

Chronic Diseases in Canada Grows Up

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This fall, two of us (H. M., M. T.) attended the JAMA/BMJ Peer Review Congress on Peer Review and Biomedical Publication as Editor-in-Chief and Managing Editor of *Chronic Diseases in Canada*. Both being new at the job, we were painfully aware of the relative importance of our niche journal when placed side-by-side with the Big Five (*New England Journal of Medicine*, *JAMA*, *BMJ*, *Lancet*, *Annals of Internal Medicine*).

Chronic Diseases in Canada (CDIC) started thirty years ago at Health and Welfare Canada's Laboratory Centre for Disease Control (LCDC) in a dingy little building at Tunney's Pasture in Ottawa. The first issue was four-pages long in courier font and a red 'fifties-style banner. The then Director General of the LCDC, Dr. A. J. Clayton, launched "the New Bulletin" with a short editorial containing the following statement of purpose: "We propose to include material based on research, surveillance and control aspects of non-communicable diseases or conditions such as cancer, heart disease and accidents." The main audience was the estimated 300-400 Canadians involved directly or indirectly in programs related to chronic disease.

LCDC initiated CDIC in 1980 because there was no national publication to address the needs of public health professionals responsible for chronic disease prevention and control. Many people contributed to the early development of CDIC, including Dr. Don Wigle, Walter Litvin, Lori Anderson and Dr. Christina Mills.

Chronic disease science has evolved considerably since the 1980s, when the journal was first founded: we now know a great deal more about risk factors, but we still don't know very much about interventions. As we approached our 30th anniversary, it was apparent that the journal needed

to catch up. Starting in December 2007, the journal hired a new Managing Editor, named a new Editor-in-Chief and reconfigured the Editorial Board. Since then, we've seen improvements in our process and output – article submissions are up 40%, our timelines are more competitive, and we're getting ready to implement an online manuscript management system and allow for advance access of articles.

At our first Editorial Board Meeting this past October, a member asked the provocative question: "Why bother?" I would like to posit a reply in stating my vision for the journal.

Chronic Diseases in Canada is, and always will be, a niche journal. Our audience, now considerably larger than the original 300-400 chronic disease experts, is a mixed constituency of researchers, students and policy makers. I would argue that we provide a useful forum for mixed-methods research papers – evaluating interventions using both qualitative and quantitative approaches. In the words of Dr. Sylvie Stachenko, former Principal Scientific Editor of the journal, "CDIC should publish both quantitative and qualitative research results since both types of research make important contributions to chronic disease prevention. For instance, qualitative research documents the context within which prevention programs must operate."

With regard to the future, I believe that CDIC should address currently underserved topics. Although the journal will continue to publish surveillance and original etiologic research findings, the focus will be increasingly on chronic disease prevention research and evaluation of intervention programs, particularly those from a Canadian context. This will include

review articles on the relative importance of various prevention programs and policies in reducing the burden of chronic disease in Canada.

And while we may be a niche journal, we are, in many ways, unique. As a government-funded journal, we are part of the Open Access movement, indexed with Open Access Journals as well as PubMed. As CDIC is housed within the Public Health Agency of Canada, its editors have prime access to national intervention research and to partnership opportunities with bodies such as the Canadian Institutes for Health Research, Statistics Canada, the Institut national de la santé publique du Québec, the US Centers for Disease Control and Prevention and provincial health departments. Also, the journal is the only national bilingual journal in its field. We have a long way to go, but we are well on our way.

References

1. Clayton A J. Guest Editorial – Launching of New Bulletin. *Chronic Dis Can*. 1980 June 1(1):1.