August 2013

The Born Again Florida Public Health Review – A Commentary

Robert J. McDermott

Follow this and additional works at: https://digitalcommons.unf.edu/fphr
Part of the Public Health Commons, and the Social and Behavioral Sciences Commons

Recommended Citation
Available at: https://digitalcommons.unf.edu/fphr/vol10/iss1/1

This Article is brought to you for free and open access by the Brooks College of Health at UNF Digital Commons. It has been accepted for inclusion in Florida Public Health Review by an authorized administrator of UNF Digital Commons. For more information, please contact Digital Projects.
The Born Again

Florida Public Health Review

– A Commentary

Robert J. McDermott, PhD

ABSTRACT

After a brief hiatus from active operation, the Florida Public Health Review is back in business and with a new home at The University of Tampa. The Founding Editor reflects on a decade of the publication’s history, including its trials and triumphs, and prepares to pass the torch to a new editor, a new era, and a new vision.


In 2003, the print-and-mail Florida Journal of Public Health (FJPH) was declared dead, a victim of depleted funds from too little advertising revenue, rising print and mailing costs, a severe decline in the number of submitted articles, a lack of reviewers, and burnout from a series of highly dedicated, but no doubt, regularly frustrated editors (Dr. Robert May, Dr. Jack Frankel, and Clara Lawhead) whose focused diligence was insufficient for keeping the Journal afloat. Even direct financial assistance to the Florida Public Health Association (FPHA) for a couple of years from the University of South Florida College of Public Health (USF COPH) could not justify keeping the Journal in operation. Consequently, FPHA ceased its sole publishing role in 2003.

The same week that the FJPH was exiting I proposed an alternative to Dr. Stanley N. Graven, then the Interim Dean of the USF COPH – an electronic publication that required no printing or mailing costs and only a modest amount of editorial time. This enterprise could be housed on the server at the USF COPH but be a partnership with FPHA. A co-signed memorandum of understanding with FPHA and a few solicited manuscripts later, a new entity, the Florida Public Health Review (FPHR), was born (McDermott, 2004).

There was a plan for the FPHR – not only to succeed, but really, to flourish on several fronts: (1) as a mechanism for reducing the gap between academic public health and practitioner-based public health; (2) as a way of bringing evidence-based practice and practice-based evidence closer together in relative importance; (3) as a strategy for leveraging the rich contextual experience of practitioners by simplifying the process for sharing their “notes from the field” with other practitioners statewide and having them “printed” as part of a permanent record or archive of their successful initiatives; (4) as a means for members of the academic community to publish original research and other scholarly work with primary application to Florida; and (5) as an outlet for public health students to begin contributing to their field’s knowledge base. Part of the “vision” in starting the FPHR was to have students play a significant role in its design, priorities, and operations management – in the scheme of other, albeit better known, university-based “review” publications, such as the Harvard Law Review. Could there be a better way for students in their professional preparation phase to take part in communicating public health? In learning about state public health needs and approaches? In sorting out the evidence? In leaning on faculty members and practitioners alike to bring their knowledge to the electronic page? In honing their own writing and editing skills? In running a small business? For the FPHR’s first year of operations, three graduate students funded by the USF COPH (two PhD students and one MPH student) provided invaluable assistance in identifying priorities in public health, researching how they were being operationalized in Florida, and preparing written copy. Public health practice leaders around the state took note of the FPHR, and participated in discussions about how to create a better “fit” between professional preparation in MPH programs and skills needed in Florida’s 67 counties, thereby fulfilling the strategic plan for public health’s future presented in the Institute of Medicine’s two recently published volumes – Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century (2003a) and The Future of Public Health in the 21st Century (2003b). Realizing the vision and the promise of the FPHR seemed possible.

Unfortunately, financial support for students working with the FPHR ceased after 2004 – the first year of publication. I suppose there were other funding priorities; but, administrative officers at all levels...
always seem to find ways to fund students or other workers to carry out what they deem to be necessary tasks. The _FPHR_ apparently was not a priority.

To offset that disappointing loss, I proposed that working with the _FPHR_ could serve, at least in part, as a field experience site for students, with learning objectives established as they would be for any other practicum. The value-added to one’s professional preparation, as mentioned above, was still applicable. Although the concept was approved, not one faculty member across five academic departments ever took up the offer. I do not doubt that there are more valuable lessons that one can acquire during an internship, but during my 37 years of working in academic environments, I have definitely seen settings in which the relevance of the learning opportunities were poorer than what was being proposed.

Being Editor-in-Chief of the _FPHR_ was for me, and probably will be for my successor, largely a labor of love. There is unlikely to be extra compensation, perhaps not even “comp time” with respect to other assignments such as teaching, advising, or other tasks. No one should ever take on the job who is expecting much either in the way of glory or a pat-on-the-back. Once in a while, some accolade may come your way, but the satisfaction and thrill has to be internal and linked to feeling accomplished for having seen something through to completion. I hope I am wrong about this for my successor. I hope they get a more tangible reward.

When I retired from teaching and research at the USF COPH in May 2012, I thought that I retired too, from my editorial functions. After almost a year of the position of Editor being vacant, no one at the USF COPH had stepped up. Urged on by persons at FPHA, Dr. Mary P. Martinasek, an Assistant Professor at The University of Tampa (UT), and an occasional contributor to the _FPHR_, was instrumental in getting the publication embraced by her colleagues at UT. I applaud her championing the transition, and the enthusiasm of her colleagues in the Department of Health Sciences and Human Performance, College of Natural and Health Sciences, (especially Dr. J.C. Anderson, Dr. Rebecca Olsen, Dr. Bonnie Salazar, and Allison Kaczmarek, who will form a steering committee) to help get things up and running. Moreover, kudos go out to FPHA for its nudging and for promoting the “born again” _FPHR_ on its homepage.

There is value in having a public health journal in one’s state. The original vision for the _FPHR_ still applies. Perhaps the next editor can be more diligent than I was in getting the practice community to embrace it more and encourage contributions to the _FPHR_’s pages from members of the workforce. Maybe my connection to FPHA was too peripheral and the next editor can work more closely with the organization. FPHA has many mechanisms for sharing information and conveying its mission, but possibly, the _FPHR_ can become one of those mechanisms – at least to a greater extent than during the publication’s first decade of operation. Whereas any failure to date is on me, my successor may do a better job in this regard. One thought I have is to make the incoming or current President of FPHA an automatically appointed co-editor while in office. Perhaps too, the _FPHR_ needs a deputy editor with primary responsibility for reaching out to the practitioner community. Anyway, these are some ideas and their merit can be considered by the _FPHR_’s leadership and brain trust at a later date.

Most contributions to the _FPHR_ during its first decade came from the academic community, yet I am not sure that the _FPHR_ was typically viewed by academicians in general as an appropriate or sufficiently prestigious outlet for disseminating their work – even when its principal relevance was to Floridians and Florida’s public health community. I suppose it is somewhat unfortunate that “local” publications are rarely considered prophets in their own homeland (I am arguably as familiar with that phenomenon as anyone). Academia is imbued these days with the myth of the “impact factor” – the “IF” as a supposed benchmark for determining the prestige of publication venues. However, IFs can be manipulated by a litany of mechanisms known well in the inner circle of editors. Moreover, one or two well-cited articles in a sea of hundreds appearing in a journal for a given year may yield a handsome IF for that journal, despite the fact that everything else it published was ordinary – or worse. An oft-cited article could, in fact, have received that status because it was one that reported incorrect or even fraudulent data. The journal’s IF would grow, albeit in proportion to the Pinocchio-style proboscis of the article’s authorship. Unfortunately, at the end of the year, no discerning IF aficionado could tell the difference.

It has been difficult at times during the past decade to procure competent and reliable reviewers for manuscripts submitted to the _FPHR_. Often the reason provided to me is that “I am too busy writing my own articles and do not have time to do many reviews.” That response is interesting to me as I subsequently remind people that there are at least two ways that one should contribute to the literature – by writing, of course, but by reviewing as well. Being a reviewer helps to vet, triage, control, or (use the phrase you prefer here) serve an important gatekeeping function. If you write but do not review, you are only contributing to the literature in a half-hearted way.

Academicians may be slow-to-warm-up as well because of the _FPHR_’s limited indices. This argument is a bit more palatable, and may be one that the
next editor can be challenged to rectify. Working in the FPFR’s favor, though, is the fact that it is accessible to anyone who wants to make the effort to go online. It requires no subscription. Maybe the lack of it “costing” contributes to a perception of lower prestige. I hope that the FPFR’s new institution does nothing to change this free access, but actively does more in the way of increasing its visibility – even if it is to mention it in a strategic plan or as an example of a service to the academic and practice communities in an accreditation document. A host institution needs to be somewhat proactive in promoting the “gems” that it possesses. A few years ago, The Nation’s Health, the American Public Health Association’s newspaper for its members, referred to the new Michigan Public Health Journal as “the only online publication of its kind in the country.” However, the online FPFR preceded Michigan’s entry (2006) by at least two years (2004). Some of the fault for not gaining greater visibility for the FPFR is mine, but institutions have much to gain and nothing to lose from taking more responsibility and being proactive in promoting its various entities.

The so-called “local” nature of the FPFR may work against its reputability. Can its influence extend beyond local Florida borders and into other regions? Fortunately, in poignant contrast to its presumed “local” stature, during its short history, the FPFR has been identified in reports and controversies both within and outside of Florida. For example, in a 2008 article appearing in the FPFR, USF COPH researchers questioned the value of installing red light cameras (RLCs) at intersections, even suggesting their possible role in causing motor vehicle collisions, and that the rationale for installing them and sustaining their presence has at least as much to do with the revenue that they generate through fines as they do in their alleged role in the prevention of collisions (Langland-Orban, Pracht, & Large, 2008). Whereas few “academic articles” see the light of day beyond the covers of the journal in which they are printed, the aforementioned article was cited by the Heartland Institute in its policy document section presented online (http://heartland.org/policy-documents/red-light-running-cameras-would-crashes-injuries-and-automobile-insurance-rates-inc), the National Motorists Association, (http://www.motorists.org/red-light-cameras/usf-study.pdf), Watchdogwire-Florida (http://watchdogwire.com/florida/2013/02/16/study-finds-red-light-cameras-cause-accidents/), Eyeing Chicago, the city leading the nation in RLCs in 2010 (http://eyeingchicago.com/red-light-camera-study/), Dataland.wordpress.com (http://dataland.wordpress.com/2008/03/13/study-red-light-cameras-increase-crashes/), the Newspaper

http://www.ut.edu/floridapublichealthreview/
schools and colleges of public health and MPH professional preparation programs are well-advised to heed their messages. Students are a great source of information for us, and having the FPHR available to enable their expression to us is important both to the public health community and to the institution that hosts the FPHR.

When someone tells me that the FPHR is “too local” and thus, has “only local influence” [my italics for emphasis], I like to tell them about John Collins Warren, a Boston physician who, in 1811 along with colleague James Jackson, established a quarterly publication for the “local” medical community. Later, in 1828, it merged with another publication and called itself the Boston Medical and Surgical Journal and started appearing weekly. The Massachusetts Medical Society purchased it in 1921 for $1, and seven years later, gave it a name you might have heard somewhere – the New England Journal of Medicine (http://www.nejm.org/page/about-nejm/history-and-mission) – a heck of a good local journal if I do say so myself, but who am I to judge?

The USF COPH gave the FPHR its birth, a significant event that deserves mention here. The birth of the FPHR provided me the opportunity to evolve my editing skills, ones that have served me well as I have tried my hand as Editor-in-Chief with four other journals over the past decade and launched a publishing business in partnership with two colleagues. The torch is passed now in two ways – I will close out my editing business in partnership with two colleagues. The need for federal standards in the interest of public health and MPH programs throughout the United States and other countries, edits several publications for the local influence” [my italics for emphasis], I like to tell them about John Collins Warren, a Boston physician who, in 1811 along with colleague James Jackson, established a quarterly publication for the “local” medical community. Later, in 1828, it merged with another publication and called itself the Boston Medical and Surgical Journal and started appearing weekly. The Massachusetts Medical Society purchased it in 1921 for $1, and seven years later, gave it a name you might have heard somewhere – the New England Journal of Medicine (http://www.nejm.org/page/about-nejm/history-and-mission) – a heck of a good local journal if I do say so myself, but who am I to judge?

The USF COPH gave the FPHR its birth, a significant event that deserves mention here. The birth of the FPHR provided me the opportunity to evolve my editing skills, ones that have served me well as I have tried my hand as Editor-in-Chief with four other journals over the past decade and launched a publishing business in partnership with two colleagues. The torch is passed now in two ways – I will close out my formal affiliation with the FPHR at the end of this calendar year, and the new host site at UT and its steering committee will decide on a new editor and a new vision for the born again FPHR. I believe the future is bright as UT brings new vigor and enthusiasm, and sets its sights high.

REFERENCES


Robert J. McDermott (rncdermott@ut.edu) is the Founding Editor of the Florida Public Health Review. He consults with multiple schools of medicine and public health and MPH programs throughout the United States and other countries, edits several publications for the academic community, and teaches part time at the University of Tampa and elsewhere. Copyright 2013 by the Florida Public Health Review.