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Learning by Doing for Public Health Improvement

Glen P. Mays
University of Kentucky, glen.mays@uky.edu

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ABSTRACT

All too often, the knowledge gained through learning-by-doing in public health fails to be fully harvested and disseminated because of missed opportunities to carefully study the experiences and innovations occurring in practice. The field of public health services and systems research (PHSSR) has emerged to capitalize on these opportunities before they are missed.
he public health profession has long been a bastion for innovation and experimentation, often
driven by economic and epidemiological necessities. All too often, however, the knowledge
gained through “learning by doing” in public health fails to be fully harvested and disseminated
because of missed opportunities to carefully study the experiences and innovations occurring in
practice.\textsuperscript{1,2} The field of public health services and systems research (PHSSR) has emerged to
capitalize on these opportunities before they are missed. The central objective of \textit{Frontiers} is to
help share the resulting knowledge as broadly and rapidly as possible across the public health
enterprise.

With the new year of 2013, we open Volume 2 of \textit{Frontiers} with some important new studies and
also some innovations in the journal’s operations, reflecting our own learning by doing. First, the
innovations in scholarship. Our first issue of 2013 includes an important and very timely new study
by Harold Schmidt at the University of Pennsylvania that examines the acceptability of wellness
incentive programs used in the workplace. He finds that reward-based incentives are favored by the
public over penalty-based ones by a factor of four, and that the acceptable size of penalty-based
programs is quite small. These findings come on the heels of the federal government’s release of
proposed new rules governing the design of workplace wellness programs under the Affordable
Care Act. Also in this first issue of the year, Georgetown University’s Sara Rosenbaum and
colleagues offer a comparative analysis of federal and state community benefit reporting systems for
tax-exempt hospitals. The authors find that most state programs lack the specificity and clarity that
is contained in the new federal requirements created under the Affordable Care Act, particularly
regarding how community benefit is defined, categorized and reported. Together, these studies
offer new insight into the roles that key private-sector stakeholders can and will play in transforming
the American public health system. Other new studies in this issue examine social media adoption
among public health agencies, public health roles within systems of care for children with special
health care needs, and models of dissemination and implementation in public health.

Next, our innovations in dissemination. Our first six months of learning to operate the \textit{Frontiers}
journal have taught us that a major bottleneck in the production of a peer-reviewed journal is the
peer-reviewed part of the equation. Securing sufficient numbers of willing and qualified reviewers to
read and comment on \textit{Frontiers} submissions on a \textit{rapid-cycle} schedule is challenging. For journal’s
quick turn-around model to work, not only must its authors be brief, timely and to-the-point in their
contributions, but the journal’s peer-reviewers must also follow suit. To address this issue, we are
providing much more targeted and tailored instructions to reviewers on how to conduct a rapid-
cycle assessment of \textit{Frontiers} submissions, and we are continuing to expand our reviewer pool.

Additionally, we are pleased to announce that beginning with this issue, \textit{Frontiers} is moving to a
rolling publication schedule for articles. This will allow us to release articles individually as soon as
they complete the production cycle, rather than waiting for a full issue to be complete. This will
allow new knowledge to reach our stakeholders in practice, policy, and research even faster than
before. We are excited about these improvements to the journal, and we hope they will add to the
utility that \textit{Frontiers} offers its readership as an engine for the open science movement in public health.
References
