

# Editorial changes at JECH

James R Dunn,<sup>1</sup> Martin Bobak<sup>2</sup>

We are delighted to take up the position of Co-Editors of the *Journal of Epidemiology and Community Health*. JECH is the leading international journal for original, socially-relevant, methodologically sound epidemiological analyses of important public health problems, and we are proud to continue the rich tradition that previous editors have started, including John Ashton, Carlos Alvarez-Dardet and, most recently, Mauricio Barreto. Both of us have been fortunate to work under Mauricio Barreto as Deputy Editors and we look forward to continuing the trend of excellence that has been established by all of our predecessors.

As Co-Editors, we will continue publishing high quality research from all areas of epidemiology. We are excited to announce some new innovations for the journal. Most importantly, we would like to announce our aspiration to make JECH the leading journal for the publication of research on the impact of social interventions on population health and health inequities. JECH has long been interested in social determinants of health and, as the new editors, we would like to extend the focus on social determinants of health from mapping the problem to explaining it and, in particular, doing something about it. This focus also reflects a growing emphasis in a number of countries on what some have called “population health intervention research”<sup>1</sup> in Canada, France, the UK, Australia and the USA. Population health intervention research has been defined as research that “involves the use of scientific methods to produce knowledge about policy and program interventions that operate within or outside of the health sector and have the potential to impact health at the population level”,<sup>1</sup> but should, according to some<sup>1</sup> also involve shifting the overall distribution of risk, in the way that Rose<sup>2</sup> described. We encourage submissions that help to define this fledgling field of research. Indeed, we invite authors to submit both empirical research and conceptual perspectives on population health intervention

research and on understanding and explaining inequalities in health.

We kick off our interest in interventions with an Essay by Sally Macintyre, an internationally recognised scholar in research on the effects that social interventions have on health and health inequalities.<sup>3</sup> Macintyre makes a strong argument for the use of RCTs to produce evidence that can inform policy decision-making in public health. In addressing the role of RCTs in the contemporary research and policy landscape, Macintyre’s essay takes as its premise that many are arguing that RCTs aren’t needed, a sentiment that is, present in some places, but is definitely not universal. But almost everywhere, the hegemony of the RCT, and the belief that it is the only valuable study design for intervention research, has been challenged and many scholars have urged the research community to be opportunistic with quasi-experimental studies. Indeed, if a lower evidentiary bar is acceptable in some cases, then we may see fewer major programme decisions in public health made with little or no input from research evidence.<sup>3</sup>

The view that there is much to be learnt from non-random study designs is reflected in two other papers<sup>4,5</sup> and a commentary<sup>6</sup> that we also highlight in this issue. Under some circumstances, in some places, and for some kinds of interventions, RCTs are difficult to conduct, which is the reason why many researchers use of non-random designs to help provide the best evidence possible. This is certainly an area worthy of serious exploration and we also welcome contributions on the topic in the future.

In addition to this new emphasis, we have refined the article types that we will accept. One of the notable changes is the elimination of the “Theory and Methods” article type in favour of two separate types on theory and methods, respectively. In launching “There’s Nothing So Practical as a Good Theory”,<sup>7</sup> our objective is to encourage more submissions on theory, an under-emphasised, but extremely important aspect of social epidemiology,<sup>8–10</sup> but we are especially interested in the practical aspects of theory. Similarly, for the new “Innovations in Methodology”, we seek articles that focus on how methodological innovations can be used to solve practical research problems.

Last but not least, it is our crucial task in the immediate future to further improve the service to authors. JECH, jointly with other BMJ journals, is currently moving to a new online submission system. We have also refreshed the Associate Editor board, which now provides a good coverage of all major areas of epidemiology and community health. The journal could not operate without Associate Editors; we are extremely grateful for the contributions of our previous Editors and we look forward to the contributions of our new Associate Editors. Once the transition to the new submission system and editorial board is complete, we will focus on speedy and competent management of manuscripts, providing authors with rapid response. In 2010, JECH received over 2000 submissions, of which fewer than 250 could be published. With this volume of manuscripts, difficult decisions often have to be made, but we strive to make the decisions rapidly and fairly. We sincerely hope that the journal will continue to be a useful resource in your work, no matter what segment of our readership you come from, and we will be working to ensure that is the case.

**Competing interests** None declared.

**Provenance and peer review** Not commissioned; not externally peer reviewed.

*J Epidemiol Community Health* 2011;**65**:561.  
doi:10.1136/jech.2011.141648

## REFERENCES

1. **Hawe P**, Potvin L. What is population health intervention research? *Can J Public Health* 2009; **100**:18–14.
2. **Rose G**. Sick individuals and sick populations. *Int J Epidemiol* 1985;**14**:32–8.
3. **Macintyre S**. Good intentions and received wisdom are not good enough: the need for controlled trials in public health. *J Epidemiol Community Health* 2011;**65**:564–7.
4. **Bonell**, Hargreaves J, Cousens S, *et al*. Alternatives to randomisation in the evaluation of public health interventions: design challenges and solutions. *J Epidemiol Community Health* 2011;**65**:582–7.
5. **Cousens**, Hargreaves J, Bonell C, *et al*. Alternatives to randomisation in the evaluation of public health interventions: statistical analysis and causal inference. *J Epidemiol Community Health* 2011;**65**:576–81.
6. **Moore L**, Moore GF. Public health evaluation: which designs work, for whom and under what circumstances? *J Epidemiol Community Health* 2011;**65**:596–7.
7. **Lewin K**. Field theory in social science; selected theoretical papers. In: Cartwright D, ed. Oxford, UK: Harpers, 1951:346.
8. **Krieger N**. Theories for social epidemiology in the 21st century: an ecosocial perspective. *Int J Epidemiol* 2001;**30**:668–77.
9. **Carpiano RM**, Daley DM. A guide and glossary on postpositivist theory building for population health. *J Epidemiol Community Health* 2006;**60**:564–70.
10. **Dunn JR**. Speaking theoretically about population health. *J Epidemiol Community Health* 2006;**60**:572–3.

<sup>1</sup>Department of Health, Aging & Society, Hamilton, Ontario, Canada; <sup>2</sup>Department of Epidemiology & Public Health, UCL—Gower Street Campus, University College London, London, UK

**Correspondence to** James R Dunn, Department of Health, Aging & Society, Kenneth Taylor Hall, 1280 Main Street West, Hamilton, ON L8S 4M4, Canada; jim.dunn@mcmaster.ca