



American  
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**PUBLIC  
HEALTH**

*American Journal of Public Health (AJPH)*  
Instructions for Authors

**“What *AJPH* Authors Should Know”**

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**Editorial Board Chair:** Hector Balcazar, PhD

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## GENERAL INFORMATION

### Mission

Promoting public health research, policy, practice, and education is the foremost mission of the *AJPH*. We aim to embrace all of public health, from global policies to the local needs of public health practitioners. Contributions of original unpublished research and practice articles and briefs, social science and policy analyses (analytic essays), constructively critical commentaries, department papers, and letters to the editor and responses are welcome. The *AJPH* adheres to the criteria of the [International Committee of Medical Journal Editors](#) and the [World Association of Medical Editors](#).

#### Sources:

Balcazar H, Northridge ME, Benjamin GC, Kapadia F, Hann NE. [Resolving conflict](#). *Am J Public Health*. 2009;99:394–396.

[AJPH Policy on Ethical Principles](#) (based on WAME, Publication Ethics Policies for Medical Journals), adopted November 3, 2007.

Northridge ME, McLeroy KR, Haviland ML, Johnson NJ, Benjamin GC. [Editorial independence at the Journal](#). *Am J Public Health*. 2005;95:377–379.

Northridge ME, McLeroy KR, Haviland ML. [Essential tensions in the Journal](#). *Am J Public Health*. 2004;94:11–13.

### Formal Submission and Informal Inquiries

Visit [www.ajph.org](http://www.ajph.org) or [submit.ajph.org](http://submit.ajph.org) for online manuscript preparation and submission guidelines. Questions? Write [ajph.submissions@apha.org](mailto:ajph.submissions@apha.org) or call APHA at (202) 777-2742.

It is essential that authors prepare their manuscripts according to the established specifications of the *AJPH*. Failure to follow these guidelines may result in delays. The effectiveness of the search capabilities offered will depend upon the care used by authors in preparing their manuscripts. Therefore, authors are strongly encouraged to read these instructions carefully before preparing a manuscript for submission and to check the manuscript for compliance with these instructions before submitting it for editorial and peer review. It is also helpful to consult recent issues of the *AJPH* regarding current priorities and apt models of paper formats.

The editors cannot routinely respond to individual queries regarding the appropriateness of planned contributions. All substantive exchanges with editors should be conducted via the online system, except when explicitly stated otherwise.

### Timelines

Submitted papers receive careful scrutiny by Deputy Editor Farzana Kapadia and Editor-in-Chief Mary Northridge. Papers meeting *AJPH* standards and current priorities are then triaged to a responsible editor who is expert in the content area for further evaluation. Initial screening results in rejection within 2 weeks of submission of those papers that are not selected for peer review. For those papers that are selected for peer review, the time to first editorial decision is about 2 months. The overall time from submission to acceptance of peer-reviewed papers, which may include multiple revisions by authors, is between 4 and 5 months. Upon

acceptance, time to publication is currently 4 to 6 months, depending upon the paper format and whether or not it is peer-reviewed, production needs, and external funding support for supplements, regular issues, and forums of papers on given themes.

*Sources:*

Northridge ME, Susser M. [The paper route for submissions to the Journal](#). *Am J Public Health*. 1994;84:717–718.

Northridge ME, Susser M. [Seven fatal flaws in submitted manuscripts](#). *Am J Public Health*. 1994;84:718–719.

## EDITORIAL AND PUBLICATION POLICIES

### 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 conception 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 the *AJPH* absent substantially new data, analysis, and/or interpretation.

The *AJPH* limits the number of authors to 6 in most cases. While justification for more than 6 authors is requested, in practice the editors accept reasonable explanations for the legitimacy of the claim. Group authorship is permitted for, e.g., large collaborations and multisite clinical trials.

*Sources:*

Northridge M. [New rules for authorship in the Journal: your contributions are recognized—and published!](#) *Am J Public Health*. 1998;88:733–734.

Susser M. [Authors and authorship—reform or abolition?](#) *Am J Public Health*. 1997;87:1091–1092.

### 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, without regard to substance, alone 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 should 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:*

[AJPH Policy on Ethical Principles](#) (based on WAME, Publication Ethics Policies for Medical Journals), adopted November 3, 2007.

### 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 the *AJPH* 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:*

[AJPH Policy on Ethical Principles](#) (based on WAME, Publication Ethics Policies for Medical Journals), adopted November 3, 2007.

### The CONSORT Statement

The [CONSORT Statement](#) is intended to improve the reporting of a randomized controlled trial, enabling readers to understand the design, conduct, analysis, and interpretation of a trial and to assess the validity of its results. It emphasizes that such understanding can only be achieved through complete transparency from authors. Investigators and editors developed and revised the CONSORT (CONsolidated Standards of Reporting Trials) Statement to help authors improve reporting of two-group parallel design randomized controlled trials by using a checklist and flow diagram. [Extensions of the CONSORT Statement](#) have been developed for other types of study designs, interventions, and data. Authors reporting the results of a randomized controlled trial (RCT) should ensure that the CONSORT checklist is complete, and that the flow diagram is submitted as a figure in the manuscript for editorial and peer review (it may or may not be published in the print version, depending upon space constraints, and may instead be published online only). As a final condition, the RCT on which a submitted manuscript was based must be registered prior to the enrollment of any participants in that trial in a public registry such as [clinicaltrials.gov](http://clinicaltrials.gov); the registration number should be provided on the title page of the manuscript upon initial submission.

*Source:*

Vaughan R. [AJPH endorsement of transparency, clarity, and rigor](#). *Am J Public Health*. 2009; 99:1356–1359.

## The TREND Statement

The mission of the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) group is to improve the reporting standards of nonrandomized evaluations of behavioral and public health interventions. The [TREND statement](#) is a 22-item checklist specifically developed to guide standardized reporting of nonrandomized controlled trials. The TREND statement complements the widely adopted CONSolidated Standards Of Reporting Trials (CONSORT) Statement developed for randomized controlled trials. A collective effort in promoting transparent reporting is valuable to improve research synthesis and advance evidence-based recommendations for best practices and policies.

Source:

Des Jarlais DC, Lyles C, Crepaz N, the TREND Group. [Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND Statement. Am J Public Health. 2004;94:361-366.](#)

## Embargo Policy

When a paper is accepted for publication in the *AJPH* 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 the *AJPH*. To inquire about embargo dates or if you have questions related to the *AJPH* embargo policy, please contact Patricia Warin at [patricia.warin@apha.org](mailto:patricia.warin@apha.org) or (202) 777-2511.

Source:

American Journal of Public Health Press Information. Available at: <http://www.apha.org/about/news/ajphreleases/ajphpresspolicy.htm>.

## Revised Policy on Enhancing Public Access to Archived 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. The law states:

*The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, That the NIH shall implement the public access policy in a manner consistent with copyright law.*

## Specifics

1. The NIH Public Access Policy applies to all peer-reviewed articles that arise, in whole or in part, from direct costs funded by NIH, or from NIH staff, that are accepted for publication on or after April 7, 2008.

2. Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles fully comply with this Policy.
3. PubMed Central (PMC) is the NIH digital archive of full-text, peer-reviewed journal articles. Its content is publicly accessible and integrated with other databases (see: <http://www.pubmedcentral.nih.gov>).
4. The final, peer-reviewed manuscript includes all graphics and supplemental materials that are associated with the article.
5. Beginning May 25, 2008, anyone submitting an application, proposal, or progress report to the NIH must include the PMC or NIH Manuscript Submission reference number when citing applicable articles that arise from their NIH-funded research. This policy includes applications submitted to the NIH for the May 25, 2008 due date and subsequent due dates.

## Compliance

Compliance with this Policy is a statutory requirement and a term and condition of the grant award and cooperative agreement, in accordance with the [NIH Grants Policy Statement](#). For contracts, NIH includes this requirement in all R&D solicitations and awards under Section H, Special Contract Requirements, in accordance with the Uniform Contract Format.

In order to be in compliance with the [NIH Public Access Policy](#), send the second .pdf proof received from the publication staff after copyediting to NIH PubMed Central. Note that it is the responsibility of the author, not the *AJPH*, to comply with this Policy. When submitting your second .pdf proof to NIH PubMed Central, we request that you ask for a 12-month delay in publication after the print date; this option is available to you as part of the NIH process and helps ensure that subscriptions needed to fund the *AJPH* are not jeopardized by the immediate circulation of free content.

### Source:

Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research. Available at: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-033.html>.

## Copyright

Copyright © by the *American Public Health Association (APHA)*. Opinions expressed by authors of articles summarized, quoted, or published in full in the *AJPH* represent only the opinions of the authors and do not necessarily reflect the official policy of the *APHA* or the institution with which the authors are affiliated.

Any report, article, or paper prepared by employees of the US government as part of their official duties is, under the Copyright Act, a “work of the United States Government” for which copyright protection under Title 17 of the US Code is not available. However, the *AJPH* format is copyrighted and pages may not be photocopied, except in limited quantities, or posted online without permission of *APHA*. Copying done for other than personal or internal reference use—such as copying for general distribution, for advertising or promotional purposes, for creating new collective works, or for resale—without the expressed permission of *APHA* is prohibited. Requests for special permissions should be made to [permissions@apha.org](mailto:permissions@apha.org).

## EDITORIAL AND PEER REVIEW

Manuscripts are evaluated by the *AJPH* formal editorial team according to the following criteria: material is original and timely, writing is clear, study methods are appropriate, data are valid, conclusions are reasonable and supported by the data, information is important, and topic has general public health interest.



From these criteria, the editors select papers for peer review. Papers of insufficient priority are promptly rejected.

Decisions about a manuscript are based only on its importance, methodological rigor, originality, clarity, and relevance to the *AJPH* mission. Studies with negative results, or those challenging previously published work or widely held beliefs, receive equal consideration.

*Sources:*

Ellis JA. [Why should I review a paper for the \*American Journal of Public Health\*?](#) *Am J Public Health*. 2003;93:533–535.

[AJPH Policy on Ethical Principles](#) (based on WAME, Publication Ethics Policies for Medical Journals), adopted November 3, 2007.

## CATEGORIES OF PAPERS

For easy reference, the authors may use the [AJPH Guideline Grid](#) to obtain abbreviated information on each category of paper as follows: article type, initials of the current responsible editor, table of contents category, abstract structure and length, text word count, maximum number of tables and figures, whether or not illustrations and/or photographs are encouraged, whether or not the article type is peer reviewed, and reference style exceptions to the *AMA Manual of Style, 10th Edition*. Each of the current article types are further discussed next, with links to fuller editorial descriptions.

## Letters to the Editor and Responses

Letters to the Editor referring to a recent *AJPH* article are encouraged up to 3 months after the appearance of a paper in print. By submitting a Letter to the Editor, the author gives permission for its publication in the *AJPH*. Letters should not duplicate material being published or submitted elsewhere. The editors reserve the right to edit and abridge letters and to publish responses.

Text is limited to 400 words and 10 references. A single table, figure, or image is permissible. Submit a response online at [www.ajph.org](http://www.ajph.org) for the paper of interest for timely editorial review and Web posting or at [submit.ajph.org](http://submit.ajph.org) for later print publication and inclusion in PubMed. Online letters are automatically considered for print publication. Queries should be addressed to the Editor-in-Chief Mary Northridge at [men11@columbia.edu](mailto:men11@columbia.edu).

*Example of a Letter to the Editor and Response:*

Lanier AP. [Existence of Alaska Native health disparities](#). *Am J Public Health*. 2007 97: 1541–1542.

Jones DS. [Jones responds](#). *Am J Public Health*. 2007 97: 1542–1543.

## Editor's Choice

The Editor's Choice column is dedicated to the vision for each issue/supplement, and is commissioned by the formal editorial team. Editor-in-Chief Mary Northridge acts as the responsible editor for this column, and works closely with each invited author. The text is limited to 550 words, with any references embedded within the text per se rather than listed at the end of the column. A more conversational and inspirational style is

preferred over that used in standard peer-reviewed outcome papers. A portrait of the author is published with each column. This department undergoes editorial review only.

*Example of an Editor's Choice column:*

Stover GN. [In service](#). *Am J Public Health*. 2007;97:591.

## Editorials

Editorials in the *AJPH* are considered opinion pieces and do not undergo peer review. They may be commissioned by members of the formal editorial team or on occasion, reformatted as editorials from other submitted papers. Editorials are 1500 words in length with no abstract and up to 10 references. Subheadings are used to guide readers through the major arguments in the text. Images are selected by Image Editor Aleisha Kropf as space and resources permit. Authors may upload suggested images as supplemental files at submission. Editor-in-Chief Mary Northridge triages editorials to the member of the formal editorial team who is expert in the content area of the column.

*Example of an Editorial:*

Steckler A, McLeroy KR. [The importance of external validity](#). *Am J Public Health*. 2008;98:9–10.

## On the Other Hand

*On the Other Hand* presents a forum for critical debate about timely public health topics. Typically, 2 authors with different perspectives offer their views. The positions need not be adversarial. Each author is allowed 1000 words of text and up to 10 references in which to state her or his position. The editors encourage an exchange of text between authors prior to acceptance to ensure the debate is useful to the broader public health community. Although not often published, *On the Other Hand* provides an opportunity for authors other than editors to offer their opinions on crucial public health priorities in cases in which authentic deliberation may help advance the field. Unlike letters to the editor, this column need not refer specifically to prior work published in the *AJPH*. Editor-in-Chief Mary Northridge triages formal submissions of *On the Other Hand* to the member of the formal editorial team who is expert in the content area of the column.

*Example of an On the Other Hand exchange:*

Frankford ER. [Changing service systems for high-risk youth using state-level strategies](#). *Am J Public Health*. 2007;97:594–599.

Gorman DM. [Changing service systems for high-risk youth using state-level strategies](#). *Am J Public Health*. 2007;97:595–600.

## Statistically Speaking

The column [Statistically Speaking](#) provides a forum for Associate Editor for Statistics and Evaluation Roger Vaughan ([rdv2@columbia.edu](mailto:rdv2@columbia.edu)) and other authors with requisite expertise to highlight and provide guidance from the world of statistics for *AJPH* readers. Guidelines for this format include up to 1000 words of text, a minimum number of references (3 to 5 preferred), and no abstract, figures, or tables, unless explicitly requested by the editors. A portrait of the author is published with each *Statistically Speaking* column. This column is now peer reviewed to better ensure the included content is both sound and accessible to *AJPH* readers when published.

*Example of a Statistically Speaking column:*

Vaughan RD. [The importance of meaning](#). *Am J Public Health*. 2007;97:592–593.

## Field Action Reports

[Field Action Reports](#) is a peer-reviewed department of the *AJPH* that highlights the fieldwork of public health practitioners. This department seeks descriptions of innovative, successful, and cost-effective programs conducted by national, state, and local public health agencies and community-based organizations and groups. The purpose of the department is to share experiences that others may learn from and replicate. The program should preferably be in operation long enough to permit a rigorous assessment of its impact, factoring in the cost of startup and operation. All *Field Action Reports* must include practical experiences and applications for others.

The manuscript should not exceed 1000 words, excluding the abstract (unstructured, 120 words), key findings, and other sidebars, references, boxes, and tables/figures. Text headings are recommended. Sidebar boxes highlighting specific aspects of a program are acceptable. Evaluation data may be presented in 3 tables and/or figures, but graphics that depict the content of the program are especially encouraged. Images, especially photographs showing examples of project participants in context, logos, and examples of informational flyers or other educational materials are likewise encouraged. For questions about content, contact Feature Editor Gabriel Stover at [gabriel\\_stover@yahoo.com](mailto:gabriel_stover@yahoo.com). For questions about evaluation, contact Associate Editor for Statistics and Evaluation Roger Vaughan at [rdv2@columbia.edu](mailto:rdv2@columbia.edu). For questions about images, contact Image Editor Aleisha Kropf at [slappyalk@gmail.com](mailto:slappyalk@gmail.com).

*Example of a Field Action Report:*

Bradley-Bull K, McQuiston TH, Lippin TM, Anderson LG, Beach MJ, Frederick J, Seymour TA. [The Union RAP: industry-wide research-action projects to win health and safety improvements](#). *Am J Public Health*. 2009;99:S490–S494.

## Going Public

[Going Public](#) feature articles are written by journalists under the direction of Feature Editor Gabriel Stover ([gabriel\\_stover@yahoo.com](mailto:gabriel_stover@yahoo.com)). If public health issues are to win supporters and garner the resources they deserve, it is imperative that we “go public” with our causes in innovative and creative ways and capture the imaginations of broad constituencies. Often, scientists are paired with journalists to better ensure the articles are both accessible to a general audience, as well as scientifically accurate. The text length is 2500 words, and illustrations, photographs, sidebars, and quotes are used liberally. This format is not peer reviewed. Abstracts and references are not essential.

*Example of a Going Public feature article:*

Avery B. [Who does the work of public health?](#) *Am J Public Health*. 2002;92:570–575.

## Faces of Public Health

[Faces of Public Health](#) feature articles are written by journalists under the direction of Feature Editor Gabriel Stover ([gabriel\\_stover@yahoo.com](mailto:gabriel_stover@yahoo.com)). This department is part of an initiative to make the *AJPH* more captivating and informative to the public. Our goal is to reach people who care about public health issues but have not been trained in the technical details of the specialized disciplines. *Faces of Public Health* highlights the diverse faces of the public health workforce, paid and volunteer, leaders and doers. We seek to attract

new readers to the *AJPH* and to public health. The text length is 1500 words, and a portrait of the person who is central to each feature article is a focal point of the department. Additional illustrations, photographs, sidebars, and quotes are used liberally. This format is not peer reviewed. Abstracts and references are not essential.

*Example of a Faces of Public Health feature article:*

Bashir SA. [Principled professionalism: the American face of public health, Dr. Mohammad Akhter](#). *Am J Public Health*. 2002;92:1909–1914.

## Commentaries

Scholarly essays, critical analyses, and social science and policy manuscripts may be submitted as commentaries. Guidelines for this format permit up to 2500 words in the main text, an unstructured abstract of 120 words, and up to 2 tables/figures. References should be formatted according to the *AMA Style Guide, 10th Edition*. Editor-in-Chief Mary Northridge triages formal submissions of commentaries deemed to be timely and critical to central public health initiatives/debates to the member of the formal editorial team who is expert in the content area for further evaluation and possible peer review. Images are selected by Image Editor Aleisha Kropf as space and resources permit.

*Example of a Commentary:*

Rest KM, Halpern MH. [Politics and the erosion of federal scientific capacity: restoring scientific integrity to public health science](#). *Am J Public Health*. 2007;97:1939–1944.

## Analytic Essays

The analytic essay is an article type that was designed specifically to meet the needs of 3 *AJPH* departments: *Health Policy and Ethics Forum*, *Government, Politics, and Law*, and *Framing Health Matters*. In addition, analytic essays may be commissioned as part of collections of papers on a given theme and grouped together in an analytic essay forum with an apt title (see, e.g., the September 2003 issue on the built environment and health and the October 2004 issue on rural health). Analytic essays were created to provide a forum for critical analyses of public health issues from disciplines other than the biomedical sciences, including but not limited to social sciences, human rights, political science, and ethics. An analytic essay consists of an unstructured abstract of up to 120 words, up to 3500 words of text with subheadings to guide readers through the essential elements of the argument, and up to 4 tables, figures, and images that are core to the analysis. We prefer that each analytic essay follow *AMA Manual of Style, 10th Edition* reference guidelines; however *Chicago Manual of Style, 15th Edition* endnotes may be used (the chosen style should be used exclusively throughout).

*AJPH* Department Editors Bernard Dickens (*Health Policy and Ethics Forum*), Leslie Beitsch (*Government, Politics, and Law*), and Deborah Holtzman and Kenneth McLeroy (*Framing Health Matters*) act as the responsible editors for analytic essays that are formally submitted to their care. Editor-in-Chief Mary Northridge triages formal submissions of other analytic essays deemed to be timely and critical to central public health initiatives/debates to the member of the formal editorial team who is expert in the content area for further evaluation and possible peer review. Images are selected by Image Editor Aleisha Kropf as space and resources permit. See recent issues of the *AJPH* for examples of topics covered, reference lengths and styles, and other formatting concerns related to the analytic essay.

### *Example of an Analytic Essay:*

Srinivasan S, O'Fallon LR, Dearry A. [Creating healthy communities, healthy homes, healthy people: initiating a research agenda on the built environment and public health.](#) *Am J Public Health.* 2003;93:1446–1450.

## Health Policy and Ethics Forum

[Health Policy and Ethics Forum](#) is edited by Department Editor Bernard Dickens. He believes that, “There are often different ethical approaches to implementing projects. Those favoring particular prioritizations of values may regard other approaches not as unethical, but as affording different weight to ethical principles and values. The role of ethical analysis is to require proponents to articulate the principles or values at stake and to justify why they have elevated or subordinated each of them. When ethical analysis does not produce agreement, it can facilitate respectful disagreement and open understanding of ethical options.” *Health Policy and Ethics Forum* utilizes the analytic essay, which consists of an unstructured abstract of up to 120 words, up to 3500 words of text with subheadings to guide readers through the essential elements of the argument, and up to 4 tables, figures, and images that are core to the analysis.

### *Example of a Health Policy and Ethics Forum column:*

Nelson CB, Birmingham M, Costa A, Daviaud J, Perea W, Kieny MP, Tarantola D. [Public-private partnership to develop an affordable vaccine for an emergent threat: the trivalent \*Neisseria meningitidis\* ACW135 polysaccharide vaccine.](#) *Am J Public Health.* 2007;97:S15–S22.

## Government, Politics, and Law

[Government, Politics, and Law](#) Department Editor Leslie Beitsch believes a useful approach in public health for translating research findings into everyday practice relevant for our readers “might involve soliciting the work of leading public health system researchers as well as other scientists, and encouraging translation of their findings to the public health practitioner at all levels. There are also extremely important transforming events taking place in the larger public health field. Stated more succinctly, the remodeled *Government, Politics, and Law* department of the *AJPH* will emphasize the metamorphosis that public health practice is undergoing—focusing on what it can become.” *Government, Politics, and Law* utilizes the analytic essay, which consists of an unstructured abstract of up to 120 words, up to 3500 words of text with subheadings to guide readers through the essential elements of the argument, and up to 4 tables, figures, and images that are core to the analysis.

### *Example of Government, Politics, and Law column:*

Greenberg MR. [Public health, law, and local control: destruction of the US chemical weapons stockpile.](#) *Am J Public Health.* 2003;93:1222–1226.

## Framing Health Matters

[Framing Health Matters](#), edited by Department Editors Deborah Holtzman ([dxh4@cdc.gov](mailto:dxh4@cdc.gov)) and Kenneth McLeroy ([kmcleroy@srph.tamhsc.edu](mailto:kmcleroy@srph.tamhsc.edu)), features social science scholarship, the work of new disciplines within public health, and critical perspectives of public health problems. The department calls for an analytic essay format (up to 6500 words in the main text, with not more than 4000 words strongly encouraged, an unstructured abstract of 120 words, and 4 tables/figures). References should be formatted according to the *AMA Style Guide, 10th Edition* or the *Chicago Manual of Style, 15th Edition* (the chosen style should be used exclusively throughout).

*Example of a Framing Health Matters column:*

Turolfo F. [Responsibility as an ethical framework for public health interventions](#). *Am J Public Health*. 2009;99:1197–1202.

### Public Health Then and Now

[Public Health Then and Now](#), edited by Department Editors Theodore Brown ([theodore\\_brown@urmc.rochester.edu](mailto:theodore_brown@urmc.rochester.edu)) and Elizabeth Fee ([elizabeth\\_fee@nlm.nih.gov](mailto:elizabeth_fee@nlm.nih.gov)), is devoted to history that bears on contemporary public health (up to 5500 words in the main text, 4 images, and an unstructured abstract of 150 words). References must be formatted according to the *Chicago Manual of Style, 15th Edition*. This department is reserved for history scholars who use original sources.

*Example of a Public Health Then and Now column:*

Blocker JS Jr. [Did Prohibition really work? Alcohol prohibition as a public health innovation](#). *Am J Public Health*. 2006;96:233–243.

### Voices from the Past

[Voices From the Past](#), edited by Department Editors Theodore Brown ([theodore\\_brown@urmc.rochester.edu](mailto:theodore_brown@urmc.rochester.edu)) and Elizabeth Fee ([elizabeth\\_fee@nlm.nih.gov](mailto:elizabeth_fee@nlm.nih.gov)), presents brief historical extracts from the works of public health pioneers that are republished with an accompanying biographical sketch (up to 2500 words in main text, no abstract, 2 figures or images).

*Example of Voices from the Past column:*

Fee E, Brown TM. [Alice Hamilton: Settlement physician, occupational health pioneer](#). *Am J Public Health*. 2001;91:1767. [Alice Hamilton, M.D. \(1868–1970\)](#). *Am J Public Health*. 1971;61:2.

### Images of Health

[Images of Health](#) aims to train the eye as well as the mind. We hope that the provocative pictures, posters, and graphics displayed here will inspire 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? Department Editors Theodore Brown ([theodore\\_brown@urmc.rochester.edu](mailto:theodore_brown@urmc.rochester.edu)) and Elizabeth Fee ([elizabeth\\_fee@nlm.nih.gov](mailto:elizabeth_fee@nlm.nih.gov)) edit historical *Images of Health* columns, and Image Editor Aleisha Kropf ([slappyalk@gmail.com](mailto:slappyalk@gmail.com)) edits contemporary *Images of Health* columns.

*Example of an historical Images of Health column:*

Fee E, Brown TM. [Buried in mud, digging for gold](#). *Am J Public Health*. 2003;93:1245.

*Example of a contemporary Images of Health column:*

Kropf A. [Running the numbers: an American self-portrait by Chris Jordan](#). *Am J Public Health*. 2009;99:792.

### Briefs

Preliminary or novel findings may be reported as briefs (up to 800 words in the main text, an unstructured

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*Example of brief:*

Woolf SH, Johnson RE, Fryer GE Jr, Rust G, Satcher D. [The health impact of resolving racial disparities: an analysis of US mortality data](#). *Am J Public Health*. 2004;94:2078–2081.

## Research and Practice Articles

Manuscripts that report the results of original quantitative or qualitative public health research are published as research and practice articles (up to 3500 words in the main text, a structured abstract of 180 words, and up to 4 tables/figures). The main text must follow the standard *AJPH* research and practice format, with an introduction and separate sections for Methods, Results, and Discussion. This format is the highest priority for the *AJPH* and represents the majority of papers published.

*Example of research and practice article:*

ME Clark, S Landers, R Linde, and J Sperber. [The GLBT health access project: a state-funded effort to improve access to care](#). *Am J Public Health*. 2001;91:895–896.

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### Style

In general, the *AJPH* follows the *AMA Manual of Style, 10th Edition*.

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The *AJPH* submission system at [www.ajph.org](http://www.ajph.org) or [submit.ajph.org](http://submit.ajph.org) accepts Word documents saved in Word 2006 or earlier formats. If Word 2007 is used, please save the manuscript as a .doc file rather than a .docx file for proper processing.

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## MANUSCRIPT COMPONENTS

Preparation of the manuscript for submission requires blinding for peer review. The names of authors and other identifying information in the text and acknowledgments should be removed from the main manuscript file.

### 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.

### Abstracts

#### Unstructured Abstracts

The following article types employ unstructured abstracts: *Field Action Reports* (120 words), commentaries (120 words), analytic essays (120 words), *Health Policy and Ethics Forum* (120 words), *Government, Politics, and Law* (120 words), *Public Health Then and Now* (150 words), *Framing Health Matters* (120 words), and briefs (80 words).

#### Structured Abstracts

Structured abstracts are required for research and practice articles and should not exceed 180 words (headings not included). Structured abstracts employ 4 headings: Objectives, Methods, Results, and Conclusions. Please see the *AMA Manual of Style, 10th Edition* for further guidance on structured abstracts.

### Headings

Heads should conform to a consistent pattern, using no more than 3 outline levels, and should be kept brief. Avoid acronyms, sentences, and question marks. Research and practice articles and briefs must use the following level-1 section heads: Methods, Results, and Discussion.

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All references except where noted otherwise should be formatted according to the *AMA Manual of Style, 10th Edition*. Please verify all references prior to submission with PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>). For analytic essays, authors may elect to follow the endnote style in the *Chicago Manual of Style, 15th Edition*. For the historical department *Public Health Then and Now*, authors must use the endnote style from the *Chicago Manual of Style, 15th Edition*.

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Consult the guidelines for the type of manuscript being submitted for limits on the numbers of tables, figures, and images. Exceptions to these limits are made by the editors on substantive grounds. All figures and images should be incorporated into the submission document for proper conversion. Any submitted images must be in the highest resolution possible (over 300 dpi).

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Please distinguish between regression parameter estimates and standardized regression parameter estimates in the text and tables by: changing all beta ( $\beta$ ) symbols to  $b$  (for unstandardized regression parameter estimates) or  $B$  (for standardized regression parameter estimates); and replacing all text or symbolic references to  $b$  in the manuscript and tables to language referencing  $b$  (parameter estimates) or  $B$  (standardized parameter estimates), as appropriate.

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### Sources:

Vaughan RD. [The importance of meaning](#). *Am J Public Health*. 2007;97:592–593.

Vaughan R. [The importance of accuracy](#). *Am J Public Health*. 2006;96:769.

Northridge ME, Levin B, Feinleib M, Susser M. [Statistics in the Journal: significance, confidence and all that](#). *Am J Public Health*. 1997;87:1092–1095.

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*Source:*

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*Date of Revision: January 8, 2010*

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