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COMMUNITY PARTNERED PARTICIPATORY RESEARCH

Community partnered participatory research (CPPR) is an approach to community-based participatory research that focuses on equal partnership of community, patient, provider or policy stakeholders and academic investigators in all phases of research. The goal of CPPR is to generate science with stakeholder co-leadership that addresses stakeholder priorities and scientific gaps, particularly in reference to health disparities.^{1,2} Application of this approach to address disparities in behavioral health access and outcomes occurred over the last decade with a focus on depression interventions and health, social and utilization outcomes, through a partnership of RAND, the University of California at Los Angeles, Healthy African American Families II in Los Angeles^{3,4} and through partnership with academic and community partners for mental health recovery post-Katrina in New Orleans.⁵⁻⁷ Broader application of CPPR across different behavioral health conditions was facilitated by NIMH funding of the Partnered Research Center for Quality Care,⁸ including extensions to conditions such as child exposure

to trauma.⁹ The broader history of CPPR is described in an accompanying commentary by Jones,¹⁰ and this special issue shares progress in the application of CPPR to behavioral health and related new directions, with a focus on under-resourced, ethnically diverse communities. In considering applications of CPPR, the issue follows a framework similar to the RE-AIM model¹¹ to examine issues of reach (use of CPPR for diverse populations, geographic areas, and health conditions; efficacy/effectiveness of partnered interventions such as coalition-based models); adoption of the framework for special populations and communities; implementation/maintenance in terms of sustaining interventions and infrastructures for ongoing research, for example through describing policy applications. In addition, we review innovations in application of CPPR to information technology and precision medicine, given early recognition that CPPR can be a framework that is not limited to behavioral research but relevant to areas such as genomics.^{1,12}

The first section of this special issue addresses reach and sustainability by featuring work applying CPPR to behavioral health across Los Angeles and New Orleans un-

der the Patient Centered Outcomes Research Institute (PCORI) funded Community and Patient Partnered Research Network (CPPRN) as part of PCORnet. Arevian et al¹³ review the history, goals and activities of CPPRN, an infrastructure to support research on behavioral health and social determinants. Wennerstrom et al¹⁴ review lessons learned about engagement strategies for projects

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funded under the PCORI “Pipeline to Proposal” mechanism. Consistent with the CPPR emphasis on partner priorities, Mango et al¹⁵ share perspectives from community, patient and provider stakeholders participating in these PCORI-sponsored initiatives. Illustrating the theme of reach into new areas, Wennerstrom et al¹⁶ describe development of part-

nered research on intimate partner violence through an NIH grant.

The second section of this special issue focuses on the themes of efficacy/effectiveness and sustainability through a set of articles from Community Partners in Care, a CPPR-based comparative effectiveness study of coalition support vs individual program technical support for implementing depression collaborative care across health care and social-community services programs in under-resourced Los Angeles communities.^{4,17} CPIC was highlighted in a Cochrane Collaborative Review of coalition effects on health of minority communities as an example of a rigorous study of effects of coalitions compared with an alternative¹⁸ and is, for our network, a key learning experience in integration of partnered research and experimental design. Addressing reach into special populations and effectiveness, Springgate et al¹⁹ describe intervention effects for depressed adults with multiple chronic medical conditions; and Izquierdo et al²⁰ describe intervention effects for seniors, focusing on early outcomes in the study when intervention effects were strongest. Reflecting the focus on sustainability, Chung et al²¹ examine cost outcomes for the CPIC interventions, an issue of policy importance for dissemination. Related to reach and efficacy, two articles comment on lessons from applying partnered research approaches to quantitative (Belin et al²²) and qualitative (Anderson et al²³) methods in the CPIC study. Also pertaining to sustainability and potential policy impact, Khodyakov et al²⁴ present results from qualitative interviews collected under a 3-year

extension study through PCORI and NIMHD funding, to share perspectives of CPIC patient, provider, and administrator stakeholders for outcome priorities. This article emphasizes the importance to stakeholders of addressing behavioral health needs and social risk factors or social determinants, a key current policy issue under initiatives such as Accountable Health Communities.²⁵ Building on that emphasis, the section includes a commentary applying the CPIC approach to the opioid crisis.²⁶

A third section of this special issue focuses on reach and innovation in application of CPPR by focusing on policy initiatives informed by CPPR studies, application of CPPR to child behavioral health, and interventions for alternative community service sectors, behavioral health conditions other than depression, and/or diverse communities. Specifically, three articles describe or comment on policy initiatives influenced by partnered research to address behavioral health disparities. Kataoka et al²⁷ describe initial stakeholder perspectives on the integration of social determinants and mental health from the Los Angeles Health Neighborhood Initiative, while Bromley et al²⁸ reflect on stakeholder perspectives in partnering for behavioral health equity and Figueroa et al²⁹ describe impressions of policy and researcher leaders who attended a national meeting on findings from Community Partners in Care and the design of two policy initiatives, ThriveNYC and the Health Neighborhood Initiative. As with findings of Khodyakov et al,²⁴ noted above, each of these articles emphasizes the integration of behavioral health and

social risk factors/social determinants as an important new services and policy direction for behavioral health.

For applying CPPR to child services, Kataoka et al,³⁰ present a comprehensive approach to addressing trauma in schools within a school-community-academic partnership while Vona et al³¹ examine one specific program and its implementation and sustainability in schools. Ijadi-Maghsoodi et al³² describe perspectives of minority youth about school-based mental health programs, Zima et al³³ report the development of a trauma-informed integrated care model in Chicago, and Contreras et al³⁴ describe development of a telehealth intervention to improve access to mental health care. Together, these articles suggest that there is broad potential for the applicability of the CPPR approach to child services in health and school settings.

For reach of CPPR into alternative contexts, Hankerson et al³⁵ describe application of CPPR for addressing mental health issues in African American churches in New York City, while Izquierdo et al³⁶ describe a pilot study of applying this approach to African American Veterans. In addition, Edge and Grey³⁷ describe development of a family intervention for African Caribbeans diagnosed with schizophrenia.

The final section of this special issue discusses issues in applying CPPR to innovative directions in science, including information technology and precision medicine, areas for which community engagement may facilitate inclusion of diverse populations to address disparities in health and research inclusion.³⁸ Arevian et al³⁹ describe the approach and find-

ings from a pilot test, using CPPR to apply mobile information technology designed for use in CPPR studies, to develop interventions based on evidence-based psychological approaches to depression. Jones et al⁴⁰ describe a community conference and findings from participant surveys and qualitative discussion to formulate a community engagement strategy for precision medicine research, with a focus on ethnically diverse, under-resourced populations. These two examples may suggest promising directions for integration of CPPR for stakeholder engagement in innovative directions in science and technology.

Limitations of the research presented in this issue include, in some cases, more exploratory qualitative and mixed methods approaches as a formative stage and exploratory quantitative analyses for subanalyses within larger trials. In addition, there is a concentration in studies presented from a core group of academic and community partners across Los Angeles and New Orleans with a history of more than a decade of applying CPPR. However, this special issue also introduces additional geographic areas and investigator groups applying similar methods, for a diverse range of behavioral health conditions and clinical and demographic populations. Throughout this issue, the goal is to share approaches to applying CPPR through engaging stakeholders in identifying issues, designing and conducting studies, and identifying new directions for interventions and policy based on findings from partnered research and when feasible, partnering in dissemination activities. The content emphasis emerging

from several articles is a focus on addressing behavioral health and social risk factors and their integration in intervention and policy, as a key issue of relevance to under-resourced communities across the lifespan, with implications for future CPPR research and services delivery application. In addition, the range of issues and consistency of approach over time and across geographic centers may highlight the value of mechanisms to sustain partnered research infrastructure and facilitate partnered research within diverse developmental and main research activities.

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