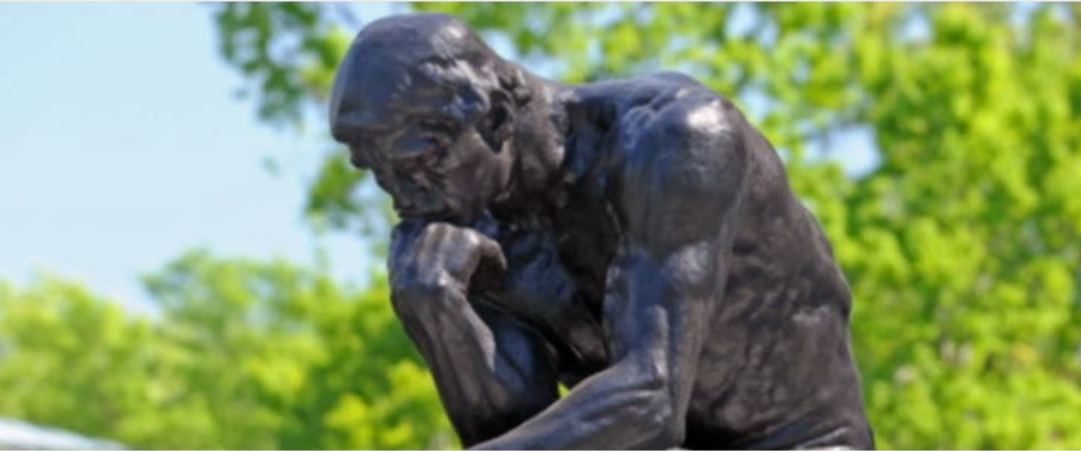




Publishing Partnership: Facilitating Open Access through Libraries Collaboration with Clinical Departments

Jessica Petrey, Associate Director, Clinical Services
Sarah Frankel, Open Access and Repository Coordinator
Rachel Howard, Digital Initiatives Librarian
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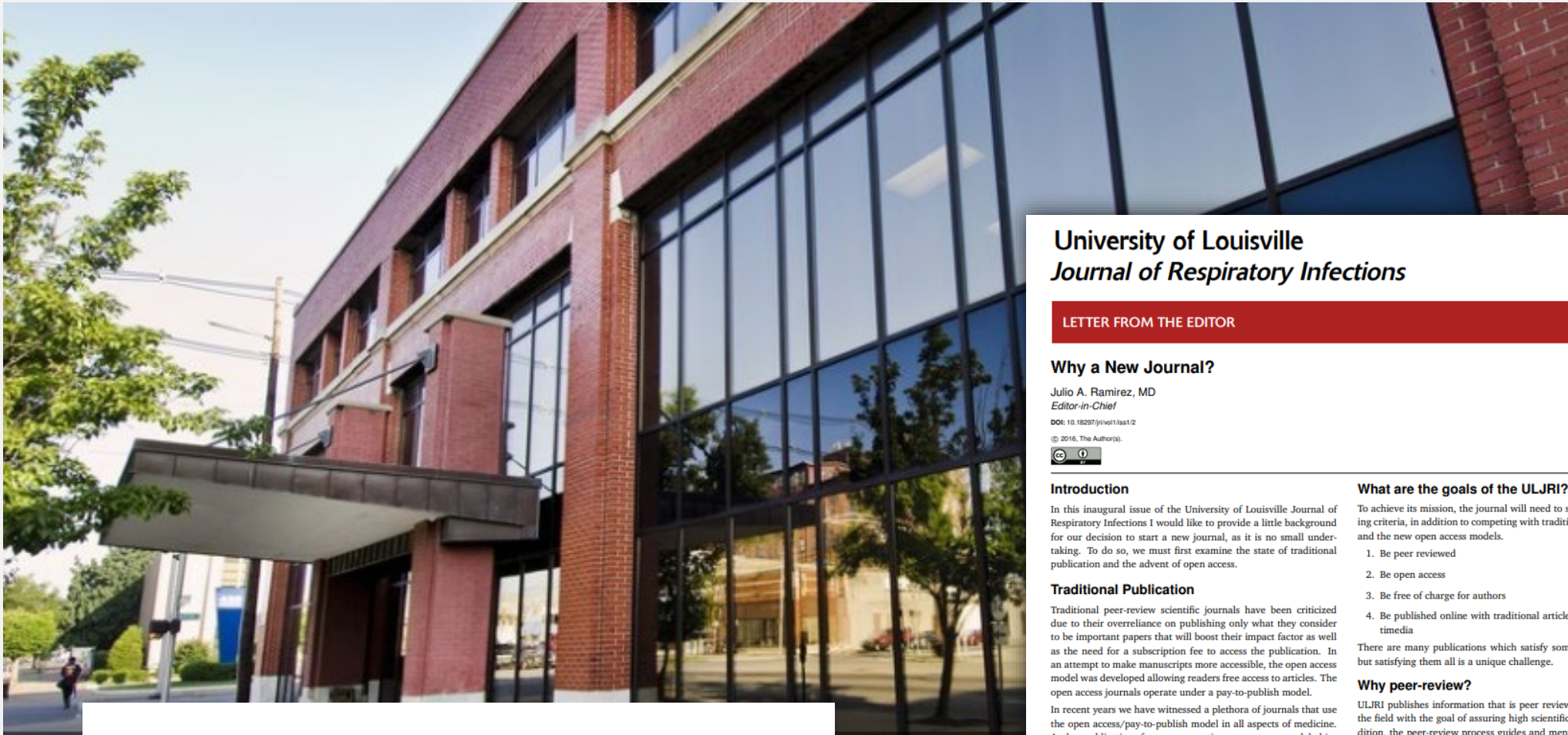
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Background

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University of Louisville *Journal of Respiratory Infections*



LETTER FROM THE EDITOR

Why a New Journal?

Julio A. Ramirez, MD
Editor-in-Chief

DOI: 10.18297/jr/vol1/iss1/2

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Introduction

In this inaugural issue of the University of Louisville Journal of Respiratory Infections I would like to provide a little background for our decision to start a new journal, as it is no small undertaking. To do so, we must first examine the state of traditional publication and the advent of open access.

Traditional Publication

Traditional peer-review scientific journals have been criticized due to their overreliance on publishing only what they consider to be important papers that will boost their impact factor as well as the need for a subscription fee to access the publication. In an attempt to make manuscripts more accessible, the open access model was developed allowing readers free access to articles. The open access journals operate under a pay-to-publish model.

In recent years we have witnessed a plethora of journals that use the open access/pay-to-publish model in all aspects of medicine. Author publications fees are generating an open access global industry. Several of these journals have been criticized because they significantly lowered the peer review standards to allow more articles to be accepted with the ultimate goal of earning more revenue for the publisher.¹

In the current environment, if an investigator performs a scientifically valid study but the manuscript is not considered important enough to be published in a traditional peer-review journal, the only pathway to publication is for the investigator to pay.

The need to pay for a subscription (pay-to-read model) limits the dissemination of research. On the other hand, charging the authors (pay-to-publish model) limits the possibilities of investigators to publish their work. There is a need for a new model that

What are the goals of the ULJRI?

To achieve its mission, the journal will need to satisfy the following criteria, in addition to competing with traditional publications and the new open access models.

1. Be peer reviewed
2. Be open access
3. Be free of charge for authors
4. Be published online with traditional articles as well as multimedia

There are many publications which satisfy some of these goals, but satisfying them all is a unique challenge.

Why peer-review?

ULJRI publishes information that is peer reviewed by experts in the field with the goal of assuring high scientific standard. In addition, the peer-review process guides and mentors investigators to achieve quality scientific publications. The uniqueness of this peer-review approach, with an emphasis on a mentoring methodology, can be achieved due to the high commitment of international editors with experts in the field of respiratory infections. The primary goal of our mentoring approach to peer-review is to show the authors pathways for manuscript improvement.

Why open access?

ULJRI publications are open access to facilitate the movement of that information into the large global community interested in the field of respiratory infections. Dissemination of scientific information is seriously limited when there is a subscription fee to access the information.



Considerations

- Responsibilities
- Rights
- Costs
- Design
- Content

Memorandum of Understanding

Library Services and Open Access Journal Publishing

Open access (“OA”) provides a crucial path for making scholarship and research findings broadly available without price and related access barriers. As a research and public university, the University of Louisville (“UofL”) fully supports the widespread availability of scholarship and research in order to advance intellectual growth, stewardship of the work of UofL scholars, and innovation in discovering and applying new knowledge to critical social issues and needs.

To realize this core goal, UofL, through the efforts and auspices of University Libraries, provide a suite of library services that support UofL scholars and researchers in developing and broadly disseminating their scholarship and research in OA journals. UofL faculty and researchers create the journals; identify the editorial, funding, and administrative framework for publishing them; and receive University Libraries advice, expertise, and guidance in using University Libraries technology in order to make their journals available globally.

The central role and purpose of this Memorandum of Understanding (“MOU”) is to:

- 1) articulate the common interests and shared perspectives of the Journal Sponsors, UofL, and University Libraries regarding the value of publishing OA journals under specified terms and conditions;
- 2) identify, describe, and memorialize the agreed upon obligations and tasks of both the Journal Sponsors and University Libraries; and
- 3) frame reasonable opportunities and accommodations that will help Journal Sponsors succeed in making their scholarship and research OA to facilitate scholarly inquiry, research, and discovery.

To that end, the _____ (“Journal Sponsors”) and University Libraries (jointly “the Parties”) agree that these shared responsibilities and obligations further the scholarly and research work of UofL, represent the best efforts of the Parties in publishing an OA journal, and bind the Parties, agents, and authors to fulfilling the respective responsibilities and obligations in the best interest of the Parties and UofL without external influences, commitments, and/or conflicts of interest.

Memorandum of Understanding

<https://ir.library.louisville.edu/mou.pdf>

- Articulates goals
- Delineates commitments and tasks of each partner
- Grants rights

Department

- Journal operations
 - Content/articles
 - Reviewers and editorial board
 - Processing submissions
 - Layout and design (software)

Libraries

- Journal hosting & preservation
 - Bepress (Digital Commons)
 - Tech support
 - Assign DOIs
 - Long-term preservation

Responsibilities

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Original Research

- [PDF](#) [Beta-lactam plus Macrolide vs Fluoroquinolone for Empiric Therapy of Hospitalized Patients with CAP: Results from the University of Louisville Pneumonia Study](#)
Vidyulata Salunkhe, Stephen P. Furmanek, and Forest W. Arnold
- [PDF](#) [Towards Multi-Lingual Pneumonia Research Data Collection Using the Community-Acquired Pneumonia International Cohort Study Database](#)
William A. Mattingly, Kimberley A. Buckner, and Senen Pena
- [PDF](#) [Severity of disease and mortality for hospitalized patients with community-acquired viral pneumonia compared to patients with community-acquired bacterial pneumonia](#)
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Timothy L. Wiemken, Robert R. Kelley, William A. Mattingly, and Julio A. Ramirez

Patient Management

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Viswanathan Nagarajan, Srinivas R. Dontineni, Veronica Corcino, and Forest W. Arnold

Review Articles

University of Louisville *Journal of Respiratory Infections*



ORIGINAL RESEARCH

Beta-lactam plus a Macrolide versus a Fluoroquinolone for Empiric Therapy of Hospitalized Patients with Community-Acquired Pneumonia: Result from the University of Louisville Pneumonia Study

Vidyulata Salunkhe^{1*}, Stephen P. Furmanek¹ and Forest W. Arnold¹

Abstract

Background: Current guidelines recommend a β -lactam plus a macrolide or fluoroquinolone monotherapy as the initial empiric antibiotic therapy for treatment of patients hospitalized with community-acquired pneumonia (CAP). Multiple studies have shown different results comparing the two regimens for the treatment of CAP. Our objective, in a city-wide prospective study, was to compare outcomes among hospitalized patients with CAP who received empiric treatment either with a β -lactam plus a macrolide or fluoroquinolone monotherapy.

Methods: This was a propensity score matched case-control study. It was a prospective population-based cohort study of all hospitalized adults with CAP. Patients were divided into two groups and propensity score matched based on empiric therapy; a β -lactam plus a macrolide compared to fluoroquinolone monotherapy. Study outcomes included time to clinical stability, length of stay, and in-hospital, 30-day and 1-year mortality. Stratified Cox proportional hazards regression was performed to analyze continuous variable differences between groups, and conditional logistic regression was performed to analyze dichotomous variable differences in mortality.

Results: An association was not found between the two groups for time to clinical stability (aHR: 1.06; 95% CI: 0.93-1.22), length of stay (aHR: 1.14; 95% CI: 0.99-1.32) or mortality.

Conclusions: The present study failed to demonstrate differences in short or long-term outcomes for hospitalized CAP patients treated with either a β -lactam plus a macrolide or fluoroquinolone monotherapy. Therefore, our study does not support the superiority of one treatment over another.

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Introduction

Community-acquired pneumonia (CAP) is the leading cause of death among those with an infectious disease [1]. It accounts for hospitalization, high mortality and increased health care cost [2]. Mortality due to CAP ranges from 3% for outpatients up to 50% for patients admitted in the ICU [1].

Of the majority of patients with CAP treated in an outpatient setting, only a small proportion require hospitalization [3].

Following hospitalization treatment needs to be spectrum of activity, low toxicities. The empiric *Streptococcus pneumoniae*, *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*

America (IDSA)/American Thoracic Society (ATS) guidelines for CAP recommend either a respiratory fluoroquinolone or a β -lactam plus a macrolide for hospitalized patients [5]. Retrospective studies have documented decreased mortality, length of stay and less re-admission rate when patients are treated with guideline-concordant antimicrobial therapy [6, 7].

Studies leading up to and after the 2007 IDSA/ATS guidelines,

Design & Content

Journal of Refugee & Global Health

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Welcome to Journal of Refugee & Global Health.

The *Journal of Refugee & Global Health* is a peer-reviewed scholarly journal fully-subsidized by the University of Louisville, with no fees to access, submit, or publish content. This gives us a unique opportunity to offer an open-access journal that does not require (1) a fee for submitting or reading content, or (2) payment for authors to publish. We firmly believe that those practicing, researching, and studying refugee and global health should not be required to pay to publish or disseminate articles that inform the community about their work.

The journal was founded as a home for high-quality content, including original research, case studies, program reviews, and editorials from experts in a wide range of disciplines - all designed to help inform practitioners, researchers, and students regarding happenings in practice across the globe.

See the [Aims and Scope](#) for a complete coverage of the journal.

In-Progress Issue: [Volume 2, Issue 2 \(2019\)](#)

Current Issue: Volume 2, Issue 2 (2019)

Original Research

- [PDF Vitamin Deficiencies Among Resettled Refugees in Buffalo, NY](#)
Tyler B. Evans and Myron Glick MD
- [PDF "We didn't know": An Examination of Health and Nutrition Knowledge, Behaviors and Clinical Risk Factors to Guide a Pilot Health Education Intervention for Refugees from Burma](#)
Elizabeth B. Smith and Lauren R. Sastre
- [PDF Perceptions of Health Practices and Interactions with the US Healthcare System among Bhutanese Refugees: A Qualitative Approach](#)
Amy E. Szajna*
- [PDF Designing the Arriving Refugee Informatics Surveillance and Epidemiology \(ARIVE\) System: A Web-based Electronic Database for Epidemiological Surveillance](#)
William A. Mattingly, Ruth M. Carnico, Timothy L. Wiemken, Robert R. Kelley, Rebecca A. Ford, Rahel Bosson, Kimberley A. Buokner, and Julio A. Ramirez
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Journal of Refugee & Global Health

Original Research

Perceptions of Health Practices and Interactions with the US Healthcare System among Bhutanese Refugees: A Qualitative Approach

Amy E. Szajna*

Abstract

Purpose: The aim of this pilot study was to explore health practices of Bhutanese refugees and their interactions with the US healthcare system and providers.

Methodology: Researchers conducted 12 in-depth interviews and 7 patient-provider observation units as part of this descriptive qualitative study.

Results: Participants identified individual definitions of health and behaviors they value to maintain health. They identified significant trust and faith in their healthcare provider and valued provider-directed suggestions. Participants cited concerns with patient-provider communication resulting from limited English proficiency and frequent changes in primary care providers.

Discussion: This study is useful to inform further research and potential interventions aimed at improving health outcomes in Bhutanese refugees.

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Szajna, Amy E. (2019) "Perceptions of Health Practices and Interactions with the US Healthcare System among Bhutanese Refugees: A Qualitative Approach," *Journal of Refugee & Global Health*: Vol. 2 : Iss. 2 , Article 3.

Introduction

(Asgary & Segar, 2011). These conditions often go undiagnosed or are mismanaged prior to resettlement (Eckstein, 2011). From 2016 to 2017, nearly 8,200 Bhutanese refugees resettled to the United States (MPI, 2017). Bhutanese refugee population in the United States is growing (Macklin et al., 2013). Bhutanese at the lower end of the socioeconomic spectrum, low English language proficiency, and poor health outcomes (B

gical health among refugees (Poudel & Dyer, & Soliman, 2014; (8), health practices (Mirza et al., 2018; son, Yun, 2015; Im health practices and are prevalent in other us group, identifying research exploring health issues in refugee populations was important for our current research with Bhutanese refugees since previous studies provided insight into potential issues

DOI
10.18297/rgh/vol2/iss2/3

Day-to-day tasks



Goals, Growth, & Impact

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The journal was founded as a home for high-quality content, including original research, case studies, program reviews, and editorials from experts in a wide range of disciplines - all designed to help inform practitioners, researchers, and students regarding happenings in practice across the globe.

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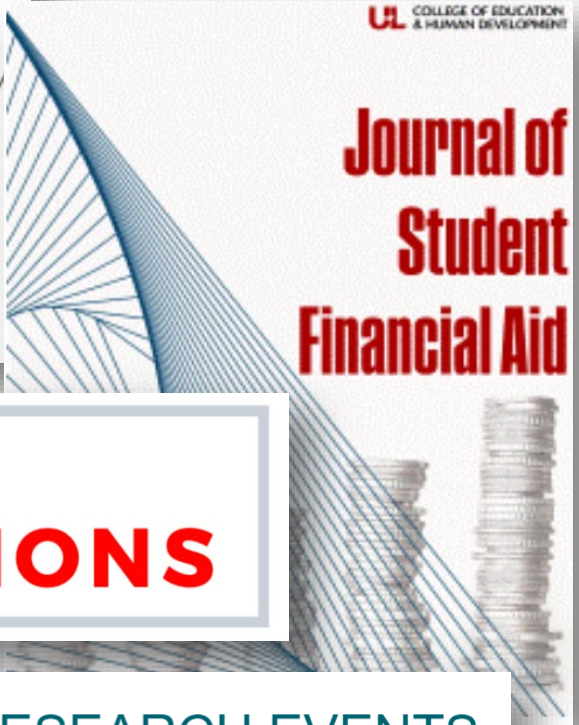


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