

# AMERICAN JOURNAL OF PUBLIC HEALTH EDITORIAL BOARD

# **REPORT TO THE GOVERNING COUNCIL •**

# **OCTOBER 2021**

This Report provides a summary of the activities and accomplishments of the *American Journal of Public Health (AJPH)* for the past year. The *AJPH* is a premier public health outlet for the U.S. and worldwide and is well-known for its high reputation and standards.

In accomplishing its goals the *AJPH* continues to support the vision and mission that were created to guide our principles. These principles provide direction, action and evaluation.

## OUR VISION AND MISSION STATEMENTS ARE OUR ROAD MAP

The Mission of the *American Journal of Public Health (AJPH)* is to advance public health research, policy, practice, and education. The *AJPH* will be recognized nationally and internationally as the premier public health journal, being the most utilized source of public health knowledge, practice, policy, and education, resulting in the improved health of individuals and communities

The editorial values of the *AJPH* are editorial independence, the state of the science, diverse, innovative, and provocative viewpoints, social justice, and, quality, timely, accessible, and useful public health information, knowledge and wisdom. Furthermore, the *AJPH* endorses the values of the American Public Health Association (APHA), which include health, equity, diversity, empowerment, integrity, dignity, and knowledge for individuals and communities forge the future of public health nationally and globally.



# THE STRATEGIC PLAN DEFINES OUR PRINCIPLES OF DIRECTION, ACTION AND EVALUATION

The purpose of the strategic plan is to guide the work of the *AJPH* Team (i.e., Editorial Team, Editorial Board, Journal Staff) in achieving the journal's mission and vision. Specifically, the strategic plan will serve to:

- Guide the AJPH Team in the execution of journal activities.
- Guide the assessment of the progress of the *AJPH* Team in meeting goals and objectives driven by the mission and vision.
- Assist authors, readers, and other stakeholders of the *AJPH* in understanding the role of the *AJPH* Team in achieving the mission and vision of the journal.

Five imperatives are reflected in the current strategic plan and include:

**Strategic Imperative I:** Publish the highest quality public health research and advancement in practice to strengthen public health science, policy and practice

Strategic Imperative II: Disseminate journal content to the broadest audience

**Strategic Imperative III:** Maximize utilization of journal content by public health researchers, policy makers, practitioners, and educators

Strategic Imperative IV: Advise on journal business practices to ensure sustainability of the journal

Strategic Imperative V: The Editorial Board is fully engaged to support the journal

This report is organized by imperative to show progress in each of the 5 areas.



## **Strategic Imperative I:**

# Publish the highest quality public health research and advancement in practice to strengthen public health science, policy and practice

### **RANKING OF THE JOURNAL IN CLARIVATE STATISTICS**

Our Impact Factor has increased to 9.308 from 6.464 (Table 1). We are currently ranked 9 of 203 journals in the Public, Environmental and Occupational Health category of the Science Index, and 6 of 176 journals in the same category for the Social Sciences Index of the Clarivate<sup>1</sup> Journal Citation Report. We will continue to strive to increase our impact factor. This has become a standing session in our bi-yearly meetings. *Note.* IFs are slow to reflect changes in the citations the journal gets. For example, the IF for 2021 is the ratio of the "citations in 2020 for publications in 2018 and 2019" over the total number of citable items in 2018 and 2019. Any changes that occurred in the journal in 2018 and 2019 are reflected in this year's Impact Factor.

YEAR	IMPACT FACTOR	SCIENCE INDEX	SOCIAL SCIENCES INDEX
		RANKING	RANKING
2020	9.308	9/203	6/176
2019	6.464	13/193	7/169
2018	5.381	12/185	6/162
2017	4.380	16/180	4/157
2016	3.858	24/176	8/157
2015	4.138	16/172	5/153
2014	4.552	13/162	5/145
2013	4.229	14/160	4/136
2012	3.930	16/158	4/136
2011	3.926	13/157	3/131
2010	3.850	13/140	3/114
2009	4.371	9/122	2/95
2008	4.241	10/105	3/76

#### Table 1—Journal Impact Factor and Ranking, by Year and Index



For science. For action. For health.

Governing Council-October 2021 Report of the AJPH Editorial Board Session I, Agenda Item 4.0, Report 6

2007	3.612	10/100	2/77
2006	3.698	11/98	2/66
2005	3.566	11/99	2/63
2004	3.241	8/93	2/60
2003	3.363	6/89	2/56
2002	3.279	7/90	9/55
2001	3.034		
2000	3.269		
1999	3.015		

#### **H-Index**

The H-Index is an author-level metric that attempts to measure both the productivity and citation impact of the publications of a scientist or scholar. The index is based on the set of the scientist's most cited papers and the number of citations that they have received in other publications. Our 2020 H-Index is 264, up from 253 in 2020, 236 in 2019, and 223 in 2018, which ranks us 3 out of 560 journals for the third year in a row. Our overall Scimago Journal Ranking Indicator is 2.284, which ranks us 19 of 560 journals and is a slight increase from 2019, when *AJPH* was 2.210 and ranked 18 of 559 journals. *AJPH* remains ranked within the first quartile (highest ranking) of all journals. Among all journals in this database, the journal ranks #198 of 32,958 journals overall (or the top 0.6%) for H-index and #1,063 of 32,958 journals overall (or the top 3.2%) for the Scimago Journal Ranking Indicator.

#### **Eigenfactor Score**

The eigenfactor score is a metric that indicates the influence of a journal within the field and measures where content is being cited and how often. The greater the score the more influential the journal's content is considered to be. At its core, the score indicates that high impact journals are citing journal material in their articles. For 2020, the journal eigenfactor scores is 0.05687. This score indicates that journal content is being cited often by high-impact journals and therefore remains the top influential journal in the field. Normalized to a score of 1, our eignefactor jumps to 11.91507, which indicates that studies published in AJPH are almost 12 times more influential than articles published in other journals.



Historically, the journal has consistently ranked first and third in eigenfactor score since 2014 in the Social Science Citation Index and Science Citation Index, respectively.

AJPH research published in the last 100 years was cited in 9,066 journals. The top citing journals in 2019 were New England Journal of Medicine (151 citations), JAMA – Journal of the American Medical Association (141 citations), Lancet (135 citations), and MMWR (122 citations).

## **Strategic Imperative II:**

## Disseminate journal content to the broadest audience

### **RSS Alerts**

From July 2020 to June 2021, the journal emailed monthly issue alerts to 1.42 million individuals, or 118,565 people per month. Of the 1.42 million individuals receiving email alerts, 237,553 were members and 1,185,234 were non-members. Approximately 27.8% (394,871) of the emails were opened, and 5.0% of people who opened an email clicked on one of the embedded links.

## **Website Statistics**

In FY2021, we had 12.16 million visitors, a 56% increase over last year, who read 2.82 million abstracts and 5.73 million articles (13.7% increase). Mobile use of the website decreased by 13% to 926,874 mobile accesses during the fiscal year. We averaged 1,013,215 site visitors per month (56% increase).

Globally, the majority of users are from the United States, followed in order by the United Kingdom, Canada, India, and Australia. After North America, most users are from Europe, Asia, and Australia, and Africa.

As with previous years, students continue to be the largest group with journal accounts, followed by mid-career professionals and then early career professionals. Most professionals are professors, followed by researchers, clinicians, and state or federal employees.

## **Marketing Efforts**

*AJPH* is typically promoted at conferences for the North American Serials Group, Special Libraries Association, Pacific Northwest Medical Library Association, South Central Chapter Medical Library Association, North Atlantic Health Sciences Libraries Association, Charleston Conference on Collection Development, Michigan Health Science Library Association, North Atlantic Health Science Libraries, The Mid-Atlantic Medical Library Association Conference, American Library Association-midwinter and annual meetings, Special Libraries Association and Health Tech, Massachusetts Health Sciences Library Network, Medical Library Association, and the PubMart booth at the APHA annual meeting. *AJPH* is considered an



Essential Core Journal for Public Health by the Medical Library Association section on Public Health and Health Administration. However, due to the COVID-19 pandemic, these conferences were canceled in 2020 and in 2021.

In the first half of FY2021, we conducted marketing efforts targeting all subscribers from CY2020, small health institutes and community health clinics, and community colleges. We focused the majority of our marketing efforts on ensuring subscribing institutes renewed for CY2021, especially given the budget constraints the majority of our customers faced this year. In the second half of FY2021, we targeted health agencies and hospitals in the US and globally, and we conducted special rate promotional campaigns to lure back lapsed subscribers. For FY2022 we plan on focusing our efforts on small health departments and on consortia group sales in South America, Asia, and the Pacific Rim. At the start of CY2021, 60% of our customers had not renewed subscriptions for CY2021. However, because of the efforts targeting current subscribers throughout the year, and especially lapsed subscribers in the first half of CY2021, we recovered 100% of our total subscriptions from CY2020.

### **Subscriptions Performance**

In CY2020, we had 561 peak subscriptions vs 649 in CY2019, a loss of 88 subscriptions. We believe the pandemic played a large part in the loss of subscribers. We were prepared to lose even more subscribers in CY2021, but because of the aggressive marketing and promotional activities, we believe we may have more subscribers than we had in the previous year.

In July 2021, the journal had 561 institutional subscribers which was more than anticipated given the impact of the pandemic on subscriber budgets. Compared to this time last year, we have 36 more subscribers, and we project that we will have only 580 subscribers by year end. This increase was not expected, especially given the low renewals at the start of the year. We plan to maintain the marketing firm we used in FY2021 to help us continue to attract new customers and attempt to sway lapsed subscribers to renew their subscriptions. We continue to market the journal to subscription agencies and consortia, and will continue targeting academic and medical institutes in the United States and globally.

The majority of our subscribers are domestic (60% vs 40% international), and most have online subscriptions or print + online subscriptions vs print-only subscriptions.

# **Strategic Imperative III:**



# Maximize utilization of journal content by public health researchers, policymakers, practitioners, and educators

The *Journal* continues to promote articles through various social media channels, which includes the blogs--*AJPH* Talks and Public Health Newswire--Facebook page, YouTube channel, and Twitter feed. These outlets are used to promote individual issues and articles within the *Journal*, highlight articles being covered by other news outlets, relate content in the *Journal* to current affairs and APHA efforts, and announce new policies, products, and *Journal* features.

The most <u>read</u> articles this past year were:

- "ENOUGH: COVID-19, Structural Racism, Police Brutality, Plutocracy, Climate Change–and Time for Health Justice, Democratic Governance, and an Equitable, Sustainable Future": Read **22,872** times, published in the November 2020 issue.
- "We're Not All in This Together: On COVID-19, Intersectionality, and Structural Inequality": Read **20,790** times, published in the July 2020 issue.
- "Association of "#covid19" Versus "#chinesevirus" With Anti-Asian Sentiments on Twitter: March 9–23, 2020": Read **17,595** times, published in the May 2021 issue.

The most <u>shared</u> articles this past year were:

- "Association of "#covid19" Versus "#chinesevirus" With Anti-Asian Sentiments on Twitter: March 9–23, 2020" published in the May 2021 issue; Altmetric Score: 1618 (ranks 277 of 321,782 articles published around this time).
- "Facebook Pages, the "Disneyland" Measles Outbreak, and Promotion of Vaccine Refusal as a Civil Right, 2009–2019" published in the October 2020 issue; Altmetric Score: **1106** (ranks 501 of 321,577 articles published around this time).
- "Analysis of Excess Deaths During the COVID-19 Pandemic in the State of Florida," published in the April 2021 issue; Altmetric Score **866** (ranks 652 of 307,057 articles published around this time).

The most <u>cited</u> articles this past year were:



- "We're Not All in This Together: On COVID-19, Intersectionality, and Structural Inequality," published in the July 2020 issue; **115 citations across 11 disciplines**.
- "Accurate Statistics on COVID-19 Are Essential for Policy Guidance and Decisions," published in the July 2020 issue; **73 citations across 10 disciplines**.
- "ENOUGH: COVID-19, Structural Racism, Police Brutality, Plutocracy, Climate Change–and Time for Health Justice, Democratic Governance, and an Equitable, Sustainable Future," published in the November 2020 issue; **48 citations across 10 disciplines**.

The most <u>read</u> issues this past year were:

- "COVID-19: We're Not All In This Together": Accessed **83,670** times (July 2020)
- "COVID-19: Time to Reinvent Public Health": Accessed **62,889** times (November 2020)
- "Health Misinformation on Social Media": Accessed 52,285 times (Supplement 3 2020; October 2020)

## Twitter

We currently have 11,915 (10.9% increase from 2020) followers on Twitter. Our 259 tweets (16.2% decrease) this past year were viewed 1,614,890 times (48.6% decrease), and 23,235 people (41.8% decrease) have engaged with posted content.

#### Facebook

On Facebook, we have 16,884 followers (0.81% decrease from 2020). We posted 356 times (56.9% decrease) on Facebook, and those posts were viewed 223,023 times (73.4% decrease) and engaged by 5,799 people (81% decrease).

#### Podcasts

Dr. Morabia continues to produce the *AJPH* Podcast in both English and Chinese. Since 2015 the *AJPH* podcast has been listened to 79,800 times. Over the last 12 months, it had 31,500 listeners. The podcast continues to be ranked 3 out of 30 for the best public health podcasts (<u>https://www.mphonline.org/best-public-health-podcasts</u>).

The most listened English tracks were:

- AJPH October 2020: "Katrina, Flint, Covid-19: The Root Changes Public Health Needs," 3,401 accesses
- *AJPH* July 2020: "COVID-19: Are We In This Pandemic All Together?" 3,177 accesses



• AJPH January 2021: "Why Intersectionality Captivates Early Career Public Health Folks?" 2,428 accesses

The most listened Chinese track was:

• AJPH Chinese Podcast, "Review of the June, July & August 2020 Issues of AJPH," 1,248 accesses

## Media Coverage

The *American Journal of Public Health* continues to be featured, cited or referenced in local and national news coverage from online, print, radio and television media outlets. The media has covered *AJPH* studies with each monthly release of new research and special supplements.

## **Strategic Imperative IV:**

## Advise on journal business practices to ensure sustainability of the journal

In FY2021, we published 15 issues (12 regular issues plus 3 Supplement issues), or 619 articles, 209 of which were published as open access pieces. We produced a total of 2,421 pages (2,120 print pages plus an additional 301 online-only pages).

## Times from Submission and Acceptance to Publication

Submissions increased by 18.75% compared to 2020 numbers. Submissions were 5,003 in FY2021 vs 4,213 in FY2020. Figure 1 presents data from the last 5 years. The pandemic is solely behind this increase.



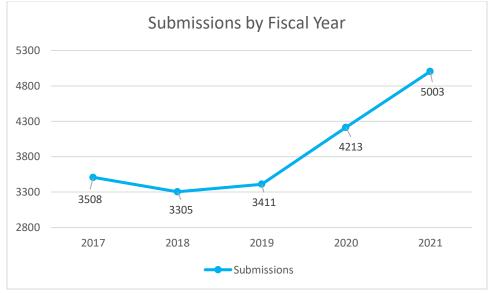


Figure 1—Submissions to the journal, by fiscal year: 2017–2021.

In FY2021 "Accept" decisions numbered 587 of 4,912 decisions vs 573 of 4,870 in 2020. The number of decisions remains high because of the increased volume of submissions during pandemic. However, the number of accepted papers remained relatively the same compared to previous years. Figure 2 provides data from the last 5 years.

The acceptance rate increased slightly to 11.95% from 11.77%. The high number of submissions combined with a relatively unchanged number of acceptances created a steep decline in the acceptance rate. Generally, a lower acceptance rate indicates greater selectivity in which papers are published. Figure 3 shows change in acceptance rate over 5 years.



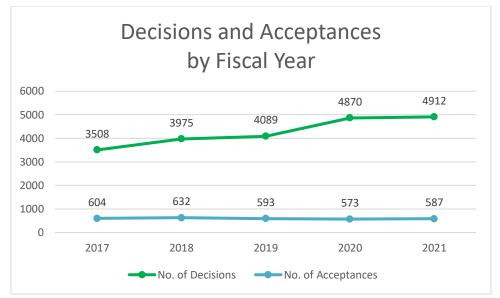


Figure 2—Journal Acceptances and Decisions, by fiscal year: 2017–2021.



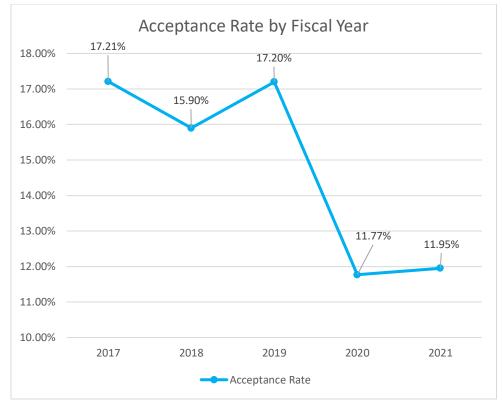


Figure 3—Acceptance rate, by fiscal year: 2017–2021.

The time it takes a paper to move from submission to review increased to 20 days in FY2021, our highest in 5 years, as compared to 14.6 days in 2020. Figure 4 shows our 5-year performance.



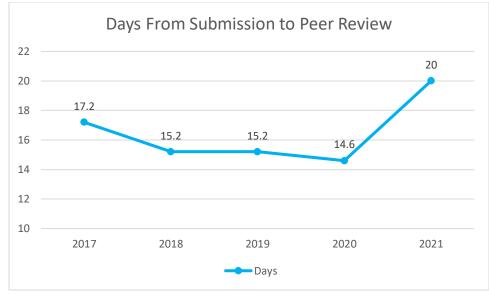


Figure 4—Number of days from submission to assignment for peer review, by fiscal year: 2017–2021.

Most papers were accepted within 1.13 months in FY2021 vs 1.55 months in 2020, and rejected papers were typically rejected within 4.5 days of submission. Our 5-year performance appears in Figure 5. Finally, time from submission to online publication increased slightly to 4.45 months in FY2021 as compared to 4 months in 2020. Figure 6 shows our 5-year performance. Time from acceptance to print appearance is 2.49 months, about the same as 2.5 months in 2020.





Figure 5—Number of months from submission to acceptance, by fiscal year: 2017–2021.

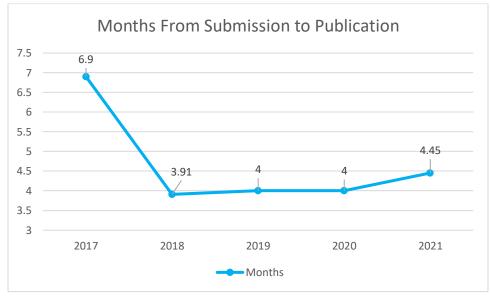


Figure 6—Number of months from submission to online publication, by fiscal year: 2017–2021.

These rates reflect the continued commitment of the APHA staff and the *AJPH* editors and reviewers, who continually strive to position the *AJPH* as the premier public health journal in the world.



## **Topics Secured For External Funding**

AJPH continues its commitment to ensure that science and research are intertwined throughout the publication of state-of-the-art manuscripts.

Topics that have been secured through external funding and published in FY2021 include:

- Aligning Health Systems and Primary Care (July 2020; \$65,000)
- Health Misinformation on Social Media (October 2020; \$60,000)
- Youth Violence Prevention (Spring 2021; \$45,000)

Total expected revenue from these projects is **\$165,000**.

In FY2022 we plan to produce funded issues on:

- When Dying Really Counts (July 2021; \$75,000)
- COVID-19, Racism, and Public Health 3.0 (October 2021; \$67,500)
- Global Crisis: Opioids (January 2022; \$75,000)
- Pain and Opioids (February 2022; \$76,000)
- Public Health and Nursing (May 2022; \$120,000)
- Contraception (May 2022; \$75,000)
- HIV/AIDS and Intersectionality (June 2022; \$107,500)

Total expected revenue from these projects is **\$596,000**.

In FY2020, we re-launched the e-Reader program, which will provide mobile-friendly access to full issues of the journal to APHA members for free. Non-members and institutional subscribers will have to pay for access to the e-Reader product. We also implemented an article-level online e-Reader function, which provides an enhanced reading experience for any device and allows the reader to download the article to their device for offline reading in a non-PDF format. Finally, we integrated Dimensions badging for



every article to better track citations in other articles and across specialties. We believe these enhancements will continue to make the journal a desirable publishing destination.

## **Strategic Imperative V:**

# The Editorial Board is fully engaged to support the journal

In the last year, the *AJPH* Editorial Board has explored ways to facilitate promotion of the journal and ensure member engagement. The Board has focused on four areas: (1) number of board members serving as peer reviewers, (2) monthly promotion of journal material via social media, (3) engagement with APHA sections and members, and (4) advisement on ethical issues (e.g., plagiarism, scientific misconduct). Data are forthcoming, but initial evidence suggests that the number of editorial board members serving as peer reviewers has increased substantially. Furthermore, engagement with *AJPH* material via social media has increased. To engage APHA sections to a greater extent, an editorial board subcommittee has been formed to develop a series of webinars based upon section and member feedback. The first webinar was conducted in the Fall of 2020 and addressed the peer review process. The second webinar was conducted in the Fall of 2021 and focused on how authors could promote content through social media. The Editorial Board ideally will continue to provide webinars twice a year moving forward. As these are new areas for the annual report, the Editorial Board has been setting benchmarks and goals this year. Benchmarks and associated goals will be presented in a future report.

The editorial board has been fully engaged with the editorial team in matters of potential ethics violations. For example, an ad hoc sub-committee was formed to consider the possibility of the journal joining the Committee on Publication Ethics (COPE). COPE provides guidance and best practices for management of ethical beaches often encountered by scientific journals. The sub-committee recommended joining COPE, which occurred in 2018, making all COPE resources available to the editorial board and journal editors. Concurrently, a standing subcommittee was formed to advise on potential ethical breaches at the request of the Editor-in-Chief. The committee meets on an "as needed" basis and has advised on more than 10 cases since its inception. A separate subcommittee has also been formed to research how the changing landscape of open access might impact the journal and its operation. This subcommittee is surveying other journals for their rules around open access and is planning a report to advise the publisher on current *AJPH* policies. Finally, the Editorial Board is investigating the development of course packets for college-level instructors based on content



published in the journal. The intent is to pilot test the program in the upcoming year and report on its success and uptake.

The Editorial Board, through its standing subcommittee on strategic planning, continually monitors the progress on the strategic plan and modifying it appropriately to meet the mission and vision of the journal in light of the ever-changing external environment.

## From Alfredo Morabia:

From January 1 2021 through October 3, 2021, we made final decisions on **3,367** papers; extrapolated to 12 months, this would be approximately **4,489** expected final decisions in 2020, vs 5,309 in 2019; 8.85% of submitted papers were accepted during this period in 2021. **1459** of these 2020 submissions were related to the Covid-19 pandemic.

From January 2021–September 2021, time to peer review invitation took 17.5 days vs 16 days for the same period in 2020. We continue to process manuscripts at a fast rate. Overall, time from submission to acceptance remains low and now takes approximately 1.62 months vs 1.97 months in 2020, and submission to publication is taking 4.2 months vs 3.1 months in 2020.

We have published 3 supplements in 2021: Supplement 2 2021 – Aligning Health Systems and Primary Care; Supplement 3 2021 – Health Misinformation on Social Media; and Supplement 1 2021 – Engaging Communities in Youth Violence Prevention. We have signed contracts for 7 upcoming supplements on "Early Mortality," "COVID-19, Racism, and Public Health 3.0," "Global Crisis: Opioids," "Pain and Opioids," and "Nursing and Public Health," "Contraception," and "HIV/AIDs and Intersectionality."

Overall, feedback indicates that the journal has become more attractive for a large readership of practitioners, academics, and policymakers. Subscriptions continue to decline.



## **SUMMARY**

The Journal continues to increase its reach and impact toward advancing public health while reaffirming our commitment to editorial independence, and other core policies and ethical principles that are part of our core values and ways of moving forward to create a more just society and humanity.

The *AJPH* Editorial Board, the Editors and the Publisher are delighted to be part of the accomplishments of the Journal. We are a collaborative team that continues to advance the *AJPH*'s vision and mission using values of excellence in leadership, science and translation, policy and publication.