Chapter 2

DEVELOPING AND MAINTAINING PARTNERSHIPS WITH COMMUNITIES

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Most of the guiding principles for conducting community-based participatory research are directed at partners and partnership. CBPR is described as supporting “collaborative, equitable partnerships in all phases of the research,” which will “promote co-learning and capacity building among partners,” “disseminate findings and knowledge gained to all partners and involve all partners in the dissemination process” (Israel et al., 2008).

CBPR is dependent on partnerships, yet the skills and methods we need to develop and maintain collaborative research partnerships often are not taught or explored in academic settings. In addition, academic research partners, based in universities, health and social service agencies, and other institutions, may read about the importance of partnerships, yet neglect to engage in ongoing self-reflection about the inevitable challenges of initiating, nurturing and maintaining partnerships. Finally, community research partners may not sufficiently be aware of the imperatives of university and other institutional settings which may challenge the development of mutually beneficial partnerships.

Community-academic research partnerships are multidimensional and range across a continuum with partnerships initiated and driven by the community at one end and initiated and controlled by university or other “outside expert” collaborations at the other (Minkler & Wallerstein, 2008). Traditionally, universities or health and social service agencies have identified funding sources and approached communities for their involvement in a research effort. Increasingly, however, ongoing partnerships are being developed to which multiple groups of stakeholders bring their concerns and skills to create a partnership or community-initiated research pursuits. Most often, in the course of a CBPR project, relationships evolve
with projects, which may have been initiated by one partner, becoming more collaborative and equitable in their decision-making over time.

It is still rare, however, for community partners to serve as the sole principal investigator to lead a CBPR project, as the protocols and governing structures of research most often reside in academic institutions, which have the benefit of methodological expertise, resources to execute grant proposals, regulatory bodies to protect human subjects, and the explicit scholarly mission of the academy. Although some important exceptions exist (for example, the research structures being instituted in some tribal nations [Becenti-Pigman, et al., 2008] and community-based organizations, such as West Harlem Environmental Action and the Hartford Hispanic Council), the current concentration of research resources in the academy requires careful attention to redressing power imbalances with community partners for mutually beneficial collaborations.

Those of us who are professionally trained researchers may be fortunate to build on existing relationships for Community Partnerships, either through groundwork laid by our academic and community colleagues or our own more personal connections with the community. Some of us may share common identities with the community; or may be “insider-outsiders” with bonds to the community based on ethnic identity, gender, sexual orientation, or disability, for example, yet we are outsiders based on other factors, such as our educational attainment, a change in class status, and the privilege that it conveys. We may have to start de novo and therefore face challenges in being accepted. Many times we have to leave our communities to pursue opportunities, and the context of our rootedness to our communities’ changes. We may face
failure and have to leave a community. If our partnership relationships are less than optimal during a certain period, we may be tempted to blame our institutions or our community partners, yet it is essential that we reflect on our own roles. In all cases, we need to ask ourselves questions, such as: “Why do we want to work with a particular community? What are the benefits to us? To the community? What is the mutual benefit?”

Those of us who have engaged in CBPR to bring about change will recognize that the process is fluid, dynamic, at times fast-paced and at times slow, and always requires long-term commitment. The old axiom “plan and then implement the plan” is too simplistic. To succeed, CBPR processes, like other forms of research, must be open to permutations and reformulations. Unexpected obstacles can surface, such as staff turnover or changes in leadership, or even just a better idea. For example, when community partners in Tar Creek, Oklahoma, objected to the idea of using white children as controls, given that only Native Americans would receive the potential benefits of an intervention to reduce lead exposures, the academic research partners agreed to the change. The community partners’ objection involved the fact that as Native Americans, they had often been excluded from benefits that were available to members of the dominant culture, and they did not want to be part of a study in which exclusion—in this case, of white children—was involved, especially as all children in the area were experiencing the same problematic exposures. Although including white children in the intervention group and, thereby eliminating the control group, somewhat weakened the research design, the processes and outcomes of this change proved positive (since showing the benefits to white children as well improved the study’s political value) and further helped in building initial
trust and collaboration (Petersen et al., 2007). Partnership means spending the time to develop trust and, most important, spending time to develop the structures that support trust, so that unexpected new directions or setbacks can be seen as part of a long-term process that will continue.

The purpose of this chapter is to describe the “how-to” methods and challenges of partnership development and maintenance, primarily for academic and other outside research partners. We expect, however, that all readers, including community partners and those new to CBPR, will benefit from the self-reflection and dialogue presented. In this chapter we discuss strategies and different starting points for developing partnerships, methods for incorporating and developing collaborative principles to support effective partnerships, and skills for maintaining partnerships over the long haul.

In this chapter, we draw on our own research experience and that of colleagues, working directly with tribes and community-based organizations (CBOs). Although we often use the shorthand “university” (when referring to researchers) and “community” partners, the reader is reminded that researchers may be housed in many institutions, such as health and human service departments, government and private nonprofit agencies, and integrated care systems. Community members and partners may be the staff and membership of CBOs, including professionals with research expertise, or the term may refer to residents of shared neighborhoods, grassroots organizations, or communities of identity, such as gay or bisexual men who are HIV-positive. In the sections that follow, we have purposely chosen diverse case examples that utilize different conceptualizations of community partners as we illustrate questions for critical reflection by researchers.
There is no one starting place, no single technique, no magic bullet for the development of relationships and partnerships with communities. For the purposes of this chapter, we define community as a group of people having a shared identity, whether it is based on geography; political affiliation; culture or race/ethnicity; faith; sovereign tribal nationhood; institutional connection, such as schools or workplaces; or shared group identification (Minkler & Wallerstein, 2008; Minkler, 2012; Rothman, 2008). Sometimes, when outside researchers partner with geographic communities, there is a tendency to accept outside-defined boundaries, such as census or zip code tracts used for data collection. It is critical, however, that we recognize that residents within a geographic area may have their own designations, for example, the neighborhood across the tracks, or the location of important history. It is this shared identity that facilitates partnerships, and outside researchers must begin by getting to know how community members define their own communities (see Chapter One for a discussion of community as a unit of identity).

Getting to know the “community” in all its complexity and in ways that are consistent with the principles of CBPR also means looking at communities through new lenses. For several decades, Kretzmann and McKnight (1993; McKnight & Kretzmann, 2012), have admonished health and social service professionals to look for community assets, rather than simply community needs, an approach espoused by the more recently articulated community-building strategies (Walter & Hyde, 2012). These strengths may reside within individuals, and within those community-based organizations that give the community voice, such as parent-teacher organizations, safety watch groups, or environmental justice coalitions. In an example of a CBPR project with Tribal Colleges and Universities (TCU) across the rural United States, tribal college expertise in accommodating multiracial student bodies was essential for developing common measures to assess capacities for drug and alcohol identification and interventions. In addition, high-capacity TCUs (College, 2011) with long-standing mechanisms for tribal review shared their materials and provided training to other colleges just initiating these protections.

When we develop academic-community research partnerships that do not come directly from the community, it is important that they not be window
dressing, put together at the last minute because of a grant mandate. We need to consider how to make our partnerships reflect the culture of the community, respecting the community’s expert knowledge concerning its assets as well as its needs, and not simply replicate “professional cultures” to forge egalitarian CBPR partnerships. (See Chapter Five for a discussion of the use of in-depth interviews and focus groups to assess community strengths as well as challenges.)

Starting a research relationship for a specific project is always easier if we have a previous positive connection with the community. Students as research assistants have often facilitated trust and rapport if they come from similar ethnic/racial or other social identities shared with the communities. University reputations and previous institutional histories have not always been positive however. Many times communities feel “mined” by research partnerships, with consequences of mistrust. Most often, we face a constellation of these facilitators and challenges.

Without any previous connections, we need to rely on hard work and time to build the relationships. Public health professor and CBPR partner Mary Northridge’s admonitions (2003) to university faculty who desire to engage in CBPR are apropos: listen, show up, be yourself, believe in social justice, and demonstrate respect through willingness to meet on the community’s turf, rather than expecting residents to come to the university. Just showing up, however, may make the situation worse if outside researchers are inflexible about their research agenda, or if they underestimate the knowledge of community partners. Respect is an earned quality, which includes being responsive to the diverse needs of different constituents and partners. For example, former health department employees Galen Ellis and Sheryl Walton in West Contra Costa County, California, write about how it was important not merely to show up but also to help cook for a community memorial service after a drive-by shooting as part of gaining credibility (Ellis & Walton, 2012). The Healthy Neighborhood Project (HNP) they helped create went on to become an effective community-health department collaboration for research and action (Ellis & Walton, 2012). This partnership may never have achieved success had not the health department staff literally and figuratively shown up for multiple events important to local residents.

Five strategies are helpful for university or other institutional-based researchers as we seek to begin and sustain a community partnership:
1. Self-reflecting on our own and our institutional base's capacities, resources, and potential liabilities as health professionals/academics interested in engaging with the community, including identifying historical and current relationships between the university and community;

2. Identifying potential partners and partnerships through appropriate networks, associations, and leaders;

3. Negotiating a research agenda based on a common framework on mechanisms for change;

4. Using up, down, and peer mentoring and apprenticeship across the CBPR partnership; and

5. Creating and nurturing structures to sustain partnerships, through constituency building and organizational development.

These strategies are not sequential and steps 3–5 may take place simultaneously, yet all require continual attention; earlier strategies also need to be revisited, especially when new partners join a long-standing relationship.

Strategy 1: Reflect on Own Capacities and Those of Our Institutions to Engage in Research Partnerships

To assess our capacities and resources as researchers working with communities, it is important to think about: our own strengths as individuals and as the institutions we represent; our weaknesses as individuals and institutions; the benefits we might gain; and the dangers or concerns we might face. These issues include being self-reflective about our own positions of power in relation to the communities with whom we partner, which includes the historical and current relationship of our institution to these same communities (Tuhiwai-Smith, 2005; Israel et al., 2008; Wallerstein, 1999).

One of the most important skills in this assessment of our own capacities is the ability to listen to ourselves, as well as to, and with, our community partners. Such active and introspective listening requires concrete and measureable skills that include patience, silence, and an attitude of openness, humility, discovery, and nondefensiveness (Chávez, Duran, Baker, Avila, & Wallerstein, 2008).

For CBPR researchers in academic settings, part of listening to our history involves reflecting on and learning from the activist scholar traditions that
reemerged in the 1960s, when many researchers moved out of the academy to participate in social movements to improve economic conditions (MacDonnel, 1986). For activist scholars, these historical roles included shining a spotlight on resistance among marginalized communities; the role of culture in everyday practices; and the reality of community agencies to define their agendas and identities as decision makers (Ong, 1987).

In the 1970s and 1980s, a key innovation of poststructuralist analysis and the new social movements was the shift from a predominantly Marxist analysis, to a deeper understanding of the way dominant society served to exclude and disadvantage cultures or groups due to race, gender, sexuality, and class, or an intersection of these (Laclau & Mouffe, 1985). Academics engaged in participatory research began to see themselves as moving beyond the legacy of ventriloquism (or speaking for community partners) to making room for the voice of people’s lived experiences, with the belief that “only those directly concerned can speak in a practical way on their own behalf” (MacDonnel, 1986, pg. 16). Yet, beyond giving voice, the role of the academic can shift toward “weaken[ing] the existing links between power and knowledge” to prevent local knowledge from being devalued and undermined (MacDonnel, 1986, pg. 16). We can help create multiple spaces (for example, meetings and publications) in which the lived experience, core values, and diverse epistemologies of our partners can be heard and validated (Quijano, 2007; Spivak, 1990).

One example of this space was at a recent “facilitated CBPR discussion” at the national Native Research Network (NRN) meeting (http://nativeresearchnetwork.org/National%20Conference.htm). The NRN is comprised of academic and community indigenous scholars, and includes non-Native allies. The planners rightly assumed everyone would be CBPR practitioners, and organized the event around lessons learned, problem solving, and considerations of the unique position of Indigenous CBPR researchers. After a rich joint discussion, indigenous and ally participants separated and a palpable energy shift occurred. The diverse but all-indigenous group identified a “third space” of knowledge development, defined as neither Western nor exclusively indigenous, and spoken about in shorthand terms as a “felt sense,” not captured adequately by research concepts. Due to the exclusively indigenous space, community scholars with traditional knowledge credentials felt at ease to express their truths about the partnered research process and their ideas about culture-centered interventions. The group identified gaps in the current knowledge base and began to identify “alter/
native” research agendas. Dependent upon an exclusively indigenous space for discussion, it was the highest rated event of the conference and this “Third Space” of Indigenous Knowledge Development became the theme of the next annual conference. Although the non-Native research allies meeting separately may not have fully understood the need for an exclusively indigenous space, allies promote voice and theory development when they offer opportunities for and support community-group caucusing.

The second process of listening involves making explicit historical abuses (for example, the academic invention of “primitive societies” in part as a justification for colonization [Said, 1978]). Stories of alleged abuse (as in the Havasupai tribe’s multimillion-dollar lawsuit against the Arizona State University for non-consenting use of blood samples) add potency in the face of historical realities (Potkonjak, 2004). One strategy to reduce mistrust involves what Foucault has termed, “effective history” — a retelling of the past that refutes the dominant perspective (Dean, 1994), that is, creating space for community partners to construct the histories of previous relationships with universities that contribute to mistrust and misunderstanding. CBPR researchers can then articulate a new approach that is not an inevitable outcome of the past.

The third process of listening is to uncover the role of power dynamics in our own collaborative processes; “expert” or “scientific knowledge,” for example, may inadvertently prevent community knowledge from being viewed as equally legitimate. Many white or middle-class academics working in communities of color may fail to recognize the ways in which “unearned privilege” may foster or may maintain internalized oppression of community members who assume they themselves have less to offer. In addition, as institution-based researchers, we often have the power of resources. For example, our capacity to develop subcontracts with community partners may be potentially problematic if community members become more interested in resources, rather than in the research questions per se. Increasingly, however, savvy community partners are expecting a shared distribution of resources to build their own research capacities. Finally, as part of self-reflection, we encourage each of us who has privilege to consider how best to be an ally to our research colleagues of color and to the communities with which we work. All of us have intersecting contexts, being in the dominant group in terms of power in some domains (for example, race/ethnicity, class, sexual orientation, ability/disability) but not others (Graham, 2011). For example, junior minority faculty may lead research projects, but not have the power to
influence their institutions’ priorities for hiring, promotion, or student recruitment toward diversity (Stanley, 2006).

Although we may face formidable obstacles to changing power imbalances (for example, funding mandates and norms that support the superior validity of “expert knowledge”), as Foucault (1980) reminds us, power is inherently unstable and therefore able to be challenged. Seifer and colleagues noted the importance of centers in the academy which support community-engaged scholarship, interdisciplinary values, and community coinvestigators (Calleson, Seifer, & Maurana 2002; Seifer, 2008).

Although some academics share identities with communities, it is important to live with the contradictions of finding how our lived experiences of oppression intersect with those of our partners, yet not take advantage and claim the same level of marginalization. By recognizing our privilege, our power bases, we can have the integrity to create authentic partnerships (Labonté, 2012), which honor the strengths and knowledge each partner brings.

**Strategy 2: Identify Potential Partners and Partnerships Through Appropriate Networks, Associations, and Leaders**

An important CBPR task is to identify potential community partners, and consider the practical, political, and personal implications of partnership choices. Ideally in CBPR, the research topic comes from the community, and a concerned CBO may approach the university, health department, or other research entity about partnering. Frequently, however, the university wishes to initiate a partnership, and these steps may therefore be useful.

First, outside researchers should plan to spend considerable time getting to know the community before they approach individuals, groups or organizations about partnering. This process is important for credibility (Hancock & Minkler, 2012; Lewis & Ford, 1990) and for learning who may be most appropriate partners.

One of the authors of this chapter (Minkler) and her primary research partner (a graduate student with a disability) had each been involved with the local disability community for many years before they discussed the possibility of conducting a CBPR project with that community. Because the topic was a controversial one (that is, broadening the dialogue within the disability community about attitudes toward “death with dignity” legislation), assessing key community
stakeholders’ interest in advance was imperative; they agreed that they would not proceed without community buy-in. Their status, as an able-bodied ally and a member of the community, helped them know which stakeholders to approach for guidance, which organizations to approach about potential partnering, and, once an agreement was achieved, how to form a diverse advisory committee whose membership reflected differences of opinion about this topic in the larger disability community (Fadem et al., 2003).

For researchers who are not as familiar with the community with which they hope to partner, a variety of tools may be useful. Action-oriented community assessment and methods for identifying “movers and shakers” can help find community partners and learn about community-perceived assets and concerns (Eng & Blanchard, 1990–1991; Hancock & Minkler, 2012; Chapter Five in this volume). Such techniques, however, are best used with community partners, who can help determine which methods will most appropriately capture the unique context of their community.

In a project in which chapter authors Duran and Foley were involved, a farsighted division of the tribal health department received a large federal grant, aimed at developing and integrating HIV services with a large tribe in the Southwest. The tribal council Health Committee, however, as the “lead” agency responsible for research oversight, had factions that were opposed to this work; some members thought people with HIV should be quarantined. After the stigma was uncovered, Duran and Foley deliberately chose to work with a nongovernmental agency (NGO) and those supporters within the tribal health department to steer clear of more contentious tribal council elements. (See Exhibit 2.1 for a more detailed discussion of this example from the perspective of the community-based organization.)

Exhibit 2.1: The CBO Perspective

From a community based organization (CBO) perspective, universities, health departments or other research institutions need to understand a range of concerns, that is, the potential for draining resources, talent or money from the community; the potential competition among different agencies and their regulations; the distinct relations that agencies and community members have with the university; and the potential that university guidelines might not reflect collaborative relationships. All of these issues were epitomized in one community-initiated research project in the Southwest.
In 2001, the clinical director of a Native American alcohol treatment CBO (Foley, one of the authors of this chapter) contemplated the possibility of applying for an integration of services research project, and called another community-based agency serving Native clients that provided HIV case management services. The executive director of the case management agency was interested, so a meeting was called with medical and social services providers and university researchers (led by Duran, one of the authors of this chapter) to discuss forming a collaborative to apply for the grant. From the outset, there was an agreement to start from culturally centered interventions and to make traditional healers central.

Partnership concerns remained, however. The HIV case management agency, with the Indian Health Service and the tribal government, had worked for five years on the first round of funding with Dr. Duran and wanted her as evaluator on the next five-year submission. Dr. Foley expressed his concern that his board might not buy into contracting for evaluation services. The CBO board had a policy of not hiring outside contractors because in the past outside contractors were not invested in the organization; the board’s preference was to hire local evaluators to develop local capacity. Drs. Foley and Duran had known each other for several years, however, and trust had already been established. Hence Dr. Foley convinced his board to participate and to contract with the university. As part of the buy-in to working with the university, Dr. Duran assisted in arranging for training all CBO staff on motivational interviewing at no cost. University guidelines however made it difficult to view Dr. Foley as an equal partner. Although he was Principal Investigator for the federal funding, the university institutional review board (IRB) refused to allow his name to be placed on the participant consent form. The research collaborative was forced to accept the IRB’s conditions, although they dishonored the community partner. Because of the long-standing relationship between Drs. Duran and Foley and the evolving relationship with other partners, the partnership has continued and been able to openly reflect on and negotiate the issues as they emerge.

Recognizing the multiple voices of a “single” community acknowledges the challenges of community participation. It is often easier to attract service professionals and policymakers to board meetings than it is to expect community members (such as parents, low-wage workers, and the elderly) to come out on a regular basis, although service providers may also be community members, especially staff of local CBOs. Selection criteria for new partners might include: people (and organizations) who are well respected, knowledgeable about the community, with a long-standing history of working on community issues, and with prior positive history of working in partnerships. For policy-oriented CBPR, it is increasingly recognized that strong community partners with their own
history of organizing are essential for advocacy work required in translating science into policy change (Minkler et al., 2011; Wing, Avery Horton, Muhammad et al., 2008). In a recent NIEHS-funded project on health and safety issues for restaurant workers in San Francisco’s Chinatown, having the long-standing and well-respected Chinese Progressive Association as the community partner was instrumental in furthering media advocacy and development and signing into law the first wage theft ordinance in the nation (Chang, Salvatore, Tau Lee, Liu, & Minkler, 2012). With effective implementation, the ordinance, which attempts to end such practices as paying below minimum wage, withholding back wages, sometimes for months, and having the boss take tip money, could make a substantial contribution to the health and well-being of low-wage workers and their families living in poverty. Community partners may consider their own criteria for academic partners, such as people who have demonstrated commitment to the community independent of specific funding.

Some of the most obvious barriers to attendance for community members at partnership meetings can be overcome by providing food, transportation, and child care; and holding meetings at the community partner organizations, though job and family demands can take priority. In the Healthy Neighborhoods Project, the health department began granting flex time to employees whose ability to work from noon to 9 p.m. and on weekends enabled them to be more available for times that worked best for community residents. As the partnership matured, this show of respect was reciprocated, as community members began arranging their schedules to be able to attend daytime events at the health department (Ellis & Walton, 2012).

Encouraging active participation in CBPR activities also requires methods to reduce the intimidation community members may feel in groups characterized by status differences, including nominal group processes (Delbecq, Van de Ven, & Gustafson 1975); collaborative mapping of community risks and assets (Hancock & Minkler, 2012); establishing partnership norms (Israel et al., 2008); and support for bringing community voices to the table. (See Chapters Three and Four in this volume for a discussion of different methods that can be used to foster equitable relationships.)

Although the importance of constantly working to deepen the participation of community partners cannot be overstated, outside researchers also need to be aware of the impacts of racism on both the context and process of the work. Camara Jones’s analysis of institutional, interpersonal, and internalized racism is
helpful for understanding their impact on partnering (Jones, 2000). Community members may have differential access to knowledge and representation in institutions to enable them to connect as community partners. They may feel uncomfortable with the potential for stereotyping and believe they do not have opinions to offer. Or they may want to protect the community’s hidden voices from perceived threats (Scott, 1990). To avoid such situations, and to confront them more honestly when they do arise, the concept of cultural humility (Chávez et al., 2008; Tervalon & Murray-García, 1998) has proven useful. Cultural humility is more realistic and useful, we believe, than the more popular term cultural competence—an end point that we can never truly achieve, because we cannot truly be “competent” in another’s culture. As a term promoting lifelong self-evaluation and self-critique to redress power differences, cultural humility practices might include willingness to acknowledge institutional racism, including through university-sponsored anti-racism or crosscultural trainings (Ellis & Walton, 2012; see Chapter Four for an example of the use of undoing racism training).

**Strategy 3: Negotiate a Research Agenda Based on a Common Framework on Mechanisms for Change**

Ideally, all CBPR research projects become a negotiated process between community and outside research partners. With a newly formed partnership, or an existing partnership where there is flexibility in choosing the research agenda, one of the first strategies would be to gather information on community needs, concerns, resources, and strengths. Out of a data gathering and prioritization strategy, research questions would emerge.

Beyond the typical participatory data collection and prioritization methods used to identify needs and strengths however (Duran & Duran, 2000; Hancock & Minkler, 2012; Wallerstein & Sheline, 1998; see also Part Four of this volume), a CBPR partnership would benefit from identifying the culturally defined etiologic theories and culturally specific mechanisms for change. No true prioritization can happen without the community’s perspective being paramount.

Typically, universities have privileged empirically derived knowledge, or empirically supported interventions (ESIs); yet increasingly there is a recognition of another valuable source of research, that of culturally supported interventions (CSIs), the indigenous theories and practices from communities (Hall, 2001). Many widespread health practices within communities, that is, traditional healers...
or cultural revitalization practices, have never been formally studied or evaluated; neither have many community programs. As Larry Green (2008) suggests, “evidence-based practice” has not been accompanied by an equally important accent on “practice-based evidence,” which deserve rigorous research as to their effectiveness for a specific population. Recognizing academic AND community streams of knowledge would be helpful for legitimizing the community perspective within a partnership. For example, the case study outlined in Exhibit 2.1 highlights the integration of culturally supported traditional medicine with motivational-interviewing treatments within the CBPR partnership.

Traditional healers integrate healing not only for diseases, but also for the psychological, physical, and emotional impact of “historical trauma,” or the collective injuries over the life span and across generations, resulting from histories of genocide or other oppressions (Brave Heart, 2011; Duran, 1996; Duran & Walters, 2004). Recently, historical trauma, within Native communities as well as other communities of color, has emerged as an important theory of etiology for many social and health problems. Understanding and appreciating culturally embedded concepts like historical trauma may prove critical to outsiders’ abilities to partner effectively.

**Strategy 4: Use Up, Down, and Peer Mentoring and Apprenticeship, Across the CBPR Partnership**

Mentorship is a vibrant component of CBPR partnerships, especially as the academy expands to greater numbers of students, staff, and faculty of color and community members who are connected to the communities where research is taking place. Inclusive mentorship models have been shown to be effective through fostering skill development and culturally supportive environments (Viets et al., 2008; Waitzkin et al., 2006; Yager et al., 2007), which promote indigenous knowledge and offer safe peer spaces to navigate career tensions related to latent prejudices and emotional legacies of discrimination (Tuhiwai-Smith, 2005; Walters & Simoni, 2009).

Within CBPR teams, authentic partnerships, among senior and junior researchers and community members, eschew the historic academic process of appropriating knowledge, but rather put in place an iterative process that is characterized by respect, dignity, mutual learning, and an opportunity for up, down, and peer mentoring. This comprehensive approach recognizes epistemo-
logical diversity, and the value of listening deeply and integrating the perspectives and values from each partner, including community science, the inherited knowledge that stems from community-based legacies. Mentorship becomes a multidimensional and nonhierarchical process that builds on mentee identities, rather than deconstructing them in order to build them up into “socialized” academics under a singular scientific paradigm. The totem pole, as a storyboard detailing the achievements and history of communities, can be seen as an anchor metaphor of CBPR. In this artistic yet symbolic creation of community history, there is no such thing as “low man on the totem pole,” an expression Hollywoodized as a pop culture expression. Totem poles, on the contrary, have no rank based on where their story carvings are situated; rather, the seeds of knowledge and legacy start at the base, reflecting collective history and community rootedness. An indigenous person does not view the totem pole as a status symbol of top to bottom, but rather a holistic representation of the entire tribe, clan, or community. Herein is where CBPR makes a strategic link as a research venue. As a research orientation and as a mentoring model, inherent in CBPR are the values, principles, and respect for multiple sources of knowledge. There is no hierarchy in who is driving the quest for knowledge but rather a sense of equity and collectiveness to move all CBPR partners forward in a collaborative and comemtoring way.

In up, down, and peer mentoring, community partners learn about academic research processes and increase their capacity building in research skills. In reciprocity, academic partners learn how to work with communities using parameters that are contextually defined and not merely theoretically or academically driven. The academic senior faculty also learns how to more effectively mentor up-and-coming scholars of color by adopting this same reciprocal model. Oftentimes, it is the junior faculty member of color, university staff person of color, or key community member who bridges the community and academic settings, and who provides essential brokering knowledge to sustain effective partnerships, at the same time that they are mentoring each other. Ultimately, the methodologies that shape our mentoring approach are important, as they also shape the approach of those who will be replacing us. Reflexive dialogue among all partners builds on auto-ethnographic, narrative, performative, and collaborative methodologies (Fine et al., 2003; Tuhiwai-Smith, 2005); and enables us to create the critical, ethical, and respectful legacy of CBPR. As Belone (2010) found in her dissertation examining challenges faced by Native researchers in the academy, through
bringing the reflexivity and mutuality back into the academy CBPR can empower minority scholars to better navigate career challenges. Utilizing CBPR principles “allows for a full circle of reciprocity throughout the research process” (Belone, 2010, p. 171), from the lead researcher to graduate students, staff, and community members; and then back up to the lead researcher, creating beneficial and supportive colearning and mentoring among all partners.

**Strategy 5. Create and Nurture Structures to Sustain Partnerships, Through Constituency Building and Organizational Development.**

The success of a CBPR partnership is heavily dependent on our ability to develop strong personal relationships with communities in part through showing up, demonstrating cultural humility, and demonstrating our willingness to share power and resources. In addition, however, **sustaining lasting partnerships** requires (1) careful attention to the development of joint institutional structures, (2) collaboratively agreed-upon agreements and principles, and (3) having communities codefine research deliverables. Although Israel and her colleagues have articulated a common set of principles that are widely used in the field, they advise each new and ongoing partnership to develop their own principles to ensure local appropriateness and ownership (Israel et al., 2008). The Oakland Community Health Academy provides one example of collaborative development of principles (Brown & Vega, 1996). Located in the heart of an economically depressed but culturally vibrant urban area, the Academy comprised local residents and representatives of the health department and the University of California, Berkeley’s School of Public Health. Together, they crafted a research protocol designed to initiate wider dialogue on the relevance of academic research to the health needs of the community. Protocol questions include: “How will research processes and outcomes serve the community?” and “Are the research methods sufficiently rigorous yet true to community-based principles that incorporate perspectives and beliefs of community residents?” (Brown & Vega, 2008, p. 396).

Such questions and principles become even more codified when working with tribes, as tribal codes expand the general principles of respect to emphasize government-to-government relationships in research, such as who controls the data (see, for example, Turning Point, 2003). The Navajo Nation, which has its own Institutional Review Board, articulates a research process for research with Navajo people on or near the reservation, involving tribal resolutions from local
“chapters” (or governing bodies), tribal ownership of data, IRB approval of dissemination, and strategies for community benefit (Becenti-Pigman et al., 2008).

In addition to collaboratively developing principles and guidelines as a basis for CBPR, sustaining partnerships means continuing to work with organizational bureaucracies in examining and revising policies and practices that mitigate against authentic partnerships. A new conceptual model of CBPR incorporates this idea of revising university policies as an appropriate target for CBPR partnerships (Wallerstein, et al., 2008). As an example, some Southwest tribes and one of the authors (Wallerstein) successfully challenged the university IRB to reduce the “boilerplate” survey consent form from four pages to a single page. By mobilizing letters of support from tribal leaders, Wallerstein was able to convince her institution’s IRB to adopt a more community-accessible product.

In addition to starting from principles, and viewing our own institutional systems as potential change targets, several organizational strategies are helpful for developing early success. These include: providing an immediately recognizable service to community partners; developing mission statements; and creating memoranda of agreement on such things as decision making, ownership of data, publication authorship, and other research deliverables (see Chapter Four in this volume for examples of the use of some of these mechanisms).

In working with communities, it is crucial to establish the benefit of working with the university, and to establish mechanisms for feedback to the community in short action-research cycles. This is especially important because traditional epidemiologic or intervention research can take multiple years. Potential shorter-term benefits for communities might include researchers providing trainings, help with grants, or technical assistance, which may not be directly related to the research. In a collaboration between West Harlem Environmental Action (WE ACT) and their research partners at Columbia University Children’s Environmental Health Center, a faculty member has offered sessions for WE ACT’s ambitious community leadership training program in environmental health issues. At the same time, WE ACT staff continue to be invaluable research partners with the Center (personal communications from Peggy Shepard and Patrick L. Kinney, March, 2004).

A key structural issue is recognizing each partner’s imperatives and needs, which may overlap but be different from each other. The dimension of time, for example, is a key difference between academic and community partners. Academic calendars are driven by grant deadlines, student research assistant
availability during semesters, or faculty needs for tenure and promotion products. Community calendars are driven by a desire for research results that can be disseminated quickly in support of action objectives.

Potential structural university challenges become more acute for junior faculty, who need to develop a productive research career in a timely manner. The time-intensive relationship building in CBPR and coauthorship with community partners, including community review processes that honor community involvement (and in tribes, which may require formal approvals for publication), can lengthen considerably the time before publication, and in some cases may inhibit release of data. Many universities are considering community-engaged scholarship criteria now for tenure and promotion (see www.ccph.info/), as well as urging junior faculty to join existing CBPR teams as a way to jump-start their careers (Seifer, 2008).

Building in structures to deal with conflict is an important organizational development strategy. Although conflicts are inevitable, resolution of conflict may strengthen the commitment to the partnership. As Gutierrez and Lewis (2012) suggest, particularly when researchers and community members are of different racial/ethnic or other groups, recognizing and embracing conflicts within cross-cultural work can be a critical step in the development of respectful collaborative work. (See Chapters Three and Four in this volume for strategies for addressing conflict within CBPR partnerships.)

Reliability-tested guidelines exist to help academic researchers clarify their involvement with community partners (Mercer et al., 2008). The questions ask about community involvement in different aspects of research, for example, setting the research agenda, collecting and analyzing data, and whether there is community capacity building in research. Many partnerships have developed their own qualitative and quantitative process and outcome measures (see Chapter Thirteen in this volume; Pearson et al., 2011; Sandoval et al., 2011). Parker and colleagues have developed a tool to evaluate the capacity of health departments for engaging community partners (Parker, Margolis, Eng, & Renriquez-Roldan, 2003). These instruments can be applied over time as partnerships change throughout the process.

Although such tools are helpful, they do not fully capture some of the core issues within partnerships, for example, the role of self-reflection about our personal and institutional relationships, the ability to create new interdependent partnering structures and policies, and the ability to create internal change within
each participating member’s institution. A CBPR conceptual model (Wallerstein et al., 2008) has proven useful as a collective reflection tool for partnerships to assess their current partnering practices and goals for the future (http://hsc.unm.edu/SOM/fcm/cpr/cbprmodel.shtml).

**SUMMARY**

We have provided principles and methods for developing and maintaining collaborative partnerships with communities for the purpose of more effective research and improved health outcomes. This work demands interdependence, with all partners being open to change. Our challenge is to uncover and address our historic legacies and current identities and contexts as they affect our ability to successfully engage in CBPR. Some excellent guidelines, protocols, and other tools now exist for assessing and supporting collaboration between the community and outside researchers. As we have suggested, however, without the necessary self-reflection and continued attention to many deep-rooted issues, such partnerships may have a difficult time thriving and achieving their goals. In the final analysis, as Maurana and colleagues (2000) suggest, two of the most important questions for assessing CBPR may well be: “Would the community work with the scholar again?” and “Would the scholar work with the community again?” Through continued reflection and culturally centered approaches, laying the groundwork in the critical early stages of developing the partnership may strengthen our ability to answer these questions in the affirmative.

**KEY TERMS**

Community partnerships  
Self-reflection  
Culture-centered interventions  
Sustaining lasting partnerships  
Cultural humility

**DISCUSSION QUESTIONS**

1. What are the challenges for partnering identified in this chapter?
2. Describe the facilitating factors for overcoming the challenges to partnership development identified in this chapter.
3. What strategies or skills may be useful for creating a sustainable partnership?

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**DEVELOPING AND MAINTAINING PARTNERSHIPS WITH COMMUNITIES**  

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Israel—Methods for Community-Based Participatory Research for Health


