

Editorial

## Challenges and Prospects for Community-Partnered Research

Adolescent health educators, practitioners, and advocates have long understood the inherently interdisciplinary nature of the field, where no single discipline has a monopoly on the theories, methods, and strategies required to protect and promote the health of young people [1,2] International organizations such as the World Health Organization (WHO) similarly understand that effective interventions require multi-sectoral collaboration and partnership as a prerequisite to the successful development and implementation of health-focused strategies [3] Among researchers, there is a growing cadre of adolescent health investigators who are embracing models and frameworks of community participatory research and action research, guided by a philosophical commitment to community partnership, from the inception of researchable ideas to the translation and dissemination of findings, to the implementation and evaluation of health initiatives. This reflects a focus on community-partnered research expressed by federal and private funding sources. As examples of this, the National Institutes of Health (NIH) recently issued grant announcements promoting the use of community participatory research methods [4]. The Centers for Disease Control and Prevention's National Prevention Research Center program supports a network of 33 centers across the country with a shared commitment to community-partnered research, translation, and dissemination [5]. In addition Community-Campus Partnerships for Health, including more than 1300 communities and campuses throughout the U.S. and abroad, not only promotes the model of research partnership, but also plays a leading role in promoting institutional review of recruitment, retention, promotion, and tenure criteria that will recognize and reward such community-partnered scholarship [6].

In this issue of the *Journal of Adolescent Health*, four papers examine different dimensions of community-partnered research and community–university relationships. If such relationships can be conceptualized as existing along a continuum that captures degree of partnership, each of these contributions illuminates different gradations of that continuum.

The article by Straub and colleagues [7] reflects a sophisticated understanding of the utility of community-partnered

research. The authors seek to address a void in the literature—the articulation of partner attributes and selection criteria that increase the likelihood of productive and effective community–university relationships. Grounded in the experience of their NIH-funded Adolescent Trials Network for HIV/AIDS Interventions, the authors describe their processes of partner identification and selection, relationship building, and subsequent collaborations that emanate from a carefully crafted foundation of trust and good will. Reflecting the long-standing perspective of global health organizations such as the WHO, Straub and colleagues emphasize the fundamental need for multi-sectoral alliances, the slow and deliberate cultivation of working relationships, and the need to reaffirm mutual interests and the benefits of collaboration. Their paper, treated as an in-depth case study, provides a discerning, illuminating discussion of successful partnership in which the goal is to coalesce relationships, develop and implement interventions, and set the stage for ongoing collaborations.

The community-level, peer-led outreach to urban African-American youth by Boyer and colleagues [8] to promote sexually transmitted infection (STI) awareness and screening provides another example of community-partnered research that relies heavily on the commitment and guidance of those partners in the development and implementation of an intervention. Although we do not learn in this paper, as with Straub and colleagues, about the selection of partners and cultivation of those initial relationships, leaders of youth-serving organizations, community opinion leaders, and young people all play essential roles in creating a venue-based approach to risk assessment in adolescents and young adults who themselves are at high risk for STI. The use of young people who are of the host community in this peer-to-peer outreach strategy is an essential element of its success. So, too, is the careful groundwork that identifies facilitators and obstacles to young people's utilization of STI services and the venues in which adolescents and young adults can best be reached.

Bell and colleagues contribute to our understanding of community–university partnerships at yet a different point on the collaboration continuum [9]. They report on the processes

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and challenges involved in replication of adolescent health interventions in community contexts that differ from original replication sites. In other words, through the experience of six different interventions focused on adolescent sexual and reproductive health, we re-enter the complex fidelity–adaptation debate [10]. The experience of each of these interventions affirms the essential role of community partnerships in adapting adolescent health interventions to the particularities of specific community contexts, needs, and concerns.

Through these six examples, we see that attentiveness to the particular (rather than the universal) is a slow process of sensing, analysis and response. Community partners become both the articulators of those unique contexts and concerns, and the translators of that information to research teams that may not have personal connection to the lived experience of those communities, and the sensitivities that could potentially (and literally) stop an intervention in its tracks through community mistrust, misunderstanding, and outright opposition. The greatest cumulative value in these examples from Bell and colleagues is both the specific examples of the personnel, resources, and processes needed for effective adaptation and response to community concerns, and the persuasive argument that replication must include real attention to the requisite steps for building community trust, collaboration, and partnership. Ultimately, these understandings must translate into a project's budget, reflecting concrete commitment to the values of respect, sensitivity, and responsiveness.

The measurement work of Feinberg and colleagues [11] represents research activity at a different point on the continuum that captures the degree of community partnership in research. Their presentation of validated measures of key risk and protective factors in the lives of young people does not emanate from a community participatory research framework. Instead, it presents a series of measures that will have likely utility for community opinion leaders and decision makers as they seek to use community-focused research for purposes of needs assessment, program development, and advocacy. The measures presented from the Communities That Care survey are described as useful for assessing community environments with an eye toward identifying priority areas of need as well as strengths and resources that might contribute toward adolescent health promotion efforts. Partnership was not the springboard for the development of the measures, but there is great potential for their use by community decision makers and youth-serving organizations, perhaps acting in concert with adolescent health researchers in the arenas of program development, implementation, and/or evaluation.

If there is a single lesson to be derived from these papers, with their respective degrees of embeddedness in the concept of community-partnered research, it is this: The health problems and challenges facing our young people are too complex and multi-dimensional to be left to the efforts of any one group. Simultaneously, the development of trusting relationships and true partnerships takes time, care,

financial resources, considerable sensitivity, and persistence. Adolescent health professionals can learn from the examples in this issue of the *Journal* and can likewise share their successes and trials with others. Ultimately, it is these partnerships that will bridge the divide between “us and them” [12] (whether defined by discipline, culture, class, or the other categories that create distance between groups), and make us more effective in our shared goal of improving health and healthy development among all of our youth.

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