



EDITORIAL

Public Health Action for public health action

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<http://dx.doi.org/10.5588/pha.14.0071>

The last day of the final module of our Luxembourg based-Structured Operational Research Training Initiative (SORT IT) course has arrived. SORT IT supports countries to 1) undertake operational research in accordance with their own priorities, 2) develop adequate and sustainable operational research capacity in public health programmes, and 3) create an organisational culture of policy and practice being informed by operational research, leading to improved programme performance. The initiative teaches the practical skills needed to undertake and publish operational research.¹

We have participants from Eastern Europe, Africa, Asia and Latin America who are supported by faculty from Europe, North America, Africa, Asia and Oceania: a total of 20 persons from around the world. We start the morning with a plenary session where all participants present their manuscript titles and abstracts, and there is lively debate around whether the title should reflect the main message of the paper in formal scientific language or in lay language to capture the interest of a broader readership. We end with a mix of titles, some written in scientific language and others written for lay readership with a marketing hook.

In the afternoon, we have, for the first time since the courses began 5 years ago, a one-hour session given by communication staff of the International Union Against Tuberculosis and Lung Disease (The Union) and Médecins Sans Frontières (MSF) on how to communicate scientific research to policy makers and the general public. For those of us working in operational research it is an eye-opener. The message is simple: many stakeholders whom we must influence in order to translate operational research into changes in policy or practice do not understand or have the time to seek out and read scientific articles. They want the take-home message(s) delivered to them and expressed in language that is simple to understand. We realise that for the non-scientific community we need to condense our manuscripts down to a few lines to convey the key finding and associated policy or practice change so that the science can be easily disseminated to and understood by decision makers and the general public. This process will also facilitate the subsequent dissemination of the publication through new channels such as social media, which are appreciated by a growing number of decision makers for the efficient and tailored information they provide.

In our subsequent faculty meeting in the evening,

we discuss ways forward. The title page of any manuscript currently consists of the title, the authors and institutions, the corresponding author, key words, short running title and word count of narrative and abstract. We all agree that the title page should include a short section entitled 'key message' that specifically spells out the important public health action message in straightforward and easy-to-understand language. In this way, we are communicating not only the science but also the messaging and advocacy that is necessary to move the operational research to policy and practice. There is already a precedent for this idea: 'Tropical Medicine and International Health' asks the authors of accepted manuscripts to submit a short, 30-word take-home message that is printed at the front of the journal issue, and The Cochrane Collaboration requests a plain language summary of a few hundred words to appear between the abstract and the main text of the published paper. The key message would naturally be subjected to the same review process as the rest of the article, but would give the authors the chance to market their findings more effectively to a wider audience. This additional section would also ease some of the tension about how the title of the paper should be written. Those in favour of sticking with a more formal scientific title will have the opportunity to convey a simple public health message, while those in favour of a more newsworthy title have a double chance of catching their audience's attention.

We regard Public Health Action (PHA) as the flagship journal for operational research – it is well managed, open access, has a thorough but fair review process, a quick turnaround time from submission to publication, an attractive layout and promotes the science and process of operational research. In a recent publication we urged the journal to cross the Rubicon and systematically report on whether research studies have made any difference to public health policy or practice 18 months after publication.² The journal embraced the idea.³ We now ask PHA to consider requesting authors to submit their key health action message in lay language on the title page. We further suggest that for subsequent marketing on social media sites, such as Twitter, the message be no longer than 140 characters. We believe that such a message can be used effectively to stimulate public health action after the paper has been published, which is surely the ultimate goal of operational research.

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- 3 Enarson D A. Studying health solutions for the poor is not enough. *Public Health Action* 2014; 4: 1.

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e-ISSN 2220-8372

Editor-in-Chief: Donald A Enarson, MD, Canada

Contact: pha@theunion.org

PHA website: <http://www.theunion.org/index.php/en/journals/pha>

Article submission: <http://mc.manuscriptcentral.com/pha>