A Homestay Program as Community Engagement
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Abstract

Title: A Homestay Program as Community Engagement

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Topic:
The Community Hosting and Homestay Program (CHHP) at Washington State University (WSU) College of Medicine (COM) was created to meet the housing requirements of the college’s curricular model and to engage community members in the educational program of the COM. The CHHP matches each student with a Community Host family for the first 2 years of the curriculum. During the Clinical Campus Weeks (CCW), 1-week experiences on their future regional campus, the Community Host families provide homestays for their matched students and engage them in Community Connection activities.

There are 4 primary qualities which make the CHHP innovative:

1. The program engages the community members and broadens the greater medical school community.
2. The CHHP provides community exposure to the medical students. Utilizing the enthusiasm of community members, students connect with their Regional Campus Community.
3. The program serves to promote initiatives of the community, such as health-related organizations that give our students insight into the social determinants of health that affect the community.
4. This program allows the students to build a longitudinal relationship with the community that spans their entire medical school experience.

The CHHP has broad applicability to medical schools that use distributed regional campuses for their clinical education. It engages the regional campus local community while providing housing for students.

Short Description:
The College of Medicine (COM) at Washington State University has created a Community Hosting and Homestay Program (CHHP) to meet the housing requirements of the college’s curricular model and to engage community members in the educational program of the COM. The CHHP matches each student with a Community Host family. The host families provide homestays for their student and engage them in Community Connection activities. The CHHP has broad applicability to medical schools that use distributed regional campuses for their clinical education. It engages the regional campus local community while providing housing for students.

Four questions that were posed to/considered by session participants:
1. Please discuss the legal aspects of setting up the program such as the onboarding process for homestays.
2. What outcomes is the program producing thus far?
3. What have the students indicated they have gotten out of the program?

Three take home points from our session:
1. Initial program evaluations have indicated that students have broadened their community connections and professional networks (i.e. community resources for different populations) within the region and increased their familiarity with social determinants that may affect their patients’ well-being.
2. The longitudinal relationship for students with community members adds to their success throughout their medical experience through mentorship, emotional support, and insights on accessing community resources and initiatives to support patient care.
3. The program provides a mechanism for community members to be involved in medical education which in turn fosters goodwill, harnesses interest of individuals who want to support the medical school and leads to greater engagement with the medical school.

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