

## Introduction to the Inaugural Issue of the Journal of Equity in Health

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The purpose of this article is to introduce the inaugural issue of the *Journal of Equity in Health* (JEHonline.org). The article describes the manner in which JEH seeks to launch a new field of equity in health, while supporting a global civil rights movement to bring about equity in health for all. What is recommended is a dual focus on national and global health issues, given our interdependence as a global community. The manner in which movement toward equity in health necessitates abandoning an old paradigm rooted in domination, oppression and violence is discussed, along with a recommended paradigm shift to new ways of being and doing rooted in a non-hierarchical equality. The types of manuscripts that are welcome for submission for peer-review at JEH are described, including how the priority is placed upon those that will support achievement of a main journal goal: contributing a menu of evidence-based approaches for various health conditions, particularly those of epidemic proportion. The manner in which JEH is launched from virtual space, permitting wide distribution and free access is also covered, as well as how an annual end of year printed publication will further support wide access.

Keywords: health disparities, equity in health, global civil rights movement, paradigm shift, World Wide Web

The *Journal of Equity in Health* (JEH) is an initiative of the Research Group on Disparities of Health (RGDH), based within the Department of Health and Behavior Studies at Teachers College, Columbia University in New York City. JEH is also a natural outgrowth of the Annual Health Disparities Conference at Teachers College, Columbia University—held each year the second weekend (Friday and Saturday) of March.

The main purpose of this journal is to promote equity in health for all. What is seen as required to accomplish this goal is a global civil rights movement. What is envisioned as essential is a global civil rights movement to bring about equity in health for all that is along the lines of those that accomplished great change and often miraculous transformation at various critical points in

time. For example, consider the radical transformations accomplished by this country's civil rights movement, women's movement, or gay rights movement. Or, consider any one of the many other international social justice movements known historically to have brought about major enduring transformations in countries abroad.

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A mass social justice movement is needed that moves our regional, national, and global communities from the current widespread inequity in health toward equity in health. To accomplish this goal, there is a role for publications that can facilitate the desired change. JEH will serve as a vehicle for disseminating such publications.

As the title of this new journal suggests, we are seeking to shift the national discourse from what we do not want (i.e. health disparities) to what we do want (i.e. equity in health). The result is a discourse where we increasingly speak of the goal of achieving equity in health for all within our global community.

This is consistent with international trends, as best summarized in the introductory chapter (Wallace, 2008a) of the volume I had the pleasure to edit: *Toward equity in health: A new global approach to health disparities* (Wallace, 2008b). Consistent with shifting the discourse, this journal is part of an effort begun with the Wallace (2008) edited volume: to launch a new field of equity in health, while driving a global social justice and civil rights movement to bring about equity in health for all.

Furthermore, this is consistent with many trends in the research and scholarship of others (See Wallace, 2008). Indeed, there are a host of contemporary forces driving both a global civil rights movement for health and a newly re-conceptualized field where we speak of equity in health (Wallace, 2008).

A review of the many chapters in the edited volume (Wallace, 2008) helps to further substantiate the legitimacy of launching a new field of equity in health—as one having a global focus (Woo, 2008; Airhihenbuwa & Okoror, 2008; Moretti & Witte, 2008; Adams & Leath, 2008; Johnson & Wallace, 2008; Wallace, Konuwa & Ayebofo, 2008; Bahl, 2008; Keller & King, 2008). Indeed, collectively, all of the chapters in the edited volume begin to establish the parameters of the emergent field of equity in health. While the edited volume is seen as a tool for training global leaders for a movement, so, too, is JEH. Meanwhile, JEH

is vital to sustaining the ongoing evolution and maturation of this new field.

The new field of equity in health is truly transdisciplinary and non-hierarchical, valuing working alongside community members who are genuinely accepted and respected as equals. JEH seeks to create a forum where diverse members of transdisciplinary teams (i.e. policy makers, funders, government officials, researchers, interventionists, epidemiologists, health care administrators, leaders in health care insurance systems, physicians, psychologists, health educators, social workers, nurses, anthropologists, sociologists, economists, demographers, lawyers, teachers, computer and information technology specialists, community health workers, peer educators) can gain the information they need in order to work alongside members of the global community and bring about equity in health for all (Wallace, 2008c). Thus, the guiding tenets of the new field of equity in health are consistent with the community-based participatory research tradition.

### **A Timely Launching for JEH: An Era for Calls for Change**

Just as my edited volume was scheduled for release by Springer Publications in fall 2007, yet faced unavoidable delays, resulting in a 2008 volume, there were delays in the debut of this journal, also. It is being released some months beyond the projected year 2007 date of release, due to many factors beyond our control. Nonetheless, the timely launching for JEH stands as an historic milestone achieved in the autumn of 2008. It is an era for calls for change—a time when we are more aware than ever of how we need a broader, more encompassing vision than has prevailed, heretofore. Here, the recommended change is the attainment of a dual focus on national and global health issues. The desired dual focus necessitates concern with not only our nation's health, but also our interdependence within a global community and need for a global focus.

As a nation, it is a time when we are

facing the reality that we are tied ever so closely to a global community by economics, technology, travel, and historic patterns of immigration—to name just some factors. Hence, the goal of achieving equity in health for all means focusing upon local/national, as well as well global health concerns.

As the first Editor-in-Chief of JEH, it is my pleasure to introduce this new publication as an historic milestone achieved by an African American woman and extremely diverse board of Associate Editors and Consulting Editors. We reflect the global community for which JEH seeks to launch a global movement to ensure the right to health for all. In sum, the launching of JEH is timely history, indeed, reflecting change and being a part of contemporary calls for change.

### **A Need to Change**

A new field of equity in health, as a reflection of timely contemporary calls for change, and the corresponding global movement to bring about equity in health for all means the following: new ways of being and doing that reflect movement away from historical dynamics common to our nation and global community—such as domination, oppression, and violence.

From the dynamics of domination, oppression, and violence we can trace the historical roots of many contemporary social problems: racial/ethnic/religious hatred; disregard, denigration and mistreatment of people with disabilities; sexism, ageism, heterosexism, and homophobia; and, discrimination, prejudice, and lack of equity in access to opportunities (Wallace, 2003). The denial of human rights for all has also followed from the dynamics of domination, oppression, and violence. The denial of the human right to health, for example, has also resulted. Thus, moving toward equity means abandoning old ways of being and doing rooted in domination, oppression, and violence. For those of us socially conditioned in families, communities, and nations where the dynamics of domination, oppression, and violence influenced our development, then the result is a need to change.

### **The Paradigm Shift**

A paradigm shift is also being called for (Wallace, 2008a; 2003), as one way to describe the desired change. In this case, change involves moving from an old paradigm where there were ways of being and doing rooted in dynamics of domination, oppression, and violence; and, moving toward a new paradigm where the recommended ways of being and doing rooted in a non-hierarchical equality (Wallace, 2003). Within a non-hierarchical approach, all are viewed as equal and deserving of equity in access to opportunities in order to achieve their optimal potential (Wallace, 2008a).

Such a paradigm shift means that some in any society, community or group will reflect ways of being and doing that are rooted in varied positions: for example, a position reflective of still being rooted in the old paradigm, along with possible resistance over the prospect of change; a position reflective of some degree of movement from the old to the new paradigm, along with possible ambivalence and conflict about the apparent process of change being ushered in; a position reflective of being rooted in the new paradigm, including various degrees of stability and possible tendencies toward regression to the old paradigm; or, a position reflective of being firmly rooted in the new paradigm as an ideal model for all to follow (Wallace, 2008a); for example, as a role model of being firmly rooted in the new paradigm, consider someone like Maya Angelou.

There are implications for JEH, given how submitters of manuscripts may be in various positions with regard to shifting to a new paradigm. We welcome the diverse views and discussion absolutely essential to change. Sometimes change is challenging, and the material that stimulates change is, therefore, essential. Such contributions may represent an essential path to change and transformation.

What is valued at JEH is the ability for us all to respect the right each of us has to our own point of view, and the resultant necessity to agree to disagree, accepting

everyone for where they are in their own personal process of transformation. Consider how we may learn from contrasting points of view—even if it elicits some discomfort. Change may result, nonetheless.

### **The JEH Manuscript Focus**

Thus, original papers are welcome that may foster not only a paradigm shift, but also a twenty-first century global civil rights movement to bring equity in health to all. Meanwhile, we value the broad range of research articles within the domain of health disparities that are the essential core of any journal making a critical contribution to reducing and eliminating health disparities. Other contributions may include editorials and critiques of various research traditions and approaches, as this, too, may be essential to promoting a new field of equity in health

More specifically, JEH welcomes research on the following: evidence-based approaches to reducing and eliminating disparities in health; reports on projects from within the community-based participatory research tradition; compelling quantitative and qualitative research on the mechanisms contributing to inequity in health; promising and viable approaches to close gaps in health, including prevention, intervention, and treatment models, as well as demonstration projects; and, skill building and training models that enable researchers and practitioners to attain greater cultural competence.

Manuscripts may go beyond research reports and include reports from the field by practitioners and interventionists on “what works,” given their vantage point. Ideally, practitioners’ reports reflect the value placed upon working alongside community members as equals in the field.

We also welcome articles on a variety of topics deemed essential for promoting a major transformation in global health, such as the following (Wallace, 2008a):

- the nature of the paradigm shift needed and what may help bring it about on the level of individuals, professionals, institutions, societies, and entire fields

- new models of health care and training, including those emphasizing primary, secondary and tertiary prevention
- the kind of new theory, perspectives, and focus on identity that is needed in the new field of equity of health
- discussions of what constitute new evidence-based approaches, including what constitutes evidence of value
- the central role and function of transdisciplinary teams and community-based participatory research
- globalization and the need for global collaboration and sharing of resources, given how “what affects one affects all in our global community”
- cultural competence and cultural appropriateness
- health literacy and linguistic appropriateness
- strategies to ensure the right to health for all;
- social justice and the need to focus on factors operating in the social context
- the need to protect and support the most vulnerable (i.e. special populations, such as the incarcerated, people of color, men who have sex with men, LGBT (lesbian, gay, bisexual, transgender) populations, people with disabilities, the homeless and displaced, refugees, the geriatric population, etc...)
- strategies to repair damage done from oppression (e.g. from racism, oppression, war, etc...), restore trust, and foster the taking of responsibility (i.e. by the oppressed, by beneficiaries of white privilege or white supremacy, or by governments, or funders, etc...)
- the importance of redistributing wealth and access to opportunity, as a legitimate focus—such as via equity in access to resources such as education, employment, housing, etc...

The result may be a wide variety of topics covered in JEH. Yet, JEH has a clear priority, particularly as it seeks to promote a new field of equity in health: We seek to contribute a body of knowledge leading to menus of evidence-based approaches for various health issues and challenges—particularly those of epidemic proportions.

The desired menus of evidence-based approaches will address many epidemics and health conditions. These include, for example, HIV/AIDS, diabetes, obesity, heart disease, hypertension, malaria, tuberculosis, violence, substance abuse/dependence, etc...

### **JEH in Virtual Space: Wide Access and Free Distribution**

JEH is being launched from virtual space for several reasons. The availability of the World Wide Web and Internet create a global social context for the manifestation of an initiative such as this. This journal is being launched at a time when more information is being transmitted over the Internet than at any other time in our history, allowing computer and internet users to have access to an unprecedented amount of information. This development promises to foster greater equity in access to information, including that which is often only available through sometimes expensive journal subscriptions. In the spirit of facilitating greater and more equitable access among all who seek knowledge, including those of varying socioeconomic statuses, JEH is available online at no cost. In addition, the end of year/inaugural issue is being distributed free of charge, also. The result is that the JEH formats will permit wide access to information in local communities, the nation, and around the globe.

### **Peer Review**

At the same time that the journal represents the cutting edge in expanding free access to journal-based information, the peer review process that ensures the integrity of that which is disseminated is also highly valued. For this reason, JEH is a peer reviewed journal publication.

### **Conclusion**

With this introduction, I hope you can see how JEH is offering readers a much needed contemporary choice, as we support readers in entering the twenty-first century global social justice and civil rights movement for equity in health for all. We will do this through the types of journal articles, book reviews, special theme issues, and featured projects we will make available.

Given this introduction, please enjoy this first issue of JEH. As you will see, we are disseminating through this issue some excellent examples of what will help to launch a new field of equity in health. We are proud to be starting out small (and delayed), even as our vision is grand (and timely). Enjoy!

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