

Implementing Service-Learning Pedagogy: A Case Example

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Abstract

This article describes a case example of a pedagogical approach that successfully integrates teaching technical skills, knowledge, and civic engagement. Students embarked on a semester-long project to assess the complexities of the Medicare Part D prescription drug benefit, develop a response to address the concerns of community constituents, and engage in advocacy with local legislators.

Introduction

The debate over the appropriate mission of the enterprise of higher education has been heating up in the academic and popular presses for the last several years. Spurred on by the rising cost of education, the question of the “added value” for students and society derived from postsecondary education has become a major focus of the discussion (*Boyer 1990; Boyte and Kari 2000; Colby et al. 2003; Ehrlich 1999; Fish 2003*). A view that is gaining widespread acceptance is that educational institutions have a public responsibility to address the most pressing social problems of the day and to go beyond training for intellectual competence to preparing students for lives of moral and civic responsibility that contribute to the positive development of their communities.

If today’s college graduates are to be positive forces in this world, they need not only to possess knowledge and intellectual capacities but also to see themselves as members of a community, as individuals with a responsibility to contribute to their communities. They must be willing to act for the common good and capable of doing so effectively. If a college education is to support the kind of learning graduates need to be involved and responsible citizens, its goals must go beyond the development of intellectual and technical skills and beginning mastery of a scholarly domain. They should include the competence to act in the world and the judgment to do so wisely. (*Colby et al. 2003, 7*)

This article describes a university's transition to a mission of civic engagement, initiatives put in place to support that mission, and a case example of a pedagogical approach that successfully integrates teaching technical skills and knowledge and civic engagement.

The University Setting

Widener University is an independent, metropolitan, comprehensive teaching institution composed of eight schools and colleges, offering educational programs leading to associate, baccalaureate, master's, and professional doctoral degrees. Its enrollment is approximately 6,200 students, including 3,300 graduate students, 2,400 day undergraduate students, and 500 evening undergraduate students. In 2004, Widener University reframed its institutional mission to include the promotion of civic engagement through curricular, cocurricular, and institutional initiatives. The redesign of its mission was largely shaped by a new institutional vision resulting from a change in the university's leadership and the university's community context.

Needs of the local community

The university's main campus is located in a socioeconomically distressed city of approximately 35,000 residents, 14 miles outside Philadelphia, Pennsylvania. The city is inarguably one of the most socioeconomically disadvantaged in the nation. Strongly affected by the economic changes of the post-World War II era, the city's economic base collapsed between the 1950s and 1980s, the tax base narrowed, and much of the middle class moved out, following employment opportunities. The city's steep slope of decline continued for the next two decades. By 2000, more than 23 percent of all families and 27 percent of all individuals were classified as living in poverty, the unemployment rate stood at just under 10 percent, 41 percent of the adults were outside the labor force, and the city had lost almost 20 percent of its 1980 population (*U.S. Bureau of the Census 2000*).

Although the university's president, who occupied the position from 1982 to 2002, had worked to establish close ties with local political leaders, his frustration and impatience with a city bureaucracy built on years of one-party domination limited his enthusiasm for any major joint project with the city. Believing the location to be a liability to the university's image and enrollment, the administration did its best to present the university, both figuratively and literally, as separate from the city. This negative view of

the city, coupled with security concerns, contributed to the development of a fortress mentality on the campus—a mentality perhaps best symbolized by the daily closing and locking at dusk of a pedestrian walkway over the freeway that separates the Widener campus from most of the rest of the city (*Silver, Poulin, and Wilhite 2006*).

Emergence of a new institutional mission

In September 2002, the university welcomed a new president. Upon taking office, the president explicitly expressed his intention to make civic engagement a cornerstone of his administration and called on the university to commit itself to preparing citizens who understand collaboration and possess community-building skills. In his inaugural address, the president expressed his belief that the future of the university very much depended on the future of the city. He signaled his commitment to an agenda of community engagement and support by creating a new position, Special Assistant to the President for Community Engagement. One of the president's early initiatives was to launch the first formal strategic planning process in the institution's history. The strategic planning process resulted in new vision and mission statements and strategic planning goals for the university that emphasized "creating a learning environment where curricula are connected to societal issues through civic engagement," inspiring students "to be citizens of character who demonstrate professional and civic leadership," and contributing to the "vitality and well-being of the communities we serve" (*Widener University 2004, 2*).

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Service-Learning Pedagogy

One way to create a learning environment that is connected to societal issues is to provide course-related learning opportunities that are relevant to the problems of our communities and contribute to the search for solutions. This pedagogical approach is often referred to as service-learning. By definition, service-learning pedagogy integrates community service with instruction and reflection. The community service activities are embedded within the academic coursework, requiring students to apply formally acquired knowledge and skills to community problems and needs. Ideally, service-learning courses have clearly articulated learning

objectives, identify and address real community needs, and provide students opportunities for ongoing guided reflection on their experiences through a combination of class discussions, writing, presentations, and so on (*Eyler and Giles 1999; Furco and Billing 2002; Skinner and Chapman 1999; Strage 2004; Wilhite and Silver 2005*).

In 2005, in response to the university's new mission, the Center for Social Work Education designated one of its core master's of social work (MSW) courses as a service-learning course dedicated to learning activities that serve the local community. The course, Social Work with Communities and Organizations (SW535), concentrates on preparing social work students to help communities and organize to advocate for the needs of their underserved populations or for changes in policies that result in underserved populations. Each year, faculty who teach the course identify a local community partner and a collaborative project that becomes the focus of a class project and application of the course content. Generally, the center offers five sections of this course, with each section identifying a unique service-learning project. The center has encouraged its faculty teaching this course to submit proposals to the University's Academic Service-Learning Faculty Development Program to support course development, implementation, and learning outcome evaluation. The following is a case example of one of the courses that was developed with the support of the faculty development program, demonstrating the application of service-learning pedagogy and the perceptions of the faculty, students, and community partner with regard to the learning experience and service provided.

The Community Issue

On January 1, 2006, the Medicare Part D prescription drug program was implemented in the United States. This plan was designed to decrease the burden of prescription drug costs to Medicare beneficiaries. This was to be a watershed moment in the history of the United States, the government taking responsibility to provide for the needs of vulnerable citizens burdened with the ever-increasing costs of prescription drugs. In reality, what the country witnessed was the outsourcing of the Medicare program to private interests. Beneficiaries and their caregivers were left in the dark as to how to negotiate the maze of steps required for enrolling in the program, understanding the drug formularies, and selecting a plan that would suit their needs. Dual eligible beneficiaries (those eligible for both Medicare and Medicaid coverage), who were passively enrolled in a plan, were horrified as they were charged

expensive copays or were denied life-sustaining medications and treatments because they were no longer covered under the new plans. Legal aid hotlines were jammed with calls from beneficiaries and their caregivers who desperately tried to find solutions. Those who consulted with their case managers regarding their concerns found that there was little help available. In consulting with the local County Organization for Services for the Aging (COSA), it was revealed that many social workers and case managers lacked the training to effectively address their clients' issues.

As part of a service-learning course designed to introduce students to the concepts of community organization and civic participation, a partnership was developed between the local COSA and the Center for Social Work Education at Widener University. Utilizing a social planning model, students in a master's of social work program embarked on a semester-long project to develop and implement a service-learning project to assess the complexities of the Medicare Modernization Act and the Medicare Part D prescription drug benefit, develop a response to address the concerns of community constituents, and engage in advocacy with local legislators regarding the project.

Course Content—The Social Planning Model

The Social Planning Model seeks to design and implement a process to address social problems. According to Rothman, Erlich, and Tropman (2001, 31),

The design of formal plans and policy frameworks is of central importance, as is their implementation in effective and cost efficient ways. The concern here is with task goals: conceptualizing, selecting, establishing, arranging and delivering goods and services to people who need them. . . . fostering coordination among agencies, avoiding duplication and filling gaps in services are important concerns in achieving service ends (Austin, 1997, Mandall, 1999).

The goal of the service-learning project was to design and implement a training process that informed service providers of policy changes in Medicare. By utilizing a social planning model, students, in consultation with a representative of the local COSA office, were able to identify and address a gap in services being provided to Medicare recipients and their professional caregivers. Utilizing traditional problem-solving methodology, students

focused on the accomplishment of five basic steps: problem identification, problem assessment, planning, implementation, and evaluation and termination.

Problem identification

During this phase of the project, students focused on identifying the concerns and problems associated with the implementation of the Medicare Modernization Act of 2003 and its impact on vulnerable client populations. In an effort to further understand the establishment of the policy and the results of its implementation, a community partnership was developed with the local COSA. The COSA representative, who happened also to be a graduate of the center's MSW program, attended several class sessions, working closely with the instructor to provide students with information on the history of Medicare policy in the United States, the Medicare Modernization Act of 2003, the benefits associated with the implementation of this act, and the growing concerns regarding the impending May 15 Medicare Part D enrollment deadline.

Students engaged in a brainstorming session with the COSA representative to identify client and administrative concerns. Lack of training for case managers was identified as a key issue during the discussion. Several students in the class were, in the context of their clinical internships, themselves experiencing frustration with both the overwhelming amount of information regarding the changes and available choices and the dearth of information provided to them and their clients regarding how to make those choices as the May 15 deadline for enrollment in the plan approached.

Problem assessment

The students sought to understand the nature of the problem through the identification of needs and the collection of relevant data. Additional follow-up contacts by the students found that members of the professional gerontology community were equally uninformed about the process for enrollment, the merits of the insurance plans, and the costs associated with the various options. Students in the MSW program tend to be nontraditional students. As this was an evening class, many students in the class were already working in the field of social work and had clients who were going through the Medicare enrollment process. Although no formal assessment was conducted, students were instructed to informally survey clients, members of their families, coworkers, and community residents to assess their knowledge about the Medicare Part D prescription program. Students also tracked the

growing media attention on the subject to ascertain community responses. Students' initial beliefs were corroborated regarding the lack of information available to community residents concerning the program benefit. Through all of these sources, it was generally apparent to the students that while community members and professionals were aware of the existence of the benefit, they were unsure of how to actually conduct an analysis of the sixty-six available prescription drug programs in Pennsylvania in order to make an informed decision for themselves, their clients, or their loved ones.

The next step involved an Internet search to explore whether there were any initiatives for disseminating Medicare Part D information in the region. The search revealed that although many advocates, case managers, and professionals were conducting workshops for potential Medicare Part D recipients, there was not a similar forum designed to teach professionals how to access the information and resources needed to enable them to serve their client populations. In addition to the lack of information available to the professionals, students found that many of the dual eligibles who had been automatically enrolled in the program were not necessarily enrolled in the specific insurance plan that most suited their individual needs.

Planning

The planning phase of the problem-solving framework involves the selection of a course of action from alternative strategies. Brainstorming with the instructor and the COSA representative, the students identified a variety of strategies designed to address the growing crisis surrounding the launching of the Medicare Part D program. Thus the community engagement project was born. The three phases of the project included program development, student training, and client advocacy. First, based on the information collected from the assessment phase of the process, students developed a forum to provide information to professionals regarding the Medicare Part D prescription drug benefit; second, the students were then trained as short-term MMA (Medicare Modernization Act) advisors to assist seniors in enrolling in the new program; and third, students advocated for the needs of the community by writing letters to local legislators regarding their experiences.

“Learning,” according to Eyler and Giles (1999), “occurs through a cycle of action and reflection.” The students were able to go beyond simply receiving the information in the lecture to

applying it to a real-life problem. The reflection process, which is an essential component of the service-learning teaching approach, enabled the students to engage the material in an active manner. They moved from being passive recipients of information to problem solvers. In their reflections, they reported that it was here that the class came to life.

Implementation

In the implementation phase of the process, students carried out the activities they had identified as a result of problem identification and planning processes. The first activity was to design a strategy for providing information for professionals serving individuals who were facing the May 15 Medicare Part D enrollment deadline.

Training the professionals—the Medicare Part D “one-stop-shop” conference

Students, the instructor, and the COSA representative considered various ways to organize a forum in which they could present

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the needed information to the professional community. It was decided to hold a full-day public conference at the university to which a diversity of professionals, advocates, and community members would be invited. A “one-stop-shop” informational session for understanding the Medicare prescription drug benefit would be presented.

A one-stop-shop format was used in order to minimize the often conflicting nature of information that community members received regarding program benefits from the various administering agencies. This format allows all of the major players to be in one room at the same time to present a balanced view of the issues. Because of the expansive nature of the program, the planning team (students, COSA, and faculty member) felt that it would be necessary to bring the various administrators and advocates together in one room so that participants would gain an understanding of the totality of the Medicare Part D prescription drug benefit.

An eight-hour training and information session was developed that included presentations from representatives from the Centers for Medicaid and Medicare, the Social Security Administration,

the County Organization for Services for the Aging, Southeastern Pennsylvania Legal Aid, APPRAISE (the state insurance company), and the three largest insurance providers.

In order to publicize the event, an invitation was sent via the COSA “web blast” to various county providers. Seventy-five providers representing long-term care, mental health, hospitals, COSA case managers, nurses, and community advocates attended the program. Participants received information regarding the background and benefits of the Medicare Part D prescription drug plan; a discussion of the terminology; how to access special programs for low-income beneficiaries; step-by-step, hands-on instruction in navigating the online Medicare.gov Web site; and presentations from the three largest health insurance providers. All participants were provided with a “Medicare Survival Packet” that included fifteen handouts giving resources, contact numbers, program summaries and applications, and instruction guides for the Medicare.gov Web site.

Evaluations of the event revealed that the conference presentations were positively received by the attendees. The support from both the university and the community was tremendous. The university donated space, equipment, meals for the participants, and faculty time to organize the event. Professionals from the Medicare, private insurance, and legal communities donated their time and materials to provide an opportunity for case managers to learn the newest Medicare policy changes. University administrators attended the conference, and a member of the Pennsylvania State Assembly also attended to welcome participants and to hear their concerns regarding the prescription program’s implementation.

The opportunity to have all of the key Medicare Part D advocates and educators in one room was an invaluable experience for both students and providers. Conference attendees were able to direct their questions regarding both generalities and specific cases to high-ranking administrators from the various offices that serve the Medicare recipient population. Because it was necessary to present balanced viewpoints on the subject, legal aid advocates were also invited. At times, the debates between the advocates and the administrators became quite heated. This rich discussion allowed attendees to be exposed to the diversity of experiences and opinions regarding Medicare.

Community education

The second strategy developed by the class was to provide direct assistance to community residents as they grappled with

the process of enrolling Medicare Part D program beneficiaries. Students in the course were trained for six weeks as short-term Medicare Modernization Act advisors. During this second phase of their training, students received in-depth instruction from the COSA community partner regarding how to conduct online plan comparisons using the Medicare.gov Web site.

Students were required to complete a two-part examination to demonstrate their understanding of the program vernacular and their proficiency in successfully answering questions and guiding a client through the Web site. All students were required to pass the examination prior to entering into the community to work with residents. This was a difficult process for the students to complete. The information that they were expected to learn was voluminous. “The computer training portion of the program was very overwhelming for the class,” one student writes in her letter to a local politician. “Beneficiaries have at least 50+ plans to choose from. Once you click on a plan, you have to enter your medications to see if the plan will cover the costs of the prescriptions and access co-pays and deductibles. I struggled with the computer portion of the training, consequently, I became very concerned about how our seniors and disabled persons would be able to navigate through the Medicare website and be able to enroll themselves in a plan that would meet their needs and budget. Further, there are pharmacists and case managers for insurance companies that do not know how to help these beneficiaries.”¹

Upon successfully completing the examination phase of the training, students were then prepared to engage the community. Students were invited by two local providers to conduct plan comparisons with clients at two facilities. The first was a high-rise facility for seniors and disabled clients. The second was a day facility for families whose loved ones suffered from Alzheimer’s disease. Clients and families associated with the facilities were notified in advance to announce the times when the students would be on site to answer questions. The faculty member and COSA representative accompanied the students at each information session. Clients and their families attended the session primarily to ask questions regarding their current prescription drug coverage and to ensure that they had chosen the correct insurance plan for their needs. Students conducted plan comparisons with clients, contacted insurance companies to advocate for client needs (primarily reimbursement for drugs paid out-of-pocket during the confusion of the initial implementation of the program), and answered general questions regarding benefits.

Community advocacy

Upon completion of the community education phase of the process, students contacted local legislators in writing to share their experiences. This particular phase of the process was perhaps the most difficult for the students. Half of the ten students enrolled in this particular section of the course were non-American. The opportunity to engage political officials was a new experience for them. Students were instructed to identify their local officials, research their position on or knowledge of the Medicare Part D prescription drug program, and write a letter to advocate on behalf of community residents.

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As a result of their experiences, students strongly recommended extending the May 15 deadline for enrollment of beneficiaries in the program. Students also advocated for increased training for providers in the county, increased outreach to disabled, low-income, and non-English-speaking beneficiaries, and the development of a more accessible, “user-friendly” enrollment process.

In her letter to a local councilman, one student wrote,

To say that I was appalled by the lack of communication and advertising regarding the importance of enrolling in a plan would be a tremendous understatement. I was equally appalled when I learned that our senior citizens and disabled persons were . . . given a website to use for enrollment. Most of the senior citizens that I know are not computer literate. . . . As a social worker, it is my job to advocate on behalf of my clients. Moreover, as a registered voter, I believe that it is necessary to hold politicians accountable for their actions and ensure that they are acting in the best interest of the public.

The student’s letter goes on to advocate for the extension of the deadline and the elimination of the one-percent penalty for late enrollment.

Most of the students in the class, American and non-American, had not previously had the experience of interacting with their elected officials. Indeed, most of the students could not identify

their local officials when prompted by the instructor to do so. This experience allowed the students to become more aware of the political process and their role and responsibility in communicating in a participative government.

Evaluation and termination

In the evaluation and termination phase of the social planning process, outcomes of the interventions are assessed and the need for future interventions is identified. The faculty member, COSA representative, and students participated in both systematic and anecdotal reflection on the merits of the process with regard to community impact, and the instructor and the university engaged in assessment of the service-learning process on student learning.

Community impact

Conference participants were asked to complete a program evaluation questionnaire at the end of the session. Analysis of the responses to the questionnaire revealed that 95 percent of the respondents reported that they learned material that they believed would help them to better serve their clients. In responding to the question, "What did you gain from today's conference?" 91 percent of the participants (39 out of 43 responses) indicated that they gained resource material that they could use, 86 percent (37 out of 43 responses) listed gaining new information, and 67 percent reported that they gained the names of people or agencies to contact. In the qualitative responses, the survival tools packet was most frequently cited as the aspect of the conference that participants found most useful.

The COSA representative, who played such a major role in the implementation of the service-learning design of this class, felt that the activity reinforced her strong conviction about the importance of the collaborative process in addressing community issues. "When we begin to understand the complexity of the Medicare Part D benefit, collaboration among consumers, educators and the community is the key to providing a 'bridge' for organizing and accessing information" (*Grundy 2006*). The partnership between Widener University, through the work of its faculty and students, and the COSA representative helped to initiate broader community collaboration. The partnership was able to provide a "bridge" for the professional community to come together to share and access resources and tools to address the looming Medicare Part D enrollment crisis facing the community. By providing the forum for bringing together such a variety of community resources (hospitals, nursing homes, housing developments, community action

agencies, the Social Security Administration, health care providers, mental health agencies, and retirement communities), the conference helped to forge the beginning of a collaborative network that might continue to address the needs of providers and consumers.

Student reflections

As part of its evaluation of student outcomes, Widener University's Office of Service Learning utilizes the *Higher Education Service-Learning Survey* evaluation tool developed at the University of California, Berkeley (Díaz-Gallegos, Furco, and Yamada 1999), which asks students about their understanding of the course content, whether the service-learning course met their expectations, and to identify three important things they learned during the semester.

Regarding the impact of the students' participation in the service-learning component on their understanding of the course material, students commented generally that their understanding of the specific policy issue under review was greatly enhanced. According to one respondent, "I learned a lot more Medicare than I ever did before, especially Medicare Part D." Another student reported, "My participation in the service component has immensely enhanced my understanding and awareness in full mastery of the course material. Through this process, I have come to realize the importance of community and all the necessary things involved in working in any given community."

Students also reported that they felt that the service-learning components of the class met their expectations. "Service learning is an effective way of skills training . . ." writes one student; ". . . I find this course and my participation in it to be worthwhile." Students were also satisfied with the presentation of the course content. "It definitely met the course requirement of the syllabus," replied a student; "the presentation was fabulous and I learned a lot of new things." Students were most impacted by the hands-on work within the community. Typical of the students' responses is the following: "the service learning aspects exceeded my expectations especially the last several weeks which involved actual onsite learning. Great experience!"

In identifying important themes of the class, students cited an increased understanding of policy, community organizing tools, and the impact of policy on vulnerable populations. "I learned to be involved in community services; I also learned the significance and consequences of the Medicare prescription drug programs; and about community strategic planning."

“As part of this course,” replies another student, “I learned about the development and implementation of federal law/policy; the vastness of the Medicare/Medicaid system; and the vulnerability of the population (seniors, disabled) served and lack of forethought regarding their needs.” Another student discussed responding to community needs through service-learning as important to the process of understanding the concepts explored by the course: “Working with members of the community and by understanding and identifying the needs of the community and helping to address those needs, I think I better understood social policy regarding medical insurance and prescription drug coverage and the politics of health insurance.”

Reflections of the instructor

“Service, combined with learning, adds value to each and transforms both” (*Honnet and Poulsen 1989, 1*). Students in this service-learning course reported greater retention of the course content as well as an appreciation of the gestalt of the community-organizing process. The interaction between the content and the service-learning components allowed for increased engagement with the course material and improved learning for students. This improved learning would not occur if either of those two elements were presented separately.

Concomitant with adding the service-learning component to the course, the instructor witnessed increased engagement with the course material as well as an increase in enthusiasm in the course discussions. The process of learning the inner workings of the Medicare Part D prescription program, navigating the Medicare.gov Web site, learning to conduct plan comparisons, learning to educate community members, and engaging the political structures within the confines of a fifteen-week semester was a very major undertaking for the students.

Students studied arduously for the Medicare Part D examinations, presented themselves professionally, and generally were model ambassadors for the Center for Social Work Education and the university. At the end of the semester, they presented the community liaison with dinner and a certificate of appreciation. The interaction between the students and the representative was one that created a positive impact on both the university and the community.

Inscribed on the side of Metropolitan Hall, one of the new dormitories on campus, is the statement “Widener, We Lead, We Engage, We Inspire, We Contribute.” This is a powerful declaration

about what the university views as its role in the surrounding community. This exercise is a demonstration of a university's mission at work. Students engaged in a process of learning that increased their knowledge of the policy; furthermore, they were also able to witness firsthand how there are often problems with the implementation of policy at the local level. What distinguishes the service-learning pedagogy from traditional didactic teaching methods is that students participate in a process that extends beyond the augmentation of their own learning. What they do in the classroom has a real-world impact on the community. Through this process, the university was able to utilize its resources (space, expertise, financial support) to respond to a need identified by professionals working in the surrounding community.

Next Steps

The debate over the success of the implementation of the Medicare Part D prescription drug benefit continues. As a result of continuous community outreach and effort, over thirty-eight million Americans were enrolled during the first year of its implementation. At the close of the initial enrollment period in May 2006, government officials declared it to be an overwhelming success. Advocacy groups, however, were not as optimistic. Four million eligible Americans who would otherwise qualify for the benefit did not sign up during the enrollment period. This category of potential beneficiaries tends to be low income, minority, non-English-speaking, older than seventy-eight years, seniors who don't handle their own affairs, or disabled. Advocates and professionals who serve these populations will need to expend considerable effort to inform this population and enroll them in an appropriate plan.

Additional advocacy will also be needed to regulate insurance company activities to ensure that beneficiaries are not duped into enrolling in a plan only to find that the formularies have changed or that their premiums have been increased. Another problem facing beneficiaries is the "doughnut hole" phenomenon, in which seniors suddenly discover that they have reached their maximum coverage limit well before the end of the coverage period has been widely publicized in the media. Thousands of seniors continue to find themselves having to choose between purchasing their medication and other necessities of life.

Unfortunately, the many flaws of the Medicare Modernization Act provide ongoing material for service-learning course activities. Each new group of students enrolled in the service-learning class

can extend the work of the previous class of students. Follow-up projects with future classes may well include conducting a follow-up conference for providers to discuss new provisions and policy changes regarding Medicare Part D, conducting a survey with beneficiaries to assess their satisfaction with their insurance providers and the changes in Medicare, advocating at the state level for increased regulation of insurance providers, and providing general education and advocacy to underserved Medicare recipients. The case example presented in this article demonstrates that ongoing University support for service-learning pedagogy, both through its articulated mission and the availability of training and consultation, makes it possible to integrate academic instruction and civic engagement around important social issues.

Endnote

1. Quotations are taken from student comments in Social Work 535 course evaluation, spring 2006, Center for Social Work Education.

References

- Austin, M. 1997. *Human services integration*. New York: Haworth Press.
- Boyer, E. L. 1990. *Scholarship reconsidered: Priorities of the professoriate*. San Francisco: Jossey-Bass.
- Boyte, H. C., and N. Kari. 2000. Renewing the democratic spirit in American colleges and universities. In *Civic responsibility in higher education*, ed. T. Ehrlich, 37–59. Westport, CT: The American Council on Education and the Oryx Press.
- Colby, A., T. Ehrlich, E. Beaumont, and J. Stephens. 2003. *Educating citizens: Preparing America's undergraduates for lives of moral and civic responsibility*. San Francisco: Jossey-Bass.
- Díaz-Gallegos, D., A. Furco, and H. Yamada. 1999. *The Higher Education Service-Learning Surveys*. University of California, Berkeley Service Learning Research and Development Center. <http://gse.berkeley.edu/research/slc/evaluation.html>.
- Ehrlich, T. 1999. Civic learning; Democracy and education revisited. *Educational Record*, Summer-Fall: 57–65.
- Eyler, J., and D. Giles. 1999. *Where's the learning in service-learning?* San Francisco, CA: Jossey-Bass.
- Fish, S. 2003. Aim low. *The Chronicle of Higher Education*. <http://chronicle.com/weekly/v49/i36/36c00501.htm> (accessed May 16, 2003).
- Furco, A., and S. Billing. 2002. *Service-learning: The essence of pedagogy*. Greenwich, CT: Information Age Publishing.
- Grundy, T. 2006, June 29. Personal communication.
- Honnet, E., and S. Poulsen. 1989. *Principles of good practice in combining service and learning*. Wingspread Special Report. Racine, WI: Johnson Foundation.

- Mandall, M. 1999. Community collaborations: Working through network structures. *Policy Studies Review* 16 (1): 42.
- Rothman, J., J. Erlich, and J. Tropman. 2001. *Strategies of community intervention*. Belmont, CA: Wadsworth/Thompson Learning.
- Silver, P., J. Poulin, and S. Wilhite. 2006. From rogue department to poster child: A department's shaping of a university's agenda. In *Engaging departments: Moving faculty culture from private to public, individual to collective focus for the common good*, ed. K. Kecskes, 45–62. Bolton, MA: Anker.
- Skinner, R., and C. Chapman. 1999. *Service-learning and community service in K-12 public schools*. Washington, DC: National Center for Education Statistics, U.S. Department of Education.
- Strage, A. 2004. Long-term academic benefits of service-learning: When and where do they manifest themselves? *College Student Journal* 38:257–61.
- U.S. Census Bureau. 2000. Summary file 1 (SF 1) and summary file 3 (SF 3). http://factfinder.census.gov/servlet/SAFFacts?_zip=19013 (accessed June 25, 2006).
- Widener University. 2004. *Strategic plan*. Chester, PA: Widener University.
- Widener University. 2006. *Academic service-learning faculty development program, 2006–2007*. Chester, PA: Widener University.
- Wilhite, S., and P. Silver. 2005. Educating citizens vs. educating technicians: A false dichotomy for higher education. *National Civic Review* 94:46–54.

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