

## **Call For Papers and Process for Review and Inclusion in Journal Supplement**

### Call for Papers

The HRSA/CORE SPNS Outreach Initiative issues a call for papers to be published in a journal supplement of AIDS Patient Care and STDs in the spring of 2007. The organizing theme of this supplement is engagement and retention in HIV medical care. We are interested in articles that:

1. Explore the differences between populations based on their relationship to medical care at intake (eg. newly diagnosed, those not in care at all, sporadic users of care), and the exploration of factors associated with engagement and/or retention in care over time;
2. Describe the care-seeking behaviors over time of specific populations known to be at risk of receiving sub-optimal care (e.g. previously incarcerated individuals, the homeless, active drug users, people with mental health needs or low MCS scores) and the factors associated with changes in care-seeking behavior;
3. Provide an in-depth understanding of some of the systems barriers or personal factors associated with engagement and retention in care and/or strategies to address these factors through analysis of the staff or client qualitative interviews;
4. Provide insight into the characteristics and care-seeking behaviors of people who dropped out of care or the study;
5. Overview articles – why this is such an important issue in light of the current research and literature on engagement and retention in care, and a summary article on findings and program/policy implications.

### Distribution of Articles

1. 2-3 articles that address the policy importance of this issue, the existing research and literature, and the summary of findings and implications for policy and programs.
2. 6-8 articles that address the factors associated with engagement and retention in care over time, based on longitudinal analysis of the quantitative analysis
3. 1 article that addresses those who we failed to reach or engage.
4. 1-3 articles that describe, in-depth, the steps taken by programs or staff to make a difference, or the experiences of clients in making the transition to engagement based on the qualitative studies.

This is a maximum of 15 articles, which is 3-5 more than will actually be published. These are general guidelines, and may be changed at a later date based on what is proposed and the quality of articles submitted.

### Article Selection and Peer Review

All articles proposed for this supplement must be approved by the P&D committee through the standard process of submitting a paper concept sheet that is approved by the committee. Lead authors must participate in the P&D committee discussion of the paper concept sheet. Lead authors should also indicate if they want to this article to be considered for the journal supplement.

After P&D approval, Paper Concept Sheets will be developed as abstracts based on preliminary data (data available as of 3/27/06). Abstracts will be reviewed and prioritized for paper development for the journal supplement through an internal review process based on the:

1. Relevance to the organizing theme, engagement and retention in HIV medical care;
2. Relevance to one of the five priority areas mentioned above; and
3. The importance of their findings to practitioners and policy-makers, the quality of the analysis and the clarity of the writing.

Carol Tobias, Moses Pounds and Lois Eldred will conduct this internal review of abstracts that will be considered for the journal supplement. We anticipate approving a few more abstracts than will actually be published in the journal, because it is possible that some may never materialize as papers or be completed in time, or may have findings that are not as relevant as expected.

Once papers are drafted, they will go through an internal peer review process by a P&D subcommittee consisting of people who volunteer to undertake this effort at the March meeting. If there are more papers ready for the peer review process than the supplement can accommodate, then the subcommittee will prioritize those articles to be included in the supplement.

The editor of AIDS Patient Care and STDs will conduct a final review and make final decisions about articles for inclusion in the supplement.

Any article written that does not make it through this final stage of peer review for the journal supplement or is not ready in time can be submitted to any other journal, as the paper concept sheet has been approved by the P&D committee.

### Timeline

March 22 – Send paper concept sheets to CORE for consideration at the grantee meeting in Seattle.

March 29 – Discussion and approval of paper concept sheets at grantee meeting in Seattle. Recruitment of volunteers to participate in the internal peer review.

**May 9 – Final date for submission of paper concept sheets for consideration for the journal supplement to CORE.**

May 16 – P&D discussion and vote on paper concept sheets.

**June 19: All abstracts based on approved Paper Concept Sheets are submitted to CORE for internal review.**

July 7: Authors notified about which abstracts are accepted for paper development for the supplement.

July 15 – Final data sets sent out to authors/analysts (**if all data have been submitted, cleaned, resolved, verified**).

July 31-Aug 1 – Final grantee meeting, work on analysis and interpretation of results

**Sept. 12 – All first drafts due to CORE for internal peer review.**

Oct. 3 – Reviewer comments sent back to authors.

**Oct. 17 – Revised drafts back to CORE**

Oct. 31 – Last internal review/feedback/response completed

Nov. 3 – Submitted to AIDS Patient Care and STDS for final peer review.

**Note:** Beginning this process now means that as soon as Paper Concept Sheets are approved by P&D, authors will receive multi-site data sets that include baseline and follow-up data, client interviews, chart reviews and outreach encounter summaries, on all individuals for whom data collection is complete through 11/30/2005. Approximately 600 people will have at least 12 months of data, which should be sufficient for preliminary analyses. Abstracts that are developed and reviewed in June and July, will of necessity be based on incomplete data, as the final data set is not expected to be available before mid-July.