Foreword

The publication of this book is a most valuable contribution to what we are beginning to think of as a knowledge movement, an emergence over the past 50 years towards the recovery or strengthening of a knowledge commons. The creation and use of knowledge lies at the heart of all human activity. In the millions of years before we institutionalized knowledge structures, knowledge was intimately linked to the natural world, to survival. There was no separation between he ecological or environmental commons and the knowledge commons. Spirit, health, access to food and shelter, and reproduction, the land, other living creatures and knowledge were integrated, holistic, grounded, organic and natural. Over time knowledge became more specialized and just as we began to contain or fragment the natural commons with private ownership, feudal territorial claims or even modern nation-state, we have also fragmented the knowledge commons. We now have universities, research laboratories, government supported think tanks, corporate R and D units where it is assumed that the bulk of knowledge is 'created'.

The beginnings of the search for the reconnections of knowledge to the world in recent history can be traced linked to the work of Kurt Lewin at the Tavistock Institute and action research in the 1940s. I think of the work of Tandon, Freire, Fals Borda and their majority world participatory research of the 1970s. I think of the emergence of the Science Shop movement in the Netherlands in the late 1970s and 80s. But all holistic approaches to understanding the role of knowledge in the world including Indigenous approaches to knowledge, arts-based knowledge construction or even quantum physics are moving us in these new directions. I use the concept of the *Knowledge Commons* (Hardin:1968; Joranson: 2002; Ostrom et al :2006) to mean a conceptual space where the boundaries between diverse locations of knowledge creation, forms of knowledge and uses of knowledge are diminished in the interest of enhancing knowledge strategies for the application to complex economic and social issues that confront us in Canada and around the world. The proposition is that lowering the barriers that separate knowledge domains is desirable.

Dialogues, discourses and practices of a knowledge commons have attracted increased interest and visibility in academic, policy, civil society, philanthropic and private sector settings in recent years. These discussions are spoken and written about in many ways. We speak of *knowledge translation/transfer/ mobilization/ exchange, impact or utilization, social innovation, of community-based research, of engaged scholarship, indigenous centered research, open or democratic knowledge sources and more.* What has emerged is the recognition that knowledge creation is not a monopoly of academics. It is created and co-created in community agencies working on green economic alternatives, in health clinics supporting persons living with HIV/AIDS, in engineering departments working on adaptive technologies for children with special needs, in financial institutions innovative new ways to create affordable housing, in classrooms in first nation's controlled adult education centres where indigenous languages and cultures are being sustained and revitalized, in

cities and town using techniques of community mapping, applied theatre and just plain talking to plan healthier and more livable communities and so much more.

Elizabeth Banister, Bonnie Leadbeater and Anne Marshall have crafted an extremely timely and important book that moves the discourse of linking knowledge to action forward in some new ways. (I particularly like the five dimensions of KT outlined in Chapter 9) They are each experienced and insightful scholars whose leadership in community-based research is well known. In this book they bring together scholars working in the broad social determinants of health field to give us what is collectively the broadest set of understandings yet published about what knowledge translation in the fields of health actually means. The book builds on a deep experience and commitment to community-based research at the University of Victoria, an experience that has resulted in the creation of a university-wide structure (Office of Community-Based Research) to support and enhance visibility and effectiveness of scholars such as Banister, Leadbeater and Marshall. But they have done a terrific job of bringing together a remarkable collection of engaged scholars from elsewhere in Canada, the United States, England, Australia and Aotearoa/New Zealand.

There are a number of critical issues that this collection illuminates:

The importance of context

This is one of the very important contributions of this collection. The ways in which knowledge is used depends almost entirely on the context within which one is working and the objectives of the work. Benoit et al in Chapter make this point when working with vulnerable groups. Marshall in Chapter 3, McKegg in Chapter 4 and in fact all of the writers point us away from a cook-book approach to knowledge translation.

The recovery of indigenous ways of knowing and KT

As we know, long before European knowledge structures and western science and disciplinary knowledge strategies emerged, there were entire knowledge systems that had been created by place-based indigenous peoples. We will not create a new knowledge commons where knowing and doing are reconnected unless we draw on these earlier epistemological traditions. Kuapapa Maori Research, Cree ways of knowing, Coast Salish and more are referred to in this collection. Much more work in this area would be welcome.

Power and Knowledge

One of the underlying themes of the entire collection is that there are power differences amongst those who may share an interest in health knowledge. Many of the chapters refer to this either directly in terms of issues like accessibility and user-led reviews (chap 8) or the concept of ethical space (chapter 11) or the work with

sex workers (chapter 2). I think that still more time and space is needed to talk more about the issues of power and knowledge. In fact, in spite of the many millions of dollars going into KT/CBR and such, very few service agencies working with the most vulnerable have seen their capacities grow in terms of knowledge creation and translation/exchange. What counts as evidence is largely a battle between scholars and policy makers with policy makers making up 90 per cent of the decisions. When one considers such areas bio-medical health research with their industrial base and marketing structures, the question of KT in areas such as flu pandemics becomes even more tilted in favour of existing power relations.

Recognition within the academy for KT and engaged research

With work being done by organizations such as the Community Campus Partnerships for Health, the Canadian Federation of the Humanities and Social Sciences and many individual university efforts, the recognition of excellence in knowledge translation and related areas of partnership development is beginning to be discussed. Chapter 7 makes specific mention of this issue, but it is implied in others. How do we measure excellence in KT? How should this be recognized for merit, tenure and promotion matters? Should we be including community 'peers' in a new era of 'peer' review?

Knowledge strategies for transformation or social change

The literature in population health or social determinants of health draws attention to the disparities in health status in our communities. There is a sense that the gap between those with the best health and those with a heavy burden of complicating health conditions is either widening or staying the same. Chapter 6 notes that working with advocacy coalitions is an effective way to feed research into policy and action spaces. To what degree can we structure both our research processes and our KT processes in ways that strengthen the capacity of those most in need of health action to be heard? Research and KT in the field of HIV/AIDS research comes to mind when thinking of the relationship between social movement activism and knowledge. CIHR for example supports not only CBR in HIV/AIDS, but also funds movement and community-based CBR facilitators. The HIV/AIDS movement many years ago moved directly into areas of education and research. The chapters offer some insights into how such linkages might be made.

Moving forward

We have come far over the past 30-40 years towards understanding the responsibilities of academic researchers towards the communities they seek to serve. We have a long road forward as well. The editors and authors of this volume provide road maps and sign posts for many of the appropriate destinations.

References

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