

Introducing the *Journal of Health Equity*: a new space for interprofessional and interdisciplinary debates to advance health equity

Introduction

Health equity, a fundamental human right and a cornerstone of a just society, signifies that all people, groups, and communities have equitable access to opportunities to stay healthy and/or effectively cope with disease and health emergencies (National Collaborating Centre for Determinants of Health, 2022, Schiavo, R. and Health Equity Initiative, 2012-2023). It entails fair and just distribution of resources, identifying and addressing community-specific barriers that prevent people from leading a healthy and productive life (Schiavo, R. and Health Equity Initiative, 2012-2023), and fostering a society where individuals can thrive without being hindered by social, economic, and environmental factors perpetuating health disparities. Achieving health equity necessitates recognizing and addressing inherent social and racial inequities, ensuring everyone can reach their full health potential. This requires tailored strategies, broad-based reforms, and targeted resources to dismantle the structural barriers that impede health equity.

Despite decades of progress in health care globally, significant inequities in health outcomes persist alongside structural and social determinants such as socioeconomic status, race, ethnicity, gender, and geographical location (World Health Organization, 2023). These disparities are not random occurrences but reflect systemic inequities, historical contexts and legacies, and power imbalances that limit access to quality healthcare, education, financial resources, and other structural health determinants. The COVID-19 pandemic has starkly illuminated the deep-rooted inequities in our public health landscape, healthcare systems and communities, with marginalized populations disproportionately affected by the virus and its consequences (World Health Organization, 2021). This crisis has underscored the urgency of addressing health equity, not as a separate issue but as an essential element of a comprehensive approach to global health and international development.

The new *Journal of Health Equity* aspires to be a leading international journal dedicated to promoting health equity through innovative research, policy discussions, and community engagement. The Editorial Board welcomes submissions on a wide range of topics, including health policy, administration, services, and systems, public health, health professions education, and community partnerships. The journal focuses on intersectional inequities, gender, social, and racial equity, health equity throughout the life course, and health justice, among other topics (see <https://www.tandfonline.com/journals/tjhe20>).

The Journal of Health Equity (JHE)

In response to the growing recognition of health inequity as a critical global health challenge, the *Journal of Health Equity* acts as a much-needed dedicated platform to foster cutting-edge research, scholarship, and dialogue. The Editorial Board aims to provide a hub for thought-provoking and impactful contributions that advance our understanding of the determinants of health equity, identify effective interventions to address health disparities, and mobilize action towards more equitable and just health and social systems.

The *Journal of Health Equity* stands out for embracing internationalization and decolonization of health equity scholarship. It seeks to challenge the current systems of knowledge production and sharing by inviting more global experiences from experts beyond the US and Global North, recognizing the richness and diversity of knowledge and perspectives worldwide. The *Journal* is open to the complexities of health and social systems, acknowledging the unique challenges and opportunities of different contexts. It recognizes the importance of social care in improving health and well-being outcomes, especially for older adults, those with chronic conditions, children with special needs, and communities that have been historically marginalized or under-resourced. This commitment to

internationalism, decolonization, and contextual understanding ensures that the journal provides a platform for the most cutting-edge and impactful research on health equity.

The traits that distinguish the *Journal of Health Equity* from other publications in this field are (a) its commitment to uncover global health strategies to advance health equity; (b) its recognition of the key role of communities and their leaders in the design, implementation, and evaluation of research efforts and equity-driven interventions; and, (c) its focus on the power of interprofessionalism and interdisciplinarity to address complex issues. In addition, the *Journal's* international editorial board will include not only health and care experts but also anthropologists, sociologists, early childhood development professionals, urban designers, architects, technology experts, community and international development experts, and many other professionals whose work on health equity is an important component of the quest for solutions. These distinguishing features are also reflected in our core values, as described in detail below.

Our core values

The *Journal* is firmly rooted in a set of core values that guide its editorial decisions and contributions to the field of health equity. At the heart of these values lies the belief in the transformative power of interdisciplinarity, intersectionality, community engagement, evidence-informed decision-making, and interprofessional science.

Interdisciplinarity

Health equity is a complex and multifaceted issue requiring a collaborative approach across disciplinary boundaries. The *Journal* embraces interdisciplinarity, recognizing the value of insights from diverse fields such as urban design, science and technology studies, including artificial intelligence, public health, global health, epidemiology, sociology, economics, law, health services research and policy. By bridging these disciplines, the Editorial Board aims to foster a more comprehensive understanding of the social, economic, and environmental determinants of health equity and identify innovative solutions to address health disparities.

Intersectionality

Health equity is not simply about achieving equal health outcomes for different populations but also

about recognizing and addressing the multifaceted power structures and processes that sustain and produce unequal health outcomes. We are committed to intersectional approaches that acknowledge people's social identities are subjected to various forms of discrimination or marginalization. This intersectional lens is crucial for developing effective interventions that address the root causes of health inequities and promote equity for all.

Community engagement

Community engagement is essential for ensuring that health equity initiatives are grounded in the realities and experiences of the communities they aim to serve. The *Journal* is committed to promoting community-based research, participatory decision-making, and equitable partnerships between researchers, practitioners, and community stakeholders. By incorporating community perspectives at all stages of the research and implementation process, health equity scholars can co-create culturally sensitive and practical solutions that address the needs of marginalized communities.

Evidence-informed decision-making

Evidence-informed decision-making is the cornerstone of effective health equity interventions. The Editorial Board encourages health equity research that is rigorous, relevant, and applicable to real-world settings. We promote the use of mixed methods, including quantitative, qualitative, and participatory approaches, to capture the complexities of health equity and support informed decision-making. By promoting the integration of research findings into policy and practice, health equity scholars can translate knowledge into action and provide tools to policymakers, and in so doing accelerate progress towards a more equitable healthcare system.

Interprofessional science

By encouraging interprofessional science (Xyrichis, 2020), the *Journal* is committed to fostering interprofessional education and collaborative practice as essential strategies for achieving health equity. Interprofessional education, which brings together students and professionals from different healthcare professions to learn with, from and about each other to improve collaboration, also promotes cross-cultural understanding, communication skills, and shared responsibility for patient care (World Health

Organization, 2023). Similarly, collaborative practice involving different healthcare professions working together to deliver coordinated and comprehensive care, is crucial for addressing the complex needs of patients and communities, particularly those facing health disparities. By embracing interprofessional science, health equity scholars can help cultivate a healthcare workforce equipped to address health equity challenges effectively.

Engaging with the Journal of Health Equity

The Editorial Board encourages submissions from diverse authors at all stages of their careers and from all parts of the globe. Our editorial process is fast, rigorous, and transparent, ensuring that only the highest quality and most impactful contributions are published in our journal. We employ a multi-stage review process involving expert peer reviewers and our experienced editorial team. The double-blind format supports both the publication of high-quality manuscripts and the professional development of expert reviewers.

If you have a contribution that advances health equity, consider which format best suits your scholarly argument: Brief report, Research article, Data note, Guest Editorial, Letter to the editor, Methodological note, Pictorial work, Curricular innovation, Systematic review. Upon submission, a member of the editorial board will review your article for fit with the Journal's scope and standards and determine whether to send it to two external peer reviewers for feedback.

External reviewers provide comprehensive and constructive feedback on the manuscripts, addressing the originality, rigor, and significance of the research. Based on the peer reviewers' recommendations and our editorial assessment, we make a decision on whether to accept, revise, or reject the manuscript. If a manuscript is recommended for revision, the authors are provided with detailed feedback and are given the opportunity to address the reviewers' concerns and improve the manuscript. Upon satisfactory revision, the manuscript is accepted for publication.

To recognize and celebrate the contributions of our expert reviewers, we plan to offer certificates, awards, discounts, feedback, and mentorship opportunities. These initiatives form the cornerstone of our commitment to inclusivity, accessibility, and excellence in advancing health equity research.

Because we envision articles in the Journal having an impact on policy, authors should write in plain, accessible language. Manuscripts that meet any of the

study types contained in the Equator network (Mäkelä et al., 2011) should follow their standardized reporting guidelines. We aspire to follow the guidelines from the Coalition for Diversity and Inclusion in Scholarly Communications (C4DISC, 2022) and the American Psychological Association (APA, 2023) to align our values with our language. We are also committed to making sure manuscripts meet inclusive and non-stigmatizing language criteria and will aim to follow the guidelines and resources of the Centers for Disease Control and Prevention (https://www.cdc.gov/healthcommunication/Health_Equity.html), and the National Collaborating Centre for Determinants of Health (<https://nccdh.ca/learn/glossary/>), among other organizations.


The Journal of Health Equity is driven by a bold ambition to democratize access to high-quality health equity research and to empower authors from diverse backgrounds to contribute their insights. As a Gold Open Access journal, we aspire to secure funds to support free open-access publications for authors from low-income countries, ensuring that their work is accessible to a global audience. For the inaugural year (2024), we are waiving article processing charges to further facilitate the dissemination of research findings.

Conclusion

As we launch the *Journal of Health Equity* with bold ambitions, we are not ignorant of the challenges that lie ahead. Yet, we also embrace the opportunity to contribute to a more just and equitable world where everyone can have the opportunity to reach their full potential. With unwavering commitment and a collaborative spirit, we envision a future where health equity is woven into the fabric of our health and social systems and communities worldwide. We look forward to working with our readers and authors as we move forward in this journey.

References

- American Psychological Association. (2023). Inclusive language guide (2nd ed.). Retrieved from: <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>.
- Centers for Disease Control and Prevention. (2023). Preferred terms for select population groups & communities. Available at https://www.cdc.gov/healthcommunication/Preferred_Terms.html.
- Centers for Disease Control and Prevention. (2023). Resources & style guides for framing health equity & avoiding stigmatizing language. Available at <https://www.cdc.gov/healthcommunication/Resources.html>.
- Coalition for Diversity and Inclusion in Scholarly Communications (C4DISC). (2022). *Guidelines on inclu-*

- sive language and images in scholarly communication*. C4DISC. Retrieved from <https://c4disc.pubpub.org/pub/8olmuvdm>
- Mäkelä M, Kaila M, Stein K. (2011). Mind sharpeners for scientists: the EQUATOR network. *International Journal of Technology Assessment in Health Care*, 27(2):99–100.
- National Collaborating Centre for Determinants of Health. (2022). *Glossary of essential health equity terms*. National Collaborating Centre for Determinants of Health, St. Francis Xavier University. Available at <https://nccdh.ca/learn/glossary/>
- Schiavo R. and Health Equity Initiative. (2012–2023). About health equity. Available at <https://www.healthequityinitiative.org/about-health-equity.html>.
- World Health Organization. (2023). *Integrating the social determinants of health into health workforce education and training*. WHO
- World Health Organization. (2021). *COVID-19 and the social determinants of health and health equity: evidence brief*. WHO
- Xyrichis A. (2020). Interprofessional science: an international field of study reaching maturity. *Journal of Interprofessional Care*, 34(1):1–3.
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