

Writing About Community-Engaged Research for Academic Journals

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This resource describes key considerations in preparing a manuscript for publication—general principles and those unique to community-engaged research (CEnR). It presents some published CEnR examples. It also briefly notes the types of articles suitable for submission to the journal, *Progress in Community Health Partnerships* (PCHP) and tips for navigating PCHP review process

The Basics: What is Community-Engaged Research?

- Research that involves community in the research process
- Broad spectrum of community-engaged research
 - Community-placed/based; no community-researcher collaboration
 - Community-placed/based; some community-researcher collaboration
 - Community-based participatory research (CBPR)

Manuscript Preparation

- Define specific aims of paper
- Identify target audience (e.g., policy, epidemiology, intervention)
- Select journal
 - Does the journal have a history of publishing CEnR/CBPR or have language in the author instructions that suggests receptiveness to CEnR/CBPR?
 - Email editor or managing editor if in doubt

Manuscript Preparation: Engaging Community Partners

- Community partners should contribute to manuscript preparation as authors or be acknowledged
 - Establish a publication protocol or committee
 - Authorship may look different across multiple papers
 - Use acknowledgements liberally
- Don't assume community partners understand the academic approach to authorship and manuscript writing
 - Clarify expected contributions from community partners
 - Capacity-building opportunity

Manuscript Preparation: Engaging Community Partners (cont...)

- Discuss plans for reporting negative results
- Discuss other forms of dissemination
- Embrace a participatory process for writing
- Ask community partners what they want to write about
- Explain how journals differ from magazines
- Be flexible in capturing thoughts of community partners
 - Interviews with community partners
 - Journal entries

Manuscript Preparation: View from the Editorial Office

- “Where is the community in the list of authors or acknowledged individuals?”
 - Is this a good model of CEnR/CBPR if there are no community partners listed?
 - Did the research team really involve community in the project?
 - PCHP asks reviewers to rate “principles of partnership” reflected in manuscript

Activity:

Manuscript Preparation

- Think about your partnership and brainstorm ideas for engaging community partners in the writing process. Focus on the following questions:
 - How will you determine which community partners are co-authors and which are acknowledged?
 - How do you plan to foster collaboration during manuscript writing?
 - What would you do if partners lacked experience in writing for publication?

Abstract

- Write last but write well!
 - Initial text seen by reviewers and editorial team
- Make sure abstract consistent with objectives and results stated in body of manuscript
- Should highlight goals/objectives of manuscript not overall study

Introduction: General Principles

- Succinctly explain rationale for work including conceptual model or theory
- Provide just enough information to orient targeted audience
 - Save room for describing methods, results, and implications of study
- Cite the most pertinent references
- Clearly state aims, questions, or hypotheses

Introduction:

Discussing the Use of CEnR/CBPR

- Define CEnR/CBPR
 - Amount of space may vary depending on journal to which article is submitted
- Why is CEnR/CBPR appropriate/relevant for study?
 - Are certain groups affected disproportionately by health condition?
 - Are affected groups difficult to reach, poorly understood, or disenfranchised?
 - Are there limitations of “traditional” research?
 - Are interventions/programs being translated into new settings?
 - Is there a need for community input in developing and implementing a program/intervention?

Introduction:

View from the Editorial Office

- CEnR/CBPR does not take the place of a conceptual/theoretical framework guiding the project
- Not knowing why the authors felt CEnR/CBPR was appropriate makes it difficult to justify inclusion in CEnR journal (e.g., PCHP) or CEnR special issue
- Reciting CEnR/CBPR principles and characteristics, on its own, does not illuminate why authors used CEnR/CBPR

Introduction:
Example of Introducing
CE_nR/CBPR

Example: Describing CEnR Rationale

A CBPR approach may be particularly useful when adapting interventions for use with ethnic minority or underserved populations. CBPR seeks to bridge the gap between researchers and communities by equitably involving community partners throughout the trajectory of a research project. CBPR promotes relationships among partnership members and uncovers the insights each brings to the effort. Communities that are sites for modified interventions have not typically been included in the adaptation process. However, in recent years CBPR has increasingly facilitated the involvement of underserved communities in the intervention adaptation process to treat or prevent a range of health problems, including nicotine and tobacco addiction, HIV/sexually transmitted diseases, and cancer. By including community partners in the adaptation process, CBPR has the potential to ensure that interventions are adapted to be culturally appropriate and acceptable for the community in which the intervention will be implemented. Specifically, adapting interventions in partnership with community stakeholders helps to ensure communities' authentic lived experiences are reflected, enhances cultural and local sensitivity, and helps to facilitate sustainability.

Mance et al. (2010). *Progress in Community Health Partnerships*, 4 (2), 131-140

Activity: Manuscript Introduction

Taking one of the projects being worked on by a group member, create a brief statement (2 sentences) that describes the rationale for choosing a community-engaged approach for the project

Methods:

General Principles

- Identify study design
- Create appropriate subsections
 - Study population & setting
 - Intervention
 - Study variables
 - Data collection approaches
 - Analysis
- Don't put results in Methods!

Methods:

How was this community-based?

- Study Population & Setting
 - How does study define the community?
 - How is community organized or structured?
 - How is the setting of the study relevant to community of interest?

Methods:

How Did the Community Participate?

- Who were the community partners involved in project?
- Why/how were they chosen?
- What is the history of the collaboration between the academic and community partners?
- What role did community partners have in design, implementation, analysis, interpretation, & dissemination?

Methods:

View from the Editorial Office

- How extensive was the community participation? Is this CEnR/CBPR or community-placed?
- Do the community partners represent the community being investigated?
 - Are consumers/clients/patients represented?

Example: Partnership Description

Healthy Homes/Healthy Families was a community-based participatory research (CBPR) project conducted by the Emory Prevention Research Center (EPRC) in partnership with the Southwest Georgia Cancer Coalition and the EPRC's Community Advisory Board (CAB). The EPRC is funded by the Centers for Disease Control and Prevention, and is part of a national network of research centers that engages in community-based participatory research. The EPRC defines its partner community geographically to coincide with the area served by its primary partner, the Southwest Georgia Cancer Coalition. The partnership, focused in 31 counties in rural southwest Georgia, began in 2004 and operates through a 20-member CAB. Members represent federally qualified health centers, local universities and colleges, YMCA, regional public health districts, hospitals, local government, grocery stores, and several community-based organizations. The current project was the partnership's third collaborative study. Earlier work had examined how rural home, work and church environments affect tobacco use, healthy eating and physical activity using both qualitative and quantitative methods. Those studies established the foundation for the intervention study reported here...

Kegler et al. Progress in Community Health Partnerships, In press.

Activity: Partnership Description

Taking a project from another group member, put together a 2-3 sentence description of each of the points outlined earlier:

- Who were the community partners involved in project?
- Why/how were they chosen?
- What is the history of the collaboration between the academic and community partners?

Example: How did Community Participate?

Forty Clan Mothers and Fathers were recruited from the local Native American communities, trained in lead poisoning prevention, and offered stipends for their roles as lay health advisors. Together with the CAB, the Clan Mothers and Fathers were integral to the TEAL's success. Although TEAL's research design and evaluation were primarily undertaken by the academic partners, the CAB and community/tribal partners provided guidance and made decisions on a range of issues. For example, the CAB played a key role in defining "Native American" for the project. In addition, the Clan Mothers and Fathers, for example, were the driving force in selecting and implementing specific prevention activities and in determining the target audience. For example, the evaluation was designed with local white children as the comparison group and the academic partners envisioned that the intervention would exclusively serve Native American families. However, when TEAL baseline assessment data showed that the prevalence of elevated lead blood levels were similar for Native American and white children, the Clan Mothers and Fathers were uncomfortable with excluding non-Native American children from the project's intervention activities. Thus, although the intervention focused primarily on utilizing the social networks of the Clan Mothers and Fathers, some intervention activities reached the wider, non-Native American community, such as information booths set up by Clan Mothers and Fathers at local fairs. As an academic partner commented, although making this change weakened the evaluation design, it was clearly important to do because it was desired by the Clan Mothers and Fathers and supported by the data. Data collection was conducted by both Native American and non-Native American community members who were hired as local supervisors, canvassers, phlebotomists, and interviewers. Although academic partners took primary responsibility for data analysis and writing, the CAB and Clan Mothers and Fathers reviewed and commented on TEAL findings before they were disseminated.

Petersen et al. (2007). *Progress in Community Health Partnerships*, 1 (3), 249-256.

Activity:

How Did Communities Participate?

Taking the same project as the one related to describing the community partnership, put together a brief (2-3 sentence) description of how community partners were involved in design, implementation, analysis, interpretation, and/or dissemination

Results:

General Principles

- For original research:
 - Characteristics of study population
 - Results of main analysis:
 - Univariate then multivariate for quantitative
 - Themes or patterns for qualitative
 - Main groups before subgroups
- Use tables & figures to present key information succinctly
- Don't repeat in text all data in tables & figures
- Don't put methods in Results!
- Save commentary for Discussion!

Results:

What's unique about CEnR/CBPR?

- Report both process & outcome measures
- Include community-level findings & responses to study
- Explain what is happening in the community as a result of study

Discussion:

General Principles

- Summarize key findings, emphasizing what's unique or innovative
- Identify and explain strengths & weaknesses relative to other work, noting differences between studies
- Discuss implications for clinical care, education, research and/or health policy in communities of interest
- Avoid conclusions not supported by results!
- Don't surprise reader with results in Discussion!

Discussion:

What did CEnR/CBPR add?

- Strengths & Weaknesses
 - What were strengths of using CEnR/CBPR approach?
 - How did partners influence interpretation of findings?
 - What challenges & opportunities were created by using CEnR/CBPR approach?

Discussion:

What did CEnR/CBPR add?

- Implications
 - How were results shared with community?
 - How did community respond?
 - What recommendations & limitations do community leaders need to know about?

Discussion:

View from the Editorial Office

- What was unique/innovative about using CEnR/CBPR beyond what we already know?
- What challenges were experienced in using CEnR/BPR beyond what we already know?
- Are the authors critically reflecting on the use of CEnR/CBPR?

Example: Value of CEnR Approach

The CBPR process for writing and using one-pagers that is described herein provides an example of how community–academic partnerships can build on their diversity to succinctly communicate their research findings to policy makers. In addition to gaining skills in policy advocacy, the subcommittee’s experience built on the partnership’s capacity to work collaboratively by reinforcing trust and respect among the subcommittee members for their individual contributions. The experience also strengthened the partnership’s capacity to engage in policy work as one component of a broader effort to influence change. Consistent with the CBPR principle that calls for co-learning among all partners, the CBPR process described herein fostered reciprocal exchange of skills and knowledge among the subcommittee members; the one-pagers could not have been written or presented to policy makers without the expertise contributed by the community and academic partners who were involved in the subcommittee. As a result, the skills and knowledge shared will remain within the partnership.

Izumi et al. (2010). *Progress in Community Health Partnerships*, 4 (2), 141-147.

Example: Value of CEnR Approach

The main outcome of the intervention, mean weight loss was modest (-1.5 kg) compared with other studies in the literature. However, few studies have used fully engaged CBPR approaches to translate the DPP-LI or were conducted in community settings with high-risk populations, such as NHOPIs. Thus, our study adds to the existing literature of approaches to translating research into minority communities through the use of CBPR approaches as a viable option. In particular, CBPR approaches offer the added benefit of building capacity within these difficult to reach communities for future translational studies. Forming partnerships that provide direct benefits to racial/ethnic minority populations, such as NHOPIs, also addresses another public health imperative the elimination of health and health care disparities. Thus, our preliminary results suggests that CBPR may be a promising way of both reducing the development of health disparities but also offers the promise of assisting communities to confront health disparities by becoming actively involved in research.

Mau et al. (2010). *Progress in Community Health Partnerships*, 4 (1), 7-16.

Summary

- **Pay** attention to principles for each part of a paper
- **Reinforce** text with strategically selected & clearly labeled tables & figures
- **Explain** why CBPR approach used
- **Specify** how participatory approach were used
- **Specify** what CBPR approach added to results



Progress in Community Health Partnerships journal

- http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/



PCHP

Article Types

1. Original Research—findings from a CBPR study; interested in array of research designs and methods
2. Work in progress/Lessons Learned—lessons learned from the process of developing, implementing, evaluating, and disseminating participatory research or evaluation projects
3. Theory and Methods--theoretical, methodological, and/or analytic techniques and approaches useful in the conduct of research involving community health partnerships
4. Policy and Practice—translation of research into policy and practice at multiple levels



PCHP

Article Types (cont...)

5. Education and Training—descriptions and/or evaluations of training and education involving community health partnerships, including workshops, classes, seminars, webcasts, or other learning methods
6. Practical Tools--tools and resources that facilitate the work of community health partnerships
7. Community Perspective—descriptions of the perspectives' of community stakeholders involved in CBPR project
8. Systematic Reviews--systematic review of aspects of CBPR using evidence-based methods



Features of PCHP Review Process

- All articles peer-reviewed by academic and community reviewers
- Editorial Team comprised of academic and community partners; weekly meetings to discuss manuscript

Will an article be viewed as having value for community stakeholders?



Tips for Navigating the PCHP Peer Review Process

- Priority given to articles that:
 - Have high public health significance
 - Describe work done with understudied populations
 - Provide **NEW** insights into the process of conducting CEnR
- Degree of community involvement influences the priority given to manuscripts
- Submissions from community organizations are strongly encouraged (community perspective section), but need to comment on partnership with academic researchers