Reviewer’s report

Title: Exploring the perspectives of community members as research partners in rural and remote areas

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Reviewer: Lesley Griffiths

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I feel it would be helpful to explain in the title that the article refers to northern and rural areas of British Columbia in Canada. As the publication is aimed at an international audience it will support a better understanding. I would suggest that the title might be more appropriately constructed to explain some of the characteristics of the populations of such areas, perhaps by describing the areas as small communities which are relatively remote, for example. This would also facilitate those searching for articles on similar or different types of location, or communities.

Abstract: I experienced a little confusion around the inclusion of community members as research partners and the exclusion from authorship of community members. It would appear that the authors are the academics and 'knowledge users'. I think it would be helpful to explain at the outset that this is an article which is focused on what would be required in order to facilitate the involvement of community members as research partners and not that it is an example where community members have been involved in co-producing the research or the article.

I liked the emphasis on the characteristics of rural, fairly remote, populations and the challenges of involving such communities as authentic partners in research. I was glad to see mention of the challenges of confidentiality in such localities where members are often very locally connected, thus where confidentiality can be a prime concern. I feel the comparison is well made with those residing in urban environments in close proximity to universities, with easy access to services and facilities and often with pre-existing or ongoing relationships with researchers. There are now many publications around 'hard to reach' populations but I feel that despite the small size of the current study it does offer relevant insights to researchers, health and social care practitioners and policy makers. The research is focused on making health interventions most relevant and therefore beneficial to local populations, and makes the case that real involvement of community members in identifying, designing and advising on delivering are important ways in which to improve the impact of health interventions. Although these are not novel ideas the emphasis on tailoring the participation of community members to suit the contexts of their lives and the desire to explore this via this particular study is useful and well timed. The methods are appropriate and although sample size is small the findings resonate with other much larger studies.

The finding that community members are particularly motivated to participate in research which they feel benefits their communities and themselves surprised me most. The claim that community members were most frustrated by frequent research participation with no real involvement and no information about outcomes or impact is unfortunately one of the most frequent complaints of public or patient partners in research, even where involvement is claimed to be a central value in a project.

I think the framework of guidance is useful, however I am well aware that both research projects and health interventions share a constraint of cost effectiveness and are often needed to be delivered to predetermined time deadlines. It is an accepted fact that authentic co-production, whether in research or
health interventions depends on sustaining relationships and trust, both of which take time and emotional effort from all team members but which may not be adequately resourced in research or health delivery costs. I do believe, however, that steps towards improving authentic partnership working between researchers, patients and members of communities, such as the guide suggested in this paper, even when they may be less than perfect in translation into practice, must be supported and shared.

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