Open Access: a researcher’s perspective, thoughts and experience

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What research am I talking about today?

Public Health Systems and Services Research (PHSSR) is: “a field of study that examines the organization, financing, and delivery of public health services within communities, and the impact of these services on public health.”

Key Developments in PHSSR

• Robert Wood Johnson enters the field-2004
• National Coordinating Center for PHSSR/PBRN
• National investigator-initiated funding program
• Expanded data collection by NACCHO and ASTHO
• NLM collaboration on data bases and bibliography, etc
• Expanding the field with new investigator awards
• National Conference-Keeneland Conference
• National Research Agenda Setting
• Translation and Dissemination
Translating Research into Practice and Asking Practice-Based Research Questions

“Key components of EBPH include: making decisions based on the best available scientific evidence, using data and information systems systematically, applying program planning frameworks, engaging the community and practitioners in decision making, conducting sound evaluation, and disseminating what is learned. The usual application of these principles has over-emphasized the scientific evidence as the starting point, whereas this review suggests engaging the community and practitioners as an equally important starting point to assess their needs, assets and circumstances, which can be facilitated with program planning frameworks and use of local assessment and surveillance data.”

Green, Lawrence W.; Ottoson, Judith M.; García, César; Hiatt, Robert A.; and Roditis, Maria L. (2014) "Diffusion theory and knowledge dissemination, utilization and integration," Frontiers in Public Health Services and Systems Research: Vol. 3: No. 1, Article 3.
Evidence-Based Public Health

• Making decisions based on the best available peer-reviewed evidence (both quantitative and qualitative research);

• Using data and information systems systematically;

• Applying program planning frameworks

• Engaging the community in assessment and decision making;

• Conducting sound evaluation;

• Disseminating what is learned to key stakeholders and decision makers; and synthesizing scientific skills, effective communication, common sense, and political acumen in making decisions.
How can we speed the results of our efforts to practitioners of public health to do more evidence-based practice?

• Traditional Journal Publications
• Presentation at National Public Health Professional Meetings
• Policy Briefs, Newsletters, Website and Social Media
• Our National Meeting on PHSSR
• Possibility of an open access journal *
Academic/Practice Conflicts
What Academics Value

“It's publish or perish, and he hasn't published.”
Where do public health practitioners get their information?


<table>
<thead>
<tr>
<th>Table 1</th>
<th>Summary of responsibilities, tasks, and information resources for a sample of rural public health nurses in Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position</strong></td>
<td><strong>Responsibilities and tasks</strong></td>
</tr>
<tr>
<td>Clinic nurse</td>
<td>Provide family planning; Administer immunizations; Diagnose and treat communicable diseases; Diagnose, treat, and follow-up sexually transmitted diseases (STD); Provide HIV case management; Train student nurses</td>
</tr>
<tr>
<td>Home visiting nurse</td>
<td>Evaluate and monitor child development; Manage special medical needs cases; Provide materninity case management; Provide nutrition and breastfeeding education; Provide referrals to health care providers and social service agencies</td>
</tr>
<tr>
<td>School nurse</td>
<td>Conduct health education classes; Provide skills training to school staff; Communicate with parents and school staff; Create and maintain emergency protocols for students with medical needs; Provide limited medical care services</td>
</tr>
<tr>
<td>Women’s health specialist</td>
<td>Provide family planning and STD evaluations; Provide pediatric sex abuse evaluations; Advise other local public health department nurses; Provide limited medical care services</td>
</tr>
<tr>
<td>Nursing assistants</td>
<td>Prepare patient rooms and collect information (e.g., laboratory results); Serve as liaison for Spanish-speaking clients; Identify pertinent patient education materials; Facilitate flow of patients through clinic</td>
</tr>
<tr>
<td>Nursing supervisor</td>
<td>Manage staff (e.g., scheduling, personnel management); Monitor communicable disease outbreaks; Organize staff training; Coordinate emergency preparations; Provide community outreach</td>
</tr>
<tr>
<td>Communicable disease nurse</td>
<td>Conduct community outreach; Conduct disease surveillance; Investigate suspected disease outbreaks; Participate in emergency response activities; Investigate and report notifiable conditions (including STDs); Provide outreach to community health care providers and health care facilities; Monitor and treat tuberculosis patients</td>
</tr>
<tr>
<td>Bioterrorism liaison</td>
<td>Plan, organize, and participate in emergency response activities; Conduct community outreach; Conduct disease surveillance; Investigate relevant outbreaks</td>
</tr>
<tr>
<td>Health department director</td>
<td>Prioritize services and programs; Manage personnel; Communicate with policy makers; Monitor community health; Provide budget oversight; Disseminate information (e.g., to other health agencies and community stakeholders); Serve on state and county committees</td>
</tr>
</tbody>
</table>

* For example, American Academy of Pediatrics Report of the Committee on Infectious Diseases; CDC Immunization Guidelines Handbook.
Mean percentage of journal-using staff per health department selecting each journal as 1 of the top 3 they use.

Percentage of non-journal using participants per health department who indicated each barrier to journal use as 1 of their top 3 barriers.

The Publishing Paradox: the incentives

• The university pays my salary, I do research: some is reimbursed by a grant to do research they want and some by UK

• I send, free, my intellectual capital (research products) to a journal, owned by a scientific organization, who has a contract with a for-profit publisher

• The publisher sells it back to my university, who paid my salary

• What is incentivized?

• Or I pay someone to publish it, keeping the copyright myself, not the university or the funder

• What is incentivized?
Most scientists regarded the new streamlined peer-review process as “quite an improvement.”
Bohannon submitted a bogus article to 300+ Online Open Access journals. At the time of publication, 157 accepted and 98 rejected the paper. 29 seemed to be non-functioning sites, 20 were still in review. 60% had no sign of peer review, 108 reviewed, only 36 generated bad peer review and 16 accepted anyway.


But we decided to proceed anyway! Our creation-Frontiers in PHSSR
Frontiers in PHSSR:
Why our Decision About an Open Access PHSSR Journal?

• UK Library Resources, Glen Mays, Robert Shapiro and BePress
• Graphic design and D/I team at NCC
• Good rapport with our authors, many we bankroll
• Some help with their reports on grants we have given them (make them in the right format)
• Research assistance available, and editors who weren’t concerned with buying their time
• An open and amenable foundation; so no author fees
Use the format of MMWR, the online open access journal most read by practitioners!

- limited to 1,400 words at submission, 10 references, and a total of 3 tables, figures, and/or boxes.
- The first paragraph is similar to both a newspaper lead paragraph (i.e., who, what, when, where, why, and how?) and the abstract of a report in a typical medical journal and is limited to 150–200 words.
- the second section should be a concise summary (1 or 2 paragraphs) of the methods used to conduct the analysis.
- the results section is a concise highlighting of the major results of the analysis.
- the discussion should begin by stating the conclusions of the report, interpreting the results, conveying their public health meaning, and placing the results into context by citing comparative or corroborative studies.
And a great idea: the summary box!

In 1 or 2 sentences for each, contributors should answer the following: What is already known on this topic? What is added by this report? and What are the implications for public health practice? Because these answers contain the key public health message as well as the justification for the publication, contributors should consider drafting the summary box before writing the text of the report.
Morbidity and Mortality Weekly Report (MMWR)

MMWR Early Release
October 14, 2014 / Vol. 63 / Early Release
Cluster of Ebola Cases Among Liberian and U.S. Health Care Workers in an Ebola Treatment Unit and Adjacent Hospital — Liberia, 2014
Download Issue

Developing an Incident Management System to Support Ebola Response — Liberia, July–August 2014
Download Issue

Surveillance and Preparedness forEbola Virus Disease — New York City, 2014
Download Issue

MMWR Weekly

This Week in MMWR

October 10, 2014 / Vol. 63 / No. 40

Alcohol Involvement in Opioid Pain Reliever and Benzodiazepine Drug Abuse–Related Emergency Department Visits and Drug–Related Deaths — United States, 2010

Alcohol was involved in 18.5% of emergency department visits for opioid drug abuse and 27.2% of visits for benzodiazepine abuse in 2010.

When taken with opioid pain relievers (OPRs) or benzodiazepines, alcohol increases central nervous system depression and the risk for overdose. To quantify alcohol involvement in OPR and benzodiazepine abuse and drug-related deaths and to inform prevention efforts, the Food and Drug Administration and CDC analyzed 2010 data for drug abuse–related emergency department visits in the United States and drug-related deaths that involved OPRs and alcohol or benzodiazepines and alcohol in 13 states. This report summarizes the results of that analysis.

MMWR Recommendations and Reports

September 26, 2014 / Vol. 63 / No. RR–6

Updated Preparedness and Response Framework for Influenza Pandemics

CDC has updated its framework to describe influenza pandemic progression using six intervals (two prepandemic and four pandemic intervals) and eight domains. This updated framework can be used for influenza pandemic planning and has been aligned with the pandemic phases restructured in 2013 by the World Health Organization.
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Getting it Read

- NCC Website
- Social Media Capacity
- Mailing list that included those that have attended our conferences
- Grantees
- Major authors in PHSSR
- NACCHO/ASTHO agreement to reproduce abstracts in their newsletter and along with website address for full articles
- Annual Reports of PH agreement to give us a page of ad, and to publish summaries of their articles, with websites
A coup!

The American Journal of Public Health is a benefit of membership in the American Public Health Association. They have in excess of 40K members. They have agreed to publish abstracts from Frontiers in PHSSR monthly, along with a website address for the journal.
Problems and questions with Frontiers—
not unique to on-line open-access publication

- PubMed indexing
- Part time-non professional publishing staff
- Getting good manuscripts
- Getting good, timely reviews
- Do we do a periodical, like monthly, or publish on a rolling basis
- Getting readers and citations
That’s all Folks!