

AJPM FOCUS

INCLUSIVITY IN PEOPLE, METHODS, AND OUTCOMES

EDITORIAL

AJPM Focus: A Guide and Road Map on Inclusivity in People, Methods, and Outcomes



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The American Journal of Preventive Medicine (AJPM) is a nonprofit corporation, jointly sponsored by the Association for Prevention Teaching and Research (APTR) and the American College of Preventive Medicine (ACPM), founded explicitly to own and operate scientific journals in the fields of public health and preventive medicine research, education, and practice and to obtain and hold copyright to published and written materials. This organization oversees the illustrious flagship journal founded in 1985 that bears its name.¹ In 2014, the Board of Governors of AJPM began discussing the possibility of creating and launching an open access journal, given emerging movements toward more open access academic publishing.² In 2019, the board formed a committee to explore the feasibility and desirability of this endeavor, and after 5 years of informal discussions and 3 years of formal deliberations, *AJPM Focus* officially launched as the fully open access journal of APTR and ACPM on January 1, 2022.

AJPM Focus envisions a world where prevention teaching, research, and practice are all grounded in a sound body of evidence that is inclusive of all scholarly methodologies, scientific perspectives, and equitable approaches to improving population health outcomes. To achieve this bold vision, the journal aims to serve as an academic open access repository for high-quality prevention evidence across the global spectrum of health. The journal's founding mission, scope, aims, types of articles desired (as documented in Table 1), and name resulted from ongoing high-level engagement between AJPM and the sponsoring societies and a consensus on the need to develop a reputable journal that provides an organizing framework centered on logical and holistic clusters within the full spectrum of prevention teaching, research, and practice (e.g., community health, community medicine, global health) rather than on traditional risk factor-based or disease-based approaches (e.g., smoking, cardiovascular disease, obesity research) or

intervention-based models (e.g., nutrition, smoking-cessation research).

Despite the ongoing population health crises that they are best qualified to address, preventive medicine and public health continue to face many challenges, such as a lack of public recognition³ and inadequate financial support.⁴ Adding insult to injury, the social and environmental determinants of health together inequitably challenge the health and well-being of individuals and social groups⁵ while also making the work of prevention unevenly more difficult across populations. Unsurprisingly, intergenerational wealth gaps and perennial political disempowerment, 2 of the most important social determinants of health, are both grounded in inequity: their existence depends on and fosters the systematic exclusion of certain groups of people from the halls of power and self-determination through known psychosocial pathways.⁶ Compounding this problematic social context of disparity are multiple ongoing issues in the academic literature, including the replication crisis⁷ (i.e., significant findings of published articles failing to be recreated under similar conditions with different populations), publication bias⁸ (i.e., articles with nonsignificant, null, or negative findings being less likely to be published), research bias⁹ (i.e., lack of research on certain

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Table 1. Official Founding Mission, Aims, and Scope Statements of *AJPM Focus*

Statement type	Statement description
Mission	<i>AJPM Focus</i> is the official open access journal of the Association for Prevention Teaching and Research and the American College of Preventive Medicine.
Aims	The aim of this journal is to serve as the academic open access repository for high-quality prevention evidence across the global spectrum of health.
Scope: journal foci	The journal's scope spans all aspects of public health and preventive medicine practice, teaching, and research, including: <ul style="list-style-type: none"> • Community medicine, community health, and global health; • Assessment, policy development, and assurance; • Health promotion, health protection, and disease prevention; • Population medicine, population health, and population health management, such as health systems and services delivery; and • Clinical preventive medicine, integrative medicine, and lifestyle medicine.
Scope: types of articles	Papers that interconnect or thoughtfully dissect topics within these foci are desirable. Original articles, reviews, and editorials based on quantitative, qualitative, or mixed methodologies, including all experimental and observational designs, are welcomed. The journal also encourages the submission of other scholarly articles such as case studies; articles that report pilot data analyses and preliminary results; studies with null or negative results; replication studies; primary or secondary research protocols; program evaluations, quality improvement findings, and policy analyses; and implementation, translation, and synthesis science studies. Finally, the journal publishes AJPM papers devoted to areas of interest to public health and preventive medicine when funders mandate publication in a fully open access journal.

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topics despite the tremendous social need for relevant evidence that addresses them), and epistemologic or preference bias¹⁰ (i.e., bias against ways of knowing different from one's own).

Together, these societal and academic conditions create a trifecta of exclusivity in people, methods, and outcomes. Regarding people, this exclusivity manifests in the absence of the voices of certain social groups via various tools for exclusion, such as racism, sexism, bigotry, homophobia, and genderphobia. Examples of exclusivity in methods include the lack of funding for certain types of research and the absence of certain scholarly perspectives on important issues, such as the meaningfulness of lived experiences with medical and public health interventions. Exclusivity in outcomes can present as the absence or silencing of the voices of people on the issues that matter most to them or to society at large; the lack of access to high-quality evidence for those who cannot pay for it; the dearth of evidence about health-oriented and non-risk factor-based approaches such as salutogenesis and salutary factors¹¹; and the devaluation of nonhealth and nonmedical approaches, such as interdisciplinary or transdisciplinary scholarship. These issues have long plagued the scientific and scholarly discourse, including the prevention literature, with devastating population health and societal consequences.

The most significant impact an academic journal can have rests in its capacity to help disseminate a scholarly evidence base that highlights population health challenges and ways to address them. However, given the magnitude of the identified problems within society at large and

within academia, one may be left to wonder what difference an academic journal can make. *AJPM Focus'* response to that dilemma is direct: because so many of these problems are tied to a fundamental issue of exclusivity, the solution ought to be intentional approaches that reduce exclusivity. Calls within academia recognize that exclusivity persists, yet proposed remedies continue to focus on diversity (i.e., the state of being diverse; variety), equity (i.e., the quality of being fair and impartial), and inclusion (i.e., the action or state of including or of being included within a group or structure), or DEI,¹² ignoring the more important principle of inclusivity. The Oxford Dictionary defines *inclusivity* as "the fact or quality of being inclusive, especially the practice or policy of not excluding any person on the grounds of race, gender, religion, age, disability, etc."¹³ The explicit centering of the core functions and essential services of public health in 2020 on the achievement of equity as a central aim of the public health profession is a major step forward.¹⁴ Although DEI initiatives are another step in the right direction, the difference is that inclusivity is not just an end or a means to an end but both a means and an end. Consequently, its effects are more likely to persist even when DEI efforts subside because those previously excluded will be at the decision-making table. Inclusivity, I argue, is the main factor that is often missing in the efforts to reverse the historically entrenched exclusivity within academia and scientific publishing.

This journal embraces inclusivity as a founding principle for intentionally sustaining the ongoing conversations and policy efforts necessary to transition the

paradigms, norms, and tacit rules of prevention teaching, research, and practice at every step, moving from current realities to equality, equity, and eventual liberation.¹⁵ The journal's motto of inclusivity in people, methods, and outcomes expresses the intentional permeation of this core principle in all its work. Inclusivity in people signifies that evidence should be produced by and for diverse persons, groups, and populations. Inclusivity in methods and outcomes is the intentional pursuit of evidence, throughout the research and scholarly continuum, from evidence generation to evidence implementation,¹⁶ such that no outcomes relevant to

stakeholders and end users and no scholarly methods that yield such outcomes are excluded owing to either lack of statistical, clinical, or policy significance at a given time and place or owing to research bias, publication bias, or epistemologic bias. Table 2 lists examples of how the journal prioritizes approaches^{17,18} aligned with the principle of inclusivity in its own processes.

Although it is evident that a journal (or academic publishing, academic medicine, or academia in general for that matter) cannot solve the world's health inequities, it can serve as an effective guide to high-quality evidence, ideally making access to this evidence free for the

Table 2. Processes and Priorities of *AJPM Focus* and Their Alignment With the Principle of Inclusivity

Journal processes	Journal priorities and alignment with the principle of inclusivity
Defining statements	<ul style="list-style-type: none"> • Aims statement emphasizes the inclusion of prevention evidence from the global spectrum of health; • Scope statement is grounded in an organizing framework that is explicitly inclusive of all aspects of preventive medicine and public health; and • Scope statement on types of manuscripts is intentionally welcoming of different types of evidence relevant to prevention, ranging from basic and applied primary research to evidence synthesis, evidence translation, and evidence implementation, and inclusive of both traditional (i.e., quantitative) and non-traditional research and scholarly approaches.
Editorial board	<ul style="list-style-type: none"> • Explicit criteria of inclusivity applied during recruitment to achieve adequate representation of traditionally/historically underrepresented groups in academic publishing leadership, including racial and ethnic minorities, sexual and gender minorities, and other underrepresented groups in the health sciences; and • Additional inclusivity criterion of early- to mid-career stage applied during the selection process to achieve the recruitment of a qualified and multidimensionally diverse editorial board.
Peer review and editorial handling	<ul style="list-style-type: none"> • Incorporation of author-completed critical appraisal checklist specific to research study design¹⁷ with submission of the article, allowing authors to systematically identify and point out to reviewers the congruence of their study with accepted study-specific methods; • Reviewer requirement to examine the critical appraisal checklist submitted by authors to minimize inappropriately negative, noncontributory, or nonresponsive peer reviews; and • Double anonymization of peer review to minimize peer reviewer bias against less experienced authors while protecting reviewer ability to provide honest critical feedback.
Training programs for affiliated scholars	<ul style="list-style-type: none"> • Evidence synthesis methodologic training program,¹⁸ taught by journal staff, resources and time permitting, to facilitate the professional development of journal-affiliated scholars in relevant areas, such as peer review, critical appraisal of research and other scholarly articles, data analysis, and interpretation of study results; and • Priority given to early-career professionals and those new to peer review and academic publishing, fostering greater inclusivity and development of a pipeline and pathway to improve qualifications for leadership in academic publishing.
Article dissemination methods	<ul style="list-style-type: none"> • Fully open access journal, which removes all subscription paywalls to end-user access of the evidence base within the journal; • Use of an article-based publishing approach allows more rapid publication of manuscripts to meet the publishing needs of scholars; • Use of an article-based publishing approach also facilitates improved accessibility of articles for individuals with sensory impairments; • Journal requirement for authors to develop highlights or short key takeaways for each article, to facilitate rapid soundbite-style dissemination across social and other media platforms in a format that is more digestible for end users and stakeholders, thereby increasing the accessibility of the evidence base to general audiences; and • Journal recommendation for authors to produce a graphical abstract and submit their social media handles (e.g., Twitter) to amplify dissemination of their work as part of the journal's media strategy.
Structural academic publishing support	<ul style="list-style-type: none"> • Intentional effort by the journal to generate extramural support for waivers of open access fees, subject to extramural fund availability and successful grantsmanship, resources and time permitting; and • Prioritization of both disadvantaged scholars and disadvantaged scholarship for open access fee waivers, subject to availability.

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end user, including clinicians, practitioners, educators, researchers, learners, and the lay public. It can also serve as a road map for decision makers and those partaking in the labor of preventive medicine and public health. This journal pays homage to all those individuals by curating a body of research and scholarly articles that is aligned with their diverse priorities and foci of teaching, research, or practice in preventive medicine and public health. This inaugural editorial is part of a 6-article special commemorative road map on the journal's vision of the foci of preventive medicine and public health. Brought to you by the journal's intentionally inclusive inaugural editorial board, these articles explore the definitions, models, trends, challenges, and opportunities within each of the 5 foci of the journal (Table 1). On behalf of AJPM, APTR, and ACPM, I invite you to join us on this journey as an actively engaged partner, with *AJPM Focus* as our academic guide and road map to greater inclusivity in people, methods, and outcomes within preventive medicine and public health.

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