**Delaware Journal of Public Health**
**Instructions for Authors**
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**Table of Contents**

## 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, and contain a ***Cover Letter*** with ***concise*** text **(maximum 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. 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 via email to Elizabeth Healy at ehealy@delamed.org.

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 Common causes of insufficient priority are: outdated data (e.g., pre-ACA, data collection completed > 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 topics requested in the cover letter helps the editors 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 14 days to make specific changes.

Please visit https://delamed.org/initiatives/delaware-journal-of-public-health/ for online manuscript submission instructions.

### Revised Submissions

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

### 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 in order of citation. Substantive notes and footnotes are not permitted.

**Manuscript File Formats**

All manuscripts should be submitted via email, in Word document format, to Elizabeth Healy at ehealy@delamed.org.

**Types of Submissions**

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

***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*.

***Brief Articles*** are not different than a Research paper in terms of quality, importance, priority, etc., but they have up to 3000 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. *DJPH* does publish pilot studies and preliminary results at its discretion. 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 **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, four tables and/or 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, *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. The text, tables, and figures of the accepted systematic review are published online.

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 will 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 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 solicited by the Editor-in-Chief or the Publisher. The text is limited to 800 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. In this case, they will be removed from the peer review process, and authors will be notified in advance.

***Commentaries*** are scholarly essays and critical analyses of up to 2500 words in the main text, an unstructured abstract, up to 2 table(s) and/or figure(s), 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) 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 4 table(s) and/or figure(s) and/or 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 3500 words, with a 200- word abstract, up to 7 references, and up to 2 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.

***Voices*** present brief extracts from the works of public health figures that are republished with an accompanying biographical sketch (up to 2400 words in text, no abstract, 2 figures and/or images). In the History section, “Voices from the Past” can be up to 3000 words.

***News*** summarizes the content of articles published in other public health journalsaround 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 *DJPH* website or social media. Any submittedimages 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**.**

**Sections**

While not defined as such in the final publication, authors should keep the following section in mind:

***DJPH 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.

***DJPH Depicting Data*** is a didactic section discussing ways of summarizing study findings graphically. Authors are encouraged to propose ways to improve the presentation of articles previously published in the Journal. Submissions are formatted as Brief Articles.

***DJPH 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.

***DJPH Ethics and Law*** papers are usually but not always formatted as Analytic Essays.

***DJPH Policy*** papers usually are formatted as Editorials, Commentaries, Analytic Essays, or Brief Policy Articles.

***DJPH Perspective from the Social Sciences*** 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.

***DJPH History*** is devoted to history that bears on contemporary public health. Papers are formatted either as History Essays or as Voices.

***DJPH 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? 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.

***DJPH Global News*** focuses on news and views from around the world about public health and has a specific format.

***DJPH Surveillance and Survey Methods*** 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 below*) 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. 12*). 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 Appendix A*). Articles should have the following four 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.

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**.** As 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 two types of article to this section for publication consideration:

*1)* **Design Description** article on the public health surveillance/survey program (*see*

*Appendix A*); and

2) **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, one 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 Appendix A*) in the body of the article. Methods Research articles require a **structured** abstract of 300 words or fewer and have a limitation of 4500 words of text and 35 references. There is a limit of 4 tables and/or figures for this article type. The structure of these articles should follow the same format as *DJPH's* instructions on Research Articles. The abstract should employ four headings: **Objectives, Methods, Results,** and **Conclusions**. Policy Implication is optional for the abstract. These articles should have the following five separated sections: **Instruction, Methods, Results, Discussion,** and **Public Health Implications**.

1) *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.
2) *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 Appendix A*). The analytical approach should be described with appropriate citations to the literature.
3) *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.

4) *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.
5) *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 *DJPH'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 Appendix A*); 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. 9*) 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.

### Abstract

All abstracts are up to 300 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.

- **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.**

### 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 needs to 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 in order of citation. 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, **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 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, **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. 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. E-mail *DJPH* Managing Editor, Elizabeth Healy, at ehealy@delamed.org with questions.

## 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 exponentiatedparameter 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 to Elizabeth Healy ehealy@delamed.org 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 6 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 SurveyMonkey 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*. To inquire about embargo dates or if you have questions related to *DJPH* embargo policy, please contact Elizabeth Healy at **ehealy@delamed.org**.

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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**

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**APPENDIX A**

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 2016 9th Edition Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.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 the 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?

**APPENDIX B**

SUBMISSION GUIDELINES

| Article Type | Maximum Word Count | Abstract Required | Maximum Figures and/or Tables | Maximum References |
|---|---|---|---|---|
| Research Article | 7500 | Yes, Structured | 4 | 35 |
| Brief | 3000 | Yes, Structured | 1 | 12 |
| Systematic Review | 4000 | No | 4 | 60 |
| Letter to the Editor | 400 | No | 1 | 7 |
| Editor's Choice | 800 | No | 0 | 2 |
| Opinion | 1200 | No | 1 | 7 |
| Commentary | 2500 | Yes, Unstructured | 2 | 25 |
| Analytic Essay | 4000 | Yes, Unstructured | 4 | 40 |
| History Essay | 4000 | Yes, Unstructured | 4 | |
| Public Health Practice Vignette | 3500 | 200 | 2 | 7 |
| Voices | 2400 | No | 2 | |
| News | 100-120 | No | 1 | |
| Survey Methods Articles | | | | |
| Design Description | 3500 | Yes, Structured, 180 words | 4 | 35 |
| Methods Research | 4500 | Yes, Structured, 300 words | 4 | 35 |