

Community Service Learning How to Write an Abstract

Why?

An **abstract** serves the function to entice individuals to read and review your work—in this case your poster.

Abstract Format

While components of an abstract vary according to the discipline, we suggest that your abstract follow these structured headings and be limited to **300 words**:

- Background**— *Describe* the setting of the project and a statement of the community need.
- Objectives**— *What* were your objectives for the advocacy project?
What did your project address? How were the outcomes defined?
- Methods**— *How* did you go about achieving these objectives?
What were the activities? What did you do? Did you create a new tool? New process?
- Results**— *What happened* as a consequence of your activities?
What are the outputs? Impact?
- Conclusion**— *What did you deduce* from the results and from your *experience overall* with the project?
What information was learned that can be used by other groups or organizations?

What Information Should Be Included?

During your project, you should collect data on your activities and outputs that can then be included in your abstract (as well as on your poster at the project completion). Examples of information to include:

- How many interventions did you have?
 - I.e. Number of educational programs on childhood obesity that you implemented.
- How many people were reached?
 - Ex. Number of people attending your programs or types of communities reached.
- What was the impact?
 - Ex. Number of parents who asked that you help them enroll their children in the after-school fitness program that you discussed in your training.
- Are there any anticipated short or long-term outcomes?
- Is there any plan for continuing your efforts after you complete the project?

Sample Abstract

The **CSL Sample Abstract** gives an example of what to aim for so that it may be submitted as a poster at the Annual CSL Conference and/or other conferences.

Community Service Learning Sample Abstract A

HELP for Better Health

Type of Project: Education

Project Discipline: Inter-Professional: Medical and Nursing

Primary Presenter: Emiko Dudley

Students Involved in Project to Date: Emiko Dudley, Leslie Maulit, Carissa Madrid, Kelly Wagner, Mary Ann Apopot, Adriana Sanchez, Linda Schindler, Matt Mullane, Christina Nava-Gomez, Jonathan Marsh, Jonathan Tull, Sigrid Collier, Stacey Johnson

Mentor: Melanie Stone, MPH, M.Ed.

Community Partner: Haven for Hope

Project Location: San Antonio, Texas

Project Description:

Background: Health literacy is a concern for all individuals, but especially for the medically underserved and vulnerable populations, including the homeless. Lack of health literacy is associated with adverse health outcomes. (Beckman *et al*, 2004) Haven for Hope is an innovative San Antonio nonprofit with the mission to educate and transform the lives of the homeless.

Objectives: The goal of HELP (Health Education & Literacy Project) was to assess the health literacy needs of the residents at Haven for Hope and then to create, and evaluate the effectiveness of, a curriculum to meet their needs.

Methods: After receiving health literacy training, nursing and medical students held three focus groups with Haven members in fall 2010. "Empowering Me" health literacy workshops were then developed and implemented weekly, beginning January 28, on four topics: hypertension, diabetes, medication safety, and women's health. For each, a posttest was administered to determine if there was an increase in knowledge on the topic.

Results: 33 members participated in the focus groups. To date, the average S-TOFHLA score is above 23, indicating adequate functional health literacy. Results of workshop pretests and posttests show increase in average scores, ranging from 22% increase for the hypertension workshop (n=5) to 5% increase for the diabetes workshop (n=9). The remaining three workshops will take place in March.

Conclusion: The majority of members assessed have adequate health literacy, which may be partly due to self-selection bias. The workshop posttest scores reflect an increase in knowledge, and participants report high satisfaction with the sessions. Of concern, while 70% of members surveyed expressed interest in the workshops, there has been poor attendance thus far. It will be beneficial to have procedures in place at Haven for Hope to promote attendance. HELP hopes to expand to other community sites in the future.

Community Service Learning Sample Abstract B

Life skills curriculum training for teachers of developmentally disabled adults to promote health and cognitive functioning

Type of Project: Education

Project Discipline: Nursing

Primary Presenter: Jacqueline Shekarchi, BSN, RN

Students Involved in Project to Date: Ronnie Shekarchi, BSN, RN and Liza Garza, BSN, RN

Mentor: Rebecca Grizzle, PhD, RN

Community Partner: The Arc of San Antonio

Project Location: San Antonio, Texas

Project Description:

Background: The Arc of San Antonio is non-profit facility that provides life enrichment and day habilitation programs for people with developmental disabilities. It was noted that participants need to improve hygiene self care, such as handwashing and toileting. Additionally, staff teachers need training on implementing life skills curriculum and promoting cognitive stimulation.

Objectives: The purpose of this project was to instruct Arc staff on strategies to implement health-related life skills training tailored to developmentally disabled adults participants' cognitive levels. A secondary objective was to present Arc staff with various interactive websites to reinforce life skills training with participants.

Methods: Handwashing and toileting training health curriculum, interactive games and visual mini-schedules/routines were developed and presented to teachers and assistants during two 1-hour curriculum workshops. Approximately \$35,000 in donated computer equipment was procured to reinforce and enhance participant learning. To assess project outcomes, teacher's knowledge of training content was assessed via pre- and post-test surveys.

Results: A total of 8 teaching staff members were able to attend the curriculum workshop, but a few were called away during training. The staff's overall post-test score for handwashing increased 20% and their post-test score for toileting increased by 84%. Teachers verbalized understanding of the visual mini-schedules and interactive games to promote cognitive stimulation, life skills, and classroom structure. They seemed to appreciate the training and free materials. However, on repeat visits to the facility, some of the curriculum materials were redirected to the children's classrooms, and the computers were not yet being utilized.

Conclusion: Teaching staff significantly increased their knowledge of handwashing and toileting instructional strategies and content. Although the Arc leadership has pledged to support the computer resources to enhance hygiene and life skills curriculum, sustainability of the program remains a challenge. Follow up training may be helpful to reinforce adoption of instructional strategies.