COMMUNITY ENGAGEMENT IN ACTION: WE ARE TO DO GOOD TO OUR COMMUNITIES

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Abstract

Community engagement is defined as an involvement, interaction, and collaboration between groups of people for a specific purpose. Specifically relating to universities, it refers to the role the university plays within the community it serves. Universities have clearly addressed their teaching and research agenda, but community engagement has not received as much attention by comparison. It takes many forms and encompasses a broad range of undertakings. The potential benefits of engaging with communities include bridging the gap between “town and gown”, breaking down barriers, meeting needs, building resilient relationships, empowering individuals, and strengthening communities.

This study examined the concept of community engagement and how this was implemented by academics from a South Australian university. Following the university’s positional statement of educating individuals, producing and publishing knowledge, and engaging with communities, the authors paused and reflected on how community engagement was achieved at the staff level, what were the benefits and who were benefited, and the lessons learnt in the engagement process.

Five examples of community engagement activities undertaken were highlighted. First was the “Preparatory science workshop” to inform the community how to approach the study of sciences to ensure successful transition to university. Second was “Improving palliative care access and education”, and third was the “University experience program” to encourage university participation amongst regional students. The fourth example was a project titled “Mental health comes alive” where academics collaborated with mental health clinicians in teaching a mental health course. The final example was the “Health information sessions”, which were public information sessions conducted regularly to help empower community members to make decisions about their health.

Each of these activities was evaluated using post-intervention surveys. Critical reflection was used to analyse the evaluations that revealed the benefits derived from university–community engagement from the viewpoint of community members, students, staff and the university as a whole. Most important was the production of research outputs that could improve the well-being and prosperity of communities. It was found also that positive outcomes were achieved when engagement was participatory, and when goals and objectives were clear. Commitment and collaboration were equally important, as well as being guided by the principles of service, transparency, trust, and respect.

Keywords: Community engagement, higher education, university, project evaluation, critical reflection.

1 INTRODUCTION

Community engagement is understood in various ways. Community refers to a group of people that may be in a given geographic location and/or sharing a common interest, affiliation or identity, while the concept of engagement means to consult, interact, participate and collaborate [1]. The phrase is defined to encompass a broad scope of collective experience that includes mutual communication and deliberation, inclusivity, and diversity [2], [3]. Community engagement is a managed process of working in partnership with community groups for the purpose of addressing issues that might impact on the well-being, quality of life and prosperity of community members [3].

Specifically relating to universities, it refers to the role the university plays within the community it serves. From the University’s positional statement of providing excellent education, producing and propagating knowledge, the third mission looks at engaging with communities [4]. Universities through its staff and student initiatives recognise the value of initiatives and interactions that promote social, environmental, economic and cultural development of communities. The driving forces behind the University's engagement strategy include: impact of social and economic globalisation; the need to be relevant, connected and responsive with one’s environment; and the desire to meet present and future needs of society [4].
Community engagement may take many forms encompassing a broad range of undertakings [2]. Five key aspects are as follows: “innovative and effective access”; “highly engaged education and research”; “social responsibility and civic mindedness”; “development of business opportunities”, and “embedded responsibility for engagement at levels of the University” [4]. Examples of regional, industry and community engagements are provided on the university website including: Promoting healthy eating; Working with schools and TAFE; and Environmental sustainability [4]. Another activity is the external representation in governance and advisory processes. Similar to community engagement undertaken by government practitioners [3], university community engagement informs communities about research developments, consults with communities as part of the process, involves communities through a range of mechanisms, collaborate and empower communities to reach decisions and cope with change.

The potential benefits of engaging with communities are well documented. According to Professor Hilary Winchester (Former Pro Vice Chancellor and Vice President of the university) [4], working in partnership with communities is paramount for social inclusion and workforce development. It is essential for building social capacity, community resilience, and graduate qualities amongst students [4]. In the process of improving individual lives and communities, cohesive and sustainable society emerges. The Department of Sustainability and Environment [1] summarises the value of effective engagements: bridging the gap between “town and gown”, breaking down barriers, meeting needs, building resilient relationships, empowering individuals, and consequently, strengthening communities.

In order for community engagement to be successful, there are important principles for consideration. Some of these principles underpinning engagement include: clarity of objectives and seamless process; agreement on agenda and procedures; relevance, responsiveness and inclusiveness; and trustworthiness [5]. In a nutshell, the relationship between the stakeholders involved in the engagement must be open, genuine, and mutual. Successful community engagement does not just happen; it requires much work including deliberation, assessment, planning, execution, and evaluation.

Two staff members translated community engagement into action by responding to the needs of different cohorts of people: beginning university students; high school students; industry (specifically palliative care and mental health nurses); and a wider regional community. With the cooperation of other university staff members, the authors have introduced five concrete ways in which university staff could partner with various community groups and achieve goals and objectives. Universities have clearly addressed their teaching and research agenda, but community engagement has not received as much attention by comparison [6].

The purpose of this study was to clarify the concept of community engagement and how this was addressed by two academics from a South Australian university. Using critical reflection, the authors examined how community engagement was achieved, what were the benefits and who were benefited, and the lessons learnt in the engagement process. First however are brief descriptions and content evaluations of the community engagement.

1.1 Preparatory science workshop

This workshop was envisioned to help first-year university students settle smoothly into their health science programs [7]. Consisting of a series of interactive formats from practicals to self-assessments, it aimed to inculcate basic scientific concepts that were common in various science programs. The workshop covered topics on study skills to equip students with the tools to be successful science learners, followed by a general overview of the organisation of the human body, unmasking the secrets of the medical jargon, and the basic science principles that were prerequisites to understanding physiological concepts, and thus gain the ability to comprehend disease causation.

1.2 Improving palliative care access and education

This community engagement project involved academics at the University’s regional campus establishing a consortium involving palliative care teams from rural and regional South Australia with the aim of increasing access to palliative care services and improving education in palliative care [8]. Following the conduct of a needs analysis, public information sessions were undertaken to address some of the needs earlier identified by a reference group. In addition, assistance to caregivers to cope and continue to provide care for their loved ones was given, and at the same time, support to rural and regional palliative care teams and workers was provided.
1.3 University Experience Program

From 2009 to 2016, an experience program was held with the aim of increasing university aspirations of Year 10 students from Whyalla and surrounding regional areas in South Australia [9]. Students spent some time at the regional campus to explore what a university was all about and what it could do for them. A typical program consisted of the following: Welcome and orientation; Career pathways; Support available for students; Introduction to programs offered such as Health/Nursing, Business, Social Work, Education, and Engineering; Inspirational talks from graduates and potential employers; Program evaluation; and Celebratory lunch.

1.4 Mental health comes alive

This community engagement project was about the partnership between mental health academics and clinicians from Country Health SA Local Health Network in delivering a first-year Bachelor of Nursing course on mental health [10]. It involved academia and industry uniting to enhance the educational experience of students, facilitating the successful implementation of reality-based learning, bridging the theory and practice gap, emphasising management of mental health issues within the context of rural and regional Australia, and providing mental health clinical placements and academic visits to complement the lectures and tutorials.

1.5 Health information sessions

These regular educational sessions were conducted by university staff as part of their community engagement, which enable community members to build their self-management capacity and increase the human capital of the community [11]. The aims were to keep members abreast with contemporary health issues, prevent or manage chronic medical conditions, conduct health checks, and encourage members to observe a healthy lifestyle. Involving a wide range of community groups, topics communities requested included: drug abuse, quality use of medications, basic life support, women’s and men’s health issues, cancer, stress, heart attack, stroke, insomnia and depression [12].

2 METHODOLOGY

Survey methodology was used in evaluating the community engagement activities undertaken. These post-intervention surveys are described.

Ethics approval was first sought and obtained from the university’s Human Research Ethics Committee. Written information containing the purpose, benefit, actual involvement, and voluntary nature of participation, were provided to participants. Completing the questionnaire was taken as consent. Names were not required. Queries regarding the evaluation were directed to the researcher, while queries about ethical issues were directed to the Ethics Officer of the university.

2.1 Preparatory science workshop

Pre- and post-workshop data were obtained [7]. A pre-workshop questionnaire gathered demographic information, as well as reasons for participation, opinion about the potential usefulness of the topics, feelings about commencing university, reasons for anxiety if any, and expectations about the workshop. The post-workshop questionnaire queried various aspects of the workshop such as the usefulness of the topics, perceptions about commencing university, and its overall impact. Furthermore, students were asked about their opinions on whether other students would benefit from the workshop, the quality of content and delivery, areas of strengths and weaknesses, and suggestions for improvement.

2.2 Improving palliative care access and education

In order to determine how to improve the access and education of palliative care, a needs analysis was first conducted through in-depth semi-structured interviews of seventy-five palliative care clients and their caregivers, and palliative care workers. Educational health sessions for community members and health professionals followed [8]. Working very closely with palliative care teams, the session outcomes were evaluated by asking participants three open-ended questions: “What did you gain from attending this session?”, “What is/are the most useful information you gained from this session?”, and “What are your suggestions for future sessions?”
2.3 University Experience Program

To gain information about school students’ and school staff’s perceptions about the program, questionnaires were used [9]. These questionnaires were administered at the conclusion of the program. The effectiveness of the program and its perceived impact on the students were assessed using a post-intervention survey instrument consisting of twenty-two (22) open-ended and closed-ended questions. Perceptions about the program by school staff were gathered using a modified Minute Questionnaire that queried: significant outcome/s achieved from participation, best features of the program, areas for improvement, and impact on student [13], [14].

2.4 Mental health comes alive

A mixed method design was used to clarify perceptions about the subject and the impact of team teaching on the learning, experience, and satisfaction of students [10]. At the conclusion of the course, a twelve-item (12) questionnaire was administered consisting of Likert-type questions and open-ended questions. The questionnaire looked at the students’ general perceptions, classroom experience, clinician-driven activities, impact on learning of topics, best features, and areas for improvement in future offerings. A Minute Questionnaire was also used by academic staff members and mental health clinicians and nurses to evaluate this partnership initiative [13], [14].

2.5 Health information sessions

The value of the educational health sessions was evaluated using a twelve-item Likert-type questionnaire. Participants were asked to indicate the most appropriate response for each of the nine statements that reflected the outcomes of participating in the sessions. The questionnaire examined: the impact of the session in terms of learning and understanding of health concepts, illnesses, treatments, health promotion and maintenance, plans for future action, and what participants considered to be the best take-home messages [11].

2.6 Data analysis

Descriptive statistics helped describe the characteristics of the data obtained. The number of times responses were noted were analysed to present quantitative descriptions on various measures for the above evaluations [15], [16].

For this study, critical reflection was used to synthesise the learning that transpired during the process of community engagement. Areas that were subjected to critical reflection included the identification of and partnerships with key stakeholders, facilitators and barriers to linkages, rules of engagement, and significance of interactions with groups and with society at large. These were important to contemplate on because of their implications on governance, sustainability, leadership and management, and accountability arrangements [17].

Critical reflection is an examination of an individual’s innermost thoughts, experiences and actions [18]. It means fixing one’s attention on one’s interactions with others, whether they are peers, clients, family and/or the broader community with the end view of gaining a clearer picture of one’s motivation and behaviour. In doing so, one is able to achieve a better understanding of self and the community he/she is serving, and be equipped to build on existing strengths and resources with the ultimate goal of future appropriate action.

In applying critical reflection to community engagement, assumptions, beliefs and values that underpin one’s ‘construction of maps’ are uncovered [18]. Utilising Fook and Gardner’s method, the first step to be undertaken is deconstruction, followed by an analysis of the experience in order to take hold of the different assumptions, beliefs and values, relationships and influences embedded within one’s understanding or knowledge, and how these may affect behavior and practice [19], [20], [21]. This descriptive, analytical, and careful approach with significant potential for learning was used to make sense of our community engagement endeavours, analysing how community engagement was achieved, what were the benefits and who were benefited, and what lessons were learnt [22].

3 RESULTS

The results of the community engagement evaluations are highlighted in Table 1 along with the purpose of the activities and participants involved.
Table 1. Main results from community engagement projects.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Purpose</th>
<th>Main result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory science workshop [7]</td>
<td>To help first-year university students settle smoothly into their health science programs</td>
<td>56% pre- and 95% post-workshop showed increased confidence and enthusiasm in commencing tertiary education 97% reported the workshop was effective 87% considered learning science principles was beneficial 7.6% withdrew in 2014 (lower than 12% in science-based courses)</td>
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<tr>
<td>Improving palliative care access and education [8]</td>
<td>To increase access to palliative care services and promote palliative care education</td>
<td>55% gained knowledge on how to access palliative care services and had a better understanding of palliative care 47% identified useful take-home messages ranging from bereavement support to pastoral care 18% stated that knowledge about palliative care was paramount</td>
</tr>
<tr>
<td>University Experience Program [9]</td>
<td>To increase university aspirations of Year 10 school students</td>
<td>56% conveyed wanting to pursue tertiary education 27% did enrol at various academic programs of the University following high school graduation</td>
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<tr>
<td>Mental health comes alive [10]</td>
<td>To enhance the education of first-year nursing students on mental health</td>
<td>82% reported the course was a pleasant learning experience 55% strongly agreed that there were many learning opportunities 64% had better understanding of concepts, 55% assessments, 64% interventions/treatments, and 64% understood the function of mental health nurses 82% felt positive about mental health 45% strongly agreed to pursue mental health nursing after graduation</td>
</tr>
<tr>
<td>Health information sessions [11]</td>
<td>To keep members up to date, prevent or manage chronic conditions, conduct health checks, and encourage healthy lifestyle</td>
<td>71% strongly agreed that the health messages were beneficial 79% reported a better understanding of health maintenance and promotion 50% understood health concepts better 50% practised good health habits such as good diet and exercise as a result of their experience</td>
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In undertaking critical reflection, the two authors paused and deliberated on the outcomes of the projects undertaken in order to become aware of the collective meanings, impact and realities of the community engagement activities. They also reviewed the participants’ feedback, identified patterns, and made connections in order to achieve a clearer picture of how community engagement materialised, what were the benefits and who were benefited, and the lessons learnt emerged [18]. Table 2 summarises some of these reflections.
<table>
<thead>
<tr>
<th>Initiative</th>
<th>How community engagement was achieved at the staff level</th>
<th>What were the benefits and Who were benefited</th>
<th>Lessons learnt in the engagement process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory science workshop [7]</td>
<td>The workshop was organised to run for 4 consecutive days. All students under the Division of Health Sciences were invited. The key points emphasised were: individual learning styles; support available; language of science; basics of biological, physical and chemical sciences; self-assessment tests; and early networking.</td>
<td>Gaps in knowledge filled. Anxiety decreased, while confidence increased. Mature-aged students (&gt;21 years), international students, students with little or no science background, and those anxious about university were benefitted.</td>
<td>Students would struggle and might drop out without support. Some lectures were a bit rushed, and handouts could be clearer.</td>
</tr>
<tr>
<td>Improving palliative care access and education [8]</td>
<td>The project involved 6 health services as partners, as well as a health promotion officer, an Aboriginal health worker, and a cancer support volunteer. The educational health sessions were organised with palliative care teams.</td>
<td>The benefits were: increased awareness of palliative care; enhanced knowledge and skills amongst health care professionals and caregivers; and increased access to services. Rural and regional clients, caregivers, health professionals, Aboriginals and people from diverse culturally/linguistically backgrounds were benefitted.</td>
<td>Participants indicated the need for more educational sessions, and suggested the use of clinical cases, scenarios, testimonials from past clients, and problem solving in future sessions. Important to stress service, trust and respect.</td>
</tr>
<tr>
<td>University Experience Program [9]</td>
<td>Linkages with school principals, employers, program sponsors were made. They were provided with the aims, plans, expectations, and areas of responsibility. A Coordinator was assigned to oversee the program.</td>
<td>Many benefits were noted: assisted planning for future; allowed informed decisions about subjects to study; increased university aspirations; better understanding of university and career options; experienced university culture and environment; gained new abilities and improved social skills; made new friends; linked the university with the schools; and increased university profile. ‘Disadvantaged’ students benefited.</td>
<td>The project was a success because: it was enjoyable, informative, exciting, student-centred, clear goals, good organisation. Improvements suggested: more hands-on activities, more visuals, more involvement.</td>
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<td>Mental health comes alive [10]</td>
<td>Team teaching was conducted for 13 weeks (3-hour tutorials). Inquiry-based learning was used. Learning was flexible and clinician-driven activities were undertaken.</td>
<td>Many benefits were identified such as: increased learning and positivity; greater interaction; and encouraged to pursue mental health nursing. Students, academics and clinicians were benefitted.</td>
<td>Best learning was how to empower consumers with mental illness to work towards recovery and wellness, and how to manage one’s mental health. The relationship between industry and academia was crucial for knowledge transfer and capacity building.</td>
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Health information sessions [11]  
The project involved partnership with various community groups that view the university as a resource and authority in the health field. More than credibility, there was years of relationship building involved, where respect, trust and positive regard have been established.

Rural and regional community members were benefited: better understanding of health concepts; gained self-efficacy; encouraged healthy lifestyle changes; provided resources; helped promote health and prevent health problems.

Empowering for community to know that something could be done to manage/prevent conditions, to have the knowledge to help make decisions, and build capacity to help oneself. Need for more participation. Improve the initiative by: longer question and answer time; more seminars open to the public; use local experts; and teach how to manage change.

4 CONCLUSIONS

Universities are continuously encouraged to review their role in society and appraise their positions within their communities [17]. In fact, the third mandate next to teaching and research is how to best serve the community [6], [23]. With data drawn from five community engagement project evaluations, insights relating to the benefits derived from these findings show how a university, through its academics, endeavours to do good to its communities. Community engagement is a core value that has been adopted as these example activities demonstrate.

The primary motivation driving the activities was meeting the community’s education needs. The needs that were addressed included: the beginning university students’ need for adequate science preparation; the nursing students’ need for an enriching, interactive and authentic learning experience in mental health; the regional secondary school students’ need for information regarding possible career options after high school graduation; and the general community’s need for information regarding palliative care service, and health maintenance and promotion.

The educational needs that were met were from diverse groups of individuals, such as ‘disadvantaged’ students, namely those from low income groups, those from families who never participated in university, male gender, and those from Indigenous and culturally and linguistically diverse backgrounds. Similarly, the science workshop catered for mature-aged students, international students, students with minimal background in science, and those anxious about university studies. The community members that were reached included rural and regional palliative care clients and their caregivers, health professionals, the elderly, and other interest groups including those from various cultural and religious backgrounds.

The community engagement activities did have positive impact on the above stakeholders as could be discerned from the many benefits derived (See Table 2). From the perspectives of participating community members, benefits included better understanding of health concepts; increase knowledge and awareness of self-management strategies to maintain and promote health, improved skills of caregivers and access of services, and greater capacity and self-efficacy. For the high school students who participated, the benefits included: gaining a taste of university and widening career options, while for beginning university students, preparing them for university studies and increasing confidence and decreasing anxiety about university were only a few of the best things that happened as a consequence of their participation. In being given a remedial workshop, students who were ill-prepared in science were more likely to remain at university and gain success, which would be beneficial for the individual and the community as well. The benefits for students of mental health included enhanced learning, greater interaction, and increased interest in the area.

It must be noted that these activities were in a large part successful because goals and objectives were clear, and approach was participatory. There was reciprocity, the community actively responded to the call for engagement. Important also was the culture and the environment, one of sharing and trusting. Commitment and collaboration [24] were equally important, with the principles of service, transparency, and respect. Genuineness was paramount in establishing university-community relationships. The leadership exhibited by the academics emerged as a key influence of community engagement, thus support should be provided for these champions of community engagement. It was
imperative to establish what was to be delivered as part of the engagement process, and adhere to it. This included rigorous and impeccable evaluation and feedback.

Engagement and feedback in the form of surveys with open-ended questions and room for comments proved valuable because staff and the university as a whole were furnished with inputs about the current level of community knowledge and where gaps were. These informed the improvement of research outputs and future community engagements. In particular, participants of the palliative care activity and health information sessions asserted a desire for more educational sessions and more focus on how theoretical principles are put into practice by using case scenarios and problem solving sessions. The theme of putting knowledge into practice ran through all five activities. In fact, the evaluations provide a powerful insight about how universities and staff could have a pivotal role in the community, which is to foster evidence-based change by translating theoretical knowledge into usable practices through education. This method of education delivery should be emphasised in future engagement.

REFERENCES


