World Report,* Robert Coles observed that the students taking part in the Center's projects and others like them "are ordinary young people—not 'crazies' or political radicals—who are continuing a stream of idealism that runs very broadly throughout this nation's history." It is important that we assume that ordinary young people have ideals, and that we work with them to create a society modeled not after our institutions' ease but according to our highest aspirations. A student-community partnership in change is not only a means to express these aspirations but is itself a vehicle of *service*-learning to which we should aspire. □