

Health Psychology has been in the capable hands of Anne Kazak and her editorial team since 2011. Anne is now the Editor-in-Chief of American Psychologist, the flagship journal of the American Psychological Association, and she has passed the Health Psychology torch to a new editorial team. I am honored to have been selected by the Society for Health Psychology, Division 38 of the American Psychological Association, to be the new Editor-in-Chief of its official scientific journal.

It is humbling to step into a position that has been occupied by some of the most distinguished scientists in our field, including George Stone, Neil Schneiderman, Karen Matthews, David Krantz, Arthur Stone, Robert Kaplan, and, last but not least, Anne Kazak. Because of everything my predecessors have done to make Health Psychology the outstanding journal that it is today, I believe that continuity is just as important as the changes that I plan to implement and the other advances that I hope to encourage.

The journal’s new editorial team is truly outstanding. Two members of Anne’s crew, David Sarwer (Temple University) and Ryan Rhodes (University of Victoria), have graciously agreed to serve another term. Shelley Blozis (University of California at Davis) is our new Senior Statistical Editor, and Matthew Burg (Yale University) is one of our new Senior Associate Editors. Our other new Associate Editors are Sarah Feldstein Ewing (Oregon Health & Sciences University), Becky Marquez (University of California at San Diego), Peter Kaufmann (National Heart, Lung, and Blood Institute and American University), Linda Carlson (University of Calgary), and Mary Amanda Dew (University of Pittsburgh). The high caliber of this editorial team makes it possible for a great journal like Health Psychology to become even better. The bright new cover of our print edition reflects the optimism we feel for the future of our journal.

A New Vision for the Journal

Division 38 celebrated its 38th anniversary in 2016. The Society for Health Psychology has been the leading organization for health psychologists ever since there has been an organized field of health psychology, and Health Psychology has been at the forefront of the field for almost as long. However, our field is also a much larger whole. As illustrated in Figure 1, health psychology is one of the disciplines that comprise the multidisciplinary field of behavioral medicine. Behavioral medicine, in turn, is part of a much larger universe that encompasses a vast array of medical and public health sciences and services.

Health Psychology also has a dual identity. It is both the premier journal in health psychology and one of the leading journals in behavioral medicine. These identities are complementary, but they also compete with one another. Our prominence among behavioral medicine journals and our impact on the larger spheres of medical and public health sciences and services depend on whether we gaze inward or outward. My vision for our journal and for our field is decidedly outward. The futures of our field and our journal depend on our clinical and public health relevance and our ability to contribute to the entire spectrum of translational research.

Across the countless galaxies that fill the health care universe, few of the other inhabitants know or care about the minutiae of our small branch of applied science. They do care, however, and they care a great deal about behavioral, psychosocial, and psychiatric problems that play important roles in physical illness and health care. Our expertise in these areas and our willingness to share our knowledge, talents, and time with others outside of our field are what make us matter. We have important roles to play in primary, secondary, and tertiary prevention, roles that we can fulfill only if we participate wholeheartedly in the multidisciplinary science of behavioral medicine. Health Psychology stands ready to play its part and contribute to this vital cause.

Rejuvenation

Health psychology and behavioral medicine coalesced as recognized fields in the mid-1970s. Their emergence can be traced to the theory of epidemiologic transition (Omran, 1971). Epidemiologic transitions are shifts away from high infant mortality rates and deaths across all age groups due to famine and infectious and communicable diseases toward morbidity and mortality due to chronic diseases that disproportionately affect the elderly and that are driven to a considerable extent by human behavior (Khera et al., 2016). Such transitions occur in conjunction with rising standards of living, improvements in sanitation and nutrition, and modernization of medical and public health services. By the 1970s, it was widely believed that the era of communicable disease was over in America and in other advanced industrialized countries and that a new era of chronic disease had begun. It was also believed that epidemiologic transitions would occur throughout the Third World, thanks to economic development and modernization. Consequently, we naively thought that we had the luxury to forget about infectious and communicable diseases and turn our full attention to chronic diseases instead. Health psychologists and

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other specialists in behavioral medicine were eager to provide expertise on the behavioral, psychosocial, and psychiatric risk factors that were fueling the emerging chronic disease epidemic and on interventions for these risk factors.

Our faith in the irreversibility of epidemiologic transitions was badly shaken by the HIV/AIDS epidemic in the 1980s. It has been further eroded more recently by a frightening succession of communicable disease crises, including the severe acute respiratory syndrome, Ebola, and Zika epidemics; by outbreaks of deadly foodborne illnesses; and by the alarming spread of antibiotic-resistant and health care–associated infections. Numerous health psychologists responded to the HIV/AIDS epidemic and made essential contributions to prevention and treatment. This willingness to pivot toward emerging threats to the public health will help to define our discipline in the decades to come. Health Psychology will respond accordingly when new epidemics emerge and when adverse effects of climate change on human health arise (McMichael, 2013; Parker, 2011).

Despite the resurgence of infectious diseases, conditions such as diabetes, heart disease, and cancer will probably remain leading causes of disability, morbidity, and mortality throughout the 21st century (Johnson et al., 2014). Health psychologists who remain focused on chronic illness can be proud of the many advances in behavioral medicine research to which we have contributed since the 1970s. However, we must face the fact that the fundamental promise of our field remains largely unfulfilled. When health psychology was a newborn field and behavioral medicine was a very young science, we firmly believed that behavioral and psychosocial interventions would help to eliminate chronic diseases, much like sanitation, vaccinations, and other advances of public health and modern medicine had seemingly conquered infectious and communicable diseases. We still believe that behavioral and psychosocial interventions can make a tremendous difference in health care, but we now know that for the fundamental promise of our field to be fulfilled, it will be necessary to generate much more convincing evidence that we have accrued over the past four decades.

This evidential gap is attributable in part to our traditional modus operandi. Many of us lead or work at small labs or centers. We tend to work independently or to collaborate with a small circle of colleagues and trainees and to conduct relatively small studies at single sites. We have answered many interesting questions this way, but we cannot address some of the most important and challenging ones in this manner.

Some of most important recent developments in biomedical science and health care research have come from projects that were much larger and more complex than anything health psychologists have ever attempted. The Human Genome, Connectome, and Microbiome Projects are among the largest and best known of these efforts, and many other areas of basic and clinical research are undergoing revolutions as well. These remarkable advances are being driven by interdisciplinary team science (Cooke & Hilton, 2015; Vogel et al., 2013), not by lone scientists or small labs.

We, too, must embrace large-scale team science to answer the most challenging and important questions in behavioral medicine. Can we prevent chronic diseases by modifying health risk behaviors and the environments that reinforce them? Can we improve the prognosis of chronic medical conditions by modifying behavioral, psychosocial, or psychiatric risk factors for adverse outcomes? It will take large, multicenter, randomized controlled trials (RCTs) to answer these critical questions, and large, multicenter RCTs require large, well-organized, multidisciplinary research teams and networks.

It can take years or even decades of programmatic research and planning to lay the foundation for a successful multicenter RCT, and it takes years to conduct the trial. This kind of research requires patience and persistence, but the payoffs can be enormous. The landmark Diabetes Prevention Program (DPP) trial (Knowler et al., 2002) is a classic example of this approach and one of the greatest successes in the history of behavioral medicine. The grand challenge that now confronts us is to build on this success. We can deliver on the promise of preventing chronic diseases and improving medical outcomes only by conducting large, multidisciplinary, multicenter clinical trials. We will also have to conduct other kinds of large-scale studies to advance from proof of efficacy to widespread and effective implementation. All of this will require well-organized, multidisciplinary, programmatic efforts to achieve well-defined and well-justified strategic research goals.

How the Journal Will Encourage This Work

Health Psychology is like a community garden in which many different authors plant many different scientific vegetables on many different plots. They taste great and are very nutritious, but they do not last very long. We plan to turn part of our community garden into a community orchard and fill it with nice neat rows of trees. The saplings will take years to grow to maturity, but they will bear fruit for many years afterward. This metaphorical orchard is where we will publish the kinds of programmatic studies that can eventually lead to major multicenter trials. The trials themselves will not be found in our little orchard; like the DPP, they will grow on the mountain tops, in places like the New England Journal of Medicine. What we want to publish are the original studies, systematic reviews, and other papers that will help pave the way for multicenter trials that will transform health care. This
does not mean that the orchard will be limited to Phase II trials or pilot studies. It will be open to every stage of preclinical, clinical, and implementation science (Onken, Carroll, Shoham, Cuthbert, & Riddle, 2014) and to a range of research designs as long as the work serves the pursuit of strategic behavioral medicine research goals.

In the beginning, the orchard will be very small. We intend to expand it over time, but even as we shift toward strategically focused research, our good old familiar garden will be larger than our new orchard for the foreseeable future. Thus, our loyal contributors need not worry about being banished from the garden of Health Psychology. However, the garden itself will be less hospitable than it once may have been to work that has little public health significance, clinical relevance, or translational potential.

**Encouraging Change**

The orchard is not going to plant itself. We plan to publish editorials, commentaries, reviews, special issues, and conceptual, theoretical, and methodological papers, to encourage the orchard’s growth and to guide its development. An important article titled, “From Ideas to Efficacy: The ORBIT Model for Developing Behavioral Treatments for Chronic Diseases” (Czajkowski et al., 2015), was published in Health Psychology before the editorial transition, but we consider it to be the first conceptual paper in our orchard. The commentary in this issue by William T. Riley, director of the Office of Behavioral and Social Science Research (OBSSR) at the National Institutes of Health, is the second. It summarizes OBSSR’s Strategic Plan and offers a farsighted perspective that encourages the kind of research that defines the orchard.

We are also at the forefront of an exciting new initiative involving several of the leading behavioral medicine research organizations. These organizations have agreed to form a joint committee that will produce scientific statements that will articulate strategic research goals for behavioral medicine. Health Psychology is one of several journals that have agreed to copublish the scientific statements. They will serve as beacons for the programmatic, strategically focused research that will be planted in our orchard in the years ahead. The initiative will also encourage multidisciplinary, multicenter research networks to form around these strategic research goals and to pursue them with determination, persistence, and state-of-the-art methodologies. Further information about this important new initiative will appear in future issues.

**Defining Our Scope**

Our vision for the journal is expansive, but the journal’s scope is finite. Health psychology is a very broad and diverse field. It shares fuzzy borders with several other fields, and in some cases, this makes it difficult to determine whether submissions are inside or outside of the journal’s scope. Consequently, one of the priorities of the new editorial team has been to examine the scope of Health Psychology from a variety of perspectives and to establish some rules of thumb for submissions that straddle our borders with other fields.

With due respect to holistic conceptions of human health, the field of health psychology is fundamentally concerned with physical health, not with mental health. We are well aware of the close interrelationships between physical and mental health, and we welcome submissions that examine them. However, we do not welcome submissions that are entirely or primarily about mental health. So, for example, we would reject a study focused on the treatment of depression in otherwise healthy psychiatric patients that had no physical health-related outcomes, because it would be outside of our scope. In contrast, we would gladly publish a study on the treatment of depression in medically ill patients even though primary outcomes were psychiatric, as long as it survived peer review and met our standards for quality.

Physical health relevance is one of the key factors we consider when determining whether a manuscript is in or out of the journal’s scope. A study may be relevant to physical health because the population is medically ill, because the participants are healthy but at high risk for a medical illness, or because an important aspect of medical illness is an independent or dependent variable. In contrast, studies of healthy volunteers who are at low or average risk for medical conditions tend to fall outside of our scope, even if they focus on behavioral risk factors for medical illness, health behavior models, or health communication, because their physical health relevance is tenuous. The exceptions tend to be studies of healthy patients conducted in medical care settings or large, community-based studies of favorable health behaviors or of behavioral or psychosocial risk factors for incident medical conditions. The generalizability of their findings to medical care or to population health enables these sorts of studies to migrate to the Health Psychology side of the border.

Many of the submissions we receive that score low on physical health relevance or that are only indirectly relevant to physical health might be better fits for specialty journals in other fields. For example, some of the papers we have received on excessive drinking in college students have been ruled out of scope, not because this is an unimportant problem, but because with few exceptions, alcohol abuse must be studied in relation to some aspect of physical health to be a good fit for Health Psychology. Studies of excessive drinking that do not include any physical health outcomes or are not conducted in medically ill patients or in populations at high risk for medical illness might fare better if submitted, for example, to an alcohol research journal. We recognize that these boundaries may be problematic for some investigators, but they are not arbitrary. They enable us to concentrate on our greatest strengths and to increase our impact. Consequently, the burden of proof is on authors to show that their reports fall within our scope.

**Enhancements**

Throughout its history, Health Psychology has evolved in response to major developments in scientific publishing. One of the most important contemporary developments is that many leading journals now require registration of randomized clinical trials. Starting with this volume, Health Psychology will also require clinical trial registration. In addition, we are encouraging authors of clinical trial reports to ensure that their protocols are publicly available.

The proliferation of reporting guidelines is another important development in scientific publishing. A few years ago, we started requiring clinical trial reports to adhere to the CONSORT guidelines. We are now requiring adherence to CONSORT extensions
when appropriate and to established reporting guidelines for such work as meta-analyses, diagnostic and prognostic studies, and epidemiologic studies. Adoption of these guidelines will help improve the quality of the kinds of reports that are published in Health Psychology. Information about reporting guidelines is available at www.equator-network.org.

Also in recent years, many scientific journals have reconsidered and some have revised their peer review policies. Health Psychology has also changed its peer review policies, in ways that may surprise some of our contributors and reviewers. This will be discussed in greater detail in an upcoming editorial.

Working Together

Finally, we are well aware that the articles we publish determine Health Psychology’s impact factor. We are also well aware that high-impact journals attract high-impact papers. Consequently, one of our most important goals is to catalyze a virtuous cycle in which we raise our impact factor by attracting high-impact papers, and we attract these submissions by publishing an outstanding journal. We want to encourage you to send us your best work, and we want you to be very glad that you did.

References


