Chapter 2
Service Learning as an Approach to Combatting the Triad of Interrelated Diseases in the District of Columbia

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ABSTRACT

The maintenance of good health and wellness for individuals and communities depend on the provision of opportunities to prevent health problems and improve their basic health and well-being. The traditional learning approach in the nursing profession is based on individual and curative models of care. However, combating the interrelated triad of heart disease, diabetes, and hypertension that affect a large percentage of younger and older adults in the District of Columbia calls for a paradigm shift of learning toward a collective and social approach such as service-learning. The purpose of this chapter is to illustrate how interprofessional and multi-disciplinary practices are used to tackle health issues and explain how the pedagogical approach, with social and preventive directions, led to the development and sustainable community partnerships in all eight wards of the District of Columbia.
INTRODUCTION

The maintenance of good health and wellness for individuals and communities depends on the provision of opportunities to prevent health problems and improve basic health and well-being. The traditional learning approach in the nursing profession is based on individual and curative models of care. However, combating the interrelated triad of heart disease, diabetes, and hypertension affecting a large percentage of younger and older adults in the District of Columbia (DC) calls for a paradigm shift of learning toward a collective and social approach such as service-learning. The Bachelor of Science (BSN) in nursing program at the University of the District of Columbia (UDC) found service-learning pedagogy to be a useful vehicle to comprehensively confront health issues, encourage lifestyle changes, and promote the redesign of some areas of the community. This chapter illustrates how interprofessional and multidisciplinary practices tackle health issues. It will explain how the pedagogical approach, with social and preventive directions, led to the development and sustainable community partnerships in all eight wards (geographic divisions) of the DC. The initiatives are designed to meet the affected and at-risk members of the community through adult day care centers, community centers, religious organizations, homeless shelters, halfway houses, drug stores, and grocery stores. There are four quadrants (Northwest, Northeast, Southwest, and Southeast) and eight electoral Wards that designate geographic areas in the city. The wards are evenly divided by population size but differ greatly in socio-economic status, educational levels, and health statuses.

After presenting the theories, research studies, and best practices undergirding the pedagogical approach, the chapter highlights the symbiotic goals of the health programs, community partners, and university to confront the health issues. This chapter highlights the structure of the instructional model that has been integrated into the academic programs’ curricula to address community health needs. The authors detail the stages of the operation. Articulations of the beneficiaries of the health initiatives, as well as the anticipated limitations to sustainability, are also included.

BACKGROUND

Bridging the Accessibility Gaps

The District of Columbia (DC) has an adequate number of primary care providers, but they are clustered primarily in the northwest quadrant of the city. According to the report published by Kaiser Family Foundation (2017), there are 2,842-active primary physicians and 4,649 registered nurses working in DC. However, 15 geographic
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