From the Editor

To Our Readers and Authors

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LEADERSHIP TRANSITIONS POSE MANY CHALLENGES, ESPECIALLY in organizations with long histories and deep-rooted norms. Although they often trigger concerns regarding how organizational norms will change under new leadership and what effects, if any, those changes will have, they also offer opportunities to make strategic adjustments that may prove beneficial in the long run. Any transition, however, should be handled with a judicious blend of vision, sensitivity, and discretion.

The leadership transition at *The Milbank Quarterly* is no exception. As the new editor, I feel enormously privileged to assume the role and I am writing to share with you—our devoted readers and authors—insight into the future editorial direction of the *Quarterly*.

I have been asked repeatedly in recent months, “How do you plan to change the *Quarterly*?” My reply has been simple: “Very carefully.” Throughout its 95-year history, the *Quarterly* has published numerous seminal articles that remain classics in the literature today, and it has been and continues to be regarded as one of the premier journals in its field. Its success may be attributed, in large measure, to the strong support of the Milbank Memorial Fund, the leadership acumen of the Fund’s officers and Board of Directors, the collective wisdom of my editorial predecessors, and the extraordinary professionalism of the *Quarterly*’s editorial and communications staff. In other words, I am the beneficiary of a “well-oiled engine” that strives for excellence in all that it does.

But even a high-performing journal requires vigilant maintenance and occasional change to keep it fresh and vibrant. Changes in direction or focus often accompany leadership transitions; in fact, most people automatically expect change when new leaders appear. My past experiences with transitions in academic, philanthropic, and nonprofit organizations have taught me that not all change is positive and, at times, it may be counterproductive, even harmful. Thus, in effectuating a successful

transition, it is important to look for and seize opportunities to implement *meaningful* changes that build upon and amplify organizational strengths. In the case of the *Quarterly*, we will continue to pursue the Fund's mission to "improve the health of populations by connecting leaders and decision makers with the best available evidence and experience." However, over the coming year, we will introduce a few enhancements that will further the *Quarterly's* aim as a multidisciplinary journal of population health and health policy. In the spirit of continuous improvement, we will strive to sharpen our editorial focus and broaden the *Quarterly's* content in ways that are consistent with our strengths and aspirations.

Long-time readers will recall that several decades ago the *Quarterly* was known as the *Milbank Memorial Fund Quarterly: Health and Society*. Inherent in this title was the notion that health is determined by much more than medical care and that societal forces and values are integral to the production of health. While there are no plans to resurrect the *Quarterly's* former name, we remain committed to acting on the persuasive evidence that population health is influenced by multiple social factors and determinants that transcend the delivery of health care. These include social, political, economic, cultural, ethical, and legal factors that cut across sectoral boundaries in society—from education, housing, and transportation to immigration, energy, environment, and criminal justice. Thus, we welcome manuscripts based on original research that address the intersection between health and these various sectors of public policy, with particular attention to enhancing our knowledge and understanding of the nature of these relationships, the strategies and policies that may be designed and implemented to improve population health, and the effects of such strategies and policies on population health.

We also wish to build on our historically strong interest in state health policy, with particular emphasis on states serving as "laboratories for change and innovation" within a US health care system undergoing reform. Therefore, we welcome original research submissions that propose new ideas and frameworks for improving health and health care at the state level as well as empirical studies that test and evaluate new approaches and strategies for financing, organizing, and delivering services to various populations—from primary care and hospital care to long-term care and end-of-life care, with attention also paid to mental health and substance use services.

In addition to new frameworks and models, we remain interested in lessons that may be learned from other nations' health care systems and welcome submissions from international authors on topics that have implications for the US health care system. This includes manuscripts that compare aspects of the US health care system with those of other nations' systems, provided that they present new knowledge and evidence. For example, in this issue, Marilyn Ford-Gilboe and colleagues present a model of equity-oriented health care (EOHC) implemented in a primary care context, along with evidence from 2 Canadian provinces demonstrating that EOHC interventions at the point of care can lead to better health outcomes and can begin to shift inequities in health outcomes for those in greatest need. An invited commentary by Douglas Eby indicates that EOHC approaches have been shown to have similar effects in Alaska Native populations in the United States.

What will *not* change going forward is the *Quarterly's* insistence on maintaining the highest standards of editorial excellence, including a peer-review process that is demanding, yet fair and efficient. Accepted manuscripts must demonstrate relevance to population health and/or health policy by dealing directly with aspects of population health and offering insight into potential improvements for policy, practice, or both. Manuscripts also must advance the knowledge base for improving population health by offering clear evidence of effects on population health and by facilitating public debate and exchange of ideas. Research methods must be rigorous and sound.

In addition to original research articles, each issue will continue to contain informed opinions from contributing writers on an array of timely, policy-relevant topics. In this issue, Sandro Galea examines whether disruptive innovation in health care (such as the new Atul Gawande–led venture on behalf of 3 giant corporations) will improve the health of populations; Sara Rosenbaum analyzes the recent Council of Economic Advisers report on Medicaid work requirements; John McDonough explores the dilemma posed by Medicaid work requirements for states such as Virginia and Kentucky; Joshua Sharfstein tackles the public health dangers from wildfires and offers suggestions for improved policy; and Richard Frank reflects on 10 years of experience following the 2008 enactment of the Mental Health Parity and Addiction Equity Act.

In the coming year, our group of contributing writers will expand to include new perspectives and areas of expertise. We also plan to publish

online more “early views” of accepted manuscripts ahead of print, based on the timeliness and salience of the topic addressed.

By retaining the best attributes of the *Quarterly* and simultaneously adding enhancements, we seek to increase its value as an important resource for all of our audiences—scholars, policy leaders, and decision makers. We hope you will agree.