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From Service Learning to Participatory Action: A Process for Equity-Centered Engagement in CSD Education

Laura Wolford, PhD, MS CCC-SLP
CAPCSD DEIB Committee Member

Does your CSD program have a service-learning and capstone project to benefit the communities we serve? Our programs are well positioned to advance equity by preparing speech-language pathology and audiology students to engage with communities as equal partners. Yet traditional service-learning models often fall short of this ideal when problems and solutions are defined by the program or faculty alone. If we don't partner with the community, we can be unintentionally extractive – taking time and resources from those we are trying to assist.

A structured participatory action process can help. Participatory action methods, rooted in well-established participatory action research (PAR) frameworks, involves iterative cycles of collaboration, reflection, and action, all conducted in partnership with the community. It can shift how we as CSD educators design community engagement that centers equity, shared decision-making, and mutual benefit.

While traditional educational frameworks prioritize the knowledge of the faculty member and university, participatory action requires us to share power with the community that is most impacted. It involves co-defining the priorities and action steps of a project with community members, students, and faculty. Then, all these groups act as partners through a cycle of planning, action, studying results, and reflecting to inform the next cycle. Participatory action encourages us to be transparent and accountable to the communities we aim to serve.

Step 1: Building Relationships and Shared Understanding

Begin by listening. Invest time in building trust with community partners before designing community-oriented class assignments or projects. Identify community priorities together, and come to a shared understanding of the problem. This foundational stage challenges assumptions and aligns academic goals with real community needs, establishing a democratic starting point for engagement rather than an extractive one. This takes time. For a capstone or service-learning opportunity, co-defining the problem and community needs might be a full project.

Step 2: Co-Planning and Shared Decision-Making

With a shared problem statement, faculty, students, and partners co-design the project's goals, methods, roles, and timelines. In CSD contexts, this might involve collaborations with local schools, disability advocacy groups, or health centers to address barriers to communication access. Planning should explicitly honor community expertise and negotiate power, resources, and expectations upfront.

Step 3: Action and Implementation

Students and partners implement the plan together. This stage is where classroom knowledge meets lived experience. Actions might include co-creating assessment materials that are linguistically appropriate, conducting community-designed screening events, or iteratively

developing telepractice solutions for underserved populations. Throughout implementation, maintain attention to equitable participation and shared ownership of outcomes. Implementation science and improvement science frameworks can guide our planning.

Step 4: Reflection, Evaluation, and Iteration

After action, stakeholders collaboratively examine outcomes, gathering both qualitative and quantitative evidence about what worked, what did not, and why. Reflection includes community and student voices, challenging faculty to adjust assumptions and adapt interventions. This iterative feedback loop drives continuous improvement and deeper equity work in both education and community contexts.

This participatory action cycle reframes community engagement in CSD as a core pedagogical and ethical practice. It teaches students to consider systemic issues when addressing their clients' barriers to communication, swallowing and/or hearing needs. By emphasizes relationship-building, shared inquiry, and reflexivity, it helps prepare our graduates to be clinicians and advocates who work with communities to dismantle barriers to communication and hearing health.