

Editorial

December is a time to reflect on the events and accomplishments of the past year and on the challenges of the coming year, for us as individuals and certainly also for our journal. In the past year, *Public Health Nutrition* has continued to mature and establish itself as a forum for scholarly work and the exchange of ideas on topics related to our field. Specific accomplishments included a restatement of our journal objectives to include the publication of discussion papers for debate; raised interest in developing the journal as a means of influencing policy; a critical assessment of the WHO strategy on nutrition, physical activity and health^{1,2}; and – more on the business than on the public service end of the things – the receipt of our first impact factor, which places us as 15th among 53 nutrition and dietetics journals ranked by the ISI. Our impact factor is a reflection of how well received *Public Health Nutrition* has been. It is also a reflection of the quality of its papers. Our journal is read because of the importance of its published material, and because of our shared interest in the challenge of improving health (and life) by improving public health nutrition.

As the challenge of improving health continues, so does the challenge of making sure that our journal meets the needs of readers in the scientific and public health community. In the year ahead we will strive to maintain the breadth and the quality of the articles published; to publish timely reviews and commentaries on important, emerging and controversial topics; and to work to keep our peer review and publication process as fair and as smooth as possible. And as always, your comments on the development and direction of *Public Health Nutrition* are welcome.

In this issue, I would like to highlight two articles that deal with the interface between individuals or households and the food environment. Satia *et al.*³ present results on one of the primary features of the US food environment – fast-food restaurants. In the first study to describe the behaviour in African Americans, they found that most people in their sample (76%) had eaten at fast-food restaurants at least sometimes in the past 3 months; that eating at fast-food restaurants was associated with higher fat intake and higher body mass index; and that fast-food consumers perceived more barriers to eating healthily. Their data also hint at the effect of the ubiquity of fast-food restaurants in our culture – the inevitability of fast foods as a default meal. Even among individuals who disagreed with the statement ‘It takes time/trouble to prepare healthy meals’, about half (49%) still ate at fast-food restaurants ‘sometimes’; 29% reported rarely or never eating at fast-food restaurants, only slightly more than the 22% who did so usually or often. Satia *et al.*’s work emphasises the

attitudinal and behavioural obstacles to be surmounted to promote healthier eating. Unfortunately, non-consumers must represent a special group of highly motivated people who are able to confront, in the authors’ words, ‘food choices dictated by the eating environment’.

The article by Rose and Richards⁴ addresses how access to food stores is associated with household fruit and vegetable use. They found that food store access was associated with higher fruit intake even controlling for attitude towards nutrition; individuals without access to a supermarket consumed significantly less fruit. That the same pattern was not observed for vegetables may be because their definition of vegetables included potatoes, making it a less sensitive indicator of fresh vegetable consumption given its current consumption primarily in frozen form⁵. Another interesting finding is that car ownership was inversely associated with both fruit and vegetable consumption. While the authors suggest that confounding by household characteristics may explain the observation, another possible interpretation may yet relate to access to the food environment – that is, one wonders how improved access to a wider food environment in general (besides access to supermarkets) influences both dietary intake and household food inventory as a measure of food use. Nevertheless, the work by Rose and Richards is a valuable addition to the relatively small but growing literature recognising and attempting to quantify the food environment as a determinant of dietary intake, nutritional status and health. Encouragingly, a recent report by the US National Academies’ Institute of Medicine⁶, calling for a broad societal strategy to prevent childhood obesity, marks a similar shift in focus from personal responsibility to the societal causes of obesity, at a level that brings us closer to influencing policy.

Best wishes for a happy and promising New Year.

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References

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