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## Public health impact

*Dr. Northridge is an associated editor of this journal and the editor-in-chief of the American Journal of Public Health*

*I want to thank the editors-in-chief of Social and Preventive Medicine and the authors of the five assembled papers for an engaging and critical Forum on the role of the journal impact factor in the evaluation of the quality of scientific research (Decker et al. 2004; Zwahlen et al. 2004; Kaltenborn 2004; von Troschke & Stössel 2004; Porta et al. 2004). It was helpful in understanding more fully what the impact factor is and how it is being used (and misused), and insightful to read the perspectives from different countries. Indeed, von Troschke and Stössel (2004) note that this discussion is an international one, and call for ongoing communication around this issue. With its diverse European and US list of associated editors, Social and Preventive Medicine can make a meaningful contribution to this ongoing exchange. Nonetheless, voices from Latin American, Africa, Asia, Australia, and Eastern Europe need to weigh in, as their views will no doubt challenge and complement those presented here. Amidst the technical considerations that were debated in the forum, there were two underlying currents that I'd like to highlight and magnify here. The first has to do with the mission of the journals that authors choose to publish in, and the transparency with which journals conduct their operations. This relates to the call by Zwahlen et al. (2004) to have a wider discussion of the objectives, criteria, and procedures of the evaluation of research, but from a viewpoint that wasn't considered in their commentary. My perspective is that of a US-based editor-in-chief dedicated to advancing public health through the forum of the American Journal of Public Health (AJPH). AJPH publishes a varied "front section" each month that provides the social, historical, and political context for the accompanying research and practice papers that are its hallmark. The stated purpose of AJPH is to contribute to social change that eliminates health and other inequalities, and thus it chooses which submissions it peer reviews and eventually publishes accordingly*

*(Northridge et al. 2004). In doing so, AJPH gives special advantage to papers that relate to planned themes and/or provide public health evidence on underrepresented topics and populations. The journal impact factor no doubt suffers from the decision to devote space to topics not routinely covered in the public health literature. And yet, AJPH fulfills the vital role of a progressive US public health journal at a time when researchers devoted to the study of HIV/AIDS and human sexuality are targets of the so-called US National Institutes of Health "hit list" being used by conservatives to investigate grantees (Russell 2003), and the Director of the National Center for Minority Health and Health Disparities, John Ruffin, is himself the target of harassment and vandalism, even as his office is under siege (Metheny 2003).*

*A second major undercurrent relates to the biases against culture- and language-bound medical subspecialties, and non-Anglo-American country languages (Decker et al. 2004). As an associated editor of Social and Preventive Medicine, I participated in the debates surrounding language(s) of publication and endorse the choice to publish papers in German, French, and English, as befits a Swiss journal with a varied readership. As cautioned by Kaltenborn (2004), however, such debates could well end up in strategic adaptations by journals in order to increase the number of citations obtained. Instead, Social and Preventive Medicine made an informed decision to favor multiple languages of publication over increasing its journal impact factor.*

*Zwahlen et al. (2004) astutely note that publication is a crucial stage in the research process, but not the final step. I would like to propose achieving public health impact as a goal worthy of serious consideration, and suggest some practical steps forward. The first is to work in collaboration with sister journals with different strengths yet dedicated to a*

shared vision. This moves beyond a special consideration of journals "within" the fields of epidemiology, public health, and preventive medicine (see Porta et al. 2004), and positions them as supporters, rather than as competitors. For instance, the emphasis on surveillance and local surveys of *Social and Preventive Medicine* provides it with a unique and essential niche, one that should be championed by other public health journals by directing apt submissions its way, as several already do. Another example of purposeful collaboration is a nascent effort of several leading Western medical journals (including *The Lancet*, *BMJ*, *JAMA*, *AJPH*, and *Environmental Health Perspectives*) to partner

with African medical journals to increase their infrastructure and capacity, in order for their abstracts to be listed in PubMed, and thereby be made available to a world audience. A final strategy is to move toward free access of public health papers after a suitable lag time in order to ensure that the scientific public health literature is available to all who would benefit from and build upon it, as is now possible through PubMed Central. Effective ways to collaborate in order to achieve public health impact is surely of interest to many readers of this journal, and perhaps worthy of a future forum.

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