

***ShapingNJ in the Classroom:  
A Reflection on Community Engagement for Social Change***

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Community engagement is formally defined at the University of North Carolina Greensboro as “the collaboration among institutions of higher education and their larger communities for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity.” It encompasses research, creative activities, teaching and service performed by organizations, students, faculty and community members for a public purpose and social change. Prior to this past spring 2012 semester, I had associated specific service activities with community engagement: volunteering in a food kitchen, renovating houses, cleaning up a park, and any type of physical work to improve the living conditions of impoverished communities. Moreover, growing up only ten miles outside of Camden, New Jersey, I had been involved in an ample amount of community service in impoverished communities throughout my grade school and high school years, and felt as though community engagement would be no different. Little did I know, the experience I was about to embark upon would forever expand my perceptions of community engagement, social change, communication, and public health. I realized that not only did university students have a genuine interest to improve the lifestyles of those around us, but they also could effectively work with community organizations in New Jersey to change improve health policies.

I had been working as a Research Project Manager to Dr. Jennifer Warren, Assistant Professor of Health Communication, at Rutgers University for about six months when she invited me to participate in an independent study for one of her classes, “Communication and Social Change: Community Engagement”. The syllabus outlined the course would provide students with an understanding of community engagement through an ecological communication approach. Students would explore the various barriers that may affect their ability to involve community or collaborators around health issues and learn effective health communication strategies for social change while working with communities.

However, Dr. Warren desired to create an experience for students that would give them a peek into real world health policy issues. ShapingNJ, a statewide partnership funded by the Centers for Disease Control to develop policies to mobilize the state against the harms of obesity through the promotion of healthy eating and physical activity, provided this opportunity. ShapingNJ utilized various strategies to prevent obesity in five different settings: health care, childcare, schools, communities, and the workplace.

Our collaboration with ShapingNJ began when one of their members contacted Dr. Warren hoping to draw upon her health communication expertise to improve their obesity prevention plan and healthy lifestyle messages across the state of New Jersey. What happened was rather unique and timely. It seemed Dr. Warren was interested in having her students in her community engagement course take on social change through the issue of mobilization around obesity. This idea was ripe for ShapingNJ as well. The next thing we knew, we were asked to meet with a ShapingNJ advisory board serving the state of New Jersey to figure out how to best coordinate this unique opportunity – an opportunity to engage college students at the state school in a state-initiated, community-based project where they had the ability to contribute intellectually and pragmatically to the health and well-being of New Jersey residents through

exploration and initiation of policy change. I was intrigued to begin the project because, as a Communication major and Public Health minor, it was the first time I had the experience to work closely with a professor on real health issues, a topic that I cared greatly about. It was also a fantastic opportunity to observe how a community-based partnership operates at the state and organizational levels.

Already, this service learning class was quite different from my service learning experience of the past. Instead of working toward a short term change such as feeding the poor or cleaning up a city, this type of service learning was working at a different level: policy change. By changing the environment and health choices of these urban communities, it is possible to make a lasting change for the health of the entire population. The goal of the class was to communicate the need for social change to community organizations by transforming students into citizens with the power to make differences outside of the classroom.

For our first meeting, Dr. Warren and I traveled to the city of Trenton in January 2012 to meet the ShapingNJ team for the first time. We were warmly welcomed into the state conference office to discuss exactly how this collaboration was going to work. Prior to the meeting, I was under the impression that state workers would be old and unenthusiastic. To my surprise, these eight women were exactly the opposite. Ideas were bouncing off the walls as everyone voiced what they felt would work best for the class and ShapingNJ. ShapingNJ was looking to Dr. Warren's students to provide fresh ideas of how to most efficiently communicate their health messages to organizations of urban communities, while Dr. Warren and I were looking to ShapingNJ for some guidance as to how we could present their work and community engagement mission to our students in one semester.

Through this interaction I realized collaboration is not as easy as I had previously thought. Each member of ShapingNJ specializes in a different setting (i.e. healthcare, work, school, childcare, breastfeeding) for obesity prevention, and although they showed an exuberant amount of enthusiasm toward their ideas for their particular context, it was difficult for us to come to an overall consensus of the focus of the class as it related to ShapingNJ. The minutes I accumulated came out to be rather jumbled, full of excellent ideas and enthusiasm--but no concrete plan. However, in the midst of this lack of clarity from our first meeting, I managed to leave the meeting energized with hope. If nothing else, one thing was very clear: we all had an enormous amount of genuine enthusiasm to engage the students in this collaboration and work together towards a healthier New Jersey.

The meeting also opened my eyes to the horrific situation that the state of New Jersey is currently facing: extreme obesity. Prior to our meeting, I had no idea there was an obesity epidemic in New Jersey, and the statistics I learned impacted me deeply. ShapingNJ shared with us that for children ages two to five of low-income families, New Jersey has the highest obesity rate in the nation (18.4%). Among adults, one in four (38%) are overweight (Department of Health and Senior Services 2009-2012). Individuals who live in a low-income urban area do not have much exposure to healthy fruits and vegetables in their communities compared with more resource-rich communities. Therefore, many individuals in lower-income areas tend to consume cheaper, more fattening fast foods for their everyday meals. The consequences of obesity include diabetes, high blood pressure, high cholesterol, depression, respiratory problems, heart disease and stroke. Additionally, I learned that media advertisements make unhealthy foods look the most appetizing, and messages regarding how to live a healthy lifestyle are skewed. Moreover for our more vulnerable citizens, new technology such as video games and computers play a role in children's lack of physical activity and poor eating habits. Children are maximizing television

viewing and minimizing time for physical activity outside. As ShapingNJ states in their report (Department 2009-2012), if we do not change the poor health behaviors of this generation of children, they may be the first to live shorter lives than their parents and suffer from the fatal consequences of obesity.

These statistics were shocking to hear, and I was truly appalled. This was the first time I realized the direct connection between low-income citizens and obesity. This realization triggered anger as well, because I cannot fathom an ethical reason that the underserved of our communities should be subject to the risk of obesity strictly because healthy foods are not readily available at an affordable price in their area. The obesity epidemic is a grave one, and should not be taken lightly. At this point I recognized the great potential of our community engagement class. Dr. Warren's students were about to be presented with the opportunity to have a direct impact on these underserved communities by creating new ideas to solve this obesity crisis and encourage policy change in New Jersey.

The weeks to follow were compiled of many meetings and hours of brainstorming with ShapingNJ, as well as discussions between Dr. Warren and me on how to teach the class and how the final project should be formatted. We decided it would be most effective for the students to break into groups of five, and each group should take on a different setting to understand the barriers and assets to their adoption of promising healthy practices and to share these investigations and findings with ShapingNJ. We asked the students to pick an establishment in New Jersey as it related to their setting, meet with owner and/or employees, explain ShapingNJ's promising practices, and then get an idea of the barriers they face in adopting those practices. The overall goal was to ensure a healthier New Jersey.

We created a task force to give each of the five group members a specific role: a researcher to perform a literature review compiling ecological evidence and statistical background facts on their setting of choice, a data analyzer to outline effective programs and practices, an outreach liaison to develop interview questions and conduct an interview with the group's chosen organization(s), a creative designer to create the PowerPoint presentation, and a spokesperson to act as the representative for the group and present their project to the class. For their final grade each group would put together a written executive report, stating what setting they focused on, target audiences, some epidemiological evidence regarding obesity as it related to their setting and audience, interview questions, the outcome of their outreach, and policy recommendation. The findings concluded in the executive report were also to be explained in their final PowerPoint presentations, which groups would present to the class and members of ShapingNJ during our final class period.

At the start of the semester, Dr. Warren focused on teaching introductory methods of community engagement. We also invited several guest lecturers to come into class to provide the students with a more personal outlook on real-world service learning and community engagement. The representatives from ShapingNJ came in the beginning of the semester to give students an overview of how ShapingNJ and policy decision-making actually works. Describing each setting in detail helped the students grasp the basic idea of what ShapingNJ is about and allowed the students to attain a more focused view of what their projects should contain.

Our first guest to the class was a representative from the NJ Partnership for Healthy Kids, a two-year initiative led by New Brunswick Tomorrow and the Raritan Valley YMCA. This presenter was extremely engaging, and he provided our class with valuable community engagement practices that contribute to effective community engagement. One aspect of this lecture that I found most helpful was the idea that it is important to first understand the

community with which you are working before you begin to implement any sort of change. By notifying the community of the project or program you are implementing, asking for their advice in the planning, development and execution, and in return obtaining their consent of approval, the community engagement project will be as effective as possible. By directly involving the community members in the planning process, it allows for more opportunity for growth and sustainability of health practices. If the community does not know what is happening, there may be hostility. When working with a community in need it is essential that they feel they are working to change the community as much as you are; because without their consent and effort, the project will not be nearly as successful.

Another representative from the NJ Partnership for Healthy Kids shared insight into how policy is integrated into day-to-day activities for children. Her goal was to increase opportunities for physical activity; partner with schools to create comprehensive wellness policies; advocate for an equitable, sustainable food system; and to increase community access to fresh food at emergency food providers. She helped us to understand the importance of partnerships and that every business and organization plays a role in policy change.

As the semester progressed, I watched the gradual change in students' attitudes toward both the issue of obesity and their interest in the final project. At first, it seemed each student felt obligated to share with the class his or her views on obesity, such as their personal fitness regime (or lack of) throughout their childhood, or their parent's neglect in packing them a healthy lunch. The more we learned each week from class lectures and as the students began to contact their various organizations to arrange interviews, it became visible to me that the opinions of these young people were changing and the importance of a need for change was setting in.

For example, there was a group of students who chose to focus on the childcare setting. As they conducted their interviews and interfaced with various childcare centers, they learned many centers are not feeding children the appropriate amount of healthy foods per day nor are they allowing them the necessary amount of physical activity. The students in this group were extremely alarmed. So alarmed, in fact, that they conducted several interviews instead of just one to get a better idea of whether these practices are occurring at at-home day cares as well. Their research and extended interviews proved these at-home childcare centers provide even worse care, and several of these sites were hosting more children than the state of New Jersey deems legal. Even worse, it appeared there is little regulation in a majority of at-home childcare centers throughout the state. This was especially alarming to me as well because considering the current amount of families in which both spouses have full time jobs, there are more children in childcare than ever before. It saddens me to think that such poor eating habits and extreme lack of physical activity is being instilled in our young generations.

The teaching style and environment of this class were making a large impact on the students as well. Instead of simply listening to lectures, reading articles and viewing PowerPoints like a typical college course, group members were meeting face-to-face with the owners and managers of their settings (i.e. childcare centers, hospitals, schools) and the seriousness of the obesity epidemic was becoming very real. How is our society allowing this to happen? It was clear that the obesity epidemic had finally hit home for them as it did for me. As the weeks progressed and groups' interviews were conducted, our class discussions became more fired up. Students who had been quiet early on in the semester were now speaking up to voice their confusion, distress and alarm at the fact that so many organizations were failing to recognize the importance of a healthy lifestyle.

After our midterm presentations, it seemed to Dr. Warren and me that the students needed some help bringing their level of analysis up to the policy level. Dr. Warren explained that this is in opposition to focusing on the individual as the deficient and looking towards a broader change for sustainability. Therefore, to help with development, a community engagement consultant who works for the Nutrition, Physical Activity, & Obesity program of ShapingNJ, joined Dr. Warren and I in meeting with each group's spokesperson individually to review the groups' drafts for the final project. This was the last opportunity students were given to ask questions and revise their final executive report. Each group gave a summary of their setting and contact, as well as the barriers faced during the process. The consultant, Regina, seemed thoroughly impressed with each group, as they all focused on ShapingNJ settings and honed in on interesting strategies to address obesity.

Her presence that day brought the idea of community engagement full circle for not only me but also the students. Up until that point, each group had been able to summarize the problems that their setting was faced with and how they should be operating differently, yet students were unable to realize the big picture – policy change. She explained that although suggestions to individuals and businesses of these healthy practices are indeed helpful, it is policy change that truly makes a difference. Each school district in New Jersey, for example, is required to have a wellness council, and their policies are the ones that should change when revisions are made to health regulations in the school. The consultant encouraged students to ask their contacts for a copy of their wellness policy and/or contact information for the wellness council and to find out more about their rules and regulations.

I was surprised to learn that in addition to schools, workplaces in the state of New Jersey offered discounts on insurance rates if they have a wellness council. Regina encouraged students to have a follow up discussion with their contact organization and ask if they were aware of this discount. For the group who chose the childcare setting, she suggested asking the at-home childcare owner what it would take (e.g., money) to change the unhealthy qualities of her business. One group who chose health care, particularly breastfeeding, focused on teen moms and how to change their opinion on breastfeeding/breastfeeding behavior. Regina enlightened us to the idea that it is not necessarily the teen moms that must change their behavior. It is the hospital administration, primary care practitioners, and the doctors and nurses that meet with the mother to be during her maternity that is going to make a significant difference and change in her breastfeeding behavior. This brought the idea of policy change full circle for me. By changing the rules at a higher level, it is that much easier to change what happens on a day-to-day basis.

The result of the students' hard work was truly commendable. They took in what Regina, Dr. Warren, and I had suggested and pulled together their resources to come up with smart, efficient strategies to assist ShapingNJ. One group who focused on breastfeeding in the healthcare setting of large hospital, hoped to encourage the administration to make their hospital baby-friendly, or in other words, follow the United Nations Children's Fund (UNICEF)'s Baby-Friendly Hospital Initiative (BFHI). By becoming a baby-friendly hospital, the hospital would receive recognition as a hospital that provides exceptional care for infant feeding, and would not accept free or low cost breast milk substitutes. Through breastfeeding, there is a reduced chance of health issues for both the mother and child. The group concluded that the primary barriers keeping most mothers from breastfeeding is the inconvenience breastfeeding causes in public places. Workplaces, schools, and public settings have not yet designated areas for new mothers to breastfeed their children comfortably. Their goal for policy change is an increase in

breastfeeding education by primary care practitioners, and for hospitals to provide an environment that cherishes optimal infant health.

Another group focused on the workplace setting, specifically a well-known family workout facility. They were discouraged to find that the majority of workout facility employees were extremely unhealthy and overweight. During a meeting with the head of the workout facility, students asked why their vending machine was filled with fatty foods and sugary drinks. Additionally, at the last workout facility staff meeting, employees were given pizza and pasta. Students' recommendations for policy change included having staff members, such as yoga or Pilates teachers, provide their fellow employees with weekly health tips and have the workout facility pay for fitness classes for staff members. After the interview, the manager replied that he had never thought much of the severe effects of unhealthy foods in the office vending machines or at staff meetings. He agreed would like to put his best effort forward to changing the workout facility's work environment to become a healthy one by putting up posters about healthy lifestyles and eliminating high-carb foods and sugary drinks from the vending machines. This immediate policy change was especially rewarding for the students, as they could see implementation of their work just from some research and helpful suggestions.

The third group focused on the community setting for undergraduate students. Students met with the head of the large university's dining services on to discuss how their dining team encourages (if at all) students to have healthy eating habits on campus. For me, this was an especially relevant problem because not only have I experienced eating on a meal plan at the college dining hall for four years, but I also feel strongly that one of the primary reasons college students gain weight is due to the poor food selection that is offered. The students suggested promoting a mobile application for smart-phones, so that students can calculate the amount of calories they consume in a meal, as well as having a trial run of the healthy foods available in dining halls. A dining services employee replied that although health is a large factor, money is an even bigger one. The dining hall makes foods they know the students will enjoy, which is for some, all of the unhealthy choices. Therefore to continue selling meal plans, they have to continue to provide students with their servings of cheese fries and pizza. It was another sad realization to find that money is one important factor in what college students have available to eat.

This class turned out to be one unlike any other I had experienced in my four years at Rutgers. Could we change healthy practices in New Jersey over the course of one semester? The answer is unfortunately, no, but we can definitely say that we made some headway. The introduction to the idea of the use of community engagement helped students understand the life-threatening consequences of obesity. The students were able to voice their personal experiences, prejudices, and feelings toward unhealthy lifestyles and grew to exhibit great concern over the rates of obesity in NJ. Over the course of the semester, our class became an open environment for participation, learning, and genuine commitment to effectively address this epidemic. The guest lecturers helped to speed up the process by encouraging students that their efforts and final projects to assist ShapingNJ were truly significant in a real world effort to create a healthier New Jersey, as well as stressing the importance of spreading the message of healthy lifestyles to save children of future generations. The community organization leaders strongly considered the students' policy recommendations. Several organizations decided to implement the suggested policies to improve their platform of promising healthy practices.

Dr. Warren, her students, ShapingNJ, the community organization personnel interviewed, and I all had different expectations as to what we each hoped to achieve from the collaboration. I

learned this semester that it is pertinent to find out what is driving each person or organization in the collaboration and to work with them closely to be sure that expectations are being met along every step of the way. More importantly, I realize from this experience that community engagement requires a great amount of patience and hard work. Successful collaboration does not come easily, and at times, it may seem that goals cannot be reached. However with the right resources and preparation, along with constant communication with the people or organization you are collaborating with, social change through university-community partnerships is possible.

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### **References**

Department of Health and Senior Services: State of New Jersey. 2009-2012. *ShapingNJ Public Draft*. <http://www.state.nj.us/health/fhs/shapingnj>.