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This special issue brings together many years of community partnered participatory research (CPPR), a term used to capture community-academic partnerships that have agreed to equity among all partners throughout all phases of research.¹ While this is the true definition of community-based participatory research (CBPR), sometimes projects based or placed in the community with involvement, but not full partnership, are incorrectly labelled as community based participatory research (CBPR).² Research projects placed or based in the community can be valuable and important forms of community engagement, but it is important that each partner is clear about and agrees to the approach to a given project. Community Partners in Care (CPIC) has become a model of the CPPR/CBPR approach to solving complex medical issues. CPIC has evolved over a 15-year period of active partnership between Healthy African American Families II, RAND, and the University of California at Los Angeles. CPIC began as Witness for Wellness,^{3,4} a CPPR/CBPR project designed to understand depression from a community perspective. Witness for Wellness addressed mental health concerns among partnering communities of

color in Los Angeles and partnered with New Orleans communities to focus on depression and mental health during post-Katrina recovery efforts.⁵ The evolution to CPIC has led to a more sophisticated CPPR/CBPR approach conducting community-level controlled trials using a cluster-

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randomized design to answer critical questions raised by the community.⁶

Medicine has been one of the last health disciplines to inculcate CPPR/CBPR approaches including those under the name of participatory ac-

tion research and others.⁷⁻⁹ The approach to engaging community to address mental health issues has matured dramatically from its nascent beginning described in a 1981 report by Windle and Cibulka.¹⁰

This supplement includes a collection of articles describing a novel community and patient-partnered research network (CPPRN) forged in 25 years of community-academic partnering and building trust to achieve true impact.¹¹ Wells and colleagues¹² provide a comprehensive orientation to this groundbreaking collection of articles that capture the story of CPPRN to impact behavioral health and the future of CPIC. In addition, these authors outline the supplement's research articles on new directions in CPPR/CBPR to address community issues to improve the health of children and other populations, as well as community-academic strategies to advance innovations and impact policy.

To be clear, there is still much work to be done, but Guest Editors Wells, Jones, Zima and Eisen along with the issue's contributing authors have taken a bold step forward in making CPPR/CBPR a more rigorous scientific approach while retaining the integrity of its principles. While developing relationships and trust take time, the payoff of effective CPPR/CBPR is immeasurable as no other approach has the scalability and proven effectiveness (in contrast to efficacy) needed to truly make a difference in the communities we serve.

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