Author’s response to reviews

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

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Author’s response to reviews:

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Dear Dr. Wilson,

Thank you for sending forward the reviewer comments and the editorial team review of our paper submitted to Implementation Science: “Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge” (IMPS-D-17-00382):

Revisions have been made to the paper to better align with the scope of Implementation Science and in response to the reviewer comments (see Table, below). We have appreciated the opportunity to strengthen the submission to Implementation Science and welcome further comments.

With best wishes,

Janet Jull

On behalf of the author team
Reviewer #1: Comments

The Authors: Response

Rvw #1 Comments: This is an interesting and topical paper and one that I enjoyed reading. However, I was also left with a number of questions and reflections, which I would suggest the authors need to address to provide a tighter and more critical debate paper.

Author Response: Thank you – we have worked to address your concerns, outlined in this document.

Rvw #1 Comments: My main reflection having read the paper was something of a 'so what' question. Yes CBPR and IKT share a lot in common, with some subtle differences, but why and how does this matter to those interested in implementation and implementation research? Although I can see that revisions have been made to address the original editorial comments on the paper, the content is still highly descriptive and I think some further analysis to tease out specific implications for implementation science would be useful.

Author Response: We have worked to address the ‘so what’ question identified by the reviewer and as such have updated the text, as reflected in the revised abstract:

“As distinct research approaches, the underlying drivers and rationale for CBPR and IKT have similarities and differences across the areas of motivation, social location, and ethics; nevertheless, the practices of CBPR and IKT converge upon a common aim: the co-creation of knowledge that is the result of knowledge user and researcher expertise. We argue that while CBPR and IKT can both contribute evidence to implementation science and practices for collaborative research, clarity for the purpose for the research - social change or application - is a critical feature in the selection of an appropriate collaborative approach to build knowledge.”

Additional changes are reflected throughout the paper with revisions that describe the differences and similarities in ways that readers can understand (that is, the use of examples) and how to consider the differences and similarities in the selection of CBPR or IKT. This explains why consideration of collaborative research matters to those interested in implementation and implementations science:

For example:

Abstract (background): “Better understanding the similarities and differences between CBPR and IKT will enable researchers to use these approaches appropriately and to leverage best practices and knowledge from each approach. The co-creation of knowledge conveys promise of
significant social impacts, and further understandings of how to engage and involve knowledge users in research is needed.”

Abstract (purpose statement): “We argue that while CBPR and IKT can both contribute evidence to implementation science and practices for collaborative research, clarity for the purpose for the research - social change or application - is a critical feature in the selection of an appropriate collaborative approach to build knowledge.”

Throughout the text there have been additions made to better link and explain how collaborative research approaches make contributions to implementation science and its practice. There are a few examples listed below.

[p. 3 “Reducing this “know–do gap” is one of the ethical imperatives of our time: the delayed implementation of effective practices (and discontinuation of ineffective ones) affects people’s health and contributes to the unsustainability of the health system. There is a well-recognized need for implementation science [new ref][Eccles, Mittman]. Better use of research evidence (one form of “knowledge”) in health care practice requires partnerships between those engaged in the processes that produce research and those who are contending with the real-world needs and constraints of health systems and their users.”]

[p. 5 “CBPR and IKT are approaches to research that make contributions to the practice and science of implementation research as they provide opportunities to advance understandings of processes and factors that facilitate and hinder the development and sharing of knowledge in health systems.”]

[p. 12 “Collaborative research approaches such as CPBR and IKT may provide opportunities within health systems to better understand implementation science and practice to not only engage knowledge users in collaborative research but to complement investigator-led research and more widely benefit health-systems.”]

Rvw #1 Comments: Linked to the above point, some specific case examples illustrating the application of CBPR and IKT in implementation studies would help to focus the discussion and highlight key points that the authors are trying to get across, particularly in relation to points of convergence and divergence between the two approaches.

Author Response: Thank you for this comment, and we agree and have added in examples and additional text and references, to highlight the key points about similarities and differences of CBPR and IKT (see sections “Motivation” and “Social Location”).
Rvw #1 Comments: Reference is made to different theoretical research traditions that underpin CBPR and IKT (pages 9 and 10) without expanding on what these different theoretical underpinnings in any detailed way. Again, further exploration of these issues would elevate the critical discussion within the paper.

Author Response: We have further elaborated on the research traditions that underpin CBPR and IKT – outlined in the section History/tradition of CBPR and History/Tradition of IKT with references, although the history/tradition of CBPR is far more extensive than that of IKT (and so has a great deal more accompanying literature).

The point we want to make is that CBPR and IKT are versatile and complementary to many research designs. As both may be used with a range of theoretical research traditions we have included examples and references to explain this point:

[p. 8 “CBPR can also be used with a range of theoretical traditions [20], including, but not limited to, feminist theory, poststructural theory, and postcolonial theory (new ref)”]

[p. 8 “Although explicit mention of theory with IKT is rare (new ref)[Gagliardi], IKT is an approach to research and can be used with a range of theoretical research traditions such as the examples of IKT studies that used biomedical (new ref)[Dixon] or postcolonial theory (new ref)[Jull].

Rvw #1 Comments: The overall sense at the end of the paper is more convergence than divergence between the approaches and a key question that arose for me is whether IKT could be seen as a more pragmatic application of CBPR principles by research funders with a specific focus on health systems and application of knowledge, as opposed to there being two distinct approaches.

Author Response: Thank you for this important point of clarification Our intent was to show how they differ, how they can complement one another, and how to utilize them appropriately and the purpose statement has been revised to better reflect the intent of the paper:

[Abstract - “We argue that while CBPR and IKT can both contribute evidence to implementation science and practices for collaborative research, clarity for the purpose for the research - social change or application - is a critical feature in the selection of an appropriate collaborative approach to build knowledge.”]

Rvw #1 Comments: Overall, I think this paper could make a useful contribution to the literature, but I would suggest further revisions are needed to strengthen the level of critical debate within
the manuscript. There is also a fair amount of repetition within the paper e.g. around the promise of co-creation etc., which would benefit from some further editing.

Author Response: Thank you for the review – edits and revisions have been made with this comment in mind for additional clarity and less repetition.

Reviewer #2: Comments

The Authors: Response

Rvw #2 Comments: This is an interesting paper, with a significant contribution to existing literature, filling an important gap that explores the similarities and differences of CBPR and IKT, to inform and advance future research in this area. To further develop the arguments within this manuscript, I offer the following suggestions and thoughts on its iteration and development.

Author Response: Thank you for this review.

Rvw #2 Comments: Previous comments of reviewers such as "this paper needs to move beyond a basic description of the two approaches to sustain our interest further" have been addressed. However I wonder whether further comparative work of the approaches is needed to strengthen the contribution of the article.

Previous reviewers' comments have suggested that "we need you to address the lack of supporting evidence (see for example, Gagliardi 2016) for both approaches." Manuscript authors' edits made in response include: "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]." I wonder if this does injustice to the amount of evidence that there actually is in these fields.

This sentence does not acknowledge the work of patient and public involvement within health services research, an area where there is evidence on how to involve these knowledge users. Manuscript reference 14 (Gagliardi et al. 2016) in their IKT review, specifically excluded studies focusing on patients or consumers (p.3), as they were focussing on decision-makers. However, the manuscript authors seem to be discussing a much broader range of 'knowledge users' in this paragraph on p.5-6 than Gagliardi does.

Author Response: We have considered these comments and adjusted the paper to reflect the concern about basic descriptions. The purpose statement has been revised and the comparisons
between CBPR and IKT strengthened with examples and additional references and text (see response to reviewer #1).

[Motivation section - p. 10 “CBPR is underpinned by principles related to social justice and a desire for social change [21-23] such as the example of a knowledge user-researcher partnership to develop a faith-based educational intervention to promote cancer awareness in the African-American community that helped to define intervention impacts and address health disparities in underserved communities [new ref][Rodriguez]. IKT practitioners’ focus is to promote research that is collaborative, addresses problems meaningful to the user of the research, and is most likely to develop applicable knowledge [36]. For example, a knowledge user-researcher partnership used an IKT approach to develop and evaluate a distance treatment program for child mental health that was transferred into clinical practice [new ref][McGrath”].

[Social location section – p13. “CBPR originates in “grassroots” or citizen-led, democratic research traditions with attention to power relations [21-23], such as the example of a CBPR study that aimed to address heart health issues with women who were underserved [new ref][Pazoki]. IKT originates in research practices promoted by funders [35] and developed to engage with decision makers who are knowledge users [47], as in the example of a study partnership formed with knowledge users (policy makers and social workers) to identify priority health issues and to incorporate these into an effective training curriculum for social workers [new ref][Wilkinson.”]

As well, we agree with the comments about contributions and considerable work done in the areas of patient and public involvement and so have added in text and references to reflect this agreement:

[p.5: “The evidence about how to best engage and involve knowledge users who are in health systems is being built [14, 15] and there are calls for consistency and systematic reporting to advance the field of collaborative research [new ref][Drahota]; however, evidence indicates that participatory approaches to research lead to increased levels of collaboration among community partners, researchers and organizations [new ref][Salimi] and the conduct of collaborative research [16, 17].”]

Rvw #2 Comments: Manuscript reference 15 assessed CBPR evidence in 2004. However many more articles on CBPR have been published in the last decade since this was published, developing this evidence base, see evidence reviews by Salimi et al.[1], Drahota et al.[2] and Cook[3]. Including these evidence reviews may also help to further address the previous reviewers' comments to "critically examine the conduct of collaborative research in health systems, using IKT and CBPR as examples."
Author Response: Thank you for your suggestions – we have incorporated these reviews into the paper (see above) to provide more fulsome comments on the state of the literature about collaborative research practices.

Rvw #2 Comment: Other comments on the text are as follows: p.2 line 15. Research, not researcher? p.2 line 19 'touch points'. In co-production literature[4] and experience-based co-design[5], the word touch point has a very specific meaning, that does not relate to its usage in the abstract. I suggest changing the word to something such as 'parallels' or 'similarities'.

Author Response: Thank you for this comment – the adjustments to the use of words and terms have been addressed.

For example, the word ‘touch point’ has been removed and replaced with “similarities”.

Rvw #2 Comments: The abstract sentence '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' was not clear to me, before having read the paper. I wonder if another phrase can be used to illustrate the selling point and contribution of the article to a passing reader, to be able to grab more immediate attention?

Author Response: Your suggestion to make the sentence clearer to the reader at the outset of the paper is appreciated, and a modification in the abstract text has been made to reflect this change, with the sentence changed:

“As distinct research approaches the underlying drivers and rationale for CBPR and IKT are similar and different.”

Rvw #2 Comment: In the abstract the authors highlight that there are different definitions and types of knowledge. However, on p.4 they seem to equate research evidence with knowledge: p.4 lines 28-32. "Better use of research evidence ("knowledge") in health care practice requires partnerships between those engaged in the processes that produce research and those who are contending with the real-world needs and constraints of health systems and their users." Perhaps it would be more consistent to include in brackets that research evidence is "one form of" knowledge.

Author Response: Thank you for this comment and we agree – the sentence in the abstract and paper text have been modified:

“…..research evidence (one form of “knowledge”) in health care practice….”
Rvw #2 Comment: p. 5 Lines 50-52 and p.6 lines 11-13. This sentence is hard to read. Can the meaning be made any clearer? If IKT is a "collaboration between researchers and decision-makers" (Gagliardi et al., 2016) i.e. people in positions of power, and CBPR works in partnership with members of marginalised communities to reduce injustice and inequities, there are key issues of power that could be interrogated further. Whilst this is done on p.15 I wonder if any more analysis can be done on the issue of addressing power differentials. Other CBPR literature may be useful to include, such as Muhammed et al.

Author Response: Thank you – the section (Social location) has been revised with edits, additional text and references to better define the differences between CBPR and IKT in approach to the power relations.

Author Response: The reference suggestions from Rvw #2 are appreciated!