

DEBATE

Open Access



Four very basic ways to think about policy in implementation science

Jonathan Purtle^{1*} , Corrina Moucheraud¹, Lawrence H. Yang² and Donna Shelley¹

Abstract

Background Policy is receiving increasing attention in the field of implementation science. However, there remains a lack of clear, concise guidance about how policy can be conceptualized in implementation science research. Building on Curran's article "Implementation science made too simple"—which defines "the thing" as the intervention, practice, or innovation in need of implementation support—we offer a typology of four very basic ways to conceptualize policy in implementation science research. We provide examples of studies that have conceptualized policy in these different ways and connect aspects of the typology to established frameworks in the field. The typology simplifies and refines related typologies in the field.

Four very basic ways to think about policy in implementation science research.

1) Policy as something to adopt: an evidence-supported policy proposal is conceptualized as "the thing" and the goal of research is to understand how policymaking processes can be modified to increase adoption, and thus reach, of the evidence-supported policy. Policy-focused dissemination research is well-suited to achieve this goal.

2) Policy as something to implement: a policy, evidence-supported or not, is conceptualized as "the thing" and the goal of research is to generate knowledge about how policy rollout (or policy de-implementation) can be optimized to maximize benefits for population health and health equity. Policy-focused implementation research is well-suited to achieve this goal.

3) Policy as context to understand: an evidence-supported intervention is "the thing" and policies are conceptualized as a fixed determinant of implementation outcomes. The goal of research is to understand the mechanisms through which policies affect implementation of the evidence-supported intervention.

4) Policy as strategy to use: an evidence-supported intervention is "the thing" and policy is conceptualized as a strategy to affect implementation outcomes. The goal of research is to understand, and ideally test, how policy strategies affect implementation outcomes related to the evidence-supported intervention.

Conclusion Policy can be conceptualized in multiple, non-mutually exclusive ways in implementation science. Clear conceptualizations of these distinctions are important to advancing the field of policy-focused implementation science and promoting the integration of policy into the field more broadly.

Keywords Policy, Outer-setting, Implementation strategies, Dissemination strategies, Education

*Correspondence:

Jonathan Purtle

Jonathan.Purtle@NYU.edu

Full list of author information is available at the end of the article



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Contributions to the literature

- This Debate article aims to provide clear, concise guidance about how policy can be conceptualized in implementation science research.
- A typology of four ways of thinking about policy in the field is presented: (1) policy as something to adopt, (2) policy as something to implement, (3) policy as context to understand, and (4) policy as strategy to use.
- Examples are provided of studies that have conceptualized policy in these different ways.
- The article consolidates and simplifies previously published typologies and frameworks that are relevant to policy-focused implementation science.

Background

Policy is receiving increasing attention in the field of implementation science [1–12]. Although the use of research evidence in policymaking and implementation have been studied in social science and public administration literatures for over half a century [13], the field of implementation science in health has historically been less attentive to policy [14]. This, however, is changing. Recent reviews have summarized measures of health policy implementation [8, 15, 16], synthesized evidence on policymaker-focused dissemination strategies [9], and identified priorities for methodological innovation in policy implementation research [10]. Calls for the field to place greater emphasis on health equity and structural racism also highlight the importance of studying how social and economic policies, and their implementation, contribute to health inequities [4–7].

Despite growing enthusiasm for policy-focused work in implementation science, conceptualizing policy questions in the field often feels like the proverbial problem of hammering a square peg into a round hole. This is in part because implementation science emerged from the evidence-based medicine movement [17]. As a result, clinical and organizational—as opposed to policy—settings are the implied, if not explicit, focus of core tenets and constructs in the field. In other words, policy-focused research questions often do not neatly fit within prevailing ways of thinking in the field of implementation science.

This concise Debate article aims to help implementation science researchers address this mismatch. Inspired by Geoff Curran’s article “Implementation science made too simple,” [18] the article is intentionally brief and aims to avoid the pitfall of not being easily comprehensible to audiences with little prior knowledge about implementation science research [19, 20]. We offer a typology of four

very basic ways that policy can be conceptualized in implementation science. We hope that our simplified typology will provide clear, concrete, and concise guidance to help implementation scientists conceptualize and conduct policy-focused research. Furthermore, we hope that it will support the integration of policy into implementation science research that is focused on clinical, organizational, and community settings. The guidance offered here simplifies and refines related typologies in the field [10, 11, 21–24].

Four ways to think about policy in implementation science

Figure 1 enumerates four basic ways that policy can be conceptualized across three sequential domains: *policymaking*, *policies* (codified in statutes and rules), and *policy implementation*. Across these domains, it is imperative to specify whether the policy of focus is public (i.e., government, also known as “big P policies”) or private (e.g., insurance company, health care system, also known as “little p policies”) [25]. For public policies, it is also important to consider whether the policy is made by elected officials or administrative officials and the level of government where the policy will be/was enacted (e.g., federal, state, or city/county in the case of the USA) [26]. Furthermore, a “policy” can be operationalized as a policy in its entirety (e.g., a bundle of policy provisions within a law), a sub-set of provisions, or an individual provision. Finally, policies change over time. Policy-related research questions can be oriented towards a new policy, a recently modified policy, a longstanding policy, or de-implementation [27] of an ineffective, burdensome, or harmful policy.

Policy as something to adopt

Here, a specific policy proposal is the focus of the research question and conceptualized as “the thing” per Curran’s terminology [18] (Curran defines “the thing” as the intervention, practice, or innovation which is in need of dissemination or implementation support). The policy should be supported by an existing body of evidence—typically produced from rigorous quasi-experimental studies—indicating that more widespread adoption of the policy (e.g., across more states or health systems) would be beneficial from a public health and health equity perspective. When conceptualizing policy this way, the goal of research is to understand how policymakers’ minds can be changed so that their behaviors contribute to policymaking processes that increase the adoption, and thus reach, of the evidence-supported policy. These types of studies could also focus on understanding and intervening on the determinants of instrumental use of

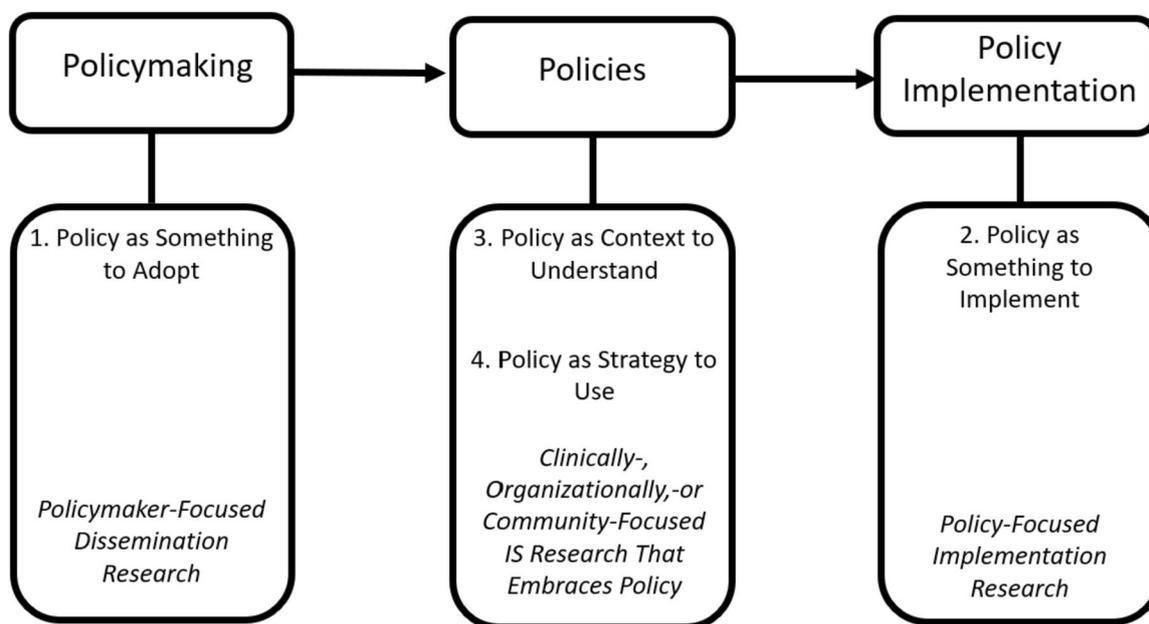


Fig. 1 Four ways to conceptualize policy in implementation science

research evidence (i.e., research evidence directly informing policy decisions) in policymaking [28].

Policy-focused dissemination research is well-suited to achieve this goal. Such research seeks to understand how research evidence can be most effectively packaged and communicated to policymakers and integrated into policymaking processes. Examples of studies that conceptualize policy in this way include audience research to inform how evidence about the policy (or the issues it addresses) is disseminated to policymakers [29–31], survey-based experiments [32–34] and field experiences [35–37] testing the effects of different messages on policymaker engagement with evidence and knowledge and attitudes about the policy or issues it addresses, and models [38] and interventions [39] that aim to improve the use of instrumental research evidence in policymaking. Brownson’s Model of Dissemination Research [25] and Kingdon’s Multiple Streams theory of policymaking [40] are examples of frameworks that have guided implementation science studies that conceptualize policy in this way [41].

Policy as something to implement

Here, a specific policy is also the focus and conceptualized as “the thing.” The policy of focus does not need to be evidence-supported, however, as policies without an evidence base are frequently implemented in the real world. The extent to which these policies produce benefits or harms to public health, and ameliorate or exacerbate health inequities, can often hinge upon

implementation processes. When conceptualizing policy in this way, the goal is to generate knowledge about how the rollout of policies can be optimized to maximize benefits for population health and health equity.

Policy-focused implementation research is well-suited to achieve this goal and has a long history in the field of public administration research [13]. Examples of such research include studies that assess readiness to implement a policy before it is rolled out; describe the process through which a policy was implemented, the extent to which it was enforced, and the actors involved with implementation; identify determinants of implementation outcomes; uncover the mechanisms through which policy implementation processes affect outcomes and their distribution across social groups; and observationally contrast or experimentally test strategies aimed at improving policy implementation outcomes (as well as policy effectiveness outcomes in the case of a hybrid study) [42–48]. Bullock and colleagues’ integrated framework of policy implementation [24] and Lipsky’s theory of Street-level Bureaucracy [49] are examples of frameworks that may support studies that conceptualize policy this way.

Policy as context to understand

Here, an evidence-supported clinical, organizational, or community intervention is “the thing,” and policy is conceptualized as a fixed determinant of implementation outcomes. The goal, when conceptualizing policy this way, is to understand the mechanisms through which

policies affect implementation of the intervention, and how clinically, organizationally, or community-targeted implementation strategies might be selected and tailored for different policy contexts [50]. Although the policies of interest are technically modifiable—they always are because policies are made through social processes—they are conceptualized as fixed here because questions about how to change policies are beyond the scope of the central research question (such questions are primary when conceptualizing policy as in #1 above). Conceptualizing policy as a fixed determinant is consistent with how policy can be thought of as bridging and outer-setting factors in the Exploration, Preparation, Implementation, Sustainment framework [51] and Consolidated Framework for Implementation Research [52, 53].

Policy as strategy to use

Here, an evidence-supported clinical, organizational, or community intervention is “the thing,” and policy (either “big P policy” or “little P policy”) is conceptualized as a strategy to affect implementation outcomes. When conceptualizing policy this way, the goal is to understand, and ideally test, how adopting and amending policies may affect implementation of an intervention. Randomized-controlled designs can be used to answer such questions. However, quasi-experimental or simulation modeling approaches are typically more feasible in which outcomes are compared across geopolitical jurisdictions (e.g., states) or health systems that different policies “on the books” at the same time. Many established typologies of implementation strategies conceptualize policy as a strategy to use. Examples include the Expert Recommendations for Implementing Change compendium (e.g., strategies such as “mandate change,” “change liability laws,” “change accreditation or membership requirements”) [54], “policy categories” in the Behavior Change Wheel (e.g., “legislation,” “regulation,” “fiscal measures”) [55], and the Policy Ecology Framework (e.g., “EBP legislation,” “parity laws,” loan forgiveness”) [56].

Conclusion

Policy can be conceptualized in multiple, non-mutually exclusive ways in implementation science. Clear conceptualizations of these distinctions, we argue, are important to advancing the field of policy-focused implementation science and prompting the integration of policy into the field more broadly. This typology offers four ways to conceptualize policy in implementation science, but there are likely additional ways of thinking about policy in the field. We hope that this simplistic typology will serve as a point of departure for more policy-focused intellectual exploration, dialogue, and research in the field of implementation science.

Acknowledgements

The authors thank the peer-reviewers for their thoughtful and thorough reviews, which strengthened the article.

Authors' contributions

JP led the writing of the manuscript. CM, LY, and DS reviewed the manuscript and provided comments, and JP led the revision to address comments. All co-authors reviewed and approved the final manuscript.

Funding

This study is funded in part by the National Institute of Mental Health (R21MH125261, R01MH131649, P50MH113662) and the National Institute on Minority Health and Health Disparities (R01MD015107).

Availability of data and materials

Not applicable.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Author details

¹Department of Public Health Policy & Management, Global Center for Implementation Science, New York University School of Global Public Health, 708 Broadway, New York, NY 10003, USA. ²Department of Social and Behavioral Sciences, Global Center for Implementation Science, New York University School of Global Public Health, Global Mental Health and Stigma Program, 708 Broadway, New York, NY 10003, USA.

Received: 11 May 2023 Accepted: 4 September 2023

Published online: 12 September 2023

References

- Emmons KM, Gandelman E. Translating behavioral medicine evidence to public policy. *J Behav Med.* 2019;42(1):84–94.
- Emmons KM, Chambers D, Abazeed A. Embracing policy implementation science to ensure translation of evidence to cancer control policy. *Translational Behavioral Medicine.* 2021;11(11):1972–9.
- Oh A, Abazeed A, Chambers DA. Policy implementation science to advance population health: the potential for learning health policy systems. *Front Public Health.* 2021;17(9): 681602.
- Brownson RC, Kumanyika SK, Kreuter MW, Haire-Joshu D. Implementation science should give higher priority to health equity. *Implement Sci.* 2021;16:1–6.
- Shelton RC, Adsul P, Oh A. Recommendations for addressing structural racism in implementation science: a call to the field. *Ethn Dis.* 2021;31(Suppl 1):357.
- Shelton RC, Adsul P, Oh A, Moise N, Griffith DM. Application of an antiracism lens in the field of implementation science (IS): recommendations for reframing implementation research with a focus on justice and racial equity. *Implement Res Pract.* 2021;2:26334895211049480.
- Emmons KM, Chambers DA. Policy implementation science—an unexplored strategy to address social determinants of health. *Ethn Dis.* 2021;31(1):133.
- Allen P, Pilar M, Walsh-Bailey C, Hooley C, Mazzucca S, Lewis CC, Mettert KD, Dorsey CN, Purtle J, Kepper MM, Baumann AA. Quantitative measures of health policy implementation determinants and outcomes: a systematic review. *Implement Sci.* 2020;15(1):1–7.

9. Ashcraft LE, Quinn DA, Brownson RC. Strategies for effective dissemination of research to United States policymakers: a systematic review. *Implement Sci.* 2020;15(1):1–7.
10. McGinty EE, Seewald NJ, Bandara S, Cerdá M, Daumit GL, Eisenberg MD, Griffin BA, Igusa T, Jackson JW, Kennedy-Hendricks A, Marsteller J. Scaling interventions to manage chronic disease: innovative methods at the intersection of health policy research and implementation science. *Prev Sci.* 2022;1:1–3.
11. Crable EL, Lengnick-Hall R, Stadnick NA, Moullin JC, Aarons GA. Where is “policy” in dissemination and implementation science? Recommendations to advance theories, models, and frameworks: EPIS as a case example. *Implement Sci.* 2022;17(1):80.
12. Chriqui JF, Asada Y, Smith NR, Kroll-Desrosiers A, Lemon SC. Advancing the science of policy implementation: a call to action for the implementation science field. *Transl Behav Med.* 2023;ibad034. <https://doi.org/10.1093/tbm/ibad034>. Published: 24 June 2023.
13. Nilsen P, Ståhl C, Roback K, Cairney P. Never the twain shall meet?—a comparison of implementation science and policy implementation research. *Implement Sci.* 2013;8:1–2.
14. Purtle J, Peters R, Brownson RC. A review of policy dissemination and implementation research funded by the National Institutes of Health, 2007–2014. *Implement Sci.* 2015;11:1–8.
15. Pilar M, Jost E, Walsh-Bailey C, Powell BJ, Mazzucca S, Eyler A, Purtle J, Allen P, Brownson RC. Quantitative measures used in empirical evaluations of mental health policy implementation: a systematic review. *Implement Res Pract.* 2022;3:26334895221141116.
16. McHugh S, Dorsey CN, Mettett K, Purtle J, Bruns E, Lewis CC. Measures of outer setting constructs for implementation research: a systematic review and analysis of psychometric quality. *Implement Res Pract.* 2020;1:2633489520940022.
17. Cairney P, Oliver K. Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? *Health Res Policy Syst.* 2017;15(1):1–11.
18. Curran GM. Implementation science made too simple: a teaching tool. *Implement Sci Commun.* 2020;1(1):1–3.
19. Beidas RS, Dorsey S, Lewis CC, Lyon AR, Powell BJ, Purtle J, Saldana L, Shelton RC, Stirman SW, Lane-Fall MB. Promises and pitfalls in implementation science from the perspective of US-based researchers: learning from a pre-mortem. *Implement Sci.* 2022;17(1):55.
20. Dorsey S, Johnson C, Soi C, Meza RD, Whetten K, Mbwana A. Implementation science in plain language: the use of nonjargon terms to facilitate collaboration. *Implement Res Pract.* 2023;4:26334895231177470.
21. Hoagwood KE, Purtle J, Spandorfer J, Peth-Pierce R, Horwitz SM. Aligning dissemination and implementation science with health policies to improve children’s mental health. *Am Psychol.* 2020;75(8):1130.
22. Purtle J, Nelson KL, Bruns EJ, Hoagwood KE. Dissemination strategies to accelerate the policy impact of children’s mental health services research. *Psychiatr Serv.* 2020;71(11):1170–8.
23. Purtle J, Crable E, Cruden G, Lee M, Rebecca Lengnick-Hall R, Silver D, Raghavan R. Policy dissemination and implementation research. In *Dissemination and implementation research in health: translating science to practice*. Oxford University Press; 2023.
24. Bullock HL, Lavis JN, Wilson MG, Mulvale G, Miatello A. Understanding the implementation of evidence-informed policies and practices from a policy perspective: a critical interpretive synthesis. *Implement Sci.* 2021;16:1–24.
25. Brownson RC, Eyler AA, Harris JK, Moore JB, Tabak RG. Getting the word out: new approaches for disseminating public health science. *J Public Health Manag Pract.* 2018;24(2):102–11.
26. Schnake-Mahl AS, Jahn JL, Purtle J, Bilal U. Considering multiple governance levels in epidemiologic analysis of public policies. *Soc Sci Med.* 2022;1(314): 115444.
27. Poole MK, Lee RM, Kinderknecht KL, Kenney EL. De-implementing public health policies: a qualitative study of the process of implementing and then removing body mass index (BMI) report cards in Massachusetts public schools. *Implement Sci Commun.* 2023;4(1):63.
28. Weiss CH. The many meanings of research utilization. *Public Adm Rev.* 1979;39(5):426–31.
29. Purtle J, Lê-Scherban F, Wang X, Shattuck PT, Proctor EK, Brownson RC. Audience segmentation to disseminate behavioral health evidence to legislators: an empirical clustering analysis. *Implement Sci.* 2018;13:1–3.
30. Crable EL, Grogan CM, Purtle J, Roesch SC, Aarons GA. Tailoring dissemination strategies to increase evidence-informed policymaking for opioid use disorder treatment: study protocol. *Implement Sci Commun.* 2023;4(1):16.
31. Smith NR, Mazzucca S, Hall MG, Hassmiller Lich K, Brownson RC, Frerichs L. Opportunities to improve policy dissemination by tailoring communication materials to the research priorities of legislators. *Implement Sci Commun.* 2022;3(1):24.
32. Winett LB, Niederdeppe J, Xu Y, Gollust SE, Fowler EF. When “Tried and True” advocacy strategies backfire: narrative messages can undermine state legislator support for early childcare policies. *J Public Interest Commun.* 2021;5(1):45.
33. Purtle J, Nelson KL, Lê-Scherban F, Gollust SE. Unintended consequences of disseminating behavioral health evidence to policymakers: results from a survey-based experiment. *Implement Res Pract.* 2023;4:26334895231172810.
34. Brownson RC, Dodson EA, Stamatakis KA, Casey CM, Elliott MB, Luke DA, Wintrobe CG, Kreuter MW. Communicating evidence-based information on cancer prevention to state-level policy makers. *J Natl Cancer Inst.* 2011;103(4):306–16.
35. Purtle J, Nelson KL, Gebrekristos L, Lê-Scherban F, Gollust SE. Partisan differences in the effects of economic evidence and local data on legislator engagement with dissemination materials about behavioral health: a dissemination trial. *Implement Sci.* 2022;17(1):38.
36. Scott T, Pugel J, Fernandes M, Cruz K, Long EC, Giray C, Storace R, Crowley DM. Cutting through the noise during crisis by enhancing the relevance of research to policymakers. *Evid Policy.* 2022;27:1–8.
37. Scott JT, Collier KM, Pugel J, O’Neill P, Long EC, Fernandes MA, Cruz K, Gay B, Giray C, Crowley DM. *SciComm Optimizer for Policy Engagement: a randomized controlled trial of the SCOPE model on state legislators’ research use in public discourse*. *Implement Sci.* 2023;18(1):1–3.
38. Combs T, Nelson KL, Luke D, McGuire FH, Cruden G, Henson RM, Adams DR, Hoagwood KE, Purtle J. Simulating the role of knowledge brokers in policy making in state agencies: an agent-based model. *Health Serv Res.* 2022;57:122–36.
39. Crowley DM, Scott JT, Long EC, Green L, Israel A, Supplee L, Jordan E, Oliver K, Guillot-Wright S, Gay B, Storace R. Lawmakers’ use of scientific evidence can be improved. *Proc Natl Acad Sci.* 2021;118(9): e2012955118.
40. Kingdon JW. *Agendas, alternatives, and public policies*. 2nd. NY: HarperCollins College Publisher; 1995.
41. Purtle J, Lê-Scherban F, Shattuck P, Proctor EK, Brownson RC. An audience research study to disseminate evidence about comprehensive state mental health parity legislation to US State policymakers: protocol. *Implement Sci.* 2017;12(1):1–3.
42. Asada Y, Chriqui J, Chavez N, Odoms-Young A, Handler A. *USDA Snack Policy Implementation: Best Practices From the Front Lines, United States, 2013–2014*. *Prev Chronic Dis.* 2016;13:160023. <http://dx.doi.org/10.5888/pcd13.160023>. external icon.
43. Economou MA, Kaiser BN, Yoeun SW, Crable EL, McMenamin SB. Applying the EPIS framework to policy-level considerations: tobacco cessation policy implementation among California Medicaid managed care plans. *Implement Res Pract.* 2022;3:26334895221096290.
44. Hirschman J, Chriqui JF. School food and nutrition policy, monitoring and evaluation in the USA. *Public Health Nutr.* 2013;16(6):982–8.
45. Crable EL, Benintendi A, Jones DK, Walley AY, Hicks JM, Drainoni ML. Translating Medicaid policy into practice: policy implementation strategies from three US states’ experiences enhancing substance use disorder treatment. *Implement Sci.* 2022;17(1):1–4.
46. Purtle J, Stadnick NA, Wyncoop M, Bruns EJ, Crane ME, Aarons G. A policy implementation study of earmarked taxes for mental health services: study protocol. *Implement Sci Commun.* 2023;4(1):37.
47. McGinty EE, Tormohlen KN, Barry CL, Bicket MC, Rutkow L, Stuart EA. Protocol: mixed-methods study of how implementation of US state medical cannabis laws affects treatment of chronic non-cancer pain and adverse opioid outcomes. *Implement Sci.* 2021;16:1–3.
48. Dopp AR, Hunter SB, Godley MD, Pham C, Han B, Smart R, Cantor J, Kilmer B, Hindmarch G, González I, Passetti LL. Comparing two federal financing strategies on penetration and sustainment of the adolescent community reinforcement approach for substance use disorders: protocol for a mixed-method study. *Implement Sci Commun.* 2022;3(1):1–7.

49. Lipsky M. *Street-Level Bureaucracy: The Dilemmas of the Individual in Public Service*. Russell Sage Foundation; 1983.
50. Powell BJ, Beidas RS, Lewis CC, Aarons GA, McMillen JC, Proctor EK, Mandell DS. Methods to improve the selection and tailoring of implementation strategies. *J Behav Health Serv Res*. 2017;44:177–94.
51. Lengnick-Hall R, Stadnick NA, Dickson KS, Moullin JC, Aarons GA. Forms and functions of bridging factors: specifying the dynamic links between outer and inner contexts during implementation and sustainment. *Implement Sci*. 2021;16:1–3.
52. Damschroder LJ, Reardon CM, Widerquist MA, Lowery J. The updated Consolidated Framework for Implementation Research based on user feedback. *Implement Sci*. 2022;17(1):1–6.
53. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci*. 2009;4(1):1–5.
54. Powell BJ, Waltz TJ, Chinman MJ, Damschroder LJ, Smith JL, Matthieu MM, Proctor EK, Kirchner JE. A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implement Sci*. 2015;10(1):1–4.
55. Michie S, Van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implement Sci*. 2011;6(1):1–2.
56. Raghavan R, Bright CL, Shadoin AL. Toward a policy ecology of implementation of evidence-based practices in public mental health settings. *Implement Sci*. 2008;3:1–9.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

