

American Journal of Preventive Medicine

Sponsored by the American College of Preventive Medicine and the Association for Prevention Teaching and Research

Author Instructions

The *American Journal of Preventive Medicine* (AJPM) is the official journal of the [American College of Preventive Medicine](#) and the [Association for Prevention Teaching and Research](#). Started in 1985, AJPM is a fully peer-reviewed international journal that publishes original research articles, reviews, current issues papers, commentary, and correspondence on all aspects of practice, education, policy, and research in preventive medicine and public health.

ARTICLE TYPES

AJPM welcomes manuscripts in the following categories. Authors should adhere to the guidelines provided. Reporting requirements vary by study design. **In all cases**, please use AJPM's instructions for abstract and text headings, even if the reporting guideline recommends a different format.

Research Articles are original empirical articles; they make up the majority of journal pages. This includes reports of Randomized Controlled Trials (RCTs), observational studies, and other basic clinical and public health investigations. A Research Article includes a [structured abstract](#) of 250 words or fewer and is limited to 3000 words of text, with two exceptions: Intervention studies may have an abstract of up to 300 words, and RCTs are permitted 4000 words of text. All submissions must follow the appropriate [reporting guidelines](#) and [instructions for reporting statistics](#). RCTs must be identified as such in the article title. AJPM requires authors of manuscripts pertaining to clinical trials to [register their study](#) in a public trials registry.

Brief Reports are short reports of original empirical articles or evaluations. They include a [structured abstract](#) of 250 words or fewer and are limited to 1200 words of text. There is no table or figure limit for Brief Reports; however, most do not exceed 2 tables/figures.

Review Articles include manuscripts, reviews and meta-analyses that are systematic, critical assessments of the literature and data sources pertaining to clinical topics. Review articles emphasize factors such as cause, diagnosis, prognosis, therapy, and prevention; data sources should be as current as possible. Systematic reviews and meta-analyses must follow PRISMA [reporting guidelines](#). Review Articles include a [structured abstract](#) of 250 words or fewer and are limited to 4000 words of text. Systematic reviews and meta-analyses must be identified as such in the article title.

Special Articles may address virtually any important topic in preventive medicine or public health. These articles require an unstructured abstract of 250 words or fewer and are limited to 4000 words of text.

Research and Practice Methods articles include manuscripts detailing the methodologies used to answer specific research questions or to change specific health outcomes. These articles require an unstructured abstract of 250 words or fewer and are limited to 3000 words of text.

Teaching Preventive Medicine articles highlight innovative and useful approaches to preventive medicine education and evaluation of educational methods, either at the undergraduate or graduate level. They cover the spectrum of educational topics in preventive medicine and public health. These articles require an unstructured abstract of 250 words or fewer and are limited to 3000 words of text.

Current Issues papers are scholarly but not exhaustive reviews of any current issue or controversy that the author thinks might be of interest to AJPM readers. They should be broadly informative, and bold in prompting new thinking. Example topic areas include preventive medicine, public health, social and behavioral health, health disparities, global health, environmental and ecologic issues, and health-related technologies. No abstract is required for Current Issues articles. The text is limited to 2000 words and the reference limit is 10.

Commentaries are short, essay-type articles that comment on another article in the same issue; these are generally solicited by the editors.

Letters to the Editor offer timely and succinct opinions or interpretations of articles previously published in AJPM. Letters to the Editor do not undergo peer review, although it is customary for the editorial office to send each letter to the author(s) of the original work; the authors' response may be published as a companion to the

Letter to the Editor. Tables and figures included only if absolutely necessary. The text is limited to 500 words and the reference limit is 7.

Research Letters provide a brief and timely report of outstanding original research (e.g., the result of a pilot study) and should include: introduction, methods, results, and discussion. All research letters considered for publication undergo external peer review. No abstract is required. The letter may include one table or figure. The text is limited to 700 words and the reference limit is 10.

Book/Media Reviews are generally solicited by the editorial office. AJPM publishes a list of books that have been received but not reviewed, in the June and December issues, as a courtesy to AJPM readers.

Corrections are published for printed errors relating to data collection or interpretation, or information that is likely to lead the reader to misinterpret the research. PubMed then publishes the correction(s) as part of the online article.

SUBMISSION POLICIES

Conditions of Submission

Manuscripts are accepted for consideration with the understanding that they have been submitted solely to AJPM; that they have not been previously published, either in whole or in part; and that the findings have not been posted online. The editors reserve the right to make editorial changes in all matter published in the Journal; whenever possible, they will seek the authors' consent to any significant changes. Editors cannot enter into correspondence about manuscripts not accepted for publication, and their decision is final. The editors, editorial board, sponsoring organizations, and publishers are not responsible for the statements expressed by authors in their contributions. AJPM does not charge submission or publication fees for regular journal articles unless the manuscript is [sponsored](#) for open access.

Submission of a manuscript is understood to indicate that the authors have complied with all policies as delineated in this document and the [Editorial Policies](#). Individuals who violate these policies are subject to editorial action including but not limited to (1) disclosure of violations to employers, funding agencies, or other journal offices and/or (2) publication of a retraction, correction, editorial expression of concern, or editorial.

The editors and staff of AJPM adhere to the ethical standards established by the Committee on Publication Ethics (COPE; www.publicationethics.org) and are committed to providing authors with a transparent process in the handling of manuscripts received in the editorial office. Any alleged breach of scientific integrity will be adjudicated by COPE.

In addition, AJPM follows the guidance on editorial independence produced by the World Association of Medical Editors (www.wame.org), and subscribes to the tenets of reporting guidelines established by the EQUATOR network (www.equator-network.org/). AJPM supports the policies of the International Committee of Medical Journal Editors (ICMJE), and the following author instructions follow the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at www.icmje.org/. Manuscript preparation should follow these ICMJE guidelines.

Ethical Approval

A requirement of publication in AJPM is that all studies involving human subjects must include a description of appropriate safeguards and ethical approval by appropriate governing bodies in the country where the research was conducted (e.g., local Institutional Review Board, Ministry of Health approval). A clear statement to this effect should be made in the Methods section, specifying that the free and informed consent of subjects was obtained. If investigators have potential conflicts of interest, these must be disclosed to study participants, and a statement should be included in the Methods section to indicate that such disclosure was made.

Conflicts of Interest

The [Editorial Policies](#) detail the journal's conflict of interest policies and procedures, which generally follow the recommendations of the International Committee of Medical Journal Editors. The implications of these policies for the submission and consideration process are provided in the following.

Potential Author Conflicts

As specified in the "Manuscript Preparation and Submission" subsection of this document, authors must disclose all financial relationships that could be viewed as presenting a potential conflict of interest. A statement to this effect should be made on the title page of the manuscript (including if authors have no conflict of interest). If there are relevant

nonfinancial associations (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work, authors must include this information in the text box provided during the 'Enter Comments' step of the manuscript submission process *and* on the manuscript title page. Authors should disclose information even when there is a question as to whether a relationship constitutes a conflict.

Authorship of editorials and reviews requires interpretation of the literature and therefore is inherently subject to bias, thus AJPM requests that authors of such manuscripts not have a significant financial interest in the subject matter of the manuscript.

Potential Reviewer Conflicts

Authors may provide editors with the names of persons they feel should not review their manuscript because of a potential conflict. However, when possible, authors should explain the reason(s) for their concerns. Editors will try to avoid selecting reviewers who have potential conflicts of interest, and will ask those who are invited to review to declare any relevant competing interests with an author or organization.

Potential Editor Conflicts

Manuscripts which have an author who is associated with the Editor-in-Chief, Deputy Editor, Statistical Editors, or Associate Editors are handled by a separate workflow; detailed information on the journal's comprehensive policies and procedures for the treatment of such submissions is available in the [Editorial Policies](#).

Authorship

In accordance with International Committee of Medical Journal Editors recommendations, all authors must have a significant role in the manuscript. This means that all 3 of the following conditions must be met: (1) the individual made a substantial contribution to conception and design of the study, to data acquisition, or to data analysis and interpretation; and (2) the individual wrote the article and/or revised the article for important intellectual content; and (3) the individual read and approved the final version of the submitted manuscript.

Note: If revision is requested, the individual must also approve any subsequent versions submitted to the journal. All individuals who contributed to the writing of the manuscript must be identified either as an author or in the acknowledgments section of the manuscript. In particular, if medical writer(s)/editor(s) have been involved, their role must be explicitly acknowledged, and their affiliation/source of funding must be listed.

At the editor's discretion, a description of the contribution of each individual listed as an author may be requested by the journal.

MANUSCRIPT PREPARATION

All manuscripts are submitted and processed using Elsevier's Editorial Manager, an online manuscript handling system accessible at <http://ees.elsevier.com/ajpm/>. Assistance with Editorial Manager is available from the editorial office staff, who may be contacted at 734-936-1591 or ajpm@umich.edu. All manuscripts are screened upon receipt for adherence to formatting guidelines. Authors who fail to follow the AJPM manuscript formatting guidelines will have their papers returned to them before editorial review takes place.

Authors Whose First Language is Not English

AJPM is increasingly read worldwide, and we welcome submissions from scholars around the globe. We encourage authors whose first language is not English to seek assistance in manuscript preparation, including writing and editing, prior to the initial submission. Some resources to consider include: Boldface Editors (<http://www.boldfaceeditors.com/>), Linguistic Systems, Inc. (<http://www.linguist.com/>), and Elsevier Language Editing Services (<http://webshop.elsevier.com/languageediting/>). All resources are fee-based services and payment is the responsibility of the author.

Manuscript Length and Text Format

Word limits are provided in the "Article Types" section of this document. Manuscripts must strictly adhere to stated word limits both as new submissions and as revised papers. Format the paper as an 8.5" x 11" (215 mm x 280 mm) page with 1" (25 mm) margins on all four sides. Manuscripts must be double-spaced using Times New Roman 12-point for text and tables; Arial font should be used for figures. Text should be flush left; separate paragraphs with two hard returns, not tabs. Pages must be numbered in the upper right hand corner, starting with the title page. In addition, all lines of text should be continuously numbered (do not start each page with 1). No other automatic formatting is permitted. All text should be written in the third person (do not use "we" or "our" unless expressing the opinion of the authors).

The order of sections for articles includes: title page, abstract, text, acknowledgments, references, list of titles for all figures (on 1 separate page), tables, and figures (no title should be included in front of the figure). The sections should be organized into the following MS Word files: (1) cover letter, (2) title page, abstract, text, acknowledgments, references, figure titles, and tables, (3) figures, (4) reporting checklists, if appropriate, and (5) supplementary material for online-only publication. All text files should be uploaded in MS Word, not in PDF format.

Cover Letter

The cover letter must state that the manuscript has been submitted solely to AJPM and that it has not been previously published, either in whole or in part, nor have the findings been posted online. The corresponding author must include a statement confirming full access to all aspects of the research and writing process, and take final responsibility for the paper.

Title Page

The title page should include the following:

- **Title:** Should be concise but informative; highlight rather than explain; be a label, not a sentence or question; reflect what you did; have no verbs, have dense nouns for improved searchability; use no symbols or abbreviations
- **Author names and affiliations:** Include the first name, middle initial, last name, and highest academic degree of each author, as well as the names of their departments and institutions (including city and state), to which the work should be attributed
- **Corresponding author information:** Include the name, full address, telephone and fax numbers, and e-mail address of the author responsible for correspondence
- **Word count:** Provide the total word count (text only) and the number of pages, tables, and figures
- **Conflict of interest statement:** Include a statement from each of the authors disclosing all funding sources that supported their work as well as all institutional and corporate affiliations. Types of support include, but are not limited to: grants, consulting fees or honoraria related to the study, fees related to data monitoring boards, statistical analysis, etc., funds for writing or reviewing the manuscript, and nonmonetary support such as writing or administrative assistance, or provision of equipment. Authors must also specify whether or not the study sponsor had any role in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication.
- **Financial disclosure:** AJPM defines the financial disclosure statement as a list of financial relationships with entities that did not support the study, but that that might reasonably be considered to be stakeholders in the overall research topic. Authors must include a publishable statement disclosing any commercial associations, current and over the past 5 years, that might pose a conflict of interest. These include but are not limited to consultancies, including those for investment companies; stock or other equity ownership; stock options; patent licensing arrangements; payments for conducting or publicizing the study; employment; board membership; expert testimony; gifts; industry grants (active or pending); and honoraria. In addition, authors are required to disclose similar associations with companies that make a competing product. If the authors have competing or conflicting interests that cannot be disclosed in publishable statements, authors should list them in the comments section of EES (ees.elsevier.com/ajpm/). When no competing interests are present, this should be indicated in the publishable disclosure statement (e.g., "No financial disclosures were reported by the authors of this paper.").

Example of disclosure statements that should appear on the title page:

(Author 1 name) owns stock in _____ company.

(Author 2 name) has no financial disclosures.

(Author 3 name) has no financial disclosures.

(Author 4 name) has received consulting fees from _____, a company that manufactures a competing product to the one discussed in this paper.

Abstract

Formats for abstracts differ according to article type as follows. Follow the word-count parameters provided in the Article Types section.

- Research articles: background, purpose, methods, results, conclusions
- Research articles (intervention studies only): background; purpose; design; setting/participants; intervention; main outcome measures; results; conclusions

- Brief reports: background, purpose, methods, results, conclusions
- Review articles: context, evidence acquisition, evidence synthesis, conclusions

Unstructured abstracts are required for special articles, research and practice methods articles, and teaching preventive medicine articles (one succinct paragraph). No abstract is required for current issues articles, commentaries, letters to the editor, or research letters.

Text

The type and order of text sections vary depending on article type.

Research articles, including brief reports, must include the following sections: Introduction or Background, Methods, Results and Discussion. Required elements include objective or hypothesis, research methods, essential features of interventions (if applicable), and outcome measures. Methods descriptions should be succinct but sufficiently detailed to allow replication by a researcher. If study methods have been previously published, a brief description should be provided, in addition to the reference. Statements regarding IRB approval and informed consent are required in the methods section, as appropriate. Results should be discussed in context of published literature, emphasize what is novel about findings, and clarify the scientific importance of this contribution to literature in medicine and public health. All research manuscripts must include (in both abstract and methods section) the year(s) in which the data were collected and when the study/analysis was conducted.

Statistical Methods and Results

The methods section should contain a “statistical analysis” subheading, where appropriate. Statistical analysis methods should be described in sufficient detail so that a knowledgeable reader could reproduce the analysis if the data were available. The word “significant” should be used only if a result is statistically significant. A *P* value or confidence interval should be cited in the abstract and in the text for any statistically significant finding reported. Outcome variables should generally be given as point estimates, with 95% confidence intervals rather than standard deviations or standard errors. The type of statistical test employed, as well as the type of statistical software utilized—version, manufacturer, manufacturer’s location—must be identified for all analyses.

Authors should report results for meaningful metrics rather than reporting raw results. For example, rather than reporting the log odds ratio from a logistic regression, authors should transform coefficients into the appropriate measure of effect size, odds ratio, relative risk, or risk difference. Don’t give readers an estimate, such as an odds ratio or relative risk, for a 1-unit change in the factor of interest when a 1-unit change lacks clinical meaning (age, mm Hg of blood pressure, or any other continuous or interval measurement with small units). All estimates should reflect a meaningful change, along with 95% confidence bounds.

Review articles should state the inclusion and exclusion criteria for sources, describe the search and selection process, and discuss the type of study or analysis, describe the population, intervention, exposure, tests/outcomes for each article or data source.

The number of figures and tables should be in proportion to the amount of text. Follow the word-count parameters provided in the Article Types section. Abbreviations used commonly in AJPM are listed [here](#); you do not have to expand these terms in your text. All articles must follow the appropriate [reporting guidelines](#).

Acknowledgments

List sources of support in the form of grants, equipment, or drugs, and describe the role of the study sponsor(s), if any, in study design. Acknowledge only people who have made substantive contributions to the study. All individuals mentioned in the acknowledgments or in personal communications within the paper must provide consent for their names to be used. Include any necessary disclaimers.

References

Ensure that references are correct by using the PubMed Citation Matcher www.ncbi.nlm.nih.gov/entrez/query/static/citmatch.html. Automatic reference numbering in Word is not accepted; programs such as EndNote and Reference Manager are acceptable.

References are to follow the Vancouver Style and should be identified by number in the order in which they are mentioned in the text (citation-order system) with a superscript Arabic numeral outside of punctuation, e.g., Superscript numbers in the text inform the reader of when to reference a footnote.¹ If subsequent reference is made to a citation, the original

reference number should be used again. All reference numbers must be outside of punctuation. References that apply only to tables and figures should be numbered in sequence where the text first refers to the table or figure.

Titles of journals must be abbreviated according to Index Medicus style, which can be found at <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals>.

Example References

Journal article

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124(11):980-3.

Book

Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone, 1996.

Book chapter

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: pathophysiology, diagnosis, and management*. 2nd ed. New York: Raven Press, 1995.

Website (references should include only web addresses that take the reader directly to a document within a website)

Task Force on Community Preventive Services. Using evidence for public health decision making: overview of the Guide to Community Preventive Services. CDC. 2005.

www.thecommunityguide.org/about/Overview_GuideCommunityPreventiveServices_1and2.pdf.

Articles accepted but not yet published

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med*. In press.

In-Text Citation Only

- Personal communication. Format: first initial, last name, affiliation, "personal communication," date (R. Draco, Syracuse University, personal communication, 1998). Consent must be provided from all individuals named in the text.
- Software. Format: name of software, version number. (Stata, version 9).
- Websites that refer to the website in general (e.g., a home page). Format: URL in parentheses (www.anaconda.com)
- Articles that have been submitted but not accepted. Format: (J Smith, University of Minnesota, unpublished observations, 1999)
- Citing an unpublished work by one of the authors. Format: (JWK, unpublished observations, 1999)

Tables

Submit each table on a separate page. Tables may be included in the same file as the manuscript text. Identify each with Arabic numerals (Table 1). The limit for table titles is 15 words. Footnotes should use lowercase letters (a,b,c), except for footnotes reporting statistical significance, which use asterisks (*, **, ***). Significant *P* values should be in bold font in the table. All abbreviations used must be defined in an alphabetical list below the table. Example: FDA, Food and Drug Administration; HEI, Healthy Eating Index. Tables longer than two pages will likely be published as an online-only appendix.

Figures

Submit all figures in a separate document (one figure per document) in a form suitable for reproduction. The typeface for figures should use Arial font. Use only black on white background, with bold patterns or distinct variations of gray shading; maps, photos, and graphs that prove too confusing in black and white should be submitted in color. A list of all figure titles should be typed on one separate page after the references. If the figure is from another publication, provide written permission from the original publisher to reprint it. CONSORT diagrams are required for RCTs. PRISMA diagrams are required for systematic reviews and meta-analyses.

Figures can be submitted in TIFF, EPS or PDF formats. MS Office files (Word, Excel and PowerPoint) are also accepted. Figure resolution for pixel-based images should be at least 1,200 dpi for line art (e.g., graphs, flow charts) or 500 dpi for

photographs, micrographs, computed tomography scans, and related images. Color images should use CMYK color mode.

Reporting Checklists

Reporting checklists are required to be uploaded for RCTs, systematic reviews/meta-analyses, observational trials, and evaluations with non-randomized designs. See the [Reporting Guidelines](#) section.

Supplementary Material for Online Publication

Material that is considered to be supportive of the published article, but not critical for inclusion in the print issue (e.g., a lengthy study questionnaire), may be posted online only as supplementary material. Direction to the website (www.ajpmonline.org) will be given within the print copy. This material will not be typeset, and therefore will not be provided with the author proof. Requests for changes to appendices should be directed to the editorial office.

Supplementary material file(s) should be provided at the time of manuscript submission, and should be called out in the text (e.g., Table S2, Fig S1). Titles and/or legends for each supplementary figure or item should be included as the final page of the manuscript document. Information on copyright assignment for supplementary material can be found in the [Editorial Policies](#).

Reporting Guidelines

In an effort to make the reporting of health research more transparent and to provide guidance and structure to authors, AJPM joins other major medical journals in supporting the following reporting guidelines. The EQUATOR (Enhancing the Quality and Transparency of Health Research) network (www.equator-network.org/) is an umbrella network connecting researchers, medical journal editors, peer reviewers, and the developers of reporting guidelines in an effort to improve quality and consistency in health research and publication.

Randomized Controlled Trials

All RCTs must report trial design, analysis, and interpretation according to CONSORT (Consolidated Standards of Reporting Trials) guidelines. The CONSORT statement (revised) may be found at www.consort-statement.org for RCTs. The CONSORT Flowchart should be used for reporting participant flow through enrollment, allocation, follow-up and analysis. The [flow diagram and checklist](#) must be included in the article submission.

RCTs must also include a statement confirming that there was no racial or gender bias in the selection of participants.

Systematic Reviews and Meta-analyses

All systematic reviews and meta-analyses must follow PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. The PRISMA statement is located at www.prisma-statement.org/ and provides information for using both the [checklist and the flow diagram](#). Both of these items should be included in submitted manuscripts.

Non-randomized Studies

Non-randomized studies should utilize TREND (Transparent Reporting of Evaluations with Nonrandomized Designs) guidelines, found at www.cdc.gov/trendstatement/, provides information on the use of the checklist, a required element in manuscript submissions.

Observational Studies

Observational studies are required to use STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines. The STROBE statement may be found here: <http://www.strobe-statement.org/index.php?id=strobe-home>. The appropriate checklist must be included in the manuscript submission (e.g., cohort, case-control, or cross-sectional studies).

Clinical Trial Registration

A clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome; purely observational studies do not require registration. Any study that was started after July 2005 requires registration. If a trial started before July 2005, it should be registered retrospectively, before submission to a journal.

Some trials assign healthcare providers, rather than patients, to intervention and comparison/control groups. If the purpose of the trial is to examine the effect of the provider intervention on the health outcomes of the providers' patients,

then investigators should register the trial. If the purpose is to examine the effect only on the providers (for example, provider knowledge or attitudes), then registration is not necessary.

Manuscripts reporting clinical trials must include the following information on the title page: trial registry name and registration number, date of registration, funding source for the trial, and the name and date of approval of an institutional review board.

General information about trial registration can be found at www.icmje.org. Questions about whether a trial requires registration should be directed to: register@clinicaltrials.gov.

Acceptable trial registries include:

- www.clinicaltrials.gov
- www.anzctr.org.au
- www.isrctn.org

Other trial registration sites will be considered on an individual basis.

MANUSCRIPT CONSIDERATION PROCESS

Initial Screening

Upon submission, all manuscripts are screened by the editorial assistant to ensure the document has all required elements and appropriately follows formatting guidelines, including word count limits. Manuscripts will be returned to the author if the instructions provided in this manual have not been properly followed; these manuscripts must be resubmitted within 60 days or they will be cleared from the editorial system.

Review Process

Manuscripts passing initial screening are forwarded to an editor for internal editorial review. In general, authors will be notified within 7 days of submission whether the manuscript will undergo external peer review. In some cases, a statistical editor may also review new submissions, which may delay notification for an additional 1-2 weeks. Approximately 65% of new submissions are rejected without external review. Manuscripts that pass internal editorial review will undergo external peer review. Further details on the review process are available in the [Editorial Policies](#) manual. All manuscripts being seriously considered for publication will be run through plagiarism detection software.

Timetable

The approximate timetable for the various stages leading to publication in AJPM is as follows:

- 4-7 days from initial submission to editors' decision to reject the manuscript or send out for external peer review (statistical review may delay this slightly).
- 6-10 weeks from initial peer review invitations to editors' decision to accept, reject, or request revisions based on completed external reviews.
- 8 weeks for authors to submit revised manuscript if requested by editors.
- 3-4 weeks for final decision of acceptance/rejection for publication (may include a re-review).
- 12 weeks to print publication; about 6 weeks for online publication.

Expedited Review and Online Publication Before Print

Authors who feel that their paper should receive expedited review and/or rapid publication should request it and explain their rationale in the Comments section of EES (ees.elsevier.com/ajpm/). They should also send a separate explanatory e-mail to the managing editor at ajpm@ucsd.edu. Expedited peer review takes 5-7 days, with the paper edited and online in 4-5 weeks. Authors are reminded that as a monthly journal, AJPM does not operate on the timeframe of a weekly and does not ordinarily publish "news" items. In 2014, AJPM will be moving to a publication process which allows for more regular publication online before print.

AFTER ACCEPTANCE

Production Process

After acceptance, all submissions are transferred to AJPM's production team for handling. The corresponding author will receive an email from the production team outlining the steps required to move the manuscript through to publication. All

accepted manuscripts are subject to copy editing by the editorial office to improve clarity and achieve consistency of style and formatting of journal content. Please note that time to publication may take over 12 weeks after the manuscript is formally accepted by AJPM.

Conflict of Interest Statement for Papers Accepted for Publication

To maintain a transparent process throughout the writing and publishing of a scientific article, when a paper has been accepted for publication, each author will be required to sign a formal conflict of interest statement, which includes author-contribution information. Each author will have to state his/her level of participation in the production of the manuscript.

Prepublication Embargo

For the protection of each author's work, AJPM does not allow the unauthorized pre-publication of any materials slated for publication. All materials within AJPM are under embargo until the appropriate release date. AJPM recognizes the authority of the Committee for Publication Ethics in any breach of scientific integrity.

AJPM will not publish content that has already been published or disseminated. If the confidentiality of an AJPM article or its key elements is not maintained up to the point it is published by AJPM, the article's acceptance for publication may be forfeited. The confidentiality restriction does not apply to information presented at scientific or clinical meetings, or publication of a conference abstract, provided that authors do not present or distribute the manuscript or its full findings. It is permissible to produce copies of posters, slide sets, or audio/video recordings of presentations in conjunction with a scientific conference as long as the materials are intended for meeting participants only. Press reports arising from a conference will not be considered prior publication, provided that authors who speak to reporters do not offer more detail about their work than was contained in the oral or poster presentation.

The AJPM editors and staff work with the Center for Advancing Health and Elsevier to provide press releases for many AJPM articles. If an author's institution is interested in preparing a press release regarding the upcoming AJPM publication, the editorial office should be contacted for information regarding embargo policies and dates. Authors may not discuss their accepted manuscript with reporters without the prior approval of the journal.

In rare instances, such as an urgent public health need or testimony in front of a government body, authors may be permitted to discuss their AJPM article in press, even though it is under embargo. Authors anticipating such a situation should contact the editorial office for approval before releasing any information contained in their article in press.

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Open Access Articles

Each month, two AJPM articles are selected to be available open access to all readers (available online at www.ajmonline.org). In addition, AJPM adheres to the National Institutes of Health Public Access Policy:

The NIH Public Access Policy ensures that the public has access to the published results of NIH funded research. It requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication. To help advance science and improve human health, the Policy requires that these papers are accessible to the public on PubMed Central no later than 12 months after publication.

Sponsored Articles

AJPM does not charge submission or publication fees unless the manuscript is sponsored for open access. AJPM offers you the option of making your article freely available to all via the www.ajmonline.org and www.sciencedirect.com platforms. To prevent any conflict of interest, you can only make this choice after receiving notification that your article has been accepted for publication. The fee of \$3000 excludes taxes and other potential author fees such as color charges. Authors of accepted articles, who wish to take advantage of this sponsored option, should complete and submit the order form (available at: www.elsevier.com/locate/openaccessform.pdf).

In some cases, institutions and funding bodies have entered into agreement with Elsevier to meet these fees on behalf of their authors. Details of these agreements are available at: <http://www.elsevier.com/fundingbodies>. Whatever access

option you choose, you retain many rights as an author, including the right to post a revised personal version of your article on your own website. More information can be found here: <http://www.elsevier.com/authorsrights>.

Online-Only Publication

Each month, some articles will be chosen to be published online only. These decisions are based on the available print pages, and do not reflect the importance of a particular article. All online-only articles are fully published, with a doi (digital object identifier), and are fully citable. As with many medical journals, AJPM has significant online activity.

Continuing Medical Education (CME)

Each month, AJPM editors select two articles to participate in the Continuing Medical Education project supported by the American College of Preventive Medicine. Each article is so noted in the print issue, with objectives printed in the front section of each issue. The test for each article is located on the AJPM website at www.ajmonline.org.

Proofreading

Corresponding authors are provided with proofs via e-mail to check for typesetting and/or copy editing errors. Important corrections to data presentation are allowed, but authors will be charged for excessive alterations to proofs. Corrections must be returned to Elsevier within 48 hours.

Offprints, Reprints, PDFs

Reprints are available from the publisher. A PDF of the article is provided to corresponding authors of each paper for their internal use.

Editorial Policies

The editors and staff of AJPM adhere to the ethical standards established by the Committee on Publication Ethics (COPE; www.publicationethics.org) and are committed to providing authors with a transparent process in the handling of manuscripts received in the editorial office. Any alleged breach of scientific integrity will be adjudicated by COPE.

In addition, AJPM follows the guidance on editorial independence produced by the World Association of Medical Editors (www.wame.org), and subscribes to the tenets of reporting guidelines established by the EQUATOR network (www.equator-network.org). AJPM supports the policies of the International Committee of Medical Journal Editors (ICMJE), and the following author instructions follow the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at www.icmje.org. Manuscript preparation should follow these ICMJE guidelines.

REVIEW POLICY

Editors' Responsibilities

Except in cases where a manuscript is clearly inappropriate or outside of the journal's scope, all submissions will be reviewed by at least one editor (Editor-in-Chief [EIC], Deputy Editor, Statistical Editor, or Associate Editor), generally within 7 days. Because AJPM receives many more manuscripts than can be published in a timely manner, the editorial team must prioritize which new submissions will proceed to external review. If the editor(s) deem that a manuscript does not have high priority for publication, it may be rejected at this stage. Approximately 65% of new submissions are rejected without peer review.

Manuscripts that are not rejected by an editor at this initial stage will be reviewed as follows:

Research Manuscripts, Review Articles, Research and Practice Methods Articles, Special Articles and Teaching Preventive Medicine articles will be sent to at least 3 external peer reviewers. *Brief Reports, Current Issues, and Research Letters* will be reviewed by at least 2 external peer reviewers. Peer reviewers will be selected based on many factors, including expertise and reputation, specific recommendations from authors or editors, classification matching with reviewers already in the AJPM review database, or a combination thereof. If revision is requested, the manuscript is subject to review by a Statistical Editor.

Commentaries, Letters to Editor, or other editorials are generally reviewed by the team of editors. AJPM also publishes position statements, bylaws, and news briefs from our sponsoring societies on occasion. In those cases, EIC determines whether external peer review is required. AJPM has been a longtime publisher of articles from *The Guide to Community Preventive Services* ("The Community Guide"). All Community Guide review articles are subject to external peer review. Accompanying recommendations/guidelines articles are subject to peer review at the discretion of the EIC.

Reviewers' Responsibilities

AJPM endorses the COPE [guidelines for ethical peer review](#). As per these guidelines, the manuscript must be kept confidential and the reviewer must request permission from the Editor beforehand if a colleague is to be consulted. Reviewers must not appropriate any information contained in the manuscript for their own work, nor should they contact the authors directly. Comments should be constructive and professional. The reviewers should rate the manuscript, but should not state in the comments to the author whether the manuscript should be published. If a review does not meet these objectives, the editor may edit or omit the reviewer's comments from the feedback sent to the author.

CONFLICT OF INTEREST POLICY

AJPM's conflict of interest policies generally follow those of the ICMJE *Recommendations*. A conflict of interest exists when an author, re-viewer, or editor has financial or personal relationships with other persons or organizations that may inappropriately influence or bias his or her actions. There is a potential for a conflict of interest whether or not an individual believes that a relationship affects his or her scientific judgment. Conflicts can occur as the result of financial relationships, personal and family relationships, or academic competitive pressures. All participants in the peer review and publication process must disclose all relationships that could be viewed as a potential conflict of interest. Editors may use information disclosed in conflict-of-interest statements as the basis for editorial decisions.

Potential Author Conflicts

The [financial disclosure](#) section explains how the journal defines a potential conflict of interest for an author, and the

specific steps authors must take to disclose these potential conflicts.

Potential Reviewer Conflicts

Individuals who have potential conflicts of interest should not serve as peer reviewers. This includes individuals who work in the same institution as any of the authors, closely collaborate with the authors in practice, clinical care or research, and/or have a financial interest in the subject matter of the manuscript being reviewed. Prior review of the manuscript for another journal does not necessarily disqualify an individual, provided that the reviewer considers the submission in its current form and according to the criteria of the article type for which it has been submitted.

Editors will try to avoid selecting reviewers who have potential conflicts of interest. Editors will also attempt to honor authors' requests to exclude potential reviewers with conflicts of interest, provided that rigorous and comprehensive review is possible if these individuals are excluded.

At the time they are invited to review, individuals must disclose any conflicts that could bias their opinions, and they must disqualify themselves from reviewing when appropriate. If a conflict of interest becomes apparent during the review process, the reviewer must contact the journal office and, when appropriate, ask to be recused.

Potential Editor Conflicts

AJPM Editors (here, defined as the EIC, Deputy Editor, Associate Editors, and Statistics Editors) must recuse themselves from editorial responsibilities and from the discussion of the manuscript if they have a personal, intellectual, or financial involvement in any of the issues they might judge that interferes with their ability to remain impartial. Potential conflicts of interest include: close collaboration in practice, clinical care or research with any author of a manuscript; having a financial interest related to the subject matter of a manuscript; being a member of (or closely affiliated with) the same administrative unit of an institution as one of the authors. For all manuscripts except Letters to the Editor and their replies and invited Editorials or Commentaries, the following procedures govern handling manuscripts affected by Editor conflicts:

1. For manuscripts that have at least 1 author who is also an Associate Editor or Statistical Editor, the EIC or Deputy Editor will handle the manuscript. All other Editors will be fully excluded from the decision making process.
2. For manuscripts presenting a conflict of interest for the EIC and/or Deputy Editor, the editorial office staff will assign the manuscript to an Associate Editor who does not have a conflict, to serve as Acting EIC. The Acting EIC will determine whether to send the manuscript for peer review; if reviewed favorably, the manuscript will be discussed at an editorial meeting attended by at least 3 Editors without relevant conflicts. Manuscripts for which there would be fewer than 3 non-conflicted Editors will be handled in the same manner as submissions authored by an Editor.
3. If the recusal of Editors with conflicts makes obtaining a decision quorum impossible, manuscripts will be reviewed in the same manner as for manuscripts authored by an Associate Editor or Statistics Editor.

Note: Conflict of interest statements for all Editors are on file. Authors and reviewers who require this information should contact the editorial office.

SCIENTIFIC MISCONDUCT POLICY

The U.S. Government Printing Office defines scientific misconduct as the fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Any published article found to have been based on fabricated or falsified data will be officially retracted in print and online, with notifications made to the indexing services as required.

Fabrication

To lessen the chances of undetected fabrication or falsification of data, all manuscripts containing statistical analysis that are selected for publication are reviewed by a Statistical Editor.

Falsification

The journal's expectations for image processing are that (1) it is acceptable to adjust contrast/levels or rescale, provided that the adjustment was performed across the entire image; and (2) if certain parts of an image have been altered (other than obscuring confidential patient information), the authors must explain what has been done in a text box provided during the submission process and must be prepared to provide the original image for the editors' inspection.

Misrepresentation

AJPM does not permit duplicate submission or redundant publication. Authors must confirm compliance with these policies during submission; in addition, the submission process requires authors to verify that content from other sources has been properly attributed in their manuscript. To check compliance with this requirement, all accepted manuscripts are analyzed by plagiarism detection software prior to publication. Consistent with the position of the US Office of Research Integrity, AJPM does not consider “limited use of identical or nearly-identical phrases which describe a commonly used methodology or previous research” to meet the definition of plagiarism. However, authors must not copy blocks of texts verbatim from previously published works, even in the methods section. If study methods are published elsewhere, they should be summarized and the previously published article should be referenced to avoid issues of redundant publication.

Authors who cite personal communications must provide written documentation from the individual cited, giving permission to be named in the article.

Handling of Misconduct Allegations

The AJPM editors recognize their role in making all reasonable efforts to maintain the integrity of the scholarly record, and will follow COPE recommendations when they suspect misconduct or receive credible allegations of a breach of journal policies. Any reports of potential misconduct submitted to the journal must include as much detailed information as possible to assist the editors in their investigation. Because of the time and resources required to thoroughly investigate allegations, AJPM must prioritize these activities on the basis of the most compelling evidence.

If confidentiality of manuscript or review records must be breached in order to investigate possible misconduct (such as in contacting the editor of another journal), the AJPM editors will make every effort to notify the authors (or reviewers) beforehand. Individuals who are found to committed research misconduct are subject to editorial action including but not limited to (1) disclosure of violations to employers, funding agencies, or other journal offices and/or (2) publication of a retraction, correction, editorial expression of concern, or editorial.

The efforts of the editors in preventing, detecting, and dealing with misconduct do not remove the responsibility of the authors for the validity of their work and publications.

SUPPLEMENT POLICY

AJPM will consider publication of sponsored supplements that are of interest to its readers and demonstrate scientific validity. The content must be of sufficient informational value and quality to warrant a separate journal issue and must relate to a unifying theme. Submission of a supplement from a symposium or conference must occur in a timely fashion; in general, supplements will not be published if the publication date is more than 12 months after the date of the symposium or conference. The cost of publication must be borne entirely by the sponsor(s). Further information on AJPM's [supplement program](#) procedures is available from the Managing Editor, who can be reached at ajpm@umich.edu.