Year: 2006

Structuring an inter-sector research partnership: a negotiated zone commentaries

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Structuring an Inter-sector Research Partnership: A Negotiated Zone Commentaries Commentaries

Commentary I

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Especially in the field of health promotion it is a common demand to involve the community or particular target groups in research projects. Obviously, the first step of contacting relevant partners, building initial relationships and negotiating the adequate form of collaboration is crucial for the future success of a joint research partnership. The present forum article by Bernier et al. (2006) aims at addressing this important issue by describing and analyzing this early partnership building process based on a prospective case study.

On first sight, the case is particularly progressive because university researchers initiate the collaboration with community groups and public health institutions even before specific research topics are defined. The result of the initial negotiation process is a procedural agreement on how to jointly define research topics and on the roles of the partners in implementing the resulting research projects. The case study uses rich prospective qualitative data, well structured analytical procedures, and – in line with the objective of setting up a joint research partnership – includes all partners in interpreting the data and drawing conclusions for future collaboration.

The case study would be even stronger if results and discussion sections were clearly structured around the four themes introduced as analytical categories in the methods section. Also, the discussion hardly refers to previous empirical findings and theories identified by the researchers based on a foregoing literature review on establishment of collaborative frameworks. Thus, it is difficult to assess which insights the case study adds to published knowledge in the field.

Looking at some key results, the case study identifies the need to consider differences in power and resources of various stakeholders, need for funding the participation of non-institutional community members, need to acknowledge actors' diverse interests, values and cultures, and the need to shift from singular interests to common goals during the negotiation process. These insights should be familiar to anyone having conducted participatory action research in a community setting or even more generally having worked in multi-stakeholder projects or networks. On the other hand, the article does not address key issues of community-research partnerships such as who defines and represents the community as well as institutionalized racism influencing power relationships in such collaborations – factors identified by other authors (Sullivan et al. 2003). Also, in the present case the right of the community to refuse participation in research or to propose own research projects as well as the right to access data before their publication only emerged during the negotiation process. It is surprising that these principles are unexpected demands to be raised by community groups during the negotiation process. Looking at the state of the art in the field, they could be considered natural key elements of participatory action research offered by researchers themselves at the beginning of the negotiation process.

The last point raises a more fundamental issue regarding balance between generating new knowledge and generating social change in a community research partnership. Here, the present case falls behind the well developed concept of "community based participatory research for health (CBPR)" as presented in a comprehensive book publication. This book defines that CBPR "… begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities" (Kellogg Foundation 2001, cited in Minkler & Wallerstein 2003). Stoecker (2003) stress-

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es even more clearly that CBPR is a social action which only draws on research and researchers as needed for achieving this non-research related objective.

Israel et al. (2003) offer several core principles for CBPR: true collaborative and co-learning relationships; empowerment and community capacity building; and research for change, rather than just for generating knowledge. Applying this standard to the present research partnership, it shows several shortcomings. According to the forum article, the research chair is funded by the Canadian Health Services Research "to study the role of public health programs … in reducing social health inequalities". Thus, the overarching research question had been pre-defined by the funding agency and primarily refers to improving the role of public health programs. Although this goal might indirectly contribute to reducing social health inequalities, it seems questionable that this objective is at the forefront to participating community groups such as the Coalition on Hunger and Social Development for Metropolitan Montreal which struggle for more fundamental social issues in their localities. Regarding capacity building, the foundation aims at capacity building "... by bringing in new researchers to contribute to applied health services and policy research ..." – thus developing capacities of researchers rather than community capacities as recommended by CBPR principles. The research centered approach of the partnership even is reflected in the scope of the article itself. Although it is a joint product, it primarily contains recommendations for other researchers engaging in community partnerships in the future. What are the lessons learned for the other interest groups involved, and how are these insights distributed to their constituencies?

Given this at least initially one-sided power relationship with researchers holding funding and bringing in a pre-defined overarching research theme, the difficulties encountered during the negotiation process don't seem surprising. So the basic lesson of the article to be learned by the research community. Could be: even research partnerships should actually be "starting where the people are".

Georg Bauer

I **References**

Bernier J, Rock M, Roy M, Bujold R, Potvin L (2006a). Structuring an Inter-sector Research Partnership: A Negotiated Zone. Soz Praventiv Med *51(6)*: 335–344.

Israel BA, Schulz AJ, Parker EA, Becker AB, Allen III AJ, Guzman JR (2003). Critical issues in developing and following community based participatory research principles. In: Minkler M, Wallerstein N (eds). Community based participatory research for health. San Francisco: Jossey-Bass.

Minkler M, Wallerstein N (2003). Introduction to community based participatory research. In: Minkler M, Wallerstein N (eds). Community based participatory research for health. San Francisco: Jossey-Bass.

Stoecker R (2003). Are academics irrelevant? Approaches and roles for scholars in community based participatory research. In: Minkler M, Wallerstein N (eds). Community based participatory research for health. San Francisco: Jossey-Bass.

Sullivan M, Chao SS, Allen CA, Koné A, Pierre-Louis M, Krieger J (2003). Community-researcher partnerships: perspectives from the field. In: Minkler M, Wallerstein N (eds). Community based participatory research for health. San Francisco: Jossey-Bass.

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Commentary II

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The case study by Bernier et al. (2006) is a welcome addition to the literature on operationalizing the primary health care rhetoric on intersectoral collaboration to advance community research and development goals. Their account of negotiating successful research partnerships leads us through the politics of research and underlines the importance of transparency and mutual goal setting in partnering with community groups and their vested interests. It also embodies the notion of relationship building. This is fundamental to success in research, ensuring conjoint planning for relevant research topics and fostering the uptake of new knowledge by the community. As the authors state, case studies documenting the developmental processes of community partnerships are critical to the extension and future success of intersectoral collaboration and generating the evidence base for community health.

The need to negotiate goals presents a challenge for many community health researchers. In the case study reported, it seemed the greatest source of tension for the neighbourhood organizations was their desire to sustain themselves to achieve the goal of reducing health disparities, while the researchers' immediate goal was to establish a solid foundation for the research partnership. Perhaps the common ground connecting them was a need for policy-ready research that would attract resources, reducing the tension for all partners concerned. However, as the authors suggest, there is no single prescription for resolving power asymmetries, especially when resources are unevenly distributed.

The common and overarching goal of all community health research is to inform improvements to the health of the community and its population, either through small incremental contributions to knowledge, or studies of such magnitude as to create system change. Today, most community health researchers have rightfully embraced a multi-disciplinary and multi-dimensional approach that rescues their agenda from insularity and offers a more comprehensive and practical perspective of the community. However, accomplishing this type of research is a complex process. One of the most salient issues, acknowledged by the authors, is to ensure practice relevance by adopting a participatory action research (PAR) approach. PAR studies attempt to clarify the meanings and interactions of human behaviours in context. In collaborating, there is greater understanding of how people make sense of their world. The participants are able to see one another's perspectives through the dialogues, the many ways each party engages in resolving issues and problems. Analysis of the 'case' therefore illuminates the reintegration of shared meanings. This is typically achieved where there is a space for convergent and divergent opinions to be aired.

In this study, PAR and case study method were cogently argued on the basis of ensuring inclusiveness and this provided an operating logic of the partnership framework. The only questions arising from the collaboration are whether the discussions logged in the chronogram were empowering or emancipatory, as is typical in PAR. If they were not, would this explain the dynamic of 'conflictual cooperation'? Perhaps some extension of the chronogram would indicate whether and at which stage the discussions became empowering and circumscribed the values and purposes of equity, mutuality and capacity enhancement (Dickson & Green 2001, Haviland 2004). This would argue the case for genuine interchange rather than acquiescence and make defensible the synthesis of meanings.

These comments do not imply a criticism of this work. It is exactly the type of example needed to demonstrate the pathway to genuine collaboration with communities, and the authors are to be commended for allowing others an intimate glimpse at the long and winding road toward success. Most importantly, irrespective of the internal dynamics of their study, their account of the politics of developing a collaborative partnership has transferability to other settings, which is invaluable as researchers move to a more practice-ready, policy-ready form of evidence for community change.

Anne McMurray

References

Bernier J, Rock M, Roy M, Bujold R, Potvin L (2006a). Structuring an Inter-sector Research Partnership: A Negotiated Zone. Soz Praventiv Med *51(6)*: 335–344.

Dickson G, Green K (2001). Participatory action research: lessons learned with Aboriginal grandmothers. Health Care Women Int *22*: 471–82.

Haviland M (2004). Doing participatory evaluation with community projects. Stronger Families Learning Exchange Bulletin *6*: 10–3.

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Commentary III

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Challenges of Inter-sector Research Partnership

In health promotion, inter-sector partnership-building is a bit like a cuckoo: you can hear it all over the place but very seldom see it in reality. Thus, research on processes of structuring inter-sector partnership may provide important insights into a dark forest and even identify ways to overcome the many hidden barriers of inter-sector development in the future.

Issues of Inter-sector Research Partnership

First of all, it should be clarified what is meant by the concept of "inter-sector". For example, the Ottawa Charta (WHO 1986) emphasises that health promotion is not just the responsibility of the health sector: "It puts health on the agenda of policy makers in all sectors" (e.g. social and economical sectors). At present, the WHO uses the investment for health approach to focus especially on synergies of inter-sector economic, social and health developments. (WHO 2002). Bernier et al. (2006) relate "inter-sector" to specific partnership-building processes within public health, i.e. between public health researchers, public health institutions and communities as potential partners of public health research.

The main focus of Bernier et al.'s (2006) approach is on community participation in conceptualising a public health research program. The paper shows how differences in power relationship and dependency of community groups (e.g. in relation to funding public health institutions) may negatively affect partnership-building. It also demonstrates a reasonable way to tackle such barriers:

– It starts with a careful assessment of interests and power relationships in separate meetings with each potential partner.
– It considers the crucial role of a mediator (from academia) as facilitator of partnership-building processes.
– It approaches actively asymmetries in power relationships and shows ways of how to achieve a shift of resources towards the communities.
– It creates a specific organizational structure – e.g. an advisory committee equally composed of the different stakeholders – guiding the development of research partnerships.

From my own experience, an "academia-driven approach of partnership-building" as applied by Bernier et al. (2006) is a potential successful strategy. For example, communities more likely seem to trust in mediators from the science sector – e.g. in terms of its neutrality and objectivity – than in mediators representing a political body (potential dependency and conflicts of interest). Public health authorities often suffer from such negative perceptions of communities if they try to mediate partnership-building by themselves.

Also, from my experience, I would underline the necessity of developing structures and procedures of balancing power relationships between the partners and providing resources to the communities for facilitating their participation. For example, in an ongoing participatory action research project with women "in difficult life circumstances" we used part of our budget to employ women from the target group as co-researchers. This shift of resources increases both the women's perception of ownership of the project as well as our reach into the community (Rütten et al. 2006).

There are other relevant aspects of inter-sector research partnership not explicitly dealt with by Bernier et al. (2006). Due to their particular focus on the initial steps of partnership the authors do neither analyse problems of inter-sector partnership at work (program development, implementation, evaluation) nor do they raise the crucial issue of sustainability: In the long run, who is taking the lead, who does the work, who provides the resources?

At least some information is given by Bernier et al. (2006) on the policy environment of their partnership building process. On one hand, public policies in the Montreal area are targeting both partnership approaches and research at the community level. On the other, direct approaches by public health institutions to involve communities into research activities failed in the past. This policy environment appears to be perfect to give academia a good shot.

However, the policy environment may change if the inter-sector partnership network has been established and develops its own policy impact. For example, an inter-sector research partnership in Germany (Investment for Health demonstration project in West Saxony) firstly was able to reach strong local and regional involvement (participation of 8 local communities, diverse academic disciplines, several public administrations from different sectors, companies, NGOs etc.), but finally failed due to sector-oriented policy structures and funding mechanisms at the state level (Rütten 2001).

Research on Partnership Building

As Bernier et al (2006) emphasise, relying on theoretical propositions is an appropriate strategy for a case study. However, besides a few hints on good theoretical framework (Crozier's theory on power and collective behaviour), the application of such theory is only a very implicit part of the analysis.

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Recently, this journal published a theoretical approach which already was tested in an international study (Rütten et al. 2003a, 2003b). This approach focuses on four determinants for successful collective action which could be applied to the present case: For example, to accomplish the Chair's mandate (determinant 1: obligations), a cooperation between public institutions, community-based networks and researchers was required. Concrete goals (determinant 2) were formulated in a mission statement. Funding for the chair was secured by one of the partners (determinant 3: resources). Other key players among public institutions were interested in participating because of similar oriented policies (determinant 4: opportunities).

With regard to research methodology on partnership-building Bernier et al.'s (2006) work provides advancement on several pertinent issues:

– They provide a framework for prospective analysis moving beyond the common practice of retrospective analysis.
– The proposed combination of different analytic strategies (case description, theory, rival explanations) based on participant-observation and document analysis appears to be manageable and appropriate for a case study.
– Analysing critical incidents is a helpful way to concentrate on key issues of the process.
– The paper also provides a good example on how to involve different stakeholders in participatory analysis.

Alfred Rütten

References

Bernier J, Rock M, Roy M, Bujold R, Potvin L (2006a). Structuring an Inter-sector Research Partnership: A Negotiated Zone. Soz Praventiv Med *51(6)*: 335–344.

Rütten A, Lüschen G, von Lengerke T et al. (2003a). Determinants of Health Policy Impact: A Theoretical Framework. Soz Praventiv Med *48*: 293–300.

Rütten A, Lüschen G, von Lengerke T et al. (2003b). Determinants of Health Policy Impact: Comparative Results of a European Policymaker Study. Soz Praventiv Med *48*: 379–91.

Rütten A (2001). Evaluating Healthy Public Policies in Community and Regional Contexts. In: Rootman I, Goodstadt M, Hyndman B et al. (eds.). Evaluation in Health Promotion. Principles and Perspectives. Copenhagen: WHO, 341–63.

Rütten A, Seidenstücker S, Abu-Omar K (unpublished). Participation in Health Promotion Research and Development. A Case Study with Women in Difficult Life Circumstances.

World Health Organization (1986). Ottawa Charter for Health Promotion. Ottawa: WHO.

World Health Organization (2002). Investment for Health: A Discussion of the Role of Economic and Social Determinants. Copenhagen: WHO.

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Commentary IV

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The Challenge of Participation
Collaborative partnerships for research have been increasing in the last few years, paralleling a rise in Mode 2 type research (Gibbons et al. 1994) or what Stoke (1987) calls use-inspired basic research. Like all collaborations across sectors, not just for the purposes of research, such partnerships face a number of challenges as actors seek to negotiate different epistemological viewpoints, organizational cultures, interests, values and power bases. Not all partnerships are participatory and in many instances, academics retain their power over the research process. Indeed, although labeled campus-community collaborations, the notion of "community" can often be defined as "outside the university" rather than referring to local ordinary people (Seifer et al 2003; Israel et al 1998). Even where participation is aspired to as a core value, making that possible within existing institutional arrangements requires considerable negotiation and patience, because of the need to involve people at so many different levels within often hierarchical structures. Communication becomes central to the process and its success (O´Fallon and Dearry 2002). The paper is a welcome addition to a small but increasing number of papers now reporting on the process of engaging in such partnerships (Williams et al. 2005) and offers some insights as how to bring together not only public sector agencies but also the "community". It highlights some key issues and demonstrates how those issues play out and were handled in a particular context. This commentary examines some of those issues.

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The challenge of collaboration

Health promotion has long advocated intersectoral collaboration as crucial for the creation of health. The research literature on the challenges of collaboration is extensive and it is useful to draw on that literature as a framework for examining the experience recorded in the paper. Research shows that efforts to collaborate move through a series of stages which, if successful, lead to increased engagement (Kanter 1994). As time progresses deeper relationships and understandings develop so conflict can be handled openly and constructively when it arises. Those partnerships that function well tend to be those that build on a history of successful past relationships. Some element of collaborative advantage needs to be present for all parties. Collaborative advantage is dependent on the building of trust, involving the right membership, paying attention to issues of power and adopting a particular style of nurturing leadership which recognizes that building collaborative advantage is a continual process requiring a mix of gentle empowerment and more decisive action (Huxham 2003). Collaboration will not work if there are basic ideological differences, if one stakeholder has power for unilateral action or if substantial power differentials exist (Gray 1985). Similarly, if issues that for historical reasons are too threatening to be faced or past interventions have repeatedly been ineffectual, problems are likely to arise (Springett 2005). The response of the community organizations in Montreal reflects these issues.

In his typology of collaboration, Fridolf (2004) distinguishes between five types of collaboration. Coexistence, where there is knowledge of each other but not of each other's action, Co-acting where the parties keep their original goals but try to act together; Co-ordination, where the parties come to mutual agreement on goals and work together to a common end; Collaboration, similar to the previous but with a deepening relationship which means possible changes in values; Consensus where there is mutual learning creating common understanding, values and attitudes creating a consensus. In participatory action research the aim in the long term is for the latter. However what most partnerships achieve is, at best, coordination. Achieving "consensus" is fraught with difficulties in the case of initiatives such as that described in this paper. It "lives" in an organizational context that consists of a complex set of nested relationships, each comprising of a number of agents/systems, whose decision making and combined action interact in complex ways (Springett 2001) and which involve inherent historical power differentials. Berkeley & Springett (2006) have developed a conceptual model to help understand the impact contradictory demands these nested environments have on initiatives that try to work in a non hierarchical way within existing systems. This paper presents a good example of how the delicate the structuring of the relations is.

The challenge of participatory research

While knowledge of the ebb and flow of successful partnerships is important for working with and understanding community-university research partnerships in general, underpinning the methodology of participatory action research is a very different ontological and paradigmatic approach to research which places its own demands. Inherent in the approach is a view that knowledge is built through democratic processes, where theory and practice are in constant interaction, where dialogue and critical reflexivity becomes central mechanisms, where different ways of knowing are valued and the voices of the culturally silenced are at last heard. This approach to research reflects an increasing critique of traditional research which is seen by some as elitist and extractive in that it treats people as objects, decontextualises knowledge and does nothing to aid the struggle of ordinary people to again control over their lives. (Heron 1996) The participatory world view as Reason (1998) states requires us to understand the world as a whole and we can only do this "if we are part of it, as soon as we attempt to stand outside we divide and separate. In contrast, making whole necessarily implies participation". Staying true to the values and principles of PAR, however, is a challenge particularly when working within a complex system comprising many different actors, not all of whom recognize or are able to work in a participatory way. However as Skolimowski (1994) said, reality is the product of the dance between our individual and collective mind and "what is there" … lies at the heart of the methodology". By its very nature this type of knowledge building is about negotiated understanding and action and co-authorship of situated meanings. Not only does this mean finding the appropriate organisational structures and processes to make this happen in a empowering and fair way but also the use of appropriate research methodologies (Springett 2001).

The challenge of the role of the researcher

When researchers move out of their ivory towers and engage directly with the community, the demands placed on their skills move beyond mere methodological expertise. The dialogical, collaborative participatory precepts which constitute this form of research places a moral obligation on the researcher to ensure ontological underpinnings of this type of research are adhered to. This creates two sets of tensions. One is the need to honour as a participant your own research expertise and organisational obligations while facilitating the engagement and needs of other stakeholders. The second is the continual tension that arises from being inside the process but always as an outsider. (Sullivan et al. 2001; Wallerstein 1999). However much you engage as an equal partner in the process you will always be a "stranger in a foreign land".

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How you negotiate "entry" into other people's worlds will set the tone for future relationships. In this paper the lead researcher plays a strong role. No matter the ethical intention, in this case to ameliorate the factors which have created profound social injustices that underpin many health problems, if the initiative for collaborative research comes from a place of power, and not from the community itself, it will never be truly participatory.

Conclusion

The challenges inherent in collaborative research for public health are about relationships and stem from a new way of engaging that tries not to recreate the very institutions and practices that are the underlying cause of health inequality. Increasingly researchers are being held to account for the societal value of what they produce particularly in terms of research utilization (Nutley 2002) Pioneers of these types of approaches are to be congratulated in their innovation and bravery rather as hitherto has been the case condemned as engaging in poor research. Recognition of the value of democratic approaches to research is growing and the number of such initiatives are growing and represent a more progressive approach to intervention research that is so urgently required within the public health field (Eriksson 2000). Systematic research documenting the hidden but very relevant processes that underpin such intervention work is important.

Jane Springett

References

Berkeley D, Springett J (2006). From rhetoric to reality: constraints faced by Health for All type initiatives. Soc Sci Med *63(1)*: 179–88.

Bernier J, Rock M, Roy M, Bujold R, Potvin L (2006a). Structuring an Inter-sector Research Partnership: A Negotiated Zone. Soz Praventiv Med *51(6)*: 335–344.

Eriksson C (2000). Learning and knowledge production for public health: a review of approaches to evidence-based public health. Scand J Public Health *28(4)*: 298–308.

Fridolf M (2004). Samordning – nya möjligheter inom välfärdsområdet. En skrift om samordning utifrån ett individperspektiv mellan arbetsförmedling, försäkringskassa, kommun och landsting. Stockholm: Svenska Kommunförbundet och Landstingsförbundet.

Gibbons M, Limoges C, Nowotny H, Schwartzman S, Scott P, Trow M (1994). The new production of knowledge. The dynamics of science and research in contemporary societies. London: Sage.

Gray B (1985). Conditions facilitating interorganizational collaboration. Hum Relat *38(10)*: 911–936.

Heron J (1996). Co-operative Inquiry: Research into the Human Condition. London: Sage.

Huxham C (2003). Theorising Collaborative Advantage. Public Management Review *5(3)*: 401–23.

Israel BA, Schulz AJ, Parker EA, Becker AB (1998). Review of Community based research Assessing partnership approaches to improve public health. Ann Rev Public Health *19*: 173–202.

Kanter R (1994). Collaborative Advantage: the Art of Alliances. Harv Bus Rev *72*: 96–108.

Nutley SM, Davies HTO, Walter I (2002). From knowing to doing: a framework for understanding the evidence into practice agenda. Discussion Paper no 1. Fife: St Andrews University, Research Unit for Research Utilisation.

O'Fallon LR, Dearry A (2002). Community –Based Participatory Research as a Tool to Advance Environmental Health Sciences. Environ Health Perspect *110(suppl 2)*: 155–9.

Reason P (1998). Political, Epistemological, Ecological, and Spiritual Dimensions of Participation. Studies in Cultures, Organisations and Societies *4*: 147–67.

Seifer S, Shore N, Holmes SL (2003). Developing and Sustaining Community-University Partnerships for Health Research: Infrastructure Requirements A Report to the NIH Office of Behavioral and Social Sciences Research. Seattle: Community-Campus Partnerships for Health.

Skolimowski H (1994). The Participatory Mind. London: Arkana.

Springett J (2001). Appropriate Approaches for the Evaluation of Health Promotion. Critical Public Health *11(2)*: 139–51.

Springett J (2005). Geographical Approaches to the integration of health promotion in health systems, a comparative study of two health action zones in the UK. Promot Educ suppl *3*: 39–45.

Stoke DE (1997). Pasteur's Quadrant. Washington DC: Brookings Institution.

Sullivan M, Kone A, Senturia K, Chrisman N, Ciske S, Krieger J (2001). Researcher and Researched-Community perspectives: Toward Bridging the Gap. Health Educ Behav *28(2)*: 130–49.

Wallerstein, N (1999). Power dynamics between evaluator and community: research relationships within New Mexico's Healthier Communities. Soc Sci Med *49(1)*: 39–53.

Williams A, Labonte R, Randell J, Muhajarine N (2005). Establishing and Sustaining community-university partnerships: a case study of quality of life research. Critical Public Health *15(3)*:291–302.

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