Essential Tensions in the Journal

The last few years have been a time of enormous activity for the American Public Health Association (APHA) and the Journal. APHA has endured political and fiscal adversity, adopted a global public health mission, worked through staff departures and subsequent hires, and embraced a change in leadership with the appointment of Georges C. Benjamin, MD, FACP, as its newest executive director. The Journal has revamped its design to include more compelling use of imagery, implemented a Web-based manuscript tracking and publication system, embarked on eclectic fundraising initiatives and press events, and reinstated the publication of supplements after a hiatus of more than a decade.

To respond effectively to these challenges and opportunities, members of the Journal’s editorial team, editorial board, and staff have communicated regularly—in person, by phone, and by e-mail—to revitalize the Journal’s strategic plan, alleviate problems brought about by constant deadlines and resource trade-offs, and offer each other support and counsel on evolving concerns. A consequence of this closer working relationship has been the opportunity to develop a shared vision for the future of the Journal, as it is evident in its current physical layout, as detailed below.

Beginning with the first term of the current editor-in-chief, and intensifying with the Journal’s redesign and the ongoing development of innovative formats to meet the needs of diverse disciplines and sundry sectors within the public health community, there has been a deliberate attempt to restructure the table of contents and bring out “in front” certain features and departments that were previously buried “in the back.” One outcome of our often passionate deliberations was our affirmation that the Research and Practice section—consisting of briefs and research articles—remains the hallmark of every peer-reviewed scientific journal, including this one. The title of this section was expanded from “Research” to “Research and Practice” to signify our belief that research informs practice and practice informs research. We resist calling this section the back of the Journal, as it is vital to the advancement of scientific knowledge and public health practice and is in no way secondary to or less important than the front.

OUT IN FRONT

In moving all of the opinion pieces, departments, feature articles, and forums to the front section of the Journal, we were both radical and pragmatic. We were radical in giving due weight to exchanges between readers and authors (Letters), commissioned papers coauthored by scientists and freelance writers that are accessible to constituencies without formal public health training (Going Public, Faces of Public Health), and historical and occasionally contemporary images that capture the progressive spirit of public health (Images of Health). We were pragmatic in devising formats to reflect the contributions of the broad diversity of professionals within the public health community, including practitioners (Field Action Reports), social scientists (Public Health Matters), historians (Public Health Then and Now, Voices from the Past), ethicists (Health Policy and Ethics), and government officials and lawyers (Government, Politics, and Law).

Rounding out the types of papers that regularly appear in the front section of the Journal are more traditional offerings such as opinion pieces, written by the 19 members of the formal editorial team, guest editors, and invited (and uninvited) commentators (Editor’s Choice, Editorials, On the Other Hand, Commentaries). We also structure collections of papers on a single theme that we refer to as “forums,” and which may consist of commentaries, analytic essays, or research articles.

But listing the types of papers or table-of-contents categories is not the same as defining or developing a written concept statement for the front section of the Journal. After much spirited debate, we elected to present a series of 10 “essential tensions” that we believe are important for all sections of the Journal. In every case, however, the emphasis on the first part of the tension is stronger in the front section of the Journal than in the Research and Practice section.

ESSENTIAL TENSIONS

Thomas Kuhn coined the term “essential tension” to indicate a force that pushes science forward and that originates from the need for scientists to be simultaneously traditionalists and iconoclasts.1 In asserting that the following 10 tensions are essential, we are claiming that they are fundamental to the success of the Journal in fulfilling its mission of advancing public health. In identifying them as tensions, we are acknowledging ongoing sources of strain as we both plan every issue and chart a future course for the Journal.

1. Underrepresented topics and timely results. To ensure that under-
represented topics—for example, indigenous health and health care reform—are covered in the Journal, we actively seek out and publish collections of papers in the front of the Journal, usually by enlisting formal members of our editorial team or guest editors with corresponding expertise to spearhead an issue. The tension results from the time required to recruit papers on underrepresented topics and the importance of providing opportune coverage of critical public health issues.

2. Coherent theme and diversity of topics. While collections of papers on a coherent theme can provide depth of understanding on a given subject “up front,” a diversity of topics in the Research and Practice section helps to ensure a breadth of coverage. The tension stems from the desirability of having a coherent theme—for example, “Women of Color” or “Rural Health”—while also appealing to a diverse and increasingly global readership.

3. Practice and research. Given the current climate of restricted monies for public health practice and the privatization of public health functions at the local, state, and federal levels, we receive far fewer practice papers than research papers. Thus, we actively recruit Field Action Reports from agencies and organizations that develop and evaluate effective programs, and we publish them “up front.” The tension results from the time and resources required for one-on-one pairing of a committed practitioner with an experienced editor to raise the standard of the public health practice papers we publish, and from the part-time status of all members of the formal editorial team.

4. Historical and current content. The topical and sustained efforts of our history editors have shaped the Journal’s front section by providing a variety of historical formats (Public Health Then and Now, Voices From the Past, Images of Health). The tension comes from the planning needed to integrate the historical content with the Research and Practice articles and the uncertainty of knowing which of the papers that are routinely submitted, and on which topics, will merit publication—and when.

5. Social science and biomedical science. The Public Health Matters department was instituted several years ago to better accommodate social science and qualitative research in the Journal. Recently, a new category, the “analytic essay,” was devised for social science research and scholarship that does not easily fit the biomedical science format of the Research and Practice section. Tension results from the need to ensure that diverse social sciences are represented in the pages of the Journal and from the longer time needed to develop and the greater space needed to publish most social science papers.

6. Debate and evidence. Critical debate and informed challenges to existing policies and programs are essential to the field of public health. The recently revitalized Letters and still nascent Government, Politics, and Law departments are intended to fill these needs “up front.” Still, rigorous and humane science has been the basis for many of the public health advances that societies have made over the last 150 years. Thus, a tension develops between the need to devote space to debate “up front” and still publish a range of scientific papers in the Research and Practice section.

7. External and internal funding. To enhance the funding base of the Journal, we have embarked on extensive fundraising activities with strong and devoted partners in both public agencies and private foundations. Tension is brought about by the need to publish papers on themes for which we receive external support and the desire to ensure that authors who are not affiliated with externally funded issues have an opportunity to publish in the Journal.

8. Commissioned and unsolicited contributions. An essential feature of a varied editorial team is the multiple networks that are brought to bear on the work published in the Journal. This feature has been expanded in recent years by the enlistment of guest editors who are recognized leaders in given arenas (e.g., Henrie Treadwell for “Men’s Health” and Richard Jackson for “The Built Environment and Health”). The papers commissioned for landmark issues are featured both in the front section of the Journal and in the Research and Practice section, but a distinguishing feature of special issues to date has been multiple forums that provide needed context and calls for action on featured topics.

9. Editorial review and peer review. Given the difficulty of recruiting people to provide timely and critical peer reviews, we have focused our efforts on those papers most likely to be published and further refined our sequential screening of formal submissions by the editorial team. An editorial assistant first screens all submissions for conformance with blindings and other peer review requirements, after which the technical deputy editor screens them for response rates, populations included, public health priority, and so forth. The editor-in-chief then makes the decision to assign the submissions to a suitable responsible editor or reject them without peer review, partly on the basis of the limits set by APHA. While peer reviewers are essential to the process, the formal editorial team makes all decisions regarding acceptance and rejection of papers for the Journal. Certain front departments—including Editor’s Choice, Letters, and Editorials—receive editorial review only.

10. Images and text. In one sense, we have left the most important tension for last. The cover images that we choose monthly have done more to transform the Journal than any other single element of the redesign. Associate Editor Robert Sember recently addressed the controversy surrounding our decision to devote more of the Journal to imagery. While some readers believe that images make the Journal look “less scholarly,” Sember asserts that “images have the potential to underscore and strengthen the other content while bringing a crucial tool to public health scholarship.” In addition to the cover image, we publish Images of Health, Field Action Reports, and feature articles (Faces of Public Health and Going Public)—complete with images!—“up front” in every issue.

The challenge of finding a compelling image to feature on the cover effectively symbolizes the underlying essential tensions we face each month as we compose the physical layout of the Journal. While we are devoted to publishing outstanding science and scholarship in every issue, our foremost mission is to advance public health. As Sember notes, “[C]hange demands more than rational analysis. It also requires experience. It is in this
tension between rational thought and experience, between the actions of the state and the lives and deaths of the populace, that images reside.\(^{10}\)

**THE WAY FORWARD**

And so, the cover of every issue of the Journal serves as the rallying point for a public health topic we hope to advance through that issue. The editorial team and editorial board have made deliberate choices about what we publish, and in this editorial we provide our rationale. Our concept for the front section of the Journal is to provide the context for the public health issues we are entrusted with advancing. The Research and Practice section provides the scientific evidence needed to advance these causes. If we are to contribute to social change that eliminates health and other inequalities, we need to continue to enlist committed and devoted public health partners inside and outside the health sector to work with us.\(^{11}\) The Journal is our forum for advancing this cause.

Mary E. Northridge, PhD, MPH, Kenneth R. McLeroy, PhD, and M. Lyndon Haviland, DrPH, on behalf of the editorial team and the editorial board

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2. Hector Balcazar, Mary E. Northridge, Georges C. Benjamin, Farzana Kapadia, Neil E. Hann. 2009. Resolving Conflict. *American Journal of Public Health* 99:3, 394-396. [Citation] [Full Text] [PDF] [PDF Plus]