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

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Abstract

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 twenty 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: Data was collated from a database and spreadsheet for the period January 2011 to December 2012. Descriptive statistics will be used to illustrate the increasing participation rate of students from each discipline and the number of occasions individual students contribute. Partnership and program mapping has been conducted to trace the growth of contribution to organisational engagement. Cases of enhanced community leadership have been recorded to demonstrate this increase.

Relevance: A context where the breakdown of family and social structure have all 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 activity placements has shown positive short term outcomes for three key result areas. These positive results suggest that a different approach to community engagement during student placement not only informs their practice but also builds social capital by mobilising community members to take a leadership role. Universities are able to demonstrate strong commitment, using their resources to build social capital in rural communities while providing a bright future for students and vulnerable communities.

Introduction

This paper describes some short-term positive outcomes for a community engagement program (CEP). The program is located in northern New South Wales and was developed as part of an initiative for the University of Newcastle Department of Rural Health (UoNDRH) undergraduate health students. The initiative immerses students in a diverse range of cultural settings and invests in building the social capital of the local community amongst vulnerable groups. In this context, social capital refers to high levels of trust, participation in immediate and personal networks, social ties and selflessness. According to Putnam trust promotes cooperation and strong ties with one another that leads to others acting in mutually supportive ways. Onyx & Bullen point to differences in the level of social capital...
across metropolitan and rural communities. They suggest that metropolitan communities are characterised by weaker social ties or bridging social capital while rural communities have stronger ties or bonding social capital. However, in rural communities they suggest that social ties may not be extended to others outside of the network or to vulnerable groups. The UoNDRH CEP provides a framework to increase social capital among vulnerable communities to build stronger, healthier communities as well as establish and broaden students community connections. As a community asset, the university has built a network of partnerships that provide over twenty programs that aim to broaden rural health undergraduate students’ connectedness to a rural community. Future research will focus on addressing the aim of the CEP and understanding student exposure and connectedness.

Enriching the educational and social experiences of undergraduate students to local communities may increase the likelihood of students taking up rural practice after graduation. Australian data suggests that engagement in formal and informal placements are a rewarding and enjoyable part of a student’s undergraduate study and play a critical role in influencing later rural career choices. Other research suggests that students who have lived rurally prior to enrolment in an undergraduate degree or rural placement are more likely to practise rurally. Research also indicates that socially connected students are more likely to return to rural practice following graduation. Consistent with the literature, fostering involvement of the community at large can help to make rural placements successful. These programs provide substantial foundations for practice in student learning and benefits for the health and wellbeing of vulnerable groups in the rural community.

While we have not undertaken a systematic review/evaluation of student experience, a review of available data has been conducted in three key result areas of engagement with students, organisations and communities. This paper will provide an overview of the initiative and discuss a review of the program along with future directions.

**The Community Engagement Program**

Over the past ten years the UoNDRH has increased the number and type of opportunities for short and long-term rural medicine and allied health placements. Medical and allied health students from some disciplines at the University of Newcastle have the option of completing their final academic year in a rural location. Students are able to complete their coursework and placements while based in Tamworth or Taree. The UoNDRH has established a process where short and long-term students are able to undertake a voluntary extra curricula activity as part of the CEP. Students are able to broaden their interpretation of health and health care as well as explore the role that they can play in the future as rural health professionals in community oriented health promotion and disease prevention. Where it is relevant to their professional practice competency, some relevant CEP activities may be embedded into their placement schedules.

Students are recruited to the CEP via an orientation workshop or via email or contact with academic staff. Some of the activities are designed specifically for particular disciplines such as medicine (Teddy bear hospital, men’s health pits stop) and allied health (after school learning centres or early development program). Other activities are designed for any discipline to participate in, such as midnight basketball. Each of these activities are tailored community needs and matched with student disciplines that are suited to provide and deliver the CEP activity. Hence, not all students will engage with every program. Partner organisations contribute to the development of activities for the CEP, with UoNDRH academics providing supervision or input into the development of any discipline specific content required.

The CEP consists of 23 activities where students may experience:

- exposure to diverse groups in age, culture and background
- relationships with community members other than presenting patients or clients in the clinical setting
• a broader knowledge of the community
• their ability to contribute and belong to a rural community.

**Some examples of CEP activities**

Example 1: University students attend the participating After School Learning Centre (ASLC) and deliver health related educational activities to a maximum of 12 school students aged 8–12 years in the school setting. The activity allows every day for a healthy eating component and additional learning and creative activities. The CEP coordinates university students to present information sessions and workshops on health related topics and areas of interest/relevance. The university students also participate as volunteers to assist with their homework.

Example 2: Medical students in conjunction with Medical radiation science and Physiotherapy students deliver a health related educational activity to school children aged 3-12 years. The children are invited to bring their ‘Sick Teddy’ to the Teddy Bear Hospital where they will relate their problem to a teddy doctor (medical student). The Teddy Doctors examine the “sick Teddies” and perform diagnostic tests. The medical student arranges for the Teddy to have an x-ray and to see a physiotherapist. The medical student makes a recommendation for the child to administer lots a cuddles, tickles, to drink lots of water and eat more fruit and veggies.

Example 3: Midnight basketball students are involved in helping with the co-ordination of a basketball team and interact with children aged 12-17 years. The CEP team and UoNDRH Academic staff coordinate allied health and medical student voluntary activities and discipline related workshops into the Midnight Basketball Program. Three workshops over the 8 week program are provided on health related topics.

For list of all CEP activities see Appendix 1.

**Methods**

A review of three data sources (quantitative and qualitative) collected over the period January 2011 to December 2012 was undertaken. Student data was collected that provided information on the numbers and disciplines of students who participated in the CEP activities in Tamworth. One student provided unsolicited feedback.

Evaluation data was collected from community service providers who participated in five workshops during the review period. Approximately 35 community service participants attended each of the workshops. Community volunteers originally volunteered for newly established activities. As they became confident they volunteered and were recruited into other programs where some became community leaders and others became willing helpers.

The final source was obtained from an open-ended survey distributed mid and full year with three school principals. The survey aimed to determine what the principals considered were the strengths and weaknesses of the after school learning centres. All data was entered into an excel spreadsheet. The data was descriptively analysed in excel according to the key result areas of engagement with students, organisations and communities.

**Results**

The results of the review of data collected from students and community service participants are presented in the key result areas of engagement with students, programs, organisations and community. The open-ended school principal survey is presented as a thematic analysis and follows at the end of the tables.
Quantitative data
A total of 23 programs are conducted for students on a voluntary basis. Over the time that the program has been running, there has been an increase in a number of disciplines participating in student activity placements. In 2011, five disciplines were participating. These included Medicine, Medical Radiation Science, Nutrition and Dietetics, Occupational therapy and Physiotherapy. Two more disciplines joined in 2012. These were Pharmacy and Speech Pathology.

Table 1 presents data on students who engage with community engagement programs. The total number of students who visited different programs increased from 64 to 89 over time. Similarly, the average number of hours students spent in community engagement activities increased from 7.4 hours in 2011 to 10.2 hours in 2012.

Table 1  Student engagement with programs

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of students (n)</td>
<td>64</td>
<td>89</td>
</tr>
<tr>
<td>Total student visits (occasions of service)</td>
<td>179</td>
<td>257</td>
</tr>
<tr>
<td>Average student visits (occasions of service)</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Average hours per student</td>
<td>7.4</td>
<td>10.2</td>
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</tbody>
</table>

Table 2 depicts growth in engagement with programs and organisations. When the initiative commenced at the end of 2010 there was one engagement opportunity as well as one partner organisation participating. By the end of 2012, 23 engagement programs and 38 partner organisations were participating.

Table 2  Engagement with organisations

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement Programs</td>
<td>1</td>
<td>10</td>
<td>16</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td>Partner Organisations*</td>
<td>1</td>
<td>12</td>
<td>25</td>
<td>33</td>
<td>38</td>
</tr>
</tbody>
</table>

* A partner organisations may be an individual entity or a group of participants such as public primary schools or Catholic schools from an area.

Engagement with communities
Table 3 provides the number of community members who are participants in one of the community engagement programs and who volunteer into another program and shows an increase in the number of volunteer hours over time. During 2011, the community volunteers came from one sporting team who volunteered on one occasion each. In 2012, some members participated on a regular basis and have become leaders in other programs. This result demonstrates enhanced community leadership that would not have happened without the network and program.
Table 3 Volunteer community members with programs

<table>
<thead>
<tr>
<th></th>
<th>Community volunteers in engagement activities (n)</th>
<th>Volunteer hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Members</td>
<td>11</td>
<td>27</td>
</tr>
<tr>
<td>Community Members</td>
<td>16</td>
<td>147.5</td>
</tr>
</tbody>
</table>

Qualitative data
The open-ended data collected from school principals and one student are depicted as themes of reciprocity, and positive engagement with others.

Reciprocity
Some of the strengths of university involvement articulated by principals suggest that innovation and resources are something extra that is not available within the education department. This resource, when made available to the school, provides mutual benefits to the university and the education department. These mutual benefits include increased engagement in learning and increased academic achievements by school students.

- Increased confidence and engagement in learning for children from homes where education is not a high priority. These students are now very proud to hand in their completed homework, they have a friendly and supportive place to complete homework with all the resources they need. (School Principal)

- After school learning centre has been an excellent resource for our students. We have seen significant improvement in the students’ academic achievements. Teachers have reported that since these students have had support to complete their homework consistently they have worked more persistently in the classroom as well. (School Principal)

Positive engagement with others
Principals also commented that having a positive engagement with students, external agencies and the community provided the added benefits of increasing social networks.

- It has provided a social network for our families...most families usually come 10 minutes before the session ends so are able to interact with each other in an informal setting. (School Principal)

Positive engagement also meant that the community and teachers were able to connect with professionals who could provide a pathway for help

- Positive engagement with external agencies. Quite often our families are very reluctant to engage with health professionals. This has opened doors for our parents to feel more comfortable with allied health professionals. (School Principal)

- The realisation that help is out there and it’s important to do whatever we can as early childhood professionals to promote and improve children’s life quality & future prospects. (School Principal)

One student suggests positive engagement with the community provides an opportunity to enrich and develop skills in a supportive environment.

- Personally I feel these opportunities enriched my professional placement experience and I was able to gain increased skills and experience as well as feel like I had immersed myself within the
local community. The broad scope of the projects also facilitated independence, and I was able to include a variety of activities that I had developed whilst still feeling supported by the staff at UDRH. ...it’s a great way to further develop your skills and interests, challenge yourself, demonstrate your initiative and become a valuable community member even for a short period of time. (University student)

Discussion
The results of this review indicate that a number of short-term positive outcomes have occurred since the inception of the community engagement program. These short-term positive outcomes support the aim of the CEP to increase student exposure and connectedness with the local community. Increases in participation of university students indicate a willingness by students to undertake engagement with the community on a volunteer basis. Introducing students to the local community provides an opportunity for students to learn how to deal with people in rural areas and gives them an appreciation of the assets existing in rural communities. The numbers of students undertaking CEP activities are reliant on university students having an interest in volunteering and being able to identify what activity would be relevant to their professional practice.

The benefits for university students participating in the CEP, as articulated in the results are that one student gained skills, experience, independence and felt a connectedness with the local community. Engagement by universities with the community can have a reciprocal effect by encouraging the community to share in the University resources and can enhance and advance community interests as well as university students professional practice. The development of partnerships as a result of the CEP have contributed to activities that have been shaped to address both the needs of the community as well as the university.

The program has shown that the characteristics of social capital are beginning to increase. Although the literature points to a strong sense of social capital in rural locations, there is a fragility and disparate sense of social capital present among vulnerable groups. Improving social capital among the most vulnerable in society can help to improve quality of life. The fact that there is a willingness of partners to collaborate with the UoNDRH to create new program opportunities implies a level of trust in the university will deliver and engage with vulnerable participants in a culturally sensitive manner. Enhanced community leadership from members of vulnerable groups who take responsibility for program implementation in their community indicate an ownership of the program. This suggest that the themes of social capital such as trust and reciprocity are present. The use of community volunteers in the program has been one of the positive short-term outcomes for CEP especially community leadership.

Conclusions
This innovative model of community engagement has shown positive short-term outcomes for engagement with students, organisations and community. These results suggest that a different approach to student placements and extracurricular activities provides a positive and reciprocal engagement with the community. This innovative project demonstrates short-term successes in building social capital in rural communities while providing a bright future for students and vulnerable communities. Research that focuses on community connectedness would help to advance knowledge about what the community gets out of the relationship with the university. Future evaluation of the CEP will be undertaken with university students, academic staff and the community.

Policy recommendation
Investment by the Australian Government in initiatives that encourage students to undertake community based programs would contribute to building and maintaining the characteristics of social capital in rural communities. It would also encourage the use of current community assets in a more equitable and efficient manner and provide reciprocal avenues for community development.
References


9. Toussaint S, Mak DB. ‘Even if we get one back here, it’s worth it…’: evaluation of an Australian Remote Area Health Placement Program. Rural and remote health. 2010;10(1546).


Appendix 1 List of community engagement programs and activities

Midnight Basketball
Dhiiyaan Aboriginal Supported Playgroups
HIPPY—Home Interaction Program for Parents and Youngsters
Eat Well 2 Learn Well—Breakfast program
Eat Well 2 Learn Well—School, Parent and Community Engagement
3 After School Learning Centres—Primary Schools
Health Careers Forum—Regional Secondary Schools
Men’s Health Pit stop
Agricultural Field Days—Community Health Education
Targeted Teddy Bear Hospitals
3 Allied Health Interdisciplinary Workshops—Child Development Strategies for educators and field workers
Early Development Program—Aboriginal Preschool
Regional Academy of Sport Junior Activity Days
Regional Academy of Sport—Athlete Inductions
Nutrition & Dietetics Needs Assessments
Isolated Aboriginal Primary School—Multidisciplinary Health Education Days
Cooking 4 1 2 or More
Aboriginal Fitness and Health Improvement Program
Aboriginal Elders Health Improvement