
The Mantra of Partnership

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The notion of partnership is one of the key buzzwords of current thinking in public health. Whether one considers national health plans, the strategies of non-governmental organizations or professional organizations, partnership making is an assumed strategy of work. There is, of course, a large “informal” literature on the role and importance of partnerships. Most of this is in the “grey literature” world of committee reports, planning documents and other documents relating to goal setting exercises by organizations. The more formal literature is scattered across many disciplines and contains efforts to explain the concept of partnerships and consider the organizational impact of partnerships. The term remains largely vague and because of this vagueness there is pretty wide agreement that partnership is a good thing. Related terms are often inter-changed in discussions of partnerships. Terms such as network, coalition, school, invisible college, collaboration and others are often used as parallel terminology. Whatever terminology is used, the underlying assumption for most professionals working in public health is that partnerships are a good thing. However, careful analyses of partnerships are rather rare (in the field of health promotion we are fortunate to have some careful analysis of the subject (Broesskamp-Stone 2004). What we most critically lack is a body of evidence that demonstrates the effectiveness of partnerships. Fortunately this issue of SPM provides some needed input into the evaluation of partnerships.

Research partnerships are a special type of partnership. In the bench sciences there is a long history of both formal and informal “partnership”. These range from the multiple partnerships involved in an effort such as the Manhattan

Project to the invisible college idea associated with the study of bacteriophage (Crane 1970). However these have been largely partnerships built among scientists working with other scientists in a collaboration designed to boost common interests, provide feedback on experiments, produce synergy and solidarity among participants and in general to promote a common outcome. In the Forum by Bernier et al. (2006a; 2006b) presented in this issue of SPM we are dealing with a partnership between researcher and research subjects viewed as “participants” in the research. Thus the usual salubrious reasons given for partnership building are more appropriately turned to questions of power relationships and negotiations among partners. Values held by all partners become paramount in guiding decisions on how the research will proceed. The title “Structuring an Inter-sector Research Partnership: A Negotiated Zone” is most appropriate and clearly identifies a necessary component of participatory research. The commentaries by Bauer (2006), McMurray (2006), Ruetten (2006), and Springett (2006) add considerable depth to the discussion of the role of partnerships in participatory research, resulting in a Forum that merits attention by all working in participatory action research (PAR).

In a larger sense this Forum provides the example of what is needed in the larger debate around evaluation, evidence and effectiveness that is critical to health promotion research and practice. The understanding of the evidence of effectiveness in PAR needs to rely on non-classical analytic approaches to reveal the dynamics of the inner components of the research. If building effective partnerships is a critical element of PAR, we need to show the evidence.

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* The findings and conclusions in this editorial are those of the author and do not necessarily represent the view of the CDC.

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