

Podcast Interview Transcript

Catherine Jordan, Shannon Pergament, and Darius Tandon

In each volume of *Progress in Community Health Partnerships: Research, Education, and Action*, the PCHP editors select one article for our *Beyond the Manuscript* podcast interview with the authors. *Beyond the Manuscript* provides authors with the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript. *Beyond the Manuscript* podcasts are available for download on the journal's web site (<http://www.press.jhu.edu/journals/pchp>). This issue's *Beyond the Manuscript* podcast was conducted by Deputy Editor Darius Tandon and features Cathy Jordan and Shannon Pergament, the lead author and community partner for "CES4Health.info: An Online Tool for Peer Reviewing and Disseminating Diverse Products of Community-Engaged Scholarship." The following is an edited transcript of the *Beyond the Manuscript* podcast.

Darius Tandon:

Cathy and Shannon, thank you for your excellent submission to PCHP on CES4Health. You make the point that community-engaged scholars and community partners are aware of the limited impact that journal articles may have on community stakeholders, because community stakeholders may have limited access to scholarly literature.

There may be less applied language used in journal articles. But researchers do value the peer review format for dissemination. I'm wondering are there ways for the products reviewed by CES4Health to be integrated into the peer reviewed journal format to make them more accessible to researchers, or whether you even think that this is an approach that should be pursued?

Cathy Jordan:

It's important to support CES4Health products as credible, standalone publications that don't necessarily need to also be submitted to journals. While researchers do access traditional literature, CES4Health products are completely open-access. Researchers can and do access them. The accompanying application with the product is also part of that published product. The content of that application actually covers a lot of what would be in a manuscript in terms of scholarly grounding, rigor of the approach, and impact.

A lot of what would be in a manuscript is already built into the CES4Health published package. However, I think there are potential opportunities. For instance, joint calls for submission where CES4Health issues a call for products and a collaborating journal issues a call for accompanying articles. The article might provide details about evaluation of the product's impact or development of the project that led to the product. Authors might do this on their own, independent of a call for submissions, as well. There are lots of opportunities there.

However, I don't want to take away from the idea that a CES4Health product can be a credible, standalone publication.

Darius Tandon:

The next question is something certainly I'd be interested in both of your perspectives on. You note in the manuscript that most of the authors who have submitted to CES4Health were affiliated with academic institutions. And I'm curious if there are processes in place or some sort of development that you're thinking about for encouraging community partners to submit materials to CES4Health?

Cathy Jordan:

We advertise through CCPH, Community Campus Partnerships for Health, which does reach a number of community partners. The CES4Health website encourages community authors to submit – but given that a primary emphasis of CES4Health is the peer review part, I think it's just more likely that academics are going to see that as relevant and highly valuable. I think it's just part of the academic culture and not as much part of the community culture. But Shannon, do you have a perspective on how we might encourage community members to take that lead in submitting products?

Shannon Pergament:

It's a process that will build on itself. As academic partners become more familiar with the opportunity they'll pass that information on to their community partners who, in turn, might take the lead on submitting a product, or who could educate others who might be interested. As a community reviewer, I've promoted CES4Health to the communities I'm working with in CBPR partnerships. So involving more community members in the review process could be another avenue.

My sense is that it would be something that community academic partnerships would pursue together. As partnerships or community initiatives use the website as a resource for tools and best practices, I think awareness will grow.

Darius Tandon:

You point out that you've received a number of submissions—and I think it's actually quite an impressive number given the amount of time that you have been interested in obtaining submissions—you also note some comments from users of CES4Health saying that as the site develops there will be more resources available making CES4Health more powerful.

I'm wondering whether there are thoughts that you have or any plans in place to solicit specific types of products that the field of community-engaged research would benefit from having access to. Also, maybe a little bit along the lines of whether or not you're partnering with any national organizations to increase the number of submissions that may come in to CES4Health in the coming months.

Cathy Jordan:

We are in the process of or have already completed, some calls for products. In the fall, we had a call for products about immigrant and refugee health that resulted in an uptick in submissions both about that topic and I think generally. – I think these product calls provide chances to advertise CES4Health more broadly, and that's helpful. It's just a little added PR, and that increases the submission rate. We're also doing lots of presentations on CES4Health at conferences.

We're having educational conference calls—consultation calls assisting people in thinking through what kind of products they might submit. I think those will be helpful. We're also collaborating with Imagining America to increase submissions of products of community-engaged scholarship that are at the intersection of arts,

humanities and health. And we're collaborating with the Native Research Network to increase submissions of products in aboriginal and indigenous health. Both those will involve themed calls for products.

We suspect that PCHP authors may have other products of their work that would be appropriate submissions for CES4Health. We've done a lot of talking about how PCHP can work with CES4Health to increase submissions by, in the acceptance letters, inviting people to consider submitting a related product to CES4Health.

Whenever we hear of a CBPR, or some sort of related article, being published in a journal, we email that author inviting them to submit products of their work to CES4Health. Often, the article might mention that they have developed a curriculum or a tool, and if that appears to be a possible appropriate product, we'll absolutely target that author and ask them, "Would you be interested in submitting that curriculum or that tool to CES4Health?"

Darius Tandon:

One of the things that I was curious about, and I think our editorial team was also interested in hearing more about, is whether there were any cases where academic and community-based reviewers have had different perspectives on the value of a product that was submitted to CES4Health. That's Part A of the question, and Part B would be how would CES4Health handle a situation in which different groups may value a product differently?

Cathy Jordan:

There are almost always some inconsistencies among reviewers. Some say "accept" or "accept with revisions". Somebody else might say "reject", but I don't think there's been a distinct pattern. Sometimes one appears to be more lenient or more strict, but it's not the case that the academic reviewer tends to be more strict and the community member tends to be more lenient or more enthusiastic about the product.

Sometimes the community reviewer is more strict. They seem to be in the best position to know whether that resource will be valuable or if it's duplicating something that already exists. And I can think of more cases where it's been the situation that the community reviewer has said, "We don't actually see that this is going to add value in the community," whereas the academic may say, "Well, it's rigorous; it should be out there."

I think that it's an easy situation, and it's most often the case that one or more reviewers suggest accepting the product outright, and others suggest that it should be revised. That's easy. We just ask for revisions to that the product and the accompanying application so they are the best they can be. It's more difficult when you have one saying "accept" and one saying "reject." Then you really need to look at what are they actually saying here? Are they talking about rigor? Are they talking about value to the community? And I think it's a case-by-case basis.

Shannon, I know you don't really have benefit of seeing across reviewers. You see the products that you are reviewing, so you don't see that pattern, but as a community reviewer do you have thoughts on this idea and how, and in what situations, we may weight different stakeholders' opinions differently?

Shannon Pergament:

I won't claim to have an expert opinion on this, but I can imagine that while you would expect community and academic reviewers to have discrete areas of expertise to bring to the review process, there would be overlap between the types of critiques those reviewers would give. Ideally, you would have community reviewers with a strong background in research and CBPR and academic reviewers with a strong background in community-based work and CBPR. It could be hard or possibly even undesirable to weight the opinions of different types of stakeholders differently.

Darius Tandon:

I'm struck by one of the things you just mentioned, Cathy, about this notion of community reviewers perhaps being a little bit more critical and really having an eye toward does this product add value for the community. I'm wondering if either of you could comment on that? What has been your experience on what community reviewers define as value, or have there been any specific reviewer comments like, "Well, how could this product be further developed to enhance its value for different community audiences?"

Cathy Jordan:

Well, I can think of situations where the community reviewer who has really practical expertise in this particular area would say, "This particular product is really not that new. We have existing tools that we've been using, and frankly what we already are using is better," for example. And in that case, I think it's important to listen to that, that maybe this is not seen as as high quality as what already exists. It doesn't fill a gap.

Maybe we should think twice about putting that out there, unless there's really a strong reason to think that it contributes to the knowledge base in ways that perhaps the existing resources out there might not. So again, it's a case-by-case sort of thing.

Shannon Pergament:

I would add that – just anecdotally as a community reviewer—what I find myself looking for is, among other things, the strength of the participation of community in the process, and that that information comes through in the application process. So where an academic reviewer might be more accepting of that at a lesser level, I feel as a community member or a community reviewer, I have a responsibility to really look at the depth and breadth of community participation in a particular – in the development of a particular product.

Cathy Jordan:

That's a really important point, and numerous times we have had academics say, "This looks like it would be a useful tool. It's got some rigor behind it. But it's the community reviewers that point out that this really was not a community-engaged process. And therefore, it's really not in alignment with what CES4Health is trying to do and that I find is absolutely critical. We'll weigh that feedback heavily in the final decision, because it's a primary criteria for CES4Health—that it's been a community-engaged process.

Darius Tandon:

A final question readers of PCHP will be interested in hearing is what's the model for sustaining CES4Health over time? Has there been thought given to what CES4Health might look like a few years down the road?

Cathy Jordan:

We're seeking additional funds so that we can improve all of the online features and do some more creative sorts of things that will keep interest high. And the more that we can do – these partnership sorts of opportunities with journals and professional societies and folks who are doing conferences – the more we can keep interest high and seek new audiences – targeted audiences but also more diverse audiences.

A fun and important direction that CES4Health needs to go in is focusing a little bit on the other end of the equation. Right now we are putting most of our emphasis on getting submissions in, doing a good job with the review process, and once they're published, other than some PR about them on list serves and that sort of thing, we have not focused on the side of the equation that's about application of those resources in communities.

How can we really get people to use these and apply these in some way? And I think that's a whole new opportunity that we have yet to explore.

Darius Tandon:

I thank you both for really a wonderful article, and wish you the best of luck with CES4Health in the future. And I do think that your last point, Cathy, about ways to get folks to use the products that are featured in CES4Health as well as products featured in traditional peer reviewed journals is absolutely an important point for all of us to be thinking about.