Proposal for Editorship of *JHSB* – Eliza Pavalko

The *Journal of Health and Social Behavior* is one of the top journals addressing social issues in health and healing. ISI impact factors over the past 5 years indicate that *JHSB* consistently has a scholarly influence just below *ASR* and *AJS* and well above *Social Forces*. *JHSB* is also known in the medical community as the source for first-rate articles that contribute both theoretically and empirically to our understanding of social issues in health and health care. This tells me that the past editors have done an exceptionally good job defining the journal’s mission and publishing the best work in that area. If chosen as editor of *JHSB*, my primary goal would be to maintain the extraordinary success and reputation of the journal. I propose to continue many of the practices of the current and previous editor, but I also believe that maintaining that excellence requires that we not stand still. It will be essential that we continue to signal to authors that the journal welcomes submissions that reflect the diversity of topics, methodologies, and theoretical perspectives in the field and to encourage submissions in neglected but important areas. It also means that we must continue to broaden the audiences for work published in *JHSB*.

As one of the current deputy editors for *JHSB*, I have come to appreciate the many things that *JHSB* does extraordinarily well. *JHSB* has always been the journal I read first, and it is the first place sociologists turn when addressing topics of health and health care. That success depends on a clear mission and reputation for publishing the best work in the area, a reputation *JHSB* has held for a long period of time. However, it also requires attention to the details – the care taken in all stages of the review process, so that reviewers and authors feel that the review process has been fair, worthwhile and that it has strengthened the scholarship, even if a given paper is not published in *JHSB*. It requires attention to keeping the review and publication processes moving so that good papers do not sit on the shelf too long before reaching decisions and before publication. And finally, it requires that, once published, appropriate audiences are made aware of the research highlighted in the journal. With the current acceptance rate of around 10%, attention to these details is particularly important. Despite the low odds that a given paper will be published, authors and reviewers must continue to feel that the review process is worthwhile. I firmly believe that the care that the current and previous editors have given to these details has been a key factor in the extraordinary success of *JHSB*.

In this proposal I outline my plans for continuing this tradition of success of *JHSB*. I propose that the journal continue to have a single editor, but also have a strong base of support through a diverse and influential group of deputy editors. I begin by highlighting my intellectual and practical goals for the journal and detail my plan for accomplishing these goals. I then discuss plans for the operation of the editorial office and editorial team, and finally overview the strong institutional support that would be provided by Indiana University, should I be chosen as editor.

**Intellectual Vision and Goals for the Journal**

*JHSB* has a long-standing reputation for publishing work that is both theoretically and empirically informative. Given the broad interest in health and medicine within the discipline (as indicated, for example, by the continuing enrollment of over 1000 members in the medical sociology section) and the strong scholarly reputation of *JHSB*, the
importance of *JHSB* to the discipline is unquestioned. But, with its focus on social aspects of health and health care, *JHSB* also is poised to play an increasingly important role in the broader health and medical communities. A colleague who regularly attends and presents at medical conferences recently commented that the medical community is increasingly interested in social influences in health, or as he put it, “MD’s are increasingly sounding like sociologists.” With advances in biomedical arenas, changes in the organization and financing of care, and increasing globalization, the persistence of health disparities, the importance of the organization of health care and the geographical and temporal dimensions of health become increasingly apparent. The scholarship published in *JHSB* speaks to these issues but I concur with our current and previous editors that the journal would benefit from even more submissions on these topics. In particular, I would like to see more submissions that address issues in international and comparative health, the organization and financing of health care, and health disparities. Above all, I think it is crucial that the editor signal that the journal continues to welcome submissions that reflect the diversity of the field – including investigations of predictors of individual health as well as studies of national or international health care systems, research based on quantitative analysis of large national data sets as well as that providing in-depth qualitative investigations of a topic, and questions framed within a wide range of theoretical perspectives.

While an editor can signal openness to all topics and a desire for more papers on underrepresented or emerging areas, maintaining the quality of the journal requires that papers accepted for publication continue to represent the top tier of those submitted. I would thus not give preferential treatment to papers on topics highlighted areas. I would signal interest in those topics in the introductory essay written by the new editor, statements in section newsletters, and the selection of deputy editors and the editorial board. I would also make a point to contact sections, such as Family and Race/Gender/Class, to put a statement in their section newsletter to encourage submissions from members who might not normally think of submitting to *JHSB* if they have papers related to health or health care. I would stress in all interactions that the journal welcomes submissions on all topics relevant to health and health care and that the journal encourages papers reflecting diverse methodologies and theoretical perspectives.

Given the already low acceptance rate for papers (according to Peggy Thoits it has stayed at about 10% for several years) I would also not plan to devote a whole issue to any particular topic. However, one possibility for highlighting a key area is to devote a section of one issue to an emerging topic. A similar strategy was recommended by the current editorial board for special section on international health care systems, following several sessions on this topic at the ASA meetings. A call for papers on the topic was issued to increase the number submissions and all papers submitted undergo the usual review process. If enacted carefully, and no more than every 2-3 years, this might be one strategy for increasing the number papers submitted on an underrepresented topic, highlighting the best work being done on that topic, while also maintaining the journal’s high standards.

**Broadening the JHSB Audience**

The topics covered in JHSB are of broad interest to sociologists, health researchers across many disciplines, practitioners, students and the general public. It will
be critical that future JHSB editors continue to expand efforts to make these broader audiences aware of the first-rate work published in JHSB. The current practice of highlighting key articles on the ASA website is an important step in this direction, but for non-academic audiences additional work may be necessary to highlight key findings. Another valuable tool for dissemination of research to public audiences is to issue press releases for select articles. A recent proposal from ASA for the Health Behavior News Service to write press releases for and publicize key articles was strongly endorsed by the editorial board. As editor I would explore, with ASA, all appropriate avenues such as this one for disseminating information from relevant articles.

Undergraduate students (whether taking courses in medical sociology or general introductory sociology courses that cover medical topics), provide another important, but undertapped, audience for JHSB research. As is case with the lay public, many of the details and elaboration necessary in a full research article may not be meaningful for many undergraduate audiences. I would explore two avenues for broadening the applicability of key articles and findings to undergraduates. First, when a revision of the Medical Sociology Handbook/Syllabi Set was planned, I would contact the editor(s) of that handbook to explore whether recent JHSB articles might be appropriate for developing a teaching exercise. If the Handbook editor was interested, we could invite the authors of that article to submit a related exercise or to suggest others who might want to do so. Second, following the successful dialogue begun between ASR and Contexts and Teaching Sociology for highlighting key articles, when an article on a topic of public interest is published in JHSB, I would encourage discussions between the authors and the editors of Contexts and Teaching Sociology to explore the potential for a parallel piece in one or both of these outlets.

The Structure of the Editorial Office

With a current lag time of about 10 weeks from manuscript submission to decision, a publication lag time of about 6 months from acceptance to print, and a submission load of about 260 papers per year, the smooth operation of the current editorial office provides an excellent model for future editors. One practice that seems particularly successful has been Peggy Thoits’ decision to split the managing editor job into two half-time positions. The first position, which may be filled by a graduate student or other individual with good administrative skills, has responsibility for managing the review process, including logging papers submitted, contacting potential reviewers, sending reminders to reviewers, and processing decision letters. The second position has responsibility for managing the publication process, from the point of article acceptance to publication. This would ideally be filled by someone with experience in the publication process. In addition to these two half-time positions, a professional copy-editor has been used successfully by the current and previous editor for the final stages of the copy-editing process.

The editor would be responsible for managing and overseeing the editorial office and overseeing the manuscript review process as well as the usual selection of reviewers, decision-making on papers, and contacts with the ASA office. In the case of conflicts of interest, particularly current or former students, collaborators or other close colleagues who submit manuscripts, I would ask one of the deputy editors to handle all aspects of manuscript review and decision. In my role as deputy editor for Peggy Thoits I have been
asked to handle two papers for which Peggy (and in one case the managing editor) had a conflict. Even with the geographical distance between our two offices, this arrangement worked quite well.

The Role and Expertise of the Deputy Editors

The deputy editors will play an important role in guiding all major journal decisions. When submitted papers are in a deputy editor’s area of expertise I will consult with them for suggestions of appropriate reviewers, and I will consult with one of the deputy editors when reviewers are strongly split on their recommendations for a paper. If I have a conflict of interest (real or apparent) on a submitted paper I will ask one of the deputy editors to handle all aspects of the review process for that paper. I will also consult with the deputy editors for nominations for the editorial board and I will ask deputy editors to review some papers each year. Finally, an important role of the deputy editors is to signal areas of interest for the journal, and I have thus selected deputy editors who are highly visible and well-regarded in the field and whose expertise is in areas different from my own. Two of these deputy editors (Bernice Pescosolido and Pamela Braboy Jackson) are also at Indiana University, thus making consultation with them relatively easy. I have also selected one off-site deputy editor (Jill Quadagno), both because of her expertise in areas of interest to JHSB and because she will be able to handle manuscripts where there is an Indiana-based conflict of interest (such as if a paper was submitted by a student working with myself, Pescosolido and Jackson). Given the ease and speed of communication with Peggy Thoits during my term as deputy editor, I do not anticipate that communication between myself and Quadagno will result in delays. Communication off site is particularly easy now that the review process is fully electronic.

My primary areas of expertise are in life course, aging, women/work/health, and informal care, but one of the strengths that I would bring to the editorship is a breadth of knowledge and experience studying a wide range of topics and using many different methodologies. For example, my own research includes studies of individual health as well as those focusing on health and workplace policies, attention to both mental and physical health and health policies, and use of a wide range of methodologies (e.g. quantitative analysis of large data sets, content analysis, historical comparative analysis and qualitative analysis of open-ended survey questions). In addition to currently serving as a deputy editor for JHSB, I have served on editorial boards of ASR and AJS and have served on a wide range of review panels for NIH and NSF. A primary consideration in my choice of deputy editors was to find persons whose expertise would diversify, rather than duplicate my strengths. I thus invited the following deputy editors because their substantive and methodological expertise is in areas other than my own, and because of their high visibility, not only in medical sociology, but in the discipline and beyond. All three deputy editors have expressed enthusiasm about participating on the editorial team should we be chosen for the job. Vitas for myself and each of the proposed deputy editors are attached to this proposal.

Bernice Pescosolido, Indiana University, has expertise in social networks, utilization, mental health, stigma, and mental health services. One of her current projects is a large, multinational, comparative study of stigma towards mental illness, thus bringing expertise in international comparative research as well as mental health.
Professor Pescosolido has been awarded some of the discipline’s most prestigious awards, including the Leo G. Reeder Distinguished Career Award by the Medical Sociology Section, an Independent Scientist Award from NIMH, and the Hans O. Mauksch Award from the Section on Teaching and Learning in Sociology. She has also been elected as a member of the Sociological Research Association, Vice-President of ASA, and has served as chair of both the Medical Sociology and Mental Health Sections. Finally, Professor Pescosolido has extensive experience editing or serving on editorial boards, including serving as guest editor for Advances in Medical Sociology and the 1995 Special Issue of JHSB.

Pamela Braboy Jackson, also at Indiana University, brings expertise in race/ethnicity, social psychology and mental health to the editorial board. Her current work includes studies of race and gender tokenism in the workplace, race and ethnic variations in social roles, health disparities among the Black Middle Class and research on race and mental health among South Africans. Professor Jackson has served on the editorial boards for ASR, and she is currently on the editorial boards of Social Psychology Quarterly and JHSB.

Jill Quadagno, Florida State University, brings substantive expertise in the welfare state, health insurance systems and political economy of aging, as well as methodological expertise in qualitative methods, particularly comparative historical methods. Her recent book, One Nation, Uninsured and her related article, “Why the US Has No National Health Insurance” have won numerous awards, including the Eliot Friedson Outstanding Publication Award, and the YBP Library Services Best Seller in Medicine for 2005-06. She has been elected as a member of the National Academy of Social Insurance, as Vice President, and then President of the American Sociological Association. In addition to her expertise and visibility within sociology, Professor Quadagno is also well-respected and known among lawmakers and active in public sociology. After receiving a Congressional Fellowship from the ASA in 1994, Professor Quadagno has remained active as an advisor in the political arena, including serving as a speaker on the 2006 panel at the annual Issues Conference for Democratic Senators. Professor Quadagno also has extensive editorial experience, including serving on editorial boards of ASR, Contexts, Journal of Gerontology, and Journal of Health Politics, Policy and Law and guest editor with Sidney Stahl on a special issue of The Gerontologist.

University Infrastructure and Support

The Department of Sociology and the College of Arts and Sciences strongly supports this proposal and has pledged office space and furniture, computers, and generous course release time (see attached letter from department chair, Thomas Gieryn). The department has pledged an office and furniture in the recently renovated Scheussler Institute for Social Research, which is the department’s research facility. The proposed office is large enough to house at least 2 desks and multiple file cabinets. The department will also provide two computers and printers and has an excellent computer support staff to maintain and update those computers as needed. The Department and College will also provide course release time for the editor of two courses during the first year of the editorship to facilitate a smooth transition. The editor would receive a one-course release in subsequent years.