

Interim Editors' report

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When the interim editorial team took over from the former Editors in September 2002, there were many aspects of the production and editing process for us to understand. This initial period also involved setting up a new system of administration that would clearly track all correspondence with authors and reviewers.

Of the new papers received since September 2002, two-thirds were submitted by female first authors. Forty per cent of the papers received were from NSW, 22% were from Queensland, 18% were from Victoria, 14% were from Western Australia, 2% were from South Australia, and there was one paper each from New Zealand and Canada. This may reflect recent strengths in NSW, but could also indicate a wide variation between years. A quick check of the State given for the corresponding author in papers published in 2001 indicates that 31% were from Victoria, 23% were from other countries, 18% were from NSW, 14% were from Western Australia and the rest from Queensland, South Australia, ACT and Northern Territory.

Of the new papers received 26% were rejected, 26% were published, 10% have been accepted, 8% are with authors for revision and 30% are being reviewed. None had lapsed or been withdrawn. An overview of the status of all papers with the Journal up to 30 April 2003 is presented in Table 1. It is apparent that the rejection rate for new papers has increased (to 26%) and this is consistent with the editorial aim of improving the standard of the Journal. It is also apparent that far fewer papers have lapsed or been withdrawn.

Table 1: Status of all papers received by HPJA September 2002 to 30 April 2003.

Status	At 30 April 2003 (%)
Rejected	17
Lapsed	16
Withdrawn	7
Published	35
In administration	3
Accepted for future issue	8
With authors for revision	4
With reviewers who are late	3
With reviewers within time	8
Total	100

Guidelines for Journal reviewing

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All peer-reviewed journals are absolutely dependent on the quality of the reviews of submitted manuscripts by volunteer reviewers. While editors make an initial assessment of the relevance to readers of a manuscript as well as ensure general writing standards are met, it is the independent reviewers who give detailed feedback about the content, methodology, conclusions and significance to health promotion. Reviewers also give advice to the editors on whether a manuscript should be accepted for publication, revised, or rejected (in their view). Editors then make a decision about the fate of a manuscript and this decision is often, but not always, consistent with the recommendation of reviewers.

The review process of the *Health Promotion Journal of Australia* has been 'single blinded' in the sense that authors do not know the identity of reviewers, but the identity of the authors has been known to the reviewers. The Journal is moving to 'double blind', where neither authors nor reviewers know each others' identities, although in practice the authors can often be deduced from the content and setting being described. Similarly, reviewers can sometimes be identified by the type of remarks they make about a manuscript.

While the different review processes have recognised weaknesses, peer assessment remains the best approach to screening articles for inclusion or exclusion.

Our experience of the publishing process, as readers, authors, reviewers and editors, is that reviewing is at least as technical a process as writing. However, the skills of reviewing have no formal training program and are often acquired through experience. New reviewers typically report that they found the process very rewarding or very taxing (and sometimes both!). The insights into the publishing process help them understand how their own writing is assessed. Exposure to new material helps keep the reviewer up-to-date with developments in the field. Recognition as a reviewer is an element of professional contribution that can be part of applications for promotion.

What can be done to support reviewers in their critical role in assessing manuscripts? There is a flip side to this question because if authors know the criteria by which their manuscript will be appraised, then they can write in such a way as to address these criteria and therefore improve the standard of their submitted manuscript. When asked to review a manuscript, potential reviewers are provided with a general checklist of what to consider. These include:

- Is the paper relevant to the wider issues of health promotion?

- Are the terminology and ideas familiar to readers in a range of disciplines? If not, have they been adequately explained?
- Is the paper an informed contribution to current debate? Do the references show awareness of other relevant findings or discussion?
- How well is the program or intervention described?
- Is it too shallow or superficial a treatment of an issue to be useful to practitioners in the field? Or is it verbose, too detailed or over-long?
- Are statements based on the work of others adequately supported?
- Is the work original or is it a derivative ('me-too') study? Also, if the authors have published other papers on the same topic, does the one under review contain sufficient new material to warrant its publication?
- Are the illustrations, graphs and tables clear, accurate and readable?

This list helps to confine accepted papers to those with an innovative and health promotion context. Much submitted research is either replicative (research very much like it has been done before), uninformative (we don't learn anything really useful, even though it seemed important for the group who conducted the study) or is not really consistent with health promotion approaches and context (it might be perfectly good research, but is better submitted elsewhere).

The methodological appraisal of research papers is well described by standard research methods texts. Stricter epidemiological approaches to critical appraisal are taught as part of Master of Public Health (MPH) courses. The recently published *A schema for evaluating evidence on public health interventions*, as well as describing an overall approach to assessing evidence for the effectiveness of interventions, also includes a number of appendices that provide a list of questions that can be used to assist with assessing different types of research paper.^{1,2} These supplementary guides focus on an extensive review of the differences between public health research and traditional schemata that only use scientific criteria as evidence or program effects.

It is important to consider the type of paper being reviewed or appraised, because the approach to reviewing should match the approach taken by the authors. Clearly it would be inappropriate to apply an economic analysis to a qualitative study. In the *Journal*, manuscripts that describe evaluation results from health promotion interventions are encouraged. The evaluation of health promotion programs does not always lend itself to a traditional biomedical-derived research quality checklist. While some aspects of research apply generically to the evaluation component, additional features are important for health promotion programs.

To assist reviewers and authors with the task of describing high-quality health promotion programs in the pages of the *Journal*, the following short appraisal checklist is offered (see Text Box). It has been used as a teaching framework in several MPH programs since 1995 and refined through application and a workshop process with practitioners in central Sydney. It attempts a general approach suitable for most health promotion manuscript reviewers, authors and practitioners to apply to intervention papers, and yet is comprehensive enough to cover most possible scenarios.

The checklist is divided into sections, starting with the importance of the health issue being addressed, then assessing the paper for descriptions of the actual intervention that took place, and then dealing with aspects of the evaluation. This begins with any evidence that the resources, program or materials were developed well, in accordance with best practice or recommended frameworks (formative evaluation). Then, evidence is sought regarding whether the program elements were implemented and delivered as intended (process evaluation), and then whether the program made any impact on those who attended.^{3,4} This latter step is more similar to traditional critical appraisal, focusing on the research design, measurement, sampling and analysis, but within the feasible contexts of real-world health promotion evaluation. Finally, and importantly for health promotion, the relevance and disseminability of programs can be judged (the 'so what' section). This last component is a values-based judgement, but is useful in considering whether the program has real applicability to the health promotion world.

Some programs are very context specific, such as media campaigns or clinical education programs, and require consideration of specific additional points, especially in the formative evaluation arena. However, the checklist is provided as a generic one to cover most scenarios. There is no weighting given to specific sections; many papers will omit formative evaluation even if they have conducted some. The checklist is therefore useful to authors as well, to mention multiple 'dimensions' of an evaluation, but the challenge is to still keep submitted papers within strict word guidelines. Other issues, including whether the study was conducted ethically or if there was a conflict of interest could be mentioned, but in most cases this is assumed, or checked by the *Journal*. Finally, this kind of checklist evolves over time, and we invite feedback and comments on the checklist.

Our new section of the *Journal*, 'Exploring technical issues', focuses on complex concepts in health promotion. The purpose of this new section is to succinctly describe an issue or concept of relevance to health promotion, describe how it can be measured, and how it can be used or practically applied, with examples.

References

1. Rychetnik K, Frommer M. *A schema for evaluating evidence on public health intervention*. Version 4. Melbourne: National Public Health Partnerships; 2002.
2. Rychetnik L, Frommer M, Hawe P, Shiell A. Criteria for evaluating evidence on public health interventions. *J Epidemiol & Com Health* 2002;56(2):119-27.
3. Green L, Kreuter M. *Health promotion planning – an educational and environmental approach*. California: Mayfield Publications; 1991.
4. Hawe P, Degeling D, Hall J. *Evaluating health promotion – a health workers guide*. Sydney: MacLennan and Petty; 1990.

Health promotion intervention studies critical appraisal checklist

1. HEALTH ISSUE

- 1.1 Is the health issue or problem a health promotion priority?
- 1.2 Is the magnitude of the problem described in the paper and is it amenable to change?

2. INTERVENTION

- 2.1 Is the overall purpose of the intervention stated?
- 2.2 Are there specified and measurable intervention objectives?
- 2.3 Is the target or intervention group clearly identified? Was the target group consulted about the program?
- 2.4 Is the timeframe for the intervention clearly stated?
- 2.5 Is there an underlying theoretical framework or conceptual model for the intervention?
- 2.6 Are all intervention strategies and settings identified?

3. EVALUATION

3.1 Formative evaluation

- 3.1.1 Was a needs assessment conducted?
- 3.1.2 Is there evidence of appropriate developmental work or piloting of the health promotion intervention or its component parts?
- 3.1.3 Was the final version of the intervention tested with people similar to the target group?

3.2 Process evaluation

- 3.2.1 Is there evidence of any process evaluation designed to monitor the implementation of the program or its materials?
- 3.2.2 How many people received (attended, participated in) the intervention? Were they typical of the target group at large?
- 3.2.3 Of those who could participate or be included, how many actually did so?
- 3.2.4 Were there any substantial barriers to implementing the intervention program?

4. IMPACT EVALUATION

4.1 Study design

- 4.1.1 What was the study (research) design used in this evaluation? Will it answer the evaluation or research questions?
- 4.1.2 Was it the best or most feasible study design that might have been used in this setting in this program evaluation within available resources?

4.2 Study sample

- 4.2.1 Who are the intervention participants (study sample)?

- 4.2.2 Was the study sample(s) representative of the target population?

- 4.2.3 What were the selection effects that might influence (bias) this study (e.g. convenience sample of the target group)?

4.3 Measurement

- 4.3.1 What are the outcomes of the intervention and how are they measured?
- 4.3.2 Are all relevant outcomes or study variables assessed?
- 4.3.3 Were the measuring tools reliable and valid and were their measurement characteristics provided or cited?

4.4 Analysis and interpretation

- 4.4.1 Was the sample size of participants (i.e. statistical power of the study) sufficient to detect any potential effects that might result from the intervention?
- 4.4.2 Were any influencing factors controlled or adjusted for in the statistical analysis?
- 4.4.3 Were the most appropriate approaches to analysis used?

5. DISCUSSION

- 5.1 Were the conclusions drawn by the author(s) justified by their data?
- 5.2 Were the limitations of the intervention or evaluation discussed?
- 5.3 Are the findings generalisable to the whole community or to the target population in the setting in which the study was conducted or to similar populations in similar settings?
- 5.4 If significant effects were observed were they of practical health promotion significance or simply of statistical significance?
- 5.5 Did the formative or process evaluation components of the evaluation enable us to understand health promotion evaluation research better? (Especially for negative studies, might additional information have been informative here?)
- 5.6 Is there really a need for more research in this area or can the results be recommended to policy makers?

6. SO WHAT?

- 6.1 How might the results of this study be useful for health promotion advocacy?
- 6.2 Should or could the program be sustained?
- 6.3 What mechanisms for disseminating the intervention or the evaluation findings are suggested?