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**Another Kind of Service-Learning:  
Integrating Social Entrepreneurship in Honors Education**

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### **Abstract**

Service-learning has been dubbed a “high-impact practice,” and has become a favorite of Honors programs, because it delivers a particularly robust set of learning outcomes for students.

However, these outcomes set aside consideration of community impact. Since social entrepreneurship requires its practitioners to conceptualize problems in actionable terms, it offers a framework in which student learning is directly linked to the effectiveness of service activities.

This article will outline the implementation of a social entrepreneurship project at The Ohio State University, and will suggest ways in which the assessment of student learning and community impact can be more intimately connected.

## **Another Kind of Service-Learning:**

### **Integrating Social Entrepreneurship in Honors Education**

The term “service-learning” was first used in 1967, during a decade defined by both grassroots movements and national programs to advance civil rights and address poverty. Though the term is relatively new, the practices it names are not; as Robert Kraft has shown, service-learning traces its lineage back to American educational reform in the early twentieth century (134). The kinds of connections forged between school and community in service-learning are many. More emphasis can be placed on the service side or the learning side, depending on the desired outcome. This flexibility became clear in a 1990 study, which counted 147 distinct definitions of “service-learning.” Despite these variations, scholars tend to return to the capacious, single definition of the term that comes from Barbara Jacoby, who defines service-learning as “a form of experiential education in which students engage in activities that address human and community needs together with structured opportunities for reflection designed to achieve desired learning outcomes” (26).

Jacoby’s definition captures the most common format for service-learning: the discipline-based model, in which students perform service as part of the requirements of a course, and regularly reflect on their service activities using the conceptual tools provided in course material. If we examine this model of service-learning more closely, however, we discover an important gap at its heart, revealed in Jacoby’s definition by “together”: the “structured opportunities for reflection” that constitute the main exercises in these courses happen at a remove from the students’ activities in the community. The forms of student assessment used in these courses might measure students’ aptitude with course content, or the depth of their reflective efforts, but these bear no relation to the impact of the students’ service activities on the problem they are

studying. The expected learning outcomes are accordingly distinct from any measure of community impact.

The treatment of service-learning in George Kuh's taxonomy of "high-impact practices" in higher education similarly leaves aside the question of impact on the population served. In his 2008 AAC&U report, *High-Impact Educational Practices: What They Are, Who Has Access to Them, and Why They Matter*, Kuh identifies two crucial components of service-learning: students "apply what they are learning in real-world settings and reflect in a classroom setting on their service experiences" (11; original emphasis). Clearly, Kuh's conception of service-learning depends on community-based activities, but it also privileges the intellectual exercises of conceptual application and reflection. The service activities themselves seem to do little more than provide the material on which the academic exercises in the classroom can act.

The exclusion of any consideration of community impact certainly raises concerns about the relationship of service-learning to social justice. Dan Butin has cogently articulated the stark disparity between the "dreams for social justice" in the context of service-learning courses and "their fulfillment" in the community, and proceeds to cite a slew of studies that reveal how few service-learning courses follow "meaningful and sustainable practices that foster respect and reciprocity to their local communities" (8). If a service-learning enterprise has a negligible or even negative impact on the population it serves, but still achieves learning outcomes for students, can it be considered worthwhile? Another way to approach the problem is to ask: are truly robust learning outcomes really attainable in service-learning *without* attention to the impact on the community? Achieving the learning outcomes Kuh associates with high-impact practices, especially critical-thinking skills and personal and social responsibility, seems to entail the rigorous accountability of the service activities being undertaken. If students are invited to

think critically, for example, they should exercise this skill with regard to the service activities they perform, just as they are asked to do with course readings and lecture material.

Truly attuning service-learning to its impact on the communities it serves requires a rethinking of the relationship between the desired outcomes usually associated with the classroom and the specific outcomes of the service activities with which they are associated. The following will propose that the habits of mind, and practices of social entrepreneurship, offer a robust connection between classroom-based learning and community-based practice. Whereas the discipline-based model of service-learning separates the academic understanding of a social problem from the actions that address it, social entrepreneurship conceives of the problem it addresses only in actionable terms; the conceptualization of the problem and the response to it are joined in a feedback loop, such that the conceptualization is constantly tested and revised based on its effectiveness in action. Cultivating the skills and practices of social entrepreneurship enters students into a relationship with a complex social problem that burgeons beyond the first encounter within a course, and expands to include service and research. Since this deep form of academic engagement meshes nicely with the priorities of the Honors program, this article will use the case of ENCompass (Empowering Neighborhoods of Columbus), a project at Ohio State that trains student volunteers to connect local residents with health-related resources, to suggest a roadmap of five steps that models the implementation of an integrated social entrepreneurship experience for Honors students.

### **Social Entrepreneurship in Undergraduate Education**

Before proceeding to the case study of ENCompass, it is essential to settle on a definition of social entrepreneurship that is suited to the undergraduate classroom and co-curriculum, especially since social entrepreneurship is, in no way, native to the university, but sits

somewhere on the spectrum between social activism and business-minded innovation.

Definitions of “social entrepreneurship” have proliferated in the same quantity as “service-learning,” and each prioritizes different dimensions of the practice. As Alex Nicholls and Albert Hyunbae Cho conclude, this great variety of definitions is evidence of a vital, young field just beginning to understand itself. Existing definitions can be sorted roughly according to whether the *social* or the *entrepreneurial* is weighted more heavily.<sup>1</sup> As an example of the former, J. Gregory Dees insists that social entrepreneurship is distinguished by its social mission, and that social entrepreneurs are leaders in the “social sector” (4). Along the same lines, Charles Leadbetter argues that a signal outcome of social entrepreneurship is the creation of “social capital,” the relationships infused with a collaborative spirit that enable a community to tackle its biggest problem. Those who weight the entrepreneurial side of the equation tend to praise social entrepreneurship for the business acumen it brings to social challenges. Ginesh Prabhu, for instance, argues that it is the innovativeness of the approach to a social problem that distinguishes the social entrepreneur.

In contrast to these approaches, an account of social entrepreneurship appropriate for higher education needs to value the educational elements of the experience at least as much as the social impact or innovativeness of the project. Recent work by Ryszard Praszquier and Andrzej Nowak provides a theoretical framework for understanding social entrepreneurship that captures its unique educational potential. In their account, social entrepreneurship is a systemic form of social change distinguished by “*methods that empower the society and enable the unfolding of potentialities inherent in the system*” (37; original emphasis). Whereas other

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<sup>1</sup> A far more exhaustive survey of the academic literature on social entrepreneurship can be found in Weerawardena and Mort, “Investigating Social Entrepreneurship: A Multidimensional Model.”

approaches tend to isolate either the entrepreneur's creativity or the grassroots action of the community, Praszquier and Nowak argue that social entrepreneurship is defined by a relationship of continual feedback between entrepreneur and community, between idea and reality. Social entrepreneurship can deliver outcomes out of proportion to the effort invested because it does not seek to impose an entirely new vision onto a community, but makes small changes to existing practices that tap into unrealized potential. As Praszquier and Nowak put it, social entrepreneurs "are not *introducing change* but instead [] are *acting as catalysts* for a natural change process" (48; original emphasis). It is social entrepreneurship as a "nonlinear process," marked by "feedback loops" between ideas and action, that makes it so well-suited to undergraduate education, since it predicates the understanding of a social problem that might otherwise be purely intellectual on the ability to effect real change in a community (48). For the purposes of undergraduate education, social entrepreneurship measures *understanding as it is reflected in action*. From an educational standpoint, the main desired outcome of a social-entrepreneurial project is the students' autonomous ability to assess their effectiveness and to act on this feedback, a learning process that may begin in a course, but which continues long after. Students undertaking a social-entrepreneurial project learn to collect, interpret, and act on feedback autonomously, using the measures of their project's effectiveness to test and adjust their understanding of the problem, which is then used to make adjustments to the project, and so on.

### **From Curriculum to Community: The ENCompass Model**

One of the challenges in both the practice and teaching of social entrepreneurship is replication. The following is an attempt to make a successful example useful to others by breaking it down into its essential steps. A theme that runs throughout this process is the need for collaboration between faculty, administrators, and students. In addition to integrating social

entrepreneurship within a course syllabus, faculty play an essential early role in forming and supporting a cohort of students committed to advancing an idea for a project. For a venture to be successful beyond this early “germ” stage, the organizational units involved also need an infusion of the entrepreneurial spirit, including a flexibility about roles, a willingness to seize opportunity, and a certain level of comfort with steps in the process that do not fall neatly within one discipline or department. The position of the Honors program or college within the research university as a trans-disciplinary unit committed to excellence in undergraduate education makes it the perfect candidate to lead such a charge.

This section will outline the five phases that have culminated in the creation of ENCompass, an entirely student-run service that connects Columbus residents with health-related resources. These phases comprise the initial idea for the project in a global public health course, its further development in a one-credit seminar, its transition to a co-curricular experience, the securing of community partnerships, and the pilot phase of operation. As of this writing, ENCompass has 65 student members and has completed three years of operation, serving over two hundred clients at both social service sites and healthcare providers.

ENCompass sites are spaces provided within partner organizations such as clinics and food banks, which places volunteers in direct contact with potential clients, and complements the services partners already provide. Student volunteers are trained in the use of HandsOn Central Ohio, an online database of free and low-cost providers of everything from food and utilities assistance to eye and dental care. During one-on-one consultations, students gather information from clients about their needs, prioritize them, and use the database to find resources that can help meet them. Volunteers then provide any assistance clients might need in arranging to visit



the resource, and follow up with clients by phone to determine whether the resource has been helpful.

ENCompass has a direct, measurable impact on local residents' usage of medical and social services, and it achieves this result by serving as a catalyst that empowers Columbus residents to access, on their own, resources for which they are already eligible. ENCompass reflects Praszkie and Nowak's understanding of social entrepreneurship in that it makes a small but crucial intervention that unlocks unused opportunity for clients.

### **The Course**

For the purposes of Honors education, we have defined social entrepreneurship as the conceptualization of a problem in actionable terms. Incorporating social entrepreneurship within a college course therefore begins by modeling this way of reconceptualizing a problem, ideally one students have already studied from other angles. The impetus behind ENCompass comes directly from Dr. Amy Acton, in whose Introduction to Global Public Health course the idea first emerged. The course itself reorients students' thinking about illness and health to account for the influence of social determinants, such as the availability of basic resources like food. To demonstrate a social-entrepreneurial response to this kind of challenge, Dr. Acton screened for her students a TED talk by Rebecca Onie, the founder of a nationwide non-profit, *Health Leads*. In the talk, Ms. Onie models the crucial moment of reconceptualization that sees a problem--the illness of medically underserved populations--in terms starkly different from the way doctors and some policymakers see them. Doctors focus on the correct diagnosis of disease, while policymakers tend to focus on the *availability* of certain health-related resources. But between the disease and the treatment, Ms. Onie shows, are important enabling conditions, which can be summed up as a problem of *access*: What if the patient can't get to the pharmacy? What if there

are contributing factors to the illness, like poor heating or stressful living conditions? *Health Leads* was formed when Ms. Onie recognized two *existing* resources that were not being fully leveraged: first, as an undergraduate herself, she realized the amount of free time many college students enjoyed; and second, she noticed that patients spend a great deal of time in hospital waiting areas that could be put to more productive use. The organization trains college student volunteers to use online tools that identify existing free and low-cost resources and to connect patients with them.

### **The Collaborative**

After presenting the *Health Leads* example, Dr. Acton was approached by a group of students who asked whether the *Health Leads* model could work in Columbus. Dr. Acton's strategy for fostering her students' initiative was to develop a one-credit course to follow her Introduction to Global Health, which she called the IDEAS (Innovative Design in Education, Action, and Service) Collaborative. This course served as a crucial incubator and preparatory step leading up to the formation of a student-led group because it provided students the time, structure, and resources to accomplish three important objectives: (1) locate and involve campus and community stakeholders in discussions about the project's feasibility; (2) learn more about the specific client populations in Columbus neighborhoods, their particular needs, and the challenges and opportunities unique to Columbus; and (3) develop a vision for the project that accounts for the unique needs of the client population. Together, these objectives represent the students' first real opportunity to exercise social-entrepreneurial thinking, because it required them to begin their project by assessing and leveraging the unused potential both on campus and in local neighborhoods. In other words, the students only truly internalized social-entrepreneurial thinking when they began to look for concrete instances of underutilized

resources specific to the areas they would serve, just as Ms. Onie did. The first objective brought in an infusion of advisors from the College of Medicine, the College of Social Work, and the Wexner Medical Center. It also connected the project with Dr. Bill Hayes, an expert in health policy and health services at the Wexner Medical Center, who has served as the project's chief advisor. The second objective placed students in contact with community leaders whose support for the project would be essential. The third, meanwhile, prompted students to respond creatively to the requirements of their client population. While *Health Leads* works exclusively in healthcare settings, the students in Dr. Acton's IDEAS Collaborative learned from community partners that social-service sites would enable them to serve Columbus residents more effectively. Accordingly, the students evolved a different vision for a service that would be primarily embedded in communities, which would place student volunteers in closer proximity to their clients and increase their ability to serve them, rather than in flagship medical centers that draw their patients from larger geographic areas. In doing so, they embedded their understanding of the way Columbus residents access health-related resources in the very design of the project. Moreover, the selection of the name "ENCompass," with the first three letters standing for "Empowering Neighborhoods of Columbus," makes clear that the organization's main objective is to equip local residents with the skills and knowledge to utilize existing resources on their own.

*Co-Curricular Transition.* At the conclusion of the IDEAS Collaborative, the venture found itself in that curious space between the curricular and the extra-curricular. While the group did establish itself as a student organization with the Office of Student Life, its close ties to Dr. Acton's course made it very different from an extracurricular activity or open-membership student club. It is at this point that ENCompass connected with the Eminence Fellows Program, a part of the Honors program for high-ability students that requires a long-term service project.

The identity of its next phase became clear: ENCompass would function as a *co*-curricular rather than an extracurricular experience because it would require that students exercise decidedly academic skills, but independent of any specific course. As the students worked to build the project, they would assign themselves discrete research projects, which would require them to consult resources across campus and report back to the group. For example, students setting up a new site at OSU Hospital-East encountered HIPPA requirements, which did not affect social service sites. In response, the students consulted experts on patient privacy at the medical center. The campus and community stakeholders who first became involved during the IDEAS Collaborative now began to take on roles as advisors, on hand to respond to the challenges students would identify, whether formulating research questions or shepherding them through the IRB approvals process. Even as it focuses on serving clients, ENCompass continues to function like a coordinated set of undergraduate research initiatives in which students learn to frame specific problems, identify the resources to deal with them, collect and synthesize information, and then reach conclusions about the information.

To complete the transition from a faculty-supported exploratory course to a co-curricular experience, the students also worked in consultation with advisors to form a leadership structure. They recognized early on that the leadership template of a student organization, which (at Ohio State at least) requires positions like president, treasurer, and secretary, was far too general to enable the students to address the specific challenges their project presented, so they developed a committee-based leadership structure, with one committee for each major action-item, and a vice president at the head of each committee. Executive committee meetings bring together the vice presidents of the various committees with the co-presidents and secretary, which enables effective communication and coordination between the committees. In addition, the executive

members report to an Advisory Council of faculty, staff, and local leaders, who assemble three times per semester, and who provide guidance and facilitate connections within the community. Since this organizational structure has evolved in response to specific needs, it has enabled ENCompass to remain responsive and adaptive to real-time challenges--the hallmark of the social entrepreneurial venture.

### **Partnerships**

On its way to beginning operations at sites around Columbus, ENCompass next formalized partnerships with the institutions where it would be operating. Whereas *Health Leads* works within major hospital systems, ENCompass's community-based approach took it initially to food pantries and a neighborhood-based branch of Ohio State's Wexner Medical Center. Advisors recruited during the IDEAS Collaborative played an essential role making introductions to prospective partners, guiding students through the steps of forming partnerships, and teaching the practices that sustain them. This phase provided a very different kind of educational value for students: they learned how to address the questions and concerns of their partner institutions in a timely, professional, and informed manner. Students involved in the formation of these partnerships routinely cite the experience as the most challenging and rewarding part of the project to date. The group working with the Wexner Medical Center East hospital, for example, was asked to deliver its proposal to hospital leadership, who posed fine-grained questions about a range of issues, including how well the students were prepared to deal with issues of patient privacy. At that moment, the students were no longer being treated as students, but as potential partners of a community hospital.

## **Pilot**

Less than one calendar year from the conclusion of the IDEAS Collaborative, ENCompass began its pilot at the food pantry in Broad Street Presbyterian Church in Columbus. Leading up to the start of operations, the benefits of the committee structure became readily apparent: the Information Technology committee set up volunteers with an online database of health-related resources, which would enable them to match clients with the services they needed quickly and efficiently; Membership Recruitment and Development organized a day-long training session where volunteers would learn about their client populations and participate in simulations to prepare them for working with clients; and the Sites committee established a workspace at the food pantry and developed strategies for dealing with client flow. During the pilot phase, crucial adjustments were made to the project. For instance, when volunteers at the pilot site noticed a need for follow-up with clients after the initial consultation, they brought the issue to the attention of the executive committee, and a follow-up procedure was in place within a couple of weeks.

## **Assessment**

Initial efforts at assessment have focused on the project's effectiveness in carrying out its mission, and these have been conducted entirely by students. Since the project's inception, the student leadership has drafted a yearly "Advisory Report" that both compiles vital data about the project and presents the results of specific surveys designed to improve the services provided to clients. From September 2014 to November 2015, ENCompass recorded 134 client visits. Detailed information about these clients makes a very clear case for the concept of ENCompass. A full eighty-five percent of clients possessed health insurance, but only about forty percent visited an ENCompass site seeking basic health resources, while ninety percent requested

resources related to household needs such as food and rent assistance. In other words, even though they are highly likely to have health insurance, almost every client coming through the door still demonstrates need in the area of social determinants of health. During the same period, sixty-four percent of clients reached by phone for follow-up reported having used at least one of the resources to which ENCompass had referred them. Since the measure of success is a client's use of a resource rather than just their visit to ENCompass, the students have undertaken a study of the challenges that prevent clients from accessing recommended resources.

With the help of its Advisory Council, ENCompass is currently in the process of developing multiple forms of assessment of the student experience. First, the student committee in charge of professional development is drafting learning outcomes specific to the project. Second, they plan to develop a post-graduation survey in order to capture the impact of ENCompass on participants' educational and career trajectories. Third, the project will begin to track total student hours, in order to compare the level of involvement with other forms of service-learning. Finally, a form of qualitative assessment that ENCompass will begin implementing during the spring semester of 2016 draws from the practice of narrative medicine, which trains health care practitioners to appreciate and reflect on clients' stories and their roles in them. ENCompass volunteers will take part in writing exercises that allow them to record and process their experiences working with clients. Making the narrative connections between their actions and a client's outcome will enable students to articulate their role in the client outcomes that are otherwise only reported as data. This form of self-assessment will provide a record of the connection between student learning and project impact that is the signal strength of social entrepreneurship.

## Conclusion

ENCompass offers a very clear example of the connection social entrepreneurship makes possible, between educational value and community impact. For starters, there is a crystal-clear measure of success for the project: each client's successful use of a resource to which ENCompass refers them. This measure is actually a gauge of community behavior, not a simple capture of the services students provide; it indicates the extent to which clients are being equipped to connect to resources *on their own*. Returning to the terms with which this article began, we can say that this number measures ENCompass's effect as a catalyst of connections that take place independently of the service the students provide. Until the number reaches one-hundred percent, the shortfall will serve as a complex but exciting challenge for students to find new ways to activate connections between clients and resources. What factors enable or impede clients' access to the resources to which they are referred? One angle the students are currently pursuing is the role of transportation options available to clients, and they are currently developing a transportation study that is being funded by Ohio State's Undergraduate Research Office. Here is where community impact and student learning outcomes converge: the very process of investigating the needs of the community being served in order to improve community impacts involves students in research, another high-impact practice that builds critical thinking, quantitative literacy, and written and oral communication, among others. As they penetrate further into this and related issues, the students will be examining the social determinants of health in truly actionable terms.



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