Author’s response to reviews

Title: Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge

Authors:

Janet Jull (jjull013@uottawa.ca)
Audrey Giles (agiles@uottawa.ca)
Ian Graham (igraham@ohri.ca)

Version: 1 Date: 31 Aug 2017

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August 31, 2017

Dear Dr. Wilson,

Thanks so much to you and your colleagues for comments about the paper submitted to Implementation Science for your consideration: “Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge” (IMPS-D-17-00382):

“I have now had an opportunity it review and discuss with editorial colleagues. With debate papers our interest is in those which question or challenge existing implementation policies, practices, evidence or theory and suggest modifications or alternatives. Although we are interested in the role of IKT and CBPR in promoting the use of evidence obtained from research, this paper needs to move beyond a basic description of the two approaches to sustain our interest further.

In doing so we need you to address the lack of supporting evidence (see for example, Gagliardi 2016) for both approaches. We are not looking for you to set out a research agenda as that has been published elsewhere, but would like you to critically examine the conduct of collaborative research in health systems, using IKT and CBPR as examples.”
Revisions have been made to the paper to better align with the scope of Implementation Science and to meet the criteria for a debate paper submission and with particular attention to your helpful comments:

1. Specifically, the lack of supporting evidence for integrated knowledge translation and community based participatory research as distinct research approaches have been more explicitly addressed, and with references to studies that have detailed this lack of evidence (introductory para, p.5):

“While there is limited evidence about how to engage and involve knowledge users who are in health systems [14,15], evidence indicates that participatory approaches to research show promise for the conduct of collaborative research [16,17]. CBPR and IKT are approaches to research that provide opportunities to advance understandings of factors that facilitate and hinder the development and sharing of knowledge in health systems.”

2. We have moved this paper beyond a basic description of the two approaches, to critically examine the conduct of collaborative research in health systems, using IKT and CBPR as examples. There are edits throughout the paper and most notably in the aim of the paper, stated within the Abstract (p2, Main text) and Purpose statements of the paper (p5):

“We examine the histories and traditions of CBPR and IKT, and their points of convergence and divergence. We critically examine the ways in which both have the potential to synergistically contribute to the development and integration of knowledge in health systems. Both CBPR and IKT have similarities and differences that span the areas of motivation, social location, and ethics, which result in contextual differences in their employment. Nevertheless, the practices of CBPR and IKT converge upon a common aim: the co-creation of knowledge that is the result of both researcher and knowledge user expertise. Every knowledge user-researcher collaboration will be unique and partners may hold a range of assumptions, norms, values and aims for the research collaboration. We argue that CBPR and IKT can both contribute evidence to existing implementation practices for collaborative research.”

“…we argue that CBPR and IKT both aim to accommodate and facilitate the engagement and involvement of researchers with knowledge users to co-create and apply knowledge, and that they can both contribute evidence to existing implementation practices for collaborative research.” (p. 5)

In addition, there is elaboration within the Main text with the addition of references and text (see in particular p11 that begins with “These views contrast with investigator-led research (that is, research that does not engage with knowledge users) and that may lack contextual relevance to the knowledge user setting and/or populations…..”).
The discussion of how CBPR and IKT make contributions within health systems research has also meant the addition of supporting references:


The paper is resubmitted for your consideration as a candidate article to Implementation Science.

Sincerely,

Janet Jull

On behalf of the author team