

Transformation Through Partnerships

Sarena D. Seifer and Barbara Gottlieb

Community-Campus Partnerships for Health

Creating social justice involves changing inequitable systems, policies, cultures, and values, and fundamentally redefining how we understand community, health, science, knowledge, and evidence. This demands that we challenge and change the assumptions, systems, policies, culture, and values of the everyday organizations in which we work as well as the major institutions that shape and govern us. In this issue of *Progress in Community Health Partnerships*, which is dedicated to work by members of Community-Campus Partnerships for Health (CCPH), six papers demonstrate the transformational power of partnerships and point to the larger systems changes that are needed to achieve health equity—the ultimate goal of community-based participatory research (CBPR).

Three papers explicitly identify academic systems as hindering progress toward this goal by narrowly defining rigor and evidence.¹⁻³ An emerging international collaboration seeks to leverage the results of CBPR for greater influence on health policy decisions by developing common research definitions, setting standards for scientific quality, and synthesizing findings.¹ A Native health leadership initiative demonstrates how storytelling and different ways of knowing can both challenge and coexist with traditional Western approaches to teaching, mentoring and professional development.² The Communities as Partners in Cancer Clinical Trials project articulates how and why CBPR principles and approaches can be applied in every phase of cancer clinical trials, a complex system that, although involving patient advocates to some extent, is largely investigator driven.³

Assumptions about what constitutes knowledge and who may contribute to its development and dissemination are being challenged by the growing use of arts-based participatory methods in CBPR. Four papers in this issue apply these methods to collect data, disseminate findings, and build community capacity.^{2,4-6} Partners in Wisconsin employ fotonovelas to increase health literacy among Latinas.⁴ Adolescent girls in Nebraska document and describe their community's strengths, needs and opportunities for action through photovoice.⁵ A photo-elicitation process in Missouri stimulates understanding and action around the social determinants of health.⁶ A team from Washington state incorporates storytelling as an integral component of its strategy for developing Native health leaders.²

The diverse products generated from these projects—from educational DVDs to instructional manuals to online training modules—challenge the traditional academic system that views peer-reviewed journal publication as the gold standard of quality scholarship and the impact score of the journal as the marker of its impact. Fortunately, efforts are underway to address these challenges. In November 2009, CCPH launched CES4Health.info as the first online mechanism for peer-reviewed publication of products of health-related community-engaged scholarship that are in forms other than journal manuscripts.^{7,8} It should be no surprise to readers of PCHP that editor-in-chief Eric Bass served on the design team for CES4Health.info and that the publishing vehicles are collaborating to encourage authors of one to also submit to the other.

Founded in 1996 as a nonprofit membership organization, CCPH promotes health through partnerships between communities and higher educational institutions and pursues six strategic goals:

1. To combine the knowledge, wisdom and experience in communities and in academic institutions to solve major health, social, and economic challenges;
2. To build the capacity of communities and higher educational institutions to engage each other in authentic partnerships;

3. To support communities in their relationships and work with academic partners;
4. To recognize and reward faculty for community engagement and community-engaged scholarship;
5. To develop partnerships that balance power and share resources equitably among partners; and
6. To ensure that community-driven social change is central to service learning and CBPR.

At a grassroots level, CCPH members are advancing these goals in their work on a daily basis. What binds them is a commitment to social justice and a passion for the power of partnerships to transform communities and academe. At an organizational level, CCPH seeks to transform practice and policy through knowledge exchange, training and technical assistance, research and evaluation, policy development and advocacy, and coalition building. Theme journal issues and CES4Health.info are two examples of the practical ways that CCPH serves a unique leadership role for CBPR and community–campus partnerships more broadly.

Transformation through partnerships can occur on a personal level as well, of course, by encouraging self-reflection and challenging personal assumptions and values in ways that strengthen capacity and commitment to work for social justice. Segrest and colleagues, for instance, eloquently describe how by embracing and celebrating their traditions, Native students and faculty are empowered as leaders.² As the field of CBPR continues to grow, we believe it is essential for CBPR practitioners and supporters to engage in this sort of critical self-reflection to help propel the field forward—perhaps ever more so in this sentinel year for public health that also marks the second decade of a new millennium.

The papers in this theme section serve as an important starting point for discussion. First and foremost, we must not lose sight of why we are engaging in CBPR: to understand and eliminate the inequities in our society and to ensure that those most affected by them are leading the way. We celebrate the questioning of assumptions, the boundary-expanding definitions of scholarship and new knowledge, the breadth and creativity of methods and strategies, the broad range of geographies and issues addressed. We recognize within that diversity the common threads—energy, passion, and commitment to the foundational principles, purpose, and methodologies of CBPR. As with any panorama, we see the horizon beyond the landscape before us. We respectfully propose the following steps be taken to extend the reach and deepen the impact of this vital work.

Without sacrificing appropriateness, internal validity, and the tremendous power of local wisdom, we must develop methods for replicating promising approaches, synthesizing lessons learned, and identifying common themes across projects. Funders could fund multi-site CBPR projects that work both locally and across sites. CBPR practitioners and evaluation scientists could collaborate to evaluate activities and their outcomes at multiple sites—a “meta-analysis” appropriate to CBPR.

Like anyone seeking new knowledge, CBPR practitioners must thoroughly and carefully review the full body of relevant literature and experience, and acknowledge their commonalities and differences as their own investigation moves forward. This is likely to be difficult in that much of the relevant body of experience may not exist in standard, peer-reviewed journals. However, abstracts from major meetings, reports from funding agencies, and electronic outlets such as the CCPH website and CES4Health.info are important sources for this review.

Finally, without sacrificing boldness, creativity, and “out-of-the-box” thinking, we must demonstrate the highest standards of rigor as we present the methodologies that we have employed and the data we obtain. Whether or not our methods or data can or should be presented in conventional formats, we must hold ourselves to the highest standard of clarity and transparency.

By taking these steps, CBPR can provide knowledge that can be generalized and lessons that can be applied broadly and brought to scale to achieve the broad and enduring transformation that is inherent in our purpose.

ACKNOWLEDGMENTS

The authors are grateful to Editor-in-Chief Eric Bass, Deputy Editor Darius Tandon, and Managing Editor Mark Newgent for supporting this CCPH theme issue of the journal.

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