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Archives of Public Health, the makeover

by

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The Archives of Public Health takes a new start. The Archives of Public Health will no longer be published on paper and thus becomes an electronic journal. This new way of publishing has several advantages. The objective of this makeover is to strengthen the communication of public health research in Belgium. The journal will appear four times each year and each issue will have at least three peer-reviewed scientific papers in English. Next to these, communication of non-peer-reviewed publications is now possible too. These will mainly be executive summaries of research sponsored by the public agencies and administrations. These publications will be either in Dutch, English or French.

Recently, several journals have published the STROBE statement (Strengthening the Reporting of Observational Studies in Epidemiology; http://www.strobe-statement.org/) (1,2). As observational studies in epidemiology are the main proportion of the submitted and published scientific papers in the Archives of Public Health, the editorial board of the Archives of Public Health will encourage the authors to consult STROBE when preparing the manuscript. The core of STROBE is a checklist of 22 issues that should be considered in reporting observational studies. You can find the STROBE guidelines at the end of this editorial.

The main objective of STROBE is to enhance the understanding and interpretation of observational studies which may be difficult for the reader if relevant information is not described in sufficient detail or is not present at all. STROBE will also stimulate the comparability of different reports. The underlying motive of STROBE is to strengthen, not to standardise or to curtail the creativeness of empirical scientific practice.

The reason why the Archives of Public Health endorses STROBE is not to come to uniform reporting which would result in boring papers. The STROBE statement does not have magic power. A bad paper will remain a bad paper. However STROBE will enhance the quality of publication of good research and help the authors to focus on the essentials necessary to communicate their research results. The editorial board will adapt the guidelines for authors in the near future to incorporate the STROBE guidelines.

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In the current issue, Huybrechts et al. (3) report on the design of a survey to obtain information on dietary habits of young preschool children. More than 2400 children were included in the study. Information on intake was obtained through a combination of a semi-quantitative food frequency questionnaire and 3-day estimated diet records. The authors give ample attention to discuss the methodological challenges. The interaction between the parents and the school, necessary to obtain a diet record as the children are having meals at school, is only one of them. Furthermore, the study adds to health promotion as the observations are linked to local nutrition-related school policies.

The atmosphere at the workplace is, next to personal well-being and sociodemographic factors, a major determinant of sick leave frequency (4). Based on a short literature review, the authors conclude that among others job satisfaction, support, autonomy, pace and pressure and relations at the workplace are related to sick leave frequency in a consistent pattern.

As the Belgian population is ageing, the impact of informal care on society will increase. From the 2001 Belgian census we know that being involved in informal care has an impact on the self-perceived health of the caregivers (5). Using longitudinal data from Canada, the paper of Cameron et al. (6) contributes to the better understanding of family care. The authors identify characteristics of caregivers (i.e. young males, in poorer health, with lower sense of control over life and providing care to people with more comorbidity), who may need more support and assistance to promote their health.

TABLE 1. STROBE Statement—checklist of items that should be included in reports of observational studies

	Item nr	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case

Continues

	Item nr	Recommendation
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (e.g. demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
		(c) *Cohort study*—Summarise follow-up time (e.g. average and total amount)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time
		Case-control study—Report numbers in each exposure category, or summary measures of exposure
		Cross-sectional study—Report numbers of outcome events or summary measures
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g. 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

References

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2. Von Elm E, Altman DG, Egger N., Podar T, Gotzsche PC, Vandenbroucke JP. The strengthening the reporting of observational studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. Bull World Health Organ 2007; 85:867-72.
3. Huybrechts I, Matthys C, Pynaert I, De Maeyer M, Bellemans M, De Geeter H et al. Flanders preschool dietary survey: rationale, aims, design, methodology and population characteristics. Arch Public Health 2008; 66(1):5-25.
4. Beemsterboer WGM, Groothoff JW, Nijhuis FJN. A literature review on sick leave frequency determinants of the past decades. Arch Public Health 2008; 66(1):26-34.
5. Farfan-Portet MI, Deboosere P, Van Oyen H, Lorant V. [Informal health care in Belgium]. Cah Sociol Demogr Med 2007; 47(2):187-214.
6. Cameron JI, Steward DE, Tomlinson GA, Franche RL, Hyman I, Cheung AM. Emotional distress among family caregivers in Canada: Longitudinal analysis of the National Population Health survey. Arch Public Health 2008; 66(1):35-45.