University rural health placements: building social capital in a local community

Ian Woodley¹, Karin Fisher¹
¹University of Newcastle Department of Rural Health

Background: The challenges to deliver high-quality educational and lifestyle experiences for rural health students that maximise student exposure to local communities are problematic. A university in rural New South Wales has implemented a strategy for community engagement that immerses rural placement students in a diverse range of cultural settings and invests in building the social capital of the local community.

The university has aligned its resources as a community asset to build a network of partnerships, providing over thirty programs for rural health students to engage in during 2012. These programs provide substantial foundations for practice in student learning and benefits for the health and wellbeing of vulnerable groups in the rural community.

Methods: A review of data collected over the period January 2011 to December 2012 was undertaken. The key result areas of engagement with students, organisations and communities will be analysed using descriptive statistics from data maintained in a database and spreadsheet.

Relevance: The program operates in a context where the breakdown of family and social structure have contributed to challenges for health professionals engaging with and providing primary health care education to vulnerable groups. In addition, there is an inability, hesitation and unwillingness of groups over-represented in poor health outcomes to engage with health and welfare service providers. The partnerships have contributed to a multi-point intervention concentrating on child development and health education addressing generational patterns of early adoption of risk factors.

Results: Short-term positive outcomes have been seen in three areas. There have been significant increases in participation of health students and the number of negotiated outcomes between academics and partners. There is a willingness of partner organisations to embrace and mentor rural health students while accepting their clinical limitations. The third outcome shows enhanced community leadership from members of vulnerable groups who take responsibility for program implementation in their community.

Conclusions: This innovative model of student placement has shown positive short-term outcomes for three key result areas. These positive results suggest that a different approach to student placement not only informs their practice but also builds social capital by mobilising community members to take a leadership role. This innovative project demonstrates short-term successes in building social capital in rural communities while providing a bright future for students and vulnerable communities.