Mar 3rd, 11:00 AM

Project-Based Service Learning Opportunities to Improve Community-Based Services

Meredith Dove
University of Massachusetts Dartmouth

Follow this and additional works at: https://escholarship.umassmed.edu/chr_symposium

Part of the Civic and Community Engagement Commons, Community-Based Research Commons, Community Health and Preventive Medicine Commons, Higher Education Commons, and the Translational Medical Research Commons

This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.

Repository Citation
Dove, Meredith, "Project-Based Service Learning Opportunities to Improve Community-Based Services" (2017). Community Engagement and Research Symposia. 11.

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Community Engagement and Research Symposia by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
PROJECT-BASED SERVICE LEARNING OPPORTUNITIES TO IMPROVE COMMUNITY-BASED SERVICES

Meredith Dove, Ph.D.
University of Massachusetts Dartmouth

Prepared for the From the Community to the Classroom: Complementary Pathways to Service Learning and Community Engaged Research

6th Annual AMCCTS Community Engagement and Research Symposium
University of Massachusetts Medical School
COMMUNITY ENGAGED RESEARCH, TEACHING, AND SERVICE

- Community-based participatory research
- Practice-based research
- Service-learning
- Community-based learning
- Community service
- Clinical service
INTRODUCING CBR TO PARTNERS

CBR can benefit a community agency, school, or non-profit organization in a number of ways:

• Providing the resources to conduct research that improves the agency’s capacity to meet its goal

• Accessing the expertise of faculty and student researchers
OBESITY IN SOUTHEASTERN MASSACHUSETTS

Childhood Obesity Rates

Adults who are Obese
Southeast, Cities, Cape, and Massachusetts: 2006

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape &amp; Islands</td>
<td>15.9</td>
</tr>
<tr>
<td>Fall River</td>
<td>26.5*</td>
</tr>
<tr>
<td>New Bedford</td>
<td>25.6</td>
</tr>
<tr>
<td>Southeast Region</td>
<td>20.2</td>
</tr>
<tr>
<td>MA</td>
<td>20.3</td>
</tr>
</tbody>
</table>

Statistically different from State (p<0.05) Red (*) = Statistically worse; Green (**) = Statistically better
Obesity: BMI greater than or equal to 30

Source: MDPH, Health Information, Statistics, Research and Evaluation Bureau, Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), Health Survey Program.
POVERTY RATES

![Bar chart showing poverty rates and children in poverty by regions.](chart.png)
IDENTIFYING COMMUNITY NEEDS

You are invited to review the Needs and Assets Assessment and Action Planning Process for the City of Fall River and the towns of Fall River, Somerset, Swansea and Westport, Massachusetts.

Every five years, Greater Fall River Partners for a Healthier Community, Inc. (Partners) conducts a community-wide health needs and assets assessment upon which an Action Plan for the following five-year period is built. The process occurred first in 2004 with the creation of the Healthy City Fall River initiative that used a citywide survey to create the first five-year Action Plan for the City. It was enlarged again in 2009 with the addition of the Mass In Motion initiative that shifted to a focus on system, policy and environmental changes to support healthier lifestyles.
IDENTIFIED AIMS

1. Determine implementation of obesity prevention best practices within ECE settings in Fall River and New Bedford.

2. Compare adherence with CDC national data

3. Identify perceived barriers and strengths to improve food and physical activity practices and environments
METHODOLOGY

• Quantitative
  • NAP SACC CDC measure
  • 53 Child care providers

• Qualitative
  • 4 Focus groups
  • Partners for Healthier Community staff members
  • “Café model”
  • 3 University students
Chi-square tests comparing self-reported nutrition practices among Southeastern MA vs. State-wide ECE centers

<table>
<thead>
<tr>
<th>LMCC Item</th>
<th>Low SES (n=49) Meet Bp (%)</th>
<th>State-wide (n=339) Meet Bp (%)</th>
<th>P value *</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Offers pre-fried or fried potatoes 1x/wk or less.</td>
<td>47 (95.9)</td>
<td>303 (89.4)</td>
<td>.15</td>
<td>2.792</td>
</tr>
<tr>
<td>1. Offers fried or pre-fried meat or fish.</td>
<td>47 (95.9)</td>
<td>288 (84.7)</td>
<td>.034</td>
<td>.236</td>
</tr>
<tr>
<td>1. Drinking water is available where it is always visible and freely available, indoors only or indoors and outdoors.</td>
<td>47 (90.4)</td>
<td>268 (74.4)</td>
<td>.011</td>
<td>3.227</td>
</tr>
<tr>
<td>1. Offers 4-6oz serving of 100% fruit juice.</td>
<td>27 (56.3)</td>
<td>304 (87.4)</td>
<td>.000</td>
<td>.186</td>
</tr>
<tr>
<td>1. Offers sugar drinks 1-2x/year or less.</td>
<td>47 (90.4)</td>
<td>342 (95.5)</td>
<td>.116</td>
<td>.440</td>
</tr>
<tr>
<td>1. Offers low fat or fat-free milk 2 years or older.</td>
<td>36 (67.9)</td>
<td>286 (81.9)</td>
<td>.017</td>
<td>.466</td>
</tr>
<tr>
<td>1. Children serve some or all food themselves.</td>
<td>35 (66.0)</td>
<td>199 (61.4)</td>
<td>.521</td>
<td>1.221</td>
</tr>
<tr>
<td>Adherence to best practices (using dichotomized items from above, 4 out of 7)</td>
<td>47 (88.7)</td>
<td>321 (88.9)</td>
<td>.959</td>
<td>.976</td>
</tr>
</tbody>
</table>
NEXT STEPS

• Qualitative analyses
• Dissemination of findings to community partners, stakeholders, and policy-makers
• Addressing disparities
Thank you!