Learning by Doing for Public Health Improvement

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Recommended Citation
DOI: 10.13023/FPHSSR.0201.01

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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.
The 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 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
