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FROM THE EDITOR IN CHIEF

Welcome to *Preventing Chronic Disease*

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My father was born in rural southern Georgia in 1924. His baby sister, the 12th child, arrived 2 years later. Ten days after her birth, my grandfather — the family patriarch — and my father's 5-year-old sister died of influenza.

Those were the last deaths from infectious disease in my family. My grandmother and her children ran the farm throughout the Great Depression, the sons went off to World War II and returned, the daughters received teaching scholarships and sent money home for the next sibling's education, several offspring married and started new families. The eventual deaths of my grandmother and all her children were due to chronic diseases. One daughter, age 94, survives today.

Many families can tell similar stories. The centuries-old scourge of infectious disease remains so close in generational experience that many people my age never had 4 living grandparents. And certainly, as old infections fade, new ones take their place. Nevertheless, for the foreseeable future, most of us will live long enough to develop a chronic disease.

Over the last 50 years, diseases of the heart, lungs, pancreas, and blood vessels, as well as tumors of all sorts, have pushed public health in new directions. These diseases require new and different interventions. We have fulfilled the prophesy of Charles-Edward Winslow, a prominent voice in public health during the early 20th century: "[P]ublic health which in its earliest days was an engineering science and has now become also a medical science must expand until it is, in addition, a social science" (1).

Today, public health practitioners and researchers use more than epidemiology, biostatistics, and program management to fulfill their objectives. Their education includes social networks, stages of behavior change, street grids, advocacy politics, cultural differences, and multiple other topics. Few magic bullets for chronic disease equal the impact of early antibiotics on infectious disease; hence, the constant search for better ways to reduce chronic disease risk.

These challenges point to the mission of this journal. *Preventing Chronic Disease: Public Health Research, Practice, and Policy* will emphasize a comprehensive view of the challenges in preventing chronic disease — by promoting dialogue, encouraging interdisciplinary and multisectorial approaches, and exploring new theories and concepts.

Our primary audience includes researchers in chronic disease prevention and intervention and health practitioners responsible for chronic conditions and population health. In addition, many other professionals, students, and advocates will have an interest in these topics, and we welcome them as readers and contributors.

Population-based disease prevention appears in many forms and at many levels. We will be interested in all aspects of health promotion — from community-based screening programs to statewide laws and regulations. We will look for formal research and lived experience and encourage rigorous examination of both.

This journal will seek to *promote dialogue* between researchers and practitioners by publishing original research and community case studies: both will be peer-reviewed by scientists and practitioners. Eisenberg noted that scientific evidence is an important part, but not the only aspect, of effective decision-making (2). Local culture

and circumstances also shape the decision-making process, and local decision makers determine how evidence translates into practice. While evidence-based interventions may not generate sufficient political support in the community, popular community programs may not effectively prevent disease. Critical discoveries will occur only when researchers and practitioners work in concert with each other and the community.

We will encourage *interdisciplinary and multisectorial approaches* by calling for reports that examine more than one dimension of public health intervention. For progress to occur in health promotion, we need to understand the interpretation of cost effectiveness; the complexity of interventions, including health care access; the dynamics of interest groups and resources; and the overall policy arena, including factors within and across multiple domains (3,4). Many of today's threats to good health and quality of life arise from the interplay of multiple risk factors and require comprehensive interventions.

We will explore *new theories and concepts* of research and practice in editorials and commentaries as well as in original articles. For example, how does fetal stress, infectious disease, or genomic structure cause chronic conditions, and how can we develop prevention strategies around them? And then, how do we assess these novel strategies in field settings before we accept them as standard public health practice? We are eager to explore new territory in preventing disease and improving health.

This time in history offers unique challenges. The aging population of the United States positions chronic diseases among our most consuming health issues. The epidemic of obesity among younger citizens suggests that increases in chronic disease rates will not end with the baby boomer generation. Both health care costs and the numbers of uninsured Americans continue to rise. Finally, our sense of community has changed — we may define community by workplace, sports field, or even an internet list serve, rather than geography.

All these changes increase the complexity of developing population-based approaches to health. But reducing the impact of chronic diseases can prevent premature deaths and enhance the quality of life well into the elder years. We look forward to partnering with you in addressing the challenges of preventing and controlling chronic disease.

References

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