



Creating the future of translational behavioral medicine

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With this June 2016 issue of *Translational Behavioral Medicine: Practice, Policy, Research* (TBM), we mark an important milestone in our relatively brief but exciting history. We are very pleased to have been installed as TBM's new senior editorial team, led by Suzanne Miller as Editor-in-Chief and assisted by Lindsay Bullock as Managing Editor. As part of this transition, we extend our gratitude to the outgoing editorial team led by Bonnie Spring. Under her leadership, TBM flourished. What began as an ambitious idea on paper transformed into a bold, vibrant publication offered by the Society of Behavioral Medicine. As she noted in the very first issue of the journal, its task was to "... advance the field's knowledge and actualize it to improve individual and population health" [1]. We salute Dr. Spring for her wisdom, insight, and dedication to this new endeavor. We will carry forward the important work started under her term.

The mission of TBM remains unchanged from Dr. Spring's momentous opening, and our aims and mission are as vital as ever. We will seek to engage, inform, and catalyze the dialogue about behavioral medicine in the research, practice, and policy arenas—bringing actionable science to practitioners and prompting timely policy debates about how we implement evidence. At an even higher level, TBM aspires to be a thought leader in translating behavioral science findings to improve patient and population outcomes in real-world settings. Is TBM accomplishing what it sets out to do? We asked ourselves this very question and would like to reflect on both the successes and the opportunities before us.

HISTORY AND PROGRESS OF TBM

The journal began soliciting manuscripts in 2010, for initial publication in 2011. Between then and the close of 2015, a total of 602 submissions were received by TBM and averaged to about 100 each year. In terms of the journal's selectivity, more than 25 % of papers are turned away for publication and this number has been steadily rising. As reported by our publisher, Springer, TBM was recently accepted for indexing by both MEDLINE and Thomson Reuters, having already been indexed by PubMed. We are very grateful to the staff at the Society of Behavioral Medicine and at Springer for their help in this achievement. As a result of this development, the journal will have its very first

impact factor shortly, indexing retroactively to volume 1, issue 1, in 2011. These milestones should all help enhance TBM's reputation in the field. In doing so, we believe they will bolster submissions and allow greater selectivity of articles published. Toward that end, Springer has informed us that TBM usage (i.e., the number of article downloads) is already on the rise. Springer plans to increase journal marketing and promotional activities, which should further accelerate our growth. We are very excited about each of these advancements and pleased to work collaboratively with the society and publisher in enhancing the stature of TBM.

EXCITING MODIFICATIONS FOR TBM'S NEW LOOK AND CONTENT

The aforementioned changes are accompanied by several others, including a newly redesigned cover, a newly constituted Editorial Board with diverse national and international representation, and a senior editorial Advisory Board. Most exciting, however, are plans to more broadly disseminate the translational works published in TBM. With assistance from Springer and the society, we are embarking on an innovative two-pronged outreach and dissemination strategy. The first strategy involves efforts to contribute to the BioMed Central Blog Network, where we will highlight noteworthy findings published in TBM. These blogs typically receive 1500 views each, which will allow us to reach audiences who may not already be familiar with TBM. Be prepared, as readers and contributors of TBM, to respond to timely calls for blog posts, and to imagine how your work published in TBM could be disseminated for a wider audience.

The second strategy involves collaboration with leading nonprofit organizations and policy institutes to target their audiences and memberships to receive noteworthy and relevant articles published in the journal. One exemplar is the New Jersey Health Care Quality Institute—a nonpartisan advocacy group dedicated to increasing health care quality in the state of New Jersey. Membership of the Quality Institute comprises providers, consumer groups, foundations, policy makers, and other influential communities working together in the health care area. The Quality Institute will share relevant findings derived from published articles in TBM with their membership, thus

increasing our reach and the direct impact of our findings. TBM has also partnered with the HealthWell organization based in the Washington, DC area. HealthWell's goal is to reduce financial barriers and provide support for underinsured individuals with chronic or life-threatening diseases. HealthWell reaches thousands of patients, providers, and policy makers nationwide. Thus, it too presents a unique opportunity to move relevant behavioral medicine findings with potential policy impacts into more hands and minds of those who can effect positive change.

Other changes we are instituting in the service of increased dissemination and impact are the publication of commentaries and a newly conceived section focused on null results. The commentaries can either be responsive to articles published in TBM or can be more independent, reflecting on national health-related policy trends and efforts. The inclusion of null results grows out of the realization that such findings can be as informative and actionable for policy change as "significant" findings. Yet, researchers often find it difficult to communicate about such results in traditional academic forums. We have decided to create an opportunity for such findings to co-exist alongside other works, and in particular those that have important behavioral medicine practice, policy, and research implications.

Notwithstanding these efforts into new areas of dissemination and communication, we should not forget to emphasize that TBM remains a top-rated academic journal. To this end, we strive to publish cutting-edge research papers, reviews, and meta-analyses, while also periodically convening special issues on topics of high impact and significance for researchers, providers, and policy makers.

A BRIGHT FUTURE FOR TBM

Overall, we believe the changes we are initiating are in the spirit of the mission of TBM, while increasing the reach and impact of the research, practice concepts, and policy applications contained in its pages. Spurred in part by the revolution in genomic, personalized, and precision medicine, there has been an increasing focus on converting biomedical advances into actionable clinical and policy strategies. Unfortunately, behavioral and social science—which are central to these efforts—has largely not been integrated into the evolving dialogue and evidence base. Indeed, many patients, health care providers, policy makers, and the public in general continue to underestimate the role of behavior in the health of the nation as well as in the development of dissemination efforts.

TBM by its very nature provides a ready vehicle for the translation of basic science concepts and findings into the broader practice and policy initiatives currently underway at national and global levels. These basic science concepts come from the social and behavioral sciences as well as from more traditional basic biological sciences, and must move through a research-driven translational process to be embraced by clinical and public health practice [2]. Therefore, we have an abiding commitment to leverage TBM to inform the diffusion and dissemination of behavioral science and public health contributions to the academic, clinical, and policy communities. The goal is to accomplish this initiative by more effectively engaging, informing, and catalyzing awareness of the utility of behavioral medicine theory and its findings as applied to the growing field of team science.

We recognize the translational team science approach may be new or not fully familiar to traditionally trained academics and providers. But we hope to continue to show in the pages of the journal and the associated blogs that it is not only feasible but essential to bridge the gaps between behavioral medicine and other professional groups committed to fostering disease prevention and promoting health. So we call on our readers to recognize that we are outlining a cultural shift in how we do behavioral and social science across all levels of research and integrated practice.

We understand this shift will evolve over time. Fortunately, TBM has put the essential framework into place and now has the means to make this approach happen at an even more progressive rate. Yet, we will only be successful if you contribute your hearts and minds to our mission. We call on our constituency to contribute to our planned efforts by engaging in our social media efforts, writing newsworthy pieces, promoting those pieces to the press, and becoming part of the national debate about health care. We know of no other journal better poised to represent and foster the transition from science on the printed page to activation and behavior change in the real-world setting. Do join us, as this is an exciting time for translational behavioral medicine.

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1. Spring B. Translational Behavioral Medicine: A pathway to better health. *Transl Behav Med.* 2011 Mar;1(1):1-3. doi: [10.1007/s13142-011-0029-z](https://doi.org/10.1007/s13142-011-0029-z). PubMed PMID: 24073022; PubMed Central PMCID: PMC3717684.
2. Hiatt RA, Miller SM, Vernon SW. Translational research and good behavior. *Cancer Epidemiol Biomarkers Prev.* 2007; 16(11): 2184-2185.