

Editorial

Is there a need for a new journal? Aren't there enough papers to read already? Will people contribute to a new journal? Who is this journal for? Will it make any difference? These are all questions we have wrestled with before setting out to produce this, our first issue of *Public Health Nutrition*.

We believe that no journal currently provides an outlet for the sort of work that spans the breadth of public health nutrition: even in the *American Journal of Clinical Nutrition* it was recently acknowledged, in a commentary by Solomons, that public health nutrition has not been part of that journal and society's mandate¹. The shifting balance in nutritional research from metabolic to population-based studies justifies the need for at least one journal focusing on this area.

Public health nutrition is defined as a population approach to the prevention of illness and the promotion of health through nutrition. This approach emphasizes the maintenance of 'wellness', and the adoption of a public health approach that recognizes the wider social and ecological context in which nutrition related health problems arise. Public health nutrition defined in this way may be confusing for readers in the USA, but globally this term has the widest recognition to describe what this journal addresses: how to keep a population well, rather than to treat individuals once they are unwell. The focus is not on 'patients' but may include community-based 'treatment' of chronic and infectious diseases as well as prevention of their risk factors.

Public Health Nutrition aims to:

- become THE journal for publication of nutritional epidemiological findings
- support and encourage research of the highest quality from any country and any group of authors, reviewed objectively on merit and public health relevance
- support an evidence-based approach to nutrition-related health policy

- provide an international forum that facilitates a dialogue between theory, research and practice
- encourage papers that may not fit the usual model of scientific papers, but that raise important philosophical and practical issues in the application of knowledge to improve the nutrition-related health of populations
- provide an intellectually rigorous forum in which to challenge dogmas and current paradigms
- recognize the diversity of international health problems and the approaches required to address these problems
- encourage studies that evaluate the effectiveness and impact of nutrition-related health promotion
- explore the complex links between knowledge, attitudes and behaviour
- encourage methodological research in any area of study design, not just dietary survey methodology, including papers which advance understanding of the effects of measurement error on the design, analysis and interpretation of such studies.

The main objective of the journal will be to provide a forum where research and scholarship addressing the above aims can be integrated into a more holistic approach to the solution of nutrition-related public health problems. Research that identifies risk factors, but that does not consider the wider social/economic/political context will be unlikely to help inform policy that will lead to positive change. The editors want to encourage research that goes beyond the description of the problem: we are seeking papers that link cause and effect, that seek to understand the impact of poor nutrition, not just to describe a population with a poor diet or high rates of malnutrition. The editors want to provide a forum where research about the aetiology of problems can interface with research and practice aimed at applying that aetiological understanding. The editors want to encourage research that enhances the methodological base upon which research builds, to

highlight methodological developments and difficulties not yet resolved.

Public Health Nutrition will seek to have an international perspective; as highlighted by papers in this issue, the simple dichotomy between malnutrition in 'developing' and 'developed' countries no longer applies. Inequalities in health are increasing both within and between countries and we want the journal to highlight solutions to these inequalities. We are interested in papers that describe attempts to deal with these inequalities, to share experience — good or bad — so that other workers can learn from past experience.

The editors want to encourage contributions from colleagues that have evaluated the effectiveness of health promotion — not just on process, but on an outcome — as well as research that helps to understand the complex links between knowledge, attitudes and behaviour.

The editorial board believe that advancement in understanding only occurs by challenging current paradigms and dogma in an intellectually rigorous manner. We are not afraid of embracing controversial topics and seek well-argued debate in the best traditions of scientific exploration.

Globally there are different ways that professionals have grouped and characterized themselves; we want to avoid 'camps' or any notion of 'them-and-us'. We believe that people are our only asset, and if our new journal is to succeed we must bring people together, working towards a common set of goals, not fighting among ourselves as to what we are called and who is more important than whom. A common bond among scientists is the privilege we share in being allowed to do the work we do. We must exercise that privilege by working to improve the health and well-being of the people who support us, and others, through nutrition.

Content of the first issue

We have been surprised at the level of interest we have had in our first call for papers; we have already had more than 50 papers or suggestions for papers submitted to our office, and the topics and research groups covered suggest that there is a definite need for our new journal. In this our first issue we have a review by Popkin on the nutrition transition and its implications in lower income countries. Using data from many different countries, Popkin shows that there have been rapid changes over the last decade in diet, activity and levels of obesity in lower- and middle-income countries that are leading to rapid increases in rates of chronic diseases. He highlights the major challenge of supporting desirable changes to dietary and physical activity patterns, while minimizing the negative aspects of the nutrition transition. Popkin states "The challenge

is to devise ways to improve the lives of our citizens — that is to give people the more varied and tasty diets they want and less burdensome work — but also to prevent obesity, NIDDM, CHD and other major diseases of civilizations". He further concludes that "Our solutions must not adversely affect the undernourished". The review by Darnton-Hill and Coyne takes up this challenge and highlights global disparities in nutrition and health; against a background of improving trends in infant mortality and life expectancy, inequalities between the richest developed countries and the poorest developing countries, and income disparities within countries are increasing. Darnton-Hill and Coyne conclude that "coexistence of diseases of undernutrition and noncommunicable diseases will have an impact on allocation of resources. Action needs to be continued and maintained at the international, national and individual level".

A meta-analysis by Key and colleagues of mortality in vegetarians based on 8300 deaths from 76,000 men and women from five cohort studies in the UK, Germany and the USA suggests that vegetarians have lower rates of heart disease, but not other causes, than non-vegetarians. They conclude that the reduction is related to dietary differences, but they are unable to draw conclusions as to which aspect of the diet is protective.

Walker and colleagues describe the foods consumed by Jamaican children during the school day and explore the characteristics of the children who do and do not receive government school lunch programmes. This study raises issues for school feeding policies, suggesting that targeted programmes to fewer higher risk children may be more cost-effective in combating undernutrition. The study also emphasises problems of access and continuity of supplies used to prepare school meals.

The reductions in childhood mortality indicated from national statistics used by Darnton-Hill and Coyne are reinforced by the results of a study in Pakistan (Northrop-Clewes *et al.*). Northrop-Clewes and colleagues studied socioeconomic, demographic and anthropometric measurements in all children born in one village in the North West Frontier province of Pakistan from 1986 to 1996. They found reductions in birth and death rates, improvements in sanitation and water supply and increases in the rate of immunization. Rates of female literacy were poor and unchanged over the ten years of the study.

Cox and others undertook a UK-wide postal survey to assess attitudes, predictors of intention, and perceived barriers to increasing fruit consumption as has been widely recommended in many health campaigns. They found a lack of perceived social pressure to increase fruit and vegetable consumption together with an apparent lack of awareness about the low levels of current consumption.

Finally, Landman and colleagues have presented a case study of the development of a curriculum in public health nutrition in Britain between 1992 and 1997. We would be very interested to hear from other groups who may have had similar experiences of developing curricula.

We hope that our first issue of *Public Health Nutrition* will encourage you to use our new journal as a forum for the dissemination of important work in public health nutrition.

Reference

- 1 Solomons NW. New definitions in nutritional disciplines: will the public be damned or saved? *Am J Clin Nutr.* 1997; **66**: 1313-4.

Barrie Margetts
Lenore Kohlmeier
Michael Nelson
Frans Kok
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