Community-Campus Health Connections: A Collaborative Partnership Model
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Introduction
Community-campus partnerships
The community-campus partnership model (CCP) is a promising approach to address health disparities. CCP partners share resources, expertise, and learning so they can have a greater impact together than they could have alone.

CCP can take many forms, including:
- Service learning
- Student internships
- Demonstration projects
- Health clinics

Key principles of community-campus partnerships
- Draw upon strengths, address needs, and increase capacity of partners
- Ongoing feedback and continuous improvement
- Quality processes and relationships
- Meaningful impact and outcomes

Background
Community-Campus Health Connections is a pilot study to propose and evaluate feasibility and methods of partnership to improve community health in Lincoln, Nebraska.

Partner Organizations:
- Community Cultural Centers
  - Malone Community Center
  - Asian Community & Cultural Center
- University of Nebraska-Lincoln
  - College of Education & Human Sciences
  - Department of Nutrition & Health Sciences
  - Department of Child, Youth, & Family Studies
  - College of Nursing

Context
- Community Centers need resources to serve communities with high needs.
- University needs opportunities for students to apply health promotion knowledge.

Common Goals
- Reduce health barriers and improve quality of life in our communities.
- Find new and better ways to serve communities and promote health equity.

Partners
Community Cultural Centers: Malone Community Center and Asian Community & Cultural Center
Community Health Workers; Directors
University of Nebraska-Lincoln: Student Researchers, Interns, & Nurses; Faculty

Resources
- Relationships - trust & familiarity
- Accessible facilities
- Community expertise
- Student time, knowledge, energy
- Health promotion expertise
- Evaluation capacity

Activities
- Community needs assessments
- Research meetings
- Weekly internships, cohort meetings
- Weekly community-based health classes
- Health screenings
- Continuous evaluation

Outputs
- Needs assessment summary
- Community health class manual
- Weekly lesson plans, reflection journals
- Goal-tracking sheets, Facebook group, Feedback
- Community report, Research dissemination, Improvement plan
- Theory-driven, Evidence-based approach to design and implementation

Outcomes
- Theory-driven, Evidence-based approach to design and implementation
- Valuable educational, research, & practical experience for students
- Improved community health outcomes
- Partners reach individual & common goals more efficiently

Evaluation Measures
- Process: Class attendance and activities, participant satisfaction and feedback
- Impact: Participant learning & behavior change, student reflections and feedback
- Outcomes: Participant health status change, partner evaluation and feedback

Continuous Improvement
- Content: Needs assessment survey, Health class materials, Evaluation measures
- Methods: Participant Recruitment, Class delivery, Internship structure, Evaluation
- Partnerships: Quantity, Levels of involvement, Re-evaluation of desired outcomes

References