

New Leadership, New Directions, New Format

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It is a privilege to assume the Editor-in-Chief position of The Journal of Primary Prevention and to follow in the leadership of P. Britner, who has retired from his editorial responsibilities. Under his 5 years of leadership, JPP has grown tremendously: the journal has transitioned into the electronic age, been indexed, and increased its stature among prevention journals. Thank you, Brit, for your commitment to the journal and to prevention research! I feel honored to take on this role.

My goal is to expand the focus and strategic direction of JPP to maintain its trajectory toward becoming a premier journal in prevention and public health. As in the past, the journal will also continue to publish on major causes of disparities, social determinants, school- and community-based programs, cross-cultural comparisons, community-based participatory research, factors contributing to social injustice, and both qualitative and quantitative studies.

Contents of the journal will be presented in four new formats: original research, research methods and practice, brief reports, and literature reviews. The journal will continue to seek high quality empirical

studies and emphasize the movement from research to practice. In addition, a new cover reflects the significance and impact of prevention research.

The Journal of Primary Prevention will remain a major resource for scientists and practitioners including social and behavioral scientists, public health agencies, schools, community service providers, health educators, community leaders, social workers, health care professionals, and policy makers. JPP will expand its presence in the public health arena both nationally and internationally as well as increase its visibility in related fields.

As in the past, we will strive to maintain the rigor and scientific quality of manuscripts through peer-reviewed scholarship by utilizing the existing excellent group of manuscript reviewers, who provide critical and insightful feedback, and by expanding the pool of reviewers to broaden input from other areas of public health.

This Issue

The articles in this issue demonstrate our commitment to primary prevention among children and adolescents. Most risky behaviors begin in childhood and adolescence, and as we seek to address the cost of healthcare, prevention among youth is our best bet.

This issue examines two behaviors that may lead to serious addictions later in life, gambling and substance use; strategies to improve refusal skills

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among youth; prevention and early intervention of anxiety and depression; and a potential approach to reducing peer victimization.

Leatherhead and his colleagues examine the prevalence of multi-substance use among Canadian adolescents using data from the Canadian Youth Smoking Survey. They report alcohol as the most prevalent substance used by youth but that comorbid experimentation of alcohol, tobacco, and marijuana use was widespread. Though most prevention programs address a single substance and are targeted to secondary school students, this study points to the need of universal prevention programs addressing multi-substance use beginning no later than elementary school.

The manuscript by Williams, Wood, and Currie address gambling prevention, a much neglected area of prevention. While gambling prevention research is still in its infancy, it is critically important to remember the lessons learned from prevention of other risk behaviors and implement programs that impact behavior, not just knowledge and attitudes. Williams and colleagues evaluated the Stacked Deck gambling prevention program for 9th through 12th grade students living in Alberta, Canada. Results indicate this program is a promising curriculum for prevention of problem gambling as the program impacted applied decision making, problem solving, the percentage of gamblers, and gambling frequency. Though significant decreases in problem gambling were not observed, the power to detect these differences in problem gambling might have been limited, and replication among larger populations should be performed.

Nichols and colleagues discuss approaches to the construction of prevention curricula for impacting adolescent risk behaviors. The authors describe a study comparing adolescent and adult assessments of

the effectiveness of refusal skills. Though prevention researchers have been touting the importance of understanding culture when developing intervention programs, we tend to “window dress” youth interventions—to create a look and feel appealing for youth without really understanding youth culture. This study highlights the importance of incorporating adolescent perceptions and diverse experiences in the design and evaluation of prevention programs.

The paper by Christensen offers a unique review of community-based prevention trials to reduce depression and anxiety symptoms for adolescents. Whereas other systematic reviews have focused on school-based prevention programs, it is equally important to understand the effectiveness of non-school-based programs. Increasingly, mental health prevention services for youth are often performed by providers or agencies outside of the school setting, and it is difficult to gain access to youth during school hours. This manuscript provides useful insights as to where research and practice regarding anxiety and depression prevention should focus.

Lastly, Elledge and colleagues pilot tested the benefits of school-based lunchtime mentoring as a form of selective prevention for bullied elementary school children. Though more is known about universal interventions designed to lower the overall incidence of school bullying, less is known about targeted approaches designed specifically for bullied children. Because bullied children often have difficulty with peer relationships and mentoring approaches may improve peer relationships, this study examined a mentoring intervention to reduce peer victimization. Results provide preliminary support for the short-term efficacy of this approach. This study offers an innovative approach to prevent bullying and should be tested in a full-scale intervention trial with a longer follow-up.