1. VISION STATEMENT

As the official journal of the Medical Sociology Section of the ASA, the *Journal of Health and Social Behavior* (JHSB) has been the flagship outlet for the sociological study of health and illness for over five decades. Over this period, JHSB has made significant contributions to our understanding of the social causes and social consequences of health and illness. The current impact factor for JHSB (2.617) ranks among the top most highly cited journals in sociology, just behind the *American Sociological Review*, the *Annual Review of Sociology*, and the *American Journal of Sociology*. If I am selected as editor, I would work to build on the tradition of excellence that previous editors have established in the following ways:

A. Prioritize disciplinary integration. If selected as editor, I would reach out to scholars in more mainstream fields of sociology like culture, social stratification, and social psychology. There are so many scholars who link mainstream sociological concepts with health-related concepts, but many of these scholars feel excluded from JHSB. By encouraging these scholars to submit their work and to subscribe to JHSB, I could expand authorship and readership, better integrate ourselves into the broader discipline, and enrich the theoretical impact of the journal.

B. Prioritize theoretical applications. If selected as editor, I would prioritize theoretical applications. One of the broadest and most enduring criticisms of medical sociology is our lack of theoretical sophistication. One solution to this problem would be to encourage the development of our own theories. This strategy is entirely reasonable. Another more efficient solution would be to draw from the rich theoretical traditions of social stratification, culture, and social psychology. Incorporating broader theoretical traditions into medical sociology would also help to integrate us into the broader discipline and eventually expand the status and impact of our work.

C. Prioritize methodological diversity. If selected as editor, I would prioritize methodological diversity. I am fully committed to expanding the journal’s methodological base. I want JHSB to represent the cutting-edge of research methodology, including quantitative, qualitative, and mixed methods. I would like to publish methods articles in each of these areas to increase the impact of the journal. Although I have training in both qualitative and quantitative methods, I am primarily a quantitative methodologist. Thus, I will rely on my Deputy Editors with relevant methodological expertise to assign reviewers with relevant methodological expertise.

D. Prioritize biological applications. If selected as editor, I would prioritize biological applications. Due to advances in the study of physiological stress, cellular aging, epigenetics, and gene-environment interactions, biological scientists have moved beyond exclusive models of biological determinism to acknowledge that biological processes and socio-environmental conditions often depend on each other. For the most part, sociologists have ignored
developments in the biological sciences and have sustained a “nurture fortress” to defend against essentialist (now) obsolete notions of biological determinism. Biologists used to be the problem. Now sociologists are the problem. If we do not focus on the social causes and social consequences of biological processes, some other discipline will. The obvious biological links to health-related processes suggests that JHSB should lead the way.

E. Prioritize related social problems. If selected as editors, I would prioritize attention to important social problems, including, for example, environmental inequality, income inequality, incarceration, guns, racism, discrimination, and sexuality. Some of these topics have been consistently addressed by the journal. Other issues have not. Focusing more on the health implications of social problems is a great way to expand the readership and impact of the journal.

F. Prioritize intersectional applications. If selected as editor, I would prioritize intersectional applications. It is no longer sufficient to focus on a single system of social stratification or social inequality. To fully appreciate the diversity in social processes and health-related processes, we must make a concerted effort to examine interactions among multiple systems of social stratification or social inequality. Intersectional applications invariably contribute to a more nuanced and theoretically sophisticated understanding of society. More work is needed along these lines to really challenge our taken-for-granted assumptions of theoretical and conceptual invariance.

G. Re-prioritize foundational issues. If selected as editor, I would re-prioritize foundational issues like health disparities according to gender, race, ethnicity, and socioeconomic status. So many fundamental questions remain unanswered. Why do women exhibit high rates of depression and anxiety? Why do men exhibit high rates of substance use and personality disorders? Why do non-Hispanic whites have higher levels of depression and anxiety than non-Hispanic blacks despite their relative social structural advantages? Why do education, employment, and income promote health? What unique mechanisms explain these unique elements of socioeconomic status? Once again, if we do not address our foundational issues, some other discipline will. Each year, more and more psychologists focus more and more on issues like socioeconomic status and health. And each year, we lose more and more of our market share of the literature.

H. Increase the impact factor. If selected as editor, I would prioritize increasing the impact factor of the journal. I believe this could be accomplished by publishing more annual review style articles and more methods pieces (especially measurement articles and articles related to cutting-edge methodology like longitudinal designs). Submissions for these special interest pieces will be disseminated through open calls for papers. I would also create “resources” tab on the journal website that includes virtual literature reviews (key JHSB articles organized by themes like gender and health and race and health). This feature would be extremely useful for scholars and students studying for comprehensive exams.
2. EDITORS’ BACKGROUND INFORMATION

Amy M. Burdette is a Full Professor (effective August 2019) in the Department of Sociology at Florida State University. As a social epidemiologist, her research investigates connections between religious involvement, neighborhood context, and health. Her research has examined social variations in health and health behaviors at virtually every stage of the life course from birth (e.g., low-birth weight), to adolescence (e.g., HPV vaccination, substance use), to young adulthood (e.g., BMI, sexual activity), to adulthood (e.g., breastfeeding, obesity, psychological distress, prescription drug misuse), and old age (e.g., cognitive functioning, mobility). Much of her research has paid special attention to disadvantaged populations, including low-income urban mothers. She has published over 50 peer-reviewed articles and book chapters across a variety of disciplines. According to Google Scholar, she has been cited over 2,400 times. She has served on a number of editorial boards including Sociology of Religion (2010-2013), Sociological Spectrum (2010-2013), Journal for the Scientific Study of Religion (2010-Present), and the Journal of Health and Social Behavior (2018-Present).