

Building and Sustaining Community-Institutional Partnerships for Prevention Research: Findings from a National Collaborative

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ABSTRACT *The Examining Community-Institutional Partnerships for Prevention Research Project began in October 2002 with funding from the Centers for Disease Control and Prevention Research Center Program Office through a cooperative agreement between the Association of Schools of Public Health and the CDC. The three-year project aimed to synthesize knowledge about community-institutional partnerships for prevention research and to build community and institutional capacity for participatory research. These ten organizations collaborated on the project because they were all involved in community-institutional partnerships for prevention research, had access to research and evaluation data on these partnerships, and believed that the shared learning and action that would result through a collaborative effort could significantly advance collective knowledge about partnerships and lead to substantive capacity-building responses: the Community Health Scholars Program, Community-Based Public Health Caucus of the American Public Health Association, Community-Campus Partnerships for Health, Detroit Community-Academic Urban Research Center, Harlem Health Promotion Center, National Community Committee of the CDC Prevention Research Centers Program, New York Urban Research Center, Seattle Partners for Healthy Communities, Yale-Griffin Prevention Research Center and the Wellesley Institute. This paper reports on the project's findings, including common characteristics of successful partnerships and recommendations for strengthening emerging and established partnerships.*

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KEYWORDS *Community-academic partnerships, Community-based participatory research, Partnership, Prevention.*

INTRODUCTION

The *Examining Community-Institutional Partnerships for Prevention Research* project began in October 2002 with funding from the Centers for Disease Control and Prevention (CDC) Prevention Research Center (PRC) Program Office through a cooperative agreement between the Association of Schools of Public Health and the CDC. The three-year project aimed to identify and synthesize knowledge about community-institutional partnerships for prevention research and to develop and evaluate strategies to foster community and institutional capacity for participatory research at national and local levels. The project's ultimate goal was to facilitate approaches for effectively translating community-based interventions in public health and prevention into widespread practice at the community level.

From the start, the project was designed as a collaborative effort involving nine U.S.-based organizations:

- Community Health Scholars Program
- Community-Based Public Health Caucus of the American Public Health Association
- Community-Campus Partnerships for Health
- Detroit Community-Academic Urban Research Center
- Harlem Health Promotion Center
- National Community Committee of the CDC Prevention Research Centers Program
- New York Urban Research Center
- Seattle Partners for Healthy Communities
- Yale-Griffin Prevention Research Center

A tenth organization, the Wellesley Institute based in Toronto, ON Canada, joined the project in its second year.

These partner organizations pursued a collaboration because they (1) were all involved in community-institutional partnerships for prevention research, (2) had access to research and evaluation data on these partnerships, and (3) believed that the shared learning and action that would result through a collaborative effort could significantly advance collective knowledge about partnerships and lead to substantive capacity-building responses.

This paper reports on the results of the project's aim to identify and synthesize knowledge about community-institutional partnerships for prevention research, focusing on recommendations for strengthening emerging and established partnerships. "Community-institutional partnerships" are defined as collaborations between community members, grassroots organizations and/or community-based organizations and academic institutions, state and local public health agencies, health care institutions and/or funding agencies. The term "partnerships" throughout this paper is used to refer to "community-institutional partnerships for prevention research."

METHODS

Between December 2002 and March 2003, each partner organization with relevant data* prepared a report that answered these “guiding questions” using existing reports and publications based on their work:

1. What is meant by “successful community-institutional partnerships for prevention research?”
2. What are the factors that contribute to successful community-institutional partnerships for prevention research?
3. What are the barriers that interfere with successful community-institutional partnerships for prevention research?
4. What ideas, recommendations and strategies can build the capacity of communities, institutions and funding agencies to engage in successful community-institutional partnerships for prevention research?

The specific methods used to prepare the individual summary reports varied by partner, based upon the type of reports and publications available for analysis. (A brief description of each partner’s methods and data sources is available upon request.) The partners reviewed each other’s reports and convened in March 2003 to discuss their responses to the four guiding questions and to construct a conceptual framework for understanding partnerships. This discussion was taped and transcribed.

A qualitative data analysis approach was used to review and synthesize each report and the meeting minutes. First, the text was color-coded to easily identify the source. Next, responses to a given guiding question were combined into one section. Each of the responses for a given question was reviewed and compared with all of the other responses across the reports and combined according to similar themes or categories. Each of these themes was given a descriptive label to capture the content of the statements that comprised them. Each of the lists of themes was reviewed, and in some instances meta-themes were created that combined conceptually similar themes, and in other instances themes remained as originally listed. Next, the themes pertaining to a given question were reviewed and compared with the themes pertaining to the other questions and combined when similar. In order to capture the full range of ideas, recommendations and strategies for building capacity for partnerships, responses to question #4 were combined into a single list and subsequently edited to eliminate duplication. A descriptive narrative, largely drawing on the text contained in the reports and the meeting minutes, was then written for each theme.

*All partner organizations except the Community-Based Public Health Caucus of APHA, the Harlem Health Promotion Center and the Wellesley Institute contributed relevant data (the Wellesley Institute joined the partnership after this phase of the project had been completed). “Relevant data” included published articles, reports, program evaluations and community advisory board meeting minutes that could help to answer the four guiding questions.

FINDINGS

Defining Success in Community-Institutional Partnerships for Prevention Research

Partnerships are formed for a variety of reasons, ranging from seeking to understand and address a particular health problem to meeting funder requirements for community involvement in a grant proposal. For the individuals and organizations involved, the definition of “success” is multi-faceted.¹ Further, success is defined differently for new or emerging partnerships when compared with established partnerships, since *time* plays an important part in the quality of the partner relationships and the impact of the partnership’s activities. Developing a partnership is inevitably a non-linear process involving many “starts” and “restarts”.

Characteristics of Successful Community-Institutional Partnerships for Prevention Research

Twelve common characteristics of successful partnerships were identified, listed in Table 1 and briefly described below.

Trusting Relationships

Successful Partnerships are Characterized by Trusting Relationships Among Partners.^{2–9} Strong relationships are at the heart of successful partnerships, even as participants acknowledge the lengthy, sometimes challenging, course of developing them. Community members often do not trust researchers or the research process, raising, for example, questions related to how the data will be used, how the research will benefit and cost the community, and how funds will be allocated.¹⁰ This skepticism and cynicism can be deeply rooted in past community experiences with research that at best brought no demonstrable benefit to the community and at worst caused irreversible harm.¹¹ In the case of health departments, communities may have been ignored or ill-served. There may also be a lack of trust across community partners who may be in competition for scarce resources and have territorial issues and differences of opinion on priority problems and solutions.

Central to the issue of trust are who and why the relationship was initiated in the first place. Being inclusive at the start of the partnership, for example in terms of who

TABLE 1. Common characteristics of successful community-institutional partnerships for prevention research

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1. Trusting relationships
 2. Equitable processes and procedures
 3. Diverse membership
 4. Tangible benefits to all partners
 5. Balance between partnership process, activities and outcomes
 6. Significant community involvement in scientifically sound research
 7. Supportive organizational policies and reward structures
 8. Leadership at multiple levels
 9. Culturally competent and appropriately skilled staff and researchers
 10. Collaborative dissemination
 11. Ongoing partnership assessment, improvement and celebration
 12. Sustainable impact
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is invited to an initial planning meeting, is particularly important. For the institutional partners who often initiate these relationships, expecting the community to become involved enough to ‘take ownership’ of the process when the project was institutionally driven can undermine the possibility for an authentic partnership.

For trusting relationships to develop in a partnership over time, the individuals and organizations involved need to consistently exhibit certain behaviors and characteristics. These include being open and honest, being able to listen well, and being able to directly address and speak frankly about contentious but important issues, such as power differentials, racism, and financial decisions. Listening to and addressing needs identified by community partners is a factor facilitating the development of trust and the overall success of the partnership. Community partners are more likely to get involved and stay involved in a partnership when their issues are emphasized.¹²

Equitable Processes and Procedures

Successful Partnerships are Characterized by Jointly Developed Processes and Procedures That Pay Particular Attention to Issues of Equity, Shared Influence and Control Over Decision Making.^{2,3,13,14} A fundamental component of successful partnerships is the active involvement and shared influence and control of all partners involved in all aspects of the partnership. Partnerships seek to modify imbalances of power through shared decision-making and fair distribution of resources. Strategies for accomplishing this include establishing a partnership structure and operating procedures that spell out mechanisms that involve all partners in making decisions and setting priorities, and having community members serving in positions of power, such as chairing the board and/or serving as principal or co-principal investigators. Successful partnerships address these issues directly and codify them in jointly developed principles and policies that are regularly assessed and revised as necessary.

Diverse Membership

Successful Partnerships Convene and Maintain a Diverse Group of Partners, Including Those Who are Directly Affected by the Topic of Study.^{3-5,15} This includes engaging and mobilizing a diverse group of partners in terms of ethnicity, organizational affiliation, interests, role in the partnership, and socioeconomic status. This also includes recognizing that partners can wear multiple hats and serve in multiple roles.

There are many challenges to convening and maintaining a diverse membership in a partnerships. These include a whole host of membership issues, such as who belongs, who is able to represent whom, who is able to make a decision on behalf of an organizational partner, who decides who belongs, whether or not to add new partners, and how to handle transitions when key members leave the partnership.^{4,5,16} While there is no one “right” way to recruit and retain members of a partnership, there are a number of factors concerning membership that contribute to partnership success. These include building on prior positive working relationships, people genuinely liking each other, partner understanding of and commitment to the long-term nature of the partnership process, alignment of partner’s mission and culture with the principles of partnerships, involving community-based organizations that have a history of community engagement and respect, involving academic institutions and health departments that maintain meaningful relationships with communities, being careful about how and when to bring new partners on board, evolving membership

as goals evolve, having consistent and continuing partner involvement, and celebrating early, tangible successes.

Tangible Benefits to All Partners

Successful Partnerships Demonstrate Tangible Benefits, with All Partners Enhancing Their Capacity and Learning from Their Involvement.^{3,5} Broadly defined, these benefits include enhanced partner knowledge and skills to work collaboratively, in more participatory ways, in conducting research and interventions, and to gain a more complex understanding of each other's strengths and limitations. Successful partnerships demonstrate the ability of partners to learn from and influence one another. Community members guide researchers in understanding community history, culture and dynamics and how interventions in other communities may or may not apply to local circumstances. Similarly, researchers guide community members in understanding institutional history, culture and dynamics and how certain decisions about research design could impact the credibility of the results.

Successful Partnerships Implement Interventions, Provide Services and Build Capacities That Have a Positive Impact in the Community.^{2,4,5,15,17} These impacts in the community might include, for example, increased knowledge and awareness of public health issues, changes in behavior, improved health and quality of life and increased economic resources through the hiring and training of local community members.⁵ Partnerships that are focused on understanding and addressing the social determinants of health often simultaneously implement interventions and conduct research while seeking to address long-term systems change involving such entrenched issues as poverty, racism and the imbalance of power between communities and institutions.^{18,19}

Balance Between Partnership Process, Activities and Outcomes

Successful Partnerships are Able to Balance Time Spent on Process, Activities and Outcomes. All of the characteristics of successful partnerships identified in Table 1 take time and the ability to manage conflicting time demands.^{3,5} Partners can feel that too much time was spent on the process, even as they acknowledge that the time spent establishing relationships has been important.³ If researchers arrive at the table with an expectation of quick negotiation, they will find that building consensus takes time. Stakeholders bring opinions from disparate perspectives that are, at times, difficult to reconcile. Finding an appropriate balance between discussion and action requires energy and goodwill on the part of all involved.

Significant Community Involvement in Scientifically Sound Research

Successful Partnerships are Able to Conduct Research That Contributes to Science and Enhanced Knowledge and Understanding of a Given Phenomenon.^{5,15} Community involvement throughout the research process is critical, including the process of building a shared conceptual model of health and disease, the development of data collection instruments that are relevant, valid and culturally appropriate, data collection processes that enhance response rates and data quality, data analysis, the dissemination of findings and follow-up actions.

Supportive Organizational Policies and Reward Structures

Successful Partnerships are Characterized by Partners That Have Supportive Policies and Reward Structures. Understanding each partner's expectations, needs, constraints and costs is an important factor in successful partnerships.^{3,5} These are often associated with reward structures that are inconsistent with the demands involved in participatory models of research. For example, community-based organizations experience costs both in terms of staff not always being fully compensated for their time involved, as well as their involvement is time away from other activities, such as delivering programs and grant writing, for which the individual staff member and the organization are rewarded. For university-based researchers, the time and intensity involved in conducting community-based research may be time away from publishing, grant writing and teaching, which in turn may jeopardize tenure and promotion. Health department staff may face conflicts between the pressure to secure grants and conduct community projects, the desire to publish and present project results, and government restrictions on advocacy.

Other organizational policies can affect the partnership's work. Institutional review boards (IRBs) in particular are often viewed as inflexible given the participatory nature of the research, the frequent use of qualitative methods and the amount of time needed to gain approval from multiple partner IRBs.

Leadership at Multiple Levels

Successful Partnerships Have High Quality, Strong Leadership at Multiple Levels Across Partners, Involving People with Multiple Roles.^{3,4} Leadership characteristics include a high degree of trust and respect within the community, good negotiation, problem-solving and conflict resolution skills, ability to obtain resources, high degree of political knowledge, ability to foster collaboration among members, and access to decision-makers within the community.⁴ Leaders determine much of an organization's culture, which in turn facilitates the support and involvement of others within the organization.

Culturally Competent and Appropriately Skilled Staff and Researchers

Successful Partnerships Have Culturally Competent and Appropriately Skilled Staff and Researchers. These staff and researchers reflect the diversity of the community involved, are able to facilitate communication and collaboration among partners, and are able to conduct community-based research.^{3,5,7,20} Assembling a diverse and appropriately skilled staff can be challenged by civil service rules, public agency bureaucracies, collective bargaining agreements and the paucity of people of color in professional and technical fields. Decisions need to be made as to where staff should be physically located, who should serve as supervisors, and how conflicting demands between the partnership and the host organization should be resolved.⁵ To the extent possible, local community members should be hired for positions created by partnership-related activities.

Collaborative Dissemination

Successful Partnerships Involve All Partners in the Dissemination of Information About the Partnership and Project Findings in Forms that All Partners Can Understand and Use.^{3,5,15} This dissemination includes multiple audiences (e.g.,

community members, policy makers, local health professionals) and multiple formats (e.g., public service announcements, professional meeting presentations, handbooks, policy position papers, peer-reviewed journal articles), with all partners involved as co-authors and co-presenters as their interests and circumstances allow. This entails a commitment to raising and allocating resources for these purposes, including, for example, offering honoraria and child care for community members who would otherwise be unable to participate.

Ongoing Partnership Assessment, Improvement and Celebration

Successful Partnerships Regularly Assess the Effectiveness of Their Programs and Processes, Gather Feedback from All Partners and Incorporate These Findings into Decision Making. Further, they devote time and resources to recognizing the hard work that goes into partnership efforts and provides opportunities for partners to join together in celebrating their accomplishments.

Sustainable Impact

Successful Partnerships are Able to Demonstrate and Sustain Their Impact, often by obtaining funding from multiple sources in order to carry out community-based research, sustain organizational or institutional change, and sustain or expand community programs and services. Funding mechanisms, policies and procedures are major challenges to the development and sustainability of partnerships.³⁻⁵ These include:

*Funding Agency Requirements, Definitions, Timelines and Reviews are Often Not Conducive to Community-Based Research.*⁷ These often do not honor the time and money required to develop partnerships or to achieve tangible community benefits and outcomes. Short-term grants (3 years or less) are problematic, especially when a partnership is not already in place. Many agencies that support prevention research have established priorities for studies that examine categorically defined physical health problems, involve interventions at the individual level, use traditional research designs in which an expert researcher defines the problem and the methods used, and occur within a specified and limited time frame. Such priorities are often in direct conflict with the key principles of partnerships and the concerns of community partners. Obtaining ongoing funds to both sustain specific intervention and research endeavors, as well as funds to maintain the core infrastructure of a partnership is particularly challenging. Furthermore, partnerships and participatory methods are felt to be poorly understood among members of grant review panels, especially at the federal level, where individuals trained in basic sciences predominate.

Lack of Funding and Funding Mechanisms that Specifically Support Community Involvement. Most community members and agency staff involved in partnerships take part on a volunteer basis. An issue that comes up repeatedly for community involvement is the need to compensate community partners for time traveling to and attending meetings, time spent on implementing interventions through their agencies, and time spent in a general participatory role. Administrative rules and procedures in universities and health departments can pose challenges to sharing resources with community partners. Service delivery grants do not usually pay for research costs, and program evaluation is often under-funded by these sources.

These funding pressures are even more significant given recent cut-backs in federal and state funding for community services.

The Unequal Distribution of Resources that Often Occurs between Institutional and Community Partners is Another Frequent Tension. Universities are the predominant fiscal agent for research grants. The high indirect rates that are negotiated between institutions and funding agencies, and how those funds are allocated, can be a barrier to partnerships. Sustainability is not defined as maximizing the economic resources and power of institutional partners.

Recommendations for Emerging and Established Partnerships

Partnerships, whether emerging or established, can take a number of steps to increase their likelihood of success.

Pay Close Attention to Membership Issues

Although there is no one “right” way to address who should be invited to form or join a research partnership, these membership issues should be carefully considered from the start:

Build on Prior History of Positive Working Relationships. Drawing upon the trust that is already present can lead to the initial willingness to get involved and the commitment to develop more long-term trusting relationships.⁵

Obtain Support and Involvement of Both Top Leadership and “Front Line” Staff of Partner Organizations. Involve individuals who have the authority to make decisions without always having to get approval from others in their organization.⁴ If this is not possible, then members need to have easy access to the leadership as well as their active and visible support. At the same time, it is often the “front line” staff of partner organizations that carry out the work of the partnership, and their support and involvement need to be cultivated as well.

Embrace Diversity in the Partnership. This diversity includes, for example, ethnicity, race, gender, social class, role, organizational or institutional affiliation, and academic discipline. Differences may exist among partners in areas such as goals, mission, priorities, resources, language, time demands, job expectations, loyalties, work styles, and experiences with and level of commitment to the partnership. A level of trust needs to be established before partners can be explicit about understanding and responding to these differences.^{4,5,13}

Decide Who the “Community” is and Who “Represents” the Community. Before being able to completely decide who the members of a given partnership are, those involved in the early stages need to decide how they are defining the “community” and who “represents” the community.^{4,13}

Develop Rationale, Criteria and Procedures for Adding New Partners. These should address, for example, why new partner individuals or organizations might be added, what the characteristics are of the individuals or organizations to be considered, what steps need to be taken to select and invite new individuals or organizations to join, and how new partners will be oriented.

Develop Structures and Processes That Facilitate the Development of Trust and the Sharing of Influence and Control Among Partners

Jointly Develop Partnership Principles and Operating Procedures.^{5,13} While partnerships can build upon those that others have used, they must engage in the process of developing, adopting and putting into practice their own principles and procedures. These should be reviewed periodically, changed as needed, and shared with potential collaborators to ensure that any new projects affiliated with the partnership also follow them.

Jointly Create the Mission, Vision and Priorities For the Partnership.^{13,21} Partnerships need to engage in a process of creating a common vision and selecting and prioritizing mutually defined issues, goals and objectives that reflect the multiple agendas that partners bring to the table. These need to be reviewed periodically, changed as needed, and regularly communicated to partners and other stakeholders.

Use Democratic, Participatory Processes for Decision-Making.^{4,5} These might include, for example: consensus decision-making, adopting rules for achieving and demonstrating decisions, rotating meeting spaces across partners, devoting regular meetings of partnership boards and committees to discussing issues and problem solving rather than just information sharing, and using work groups or subcommittees involving members from different partners to carry out various tasks.

Be Clear about Roles and Responsibilities at All Levels. Partnerships should engage partners in discussions to determine the roles and responsibilities of individual partners and of partnership bodies such as community committees, advisory boards, steering committees, etc. so that roles are clear and fewer misunderstandings occur.

*Conduct Ongoing Community Assessments and Emphasize Community Strengths.*⁴ Partnerships need to conduct ongoing assessments of their strengths, resources, structure and culture. The involvement of community partners in identifying and deciding how to build on these strengths and resources can serve to enhance the quality and relevance of the research and interventions conducted.

Plan Ahead for the Inevitable Conflict and Tensions that Occur in Partnerships. All partners need the skills (and resources to develop those skills) to be able to cope with interpersonal and organizational conflict, and the partnership itself must be able to identify and address problems which may be interfering with the partnership's work.

Strive to Achieve an Equitable Distribution of Costs, Benefits and Resources Among the Partners. Strategies include, for example, submitting grant proposals in which non-institutional partners are the primary recipient of the funds and have major responsibility for the conduct of the project; ensuring that all partners receive financial compensation as part of core grant funding that adequately reflects their time involvement in the project; assisting community partners in applying for grants and other resources for their programs; and working to change tenure and promotion policies and personnel policies to be more supportive of partnerships.

Stipends, continuing education credits, and other forms of compensation (e.g., paying for parking or daycare) can help to make community participation possible.

Conduct Ongoing Evaluation of the Partnership Process. In order to ensure that the principles and operating procedures adopted by the partnership are being followed, and that an effective partnership is being established and maintained, partnerships need to conduct an ongoing participatory and formative evaluation of the partnership process.^{3,5,13,15,22,23}

Build the Capacity of all Partners

Facilitate Partner Training, Technical Assistance and Continuing Education. This can focus on enhancing partner capacity to participate in the partnership, to conduct community-based research and to be more effective in other roles (e.g., grant proposal writing, financial management, human subjects review). Partners should also be supported to mentor each other.

Invest Partnership Resources in the Local Community. Partnerships should pursue opportunities to financially invest in the communities where they conduct research through for example, hiring staff, purchasing supplies and partnering with local businesses. They need to also engage in initiatives focused on high school and undergraduate students from the community to enhance their educational opportunities and encourage their involvement in community-based research efforts and in public health careers.

Establish and Maintain Partnership Infrastructure. Time and resources need to be devoted to hiring support staff for establishing and maintaining the infrastructure necessary to build relationships, foster communication and carry out the day-to-day operations of the partnership. To the extent possible, all partners should be involved in the process of hiring staff for these key positions. Resources need to be designated not only for staff, but also for functions such as travel, internal and external communications, and materials development and dissemination.

Plan Ahead for Sustainability

Address Issues of Sustainability. Partnerships need to consider ways to make projects sustainable beyond a single grant or funding period from the very start.⁵ Alternative funding sources need to be considered as well as institutionalizing programs within existing partners. Mechanisms need to be developed to designate funds for ongoing infrastructure support, with accompanying responsibilities, into new funding opportunities.

Engage Funding Agencies. Partnerships need to develop ongoing relationships with funding agencies to increase their understanding of and support for the benefits gained and the resources required by this work.^{5,24} Strategies for developing these relationships include inviting funding agency representatives to visit the partnership, having partners and partnership staff serve as reviewers for the funding

agency's grants, and routinely sending partnership reports, paper and news clippings to funding agency project officers.

Pay Close Attention to the Balance of Activities Within the Partnership

Create a Balance Between Time Spent on Tasks and Process and Interventions and Research. While a considerable amount of time is needed to attend to the partnership processes involved, this needs to occur simultaneously with carrying out the tasks needed to achieve the goals and objectives of the partnership. Similarly, there is often a need to balance the time spent conducting research activities and the interventions involved, trying to ensure that neither occurs at the expense of the other. These are issues that need to be discussed and negotiated by the partners on an ongoing basis.

Apply Methodological Flexibility. There is no one design or method that is applicable for all partnership-conducted research.^{13,25} Rather, each partnership has to determine what is most appropriate for its research aims and intervention goals within its particular community context. Furthermore, partnerships need to develop alternative and viable research designs to the standard use of "control groups" in which participants receive no direct benefit, for example, randomized staggered intervention designs or comparative intervention designs.

Be Strategic About Dissemination

Establish and Follow Dissemination Procedures.^{4,13} These should address, for example, decisions about what messages are communicated, who will be involved, in what ways, and using what medium. Multiple partners need to be involved as co-authors of publications and co-presenters at meetings as their time, interest and skill level allow. Priority dissemination outlets need to include not only academic journals but popular media. Partners may need training in areas related to dissemination, for example, on writing and public speaking.

*Disseminate and Translate Research Findings for Policy Change.*⁵ Strategies for accomplishing this include developing ongoing relationships with policy makers and their staff, developing a policy agenda for the partnership, and creating and disseminating policy briefs that reflect the key issues, findings and recommendations for action. Partners may need to training in areas related to policy change, such as the legislative process and advocacy.

Disseminate Partnership "Lessons Learned" to Benefit New and Emerging Partnerships. As with all research, there is a publication bias towards reporting positive results, and few rewards in the world of funding or academe for those whose reports include the proverbial dirty laundry. However, appropriate avenues must be found for sharing partnership challenges and failures, including theme issues of journals like this one.

TRANSLATING THESE FINDINGS INTO PRACTICE AND POLICY

As indicated above, the *Examining Community-Institutional Partnerships for Prevention Research Project* not only aimed to identify and synthesize knowledge about community-institutional partnerships for prevention research as reported here, but to also develop and evaluate strategies to foster community and institutional capacity for participatory research at national and local levels. During the second year of the project (2003–2004), the project partners created two work groups which designed and implemented specific capacity-building strategies. A Policy Work Group worked to implement policy recommendations by developing collaborative relationships with funding agencies to support partnership infrastructure and assess partnerships in proposals. A Training Curriculum Work Group developed and tested a curriculum training module for partnerships on developing and sustaining community-based participatory research partnerships. During the second and third years of the project (2003–2005), the project partners completed and pilot-tested a curriculum for Developing and Sustaining Community-Based Participatory Research (CBPR) Partnerships that is now available online.²⁶ Although dedicated funding for the project ended in December 2005, the project partners continue to collaborate to disseminate project findings, implement its recommendations and provide CBPR training and technical assistance.

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