CES4Health.info: Development of a Mechanism for the Peer Review and Dissemination of Innovative Products of Community-Engaged Scholarship

Catherine M. Jordan [1], Sarena D. Seifer [2], Lorilee R. Sandmann [3], and Sherril B. Gelmon [4]

Community-engaged research, teaching, and service can result in the development of innovative products intended for application by diverse stakeholders that include practitioners, policymakers, nonprofit organizations, community members, and academics. Such products may take the form of manuals, policy briefs, curricula, slide presentations, video presentations and websites, for examples. Currently, there is no accepted mechanism in place to peer review these products, and their dissemination is often limited to the community with which the engaged work was conducted. As a result, these products may not "count" in the promotion and tenure process, and opportunities for community impact may be lost. This paper describes the development and pilot testing of CES4Health.info, a mechanism for the rigorous peer review and online dissemination of products of community-engaged scholarship that are in forms other than journal articles.

Introduction

Community-engaged research, teaching, and service can result in the development, often in collaboration with community members, of innovative products intended for application by a diverse array of stakeholders that include practitioners, policymakers, nonprofit organizations, community members, and academics. Such products may take the form of manuals, policy briefs, curricula, slide presentations, video presentations, and websites, for example. (Calleson, Jordan, & Seifer, 2005). When approached in a scholarly manner, such products are grounded in evidence and of high quality. The dissemination of these innovative products is often restricted to the community (geographic or otherwise) with which the engaged work was conducted, and they rarely see broader dissemination or critical review. As a result, these products may not "count" in the promotion and tenure process, and opportunities for community impact may be lost (Calleson, Jordan, & Seifer, 2005).

This situation results from two challenges. First, peer review and dissemination are cornerstones of academic culture and requirements of the promotion and tenure process. Journal articles are widely available, though intended primarily for academic audiences, and the critical peer review process assures promotion and tenure committee members of the quality of the work. In contrast, there is no accepted mechanism for the peer review, publication, and dissemination of products of community-engaged scholarship (CES) that are not in the form of journal articles, beyond the practices of some individual institutions. Second, faculty sometimes fail to see the scholarly opportunities within their engaged activities and either do not develop products in a scholarly manner or consider the possibility that their products could be peer reviewed and disseminated more broadly.

These challenges are compounded by several traditions embedded in the promotion and tenure system (Steckler & Dodds, 1998). First, promotion and tenure committee members and the codes they follow tend to have a limited view of impact. They rely on the record of publication in peer-reviewed journals and the impact scores of those journals as the gold standard. Impact in communities, changes in policies, program improvement, and other evidence of benefit from application of the work is rarely considered. Second, promotion and tenure is about the individual achievements and contributions of the faculty candidate. Promotion and tenure committees place weight on the number of first-authored publications. However, almost by definition, engaged work and its resulting products are a group effort, and credit for production of the work and its impact is shared.

Author Information [1] Associate Professor of Pediatrics and Neurology, Director, Children, Youth and Family Consortium, University of Minnesota, 270A McNamara Alumni Center, 2000 Oak Street SE, Minneapolis, MN, 55455. [2] Founding Executive Director, Community-Campus Partnerships for Health, UW Box 354809, Seattle, WA, 98195-4809. [3] Associate Professor, Department of Lifelong Education, Administration and Policy, University of Georgia, 850 College Station Road, 413 River's Crossing Building, Athens, GA 30606. [4] Professor of Public Health, Chair, Division of Public Administration, Mark O. Hatfield School of Government, Portland State University, PO Box 751, Portland, OR, 97207-0751.

Third, at many universities promotion and tenure guidelines for advancement to senior ranks require demonstration of leadership in the field and a national or international reputation. However, because of the intense relationship and considerable investment in building trust between community members and the faculty member, community-engaged scholars often, at least early in their careers, develop a local reputation, and the products developed are often able only to demonstrate local impact.

These challenges are well documented in the fields of health and public health (Examining Community-Institutional Partnerships for Prevention Research Group, 2006; Institute of Medicine, 2002; Seifer & Calleson, 2004). In its 2005 report, *Linking Scholarship and Communities*, the Kellogg Commission on Community-Engaged Scholarship in the Health Professions recommended that "recognizing that many products of community-engaged scholarship are not currently peer reviewed, a national board should be established to facilitate a peer review process" (Kellogg Commission on Community-Engaged Scholarship in the Health Professions, 2005). The Commission described the proposed board in some detail, indicating that the peer review process should be based on credible criteria for quality CES and that reviewers would include both community and academic peers. In a process comparable to manuscript review by journals, products would be reviewed on an ongoing basis, rather than only when a faculty member's portfolio is being prepared for promotion and/or tenure review.

Community-Campus Partnerships for Health (CCPH), the organization that staffed the Commission, subsequently sought and obtained two grants from the Fund for the Improvement of Postsecondary Education (FIPSE) in the US Department of Education to implement this recommendation. The first grant (2004-2007) supported the Community-Engaged Scholarship for Health Collaborative, a national initiative that built capacity for CES in eight health professional schools, with a particular focus on aligning promotion and tenure systems with CES. One of the products developed by the Collaborative was a set of criteria that defined quality CES and could be used by promotion and tenure committees when reviewing dossiers submitted by community-engaged faculty members (Jordan, 2007). The second grant (2007-2010), submitted in partnership with the University of Minnesota and the University of North Carolina at Chapel Hill (both Collaborative members), is supporting Faculty for the Engaged Campus, a national initiative that aims to strengthen community-engaged career paths in the academy by, among other strategies, facilitating peer review and dissemination of products of community-engaged scholarship (Faculty for the Engaged Campus, 2007). The

proposal conceptualized the mechanism for peer review and dissemination as "CES4Health.info" — an online portal overseen by a diverse editorial board comprised of individuals from community-based organizations, academic institutions, national health organizations, government, and philanthropy.

From its inception, CES4Health.info has sought to become a prestigious peer-reviewed venue through which community-engaged faculty members would publish and disseminate their products of CES and increase the likelihood these products will "count" toward promotion and/or tenure and be widely disseminated and utilized. For example, over time community-engaged faculty would be expected to submit their products of CES for peer review, note them in the peer-reviewed publications section of their curriculum vitae, and have those products be recognized as peer-reviewed scholarly products in the faculty review, promotion, and/or tenure process. CES4Health.info has sought to be an accessible tool for community leaders and groups that are searching for high-quality resources to help address issues and challenges in their communities without having to "reinvent the wheel." For example, a community clinic seeking to develop a community health worker program could search CES4Health.info to identify community health worker training manuals; a church seeking to develop a wellness program could search CES4Health.info to identify a resource guide to faith-based health education programs; and so forth.

Development of CES4Health.info

To guide the development of CES4Health.info, a six-member design team coordinated by the first author was established in December of 2007 and completed its work in early 2009. Design team members reflected community and academic perspectives and brought unique areas of expertise. One member brought knowledge and experience in founding and directing MedEdPORTAL, an online medical and dental education product peer review and dissemination vehicle associated with the Association of American Medical Colleges. Another was one of the founders and directors of the National Review Board for the Scholarship of Engagement with experience conducting peer reviews of promotion and tenure dossiers with a CES emphasis. Another brought experience as a foundation program officer leading the National Community Based Research Networking Initiative in partnership with Princeton University, which is funded by the Corporation for National and Community Service. One also brought experience as an editor of a peer-reviewed journal that involved community reviewers. Two members represented community organizations and were experienced in partnering with academic institutions.

Working virtually in collaboration with the first author and CCPH staff, this design team tackled foundational questions

and developed submission guidelines, review criteria, and preliminary processes for submitting, peer-reviewing, and publishing accepted CES products to be tested during a pilot phase. This pilot phase was intended to inform the development of a fully automated submission and review system and the creation of a user-friendly, searchable web-based portal accessible to users around the world.

<u>Answering Foundational Questions</u>

Who Reviews? Among the first decisions made in the development phase, the definition of "peer" in "peer review" was key. Philosophically it was agreed that peer reviewers must include community members knowledgeable about community-academic partnerships, from neighborhood residents to heads of community organizations and health systems, who reflect diverse experience and expertise. Beyond serving as reviewers, such community members would encourage submissions to CES4Health.info from non-academic authors and promote it as a resource to communities working to improve health. Academic reviewers would include faculty from a range of health professions disciplines as well as other disciplines and specialties relevant to health, in its broadest sense, such as sociology and public policy. We also wanted to include reviewers with important perspectives that don't fall neatly into the categories of "community" and "academic"; foundation program officers and government agency officials, for example.

The design team acknowledged that roles of the community members and the academics in a review process would most likely differ to take advantage of their respective areas of expertise. That is, academic reviewers would most closely examine elements like methodological rigor and community reviewers would most closely attend to issues of community engagement and impact.

What to Submit? The design team decided that CES4Health.info would seek submissions from authors of health-related products resulting from work that engages academic or other institutions and communities in projects that simultaneously meet academic or institutional needs as well as community needs. The design team defined *community* broadly to include stakeholders external to the campus or institution that are part of a collaborative process to contribute to the public good. Health-related CES was also defined broadly to include community-engaged teaching, research, service, and policy activities that focus on understanding and/or improving health or public health, including the social determinants of health (World Health Organization, 2008). Appropriate products could be in many formats including documents, slide presentations, websites, online tools, videos, CD-ROMs, and others. It was decided that CES4Health.info would focus exclusively on

disseminating the *products* of engaged work, not manuscripts about the product or the work that resulted in the product. Below are two examples that illustrate this point:

- A community-based participatory research project might result in findings that could be submitted as a manuscript to a peer-reviewed journal. That project might also result in a policy briefing, a set of programmatic recommendations, or an educational tool. The latter are the types of products appropriate for CES4Health.info.

- A service-learning course might result in lessons learned about course development and findings about the impact on participants that could be submitted as a manuscript to a peer-reviewed journal. The course might also result in a "how to" guide on service-learning, a set of educational modules, and a video that presents the impact of service-learning on community partners. The latter are the type of products appropriate for CES4Health.info.

<u>Developing Review Criteria, Author Instructions and Submission and Review Processes</u>

Related existing efforts informed the development of CES4Health.info review criteria, author instructions, and submission and review processes. The Association of American Medical Colleges' *MedEdPORTAL* is tackling challenges posed by educational scholarship that are similar to those noted above for CES. Faculty members who have products of medical or dental educational scholarship that are not peer-reviewed journal articles may submit them to MedEdPORTAL for peer review (Reynolds & Candler, 2008). *Progress in Community Health Partnerships (PCHP),* a peer-reviewed journal published by Johns Hopkins University Press, is redefining the meaning of "peer review" in the journal context by including public health experts who do not have advanced degrees and are not affiliated with universities as editorial board members, peer reviewers and authors. It is also redefining the meaning of a "journal article" by including creative article categories such as policy briefing papers and practical tools (Tandon et. al, 2007). The design team examined these and other models in terms of their review criteria and submission and review procedures. Based on this analysis, CES4Health.info review criteria were developed, a submission process was drafted, and a reviewer background questionnaire created in readiness for the pilot testing phase.

The basic review criteria were drawn from the *Community Engaged Scholarship Review, Promotion and Tenure Package* (Jordan, 2007) that had been adapted from *Scholarship Assessed: Evaluation of the Professoriate* (Glassick, Huber, & Maeroff, 1997) to more closely align with common definitions of community engagement and CES.

Review categories include the following:

1. Appropriateness for CES4Health.info — the degree to which the topic is related to health, the health of communities (broadly defined, including the social determinants of health), health sciences or health professions and the degree to which the product is appropriate for audiences/users beyond those involved in the project that led to the creation of the product.

2. Clear goals — the degree to which the authors state the purpose of the product, its intended audience/users, and clear goals and objectives.

3. Adequate preparation — the degree to which the authors appropriately reference or build upon prior work in the area.

4. Methodological rigor — the degree to which the authors justify the appropriateness of methods chosen with respect to the goals, questions, and context of the work, as well as the degree to which authors effectively incorporate community and academic/institutional expertise in the development of the product or the project that resulted in the product.

5. Significance — the degree to which the work adds to existing knowledge and benefits communities.

6. Effective presentation — the clarity of the presentation style, the accuracy of the product content, and the appropriateness of language and visual aids for diverse audiences.

7. Reflective critique — the degree to which authors provide critical reflection about the work, informed by both academic/institutional and community feedback. Authors are strongly encouraged to provide evaluation data to support the stated significance of the work.

8. Ethical behavior — the degree to which authors provide evidence of a collaborative approach characterized by mutual respect, shared work, and shared credit (and approval by an institutional review board and/or community-based review mechanism, if applicable).

Reviewers are asked to assess the submitted product according to the above criteria based on the product itself as well as the content of the accompanying application (explained further below). Authors provide information in the application about the work or project that led to the development of the submitted product as well as about the product itself, providing reviewers additional information on which to base decisions. Distinguishing between the "product" being submitted and the "project" from which the product was developed allows authors to comment on and the reviewers to evaluate the rigor of the work that resulted in the product that might not be evident just from examining the product itself.

An online rating form was created to facilitate submission of product reviews. The criteria above were further defined in this form for specific types of products — research-related, educational or other. This form asks reviewers to provide ratings on the above criteria on a 5-point Likert scale. Reviewers are asked to record "Not Applicable" if the criterion is not appropriate for the type of product submitted. For example, the criterion might address the rigor of the research methodology. If the product submitted is an educational product, that criterion would be noted as Not Applicable. Reviewers enter a score of "0" if the criterion is relevant to the type of product submitted, but the author did not address the criterion or did not provide adequate detail. Reviewers are asked to comment on the generalizability of the product beyond the audience for which it was created, as well as the likelihood that the product will be of use to potential users of CES4Health.info. Reviewers are asked to provide a summary of the strengths and weaknesses of the product and application and to suggest revisions to either the application or product if warranted. Only these summary comments, not the quantitative ratings, are provided to authors. Reviewers also have the opportunity to provide confidential comments to the editor. Finally, reviewers make a recommendation to the editor to Accept, Accept with Revisions, or Reject the product.

Author instructions guide authors through an online application process. Authors answer a series of short essay questions that follow the content and order of the review criteria presented above. This correspondence between the application and the reviewer rating form ensures that reviewers are able to find the information needed to make a judgment for each review criterion. Authors have the opportunity to submit the product with the application or provide a URL to access the product online. If necessary, the author may mail the product to the editor. The application is intended to inform potential users of the context in which the product was developed as well as the rigor of the work that resulted in the product, the rigor of the development of the product itself, and important information such as intended audience, the availability of evaluation data, and potential for impact. The application contains additional questions that are not shared with portal users. Authors are asked to note if non-original material or patient information is included in the product and to attest to having the appropriate releases for inclusion of this material. Authors are also given the opportunity to provide the names and contact information for individuals they would like notified of successful publication on CES4Health.info. Such individuals might include department chairs, deans, promotion and tenure committee

members, supervisors, community leaders, elected officials, etc. After publication of the product on the CES4Health.info portal, the editor will send these individuals a letter that congratulates the author(s) and provides background information about CES4Health.info and the rigors of the review process. This information will serve both to increase understanding of CES4Health.info as well as to educate, particularly academic administrators, of the importance of innovative scholarly products in creating community impact and the role peer review and publication of these products can play in the promotion and tenure system.

Addressing Other Key Issues

In addition to the development of the pilot phase submission and review processes, the design team made procedural decisions consistent with the mission of CES4Health.info, addressed a variety of thorny issues, and explored several opportunities for collaboration. For example, it was decided that products published on CES4Health.info will remain the property of the authors and that all products held in the CES4Health.info repository will be available at no cost to the user. CES4Health.info products not stored in the CES4Health.info repository (available directly from the author) may be subject to a fee as well as charges for copying, shipping, and handling. It was felt that these decisions were best aligned with the intent of CES4Health.info to encourage and facilitate peer review and publication of these sorts of products and to increase the impact they have in communities.

Based on the experience of MedEdPORTAL, we anticipated that products submitted may contain nonoriginal material as well as patient information. We explored the practices of other journals and web portals and consulted legal counsel. Given the limited capacity of the CES4Health.info editorial staff during this pilot phase, we decided that we were unable to screen all products for possible copyright infringement. We determined that responsibility for ensuring that copyright release is obtained for nonoriginal material will be the author's. As a result, as part of the application, authors are asked if their product includes any of a variety of types of nonoriginal material and whether copyright release has been obtained. Before a product is assigned for review, authors must secure any outstanding copyright releases or remove the nonoriginal material from the product. In the case of clinical material, it is the author's responsibility to avoid violation of United States health information privacy laws by not including patient identifiers or by providing written permission from patients allowing their private health information to be published with the submitted product.

The relationship formed with MedEdPORTAL leadership during development of CES4Health.info provided an opportunity to explore collaboration. CES4Health.info and MedEdPORTAL have an agreement that authors submitting products to either portal that are also appropriate for the other will be encouraged to submit their product to both.

Portal Design

The final major phase of development was the site design for CES4Health.info. To inform the decision-making, the design team visited and analyzed several sites having related purposes: MedEdPORTAL (http://www.aamc.org/mededportal), PERC (Prevention Education Resource Center; http://teachprevention.org), HEAL (Health Education Assets Library; www.healcentral.org), and MERLOT (Multimedia Educational Resource for Learning and Online Teaching; www.merlot.org). The desirability and functionality of several design features were assessed, including the home page, log-in, search logic and search results format, ratings and peer-review, and indexing. Featured publications, monthly news emails, hot topics and many more features were considered for possible inclusion in CES4Health.info. Based on this review, further needs assessment, and work with key CCPH staff, a commercial company has been contracted to design and build the web portal.

Evaluation

Concurrent with building the web portal, the product submission, review criteria, review procedures and communication pathways between the editor and reviewers and editor and authors are being pilot tested manually. To inform the development of the web portal and the automated submission, review, and communications functions, a thorough evaluation is being conducted during this pilot phase, as detailed below.

The pilot evaluation of CES4Health.info builds upon earlier CCPH projects (Calleson, Kauper-Brown, Seifer, 2005; Gelmon, Lederer, Seifer, & Wong, 2009; Kellogg Commission on Community-Engaged Scholarship in the Health Professions, 2005) and uses a mixture of quantitative and qualitative methods for both formative and summative assessments as appropriate for various groups and to answer various questions. This mixed methods approach provides the richest and most extensive body of evidence available within the time and resource constraints of this project (in particular in this pilot phase), and can be of highest value both in demonstrating project accomplishments and in identifying strengths and opportunities for improvement during project activities. There are few relevant existing reliable and validated instruments, so new methods were designed to be responsive to the needs of the target populations (Gelmon, Foucek, & Waterbury, 2005).

Two primary "user" groups are the focus of the evaluation efforts in the pilot phase: those who submit products for review, and those who conduct the reviews. Another relevant group of stakeholders who can provide input in this pilot phase are the members of the design team who are helping to shape the development of CES4Health.info. The evaluation process designed for the pilot phase will be replicated for use after CES4Health.info is launched on line. Future evaluation will also include measures of impact of products accessed by portal users.

Perspectives of User Groups

A standardized survey is administered to everyone who submits a product for review and every reviewer who reviews a product during the pilot phase. Key areas addressed by the survey include:

- Satisfaction with the process of submission of a product or of being a reviewer including procedures, timelines, communication with editor

- Satisfaction with and value of the feedback received as a result of the review

- Strengths of the process, and opportunities for improvement

- Personal insights gained through the review process

- Value of the CES4Health.info review criteria in setting expectations for quality of CES

- Other needs/resources for peer review that would be helpful

As of April, 2009, three pilot phase authors' products had completely progressed through the review process and 15 reviewers had participated in product reviews. These individuals were invited to evaluate the submission and peer review processes by completing the confidential and anonymous online survey. The response rate was 100%. Survey questions assessed satisfaction with the pilot review process, guidance provided to authors and reviewers in submitting or reviewing a product, appropriateness and clarity of the review criteria, communications with CES4Health.info editorial staff, time permitted to complete the review process, and helpfulness of the feedback provided to authors by reviewers. Authors were also asked if they had noted the publication on their curriculum vitae (CV) and if they felt it would be given weight in the faculty RPT process. Authors almost uniformly expressed strong satisfaction with all aspects of their experience submitting a product for review. All had noted the publication on their CV. Two felt that the publication would "count" in the promotion and tenure process.

With very few exceptions, reviewers expressed satisfaction or strong satisfaction with their experience, though there was some variability in response to certain questions. Although all reviewers did participate in a one-hour group training phone call, some reviewers wanted additional training prior to reviewing a product (feedback we have incorporated into future plans for review training). Given the nontraditional nature of the products, matching product content and format to reviewer interests and experience was challenging. Two reviewers expressed a desire for better alignment between the product and their expertise (feedback we have already used to improve the reviewer application form). Although nearly all reviewers seemed to feel that the review criteria were clear, the editor's comparisons between ratings of reviewers reviewing the same product suggested that not all reviewers interpreted the criteria and instructions in the same way. For a couple of reviewer rating form questions, the original instructions asked the reviewer to use distinct criteria depending on whether the product was related to research, education, or another purpose. This appeared to confuse some reviewers (and the editor observed that most products being submitted could not be clearly classified.) The review instructions ask the reviewer to base their ratings on a review of both the product application and the product. Some reviewers were confused about when to apply the criteria to the application vs. the product. Some also did not understand that they might be able to suggest revisions to the product if it was in a format amenable to change but that they could always suggest revisions to the product application. Finally, some of the original review criteria applied to either the product itself or to the project or work that resulted in the product. This distinction was not always clear for reviewers.

As a result of survey responses and examination of reviewer rating patterns, several important changes were made to the review criteria and review instructions. Revised instructions more firmly stress the need to consider both the application and the product and criteria more clearly state when the application or the product should be considered in rating a particular criterion. Distinct criteria were created to capture information about the product vs. the work that preceded the product. The requirement for authors to classify their product as research-related, education-related or other was eliminated. Criteria related to the product itself no longer require a distinction between types of products. Rather, questions about the work that preceded the product allow the reviewer to assess the methodological rigor of the research, educational or other type of project that forms the foundation for the product.

Perspectives of Key Stakeholders

The members of the design team will be invited to participate in a focus group at a later date to address questions related to the development, testing, and roll-out of CES4Health.info. Given their initial involvement in helping to establish policies and procedures, develop the web-based interface, plan the pilot phase, and advise on development of a marketing plan for sustainability, their insights into the successes and challenges of the pilot phase will be very important. Key questions for this group will address the development process, recruitment of reviewers, solicitation of submissions, observations on the feedback provided in the review process, satisfaction with the reception of CES4Health.info from the academic community, and insights for future activities. Given the small numbers of participants, the ideal format for this evaluation phase will be a focus group, but if that is not feasible because of scheduling, a modified small-scale survey will be conducted primarily for convenience and will ensure the input of these key stakeholders into the pilot evaluation.

The findings from the evaluation of the pilot phase of CES4Health.info will inform future development of this activity. Strengths of the process will be identified, as well as opportunities for improvement. These improvements will be integrated into the design phase for the full roll-out of CES4Health.info. Over time it is anticipated that evaluation of CES4Health.info will focus not only on the operational details of the portal and related services, but also on the actual impact of availability of high quality resources for portal users as well as impact on faculty recognition for CES, on administrator and senior faculty support of CES, and on ultimate institutional change, including the evidence of policies and procedures that demonstrate clear support for CES as a viable mechanism for faculty tenure and/or promotion.

Challenges

Pilot testing is a critical phase for identifying potential issues that may pose challenges in the future. One challenge evident thus far is that reviewing innovative products of CES poses challenges to the reviewer that are not found in reviewing manuscripts for journals. CES4Health.info requires the submission of both the actual product and an application describing the product's intent, the rigor of its development, its potential for impact, and the nature of the collaborative relationship that resulted in the product's development. Both will be available to users of the portal. As a result of the public availability of the application, and its important role in communicating information to a user, we determined that reviewers should suggest revisions to the application if such changes would improve a potential user's understanding of the product. However, the product itself is really the scholarly expression of the partnership's work. In contrast to a journal manuscript, in many cases these products cannot be revised because they are in final form. It would be unrealistic to expect that authors would "re-shoot" a documentary based on reviewer requests for revisions, for example. This results in a need for the reviewer to enter into the review process with a somewhat different mind-set than is the norm for peer reviewers. The reviewer must consider the quality of the product itself but also the value-added of the application. The reviewer must decide if an immutable product is adequate and of potential benefit to users, if not stellar, and if the application can be used to strengthen the overall package. In other cases, the product is mutable and the reviewer can approach the task much as he or she would approach review of a journal manuscript.

Next Steps and Future Directions

A public launch of CES4Health.info, including favorably reviewed products from the pilot-testing phase is being planned for Fall 2009. During the first year of operation, continued work will be undertaken in five key areas to fully implement CES4Health.info as a sustainable resource:

1. Creating a permanent editorial and review structure including a CES4Health.info editor, associate editors and a cadre of community and academic reviewers from diverse disciplines and sectors.

2. Transitioning from the original design team to a formal editorial board

3. Developing and implementing a marketing and dissemination plan

4. Assessing the utilization, usefulness, impact and user satisfaction of CES4Health.info and incorporating findings into continued improvements

5. Developing a plan for sustainability that includes a business plan and manuals documenting the roles, responsibilities and activities required of the editorial board, editor, associate editors, reviewers and technical support staff.

By providing a rigorous and thoughtfully designed mechanism for peer review and dissemination of innovative products of health-related CES, CES4Health.info promises to provide a creative solution to well-documented challenges that limit the recognition and impact of CES. By challenging traditional notions of peer, author and scholarly product, and by demonstrating in practical terms how these can be re-conceptualized and applied, CES4Health.info also promises to legitimize CES and elevate its quality.

References

Calleson, D. C., Jordan, C., & Seifer, S. D. (2005). Community-Engaged Scholarship: Is Faculty Work in Communities a True Academic Enterprise? *Academic Medicine,* 80 (4), 317-21.

Calleson D., Kauper-Brown J., Seifer S. D. (2005). Community-Engaged Scholarship Toolkit. Seattle: Community-Campus Partnerships for Health, 2005. http://www.communityengagedscholarship.info.

Examining Community-Institutional Partnerships for Prevention Research Group (2006). Building and Sustaining Partnerships for Prevention Research: Findings from a National Collaborative. *Journal of Urban Health.* 83 (6), 989-1003.

Faculty for the Engaged Campus (2007). National Initiative Seeks to Build Cadre of Community-Engaged Faculty: Faculty are Key Ingredient to Sustained Community Engagement of Colleges and Universities. Community-Campus Partnerships for Health.   Retrieved March 9, 2009 from http://depts.washington.edu/ccph/pdf files/fipse2-pressreleasef.pdf

Gelmon, S. B., Foucek, A., & Waterbury, A. (2005). *Program Evaluation: Principles and Practices.   2nd Edition.* Portland: Northwest Health Foundation. First edition with Amy Connell, 2001.

Gelmon, S., Lederer, M., Seifer, S. & Wong, K. Evaluating the Accomplishments of the Community Engaged Scholarship for Health Collaborative. *Metropolitan Universities Journal*, in press.

Glassick, C. E., Huber, M. T., & Maeroff, G. (1997). *Scholarship Assessed: Evaluation of the Professoriate.* San Francisco: Jossey-Bass Publishers.

Institute of Medicine (2002). *The Future of the Public's Health in the 21st Century.* Washington, DC: Institute of Medicine, 358-400.

Jordan, C. (Ed.). (2007). *Community-Engaged Scholarship Review, Promotion & Tenure Package.* Peer Review Workgroup, Community-Engaged Scholarship for Health Collaborative, Community-Campus Partnerships for Health. Accessed on March 9, 2009 at http://www.depts.washington.edu/ccph/pdf files/CES_RPT_Package.pdf

Kellogg Commission on Community-Engaged Scholarship in the Health Professions (2005). *Linking Scholarship and Communities: The Report of the Kellogg Commission on Community-Engaged Scholarship in the Health Professions.* Seattle, WA: Community-Campus Partnerships for Health. Retrieved March 9, 2009 from http://depts.washington.edu/ccph/pdf_files/Commission%20Report%20FINAL.pdf

Reynolds, R., & Candler, C. (2008). MedEdPORTAL: Educational scholarship for teaching. *Journal of Continuing Education in the Health Professions.* 28 (2), 91-94,

Seifer, S. D., & Calleson, D.C. (2004). Faculty perspectives on community-based research in academic health centers: Implications for policy and practice. *Journal of Interprofessional Care*, 18 (4), 63-74.

Steckler, A., & Dodds, J. (1998). Changing Promotion and Tenure Guidelines to Include Practice: One Public Health School's Experience. *Journal of Public Health Management Practice.* 4 (4), 114-119.

Tandon, S. D., Phillips K., Bordeau B. C., Bone, L., Brown, P. B, Cagney, K.A. et al. (2007). A Vision for Progress in Community Health Partnerships. *Progress in Community Health Partnerships: Research, Education, and Action*, 1 (1), 11-30.

World Health Organization (2008). Commission on the Social Determinants of Health. Retrieved March 26, 2009, from http://www.who.int/social_determinants/en/