PROJECT MUSE®

The Developmental Stages of a Community–University
Partnership: The Experience of Padres Informados/Jovenes
Preparados

Michele L. Allen, María Veronica Svetaz, G. Ali Hurtado, Roxana Linares,
Diego Garcia-Huidobro, Monica Hurtado

Progress in Community Health Partnerships: Research, Education, and
Action, Volume 7, Issue 3, Fall 2013, pp. 271-279 (Article)

Published by Johns Hopkins University Press

DOI: <https://doi.org/10.1353/cpr.2013.0029>

➔ *For additional information about this article*

<https://muse.jhu.edu/article/521217>

The Developmental Stages of a Community–University Partnership: The Experience of Padres Informados/Jovenes Preparados

Michele L. Allen, MD, MS¹, María Veronica Svetaz, MD, MPH², G. Ali Hurtado³, Roxana Linares⁴, Diego Garcia-Huidobro, MD^{1,5},
and Monica Hurtado, MD²

(1) Department of Family Medicine and Community Health, School of Medicine, University of Minnesota; (2) Aquí Para Ti/Here for You, a Medical Home for Latino Teens and their Families, Hennepin County Medical Center; (3) Center for Family Development, University of Minnesota Extension; (4) Centro Inc; (5) Department of Family Social Science, University of Minnesota

Submitted 9 August 2012, revised 12 March 2013, accepted 24 April 2013. This project is funded by National Cancer Institute U54 Center Grant, "Minnesota Centers for Cancer Collaboration" 1U54CA153603-02 and supported by Grant Number UL1RR024150 from the National Center for Research Resources, National Institutes of Health.

Abstract

Background: Strong and sustained community–university partnerships are necessary for community-based participatory translational research. Little attention has been paid to understanding the trajectory of research partnerships from a developmental perspective.

Objective: To propose a framework describing partnership development and maturation based on Erikson's eight stages of psychosocial development and describe how our collaboration is moving through those stages.

Methods: Collaborators engaged in three rounds of iterative reflection regarding characteristics and contributors to the maturation of the Padres Informados/Jovenes Preparados (Informed Parents/Prepared Youth [PI/JP]) partnership.

Lessons Learned: Each stage is characterized by broad developmental partnership tasks. Conflict or tension within the partnership is often a part of achieving the associated tasks. The strengths developed at each stage prepare the partnership for challenges associated with subsequent stages.

Conclusions: This framework could provide a means for partnerships to reflect on their strengths and challenges at a given time point, and to help understand why some partnerships fail whereas others achieve maturity.

Keywords

Community health partnerships, community-based participatory research, health disparities, health promotion, power sharing

Community-based participatory research (CBPR), a research approach that offers a means for improving translational research and addressing health disparities, relies on strong and sustained community–university partnerships.^{1,2} The necessary ingredients for early development of strong partnerships are well-described in the literature,^{1,3–7} and a number of models describe stages of partnership development defined by partnership research activities^{6,8,9}; however, less attention has been paid to the trajectory of research partnerships from a developmental perspective. Partnerships that are sustained over multiple studies must adapt to meet the changing requirements of projects. These evolutions may be described as developmental stages of the partnership that have

associated foundational interpersonal tasks that the partnership as an entity must achieve to move forward.

Our objective is to propose a framework describing partnership development and maturation based on a retrospective reflection on the experiences of our 6-year collaboration, PI/JP. The community co-principal investigator observed that the development of our partnership paralleled the human developmental stages we describe to the families we work with, and we therefore identified Erik Erikson's eight stages of psychosocial development as a model that could be applied to illustrate the evolution of a partnership. Despite the fact that Erikson's model describes individual development, we found it to be applicable to partnerships for a number of reasons.

First, there is more to partnership maturation than achieving research or group process tasks; we observed that there are broader, collective building blocks to be achieved for a collaboration to succeed over time. Second, we experienced that the transition through these stages was at times associated with conflict that if navigated well, led to improved interactions. Finally, human development is a universal experience that is resonant for people of varying backgrounds. This project represents the culmination of an iterative series of self-reflections with the goal of producing a framework that has illustrative resonance for both community and academic partners.

APPROACH

Overview

Our project uses a CBPR approach to implement a community-based, randomized, controlled trial with a delayed control condition, testing the effectiveness of a culturally and linguistically appropriate family skills training program designed to prevent tobacco and other substance use intention among Latino youth ages 10 to 14 years.¹⁰ The program develops positive parenting practices and facilitates relationship building between parents and youth, while emphasizing Latino cultural values, and navigating multiple cultures and environmental risks related to socioeconomic circumstances. The larger project and this reflection are approved by local institutional review boards.

PI/JP was designed and is being implemented by a collaborative team, including community (MVS) and academic

(MLA) co-principal investigators and other community and university partners. The process began with an advisory board of Latino parents of youth who identified cultural values that informed their parenting practices and priorities. The collaborative team spent 3 years integrating parent and community priorities and practical family education strategies with theoretical models and piloting the resulting curriculum. At the time of receipt of a large grant from the National Institutes of Health (NIH), the collaborative team was expanded to include five new community agencies. To increase community capacity for supporting family skills training and research involvement, two staff from each organization participate in the project: One recruits and coordinates program activities and a second delivers the intervention.

The four core partner organizations have worked together for 6 years. Although life experiences (retirement, job change, childbirth, and death) have affected partners' participation, 6 of the 10 individuals present in the early stages of the partnership remain involved.

Erikson Model

Erik Erikson created a stage-based psychosocial development model drawing on the observation that humans are influenced by biological, psychological, and cultural factors (Table 1).¹¹ He proposed that an individual transitions through eight stages confronting psychosocial conflicts in each stage. Each stage builds on the development gained in the prior stages. If the individual resolves a stage-specific conflict successfully, he or she moves on to the next developmental challenge having

Table 1. Erik Erikson's Stages of Development

Stage	Developmental Task
Infancy	To develop security and trust in the world.
Toddlerhood	To understand that one is a person with particular interests who can make decisions independently.
Preschool	To get involved in new experiences that require purpose and planning, and to develop the ability to solve problems.
School Age	To develop competence when performing daily activities and to work well with others.
Adolescence	To develop identity.
Early Adulthood	To create and commit in an intimate relationship.
Late Adulthood	To generate products that will guide the next generations, including the family, work, and society.
Late Life	To view one's life with satisfaction, meaning, and integrity.

gained the virtue of that phase. However, if the conflict is not resolved, the individual will not develop the required strength, and will be less prepared for subsequent stages.

Although other frameworks have been used to explain stages of CBPR,^{6,8,9} we chose Erikson's model because we work with immigrant families with adolescents who experience transitions (as immigrants, parents, and adolescents) and so gravitated toward a conceptualization of partnership maturation as a human developmental rather than an organizational process. Over the course of multiple presentations to community and academic audiences, we have found the metaphor of human development to be an accessible and useful means to describe partnership development.

Process of Reflection

We developed the framework because we were asked to share our experiences as an exemplar of CBPR partnership. We engaged in three rounds of iterative reflection regarding the framework. The first round was prompted as the co-principal investigators prepared for a presentation describing how we achieved success in our partnership.¹² The co-principal investigators developed the framework and solicited opinions via email about partnership development (from GAH, RL, MH, and other community [$n = 1$] and academic [$n = 1$] partners). The second round a year later was prompted by another presentation and consisted of a larger group (VMS, RL, MLA, GAH) reviewing and revising the framework.

Finally, in preparing this manuscript we convened seven collaborative team members (4 community and 3 academic) who had been in the partnership for at least 3 years to elicit their opinions on the framework and about lessons learned. This conversation was facilitated by two partners (MLA, GAH) using questions about each stage such as, "What are your thoughts about how we brought in new partners for the NIH grant (early adulthood stage)? What are our lessons learned?" With the agreement of all participants, we audio-recorded and transcribed the conversation. One team member (DGH) produced a list of quotes and coauthors collectively identified salient quotes to illustrate each stage.

LESSONS LEARNED AT EACH STAGE

We have described key events in our partnership at each stage with associated lessons learned (Table 2) and illustrative

quotes from team members (Table 3).

Infancy

According to Erikson,¹² infancy reflects the initiation of an individual in the world. The individual must learn that the world is a safe place where one can trust and feel secure. Similarly, partners need to build trust and security.

In PI/JP, the community and academic co-principal investigators knew each other, but this foundation of trust did not extend to others in the community principal investigator's agency. The co-principal investigators and one staff member identified a common interest and community need in supporting Latino parents in their parenting practices. The academic co-principal investigator was interested in substance use prevention, which community partners considered an important, but not vital, problem. All partners were versed in the principles of Positive Youth Development, and so recognized that increasing the youth asset of positive parenting would have multiple positive outcomes, including decreased substance use. A second staff member initially observed the meetings with suspicion owing to prior negative experiences with researchers, but gained trust once the parent advisory board that directed early project development was established.

We learned that developing trust and security among all partners requires identification of a common interest that is important to the community. The more community-driven the process, the greater the likelihood that any previous negative experiences with research can be overcome.

Toddlerhood

In this stage, an individual must understand that he or she has interests and can make decisions independently. In a partnership, this translates to recognizing the needs and autonomy of partners, while building will to work together.

We expanded our collaboration to include additional partners. Two invited collaborators did not continue because the project required too much time and did not fit with their organizations' priorities. Through the process of co-writing a pilot grant, the group identified common goals and strategies, and informally established a consensus model for decision making.

We learned that, at early stages, individuals try out group membership. The project must have personal resonance and fit with their organizations' goals and available resources. At

Table 2. Partnership Stage and Associated Tasks With Pi/Jp Examples and Lessons Learned

Stage	Partnership Tasks	Padres Informados/Jovenes Preparados (PI/Jp)	Lessons Learned
Infancy	To develop trust and security between all participants in the partnership, and optimism about the collaboration.	Common interest in parenting programs. Frequent collaborative meetings. Framing driven by a community Parent Advisory Board. Overcame staff distrust.	Identification of a common interest which is beneficial to the community is the foundation for trust. Identification of a common theory or approach is helpful. The more community-driven the process, the higher the trust. It is essential to have trust at all levels, not only between project leaders. Building trust requires building interpersonal relationships.
Toddlerhood	To develop ways to respect individual and organizational autonomy within the partnership while building the will to work together.	Built collaborative team. Developed partnership goals and strategies to address them considering the needs of both the community and academic partners.	The project must resonate personally for the participating members and fit with their organizations' goals and available resources. Bilingual/bicultural university professionals increased trust. Tools to prompt process discussions should be considered early.
Preschool Age	To broaden skills through a common project and cooperate well within the group.	Built pilot curriculum and implemented pilot project. We chose not to randomize participants. Community and academic partners participated equally and worked beyond paid time to implement program.	Denying clients potentially valuable services, even in an untested program, is a significant sacrifice on the part of community agencies. At this stage threats to trust may not be worth methodological gain. Compromising research methods reaffirm that projects are run the partnership and not by academics, setting the stage for future decision making.
School Age	To increase competence in the performance of project activities and to formalize teamwork.	Began to formalize the way we worked together. NIH grant co-writing with inclusion of randomization. Community partners used PI/Jp in grant application.	Implementing the pilot study in a participatory manner strengthened the collaboration and increased capacity of all partners. Trust and a set of mutually beneficial goals, such as producing evidence based program, allows for agreed upon sacrifices such as randomization.
Adolescence	To develop an identity for the partnership and a set of ideas on which to base future work.	Defined partnership name-treatment, mission, and vision. First presentations to community and academic audiences. Discussion of project copyright.	Creating a "brand" solidified our accomplishments and identity. Institutions often lag behind healthy partnerships in their ability to accommodate participatory processes.
Early Adulthood	To solidify the bond within a growing partnership.	First (planning) year of 5 year grant. Readdressed collaborative agreements with increased formality. Trained and educated new members on project. Redefined roles.	It is necessary to readdress fundamental issues of how the group works together once moving into larger projects. Tension can develop as roles formalize.
Middle Age	To produce creative and meaningful work, share lessons learned with others.	Implementation of work of large grant. Presented at local and national events/conferences about our project and collaboration. Community and academic co-principal investigators asked to advise other CBPR projects.	Joint community/academic presentations generate utmost impact for both community and academic audiences. Reflective processes such as the one we engaged in for this manuscript allow means for the group to reinforce successes and better understand program impact.
Maturity	To view the achievements of the partnership with satisfaction.	Our partnership is not yet at this stage.	

Table 3. Quotes to Illustrate Partner Perspectives on Stages

Stage	Quotations
Infancy	<p>The big motivator of this project is the need of the community. I was aware of the need, but we did not have the capacity, and I did not trust the university. The distrust was bigger than the need at that moment. In my mind: Yeah great, but they are going to do what? As always they do research, and then fly and go away, and we will have the same issue in three years, when the project is done. What's the point? [CP1]</p> <p>Because the plan of the partnership included having a Parenting Advisory Board, this was what attracted me to be involved. [CP2]</p> <p>We shared a world view, and that was the base to start working together. If I had come in asking you [CP] if you were interested in doing tobacco prevention programs, without the family component, I feel that this would not have had worked. [AP1]</p> <p>It was Michele as a person, her way as she viewed things, facilitated the whole thing. [CP3]</p> <p>But this is the thing, at the beginning it was not Michele the person, it was Michele, the U. When Michele became the person, and we had a relationship, Michele was still the U but a different U . . . a new U . . . [CP1]</p>
Toddlerhood	<p>It is critical to see the researcher as a partner, sharing the power in making decisions. [CP1]</p> <p>The trust was a setback to define things well. Once we overcame the distrust, we were able to be specific, define things well. We had clearly some issues of miscommunication. [CP3]</p> <p>Everyone was aware of the strong added value that this was bringing to the community. When you are doing research for things that are really meaningful for the community you get the sustainability, the extra support. You get those things when you are really addressing those needs, instead of thinking on what I can do research on to publish a paper, or what is easiest for me to do to get a paper published, instead of working in the things that need to be solved in the community. [CP3]</p> <p>Two great people who work with the community were involved, so I was attracted to be involved as well. I already trusted them, I knew how they worked, and because of this, I decided to get into this project. [CP2]</p>
Preschool Age	<p>We had fun. At the same time that we worked, we were laughing at each other. We valued the relationships first, and that bonded us. We were kind of a support group for each other. We really cared for each other. From a community and Latino perspective this was huge. This project was not only professional, working here was also personal. This is a community value: people working with people; and we connected as persons. [CP3]</p> <p>We had to make it work, and we all worked more than we were required. [CP1]</p> <p>It was on those Friday meetings where we bonded. Those hours, and hours, and hours we spent together, creating those slides, revising those slides, tweaking the language . . . it was painful! But also rewarding . . . [AP1]</p> <p>I knew the consequences of not doing randomization. I said let's just meet. We met in your house. [CP4]</p> <p>And then we just made the decision of not randomizing. [AP2]</p> <p>Even though this was a crisis, [the decision of not randomizing], I thought that this was going to be resolved. It was never to the point that this [partnership] was going anywhere. [CP1]</p> <p>I think it was a great decision to bring Angela [community CBPR expert], because she talked about the budget and what her own group of teachers and herself has gone through. She explained so well how the university manages the money, and the percentage that you take. You wouldn't want to explain it, because is the distribution of your money. A third [community] party made all the difference. [CP5]</p>
School Age	<p>The main concern was the community, how to say no, you will not participate in this program, with the need being so big. This was similar to now, but then we came up with the delayed control group. [CP3]</p> <p>The main concern was the community, how to say no, you will not participate in this program, with the need being so big. This was similar to now, but then we came up with the delayed control group. [CP3]</p> <p>With all these experiences we learned so much about research, that then we understood the need of randomization. I can see how these experiences have trained me to be part of other research initiatives. [CP1]</p> <p>Working with the U has helped us to get more funding, because funders like you. [CP4]</p> <p>After we became aware of the results of the pilot, we had to keep going. We had the idealism of adolescents that no one could stop us. Bibiana [CP], Mitch [CP], and you [AP2] put so many hours on the ground for the [youth] curriculum, and really no one could stop you. This was purely idealism and pride. We didn't have any money. [CP3]</p>

table continues

Table 3. *continued*

Stage	Quotations
Adolescence	<p>That process of working with Gabriela [professional designer] to create our name treatment, to sort of give some professionalism, but also a visual representation of this work that has been hours, and hours and hours doing. I feel that this solidified us, maybe not as a group but the identity and ideas that we share. [AP1]</p> <p>To see our work as a product was a wow moment, where we became aware of what we had done. [CP3]</p> <p>The things that we discussed were part of the group, but also part of our lives. We taught the parents you need to use “I” messages, set negotiable and non-negotiable rules. We admired the program, what we learned, and what we were teaching to the parents. [CP1]</p> <p>When we presented the results to the parents, we felt so proud about what we did. [CP3]</p> <p>We thought that was a good way to recognize that it was truly CBPR, to have a copyright that recognizes each part, but it was a disaster. I wanted it to be combined. We are so CBPR, that even our copyright is CBPR. It didn’t fly. . . . The institutions are saying you need to do CBPR, but the institutions, the leaders, are not ready for it. So, different layers of change need to happen in order to really have CBPR projects. [CP3]</p>
Early Adulthood	<p>It is a lesson learned, of being more intentional about openness and disclosing the challenges, because all have some assumptions. My assumption was always: the U is rich, and with this research projects the people get richer, and richer, while the community is forgotten. [CP1]</p> <p>Also, it is incredible how this project has made [collaborating agencies’] partnership really strong. [CP1]</p> <p>Because we have worked for such a long time, it is easy for others to join the group. [CP3]</p> <p>The program has created capacity in their participants to grow. This program has created social capital in the community. It is like you graduate from a stage, and you move to the next one. At the beginning Sandra [CP] was facilitating the sessions, but now she is also teaching the curriculum to the next facilitators. [CP5]</p>

Note: CP = community partner; AP = academic partner.

this stage, most partnerships would benefit from establishing formal group processes.¹³ Our group likely functioned well despite not establishing group process because many of us had worked via consensus decision making previously, the group was small, and the group included Latino university professionals who bridged differences.

Preschool

Preschool-aged children engage in new experiences that require purpose, planning, and problem solving. In a partnership, collaborators develop and initiate a common project and learn to cooperate.

During this stage, PI/JP implemented the pilot study. After receiving the grant, the academic co-principal investigators and collaborators recognized that they had different perceptions of the role of a funded position. Because of the trust established in earlier stages, the community partners recognized that the project was underfunded, accepted the miscommunication, and although frustrated, moved forward with the project. All collaborators willingly worked beyond time they were paid to implement the pilot because the group was collegial, and the program met a vital community need.

One conflict was about randomization. Initially, we had not planned to randomize participants, but the academic co-principal investigator was encouraged by mentors to do so to provide stronger evidence for future work. In the end, we agreed not to randomize owing to community concerns regarding denial of services.

We learned that although academic partners may absorb unfunded hours into general job duties, community partners often cannot, so the work of the project falls disproportionately on the shoulders of already overburdened community organizations. Denying clients services, even in an untested program, is a significant sacrifice on the part of community agencies. Therefore, randomization should only be proposed in the context of a strong partnership with preparation and a shared understanding of trade-offs. At this stage, threats to trust may not be worth methodological gains.

School Age

At this stage, individuals develop competence when performing daily activities. Partnerships have initiated projects and are mastering skills required for project success.

After completing the pilot, we applied for NIH fund-

ing and drafted manuscripts. Collaborators agreed that the proposal would include a randomized design with a delayed control condition. This decision was comfortable owing to the trust developed during formative stages, belief in the utility of the program, and increased understanding of research. Community agencies identified the benefit of having a locally relevant, evidence-based program for grant writing. Academics understood that it was essential for all participants to receive services. Two agencies successfully used PI/JIP for a state grant application that benefitted the agencies and the larger project; we used this opportunity to pilot the youth component of the program.

We learned that implementing pilot studies in a participatory manner with attention to capacity building strengthens a partnership's ability to move to larger projects. Foundational trust supports sacrifices to achieve mutually beneficial goals.

Adolescence

This stage is characterized in both human and partnership maturation by the development of an identity. At this stage, our NIH project was funded but had not started. We produced our first outcomes indicating program success; presenting results to community and academic audiences generated pride in our work. We also contracted a Latina graphic designer to create a culturally resonant theme for our intervention materials and produce a name treatment for the project. This "branding" of our work formalized group identity. We were advised to copyright our program and began discussions with the university and a state program supporting two collaborating agencies regarding jointly holding the copyright. A dialogue ensued with administrators and lawyers regarding contracts and ownership of grant products. In the end, despite the fact that the partnership desired a shared copyright, this was impossible to negotiate between large bureaucracies.

We learned that creating a "brand" and presenting a successful project solidifies partnership identity and accomplishments. There may be dissonance between partnership identity and the hierarchical structure of large institutions that need to catch up with healthy partnerships in their ability to accommodate participatory processes.

Early Adulthood

Adults commit to intimate relationships. Similarly,

partners must solidify the bond that brought them together. At the initiation of our NIH study, we underwent change in group structure. Five community organizations were new to the project. Therefore, at the initiation of the project we (1) trained new members in principles of CBPR, history of the project, and rationale for the project from theoretical and community-centered perspectives, and (2) re-established group processes and produced formal documents describing our goals, priorities, and processes for group interaction, data sharing, and publication/presentation. Despite training, staff recruiting participants struggled explaining to parents that they might receive the training a few months later when parents needed the program content immediately. Core partners met frequently with community staff new to the project to build trust in the process and support them in working through the concerns of potential participants.

We learned that, upon moving into larger projects, it is necessary to readdress fundamental issues of how the group works together and to bring new partners along through earlier stages of trust building. Providing adequate training on CBPR and support on the research rationale helps staff explain issues of randomization.

Middle Age

At this stage, adults generate products that will be useful for future generations. Likewise, partnerships develop creative and meaningful work that has broad application.

Our group recently entered this stage as we arrived at the midway point of our current grant. We have presented broadly about our work and partnership. All presentations have been delivered jointly by community and university partners, likely contributing to positive evaluations. We continue to work in a participatory manner implementing our research study. We have not delivered early presentations of research findings for community because we have not implemented the study at all sites. This is a problem for the CBPR process because community members would like information while they are still engaged with the study, not many months later. To partially address this issue, we have delivered presentations on the community's role in the study, why researching PI/JIP is important, and general updates on study progress.

We have learned that research timelines may be out of sync with community expectations regarding returning study results.

Sharing preliminary general results may reinforce community's role in the research process and help to sustain commitment. Audiences benefit from joint presentations addressing the perspectives of both community and university partners.

Late Life

This stage is a period to review life and develop optimism. Our partnership is not in this stage; however, we believe that at this point partnerships should identify accomplishments and ways to institutionalize learning through community, policy, and systemic change. The Detroit Community–Academic Urban Research Center¹⁴ represents this stage to us.

CONCLUSIONS

This framework, based on Erikson's model of psychosocial development, contributes to a better understanding of partnership development by providing a resonant means for partnerships to reflect on where they are on a developmental trajectory. For example, reflecting that the adolescence of a partnership, when partnership identity formation is important, may involve tensions with outside agencies may be reassuring as partners struggle with such challenges. We have intentionally presented missteps, disagreements, and tensions to emphasize that even in a long-standing and successful partnership conflict exists. We have learned that each episode of conflict resulted in new perspectives, or ways of working together. This growth was possible because tasks of the early partnership stages were achieved; otherwise, conflict could have resulted in partnership failure. The framework may therefore reassure partners that a particular conflict may be surmountable and provide opportunity for evolution of the partnership.

There are limitations to our framework; notably, that it is linear whereas partnership development is cyclical.

Partnerships must return to prior stages at important junctures such as the expansion of membership. Furthermore, although the intention of the framework was to describe how a partnership overall is developing, particular partners may respond negatively to the categorization of their work being in an "infant" stage. In our experience utilizing the framework in CBPR training, we have found that for partners in early stages, the metaphor of human development reinforces the perspective that young partnerships require the extra attention and nurturing that children need to develop in a healthy manner.

In conclusion, this framework could provide a means for partnerships to reflect on their strengths and challenges at a given time point to help assure that they achieve longevity and provide a framing for partnership development that is accessible as a teaching tool for novice partners. Identification of building blocks of partnership development is important as we work to increase capacity for collaborative research that promises sustained benefit to communities.

ACKNOWLEDGMENTS

The authors acknowledge all parents, youth, community agency staff, and other collaborators that contributed to the development of the Padres Informados program including Aquí Para TI/Here for You, a Medical Home for Latino Teens and their Families, Centro Inc., West Side Community Health Services, Neighborhood House, South Saint Paul School District, Centro Campesino, and University of Minnesota Extension in Kason. We would particularly like to posthumously acknowledge the essential contribution of Bibiana Garzon in building the Padres Informados program. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

REFERENCES

1. Wallerstein N, Duran B. Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *Am J Public Health*. 2010;100(Suppl. 1):S40–6.
2. Green LW. From research to “best practices” in other settings and populations. *Am J Health Behav*. 2001;25(3):165–78.
3. Wallerstein N, Duran B, Minkler M, Foley K. Developing and maintaining partnerships with communities. In: Israel BA, Eng E, Schulz A, Parker E, editors. *Methods in community-based participatory research for health*. San Francisco: John Wiley & Sons; 2005:31–51.
4. Israel B, Schulz A, Parker E, Becker AB, Allen A, Guzman JR. Critical issues in developing and following CBPR principles. In: Minkler M, Wallerstein N, editors. *Community-based participatory research for health: From process to outcomes*, 2nd edition. San Francisco: Jossey-Bass; 2008:47–66.
5. Israel BA, Lichtenstein R, Lantz P, et al. The Detroit Community-Academic Urban Research Center: Development, implementation, and evaluation. *J Public Health Manag Pract*. 2001;7(5):1–19.
6. Cargo M, Mercer SL. The value and challenges of participatory research: Strengthening its practice. *Annu Rev Public Health*. 2008;29:325–50.
7. Allen ML, Culhane-Pera KA, Pergament S, Call KT. A capacity building program to promote CBPR partnerships between academic researchers and community members. *Clin Transl Sci*. 2011;4(6):428–33.
8. Campbell-Voytal K. Phases of “pre-engagement” capacity building: Discovery, exploration, and trial alliance. *Prog Community Health Partnersh*. 2010;4(2):155–62.
9. Brush BL, Baiardi JM, Lapid S. Moving toward synergy: lessons learned in developing and sustaining community-academic partnerships. *Prog Community Health Partnersh*. 2011;5(1):27–34.
10. Allen M, Garcia-Huidobro D, Hurtado GA, et al. Immigrant family skills-building to prevent tobacco use in Latino youth: study protocol for a community-based participatory randomized controlled trial. *Trials*. 2012;13(1):242.
11. Kail RV, Cavanaugh JC. *Human development: A life-span view*, 6th ed. Belmont (CA): Wadsworth; 2012.
12. Allen ML, Svetaz MV. The developmental stages of a community-university partnership: The Padres Informados/ Jovenes Preparados program at “Young Adulthood.” Paper presented at: Keynote Presentation Alliance for Research in Chicagoland Communities Joint Workshop; 2011. Northwestern University CTSI.
13. Becker AB, Israel BA, Allen AJ. Strategies and techniques for effective group process in CBPR partnerships. In: Israel BA, Eng E, Schulz AJ, Parker EA, editors. *Methods in community-based participatory research for health*. San Francisco: Jossey-Bass; 2005.
14. Detroit Community-Academic Urban Research Center [accessed 2012 Jul 27]. Available from: <http://www.detroiturc.org>