Keeping a critical edge: reflections on 25 years as a scholarly journal

Critical Public Health began life in 1979 as the newsletter *Radical Community Medicine.* In the first editorial in the rebranded scholarly journal in 1990, the Editor made it clear that 'radical' perspectives would continue to form a key orientation: "*Critical Public Health* will provide a forum for debating health issues and for publishing radical opinions which might not otherwise find an outlet". As we celebrate our 25th anniversary as an academic journal, this is a timely point to reflect on both the possibilities and constraints of maintaining a critical perspective within the confines of scholarly publishing.

Institutionalization, as Max Weber warned, risks a blunting of radical potential. We clearly see this in the field of public health itself. Today, many of the ideals early contributors to *Radical Community Medicine* espoused—participative democracy, community engagement, calls for action on the social determinants of health—have been seemingly embraced by mainstream public health (Green and Labonté 2008: 1). Yet, as many of our contributors have observed, this incorporation risks domestication (see, for instance, Roe 2005 on harm reduction, and Raphael 2011 on the social determinants of health).   Institutionalization also brings processes of standardization: nowhere is this more apparent than in academic publishing. Metrics such as the *h*-index increasingly trap individual academics in a web of external benchmarks, indicators and ratings. But journals, too, are increasingly subject to equivalent processes. 'Impact factor' is the most visible articulation of this external benchmarking. Produced by Thompson Scientific's Web of Science, it is an increasingly prominent means through

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which institutions, funding agencies and consequently academics themselves identify 'quality' publication venues.

Despite the emptiness of citation counts as a marker of quality, such measures have been widely embraced, at the risk of encouraging "an arbitrarily competitive system so that scholars will no longer want, or be allowed to (by institutional imperative) publish in anything below a top ranked journal" (Cooper and Poletti 2011: 61). The distorting effects of this have been seen in Australia, where the 'ERA' (Excellence in Research Australia) rankings developed as part of national research assessment efforts were ultimately abandoned after it became clear that institutions were 'misusing' them in ways that harmed the careers of young academics and those working in cross-disciplinary areas[1] (Sheil 2014). Although abandoned as formal quality criteria, the ghostly presence of these journal rankings continues to shape the publishing imperatives of academics within many Australian departments.

As Editors, we cannot simply avoid 'playing the numbers game'. Thus, while we are personally concerned about the growing fetishisation of metrics, they are undeniably seductive. When *CPH* achieved its first impact factor in 2012 after a successful application for indexation in the Social Sciences Citation Index (a Web of Science database), this was cause for celebration amongst the editorial team and board. Our increase in impact factor (1.282 in 2013! Up substantially from the previous year!) is prominently referenced on our website.   As always, though, the processes by which such indexing and rankings come about have far reaching effects (Lampland and Star 2009). Journals apply to be indexed in databases, and the application process aims to ensure that standards are met. In an age where dubious user-pays journals are flourishing like mushrooms after the rain, such quality controls seem warranted. But

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standards are, of course, not neutral: criteria such as timeliness of publications, full text English, peer review, clearly demarcated "editorial content", and "international diversity" amongst authors, editors and boards relate not to quality per se, but a particular vision of quality. As we have found in *Critical Public Health*, these have transformative effects on what gets into the public domain. For example, in 2012 *Critical Public Health* submitted an application to be indexed in Medline, and was ultimately rejected as too "journalistic". Our options were either to give up on being indexed in the database most frequently used by healthcare professionals (one of our intended audiences), or persist with indexing efforts. After considerable discussion we chose the latter path, uncomfortably aware that it would affect the sort of content we publish. This was the primary impetus for the introduction of our 'research article' versus 'commentary' divide, with the former signified primarily by an explicit discussion of methods.

Yet, the distinction fits poorly with many of the articles historically published in our journal (including a number of our most influential and well-regarded ones). The result has been a certain 'scientization' of our format, with a growing number of articles now structured in terms of the 'introduction', 'methods', 'results', 'discussion' frame. A brief perusal of other interdisciplinary social science journals focusing on health and medicine shows that this scientization is widespread, with many journals increasingly relying on this format and introducing features (such as 'research highlights') that were historically limited to medical journals. In many respects, the emergence of standards that prioritize commercial viability and scientific paradigms echo the broader changes in the political economy of higher education over the past 25 years, especially progressive state disinvestment in tertiary education and the attendant marketization of the academy (Shore 2008).

Although these external forces have inevitably shaped the journal to a degree, as Editors we remain committed to providing an intellectual space for scholarship that challenges mainstream perspectives on public health. In an age where critical perspectives been increasingly marginalized (as a result of the science wars of the 1990s, the increasingly instrumental view of research by funding agencies, the censoring function of systems of research ethics oversight, and so on), this space has become even more *critical*. As the selection of articles in this issue illustrates, we will continue to publish an eclectic array of content that questions conventional ways of thinking about public health paradigms and programmes.

Contributions to this issue include papers on the big questions facing public health, with de Vogli and Owusu's analysis of the impact of the great recession on public health, and Chaufan and colleagues' trenchant criticism of the notion that more active travel will address the health impacts of poverty. They demonstrate the range of ways in which critical researchers are developing more appropriate methodologies for public health, including Hutton and Wright's participatory approach to studying drinking cultures, and Hutchinson and colleagues' careful qualitative account of the complex consequences of introducing malaria testing in Uganda. Our contributors unsettle taken-for-granted concepts, such as Uretsky's depiction of 'sex work' as not necessarily women's work. They focus on emerging sites of public health knowledge, with Ferry and Richards' analysis of internet discussion boards on weight loss surgery. And finally, critical scholars turn the spotlight on public health practice itself, with Lupton's critique of the ways in which disgust is used in campaigns, and Thompson describing the identity work needed by public health clinicians, still often marginalisd within the medical profession. The papers in this, our 25th Anniversary issue, are testament to both the vibrancy of

research in critical public health, and also the necessity for a space where such critique can be published, disseminated and debated.

Kirsten Bell, Co-Editor

Department of Anthropology, University of British Columbia, Vancouver, BC, Canada

(kibell@mail.ubc.ca)

Judith Green, Co-Editor

Department of Public Health and Policy, London School of Hygiene and Tropical

Medicine, 15-17 Tavistock Place, London, UK

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