Delaware Journal of Public Health Instructions for Authors

ISSN: 2639-6378

Publication Frequency: Five issues per year, plus supplements with external support
Editor-in-Chief: Omar A. Khan MD, MHS

Publisher: Katherine W. Smith, MD, MPH

Table of Contents

Manuscript Preparation and Submission 2

Initial Submission 2

Revised Submissions 2

Citation Style 2

Submission Categories 3

Manuscript Components 5

Editorial and Publication Policies 7

Appendix A: Submission Guidelines 12

Manuscript Preparation and Submission

Initial Submission
The initial submission should be clean and complete, 1.5 or double spaced with a font size of 12. Manuscripts must be submitted online, in word format. There are no fees or costs associated with submitting to the Delaware Journal of Public Health. Submissions must include a paragraph **(maximum of 150 words)** that addresses the following four article requirements:

(1) A **description** of what the paper adds to current knowledge, in particular with respect to material previously published in DJPH, 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. *Do NOT include the trial registration or NCT number in the abstract or the body of the manuscript during the initial submission.*

A first triage done by the Editor-in-Chief and the Managing Editor will identify manuscripts of sufficient priority. Common causes of insufficient priority are: outdated data (e.g., pre-ACA, data collection completed more than three years before), analysis of surveys not based on the latest data release, results of primarily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 three topics requested helps the editors realize when some exception is warranted.

Manuscripts considered for potential publication in the journal will also be submitted to a technical check. Authors will be informed if their manuscripts need reformatting and will be given 14 days to make specific changes.

Revised Submissions
Revised manuscripts ***must*** be formatted as a word doc, and include any revisions with track changes turned on.

Citation Style

In-text citations should be indicated with a superscript number. In the reference section of the article, the references should be APA formatted and appear numbered, in order of citation. Substantive notes and footnotes are not permitted.

Submission Categories

There are eight submission categories: **Research Articles, Systematic Reviews, Letters to the Editor, Commentaries/Narratives, Analytic Essays, History Essays, Public Health Practice Vignettes, and Interviews.** Word totals apply to the main body of the paper and exclude citations, tables, and figures (see Appendix A).

Research Articles report the results of original public health research in up to 7500 words in the text, a structured abstract, up to 4 tables and/or 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 (p. 17). For non-randomized interventions, see the TREND statement (p. 18). Research Articles have the highest priority for *DJPH*.

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, four tables and/or figures, and 60 references, and an unstructured abstract must be included. 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, *DJPH* 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. Depending on the issue, very large tables may only be made available as supplemental material. Authors whose studies are accepted for publication in the journal may be asked to prepare a ***one-page abridged version*** to be published in the print issue. The abridged version comprises:

a) an 800-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 400-word plain-language summary. The Abstract can be 1200-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 *DJPH* article and are encouraged. They cannot be used to present preliminary results or develop opinions that are not directly related to a recent *DJPH* publication. By submitting a Letter to the Editor, the author gives permission for its publication in *DJPH*. 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 seven 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.

Commentaries or Narratives are scholarly essays and critical analyses of up to 2500 words in the main text, an unstructured abstract, up to two table(s) and/or figure(s), and no more than 25 references.

Analytic Essays provide critical analyses of public health issues. They have an unstructured abstract, up to 4000 words of text with subheadings, up to four table(s) and/or 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 four table(s) and/or figure(s) and/or image(s). 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 highlight 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. Vignettes have a maximum of 3500 words, with a 200-word abstract, up to seven references, and up to two table(s) and/or figure(s) 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) **Population**: 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.

Interviews have a maximum of 2400 words, and up to two figures that may be included. An abstract is not required.

Images

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

Manuscript Components

Title (and/or Subtitle)

Author(s) Information
Author information must include (for all listed authors):

- First and Last Name;
- Degrees and/or Credentials; and
- Affiliations

Abstract
All abstracts are up to 300 words, including headings. Structured abstracts should employ 4-5 headings: Objectives, Methods, Results, and Conclusions. A fifth heading, Policy Implications, is recommended. 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.

- **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 manuscript *only* after it is officially accepted.

Abbreviations 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 must be 1.5 or double spaced with a font size of 12.

References
In-text citations should be indicated with a superscript number. In the reference section of the article, the references should be APA formatted and appear numbered, in order of citation. These should not be end notes, or footnotes within the manuscript. 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 will be made available as online only, supplemental files. Tables must be simple and self-contained, with a description of the content. 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 in the body of the table. For example, if Table 1 is called out just after reference 24, the references in Table 1 will start at 25.

No more than one 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 one table to circumvent stated figure and table count limitations. Editors and production staff will separate the material and ask that one 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, two individual panels with at least one identical axis may be permitted. Additional panels**, beyond one, and exceptionally two,** will be considered as additional figures for the figure and table count restrictions. Figure titles must be self-contained with a description of the content. 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 one 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. Please see information on reproduced material on p. 15.

Supplemental Files
DJPH welcomes and encourages the submission of additional materials to be included with the article as supplemental material and referred to as such in the main article. These files are placed online only and can be accessed from the online version of the article. Supplemental material may include appendices, images, videos, recordings, and tables/figures that could not be included in the main article because of space constraints. These files should be submitted with the paper and properly blinded, as supplemental material will be converted to PDF for review purposes. Nonetheless, they will be fully available to editors and staff exactly as uploaded. Please be aware that the editors and staff will review the files for appropriateness but will not edit the files. The final versions of supplemental files that are uploaded will be the versions made available to readers online within 48 hours of final online publication.

Statistics in Tables and Text
Beta and other Greek symbols should only be used in the text when referring to theoretical equations or parameters being estimated, never in reference to the statistical results based on sample data.

Use of only one decimal point for proportions and effect measures is preferred.

For all regression-related results change all beta symbols (**β**) to b (for unstandardized regression parameter estimates) or B (for standardized regression parameter estimates).

Presentation of the results from logistic regression or other types of models (such as Poisson, Cox, or negative binomial regressions) should be the exponentiated parameter estimates (e.g., the odds ratio or the incidence rate ratio) and corresponding 95% confidence interval of the odds ratio, rather than the parameter estimates themselves.

The inclusion of *P* values is unnecessary in the presence of 95% confidence intervals. When *P* values are used, the actual observed value rounded to one decimal should be presented. Under no circumstance should the symbol "NS" be used in place of actual *P values*. There are very rare circumstances where a "1-sided" significance test is appropriate, and this must be justified and presented in the context of the experimental design. Therefore, "2-sided" significance tests are the rule, not the exception. *P* values greater than .05 (*P* >.05) are not considered significant and should not be reported as such.

Reproduced Material
Reproduced material should be identified as such, and an appropriate reference should be cited. Authors should secure any rights and permissions prior to emailing their final source files upon formal acceptance by the editors. *DJPH* is not responsible for obtaining permission to use previously published materials, images, or photos.

Editorial and Publication Policies

Independence
The primary responsibility of the Editor-In-Chief is to inform and educate readers, with attention to the accuracy and importance of journal articles, and to protect and strengthen the integrity and quality of the journal and its processes. The Editor-In-Chief has editorial independence and is the final authority regarding journal content and presentation.

Mission
Promoting Delaware; regional, national, and global public health research; and policy, practice, and

education is the foremost mission of DJPH. We aim to embrace all of public health, from global policies to the local needs of public health practitioners, and provide the historical context and the evidence for such work.

Authorship

Each author must have participated sufficiently in the work to take responsibility for the content and be willing to provide any relevant data upon request. All authors must certify that they have contributed substantially to:

1) the concept and design or analysis and interpretation of data,
2) the drafting or revision of the manuscript, and
3) the approval of the final version.

Under criteria (1) and (2), the exact contributions of each author must be specified. Authors must further certify that the manuscript represents valid work and that neither the submitted manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere (exceptions are made for abstracts and reports from scientific meetings and for classic papers that have historical and contemporary value). Manuscripts that have been previously posted on the Internet in their entirety or that are readily accessible via an Internet search are considered published and cannot be accepted for publication in *DJPH* absent substantially new data, analysis, and/or interpretation.

DJPH limits the number of authors to six in most cases. When requests for more than six authors are submitted, the editors will consider reasonable explanations for the legitimacy of the claim. Requests for more than six authors who are not part of a formal writing group must be disclosed in the cover letter. All authors must be added to the submission record using the online submission process. Failure to include all authors at this step may result in your article being withdrawn post- acceptance. Group authorship is permitted for large collaborations and multisite clinical trials.

Conflicts of Interest

Conflicts of interest (competing interests) include facts known to a participant in the publication process that if revealed later would make a reasonable reader feel misled or deceived (or an author, reviewer, or editor feel defensive). Conflicts of interest may influence the judgment of authors, reviewers, and editors; these conflicts often are not immediately apparent to others or to the reviewer. They may be personal, commercial, political, academic, or financial. Financial interests may include employment, research funding (received or pending), stock or share ownership, patents, payment for lectures or travel, consultancies, nonfinancial support, or any fiduciary interest in the company. The perception or appearance of a conflict of interest alone, without regard to substance, creates conflict because trust is eroded among all participants. All such interests (or their absence) must be declared in writing by authors upon submission of the manuscript. If any are declared, they will be published with the article. If there is doubt about whether a circumstance represents a conflict, it should be disclosed. Sources of full or partial funding or other support for the research must be declared and should be described in an acknowledgement if the manuscript is published; if anyone besides the authors is involved in analysis, interpretation, or control of the data, this must also be declared. The funding organization's or sponsor's role in the design and conduct of the study; in the collection, analysis, and interpretation of the data; and in the preparation, review, or approval of the manuscript should be specified.

Source: WAME, Publication Ethics Policies for Medical Journals
https://wame.org/recommendations-on-publication-ethics-policies-for-medical-

journals

Nondiscriminatory Language
Nondiscriminatory language is mandatory for all submissions. Sexist, heterosexist, and racist terms should not be used. Statements made by authors that are defamatory or otherwise unreasonably critical toward persons or institutions may jeopardize the objectivity of *DJPH* and create grounds for requested amendments to or rejection of the manuscript.

If race/ethnicity is reported, the authors should indicate in the Methods section why race/ethnicity was assessed, how individuals were classified, what the classifications were, and whether the investigators or the participants selected the classifications.

Source: WAME, Publication Ethics Policies for Medical Journals
https://wame.org/recommendations-on-publication-ethics-policies-for-medical-journals

The CONSORT Statement and Trial Registration
Authors reporting the results of a randomized controlled trial (RCT) should ensure to report both the National Clinical Trial (NCT) registration number of the trial and the CONSORT checklist. The CONSORT flow diagram must be submitted as a figure in the manuscript for editorial and peer review.

The trial registration requirement covers any clinical trial that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. As such, trial registration covers individually and group or cluster randomized trials, and not only those covered under FDAAA 801 final rule requirements for drugs and devices. Trial registration should occur prior to initial randomization of individuals or groups (see Clinicaltrials.gov).

The TREND Statement
For nonrandomized evaluations of behavioral and public health interventions, *DJPH* supports the completion of the 22-item checklist of the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) trials. The TREND statement complements the widely adopted CONsolidated Standards.

Embargo Policy
When a paper is accepted for publication in *DJPH,* it is under embargo and not for public release until publication. Articles are typically embargoed until 4 pm ET (Eastern Time) on the date of publication. Authors are permitted to present their research before peers at scientific meetings but should refrain from distributing copies of their paper, including data tables and figures, prior to official publication. Authors are permitted to talk with reporters about their work but should clearly disclose that the research is embargoed and that findings may not appear elsewhere prior to publication in *DJPH*.

Publications Resulting from NIH-Funded Research
In accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), the NIH voluntary Public Access Policy (NOT-OD-05-022) is now mandatory. In order to be in compliance with the NIH Public Access Policy, *DJPH* will automatically deposit the final version PDF into the PubMedCentral repository upon appearance in a paginated issue of the journal. NIH-funded papers will be deposited into the PMC Repository with a 12-month delay/embargo per *DJPH* and NIH guidelines.

When the embargo lifts, the paper will be publicly available in the repository.

To facilitate the deposit process, please be sure to indicate at submission that your paper received funding from NIH. It is the responsibility of the corresponding author to ensure that journal has properly flagged a paper for NIH deposit in the Editorial Manager system. Funding and contract/grant numbers must also be disclosed in the "Acknowledgements" section of the paper in order to ensure compliance.

Mandates Resulting from White House Office of Science and Technology Policy Directive
The journal adheres to mandates resulting from the White House Office of Science and Technology Policy Directive. The Department of Health and Human Services (DHHS) has issued its compliance plan, which affects papers receiving funding from the National Institutes of Health, Centers for Disease Control and Prevention, Food and Drug Administration, Agency for Health Research and Quality, and Assistant Secretary for Preparedness and Response. According to the open access policy released by the DHHS, papers receiving funding from these organizations will follow the current NIH guidelines of depositing articles into the PMC Repository. Per NIH and *DJPH* guidelines, these papers will now be deposited by the journal into the PMC Repository in the same manner that NIH-funded papers are deposited. To facilitate this deposit, it is the Corresponding Author's responsibility to ensure that funding is disclosed in the "Acknowledgements" section of the paper and that journal staff are alerted that the paper needs to be flagged for deposit with a 12-month delay.

Copyright

Open Access
All DJPH articles are open access and publicly available for free. Open access papers are protected by copyright and cannot be used for commercial purposes without the express written permission of the Academy. Requests for special permissions should be made to the publisher.

Copyright Clearance Center
The DJPH does not utilize the Copyright Clearance Center and does not permit CC-BY licenses. Open access papers may be shared freely by authors and readers, and figures, tables, and text may be used for noncommercial purposes so long as proper attribution is provided, as well as a direct link to the paper on the journal website. For example:

> Oramasionwu, C.U., Johnson, T.L., Zule, W.A., Carda-Auten, J., Golin, C.E. (2015). Using pharmacies in a structural intervention to distribute low dead space syringes to reduce HIV

and HCV transmission in people who inject drugs. *Am J Public Health*, 105(6). Available at: http://ajph.aphapublications.org/doi/abs/10.2105/ajph.2015.302581.

Open access material may not be used in conjunction with marketing of products or other endorsements online, in print, or in other mediums. Authors of open access papers may deposit their final version paper into institutional repositories along with a link to the full version of the paper on the journal website. Open access papers will be made publicly available immediately on the journal website and in the PubMedCentral repository (upon deposit as part of a paginated issue). For more information on open access options, please contact the publisher.

Ethics Compliance

DJPH adheres to the Principles of the Ethical Practice of Public Health of the American Public Health Association. Authors are required to state whether or not they have complied with this code. If they believe they are justified in departing from the code, a short explanation is required at submission, and should be explicitly stated in the cover letter. In addition, authors are required to disclose all possible conflicts of interest, e.g., funding sources for consultancies or studies of products, in the cover letter to the editors upon initial submission.

DJPH aims to publish original material only. We use the CrossCheck Plagiarism-Detection Tool (powered by iThenticate). At submission and immediately following PDF approval, we will send the approved PDF for comparison in the iThenticate repository. The paper will be compared with other papers in the repository, papers published online, and papers published in member journals. The operation will be repeated before publication. In the event of severe academic misconduct, such as **plagiarism, self-plagiarism, or multiple submissions**, we will notify the academic homes or other employers of the author(s).

Source: WAME, Publication Ethics Policies for Medical Journals
https://wame.org/recommendations-on-publication-ethics-policies-for-medical-journals

Appendix A: Submission Guidelines

Article Type	Maximum Word Count	Abstract Required	Maximum Figures and/or Tables	Maximum References
Research Article	7500	Yes, Structured	4	35
Systematic Review	4000	Yes, Unstructured	4	60
Letter to the Editor	400	No	1	7
Commentary/ Narrative	2500	Yes, Unstructured	2	25
Analytic Essay	4000	Yes, Unstructured	4	40
History Essay	4000	Yes, Unstructured	4	
Public Health Practice Vignette	3500	Yes, Unstructured	2	7
Interviews	2400	No	2	