

Addressing challenges in participatory research partnerships in the North: opening a conversation

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Guest Editor

Interest and experience in participatory research projects has been growing for some time in the North, yet lessons learned from these complex and still evolving community campus partnerships are still rarely shared in the general peer-reviewed literature. An electronic search of this Journal's archives netted just four papers in the past five years that included Community Based Participatory Research (CBPR) among key words (1–4), and these primarily focused on results. Yet, as many know who have been engaged in such partnerships, it is often the *process* of engagement between diverse partners, and the local strategies created to address inevitable tensions that arise within such collaborations, which give rise to deeper understandings of shared health issues, and support novel interventions and outcomes.

The recognition of potential ethical challenges unique to this type of engaged, adaptable and flexible community research is also growing (5), but this too is still fairly rare in the literature. One brief 2005 news item in the Journal linked to a variety of generic ethical guidelines for northern researchers (6), but it included no specific examples of projects that had actually used any of these guidelines, and there have been few, if any, opportunities for researchers and community partners to share in print their experiences and lessons learned.

It was in this context that initial planning for this Special Issue began in Fall 2010. The original intent and call was for original research papers, as well as expository and survey papers that should inform our shared understanding of at least one of the following aspects of CBPR, with a particular focus on northern communities and projects:

- (a) Defining partnerships and communities;
- (b) Issue identification;
- (c) Data collection and methods;
- (d) Interpretation and dissemination of results;
- (e) Social action/advocacy;
- (f) Ethical challenges and lessons learned.

Interest in the Special Issue was strong, and we received many thoughtful inquiries; manuscripts arrived in a variety of formats and in varying degrees of completion from funders, community members, students and both junior and experienced researchers. Identifying appropriate peer reviewers and fitting such diverse submissions into a traditional peer-review process while the Journal was transitioning to a new editorial team and publishing format proved challenging. We appreciate the efforts of all who prepared papers for consideration, and all those who assisted in review.

This special issue includes four papers: one that describes one of the still relatively new funding streams to support CBPR partnerships around climate change and health (7); one that explores some of the challenges of data dissemination (8), and two that describe different unique aspects of youth engagement in participatory partnerships (9,10).

As Susan Chatwood notes in her introductory remarks, we hope this will be the beginning, not the end of some critical and still evolving conversations about participatory partnerships in the North. We have much to learn from each other.

To that end, we share two additional initiatives that might be helpful to both current and future community-academic partnerships. The Centers for Disease Control and Prevention supported the development and reliability-testing of guidelines to review and assess different aspects of participatory partnerships (11). And recently, planning began to establish a type of modified Cochrane Collaboration review of participatory health research best practices (12).

This Special Issue increases the evidence-base for informed, effective and collaborative research strategies in our region. We hope it will also open some additional space for reflective professional practice and exchange, and continuing dialogue about shared challenges and successes. Northerners have much to contribute to the growing global discussion about participatory research

partnerships and their potential contributions to improved health outcomes and decreased health disparities.

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