This paper describes the implementation of a collaborative project with community and academic partners in Los Angeles, focusing on the experiences of the Supporting Wellness (SW) working group in a depression outreach/education initiative (the Witness for Wellness project). The first-year activities of the SW group involved infrastructure development to prepare for policy and advocacy work. Scribe notes from monthly meetings along with the authors' observations are the primary source of data for this article. One of the major accomplishments of the group was to obtain a position on a countywide stakeholder committee that makes recommendations to policymakers on mental health spending for the county. One significant challenge for the academic group members has been providing guidance and support for potential research projects. Although community partnerships with academia are a potentially useful approach for developing health interventions to address community needs and priorities, the experiences of this group illustrate that a substantial amount of time is required to develop the infrastructure for efforts to be successful. In addition, we learned the “community perspective” is essential to developing interventions that can address barriers to depression care that are unique to communities with high numbers of under-served, unserved, and inappropriate served residents. (Ethn Dis. 2006;16[suppl 1]:S1-43–S1-53)

**Key Words:** Case Study, Community Partnered Participatory Research (CPPR), Depression

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**INTRODUCTION**

Despite many advances in healthcare disparity research and valuable contributions to the research of vulnerable populations, a barrier still exists between the research community and the people whose lives are studied. This barrier is often exacerbated by the track record of researchers who have conducted research in a community, written academic publications, and then moved on to another study without affecting sustainable, positive change in the community. As a means of disseminating evidence-based interventions with delivery methods tailor-made to the needs and unique history and culture of the community, a community-partnered participatory research (CPPR) approach is particularly well suited to address the problem of depression within the socio-economically disadvantaged and underserved communities in south Los Angeles.

Encompassing a wide array of collaborative approaches to research, six principles are fundamental to community collaborative research efforts, including the W4W initiative. First, the research is participatory, with researchers and community members involved in every aspect of the process, from identification of the problem to analysis, interpretation, and dissemination of findings. Research becomes a collaborative endeavor to which the investigators and community members contribute equally. It also involves a process of co-learning as researchers and community members learn from working with one another. Systems development and community strengths building become primary goals of the research process. Ideally, participants are empowered to make real changes and experience increased control over some aspect of their lives. Finally, CPPR seeks to balance research with community action to achieve social justice.

The W4W initiative blends a CPPR approach developed by Healthy African-American Families (HAAF), Charles R. Drew University, and their community partners with evidence-based approaches for improving depression care in community-based practices developed by RAND and the University of California–Los Angeles (UCLA). The CPPR approach emphasizes the partnered aspect of the more commonly recognized community-based participatory research (CBPR) model that is unfortunately too commonly used to describe community-academic research and scholarly activities with limited partnership. At the heart of the initiative are three working groups that seek to implement the goals of the initiative. This paper reports on the first-year progress of one of these working groups, the Supporting Wellness (SW) group. The mandate for the SW working group, as originally specified at the July 2003 conference, was to work with the community on policy and advocacy issues. The goal as stated in the SW July 2004 work plan was (and remains) “to develop and promote policy to support wellness and reduce depression’s impact on community and to advocate for protection of the...