

Guide to Writing a Successful Summary for the CAB

UCSF California Preterm Birth Initiative

Effective communication of research to different stakeholders is a critical step in translating findings into meaningful health outcomes. A general, or “plain language” summary, is a valuable way to support wider public engagement with research and its successful dissemination.

The plain language summary for our Community Advisory Board (CAB) is intended to explain why the research is being proposed, what the researchers aim to achieve, and how the study may impact prematurity risk and birth outcome disparities in our communities and geographies of focus.

Tips for Success

A successful summary tells a clear story and provides a strong message about why the work is important. Consider what it would be like to develop a 2-minute “elevator pitch” about your proposed project. Identify the key points, define terms, and avoid complex language, scientific jargon, or technical acronyms. Please define any scientific or technical terms that may be unfamiliar to the general public.

After reading the summary, reviewers should be able to articulate what the project is, why it is important, and how you are pursuing the topic, as well as understand the study well enough to provide constructive feedback or recommendations about its design and implementation. It might be helpful to share your summary with colleagues in a different research field, and with at least one non-specialist prior to submission.

About the PTBi-CA Community Advisory Board

The purpose of the CAB is to ensure all research sponsored by PTBi-CA promotes the interest and wellbeing of the communities in San Francisco, Oakland and Fresno affected by preterm birth. The CAB serves as a source of community stakeholder knowledge and expertise to PTBi-CA researchers, staff and leadership by advising on strategies for engaging community stakeholders in the initiative; providing feedback on aspects of research study design, protocol development, and participant recruitment; and implementation and dissemination of results.

CAB members evaluate submitted research proposals based on the scientific abstract and plain language summary, with access

Summary Elements

- **Project Background & History of the Work:** Introduce the research and provide context for the proposal. Why is this work important?
- **Project Summary:** Describe the proposed project. This section should provide answers to the essential questions, Who, What, When, Why, and How?
- **Community Engagement & Dissemination Plan:** Describe your community-engagement efforts to date around the proposed work. How has your research team assessed that this work is relevant to community members? What do you think the impact will be for the intended communities? Please describe any strategies for incentivizing study participation and retention, and your plans for disseminating results.

to full proposal upon request. Review criteria considered in assigning the overall application score by the CAB include:

- **Impact:** Will study answer question that are important to women of reproductive age and their families in San Francisco, Oakland, or Fresno?
- **Partnership:** Does the application demonstrate engagement and involvement of community members or community-based organizations in the planning and/or performance/review of the study?
- **Dissemination:** Is the plan to disseminate study results to the project participants (and broader community, if applicable) appropriate and effective?

Examples

See below for examples of high-scoring plain language summaries from recently funded proposals. **Please note:** the maximum allowable length for the Fall 2018 RFA plain language summary is **one-page**.

Adaptation of the Person-centered maternity care scale for women of color in the US

3. Plain Language Summary

a. Project Background and History of the Work

Preterm birth disproportionately affects women of color, with those in lower income groups at highest risk. Black women, in particular, have a two-fold higher risk of preterm birth as compared to White women. Issues such as disrespect, abuse, and discrimination within the health care system may play a significant role in how women of color experience, and therefore access, care for themselves and their babies. In previous studies, women of color have shared negative experiences in their prenatal and birth care, including disrespect, judgment, lack of support, and limited ability to make decisions for themselves and their babies. These women have also reported wanting to be given individualized and supportive care, to be a partner in decision-making, and to be valued as a mother and as a woman. All of these qualities represent what is called “person-centered care”. These care experiences likely play a large role in preterm birth and other poor birth outcomes for women of color. In order to start doing something to change these negative experiences in care, we need to have a good way of measuring person-centered maternity care to know if an intervention works. As of now, there are no questionnaires that adequately measure all of these important aspects of care during pregnancy and birth among women of color. We plan to adapt a measurement tool that was developed for use in Africa so that it will work for women of color in the United States. We will then use the questionnaire to measure the extent to which women of color in the U.S. are receiving person-centered care. This new questionnaire can then be used to test whether new ways of providing care have a positive impact on pregnant women.

b. Project Summary

Our study will focus on adapting a measurement scale that was developed to measure person-centered maternity care in developing countries so that it can be used to assess the care U.S. women experience during prenatal care and birth. This will include multiple steps, all of which we will do in partnership with community members, to assure that the questions included in the adapted scale accurately capture the experience of women of color. These steps include reviewing the existing questionnaire to identify gaps, irrelevant items, and existing items that need to be changed for domestic use, creating new questions/items and removing items that are not relevant to the U.S. setting, revising based on expert feedback, completing interviews with community members to review language of each question/item, and then testing the scale in first a small group and then in the larger community. Once tested and then deemed valid, this scale will be made available to larger intervention studies to assess whether these interventions improve care experiences for women at risk for preterm birth including women of color.

c. Community Engagement and Dissemination Plan

We have discussed our study with multiple members of both PTBi’s community engagement team as well as members of the Community Advisory Board to make sure it is relevant to the communities at risk for preterm birth. Given that the women themselves are the experts in their experiences, we will be engaging community members in all steps of the development of the scale, including the development of the questions/items, reviewing the language of each question/item, and then testing to make sure that each question/item is measuring what was intended. We have included remuneration for all types of community member involvement: a stipend for participation in the expert reviews, and gift cards for both interviews and the survey testing. We plan to share our survey tool and the results of this project with the greater community in the form of a report and presentations, as well as in our commitment to continue to work towards fixing the issues women deal with in their maternity care experience.