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A Retrospective on the Vision for *Progress in Community Health Partnerships: Research, Education, and Action*

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Abstract

The organizers founded *Progress in Community Health Partnerships* with a commitment to improving our understanding of community-based participatory research (CBPR) and its use in community–academic/institutional health partnerships. Following Rogers's *Diffusion of Innovations*, they reasoned that expanded adoption would occur through academic and community partner recognition of CBPR's relative advantage over previous approaches; its compatibility with the values, past experience and needs of potential adopters; its ease of understanding and use; its capacity for experimentation and refinement; and its production of observable results. We now assess the journal's progress toward realizing the vision, as well as issues and problems the organizers identified. We map the journal's content over its first decade onto the initial vision by examining the record of submissions and publications across the eight types of articles and the journal's record of rejections and publications. In remembering that Rogers's study of innovations requires both technical and social change, we discuss the difference between understanding how to do something and actually putting an innovation into action that becomes standard practice at both individual and systemic levels. We observe that the large number of Original Research and Works-in-Progress/Lessons Learned manuscripts, submitted and published, reflect traditional expectations for faculty research productivity. We suggest that sustainability, which rated of lower importance within the initial vision, has gained in importance among community and academic partners; however, it will gain added attention only with changed university expectations of researchers. We further suggest that the study of partnerships involved in researching and improving public health should be expanded beyond the current focus on CBPR.

Keywords

Community health partnerships, health partnerships, participatory action research, community health research, health services research

> The more radical the person is, the more fully he or she enters into reality so that, knowing it better, he or she can transform it. This individual is not afraid to confront, to listen, to see the world unveiled.[1]
>
> —Paul Friere

A decade ago, the organizers of *Progress in Community Health Partnerships* made a commitment to improving our understanding of what makes community–academic/institutional health partnerships effective, to expanding the application of CBPR, and to addressing the complexity of CBPR to encourage broader involvement from academic and community partners.[2] The organizers advanced a vision of community–institutional health partnerships[3] committed to involving community members directly in the research process and an action orientation focused on translating and sustaining research-initiated improvements in community health. The organizers described eight areas of scholarly activity (i.e., types of manuscripts) the journal would use to promote "health partnership research, education, and action."[3] They also engaged in a group process, a Delphi panel,

to identify "issues, problems, and topics within each area." In this editorial, we revisit their initial vision and we review the content of the journal to assess progress toward realization of that vision. We compare and contrast the journal at two moments 10 years apart—then and now.

In their 2007 introduction to the journal, the journal's organizers started by contrasting "traditional research" conducted on people who were far enough removed from research to establish objectivity with partnered research that values the involvement and input of those affected by the topic under investigation. The journal's explicit commitment to advancing CBPR as an alternative orientation to research encouraged scholars to examine collaborative engagements and diverse perspectives within the development, conduct, dissemination, and sustainability of research. The contrast in research approaches also highlighted the expressed CBPR expectation of direct action and community benefit—an expectation reiterated in the journal's title. To present CBPR as an alternative research paradigm, the journal organizers drew upon ideas from Everett Rogers's *Diffusion of Innovations* study.

Rogers's *Diffusion of Innovations* acknowledges that any innovation must offer a relative advantage over previous approaches; must be compatible with the values, past experience, and needs of potential adopters; must not be more difficult to understand and use; must allow for experimentation and refinement; and must produce results observable (and ideally repeatable) by others.[3,4] These characteristics help to explain the pace of adoption or the increase in the number of people and processes who change and adopt an innovation. In the original vision, the creation of the new journal was anticipated to encourage further adoption of CBPR principles and practices. In Rogers's framework, the journal contributes to a centralized diffusion network, informed by technical experts, that makes available information about CBPR and disseminates additional innovations developed by CBPR partnerships.

The limited use of Rogers's framework to introduce the initial vision of *Progress in Community Health Partnerships* may perhaps signal a recognition that publications can realistically be expected to accomplish only so much. We present evidence derived from the analysis of quantitative data about the publication record of *Progress in Community Health Partnerships* and qualitative data drawn from the published content to place the journal within a historical context. *Progress in Community Health Partnerships* has facilitated communication and dissemination, and supported changes in the conduct of research, through its commitment to exploring diverse health collaborations. However, the journal's commitment to advancing scholarship committed to crossing the knowledge to practice barrier is equally key for Rogers who explains that success with diffusing an innovation combines both technical and social change.

Defining diffusion "as a special type of communication, concerned with new ideas that participants create and share to reach a mutual understanding," Rogers further instructs us to think of "communication as a two-way process of convergence, rather than as a one-way, linear act in which one individual seeks to transfer a message to another." In other words, diffusion appears as an interactive or bidirectional partnership process that coincidentally is characteristic of CBPR principles. Our objective in this paper is to review the vision, issues, problems, and topics identified by the journal's organizers and map the journal's content over its first decade onto the initial vision. We present qualitative and quantitative data regarding the content published in the journal from 2007 to 2016. We describe our analysis of possible reasons and contributing factors that may account for our findings. We close with a discussion examining how the social dimensions of innovation described by Rogers informs the journal's mission and its role in promoting investment in and uptake of CBPR approaches to research.

QUALITATIVE DATA RELATED TO THE JOURNAL'S VISION AND CONTENT

In 2006, the core editorial team and editorial board participated in a modified Delphi process to identify and recommend areas for further scholarly inquiry pertaining to CBPR. The Delphi process was informed by an Agency for Healthcare Research and Quality–funded systematic review of literature on improving community health in North America.[5] The original vision-setting manuscript, reporting on the group process, contained a list of the 62 thematic concepts and a ranking of the themes, concepts, or topics according to their importance within one of eight domains (Figure 1, reprinted from volume 1). In looking beyond thematic concerns, the various manuscript domains resonate with characteristics Rogers identified as innovative. With the original research domain likely the

Number and Percent of Editorial Board Members Who Prioritized Each Thematic Area, by Domain

Domain and Thematic Area	Endorsement*
1. Original Research	
Translation of research into policy and practice	11 (92%)
Partnership challenges and relationship to health outcomes	9 (75%)
CBPR methods	9 (75%)
Health disparities	5 (42%)
Social determinants of health	4 (33%)
Experimental designs to assess CBPR impact	4 (33%)
Research related to specific health issues	4 (33%)
Sustainability	1 (8%)
2. Work-in-Progress and Lessons Learned	
Building community partnerships	7 (58%)
Challenges in conducting CBPR	7 (58%)
Sustainability, dissemination, community change	5 (42%)
Formative work	3 (25%)
Human subjects issues	2 (17%)
3. Policy and Practice	
Engaging community members in policy/practice	11 (92%)
Implementing policy/practice based on CBPR findings	9 (75%)
Description of how CBPR findings have influenced policy	7 (58%)
Description of how policy has/should be changed to support CBPR	6 (50%)
Working with legislation/legislators	4 (33%)
Advocacy	3 (25%)
Topical areas in which to influence policy	3 (25%)
Sustainability	1 (8%)
4. Theory and Methods	
Research methods	10 (83%)
Use of theoretical/conceptual framework	9 (75%)
Design issues	8 (67%)
Intervention issues	7 (58%)
Communication and dissemination issues	5 (42%)
Analysis issues	4 (33%)
CBPR definitional issues	1 (8%)
5. Education and Training	
CBPR curriculum & graduate medical education reform	9 (75%)
Training new investigators	9 (75%)
Training community partners	8 (67%)
Developing infrastructure to support CBPR	6 (50%)
Cultural relevance and sensitivity training	5 (42%)
Evaluation of CBPR training	4 (33%)
Using learning techniques/approaches	4 (33%)

Domain and Thematic Area	Endorsement*
6. Practical Tools	
Resources/tools to develop community partners' skills	9 (75%)
Resources re: evaluation strategies	8 (67%)
Resources re: instruments/tools	6 (50%)
Systematic guidelines for translation and validating behavioral intervention to culturally diverse groups	5 (42%)
Resources re: partnerships	5 (42%)
The success/failure of university-based research centers whose explicit aim is to connect community members and researchers who share interests	5 (42%)
Online resources	4 (33%)
How to use local, state, and national data sources to help community partners with their service delivery and grant opportunities	4 (33%)
How to provide effective feedback and communication skills	3 (25%)
Effective recruitment and dissemination tools	3 (25%)
Resources re: career development	2 (17%)
How to help academics prepare easily readable and understandable data and reports for communities	2 (17%)
How to effectively assess political context in new community	1 (8%)
7. Systematic Review	
Reviews re: CBPR methods	10 (83%)
Reviews re: CBPR effectiveness	10 (83%)
Reviews re: specific health/disease areas	3 (25%)
Role of CBPR in facilitating linkages beyond initial project	0 (0%)
8. Community Perspective	
Community perspectives on research usefulness	11 (92%)
Problems community would like addressed	8 (67%)
Community perspectives on roles in CBPR projects	8 (67%)
Community perspectives on how CBPR should be conducted	8 (67%)
Advice for academics	6 (50%)
Perspectives on involving multiple community partners	5(42%)
Community-based training	4 (33%)
Resources available to facilitate CBPR	4 (33%)
Impact of neighborhood characteristics on health	4 (33%)
Opinion about any recent health policy or national debate such as immigrant policy changes or welfare reform, etc.	2 (17%)

* Number and percentage of Editorial Board members who endorsed thematic area.

Figure 1.

Reprinted from 2007 Spring 1(1):11-30 (Reference #3).

most familiar, the additional domains encourage authors to adopt different perspectives on research and include contextual factors vital to our understanding of how the field of CBPR contributes to research processes and outcomes.

Herein we briefly describe each domain and we identify manuscripts from the past decade that struck the authors as valuable examples of each domain. This approach allows us to explore how published articles align with the vision of the journal organizers. Owing to the wide variety of the work published in the journal, we acknowledge that no summary does justice to all 427 published journal articles and that our selection of sample articles is based solely on our personal evaluation as researchers and community members engaged in CBPR combined with our service on the editorial board.

Original Research

A systematic review of CBPR literature completed in 2004 separated Original Research manuscripts into intervention and nonintervention studies, while recognizing that original CBPR studies addressed "an array of health issues" within racial/ethnic, other underserved and hard to reach populations.[5] The journal organizers' highest rated priority for the Original Research domain involved manuscripts addressing the translation of research into policy and practice (with policy and practice itself a distinct domain). Two other highly ranked priorities included "partnership challenges and relationship to health outcomes" and "CBPR methods." Interestingly, in relation to the emergence of translational science, the group's modified Delphi process identified the theme of "sustainability" as least important within the Original Research domain.

Original Research singled out as archetypical by the authors includes the aptly named "You've Got to Understand Community": Community Perceptions on "Breaking the Disconnect" Between Researchers and Communities, which was organized to identify community perspectives on research. The authors heard "community interaction and involvement during all stages of research were critical, and attention to dissemination and sustainability afterward must be key components of any CBPR projects."[6] Similarly, Franco et al. illustrate how a community-based approach to reaching veterans can yield novel and nuanced insights regarding veterans' needs and factors affecting their use of Veterans Health Administration health care.[7] Original research has highlighted the importance of community participation in the development and evaluation of community-based interventions focused on underserved populations.[8,9] Finally, Castleden et al.[10] outline a methodology for documenting indigenous claims on environmental resources. Each of these manuscripts, although different in their specifics, epitomizes goals outlined in 2007 for Original Research submissions to *Progress in Community Health Partnerships*.

Work-in-Progress and Lessons Learned

This domain includes formative research to support intervention design and also addresses issues, challenges, and insights related to the conduct of participatory research. It addresses specific contextual challenges or cultural differences by adapting interventions and aligning methodology with community priorities. As distinct from Original Research, the journal indicated that Work-in-Progress and Lessons Learned manuscripts would not typically report data on health outcomes. These expectations led the organizers to identify two process-oriented themes—"building community partnerships" and "challenges in conducting CBPR methods." In addition, the Lessons Learned aspect of this domain encourages the description of partnership dynamics through explanations of how partnership and research challenges were identified and addressed. The two lowest ranked themes according to the organizers included formative research and human subjects issues.

Representative manuscripts include work by a group focused on the "study [of] the science of community-based participatory research"; their work on constructs and measurement have helped to advance CBPR and translational science.[11] Others have addressed the formation and evolution of CBPR partnerships, including partnership development, capacity building, strategies for integrating multiculturalism into partnership processes,[12,13] and planning for sustainability.[14]

Policy and Practice

The Policy and Practice domain provides opportunities to report on tangible community benefits generated through CBPR projects at the neighborhood, city, and state levels. Recommendations for Policy and Practice domain themes include "engaging community members in policy/practice" and "implementing policy/practice based on CBPR findings." Concurrent with the Original Research domain, the Delphi process placed sustainability among the lowest Policy and

Practice themes for future development. Manuscripts within the domain addressed innovation by incorporating community perspectives on research as part of the Academic Health Center mission through Prevention Research Centers,[15] the Community Networks Program Centers of the National Cancer Institute to address health disparities,[16] and the Clinical and Translational Science Awards.[17] In alignment with the *Diffusion of Innovations* and the participatory focus of the journal, guidelines from one community–university research collaboration emphasized ongoing interaction and communication.[18]

Theory and Methods

The journal's vision recognized many discursive formations (e.g., critical social theory, feminist theory, community organizing) that frame and explore theoretical and methodological issues relevant to CBPR.[19] Literature from these areas was expected to explore "theoretical frameworks for sustaining community-based interventions," "group dynamics within partnerships that may include multiple races, classes and genders," and ecological theory. The journal organizers ranked "research methods" the highest priority area of the Theory and Methods domain and in minimally decreasing importance: "use of theoretical/conceptual framework," "design," and "intervention" issues. "CBPR definitional issues" rated lowest in this domain, perhaps owing to a relative consistency across CBPR definitions. Manuscripts addressed the recommended themes of incorporating participatory strategies into existing methodological approaches,[20–22] partnership development of scales and instruments,[23,24] incorporating technological innovations into research (e.g., GPS and mapping programs to represent data about interactions between people, environments, and disease),[25–27] and local dissemination of data as both "a community engagement strategy and intervention to promote collective efficacy."[28]

Education and Training

The Education and Training domain combined an emphasis on preparing professionals to work with communities and training community members to contribute to the research process. Themes strongly recommended for future development within this domain included "CBPR curriculum and graduate medical education reform" with "training new investigators" and "training community partners" almost equally ranked. The two lowest ranked themes were "evaluating CBPR training" and "learning techniques/approaches." Publications within this domain have explored involving community participants in "research conferences that address community relevant issues"[29]; engaging community members in developing shared definitions of community capacity building and sustainability[30]; educating and immersing academic researchers, program developers, and students in diverse community contexts[31]; and holding joint community–academic grand rounds to identify community health concerns and university resources to address them.[32]

Practical Tools

The Practical Tools domain recognizes that partnerships may develop materials to address the many challenges to conducting CBPR that occur throughout the research process. The journal organizers identified 13 themes within this domain, significantly above the average of almost eight themes per domain. Practical Tools themes for further focus included "resources/tools to develop community partner skills" and "resources regarding evaluation strategies." A review of the published manuscripts reveals an interest in disseminating research findings,[33–35] influencing policy and policy makers,[36,37] developing engagement initiatives and partnerships,[38–41] improving involvement in the ethical assessment of research,[42,43] and community awareness of environmental issues.[44–46] The Practical Tools domain also introduced the Community–Campus Partnership for Health supported CES4Health innovation, establishing a peer-reviewed alternative to publication in a journal for sharing products generated by community-engaged health research.[47]

Community Perspective

The Community Perspective domain was intended to enable community partners to share their perspectives on and perceptions of working in research partnerships. Ideally, this domain would facilitate inclusion of authentic community voices unmediated by institutional partners. Reflections in literature solely from community voices on this topic are scarce.[48] Published Community Perspective manuscripts present the benefits and challenges of conducting CBPR and recommendations on how community–academic health partnerships should operate. With 10 initial themes from which to shape the journal's vision, the Community Perspective

domain contained the second longest list. The theme most endorsed by the journal organizers' encouraged understanding "community perspectives on research usefulness." Three themes tied for second in importance—"problems community would like addressed," "community perspectives on roles in CBPR projects," and "community perspectives on how CBPR should be conducted." This theme held the greatest expectation of submissions written by community partners.

Systematic Review

Manuscripts in this domain would assess the available research and evidence on a specific CBPR topic. Organizers rated equal in importance explorations of CBPR methods and CBPR effectiveness. In seeming alignment with rating for sustainability in the Original Research and Policy and Practice domains, the journal's initial vision did not emphasize the "role of CBPR in facilitating linkages beyond initial projects." The three systematic reviews to date have assessed quality improvement interventions in federally qualified community health centers,[49] studies involving use of community health workers to diversify participation in randomized controlled trials,[50] and approaches to community and organizational readiness to inform participatory research planning and implementation.[51]

QUANTITATIVE DATA RELATED TO THE JOURNAL'S VISION AND CONTENT

We reviewed all manuscript submissions to the journal from the first issue in spring 2007 through the second issue of the tenth volume, published in summer 2016. Our review included papers published in the journal as well as those rejected at any stage in the review process. For published papers, simple counts by manuscript type and issue were collected. For rejected papers, we made a simple count by the manuscript type designated when they were rejected, because the designation may differ from the author's initial submission domain—the editorial board occasionally recommends reassigning a manuscript. Any submitted manuscripts without an accept or reject decision by summer of 2016 were not included in the data for this analysis.

Publication Record

During our selected time frame, the journal published a total of 427 articles out of a total of 942 submitted manuscripts; these totals do not include Community Policy Briefs that are required for every Original Research submission. The total number of distinct manuscripts published in a single issue ranged from 8 to 17. Table 1 provides the breakdown of total submissions and rejections by domain and for editorials.

The Works in Progress/Lessons Learned domain contains the highest number of submitted and published manuscripts, whereas the Systematic Review domain the fewest submissions and published manuscripts. Community Perspectives, the domain providing community partners an avenue for expression in the journal and a unique domain among journals publishing health research, accounted for 5.5% of all submissions and 4.4% of all published manuscripts;

Table 1. Manuscript Submission and Acceptance/Rejection Rates by Domain

Domain	% of Total Published	No. Accepted (% of Total Submitted Within Domain)	No. Rejected (% of Total Submitted Within Domain)	No. Submitted (% of All Submissions)
Original research	21.0	88 (37.8)	145 (62.2)	233 (24.7)
Works in progress/lessons learned	42.0	178 (45.3)	215 (54.7)	393 (41.7)
Policy and practice	8.2	35 (59.3)	24 (40.7)	59 (6.3)
Theory and methods	9.1	39 (50.0)	39 (50.0)	78 (8.3)
Education and training	9.6	41 (53.9)	35 (46.1)	76 (8.1)
Practical tools	4.4	19 (47.5)	21 (52.5)	40 (4.2)
Community perspective	4.4	19 (36.5)	33 (63.5)	52 (5.5)
Systematic reviews	0.7	3 (60.0)	2 (40.0)	5 (0.5)
Editorials	1.2	5 (83.3)	1 (16.7)	6 (0.6)

this domain had the lowest acceptance rate (36.0%), closely approximating Original Research with an acceptance rate of 38%. Editorials (83.0%) and Systematic Reviews (60.0%) had the highest acceptance rates.

Since the journal began in 2007, the recognition of CBPR as a viable research approach and the volume of peer reviewed literature on CBPR have increased significantly. Although it is difficult to ascertain the journal's full impact, the historical record of submissions and actual publications point to the more popular thematic areas. Although we did not attempt to quantify the major reasons for the rejection of articles, two reasons commonly cited by the associate editors are 1) a lack of coherence and rigor in manuscript content and 2) a failure on the part of authors to include any discussion of the role of particular community partners and/or the health partnership in the activities and projects described.

DISCUSSION

Although the organizers' vision and our review of the journal's content points to the publication's success in supporting inquiry focused on the role of community–academic partnerships for improving public and clinical health research, education, and action, we also recognize limitations in the diffusion of CBPR as an innovation. Rogers began his study with a story to illustrate "diffusion is a kind of social change." Throughout, Rogers regularly reminds his reader that bridging the "wide gap between what is known and what is actually put into use" requires adoption of technical and social changes at both the individual and systemic levels. His study encourages us to identify technical change with ideas and social change with the implementation of those ideas. To fully grasp the social challenges within the diffusion of an innovation, we must acknowledge that social systems are comprised of interdependent units and that an individual unit may respond differently to an innovation. Rogers attributed variability in the diffusion of innovative technical knowledge or adoption to the strength of the norms and behavior patterns within and between participants, which further influences the activation of communication networks within and among system units.

This journal has played an important role in motivating community and academic partners to approach research, education, and action with an evolving set of expectations about the distribution of roles and responsibilities. At the same time, we recognize the journal has primarily supported communication about CBPR within academic networks. We see signs of the more traditional academic research culture in the large number of Original Research, Work-in-Progress, and Lessons Learned manuscripts submitted to and published in the journal. In parallel to the predominant manuscript types published widely in most journals, the journal reflects and reinforces norms of faculty productivity.

We also found, after a decade of publication, the Community Perspectives domain, designed to provide a means for community partners to share their perspectives on partnerships and research, has the lowest acceptance rate among all manuscript domains or types. Although rates of acceptance for Community Perspectives and Original Research manuscripts were comparable, we cannot be certain that editorial expectations and practices were uniformly applied across the different domains. We encourage editorial self-observation to ensure clear and shared expectations throughout the editorial process with respect to community perspective manuscripts.

We recognize that there is still work to do to improve the recognition and valuation of CBPR principles within the culture of academic institutions. For example, we observed that the journal organizers' initial vision did not prioritize sustainability, which is a characteristic community partners consistently rate of high importance as a CBPR outcome. Sustainability started as a lower ranked priority within the vision of the journal, which seems at odds with the CBPR principle and commitment to action oriented research. Perhaps sustainability for the journal organizers was understood to involve the continuity of partnerships, a claim for which there is ample evidence.[48,52]

We note that concern for sustaining gains produced by research is increasingly gaining broader recognition and is in direct alignment with the challenges that must be overcome to diffuse and broadly adopt an innovation; this challenge has also been taken up within the Community and Translational Science Award goals for community engaged research. A successful commitment to publishing on sustainability and to sustaining health gains achieved through research will not only require academic researchers to continue to closely align their work with community expectations and resources, but expecting researchers to plan for and work toward sustainability will have to be supported by changed expectations of clinical researchers.[53]

The manuscript domains contained in the journal encourage scholarship on the diverse perspectives and approaches to research conducted by community–academic partners. With its call to study the contributions community–academic partnerships make to research, the journal's current and potential contribution to scholarship is summarized in the "Guidelines for Writing Manuscripts About Community-Based Participatory Research for Peer-Reviewed Journal."[54] Through its support for the study of community–academic relationships and participatory research methods, the journal will continue to contribute to the science of community engagement.

Recommendations

Partnered research raises fundamental questions about science and about objectivity and subjectivity articulated historically in semiotics, the ethnographic turn, deconstructionism, feminist, post-colonial, and post-modern scholarship; the issue of perspective is fundamental to engaged and participatory research and scholarship. We recommend revision of the journal's guidelines for authors to reinforce the journal's commitment to action. In addition to describing, discussing, and generalizing about how partnerships are constituted, function, participate in, and/or contribute throughout the entirety of the research process, the guidelines should stipulate an expectation that authors will more directly discuss community infrastructures and resources used to support research implementation and ideally the sustainability of improved health outcomes.

While acknowledging the journal's significant contributions to advancing knowledge of the practice of CBPR for partnered and participatory research, we recommend the journal expand the types of partnerships studied. We make this recommendation concerned that, despite research successes attributable to CBPR scholarship, funding to support CBPR will not continue to expand. We further recognize that the study of partnership and collaboration types involve issues not often addressed in current CBPR literature. Finally, we acknowledge that adherence to all CBPR principles may not be equally achievable across all forms of community-engaged clinical and translational research, patient-centered outcomes research, studies involving big data and virtual communities, and implementation and dissemination research. With an awareness that the emergence of new forms of community-engaged and partnership-organized and -initiated research may selectively adhere to CBPR principles, we believe the journal should explore innovations in partnered and participatory research presented by the emphasis on community engagement in the current research environment. An expanded approach to studying partnerships, collaborations, and coalitions would prove valuable to the journal's readership and facilitate dissemination of innovative approaches to improving health outcomes and addressing health disparities, equity, culture, social determinants, health literacy and numeracy, and population health.

Given the journal's consistent focus, recommending additional attention be given to research partnerships may seem paradoxical. Although we recognize that community–academic CBPR partnerships have demonstrated versatility by successfully contributing to research projects occurring in a variety of contexts—rural, urban, international, and First Nation or other distinct communities—we advance this recommendation acknowledging community–academic health partnerships are increasingly expanding beyond dyadic and localized partnerships to projects and programs that involve multi-stakeholder and geographically expansive partnerships.[55–57] We also remind readers that the initial vision for the journal commented on the potential for the then current CBPR literature to support a systematic review by geographic location or health issues and outcomes; a decade later, CBPR literature is even richer.

Having suggested that the large number of original research and works-in-progress submissions reflects slow diffusion of new research paradigms into our research universities, we recommend the journal expand its exploration of research partnerships. We further expect that encouraging exploration of a broader range of community–academic partnerships will facilitate the exploration of and responsiveness to community expectations of research and continue to expand community health partnerships beyond the early adopters.

Genuine innovation requires transformative ideas and the incorporation of those ideas into daily practice. Collectively, the content of *Progress in Community Health Partnerships* illustrates the innovative character of CBPR. Although CBPR was not a new idea when the journal began publication, the journal clearly helped to disseminate information through its communication networks, to expand understanding, and to further legitimize the use of CBPR. However, as we consider the journal's success, we remain keenly aware that many academic institutions have been slow to alter the measures of success that

inform promotion and tenure decisions. We believe that the journal should continue to enhance its capacity to represent both academic and community perspectives on to a broad range of participatory and partnered research activities.

Although we are witnessing increased involvement of community-based individuals and perspectives in research projects large and small, the expansion of participatory principles and practices beyond technical experts for the management of research proceeds slowly. Ideally, the journal will continue to build on the promise of CBPR as an innovation by supporting the integration of knowledge and action and by demonstrating a commitment to sustaining improvements in public health produced by research. By continuing to encourage development and incorporation of new norms into practice, the journal will continue to serve as an instrument for the diffusion of innovations.

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