Building on Success in Rural and Remote Communities: Insights from the Grampians Region of Victoria

Leann Brown, Angela Murphy, Sharon Mann

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Leann Brown, Angela Murphy, Sharon Mann, Centre for Rural and Regional Health, University of Ballarat

RURAL HEALTH: UNIVERSITY AND COMMUNITY PARTICIPATION

Since 1996 there has been a positive change in attitude towards the importance of rural communities and the need to address significant health needs evident within these areas. During this time there has also been increasing pressure on universities to be more proactive in working with rural communities on a range of health and welfare needs and to move beyond the traditional roles of research and education. In this regard universities are in a unique position to work collaboratively with communities and provide a range of skills and resources to support rural health initiatives.

As the focus on rural and regional communities began to gain momentum, the University of Ballarat recognised the need to further engage on such issues with the community in its catchment area. At the same time a key federal initiative commenced which aimed at establishing a number of University Departments of Rural Health (UDRHs) in order to improve access to health professionals (largely GPs) by rural and remote communities¹. In addition to the UDRH in Victoria, there was the establishment of the Victorian University Rural Health Consortium (VURHC) comprised of representatives from five participating universities and other key organisations. The University saw a key opportunity for involvement in VURHC and as such has been an active participant in VURHC activities and the promotion of community participation in such initiatives. The University took a further step in cementing its commitment to rural health within the Grampians region by establishing the Centre for Rural and Regional Health (CRRH). A key role of the Centre is to facilitate participation and collaboration across University, government and community groups in order to improve outcomes in rural health. It has often been described as the “gateway” to the university. The centre draws its expertise base from the Schools of Behavioural, Social Sciences and Humanities, Nursing, Education, Human Movement, VIOSH (Australia), Information Technology and Mathematical Sciences, and also works closely with departmental and funded agencies across the region.

A key philosophy underpinning the work of the Centre is an acknowledgement of the critical need to work with individual locations to identify and respond to the unique variety of issues faced by each locality. All projects undertaken by the Centre adopt the philosophy of activity and research with, not on or for the community, and respond to the needs of each location in line with the principles of community development, capacity strengthening and building social capital²,³,⁴. The focus on capacity strengthening in community development represents a significant shift in attitude.
towards a model of co-operative action in defining the health, education and welfare needs of communities. The CRRH operates on a social model of health and believes that innovation in rural health must encompass issues, agencies and people from the community, health, welfare, and education sectors if it is to achieve advances in health and wellbeing in rural and regional communities. It keeps in line with key theoretical and policy frameworks influencing strategy development such as Healthy Horizons\(^5\) and Rural Health Matters\(^6\), the operational plans of VURHC and leading research in the field.

The CRRH has made an ongoing commitment to ensuring community involvement in activities undertaken by the Centre. Through extensive consultation it was determined that the most effective means by which the Centre could encourage community participation was to establish free community membership. This firmly put into action one of the key guiding principles of the Centre:

The CRRH will engage a wide communication network and will always act collaboratively.

One of the main aims of membership was to establish broad-based representation from across the region. As a result the membership is multi-disciplinary and multi-sectoral and provides the capacity to identify local issues and respond appropriately and collaboratively to the unique differences of each regional locality. This membership marks the CRRH as one of the few University-based groups with extensive membership and interactive links with communities and service providers in rural and remote Victoria. Membership to the centre aims to provide, for example, regular newsletters outlining information on key issues in the region, links to VURHC, a central access point to the University in regard to project, research and education, opportunities for involvement in projects where the perspective of local community and service system is the central driver, and importantly, the opportunity to participate in forums and seminars on key rural health issues.

The community response to the forums has been both overwhelming and insightful. The remainder of this paper will outline the insights and issues raised relating to rural health, welfare and education within the region. The participants’ perceptions on the role of academic institutions in assisting with these issues will also be discussed.

**A SUCCESSFUL FORUM: A FORUM ON SUCCESS**

The community forum held in June 2000, “Building on Successes in Rural and Regional Communities”, was the first rural health forum since the establishment of community membership to the Centre. The overarching theme for the forum was collaborative partnerships for strengthening community and improving health outcomes. The following key objectives were identified.

- To promote successful program development and project delivery in rural and remote communities in regional Victoria.
- To promote the message that conditions are right for community input into addressing rural health issues.
♦ To promote the CRRH as a gateway to accessing the resources of the University of Ballarat for research, consultancy and curriculum development and health projects.

♦ To promote the CRRH as a conduit for initiating and responding to programmatic and policy issues in rural health.

♦ To establish a framework for co-operative action between the CRRH and the community partners.

♦ To promote networking and the development of cross-sectoral linkages in health, education and welfare.

♦ To promote the aims and objectives of VURHC.

The format of the forum included a keynote address, a panel of speakers, and small group workshops. The Keynote Speaker for the forum was Mary Crooks, the Project Director of the Purple Sage Project. In choosing the keynote speaker a key driver was the need to highlight the importance of providing local community with the opportunity to come together and discuss community specific issues. No other project captured this theme more completely than the Purple Sage Project which was developed as a result of a perceived decline in community wellbeing due to increasing economic constraints. A number of key organisations came together for the Purple Sage Project in order to give the community a voice and identify ways to move forward on issues troubling people. The strategies identified for moving forward provided the impetus for the remainder of the forum.

The panel of speakers presented details on “successful” projects which they had been involved with. These presentations included information on overcoming barriers encountered in developing projects and on the transferability of project design across communities and agencies. The projects focused on blended learning and alternative curriculum for young people, experiences of managing rural health services, health networks and the maintenance of health care in rural communities, innovative approaches for addressing the health, recreation and social needs of young people, and the provision of a specialist health service for rural communities. A key message from the panel presentations was the need to recognise the “small” successes that are being made in rural health.

In the workshops participants were asked to identify and extend key themes emerging from the keynote address and panel and to discuss additional “lessons learnt” from their experiences in the field. These lessons, or program successes, formed the basis of discussions on how individuals, groups and communities can move forward and build upon positive outcomes and learnings from existing programs within the region. Participants were also asked to provide comment on the role of the Centre for Rural and Regional Health and to detail ways in which the Centre could more effectively work in partnership with the community.

Participants’ perceptions

The discussions occurring during the workshop sessions raised a number of ideas and issues. Some were new, others not. However, from the forum feedback participants indicated that they valued the opportunity for open discussion on issues, idea sharing...
and networking. There was also a strong endorsement for further opportunities for discussion particularly for individuals living and working within rural and isolated communities.

There were a number of key themes and issues that were identified for communities within the region. These themes included:

- A belief that rural communities have lost a significant amount in terms of infrastructure, employment opportunity and population base in recent years
  
  This belief was clearly articulated by panel speakers and the workshop participants. Considerable emphasis was placed on the loss of funding and services and how this has negatively impacted upon rural communities. Issues such as the lack of a Social Justice Strategy and the perception that most of the funding for agencies and infrastructure ends up in the larger centres, not necessarily where the need is greatest, were also highlighted. This was seen as further eroding “local” infrastructures and resources available within smaller communities.
  
- An acknowledgement that there is a lack of cohesion in regional communities
  
- An agreement that communication, dialogue, consultation, and the sharing of information are crucial.

The was a general consensus that there needs to be better collaboration and more effective partnerships aimed at sharing information and ideas within and between communities. In any partnership or community coalition, the community’s needs, and that of the people must be the highest priority. Collaboration is not simply a process of consultation, but a dialogue between interest groups in the pursuit of service delivery that addresses needs identified by service recipients. Participants believed that focusing on these factors, particularly partnerships, would empower individual communities to define and deliver solutions aimed at improving rural health. Mosley describes partnerships as value-adding where communities increase their likelihood of “achieving expanded goals with diminishing resources”7.

There appeared to be many issues that are specific to individual rural communities that need to be identified and addressed, yet at the same time, these “differing” communities share certain commonalities in the problems they are experiencing. These include, for example, issues such as geographic isolation, the lack of transport, and the “selling off” of community assets. The forum participants clearly identified the need to design projects which respond to these issues that can be easily modified and delivered by other communities with similar needs. These sentiments are not uncommon particularly in relation to building community capacity. On this point Poole has argued that there is an urgent imperative to find approaches which strengthen the characteristics of communities to ensure that the most vulnerable members of a community are “cared” for2.
A definitive affirmation that community ownership needs to be acknowledged and nurtured

It was argued that the values of the community together with an emphasis on community ownership should underpin any collaborative process. Participants emphasised the need to ensure that there was an “alignment” of values across community members and stakeholders. Building confidence within and across organisations, which held varying values and processes, was seen as an important factor for both collaboration and community ownership. Identifying individuals and organisations with the capacity to undertake such tasks and build effective networks was viewed by some as a barrier. Others felt that the climate was right for the development of new networks and cross-sectoral links in health, education, and welfare in order to more effectively use resources currently existing within rural communities. The development of, and participation in, networks assists in increasing social capital particularly where there are prevailing conditions such as “trust, norms and networks”8. These “conditions” have been described as helping to improve efficiency within communities by assisting with the facilitation of co-ordinated actions.

A clear push for community education. This was seen as an essential factor and something that needs to be backed by good professional practice.

Other issues raised

The participants also identified the need for greater government involvement in accountability and policy development and there was a general consensus that government needs to be “re-educated” about their role. It was viewed as crucially important that governments are informed about what their role is in relation to community development as there is a strong perception that there has been a “loss of connection” between government and rural communities. Part of the reconnection process identified was the need for government to recognise community values particularly in relation to access, equity, participation and human rights. A number of participants highlighted the importance of central policies and processes as they felt without them, communities run the risk of receiving programs at the “whim” of a particular agency or having services reallocated elsewhere. On this point feedback between communities, agencies and government was deemed as imperative to further assist need identification and to ensure that services are delivered “as planned”. It was argued that there is no “one formula” for service development and delivery in rural communities and that it is the individual location, together with the values of the population, that defines what services will best fulfil the needs of that community.

Persistence and perseverance were highlighted in relation to engaging communities in the process of identifying their needs and becoming more actively “involved” in addressing health, education and welfare needs. This raises the concept of ownership by the individual community and the need to ensure that there is a “flexible allocation of resources” and funding approaches which are creative and innovative. Flexible approaches were perceived as enabling a stronger sense of ownership within the individual communities and were described as using “best value principles” where the aim is to “get the best possible outcomes” for participating individuals and communities. The forum participants highlighted that they wanted not only
involvement in the initial needs identification, but also involvement in providing feedback on whether projects and services were successful or not. They indicated the desire to be asked “what happened?”

ROLES AND RESPONSIBILITIES

The forum participants were provided with an opportunity to identify and articulate their perceptions of the role of the CRRH in working with communities in the Grampians region of Victoria. The feedback received clearly indicated the role the CRRH plays in consolidation and dissemination of information and in skill development support to local communities as encapsulated in their response to the following question:

What is the role of the CRRH in working with regional communities?

♦ To support communities to recognise small achievements.
♦ To help communities create their own history.
♦ To facilitate the process of resource sharing resources.
♦ Support agencies to identify and develop strategies to unite.
♦ To disseminate information relating to strong/shared philosophy/common goals.
♦ To act as a catalyst for change.
♦ “Skilling up” communities.
♦ To help organisations to “persevere” and not be detracted from their goals.
♦ To inform, educate and achieve.
♦ To enhance multi-disciplinary approaches.
♦ Dissemination and information sharing (evaluation — what’s working/happening elsewhere).
♦ Supporting communities in doing things differently — lateral thinking, honestly exploring issues and solutions.
♦ Identify ways in which to open minds to innovation and creativity.

These responses provided a clear mandate in relation to the role of an academic institution working in partnership with local communities. The opportunity for the University to facilitate and support developing networks and partnerships is clearly evident. So to, is the need to provide communities with feedback on locally specific and relevant program profiles and to implement response strategies which work toward overcoming identified needs. The sentiments expressed by forum participants reinforce concepts presented by Poole who argued that universities need to become more effective participants in capacity building activities².
BEYOND THE FORUM

The information gathered from the forum has already been incorporated into the day to day approaches used by Centre and will be further reflected within operational strategies as the Centre expands its activities and networks. One of the most pleasing outcomes since the forum has been the number of initiatives developed in partnership with a range of community groups since the CRRH “role” was articulated by its community members. There has been a groundswell of requests for the Centre to enter into partnerships and to participate in a wide range of collaborative initiatives. Furthermore, there has been significant interest from commonwealth and state representatives, VURHC and other groups involved in rural health, in the strong community focus of the Centre. A key lesson emerging from the forum is that for university involvement in rural health to be successful, there needs to be effective links and working relationships which foster collaboration and trust while working toward mutually agreed ends.

REFERENCES


