EVER TRIED? EVER FAILED?

New knowledge in the health domain continues to appear at a remarkably steady rate. A vast literature in the form of periodicals is the source of many ideas that subsequently are transformed from the research bench to the clinical bedside. Several innovations stem from funded studies, but not all investigators are successful in obtaining external support. Although that barrier often stems from an insufficient amount of funds, other factors also can take their toll.

Study group members that contribute to making decisions about which proposals should receive financial support may share a common mindset that closes off ideas viewed as being outside what they consider acceptable ways of conceiving of the nature of certain health problems. For example, the May/June 2016 issue of MIT Technology Review contains an article about a researcher whose grant proposals were rejected several times on the basis that his notions of the important role played by microglia in the brain did not accord with established belief tenets.

Even when such research moves forward, the results may fail to appear in the professional literature as represented by what are deemed to be the most prestigious journals. Reviewers for a given publication may view the contents of a submitted article as being too unorthodox and not contributing anything new of value on a particular subject.

Apart from theoretical disputes, manuscripts may be rejected because they are poorly conceived and their contents are not expressed clearly. Some new authors who for the first time are seeking to have their ideas and works described in print may commit several key writing errors. Each year, approximately 40% of papers submitted to the Journal of Allied Health are not accepted and some are rejected for this reason.

Samuel Beckett, a Dubliner who won a Nobel Prize in Literature in 1969 for his plays, novels, and poems, was no stranger to the art of fine writing. Advice that he once offered would seem to apply to anyone who experiences rejection. “Ever tried. Ever failed. No Matter. Try again. Fail again. Fail better.”

BEWARE FALSE PROPHETS

Reports in the mass media about health are prone to including highly inflated language in the form of superlatives and omissions of essential context. Media outlets in the form of newspapers, radio, and TV, along with information that easily can be obtained from smart phones and other gadgets make it possible for stories about health to be widely disseminated. Following the appearance of such news, it is not unusual for allied health professionals to be asked questions by patients and consumers about the advisability of using a widely publicized nostrum to prevent or even cure a serious disease.

An announcement on May 16 from the National Institutes of Health received wide coverage in the media regarding how a new study of the relationship between physical activity and cancer has shown that greater levels of leisure-time physical activity were associated with a lower risk of developing 13 different types of cancer. Two key elements in that statement are: (1) the use of the past tense (were associated with a lower risk) as opposed to the present tense (it lowers the risk), and (2) being associated with something and being caused by something are not the same.

The problem of erroneous reporting in the media is not new. Words of wisdom about the importance of conveying accurate reportage have been issued over the decades. Two digestible items worth mentioning are: (1) The Interpretation of Epidemiologic Studies by Marcia Angell, which appeared on September 20, 1990 in the New England Journal of Medicine, and (2) Clinical Research—What Should the Public Believe? by her and Jerome Kassirer on July 21, 1994 in the same journal. Both articles may serve as useful primers in acknowledging the challenge of remaining vigilant to avoid committing errors that stem from putative associations and spurious correlations.

INSTITUTIONAL PROFILE SURVEY

Data collection for the 2016 study opens on September 12. A User’s Guide is online at www.asahp.org in the section of the homepage labeled “Members.”
The Summer 2016 issue of the Journal of Allied Health is scheduled to be distributed in mid-June. An electronic version also will be posted on a website operated by the firm of Ingenta, which is based in England. Because of a backlog, this issue contains more articles than what usually are published. Manuscripts address topics, such as evidence-based practice, basic clinical assessment, interprofessional education, clinical supervision, teaching strategies, collaboration competencies, and administrative burden.

Given the broad range of interests represented by the term allied health, it often is challenging to match articles submitted with reviewers who are well-versed in specific topical areas. A related matter is a desire to avoid calling upon the same group of current reviewers too often. Thus, newcomers always are welcome to join the ranks. Ideally, they should possess a doctorate degree and have experience both as authors and reviewers for other journals. Deans and directors at ASAHP member institutions are requested to bring this invitation to the attention of their faculty.

Reviewers especially are sought in the following areas: Dental Hygiene, Dietetics/Nutrition, Interprofessional Education, Occupational Therapy, Physical Therapy, and Respiratory Therapy. Please send responses to Thomas@asahp.org.

DATA BREACHES

A new report from the Brookings Institution examines recent privacy breaches in the health care system. Leaps in technology toward health care digitization have resulted in unprecedented amounts of personal health data being collected, shared, and analyzed on an everyday basis. Due to this data proliferation, there are now more reasons than ever to be concerned about patient privacy.

Despite public concerns and government’s efforts, the frequency and magnitude of privacy breaches have been on an upward trend. Data breaches are more likely to happen in the health care industry where 23% of all episodes occurred in the health sector in 2015. Health care data are richer and more valuable for hackers. Too many individuals have access to medical data, which are stored in large volumes and for a long time. Breaches can be catastrophic because they contain information that cannot be changed, e.g., social security numbers.

FUNDING OPPORTUNITIES

--Funding is available to support the development of innovative interventions that improve cancer-related health behaviors across diverse racial/ethnic populations. Specifically, the intention is to stimulate research aimed at 1) testing new theories and conceptual frameworks; 2) developing and evaluating novel strategies to improve cancer-related health behaviors; 3) investigating multi-level and multi-behavioral approaches; and 4) using innovative research designs, methodologies, and technologies.

The cancer-related health behaviors to be targeted are diet, obesity, physical activity and sedentary behavior, smoking, sleep and circadian dysfunction, alcohol use, and adherence to cancer-related medical regimens. Research can involve any aspect of the cancer continuum and any phase of the translational spectrum. The earliest submission date is September 16, 2016. More information can be accessed at http://grants.nih.gov/grants/guide/pa-files/PAR-16-278.html.

--The purpose of the Cancer Prevention, Control, Behavioral Sciences, and Population Sciences Career Development Award (K07) is to support the career development of junior investigators with research or health professional doctoral degrees who want to become cancer-focused academic researchers in cancer prevention, cancer control, or the behavioral or population sciences. The objective is to increase the pool of individuals with academic and research expertise in these specific areas of biomedical research.

The award provides salary and mentored research support for a sustained period of “protected time” to junior investigators who are interested in developing academic and research expertise in these particular health-related fields. Candidates must have no more than eight years of research experience after the terminal doctoral degree at the time of the initial or the subsequent resubmission application. Clinical training is not included within this eight-year limit. The expectation is that through this sustained period of research career development and training, awardees will launch fully independent research careers and become competitive for new research project grant (e.g., R01) funding. The application due date is June 30, 2016.