Preparing Culturally Competent Health Educators: The Development and Evaluation of a Cultural Immersion Service-Learning Program

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Abstract

The United States is becoming an increasingly diverse culture. To function in this diverse setting, health education students need opportunities to develop cultural competence. Cultural immersion service-learning courses are one way to meet this need. Using a combination of literature review and experiences with a cultural immersion service-learning course in Honduras, the authors explore important issues associated with the development of a cultural immersion service-learning course for health education students. Activities during the immersion as well as pre and post immersion activities and evaluation are discussed along with the challenges and rewards of working in a developing country.

Key words: Health Education; Cultural Awareness; Cultural Competence; Service-Learning.
Introduction

Health educators are living and practicing in a more diverse society. Population estimates clearly demonstrate changing demographics in the United States with ethnic minorities increasing dramatically in the 21st century. Hispanics are the fastest growing minority and the Centers for Disease Control and Prevention projects that the Hispanic population will triple between 2008 and 2050. All other minority groups will increase as well. These demographic changes and cultural differences must be addressed in the educational preparation of health educators. Whether in the school or community education setting, health educators will need to be culturally competent. The Joint Committee on Health Education and Promotion Terminology defines cultural competence as, “The ability of an individual to understand and respect values, attitudes, beliefs, and mores that differ across cultures, and to consider and respond appropriately to these differences in planning, implementing, and evaluating health education and promotion programs and interventions.” In an April 2006 position statement, the American Association for Health Education (AAHE) discussed the importance of incorporating cultural competency in health education curriculum.

This position statement asserts that professional preparation ought to “include, but not be limited to, internships with schools and community based organizations working with diverse populations”. Service-learning with diverse populations has been demonstrated to be effective in developing cultural competence among health education students at the undergraduate and graduate level.

Another method of addressing this need is through international cultural immersion programs. The number of short-term faculty led study abroad programs is growing and make up more than half of all the study abroad experiences. Recently, these programs have demonstrated their effectiveness in facilitating cultural competency in numerous disciplines including public health, nursing, business, and pre-service teacher education students.

The opportunities for using international immersions are increasing. For example, the number of students studying abroad increased from 99,448 in the 1996-1997 academic year, to 241,791 in the 2006-2007 academic year. During that same time span, the percentage of students in the health sciences participating in study abroad programs increased from 2.7% to 4.1%. This increase in health education students involved in study abroad experiences provides an important avenue to augment stateside internships in developing cultural competence among health education students.

A review of the health education literature found very little discussion about international cultural immersion service-learning programs for health educators. In this article, the authors discuss the creation of an interdisciplinary cultural immersion service-learning program in Honduras. The program was created in a Midwest university through a collaborative effort between faculty members from the Department of Health, Physical Education, and Recreation and the Department of Nursing. The program was offered in Honduras in May of 2007 (10 students), 2008 (12 students), and 2009 (14 students). The authors will share important issues to consider in planning a short-term cultural immersion service-learning program in a developing country and will discuss preliminary data from a five-year study focused on the impact of cultural immersion service-learning programs.

The Program

The faculty led study abroad program discussed in this article is a ten-day cultural immersion service-learning course in Honduras. The course is cross-listed between Health Education and Nursing, is open to students across campus, and fulfills liberal studies requirements. As a small university of less than 10,000 students, this liberal studies designation is important in attracting an adequate number of students. More importantly, drawing majors from across campus provides students with an opportunity to work with others from varied disciplines. Having faculty from Health Education and Nursing teach the course is advantageous in enriching the course and providing an example of interdisciplinary cooperation and collaboration.

Along with the ten days in Honduras, course work prior to departure prepared students for the out of country experience. Work upon return from Honduras facilitated reflection for the students. This combination allowed for an extension of the learning process beyond the ten-day immersion, a factor that has been reported to increase cultural competency for students enrolled in a cultural immersion program.

Course objectives focus upon the ability of students to conduct primary and secondary assessment, to develop culturally appropriate programming based
 Prepare Culturally Competent Health Educators

upon the primary and secondary assessment, to implement this programming in Honduras and to evaluate the outcomes of programming. In addition, students are expected to demonstrate an understanding of the individual to society and its culture and institutions, and to explore the personal and professional impact of the course.

Service-learning activities provided the basis for meeting these objectives. An important consideration when implementing service-learning projects is that the learning needs of the students and the service needs of the community are addressed. Developing countries, such as Honduras, are a good match for service-learning experiences in health education. Honduras continues to have needs in regards to inadequate clean water and sanitation and knowledge of basic hygiene techniques such as hand washing to prevent the spread of infection. Nutrition education is also needed from basic nutrition to specific needs such as the importance of folic acid for women of childbearing age.

Meeting these immediate needs is important; however, if the focus of programming is solely on meeting these needs without a focus on capacity building, then Honduras and the people of Honduras will remain in a dependent position. Therefore, this cultural immersion service-learning course also focuses on capacity building of the health care infrastructure in Honduras through work with a community partner, Dr. Milton Mendoza.

Experiences with Programming

Pre-departure Programming

Programming prior to departure focused on preparing students for the immersion and helped students to get to know one another. This step was important, as pre-departure preparation has been reported to be vital to the success of immersion programs. Coursework for each summer session began in the winter semester prior to the immersion. Students were not enrolled in the course at this time. However, due to an early May departure, students had to be prepared for activities immediately upon arrival in Honduras. Preparation was important not only in an academic sense, but also in regards to developing working relationships among the students. Koernig noted that 49% of students in a two-week immersion reported they had a hard time getting to know the other students in the program prior to departure. With limited time and busy student schedules prior to departure, virtual work through WebCT (online course management software) was an important component of pre-departure activities.

Students began by studying a PowerPoint Multimedia presentation on WebCT and reading literature to learn about the culture of Central America with an emphasis on the culture of Honduras. An important focus of this early work addressed the need to set aside potential biases and enter the immersion using cultural relativism whereby students observe the culture without ethnocentric views. Grusky points out, “…whether the service-learning experience propels one to enter a new neighborhood or travel thousands of miles to a new country, issues of cultural arrogance, racism, stereotypes, privilege, and economic disparities will have to be discussed”. Readings followed by on-line discussions allowed students to explore these issues in detail. In the process of learning about Honduras and discussing their own beliefs on cultural diversity and acceptance, students were also getting to know one another. Relationships between students continued to develop during three pre-departure face-to-face meetings.

Students also began their service-learning activities prior to the immersion by conducting a secondary assessment of the needs specific to health and health care. In the first and second year of programming, students developed activities to teach elementary school children about hand and oral hygiene. In the third year, a third service-learning project was added that focused upon educating women of childbearing years about folic acid.

Once an area of focus was identified, students sought out resources to address this need. This was quite difficult as resources that are in Spanish in the United States may or may not be appropriate. There were cultural differences as well as differences in regards to access to necessary resources in Honduras. For example, many of the teaching resources to increase folic acid consumption in the United States were inappropriate for use in Honduras since Honduras lacks folic acid fortification. Recipes that included fortified foods had to be replaced with recipes that included foods available to women in Honduras that were naturally high in folate.

While not mandatory, students had the opportunity to solicit donations to augment service-learning activities. Past donations included monetary donations, soap, shampoo, vitamins, toothbrushes, and toothpaste. These donations assisted in meeting
the current needs of the people of Honduras, which was important.

To prepare for capacity building efforts in Honduras, students learned about the community partner Dr. Milton Mendoza and his project to bring health care to an underserved rural area of Honduras. They learned about the hospital Dr. Mendoza intends to build, the Yojoa International Medical Center\textsuperscript{23}, and his desire to provide health care to all regardless of ability to pay. Students also explored the political system in which Dr. Mendoza works.

Immersion Service-Learning Experiences

Once in Honduras, service-learning activities began with a primary assessment of the needs in the local Santa Cruz de Yojoa area. Students observed the local population and talked with local community leaders. Service-learning activities took place in public elementary schools attended by the poorest of children. Students went into the classrooms, taught basic hygiene, and gave each child a bar of soap, a toothbrush, and a tube of toothpaste. Students provided similar programming in a shelter for single mothers.

Head lice treatments have also been a focus of service-learning activities. Upon arrival in May of 2007, a local official reported that a head lice infestation among the children of a local school was an important issue for the students to address. During that immersion, students treated over 30 girls in the school for head lice and taught the girls’ mothers how to prevent and treat future infestations.

The clinics in Honduras have large waiting rooms with many clients waiting at any given point in time. This captive audience provided the opportunity for students to observe and interact with Hondurans. For example, prior to going to the clinic, students learned about developmental levels of babies and children using the Denver Developmental Screening Test as a guide. When in the clinics, students interacted with babies and children observing for levels of development. Students also had an opportunity to observe interactions between family members. Women in the waiting rooms were also the target audience for folic acid programming.

While in Honduras, students were advocates for the development of the Yojoa International Medical Center. These efforts in capacity building took place in governmental meetings and through media outlets such as interviews for local and national television news. Many students continued these advocacy efforts independently upon return from Honduras. In addition, three students have returned to Honduras to work for an extended time with Dr. Mendoza as he works toward increasing health care access in this poor, rural area of Honduras.

Cultural Activities

During immersions, students and instructors resided in housing for workers at a large hydroelectric plant and ate the majority of their meals with a local family. This provided an opportunity for students to observe family dynamics and provided them with an opportunity to partake of home cooked meals Honduran style.

Pre-departure discussions on the importance of observing a culture using cultural relativism prepared students to use observation as an important mode of learning during the immersion experience. Students were provided with observation guides and were encouraged to observe while traveling or during activities for health-promoting activities (diet, activity, stress, etc.), unhealthy activities (diet, activity, stress, etc.), opposite and same sex interactions, and parent-child interactions. Students also observed for resources in a given area as they assessed the infrastructure of the area (access to electricity, signs of public transportation, health care resources, garbage pickup street lights, etc.) as well as population density, vegetation, human interaction with pets and wildlife, transportation, and cultural dress. Differences in health care resources were readily apparent to students during tours of public hospitals where children were found two to a bed due to lack of resources. This was in contrast to the private hospitals where spa-like conditions were observed.

At the end of each immersion, time was set aside to visit historical sites and to spend some time as a tourist. Excursions have been made to cultural and historic sites in Tegucigalpa, in Copan with the Mayan Ruins, and Tela, home of beautiful beaches and the Garifuna people.

Reflection

Students were given a journal upon departure and were encouraged to make three part journal entries.\textsuperscript{24} They wrote objectively about their service-learning activities, then wrote an analysis of their response to the activities including feelings, thoughts, and judgments and how this experience helped them to learn about themselves. Lastly, they wrote a section that connected course material with the community experience. Instructors did not have access to the
journals. Each day in Honduras ended with a group meeting to discuss the events of the day, the reaction of students to the event, and to answer questions and encourage students to find meaning in service-learning activities and other experiences.

Upon return from Honduras, students wrote a subjective reflection paper about their experiences; many relied heavily on their journal entries. They also completed an objective assignment focused upon contrasting the American and Honduran cultures. These assignments extended course time, which as discussed earlier, has been reported to increase the effectiveness of short-term immersions.

A final meeting scheduled during the start of the fall semester provided important closure to the course. Having had the summer to reflect on their service-learning activities and experiences, students had the opportunity to once again share with one another. During this session, perceived successes and failures of service-learning activities were explored with a focused discussion on implications for future service activities.

Course Evaluation

At the end of each program, students had an opportunity to complete a quantitative and qualitative evaluation of the course. The institution’s Internal Review Board approved the use of this data for research and publication. The following data represent the responses of 36 students over three years of programming.

The quantitative section of the evaluation provides students with five responses (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree). The mean response to pertinent questions is discussed in this section, followed by a summary of responses from corresponding open-ended questions when appropriate.

Students reported that they valued information from other cultures in understanding their own health (I believe that information from other cultures is important in understanding our own health. 4.9 of 5.0) and believed that they learned a great deal about the Honduran culture during the course (I believe I learned a lot about the Honduran culture while engaged in this course. 4.7 of 5.0). Students also reported that they perceived that they were more sensitive to cultural diversity after the course (I believe I am more sensitive to cultural diversity after participation in this course. 4.5 of 5.0), and reported that they believed they would be able to apply the knowledge gained through the course during their professional career (I believe I will be able to apply the knowledge gained during this course in my professional career. 4.4 of 5.0)

The perceived value of cultural learning demonstrated by the quantitative data was supported by the responses to the open-ended question, “Reflect on your greatest area of growth during this cultural immersion service-learning course”. The most common area of reflection on growth was in understanding and or embracing another culture. Nearly half of the students (17 of 36 students) focused upon this area with statements such as, “I was able to learn about this other culture and how it is similar and different to my culture. I was able to open my mind more to new things.” Six of the 36 students discussed growth in regards to an increased understanding of the challenges faced by a developing country such as lack of health care, clean water, and sanitation. “While I had heard about challenges facing developing countries, seeing them firsthand (healthcare, inadequate sanitation, etc) really opened my eyes to this reality and made me a more compassionate person.” This report of perceived increase in cultural knowledge is similar to cultural immersions in other disciplines.

Providing basic health education interventions in a developing country, such as Honduras, compels the student to experience the culture and to understand cultural barriers in addressing health education needs through community interventions. Students are also forced to problem solve on the spot with limited resources.

The most common challenge reported by students was communication (15 of 36 students). This may be due, in part, to the lack of a language prerequisite for this course. Students entering the course had varying levels of both coursework in Spanish as well as practice experience with native speakers. While interpreters were used throughout the immersion, it is clear that this was inadequate in meeting the communication needs of many of the students.

Few students (4 of 36 students) reported that communication was one of their greatest areas of growth. Growth with second language skills requires a willingness on the part of the student to become actively engaged in communicating in the second language. MacIntyre reports that the use of second language speaking skills is based upon a set of complex factors including “various relevant individual, social, linguistic, situational, and other factors.” 26 p. 564 Thus, simply being immersed in the
culture, while helpful, does not ensure an increased ability with second language speaking skills.

In response to an open-ended question focused on the challenges experienced during the immersion, one student stated his/her frustration with communication, “It was challenging when I couldn’t say what I wanted to in Spanish and get across to them what I needed to.” Students shared various interventions to address these communication challenges such as the need to “leave your comfort zone and commit yourself a little more than usual” and the need to “rely on sign language to overcome the language barrier”. Another student described his/her lack of Spanish speaking skills as a fear and stated, “I dealt with this by talking with other classmates on their perspective.”

Fourteen of the 36 students reported that acclimating to cultural norms was a challenge for them. They often focused upon the poverty and lack of resources in Honduras, “I guess I didn’t expect to see such poverty in the country. It was really sad to see how some of the people lived. The hospital visit was also difficult to see.”

As noted earlier, students lived in housing that was also used by workers at a hydroelectric plant. This housing was typical of what would be found in an average Honduran neighborhood. Rooms lacked many of the amenities that students were used to having such as hot water and screening for insects. Eleven of the 36 students reported challenges in getting used to these living conditions. One student stated, “I was surprised by our living conditions. I initially felt some anxiety. However, I quickly adjusted. I think I was shocked by how run down the building was and there were a lot of insects and geckos. It wasn’t what I was used to.” Another student, when discussing his/her area of greatest growth, attributes this growth in part to the realism of the immersion experience and states, “My greatest area of growth during this course was cultural diversity. I began this trip with some knowledge of Honduran culture; however, I wasn’t able to fully understand it until I had the experience of living a life similar to a native Honduran.”

The recent military coup in Honduras demonstrates the underlying safety issues that face students participating in a cultural immersion service-learning course in a developing country such as Honduras. When asked if they agreed that they had “fears about traveling out of the country to participate in this course” the mean student response was 2.7 indicating a mean response between Disagree and Neutral. However, while students perceived that their parents supported their participation in the course (My parents supported my participation in this course. 4.2 of 5.0), they reported that their parents had a higher level of fear than they reported for themselves. In response to the statement, “My parents had fears about me traveling out of the country to participate in this course”, the overall mean was 3.8 of 5.0 (indicating a mean response between Neutral and Agree). When reviewing the responses to the open-ended question, “If you or your parents had fears about this travel, how did you deal with these fears?” The responses primarily discussed were relieving fear by focusing on the safety of a university group program that had been successful in the past (12 of 36 participants). A second area of focus in decreasing fears was on the use of preventive measures such as immunizations, knowledge of safety information, registering with the embassy, and the use of security guards (7 of 36 participants), and a third area reported by students was on educating themselves and or their parents about Honduras (6 of 36 participants). These responses indicate that while this established immersion program provided a perceived safety advantage for this group of students, student and parental fears were also addressed through planned safety actions and education about the target country.

Instructors’ Experiences

There are many benefits to faculty participation in immersion experiences. Dooley, Dooley, and Carranza25 cited increases in knowledge of international issues and the ability to bring this knowledge and international experiences back to the classroom. The instructors of this course concur with this statement. At the same time, immersion experiences can be quite demanding. Instructors must consider their comfort level with ambiguity, 24-hour responsibility for students, and language challenges.

The authors have yet to lead an immersion that played out as planned. Changes upon arrival at the host country are common and instructors must be comfortable making last minute changes to schedules and activities. Often, anticipated needs are not realized or needs that are more important are brought out by community leaders. This provides a wonderful learning experience for students as they learned that perceived needs may not be actual needs. They also learned about making changes in a resource poor area. However, this is still quite stressful for students and for instructors. The authors have addressed this issue by sharing past experiences related to the
likelihood of schedule changes with students prior to departure. For students, this normalized the potential for change.

Being responsible for students while on an immersion is another consideration. While developing countries such as Honduras are a good match for health education interventions, there are many safety issues to consider. Poor rural areas are most in need of basic education due to their lack of adequate sanitation and drinking water. However, these needs also relate to potential safety issues for students. Instructors must be continually aware and make the students aware of the need to drink only bottled water and not to eat raw food with the exception of the food in a few restaurants that are known to prepare food with bottled water. Accommodations are also basic. For this reason, a strong in-country network is an important asset. For this course, an in-country network provides safe housing and meal preparation. They also provide security personnel to be present during activities.

Language has been the greatest challenge in developing the course. The instructors began this experience with very limited Spanish speaking ability. To develop Spanish-speaking skills the instructors wrote an internal grant to attend a Spanish immersion program. This program was helpful, but one must practice Spanish-speaking skills on a regular basis. Additional grant money paid for software that the instructors could use on an ongoing basis. Even with all of this, language is still a challenge. Students are encouraged to develop some Spanish speaking skills prior to the immersion, but it is not a requirement. Peace Corp workers in Honduras have been very helpful in working as interpreters.

So why would anyone want to take on a program of cultural immersion in a developing country? The authors find that the rewards of these experiences keep them engaged. Their global education partnership with a community in rural Honduras has been a mutually beneficial experience for everyone involved in the project. The community has benefitted from the efforts of eager, committed students. The students have experienced another culture while being able to have a small, yet needed, impact on health education in the community. The authors have grown in their appreciation of the gifts and talents of their Honduran hosts and students. Each trip has ended with making plans for the next trip.

Conclusions

Engaging health education students in activities to develop cultural competence is important in meeting the needs of an increasingly diverse United States population. Developing countries such as Honduras continue to have critical educational needs that can be met through the expertise of health education students. When planning a cultural immersion service-learning course, pre-immersion activities are important in developing group cohesion and in preparing students for immersion experiences. Integration of immersion experiences can be facilitated through post-immersion activities including student reflection on the meaning of their experiences. Preliminary evaluation data supported the value of this international immersion program in developing aspects of cultural competence. The challenges associated with cultural immersion service-learning programs are counterbalanced by benefits to the community, the students, and the instructors.

References


