



Instructions for Authors

Mission

The mission of the Journal is to facilitate dissemination of programs that use community partnerships to improve public health, to promote progress in the methods of research and education involving community health partnerships, and to stimulate action that will improve the health of people throughout the world. Communities, as defined by the Journal, may be based on geography, shared interests, or social networks. The Journal is dedicated to supporting the broad range of work of community health partnerships that involve ongoing collaboration of community representatives, and academic, public, or private organizations. This includes but is not limited to the area of research that is referred to as community-based participatory research (CBPR) (see [Viswanathan et al., 2004](#)). The W. K. Kellogg Foundation defines CBPR as “*a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities*” (adapted from [Israel et al., 1998](#)). Participatory research has also been defined as “*systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change,*” (see [Guidelines and Categories for Classifying Participatory Research Projects in Health](#)).

Submission of Manuscripts

To submit a manuscript, authors should use the Journal’s web-based system *Manuscript Central* at <http://mc.manuscriptcentral.com/pchp>. If an author has trouble accessing the site, please contact the editorial office (email mnewgent@jhmi.edu; phone 410-955-6669; fax 410-955-0825).

The Journal welcomes submissions of manuscripts that deal with any health-related application of participatory research and evaluation, along the continuum of research from work-in-progress through translation into policy and practice. Health-related applications may include articles on health determinants, health outcomes, health services, health promotion, and diagnosis or treatment of disease. The Journal is particularly interested in studies that seek to improve health or healthcare delivery in underserved communities nationally and internationally.



General Instructions

All manuscripts will be considered if they have not been previously published and are not under review elsewhere. Manuscripts should follow the guidelines in the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” which can be found at <http://www.icmje.org/>. All manuscripts undergo peer review.

Emphasis on Partnerships

The Journal will consider the extent to which community members were partners in the work when assigning priority to manuscripts. The minimum expectation is that community members collaborated with project leaders in at least one important phase of the work, such as study design, implementation, or evaluation, in addition to participating in the preparation of the manuscript. Authors should avoid describing research participants as “subjects.” Instead, authors should provide a specific and appropriate description of the study participants.

We encourage authors to refer to the published principles of community partnerships. Please see:

- [Community Campus Partnerships for Health: Principles of Good Community Campus Partnerships](#)
- [Israel, BA, Schulz, AJ, & Becker, AB. Review of community-based research: Assessing partnership approaches to improve public health. *Annu Rev. Public Health.* 1998. 19:173–202.](#)
- [Guidelines and Categories for Classifying Participatory Research Projects in Health.](#)
- [A Vision for Progress in Community Health Partnerships](#)

Authorship Guidelines

Authorship is a way of assigning responsibility and giving credit for intellectual work. Everyone who is listed as an author should have made a substantial, direct, intellectual contribution to the manuscript. For example, in the case of an Original Research report, authors should have contributed to the conception, design, analysis, and/or interpretation of data. ***All authors should participate in writing the manuscript by reviewing drafts and approving the final version.*** The corresponding author must submit with the manuscript a list of all authors and their specific roles in preparing the manuscript. Due to the nature of participatory work there may be instances when some members of the partnership do not meet the requirements of authorship stated above, despite having an integral role in the work. If a community organization or representative contributed to the study project but did not contribute to the preparation of the manuscript, that organization or representative should at least be listed in an acknowledgement along with



the list of authors and their roles. We hope that community partners will have an opportunity to contribute to one or more aspects of a project (i.e., conception, design, analysis, or interpretation) and contribute to the manuscript so that they can be included as authors.

Institutional Review Board Approval

All applicable research projects requiring IRB approval should be described in the Methods section of the manuscript.

Organization of Manuscript and Writing Style

For guidance on how to write about CBPR please refer to the details contained in [Guidelines for Writing Manuscripts About Community-Based Participatory Research for Peer-Reviewed Journals](#) by Bordeaux et al. (PCHP 2007; 3). This article is publicly available, just click the hyperlinked text. We urge authors to use the active voice when writing all manuscripts.

Title Page

The title page should list the authors and their organizational affiliations after the title of the manuscript. Use superscript numbers to designate institutional affiliations for each author. ***Manuscript titles must not exceed 15 words.*** The title page should also include a word count for the abstract, and a word count for the body of the paper (excluding the abstract, acknowledgements, references, tables and figures).

Abstract

Unless specified otherwise for a specific section of the Journal, all manuscripts should contain a **structured abstract with headings for Background, Objectives, Methods, Results, and Conclusions.** Please see the guidelines for each section below for the appropriate length of abstracts.

Keywords

The Journal requires authors to select keywords that reflect the content of their manuscript. Authors are required to select at least five keywords, and may choose as many as 10. Authors can choose from the Journal's keyword list, which is based on the [National Library of Medicine's Medical Subject Headings \(MeSH\)](#), use the [MeSH tree headings](#) to find more specific keywords, or enter their own keywords. The keywords selected will help the editorial office identify appropriate reviewers for each manuscript.



References

Authors should number references consecutively in the text and list them at the end of the article in the order in which they are cited. Authors are responsible for the completeness and accuracy of references. To ensure the accuracy of your references please use the [PubMed Single Citation Matcher](#). Abbreviations for titles of medical periodicals should conform to those used in the latest edition of Index Medicus and on MEDLINE. The [List of Journals Indexed in Index Medicus](#) includes the latest abbreviations.

Tables

Number tables consecutively in the text and print each table on a separate page. Include a brief title for each table, and define all abbreviations and units of measure used in the table. **Be sure to label all column and row headings clearly.**

Figures

Number figures consecutively in the text, and print each figure on a separate page. Include a brief title for each figure. Illustrations and photographs should be professionally rendered, and all letters, numbers, and symbols must be clear and large enough to remain legible when reduced for publication. For photographs of people, provide written permission from the individuals. Print legends on a separate page at the end of the manuscript. **Legends should enable readers to understand the figure without referring to the text.** Include an appropriate credit line for all previously published figures and provide written permission.

Conflict of Interest Disclosure

All lead authors or corresponding authors must complete and sign a conflict of interest disclosure form. COI disclosure forms are available for download during the submission process and a copy of the form is at on page 15 of this document. FAX completed COI forms to PCHP, Managing Editor, Mark Newgent at 410-955-0825.

Publication Agreement

All lead authors or corresponding authors must also complete and sign a Johns Hopkins University Press Publication Agreement. This form is available to authors during the submission process. FAX completed COI forms to PCHP, Managing Editor, Mark Newgent at 410-955-0825.



Community/Policy Brief

PLEASE NOTE THAT OUR COMMUNITY POLICY BRIEF FORMAT HAS CHANGED

All Original Research and Systematic Review submissions must have an accompanying Community Policy brief of 800-1,000 words. The brief should be a summary of the manuscript written in non-technical language. The Community Policy Brief is intended to inform community-based organizations, public health policy makers, and other individuals whose primary interest is not research, but who would be interested in the application and translation of research findings for practical purposes. Community Policy Briefs should include short bulleted text to answer the questions under each of the following headings:

- **What is the Purpose of this Study/Review?**
- **What is the Problem?**
- **What are the Findings?**
- **Who Should Care Most?**
- **Recommendation for Action**

Please see [here](#) for sample versions of the updated Community Policy Brief format

Samples of Community Policy Brief Format

[Nyamathi A, Smith DM, Shoptaw S, et al. Perceptions of Methadone Maintained Clients about Barriers and Facilitators to Help-Seeking Behavior. *Progress in Community Health Partnerships: Research, Education, and Action*. 2007 in press.](#)

[Gibbons M, Tyus NC. Systematic evidence review of U.S.-based randomized controlled trials using community health workers. *Progress in Community Health Partnerships: Research, Education, and Action*. 2007 in press.](#)

Suggesting Community Reviewers

Authors are encouraged to suggest 1-3 community members we could ask to serve as reviewers of their manuscript. The Journal will ask at least one community member, who is not an author of the manuscript to answer the following questions:

1. Does this manuscript give any information that would help you in your community work? If yes, how? If no, why not?
2. Do you think that this manuscript would be useful to other communities? If yes, how? If no, why not?



3. How satisfied are you with the input that community members had into the work described in the manuscript?
4. If you have any suggestions for how the authors could make the manuscript more useful to you, please explain.

Instructions for Specific Types of Articles

The Journal encourages submission of work that fits any of the types of articles described below. If an author has a creative idea for a manuscript that does not fit one of the listed types, the author should contact the editorial office before submission (email mnewgent@jhmi.edu; phone 410-955-6669; fax 410-955-0825).

1. Original Research

The Journal seeks to publish original research conducted using a participatory approach. The Journal is interested in a variety of research designs (experimental and observational) and methods (qualitative, quantitative, and mixed-method). For examples of the general principles of participatory research or CBPR, please see the following references in our bibliography below by: Israel, Schulz, and Becker (1998); Israel et al. (2005); Minkler (2005); and O'Toole et al. (2003).

The Editors will ask the authors of some accepted manuscripts to identify community partners who could be interviewed about the project for our *Beyond the Manuscript* podcast. *Beyond the Manuscript* will feature a member of the editorial team interviewing the author and the partner(s). A transcript of the podcast will be published in a question and answer format along with the accepted manuscript. The podcast itself will be available on the Journal's website. *Beyond the Manuscript* will allow for more detailed exploration of issues related to one or more aspects of the study described in the accepted manuscript (e.g., project initiation, implementation, or translation into practice). *Beyond the Manuscript* allows listeners/readers to obtain details on the process of conducting a study that may not ordinarily appear in print.

All manuscripts submitted as original research are limited to a maximum of 4,000 words. Authors must submit a ***structured abstract*** of no more than 250 words, with the following headings: **Background, Objectives, Methods, Results, and Conclusions**.

The body of the manuscript should include four sections, Introduction, Methods, Results, and Discussion.

The Introduction should address the following types of questions:

- What is the problem being studied?
- Why are the methods of CBPR needed to address the problem?



The Methods section should address the following questions in addition to other aspects of the methods:

- How was the target community defined?
- How was the community partnership established?
- What role did the community members have in each stage of the project, such as design, implementation and analysis?
- What was done to obtain approval by an Institutional Review Board?

The Results section should consider the following questions:

- What were the results of addressing the stated objectives?
- Were there any other community-level effects (process or outcome)?

The Discussion section should consider whether any of the following questions apply:

- What are the new contributions of this research?
- What challenges were encountered when conducting the study and what lessons were learned?
- What were the limitations of the study?
- How were the results shared with the community?
- How do the results apply to other communities? (please see [Green & Glasgow \(2006\)](#) for questions to consider when addressing applicability of the study.
- What are the implications for clinical practice, health education, public health policy, or future research?

Authors submitting reports of randomized control trials (RCT) must follow the CONSORT guidelines. The CONSORT guidelines offer researchers a clear method of reporting. The guidelines consist of a flow chart and checklist, and are available for download at <http://www.consort-statement.org/>. If reporting results of a study using a non-randomized design, authors should use the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) checklist for standardized reporting of non-randomized controlled trials. The checklist may be downloaded at <http://www.trend-statement.org/asp/trend.asp>. For reports of studies of the accuracy and use of diagnostic tests, authors should follow the recommendations of the Standards for Reporting of Diagnostic Accuracy (STARD) statement, available for download at <http://www.consort-statement.org/stardstatement.htm>

All original research submissions must have an accompanying Community/Policy brief of 800-1,000 words. Please see the instructions for Community/Policy Briefs on page 4.



2. Work-in-Progress and Lessons Learned

Work-in-Progress manuscripts should describe quantitative and/or qualitative data that was collected during the early stages of a participatory research or evaluation project. Manuscripts should describe how findings from early stages of research project are being used to influence subsequent research activities. Examples include quantitative and/or qualitative data collected to shape services or interventions, design appropriate methods for subsequent studies, and plan evaluations.

The Journal also seeks manuscripts that describe lessons learned from a participatory research, education, or program evaluation project. Lessons Learned manuscripts should describe “process” issues and challenges related to one or more aspects of a participatory research or evaluation project. For example, lessons learned may relate to power sharing, funding allocation, monetary control, community organizing, or collaboration between partners.

Manuscripts submitted to Work-in-Progress and Lessons Learned should be no more than 2,000 words with a **structured abstract** of no more than 150 words. The abstract should have headings for Background, Objectives, Methods, Results (or Lessons Learned), and Conclusions.

3. Community Perspective

The Journal seeks manuscripts that are explicitly written for general audiences. These submissions may focus on issues related to community health research, education, policy, or practice. They should be written in a style and manner that reflect the language of the public. These manuscripts or essays need not follow a traditional format. Authors are encouraged to be creative in their submissions.

Examples include but are not limited to community perspectives on: (a) involvement in a participatory research or evaluation project, (b) health issues currently understudied that need further attention from community health partnerships, (c) communities that are understudied, (d) ideas for education and training, (e) events and approaches to promote the use of community health partnerships, and (f) experience translating research into public health policy and clinical practice. Community Perspectives should be no more than 2,000 words, and should have an **unstructured abstract** of no more than 150 words.



4. Policy and Practice

The Journal seeks manuscripts that cover a wide range of current or emerging issues in public health policy and clinical practice that are relevant to community health partnerships. Submissions related to policy and practice should reflect an understanding of available evidence on the topic and the implications of that evidence for directing action and social change. The Journal will consider a broad spectrum of topics including articles about: conducting health policy analysis and advocacy; informing public, institutional, or organizational policy on health, disease prevention and ethical issues; describing implementation of policies at local, state, and federal levels; addressing regulatory issues; and developing new perspectives in policy formation, implementation, and modification.

In the area of practice, the Journal seeks manuscripts that deal with: translation of research findings to clinical practice; research findings that are ready to be used by healthcare decision makers; and practical ideas, procedures, and activities focusing upon models that guide clinical practitioners' work. Emphasis should be placed on translation of research into policy and practice, and subsequent sustainability. Manuscripts also should incorporate a community perspective on the subject of the paper.

Some submissions to the Policy and Practice section may qualify as original research and may be redirected to that section at the discretion of the editors.

Policy and Practice manuscripts must contain an introduction that identifies the problem and clearly explains the purpose of the paper. Authors should not merely review evidence but offer new principles or make new recommendations, and clearly identify them in the article. Authors must also clearly demonstrate how they came to those principles or recommendations, and how a partnership approach contributed. Authors should consider including tables (e.g., to highlight key principles or recommendations) and figures (e.g., to show a conceptual model of the topic).

Policy and Practice manuscripts should be no longer than 3,000 words, with a **structured abstract** of no more than 150 words. Policy and Practice abstracts should have the following headings: **The Problem, Purpose of Article, Key Points, and Conclusion(s)**.

5. Theory and Methods

This section of the Journal seeks submissions describing theoretical, methodological, and/or analytic techniques and approaches useful in the conduct of research involving community health partnerships. For example, topics may include: studies on how to measure outcomes and generalizability of participatory research; use of appropriate analytic techniques for group randomized trials; analyses of current and emerging theoretical, behavioral, and conceptual models used in participatory research studies; and



testing the application of these models in the field. This section also seeks articles that address methodological issues related to assessing academic/community partnerships and/or how the partnership development influences individual and/or group-level health outcomes.

Manuscripts submitted for this section should address the following questions:

- What is the theoretical, methodological, or analytic technique/approach?
- Is this technique/approach relevant to community health partnerships?
- What are recommendations regarding use of the technique/approach?

Theory and Methods manuscripts must be no longer than 3,000 words with a ***structured abstract*** of no more than 250 words. The abstract should include headings for Background, Objectives, Methods, and Conclusions.

6. Education and Training

This section of the Journal seeks to publish articles that describe and evaluate training and education involving community health partnerships, including workshops, classes, seminars, webcasts, or other learning methods. Manuscripts submitted to this section should focus on education/training for health and human service professionals in practice or in training, for community residents and leaders, or for other groups that have an interest in community health. Examples of submissions for this section are: assessing the quality and impact of training in CBPR; evaluating curricula to be used in community health partnerships; discussing strategies for training community members in research methods; and developing innovative curricula for courses, conferences and seminars on CBPR for academicians or community agencies.

Manuscripts submitted for this section should address the following questions that are relevant to the design, implementation and evaluation of an educational program, (please see Kern et al., 1998 for additional discussion of these questions.)

- What is the health problem and why is education needed to address the problem?
- Who are the targeted learners and what are their specific needs?
- What are the specific objectives of the education/training?
- What educational strategies were used to deliver the content?
- How was the educational activity implemented?
- How was the educational activity evaluated, and what were the results of the evaluation?
- What are the recommendations for future use of the educational activity?



Education and Training manuscripts should be no longer than 3,000 words with a **structured abstract** of no more than 250 words. The abstract should include headings for Background, Objectives, Methods, and Conclusions. Liberal use of appendices is encouraged; appendices will not count toward the word limit for the manuscript if they are to be published only in the electronic version of the Journal.

7. Practical Tools

The Journal seeks manuscripts that describe practical tools and resources that facilitate the work of community health partnerships. Examples include: a resource manual on developing relationships between academic and community partners, such as use of a memorandum of understanding (MOU); instructions on the use of academic/community advisory boards; guides on how to collaboratively decide upon study methods and methodologies; books on research methods for conducting participatory research and evaluation; websites and on-line resources and; instruments/questionnaires.

Submitted manuscripts should consider the following questions:

- What is the tool and what is its purpose?
- Why was the tool needed?
- How was the tool developed?
- Who are the intended users of the tool?
- How should the tool be used?
- Has the tool been evaluated or tested in the field? If yes, what are findings or lessons learned?

Practical Tools manuscripts must be no longer than 2,000 words with a **unstructured abstract** of no more than 150 words.

8. Systematic Reviews

The Journal will consider systematic reviews using evidence-based methods. Examples of manuscripts appropriate for this section include, but are not limited to: meta-analyses that examine effect sizes of health outcomes achieved by participatory research; reviews of the effectiveness of community health workers in participatory research and evaluation; and reviews of approaches for facilitating the translation of participatory research into practice.

Systematic reviews of observational studies should follow the recommendations of the Meta-analysis of Observational Studies in Epidemiology (MOOSE) group. See the article by [Stroup et. al \(2000\)](#) for the current MOOSE guidelines. Reviews of randomized controlled trials should follow the recommendations of the Quality of Reporting of Meta-analyses (QUOROM) statement. The QUOROM statement may be downloaded at <http://www.consort-statement.org/QUOROM.pdf>. All reports should include a flow diagram of study inclusion and exclusion.



Systematic Reviews manuscripts should be no more than 3,000 words with a **structured abstract** of no more than 250 words. The abstract headings should include Objectives, Data Sources, Review Methods, Results, and Conclusions. Liberal use of appendices is encouraged; appendices will not count toward the word limit for the manuscript if they are to be published only in the electronic version of the Journal. Systematic Reviews should include a **Community/Policy Brief** (see previous instructions about the Community/Policy Brief).

9. Invited Editorials

The editors will solicit editorials of about 1,000 words on some of the manuscripts that are selected for publication.



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PCHP Conflict of Interest Disclosure Statement

The Journal requires the corresponding author to complete this form about potential conflicts of interest for each author listed on the manuscript. Potential conflicts do not imply impropriety but could directly or indirectly affect the conduct, outcome, or reporting of any scholarly activity. Although it may not be possible to avoid all potential conflicts authors must disclose any conflicts before a manuscript will be considered for publication. Potential conflicts of interest exist when an author is associated with a company or institution in any of the ways listed below. Each author and any potential conflict must be listed and explained. Please insert the appropriate number next to each author’s name and provide an explanation of the conflict.

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|--|-------------------------------|
| 0. None | 7. Patents received |
| 1. Employment | 9. Patents pending or pending |
| 2. Consultancies or honoraria | 9. Royalties |
| 3. Honoraria | 10. Other relationships |
| 4. Stock ownership/options (other than mutual funds) | (please specify below) |
| 5. Expert testimony | |
| 6. Grants received or pending | |

Author’s Name	Number	Explanation of Conflict
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Date _____