

Editorial

Two New Specialty Open Access Dental Journals

The US Government has started emphasizing open access—meaning that readers should not have to pay for reading journal articles—in response National Institutes of Health has implemented the Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008). Several groups of academicians, nongovernmental organizations and private bodies have taken up the challenge of finding credible and low-cost alternatives to scientific publishing since the year 2000. The Journal of Theory and Practice of Dental Public Health (JTPDPH) (<http://www.sharmilachatterjee.com/ojs-2.3.8/index.php/JTPDPH>) and the Journal of Dental, Oral and Craniofacial Epidemiology (JDOCE) (<http://www.sharmilachatterjee.com/ojs-2.3.8/index.php/JDOCE>) salute this cause and joins in the movement aimed at keeping access to journal articles free to readers and for authors to publish.

Both, JTPDPH and JDOCE are international, double-blind peer-reviewed, quarterly, open access e-journals published by SCASI (www.sharmilachatterjee.com) under a Creative Commons License: Attribution-NonCommercial 3.0 Unported (CC BY-NC 3.0). These journals address theory as well as emphasize public health method development and their application to oral dental and craniofacial disease, conditions and health (JTPDPH), and emphasize epidemiological, biostatistical, mathematical, other analytical methods and data-related issues and their application (JDOCE). Both Journals will follow the ethical paradigm proposed by the Committee on Publication Ethics.

JTPDPH views dental public health broadly and publishes articles from all aspects of public health including but not limited to: Behavioral sciences, biostatistics, communication, cultural issues, dental education reform, disease prevention, diversity, environmental health, epidemiology, health care delivery models, health care financing, health care management, health care quality, health economics, health policy, informatics, leadership, professionalism, program planning, public health biology, public health ethics, social sciences and systems science.

JDOCE interprets epidemiology widely and encourages causal analysis, thoughtful and critical commentaries on a variety of applied epidemiological issues. The journal believes that development of theory-based and evidence-based scientific logical arguments have a central place in science even though some may consider those arguments as potentially speculative. It will promote science-based and evidence-based theoretical and applied articles with strong potential for identifying problems, providing solutions and those that will potentially create meaningful scientific debate and ignite new potential ideas in the field.

JDOCE publishes articles from all aspects of dental, oral and craniofacial diseases and conditions epidemiology, biostatistics and research methods including but not limited to: Aging, cancer, causal and predictive models, chronic disease, clinical epidemiology, clinical measurement and evaluation, clinical trials, community trials, data analysis, disease pathogenesis, distribution and determinants, econometrics, environmental epidemiology, ethics, 'evidence base' development, genetic and molecular epidemiology, HIV/AIDS, immunoepidemiology, infectious disease, injury, logical thinking, mathematical modeling, medical care, mucosal diseases, pain, pharmacoepidemiology, philosophy of science/epidemiology, social epidemiology, study design and methods issues, surveillance, and theory, qualitative and quantitative methods.

We believe that science and evidence-based service and policy stems from solid scientific research. What are researchers to do when they discover practical truths? Should they not communicate those to their peers and enhance the process of learning—just because their work does not fit traditional definition of 'research'? Should hard truth about how to make abstract ideas work in reality be ignored? Should ideas from other disciplines that may affect our work be ignored due to possible silos blocking our vision? We answer in the negative to all these questions and wish to provide avenue for solid science-, logic- and evidence-based work in dental public health and oral, dental and craniofacial epidemiology.

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