

***AJPH* (American Journal of Public Health)**

Instructions for Authors

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MANUSCRIPT PREPARATION AND SUBMISSION

Initial submission

The **initial submission** should be clean and complete and must comply with 4 requirements:

a blinded title page which includes the title of the manuscript only **without** any author names or affiliations, and blinded manuscript without acknowledgements, author contributions or disclosures of conflict.

- a)
- b) numbered pages **and** lines (in Word, > Page Setup > Line Numbers > Continuous) throughout the text of the manuscript,
- c) 1.5 or double spaced with a font size of 12
- d) a **Cover Letter** with **concise** text (**maximum 150 words**) that addresses the following four topics:

(1) A description of what the paper adds to current knowledge, in particular with respect to material previously published in AJPH, and if systematic reviews exist on the topic.

(2) The public health importance of the paper.

(3) One sentence summarizing the main message(s) of the paper, which may be used to disseminate the paper on social media.

(4) For individual or group randomized trials, provide the date of trial registration and the NCT number from Clinicaltrials.gov or other approved registry. In the cover letter only, not in the paper. *Do NOT include the trial registration or NCT number in the abstract or the body of the manuscript during the initial submission.*

Manuscripts must be submitted online at <http://www.editorialmanager.com/ajph>.

A first triage done by the Editor-in-Chief and the Senior Deputy Editor identifies manuscripts of sufficient priority. Common causes of insufficient priority are: outdated data (e.g., pre-ACA, data collection completed >3 years before), analysis of surveys not

based on the latest data release, results of primarily etiologic interest, small samples, and convenience samples. These are not hard and fast rules. Addressing the 3 questions requested in the cover letter helps us realize when some exception is warranted.

Beyond the triage, manuscripts considered for potential publication in the journal will be submitted to a technical check. Authors will be informed if their manuscripts need reformatting and will be given 7 days to make specific changes. To assure smooth and timely processing, ensure that all identifying information has been removed from the submission files (including tables, figures, and supplemental files)—from within the file to the file name itself. This includes author names and initials, IRB information, clinical registration information, acknowledgments and any other details that might potentially unblind the paper to our reviewers. Our online submission system will collect this information via a questionnaire so that the Editors can retrieve the information.

Visit www.ajph.org for online manuscript submission instructions, or submit directly at www.editorialmanager.com/ajph. Questions? Write ajph.submissions@apha.org.

Revised Submissions

Revised manuscripts *must* be formatted as per *AJPH* specifications.

Citation Style

With the exception of History Essays, all *AJPH* articles follow the *AMA Manual of Style, 10th Edition*. Substantive notes and footnotes are not permitted.

Manuscript File Formats

All manuscripts should be submitted in Word document format to <http://www.editorialmanager.com/ajph>. Submissions sent to an email address will not be accepted.

Types of submissions

There are 13 submission categories: **Research Articles, Brief Articles, Systematic Reviews, Letters and Responses, Editor's Choice, Opinion Editorials, Commentaries, Analytic Essays, History Essays, Public Health Practice, Voices, News, and Images**. Word totals apply to the main body of the paper and exclude

citations, tables, and figures.

Research Articles report the results of original public health research in up to 3500 words in the text, a structured abstract, up to 4 tables & figures combined, and no more than 35 references. The structured abstract must provide the **date(s) and location(s)** of the study. The text must have an introduction and separate sections for Methods, Results, Discussion, and, Public Health Implications. For Group or Individual Randomized Trials (i.e. any RCT), see also the CONSORT Statement and Trial Registration statement on page 22. For non-randomized interventions, see TREND statement below. Research Articles have the highest priority for *AJPH*.

Brief Articles are not different than a Research paper in terms of quality, importance, priority, etc., but they have up to 1200 words in the main text, a structured (except if justified otherwise in the cover letter) abstract, up to 1 table or figure, and no more than 12 references. A Brief Article is more effective than a full Research paper when the paper is about one specific finding, which can be shown in one table or one figure. In general, *AJPH* does not publish pilot studies or preliminary results. There may be exceptions, but we are interested in the full study that comes after the piloting. Brief Articles must have an introduction and separate sections for the Methods, Results, Discussion, and Public Health Implications. Some policy-focused Brief Articles that are short essays and do not report study results do not require the latter “Method, Results, Discussion, Public Health Implications” formatted subheadings.

Systematic Reviews, including quantitative and qualitative reviews, have clearly formulated questions and use systematic and explicit methods to identify, select, and critically appraise relevant research and to collect and analyze data from the studies that are included in the reviews. The text word limit is to 4000 words, 4 Tables/Figures, and 60 references. Statistical methods (meta-analysis) may or may not be used to analyze and summarize the results of the included studies. To better ensure conformance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, *AJPH* recommends using these headings—**Title, Abstract, Methods, Results, Discussion, Funding**—in an expanded research article format, with flexibility when needed for clear assessment and presentation. Systematic reviews should be preferably registered in PROSPERO (<http://www.crd.york.ac.uk/PROSPERO>), and any changes from the registered protocol reported in the article. References, tables, and figures ought to be pertinent to the topic at hand, but no hard limit will be placed on

authors; thus, full compliance with the PRISMA statement can be better ensured. The text, tables, and figures of the accepted systematic review are published online. However, very big tables may only be made available as supplemental material. Authors whose studies are accepted for publication in the journal will be asked to prepare a **1-page Abridged Version** to be published in the print issue. The abridged version comprises: (a) a 400-word Abstract that includes Background, Objectives, Search Methods, Selection Criteria, Data Collection and Analysis, Main Results, Author's Conclusions, and Public Health Implications, (b) a *small Table or Figure* summarizing a relevant finding of the review, and (c) a 200-word plain-language summary. The Abstract can be 600-words long if the abridged version has no table or figure.

Letters to the Editor are reserved for requiring clarifications on at least one recent *AJPH* article and are encouraged. They cannot be used to present preliminary results or develop opinions that are not directly related to a recent *AJPH* publication. By submitting a Letter to the Editor, the author gives permission for its publication in *AJPH*. Letters should not duplicate material being published or submitted elsewhere. The editors reserve the right to edit and abridge accepted Letters and to publish Responses. Text is limited to 400 words and 7 references. A single table, figure, or image is permissible. Some letters are published in print and others online only, as per the decision of the Editor-in-Chief.

The **Editor's Choice** is commissioned. The text is limited to 600 words with maximum 2 references (but preferably none) and a portrait of the author(s). A conversational and inspirational style is preferred.

Opinion Editorials may be commissioned or reformatted as editorials from submitted papers. They are 1200 words of text with subheadings, 1 small table or figure, and no more than 7 references.

Commentaries are scholarly essays and critical analyses of up to 2500 words in the main text, an unstructured abstract, up to 2 table(s)+figure(s) altogether, and no more than 25 references. They are not long opinion editorials.

Analytic Essays provide critical analyses of public health issues. They have an unstructured abstract, up to 4000 words of text with subheadings, up to 4 table(s)+figure(s), and no more than 40 references. Appropriately acknowledged photographs are encouraged in addition to the tables and figures.

History Essays are reserved for history scholars who use original sources. They have an unstructured abstract, up to 4000 words of text with subheadings, and up to 4 table(s)+figure(s)+ image(s). References (but not extensive notes) must be formatted according to the *Chicago Manual of Style, 15th Edition*. Authors are asked to cite the indispensable references in the main text and list the important but nonessential ones, ordered by topic but unnumbered, in an online appendix made available as an online-only supplemental file for the readers.

Public Health Practice (PHP) Vignettes have a maximum of 1,200 words, with an 80-word abstract, up to 7 references, and up to 2 table(s)+figure(s) altogether that emphasize the practice of public health and cover the following items, **using the following subheadings**: (1) **Intervention**: describe the goals and objectives of the program; (2) **Place and Time**: provide the geographic location and the years when the program was implemented; (3) **Person**: define the population subject to the intervention; (4) **Purpose**: explain the motivation behind the program (5) **Implementation**: describe how the program was implemented in practice; (6) **Evaluation**: provide evidence on whether the program worked or not; (7) **Adverse Effects**: describe whether the implementation of the program had adverse or other unintended consequences; (8) **Sustainability**: if it is desirable for the practice to continue, describe the factors that indicate why the intervention is felt to be sustainable; and (9) **Public Health Significance**: describe the importance of this program for public health, locally and/or more generally.

Voices present brief extracts from the works of public health figures that are republished with an accompanying biographical sketch (up to 1200 words in text, no abstract, 2 figures or images). In the History section, “Voices from the Past” can be up to 2500 words.

News summarizes the content of articles published in other public health journals around the world. They have up to 100-120 words and cover timely global public health topics submitted from a wide range of international (and domestic) editors, practitioners, investigators, policy makers, field-based practitioners, and students in collaboration with an academic advisor. A single table, figure, or image is permissible and encouraged.

Images: We encourage readers and authors to submit images that can be used as illustrations in the journal or on the *AJPH* website or social media. Any submitted images must be print quality resolution: 300 dpi minimum with a 150-line screen. Also, *AJPH*

prints evocative, documentary photos on the cover each month. Submissions for cover images must be of print quality resolution 300 dpi minimum with a 150-line screen sized 11x17 or larger. All images and photos should be submitted online as with any other submission.

Sections

AJPH Forums present critical debates about timely topics. They usually have multiple contributions published in the same or consecutive issues of the Journal. They are formatted as Opinion Editorials. The Editor-in-Chief may encourage an exchange of text between authors prior to acceptance to ensure the debate is useful to the broader public health community. Forum themes are usually announced in an editorial by an Editor.

AJPH Depicting Data is a didactic section discussing ways of summarizing study findings graphically and is edited by Associate Editor Roger Vaughan. Authors are encouraged to propose ways to improve the presentation of articles previously published in the journal. Submissions are formatted as Brief Articles.

AJPH Practice highlights the fieldwork of public health practitioners describing innovative, successful, and cost-effective programs conducted by national, state, and local public health agencies and community-based organizations and groups. Their purpose is to share experiences that others may learn from and replicate. The program preferably should be in operation long enough to permit a rigorous assessment of its impact, factoring in the cost of startup and operation. Authors must include practical experiences and applications for others. Articles are tightly formatted as Public Health Practice Vignettes but can also comprise up to 2 images, especially photographs showing examples of project participants in context; logos; and examples of informational flyers or other educational materials.

AJPH Ethics and Law is edited by Associate Editor Mark Rothstein. Papers are usually but not only formatted as Analytic Essays.

AJPH Policy is edited by Associate Editors Colleen Grogan and Daniel M. Fox. Papers usually are formatted as Editorials, Commentaries, Analytic Essays, or Brief Policy Articles.

AJPH Perspective from the Social Sciences, edited by Associate Editor Kenneth McLeroy, features social science scholarship, the work of new disciplines within public

health, and critical perspectives of public health problems. Papers are formatted as Analytic Essays.

AJPH History is edited by Associate Editors Theodore Brown and Elizabeth Fee and is devoted to history that bears on contemporary public health. Papers are formatted either as History Essays or as Voices.

AJPH Images of Health consists of provocative pictures, posters, and graphics inspiring readers to ask, What makes an image effective? What images might enhance current or future public health initiatives or materials? How might the power of pictures be harnessed to improve the public's health? Associate Editors Theodore Brown and Elizabeth Fee edit historical Images of Health columns, and Image Editor Aleisha Kropf edits contemporary Images of Health columns. Papers are formatted as Editor's Choice articles but with the specific image(s) in place of the author's picture. It is possible for authors to include more than 1 image for this section.

AJPH Global News focuses on news and views from around the world about public health and has a specific format (see p.7). The Section is currently edited by *Mila González Dávila, Victor Puac Polanco, and Luis Segura, DrPH students, Mailman School of Public Health, Columbia University, New York, NY.*

AJPH Surveillance and Survey Methods is edited by Associate Editor Denys T. Lau and disseminates information on the design of major surveillance and survey programs and the evolution of methodological novelties that these programs are adopting for public health surveillance objectives to guide actions and policies to improve population health.

Scope: This section publishes peer-reviewed papers on the latest designs and methodological approaches that major public health surveillance and survey programs—whether new or existing—are testing, developing, and adopting to advance health and healthcare data collection, analysis, interpretation, and dissemination. Surveillance and survey programs can range from gathering data on major life events and disease and wellness progression to tracking health care access, quality, and utilization over time at the local, national, or global level. The intent of this section is to spotlight evolving methods in data collection, analysis, and dissemination for informing the planning, implementation, and evaluation of public health practices and policies.

This section is interested in submissions examining the following surveillance and survey data sources:

- a) Health surveys on environmental, behavioral, and biological risk factors of populations;
- b) Routine health administrative and clinical data, such as those from vital record systems, provider-based clinical encounter systems including electronic health record information, and payer-based billing and claims systems;
- c) Mandatory health reports, such as those on communicable disease cases; and
- d) Voluntary health reports, such as those on adverse outcomes resulted from drugs, consumer products, accidents, and notifiable diseases.

This section welcomes the following 3 types of articles: Design Description, Methods Research, and Perspectives.

1) Design Description: Design Description articles describe major design and methodological updates that new or continuing public health surveillance and survey programs have implemented. These articles should describe current approaches employed by established surveillance and survey programs in data collection procedures, as well as data processing, reporting, and dissemination. These articles should clearly emphasize the public health significance by explaining the impetus and strengths of the design and methodological descriptions and the implications of these updates on population health research, practice, and/or policy. Design Descriptions that address surveillance and survey programs using multiple data sources or different localities or nations are welcome. Design Description articles should focus on the current design and methodologies used in established surveillance and survey programs. Along with Design Description articles, researchers are encouraged to submit other article types (concurrently or sequentially) if they are interested in, for example, describing an evaluation study that informs the latest design updates of a surveillance or survey program (e.g., submit a Methods Research article, see *p. 13*) or describing the historical contexts, policy/research environments, and multiple initiatives taken that have led to the latest development of the established surveillance system (e.g., submit a Perspectives article, see *p. 16*). In doing so, each article would be reviewed on its merit independently. Depending on the outcome of the peer-review process, one or both of the articles could be published in this section in a coordinated manner. These articles require a structured abstract of up to 180-words with the following four subheadings and brief summary within those subheadings: Data System (name, sponsor, purpose); Data Collection/Processing (data sources and collection mode, population and geographic coverage, sampling approach, and frequency); Data Analysis/Dissemination (data

release/accessibility); and Implications (public health significance of the program). Furthermore, these articles require **structured** text with a limitation of 3500 words of text and 35 references. There is a limit of 4 tables/figures for this article type. These articles should be written in a narrative format presenting items according to the order of the Checklist of Information for Describing Public Health Surveillance Systems (*see the box on this page*). Articles should have the following 4 subheadings: Data System, Data Collection/Processing, Data Analysis/Dissemination, and Implications. Additional subheadings within these four sections are welcome to help organize the write-up.

Checklist of Information for Describing Public Health Surveillance/Survey Programs

The following checklist of information should be included to the greatest extent possible when describing a public health surveillance/survey program. Depending on the scope of the submission, many of these items should be presented as a narrative in the manuscript text. Tables and figures may be used to help clarify and complement presentation of information. On occasions, more technical, statistical items may be provided in an appendix or referred elsewhere with proper citations. When providing the following information, survey descriptions, definitions, and outcome metrics should use standards proposed by the American Association for Public Opinion Research's 2015 8th Edition *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys* (https://www.aapor.org/AAPOR_Main/media/MainSiteFiles/Standard-Definitions2015_8thEd.pdf).

1) DATA SYSTEM

- A. Name/sponsor(s): What is the full name of the surveillance/survey program? What is the full name of the organization(s) sponsoring and conducting the program?
- B. Purpose: What is the purpose of the surveillance/survey program and what is it designed to do?
- C. Public health significance: What is the surveillance/survey program's public health significance? How can the program address a public health priority?

2) DATA COLLECTION/PROCESSING

- A. Data sources and collection mode: How are the data in the surveillance/survey

program collected and from what sources? For example, are the data collected from in-person, telephone, web-based, or mail surveys; physical examinations and laboratory testing; manual review of patient medical chart or extraction of electronic medical and administrative billing records; state vital registrations; mandatory or volunteer case reporting from care providers? What are the procedures for collecting the data and what developmental work such as pretesting, if any, has been completed on these adopted methods? Are the data an integration of multiple systems and if so, what are the data sources?

- B. Ethical procedures: What informed consent procedures were followed or what institutional ethical review board approvals have been obtained, if any, to collect data in the surveillance/survey program?
- C. Population(s) and geographic coverage: What population(s) or subpopulation(s) does the surveillance/survey program include/exclude and in what geographic areas (coverage and granularity)? If the program collects data on sampled cases, what is the sample frame, sampling technique, and target respondents for demonstrating how representative the sample is to the population of inference? What subpopulations, if any, are oversampled or followed up over time?
- D. Unit of data collection and sample size: What is the unit of data collection in the surveillance/survey program, how complete are the data according to the intended coverage, and what is the total number of cases over a time period? If the program collects data on sampled cases, what is the target sample size and response rate (overall and multistage, if applicable)? How are the nonresponse cases handled to address generalizability?
- E. Surveillance design and frequency of data collection: How are the data collected in the surveillance/survey program and how often? For example, are the data collected cross-sectionally or longitudinally; in an overlapping panel design; retrospectively or prospectively in real-time? Are they data collected continuously, annually, biennially, etc?
- F. Key data elements and data quality/editing: What are some of the key data elements of interest collected in the surveillance/survey program? What is the data quality of the program in regards to sensitivity, specificity, and reliability? Are definitions used to identify cases or to define variables based on accepted standards? What are the

patterns of missing data and what imputations if any are used? What masking techniques or other data editing/processing have taken place for quality control purposes or managing disclosure risks?

3) DATA ANALYSIS/DISSEMINATION

- A. Interpretation issues: What interpretation issues should be highlighted that may be associated with the way data are collected, or definitional, procedural, or instrument-related changes over time in the surveillance/survey program?
- B. Linkage ability: To what other data sources, if any, can the data in the surveillance/survey program be linked for analytical purposes? What are the restrictions and procedures to follow to link these multiple data systems?
- C. Data release/accessibility: What years of data are collected, available currently for analysis, and planned for future release if any? How are the data in the surveillance/survey program released and can be accessed? For example, what is the website and/or address where the data can be obtained? What key data elements are publicly available, released under restricted conditions, or withheld by sponsoring organization(s)? What is the fee schedule, if any, for accessing the data?
- D. Key references/other information: What published methodological reports can be cited on the surveillance/survey program? What other relevant information, especially on the data limitation and quality on identifying cases, may help improve the understanding of the program?

4) IMPLICATIONS

- A. Impact: What is the evidence on impact that the surveillance/survey program has on public health research, policy, and practice? For example, does the program detect diseases, outbreaks, injuries, or adverse exposures to permit accurate diagnosis or identification, and effective prevention or treatment programs? Does the program promote research by providing estimates and detecting trends on morbidity and mortality as well as identifying their associated factors?

2) Methods Research: Methods Research articles report testing of novel methodologies that established public health surveillance/survey programs are evaluating to inform significant design updates that have been implemented in these programs. Different from

Design Descriptions articles that describe the surveillance/survey program in detail, Methods Research articles focus on the scientific testing and findings of new methods that have led to design updates in the surveillance/survey program. Methods research, for example, can include experimental tests of new surveillance methods, evaluations of new data collection or analytical techniques, and empirical studies that contribute to survey statistical theory. These articles should clearly emphasize the public health significance by explaining what the impetus and rationale are for the methods research and how the findings are used to inform the established surveillance/survey program and advance the overall field. Methods Research articles comparing multiple surveillance data sources or different localities or countries are welcome. Because Methods Research articles would need to describe an established public health surveillance/survey program on which the testing is based, researchers are encouraged to submit the following 2 types of article to this section for publication consideration:

- a) **Design Description** article on the public health surveillance/survey program (see *p. 10*); and
- b) **Methods Research** article that describes the testing of methodologies that eventually inform the development and design updates to the public health surveillance/survey program.

In doing so, each article would be reviewed on its merit independently. Depending on the outcome of the peer-review process, 1 or both of the articles could be published in this section in a coordinated manner. If the researchers choose not to submit a separate Design Description article on the public health surveillance/survey program, the Methods Research article should provide detailed description of the surveillance/survey program according the Checklist of Information for Describing Public Health Surveillance Systems (see *the box on p. 11*) in the body of the article. Methods Research articles require a **structured** abstract of 180 words or fewer and are **structured** with a limitation of 3500 words of text and 35 references. There is a limit of 4 tables/figures for this article type. The structure of these articles should follow the same format as *AJPH's* instructions on Research Articles. The abstract should employ 4 headings: Objectives, Methods, Results, and Conclusions. Policy Implication is optional for the abstract. These articles should have the following 5 separated sections: Introduction, Methods, Results, Discussion, and Public Health Implications.

- *Introduction* should include background information relevant to the purpose of the evaluation with appropriate citations to the literature. Also detailed should

be the public health significance of the research and what new knowledge is expected to generate from the study to inform the design of an established public health surveillance/survey program. Study objectives and any pre-specified hypothesis should be clearly stated.

- Methods should describe, as appropriate, information about the methods research study, including the data source(s), dates, settings, study designs, informed consent procedures, participant selection methods, participants, response rates, data collection instruments and procedures, potential biases, key variables of interest, estimation techniques, analytical approach, missing data, sensitivity analysis, and statistical and meaningful differences. A web address should be provided if the data collection tools can be obtained. Description of an established public health surveillance/survey program that this Methods Research article will inform should be provided **either** by a citation to a Design Update article (previously or concurrently submitted to this section) with a brief description of the key relevant elements of the surveillance system, **or** by a detailed description of the characteristics according to the Checklist of Information for Describing Public Health Surveillance Systems (*see the box on p. 11*). The analytical approach should be described with appropriate citations to the literature.
- Results should present findings resulted from the primary and secondary analyses of the methods study. The text should add to the reader's understanding of the results and enhance the data presented in tables.
- Discussion should summarize the most important results and put the data in perspective. This section may include possible explanations for findings, similarities or differences with published results from the literature, and limitations and generalizability of the data.
- Public Health Implications should describe how the methods research findings have been used to inform the development of the established surveillance/survey program at hand and advance the overall field.

3) Perspectives: Perspectives articles provide critical viewpoints on the methodological challenges and opportunities that established public health surveillance/survey programs are facing. Perspectives should describe the evolution of methodologies used in established surveillance/survey programs, present the methodological challenges that

result in limited data sources and knowledge gaps that may justify the need for new or updating of continuing programs, and offer concrete recommendations that should be taken in the surveillance/survey programs to leverage resources, technologies, collaborations, and policies. These articles should clearly emphasize the public health significance by explaining how the perspective will offer new knowledge and viewpoint that can help substantially improve upon established surveillance/survey program, as well as advance broadly the field of surveillance/survey methods. Perspectives articles examining multiple surveillance data sources or different localities or countries are welcome. Perspectives should be scholarly and critical analyses written with proper citations. These articles can be Commentaries or Analytic Essays and should follow the same format as the corresponding types of articles described in *AJPH's* Instructions. Depending on the topic, perspectives written as Opinion Editorials may be considered on a case-by-case basis for this section. Although Perspectives are **unstructured** articles, these articles should describe the established surveillance/survey program in detail according to the Checklist of Information for Describing Public Health Surveillance Systems (*see the box on p. 11*); information on the surveillance/survey program may be tailored based on the scope of the perspective with proper citations. Alternatively, researchers are encouraged to submit a Design Description article (*see p. 10*) on the reference public health surveillance/survey program along with a Perspective article if they choose to provide greater details about the program than a Perspective article would allow. In doing so, each article—the Perspective article and the Design Description article—would be reviewed on its merit independently. Depending on the outcome of the peer-review process, one or both of the articles could be published in this section in a coordinated manner.

MANUSCRIPT COMPONENTS

Title Page

The title page should include the title of the manuscript only. The names of authors should be deleted to ensure double blinding of the paper during the peer review process.

Abstract

All abstracts are up to 180 words, including headings. Structured abstracts employ 4-5 headings: Objectives (begins with “To...”), Methods, Results, and Conclusions. A

fifth heading, Policy Implications, is recommended if not platitudinous. Trial Registration information is required for clinical trials and must be included in the final version abstract. All abstracts **MUST** provide the **dates(s) and location(s)** of the study. There is no Background heading.

Example:

Abstract- no more than 180 words (AJPH instructions)

Objective: State the objective or study question starting with “To ...” (e.g., “To determine whether...”).

Methods: Provide the basic **design, place, year(s), setting, and number of participants** of the study. If applicable, include the name of the study, the duration of follow-up. Indicate exposure and outcomes.

Results: Include quantitative results.

Conclusions: Provide only conclusions of the study that are directly supported by the results, whether positive or negative.

Policy implications: Provide a statement of relevance indicating implications for health policy, avoiding speculation and overgeneralization.

Trial Registration: For clinical trials, the name of the trial registry, registration number, and URL of the registry must be included in the cover letter **ONLY** and **in the manuscript *only* after it is officially accepted.**

Abbreviation and acronyms

Avoid abbreviations and acronyms as much as possible. Do not create abbreviations specific to a manuscript to avoid repeating a recurring sentence or expression. When deemed absolutely necessary, define acronyms/abbreviations clearly after first use in the text.

Body of the manuscript

The text needs to be 1.5 or double spaced with a font size of 12.

Pages **and** lines in pages need to be numbered throughout the text of the manuscript in order to facilitate the identification by editors and reviewers of the specific places in the manuscript that the author needs to address. To number lines in Word: > Page Setup >

Line Numbers > Continuous.

References

All references except for History Essays must be formatted according to the *AMA Manual of Style, 10th Edition*. Because references represent a high cost for the Journal, their number is capped for each type of article and we are very strict about compliance. Authors who want to provide more references have two alternatives:

1. List the important but nonessential references, ordered by topic but unnumbered, in an appendix available as an online only supplemental file for the readers.
2. Pay a \$300 fee for every 1-50 excess references beyond the cap of the article format. For example, an analytic essay which has 110 references would pay nothing for the first 40, \$300 for the 41st to the 90th references, and another \$300 for the 91st to the 110th reference, for a total fee of \$600.

Tables

Only tables presenting data **summarizing** the main findings will be incorporated into the manuscript. Large, busy tables or tables of text or simple lists have to be made available as online only, supplemental files. Tables must be simple and self-contained, with a description of the content, **the place, and the time of the study**. Statistical techniques used should not be part of the title but of the table footnotes. New references cited within a table or figure should be numbered as though they fall at the first callout, i.e., mention, of that table or figure in the main text of the paper. For example, if Table 1 is called out just after reference 24, the references in Table 1 will start at 25.

No more than 1 column head is permitted per column. All items within a column must conform as much as possible—in identity and in units—to the column head.

For Systematic Reviews, production staff may ask that long tables be divided into smaller tables based upon content, or provided as supplements.

Do not combine tables of disparate content into 1 table to circumvent stated figure and table count limitations. Editors and production staff will separate the material and ask that 1 of the files be uploaded as an online-only supplement.

Figures

Figures are limited to a single, readable, well-described panel; *exception*: when direct

comparison is needed, 2 individual panels with at least 1 identical axis may be permitted. Additional panels, **beyond 1, and exceptionally 2**, will be considered as additional figures for the figure+table count restrictions. Figure titles must be self-contained with a description of the content, **the place, and the time of the study**. Do not combine figures of disparate content in an attempt to circumvent figure and table count limitations. Production staff will separate the material and ask that 1 of the files be uploaded as an online-only supplement.

Images and Photos

Any submitted image must be of print quality resolution 300 dpi minimum with a 150-line screen. Photos for the cover must be of print quality resolution 300 dpi minimum with a 150-line screen sized 11x17 or larger.

Supplemental Files

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