

# Fred Hutchinson Cancer Research Center's Compliance to the NIH Public Access Policy – A Case Study

## Background

**APRIL 2008** The National Institutes of Health (NIH) mandated that all publications accepted after April 7, 2008 and resulting from NIH support must be made publically available within 1 year of publication. The Arnold Library at the Fred Hutchinson Cancer Research Center (FHCRC) initiated efforts to assist their constituents with compliance to this policy.

**JUNE 2012** The Arnold Library began a project to quantify the FHCRC's compliance to the NIH policy, collecting data on their relevant publications and library activities.

**JAN 2013** The NIH launched its Compliance Monitor Tool, providing for the first time a mechanism by which institutes can review their NIH-reported compliance.

**JULY 2013** The NIH will start delaying the processing of non-competing continuation awards for which the associated publications are not NIH Public Access Policy compliant.

## Capstone Project

This project aimed to build off of the previous data gathering for 2009-2011 FHCRC publications (3169 total publications), analyze compliance factors locally, and determine if the new NIH Compliance Monitor Tool would be a sufficient tracking mechanism for future assessment.

### PHASE I. BUILD

Built & populated a database containing all 2009-2011 FHCRC publications and their associated compliance-relevant data.

### PHASE II. ANALYZE

Using the database from Phase I, completed an analysis of NIH Public Access Policy compliance of past FHCRC publications and calculated compliance rates across several variables.

### PHASE III. RECOMMEND

Provided recommendations for future interventions and compliance tracking based on the findings in Phase II.

## Results

**FHCRC results:**  
**91%\***  
compliance rate

\* Rate calculated for publications for which policy applicability could be determined.

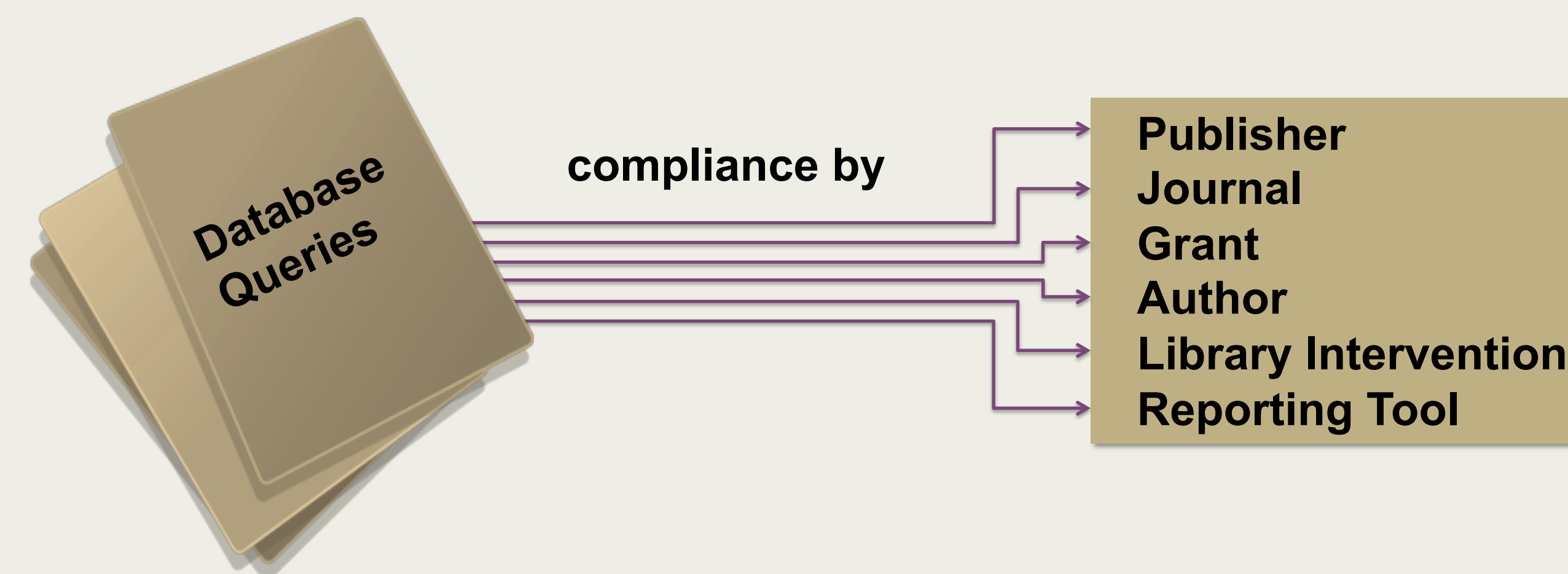
**Not compliant 5%**  
**Not compliant, but cannot determine if required 21%**  
**Not compliant, 1% but not required**



**NIH results:**  
**88%**  
compliance rate

**55% Compliant**  
**17% Compliant, but cannot determine if required**  
**1% Compliant, but not required**

## Compliance Factors



		Compliance by Reporting Tool			NIH tool		
		Compliant	Not compliant	Not reported	Compliant	Not compliant	Not reported
FHCRC tool	Compliant	1011	0	739			
	Compliant, but cannot determine if required	221	0	315			
	Compliant, but not required	2	0	24			
	Not compliant	13	58	98			
	Not compliant, but cannot determine if required	9	65	585			
	Not compliant, but not required	1	2	26			
Not reported		392	94	---			

## Assessment

### OVERALL COMPLIANCE

The FHCRC compliance rate was slightly better than the NIH reported figures (91% vs. 88%). Taking the publications for which the policy applicability is uncertain into account, the rate dropped to 73%.

### COMPLIANCE BY SPECIFIC FACTOR

Analysis by journal, publisher and grant provided useful metrics for future interventions. The study of impact by intervention requires further investigation.

### FHCRC vs. NIH REPORTING

The FHCRC reported more publications than its NIH counterpart, suggesting a more narrow NIH definition of institutional responsibility towards compliance.

## Recommendations

### ADDITIONAL ANALYSIS

To better understand the library's impact on the institute's compliance rates, expand the assessment of interventions beyond those tracked by email.

### ADDITIONAL TARGETED INTERVENTIONS

Target specific grantees and authors that regularly publish in specific journals where compliance is low.

### ENHANCED INTERVENTION TRACKING

Adopt a ticket-tracking system or a direct database logging practice that allows for quick database updating and continuous compliance impact.

### HYBRID TRACKING TOOL

To more efficiently track and analyze future compliance, adopt a tool that integrates NIH-reported data with a local intervention-tracking system.

## Impact

- FHCRC NIH policy compliance
- understanding of institute's publishing behavior
- external access to FHCRC research
- opportunities for research collaborations
- potential for biomedical advances towards improving human health