

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

## **Instructions for Authors**

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# MANUSCRIPT PREPARATION AND SUBMISSION

## Initial submission

The initial submission should be clean and complete but does not have to comply with all **AJPH** specifications yet. There are, however, 3 requirements:

- a) A blinded title page which includes the title of the manuscript only **without** the names of authors,
- b) Numbered pages **and** lines (in Words, > Page Setup > Line Numbers > Continuous) throughout the text of the manuscript,
- c) 1.5 or double spaced with a font size of 12
- d) A **Cover Letter** with **concise** text (**maximum 150 words**) that addresses the following three topics:

**(1) A description of what the paper adds to current knowledge, in particular with respect to material previously published material in the Journal, 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.**

Manuscripts of insufficient priority or quality are promptly rejected. Manuscripts retained to undergo a review process for potential publication in the Journal will be submitted to a technical check. Authors will be informed immediately if their manuscripts need reformatting and will be given 7 days to make specific changes.

Visit [www.ajph.org](http://www.ajph.org) for online manuscript submission. Questions? Write [ajph.submissions@apha.org](mailto:ajph.submissions@apha.org) or call APHA at (202) 777-2471.

## Formatted submission

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

## Style

With the exception of History Essays, all **AJPH** articles follow the *AMA Manual of Style, 10th Edition*.

# Manuscript File Formats

All manuscripts should be submitted in Word document format. **AJPH** submission system is located at [www.editorialmanager.com/ajph](http://www.editorialmanager.com/ajph).

## Types of submissions

There are 12 submission categories: **Research Articles, Brief Articles, Systematic Reviews, Letters and Responses, The Editors Choice, Opinion Editorials, Commentaries, Analytic Essays, History Essays, Voices, News, and Images.**

**Research Articles** report the results of original public health research in up to 3500 words in the text, a structured abstract, up to 4 tables+figures, and no more than 35 references. The text must have an introduction and separate sections for Methods, Results, Discussion, and, Public Health Implications. This format is the highest priority for **AJPH** and represents the majority of papers published.

**Brief Articles** present preliminary findings or novel findings in up to 1200 words in the main text, a structured (except if justified otherwise in the cover letter) abstract, up to 1 table or figure, and no more than 12 references. Research Brief Articles must have an introduction and separate sections for the Methods, Results, Discussion, and Public Health Implications. Some policy-focused Brief Articles which are short essays and do not report study results do not require the “method, results, discussion, public health implications” format subheadings.

**Systematic Reviews**, including quantitative, meta-narrative, 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 recommended text word limit is up to 4000 words. Statistical methods (meta-analysis) may or may not be used to analyze and summarize the results of the included studies. To better ensure conformance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, **AJPH** recommends using these headings—**Title, Abstract, Methods, Results, Discussion, Funding**—in an expanded research article format, with flexibility when needed for clear assessment and presentation. Systematic reviews should be preferably registered in PROSPERO (<http://www.crd.york.ac.uk/PROSPERO>) and any changes from the registered protocol reported in the article. References, tables, and

figures ought to be pertinent to the topic at hand, but no hard limit will be placed on authors; thus, full compliance with the PRISMA statement can be better ensured. The text, tables, and figures of the accepted systematic review are published online. However, very big tables may only be made available as supplements. 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 400-word summary that includes Background, Objectives, Search methods, Selection criteria, Data collection and analysis, Main results, Author's conclusions, Public Health Implications, and a **small Table or Figure** summarizing a relevant finding of the review (this summary can be 600-word long if it has no table or figure), and a 200-word Plain-Language Summary.

**Letters to the Editor and Responses** referring to a recent **AJPH** article are encouraged. By submitting a Letter to the Editor, the author gives permission for its publication in **AJPH**. Letters should not duplicate material being published or submitted elsewhere. The editors reserve the right to edit and abridge letters and to publish Responses. Text is limited to 400 words and 7 references. A single table, figure, or image is permissible. Some letters are published in print and others online only, as per the decision of the Editor-in-Chief.

The **Editor's Choice** is commissioned. The text is limited to 600 words with maximum two references 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—or 1000 words of text with 1 small table or figure—subheadings, and no more than 7 references.

**Commentaries** are scholarly essays and critical analyses of up to 2500 words in the main text, an unstructured abstract, up to 2 table(s)+figure(s), and no more than 25 references.

**Analytic Essays** provide critical analyses of public health issues. They have an unstructured abstract, up to 4000 words of text with subheadings, up to 4 table(s)+figure(s)+ image(s), and no more than 40 references.

**History Essays** are reserved for history scholars who use original sources. They have an unstructured abstract, up to 4000 words of text with subheadings, and up to 4

table(s)+figure(s)+ image(s). References (but not extensive notes) must be formatted according to the *Chicago Manual of Style, 15th Edition*.

**Voices** present brief extracts from the works of public health figures that are republished with an accompanying biographical sketch (up to 2500 words in text, no abstract, 2 figures or images).

**News** summarizes the content of articles published in other public health journals around the world. They have up to 100–120 words and can 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 *AJPH* website or social media. Any submitted images must be print quality resolution: 300 dpi minimum with a 150-line screen. Also, *AJPH* prints evocative, documentary photos on the cover each month. Submissions for cover images must be of print quality resolution 300 dpi minimum with a 150-line screen sized 11x17 or larger. All images and photos should submitted online as any other submission.

## Sections

**AJPH Forums** present critical debates about timely topics. They usually have multiple contributions published in the same or consecutive issues of the Journal. They are formatted as Brief Articles. 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.

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

**AJPH Practice** highlights the fieldwork of public health practitioners describing innovative, successful, and cost-effective programs conducted by national, state, and local public health agencies and community-based organizations and groups. Their purpose is to share experiences that others may learn from and replicate. The program preferably should be in operation long enough to permit a rigorous assessment of its

impact, factoring in the cost of startup and operation. Authors must include practical experiences and applications for others. Articles are formatted as Brief Articles but can also comprise up to 2 images, especially photographs showing examples of project participants in context; logos; and examples of informational flyers or other educational materials.

**AJPH Ethics** is edited by Section Editor Mark Rothstein. Papers are formatted as Analytic Essays.

**AJPH Policy** is edited by Section Editor Roy Grant. Papers are formatted as Analytic Essays or Brief Articles.

**AJPH Perspective from the Social Sciences**, edited by Section Editors Deborah Holtzman and Kenneth McLeroy, features social science scholarship, the work of new disciplines within public health, and critical perspectives of public health problems. Papers are formatted as Analytic Essays.

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

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

**AJPH Global News**, edited by Section Editor, Gabriel N. Stover, focuses on news and views from around the world that can elevate the theme, "Healthiest nation in one generation." Global News stories are published in print and online only, as per the decision of the Editor-in-Chief.

# MANUSCRIPT COMPONENTS

## Title Page

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

## Abstract

All abstracts are up to 180 words, including headings. Structured abstracts employ 4–5 headings: Objectives, Methods, Results, and Conclusions. A fifth heading, Policy Implications, is recommended if not platitudinous.

## Abbreviation and acronyms

Avoid abbreviations and acronyms as much as possible. Please do not create abbreviations specific to a manuscript in order not to repeat a recurring sentence or expression. When deemed absolutely necessary define them clearly after first use in the text.

## Body of the manuscript

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

Pages **and** lines in pages need to be numbered throughout the text of the manuscript, in order to facilitate the identification by editors and reviewers of the specific places in the manuscript where there is something the author needs to address. To number lines in Word: Page Setup > Line Numbers > Continuous.

## References

All references except for History Essays must be formatted according to the *AMA Manual of Style, 10th Edition*.

## Tables

Only tables presenting data summarizing the main findings will be incorporated into the manuscript. Large, busy tables or text or simple lists have to be made available as online only, supplemental files. Tables must be self-contained, with a description of the content, the place, and the time of the study. 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 64, the references in Table 1 will start at 65.

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

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

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

## Figures

Figures are limited to a single, readable, well-described panel; *exception*: when direct comparison is needed, 2 individual panels may be permitted. Additional panels, **beyond 1, and exceptionally 2**, will be considered as additional figures for the figure+table count restrictions. Figures must be self-contained with a description of the content, the place, and the time of the study. Do not combine figures of disparate content in an attempt to circumvent figure and table count limitations. Production staff will separate the material and ask that 1 of the files be uploaded as an online-only supplement.

## Images and Photos

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

## Supplemental Files

**AJPH** 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. Questions? E-mail the files of interest to **AJPH** Production Editor, Aisha Jamil, at [aisha.jamil@apha.org](mailto:aisha.jamil@apha.org).

## **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 ( $\beta$ ) 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 such Poisson, Cox, or negative binomial regressions) should be the exponentiated parameter estimates (e.g., the odds ratio or the incidence rate ratio) and corresponding 95% confidence interval of the odds ratio, rather than the parameter estimates themselves. The inclusion of *P* values is unnecessary in the presence of 95% confidence intervals.

When *P* values are used, the actual observed value rounded to 2 decimal points 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 “one-sided” significance test is appropriate, and this must be justified and presented in the context of the experimental design. Therefore, “two-sided” significance tests are the rule, not the exception.

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# **EDITORIAL AND PUBLICATION POLICIES**

## **Mission**

Promoting global public health research, policy, practice, and education is the foremost

mission of **AJPH**. We aim to embrace all of public health, from global policies to the local needs of public health practitioners. **AJPH** adheres to the criteria of the [International Committee of Medical Journal Editors](#) and the [World Association of Medical Editors](#).

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

**AJPH** limits the number of authors to 6 in most cases. When requests for more than 6 authors are submitted, the editors will consider reasonable explanations for the legitimacy of the claim. Group authorship is permitted for, e.g., 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, without regard to substance, alone creates conflict, because trust is eroded among all participants.

All such interests (or their absence) **must** be declared in writing by authors upon submission of the manuscript. If any are declared, they 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:

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

### **Nondiscriminatory Language**

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

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

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

### **The CONSORT Statement**

Authors reporting the results of a randomized controlled trial (RCT) should ensure to report the 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 TREND Statement

For nonrandomized evaluations of behavioral and public health interventions **AJPH** 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 **AJPH**, it is under embargo and not for public release until publication. Articles are typically embargoed until 4 pm ET (Eastern Time) on the date of publication. Authors are permitted to present their research before peers at scientific meetings, but should refrain from distributing copies of their paper, including data tables and figures, prior to official publication. Authors are permitted to talk with reporters about their work, but should clearly disclose that the research is embargoed and that findings may not appear elsewhere prior to publication in **AJPH**. To inquire about embargo dates or if you have questions related to **AJPH** embargo policy, please contact Amanda Yohn at [amanda.yohn@apha.org](mailto:amanda.yohn@apha.org) or (202) 777–2511.

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American Journal of Public Health Press Information. Available at:

<http://www.apha.org/about/AJPHreleases/AJPHpresspolicy.htm>.

## Publications Resulting from NIH-Funded Research

In accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), the NIH voluntary Public Access Policy (NOT-OD-05-022) is now mandatory. In order to be in compliance with the NIH Public Access Policy, **AJPH** will automatically deposit the final version PDF into the PubMedCentral repository upon appearance in a paginated issue of the journal. NIH-funded papers will be deposited into the PMC Repository with a 12-month delay/embargo per **AJPH** and NIH guidelines. When the embargo lifts, the paper will be publicly available in the repository. Please note that because the journal submits papers at the issue level, the journal does not receive individual PMCID numbers. Instead, papers are coded as “compliant” or “non-compliant” in the NIH database. If you find that your paper is listed as “non-compliant” approximately two weeks after the full issue appears online, please alert journal staff at [ajph.production@apha.org](mailto:ajph.production@apha.org) so that they can investigate further.

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 staff are aware and have flagged the paper for NIH deposit in the Editorial Manager system. Funding and contract/grant numbers must also be disclosed in the “Acknowledgements” section of the paper in order to ensure compliance.

## **Mandates Resulting from White House Office of Science and Technology Policy Directive**

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

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## **ETHICS COMPLIANCE**

**AJPH** adheres to the Principles of the Ethical Practice of Public Health of APHA. Authors

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

**AJPH** uses the CrossCheck Plagiarism-Detection Tool (powered by iThenticate), which has been integrated with Editorial Manager, the online submission system. At submission and immediately following PDF approval, Editorial Manager will automatically send the approved PDF for comparison in the iThenticate repository. The paper will be compared with other papers in the repository, papers published online, and papers published in member journals. The operation will be repeated before publication. In the event of severe academic misconduct, such as plagiarism or multiple submissions, we will notify the academic homes or other employers of the author(s).

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

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