

# American Journal of Preventive Medicine

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

## Author Instructions

(r. 3/3/2023; effective starting with March 3, 2023 submissions)

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.

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### 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 an ICMJE-approved registry. Registration must be completed before any enrollment. There is a limit of 4 tables/figures for this article type.

**Research Briefs** 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 a limit of 4 tables/figures for this article type, although most submissions do not exceed 2 tables/figures.

**Review Articles** are systematic reviews and meta-analyses that are thorough, critical assessments of the literature and data sources pertaining to clinical topics. AJPM does not at this time accept any other types of reviews such as: Scoping, Rapid, Umbrella; or free-form articles which summarize a topic as review articles. Review articles emphasize factors such as cause, diagnosis, prognosis, therapy, and prevention; data sources should be as current as possible. These articles must follow PRISMA [reporting guidelines](#). Review Articles include a [structured abstract](#) of 250 words or fewer and are limited to 4000 words of text. Per PRISMA guidelines, systematic reviews and meta-analyses must be identified as such in the article title. There is a limit of 4 tables/figures for this article type. *Tables summarizing literature used in the systematic review should be included as appendix material.*

**Research Methods** articles detail novel and/or innovative methodologies or techniques used to answer specific research questions or to change specific health outcomes. These articles thoroughly demonstrate application of the research method/technique, and explicitly describe the setting in which application is most appropriate, so that the research can be duplicated by others. In addition, authors should illustrate how the research method/technique provides an advantage over other approaches. While authors should include empirical data, the focus of these submissions is on innovative methodology. Research Methods articles require a [structured abstract](#) of 250 words or fewer and are limited to 3,000 words of text. There is a limit of 4 tables/figures for this article type.

**Topics in Education** 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. There is a limit of 4 tables/figures for this article type.

**Special Articles** are not eligible for submission to regular issues of the journal; this article type is limited to sponsored supplement issue submissions only. 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 and 4 tables/figures.

**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 20. There is a limit of 4 tables/figures for this article type, although most submissions do not exceed 2 tables/figures.

**Commentaries** are editor-solicited essay-type articles that comment on another article in the same issue. For unsolicited commentary-like submissions, the Current Issue category should be used.

**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. *Contact the editorial office to arrange the publication of a correction.*

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## SUBMISSION POLICIES

### Conditions of Submission

Manuscripts are accepted for consideration with the understanding that they have been submitted solely to AJPM and that they have not been previously published, either in whole or in part (see Preprint Policy below for more information). 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](http://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](http://www.wame.org)), and subscribes to the tenets of reporting guidelines established by the EQUATOR network ([www.equator-network.org/](http://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/](http://www.icmje.org/). Manuscript preparation should follow these ICMJE guidelines.

### Preprint Policy

Please note that [preprints](#) can be shared anywhere at any time, in line with Elsevier's [sharing policy](#). Sharing your preprints e.g. on a preprint server or your findings at a conference will not count as prior publication (see '[Multiple, redundant or concurrent publication](#)' for more information).

### **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.

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## **MANUSCRIPT PREPARATION**

All manuscripts are submitted and processed using Editorial Manager (EM), an online manuscript handling system accessible at <https://www.editorialmanager.com/ajpm/>. Assistance with EM is available from the editorial office staff, who may be contacted at 734-936-1591 or [ajpm@umich.edu](mailto: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.

### Journal Style

In general, AJPM follows the American Medical Association Manual of Style, 10<sup>th</sup> edition: <http://www.amamanualofstyle.com/>. Please refer to this manual if you have questions about formatting or structure that are not covered in this document.

### 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.

AJPM allows authors to use their discretion concerning the use of active or passive voice. The most important rule for authors to follow is consistency of use. Papers should not alternate between passive-voice statements and active-voice statements. The Editorial Office reserves the right to modify text at their discretion during copyediting. Changes will be shared with authors prior to publication. Please do not use boldface or italics for emphasis in the paper. Boldface is permitted for headings only. Use of italics is permitted for the following: foreign words, genus and species names, questions posed to subjects and response options, titles of journals and books in text, search terms, and words that are being defined. Subheadings are used sparingly in AJPM. Although they may be useful to clarify content during peer review, subheadings are often removed during copyediting.

The sections and materials required for articles include: cover letter, title page, abstract, text, acknowledgments, references, titles and footnotes for all figures, tables with footnotes, and figure files (figure titles should not be included above or within the images themselves). The sections and materials should be organized into separate files, grouped as follows: (1) cover letter (MS Word format), (2) title page and abstract (MS Word format; may be combined with the main text), (3) main text, followed by these sections isolated on separate pages in this order: acknowledgments, references, figure titles and footnotes, and tables and footnotes (all in the same MS Word document, including tables in editable format and NOT image format; tables may be attached as separate files if necessary), (4) figures in appropriate high-resolution image format, such as .jpg or .tif, (5) reporting checklists, if appropriate, and (6) appendix material for online-only publication including any appendix tables or figures. All text files should be uploaded in MS Word, not in PDF format.

### Cover Letter

The cover letter should include a brief description of the significance and novelty of the work, the problem that is being addressed, and why the manuscript belongs in AJPM. This may include a brief description of the research authors are reporting in the paper, why it is important, and why the readership of the journal would be interested in it. If the manuscript has been made available as a preprint, authors must include a link to any publicly available version. If the material in the article is to be presented at a conference ahead of publication, authors should note the pertinent information about the conference, in the event the paper could be made available in time.

### 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 EM (<https://www.editorialmanager.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, Research Methods articles, Research Briefs: Introduction (include information about study purpose), Methods, Results, Conclusions
- Research articles (intervention studies only): Introduction (include information about study purpose); Study design; Setting/participants; Intervention; Main outcome measures; Results; Conclusions; Trial Registration (if applicable)
- Review articles: Introduction, Methods, Results, Discussion

Unstructured abstracts are required for Special articles (supplement issues only) and Topics in Education 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. Please note that AJPM uses subheadings sparingly.

*Research articles*, including Research Briefs, must include the following sections: Introduction, Methods, Results, Discussion, and Conclusions. The introduction should include the study objective or hypothesis. The methods section should have subheadings for Study Sample or Population, Measures, and Statistical Analysis, as appropriate. Include essential features of interventions (if applicable). 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. Discussion sections should include a subheading for limitations.

### **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 have headings of Introduction, Methods, Results and Discussion. All papers 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 Discussion section should include a subheading for Limitations.

Articles may not include more than 4 tables/figures to be published with the text. Additional information, tables and figures may be included as online-only appendix material. 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**

The following information should be included in the acknowledgment block (in order); note that this does not contribute to the word count of the article:

- 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.
- Any necessary disclaimers. (Example: The research presented in this paper is that of the authors and does not reflect the official policy of the NIH.)
- 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. IRB numbers should be included here, when applicable. (This information should be copied from the title page into the Acknowledgments paragraph.)
- Disclosure of which tasks each author completed.
- Text indicating that the article contents have been previously presented elsewhere.
- Disclosure of financial conflicts of interest (e.g. employment, consultancies, honoraria, stock ownership/options, expert testimony, royalties, patents). If no financial disclosures are needed, please state: No financial disclosures were reported by the authors of this paper. (This information should be copied from the title page into the Acknowledgments paragraph.)

### **References**

In general, AJPM follows the American Medical Association Manual of Style, 10<sup>th</sup> edition:

<http://www.amamanualofstyle.com/>. Authors are responsible for ensuring the completeness and correctness of all references. The PubMed Citation Matcher is a useful tool: [www.ncbi.nlm.nih.gov/entrez/query/static/citmatch.html](http://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.

In-text citations: references 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.<sup>1</sup> 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.

Reference lists: examples of required formats for various types of references follow. Include doi (digital object identifier) information at the end of the reference, if possible. **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>.

Data references: AJPM encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

### Example Reference Formats

#### Journal article

Dowd JB, Zajacova A. Long-term obesity and cardiovascular, inflammatory, and metabolic risk in U.S. adults. *Am J Prev Med*. 2014;46(6):578-584. <http://dx.doi.org/10.1016/j.amepre.2014.01.016>.

For articles with six or more authors, list only the first three authors followed by et al.:

Hirai AH, Sappenfield WM, Kogan MD, et al. Contributors to excess infant mortality in the U.S. south. *Am J Prev Med*. 2014;46(3):219–227. <http://dx.doi.org/10.1016/j.amepre.2013.12.006>.

#### Book

Norman IJ, Redfern SJ, editors. *Mental Health Care for Elderly People*. New York, NY: Churchill Livingstone; 1996.

#### Book chapter

Solensky R. Drug allergy: desensitization and treatment of reactions to antibiotics and aspirin. In: Lockey P, ed. *Allergens and Allergen Immunotherapy*. 3rd ed. New York, NY: Marcel Dekker; 2004:585-606.

#### Website document

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

[www.thecommunityguide.org/about/Overview\\_GuideCommunityPreventiveServices\\_1and2.pdf](http://www.thecommunityguide.org/about/Overview_GuideCommunityPreventiveServices_1and2.pdf). Published 2005. Accessed May 31, 2004.

#### Information on a website

International Society for Infectious Diseases. ProMED-mail website. <http://www.promedmail.org>. Accessed April 29, 2004.

Interim guidance about avian influenza A (H5N1) for US citizens living abroad. Centers for Disease Control and Prevention website. [http://www.cdc.gov/travel/other/avian\\_flu\\_ig\\_americans\\_abroad\\_032405.htm](http://www.cdc.gov/travel/other/avian_flu_ig_americans_abroad_032405.htm). Updated November 18, 2005. Accessed December 6, 2005.

#### Scientific/technical report

World Health Organization. Equitable access to essential medicines: a framework for collective action.

[http://whqlibdoc.who.int/hq/2004/WHO\\_EDM\\_2004.4.pdf](http://whqlibdoc.who.int/hq/2004/WHO_EDM_2004.4.pdf). Published March 2004. Accessed December 6, 2005.

#### 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).

- 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). Appendix tables should also be labeled with Arabic numerals (Appendix Table 1). The limit for table titles is 15 words. Footnotes should use lowercase letters (a,b,c), except for footnotes reporting statistical significance. Significant  $p$ -values should be in bold font in the table with a footnote stating: Boldface indicates statistical significance ( $p<0.05$ ) (or appropriate value). If multiple significance levels are presented, designate them with asterisks in the table and in the footnote. Example: Boldface indicates statistical significance (\* $p<0.05$ , \*\* $p<0.01$ , \*\*\* $p<0.001$ ). 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.

### **Appendix 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 an appendix. Direction to the website ([www.ajpmonline.org](http://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.

Appendix 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 appendix figure or item should be included as the final page of the manuscript document. Information on copyright assignment for appendix material can be found in the [Editorial Policies](#).

### **Contributor Roles Taxonomy (CRediT)**

For transparency, authors are required to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following. [More details and an example](#).

### **Reporting Guidelines**

AJPM joins other major medical journals in adhering to the Enhancing the Quality and Transparency of Health Research (EQUATOR) Network guidelines ([www.equator-network.org/](http://www.equator-network.org/)). EQUATOR 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. The following are specific EQUATOR guidelines and recommendations by study design type which can be found on their individual pages linked from <https://www.equator-network.org/reporting-guidelines/>

Please note that for all reporting checklists, the checklist is not considered a table, but is an additional item reviewed by the editors and not published.

### **Randomized Controlled Trials**

It is mandatory for all RCTs to report trial design, analysis, and interpretation according to [CONSORT 2010](#) (Consolidated Standards of Reporting Trials) guidelines. The CONSORT Flow Diagram should be used for reporting participant flow through enrollment, allocation, follow-up, and analysis. It counts toward the article's figure and table limit, and cannot be placed in the appendix. Both the checklist and flow diagram 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. When appropriate, authors are encouraged to utilize the [TIDieR](#) (Template for Intervention Description and Replication) checklist for intervention components delivered within the study.

### **Systematic Reviews and Meta-analyses**

It is mandatory for all systematic reviews and meta-analyses to follow [PRISMA 2020](#) (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. (AJPM considers only systematic reviews and meta-analyses as Review Articles.) Network Meta-Analyses should use that extension, completing the appropriate sections. The PRISMA Flow Diagram counts toward the article's figure and table limit and cannot be placed in the appendix. Both the checklist and flow diagram must be included in the article submission.

### **Non-randomized Studies**

Though not an EQUATOR guideline, it is mandatory for non-randomized studies to utilize [TREND](#) (Transparent Reporting of Evaluations with Nonrandomized Designs) and include that checklist, found at [www.cdc.gov/trendstatement/](http://www.cdc.gov/trendstatement/).

### **Observational Studies**

It is mandatory for observational studies to use STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines and include the appropriate checklist. The combined, cohort, case-control, or cross-sectional variation should be selected as applicable and completed. (Older versions of the STROBE checklist were static and did not supply places to include page numbers; please use a current form.)

### **Economic Evaluations**

It is strongly recommended that economic evaluations of health interventions to use and follow [CHEERS](#) (Consolidated Health Economic Evaluation Reporting Standards) guidelines.

### **Other Reporting Guidelines**

AJPM encourages authors to consider utilizing reporting guidelines for other types of studies including:

Clinical Practice Guidelines: ([various, hosted at EQUATOR](#))

Diagnostic/Prognostic Studies: [STARD](#)

Qualitative Research: [SRQR](#)

### **Clinical Trial Registration/Randomized Controlled Trial**

AJPM follows all International Committee of Medical Journal Editors (ICMJE) and World Health Organization (WHO) guidance on the [registration of clinical trials](#). Per the WHO, 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." The ICMJE further clarifies that "Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes)....Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration."

In *rare* cases it may be that an online randomized controlled trial is not required to complete clinical trial registration because the intervention involves making hypothetical choices or represents a hypothetical intervention; however, the AJPM Editors strongly encourage authors of all RCTs, including such rare exceptions, to properly and prospectively register the trial. Failure to do so at an approved registry can increase the risk of manuscript rejection. In general, if researchers or others have questions about the need to register a specific study, they should err on the side of registration.

AJPM will defer to all ICMJE, WHO, and NIH requirements for clinical trial registration.

Failure to register a trial prospectively (prior to *any* patient enrollment) will result in a reject without review decision. We use the date the registration is successfully posted online as the actual date of registration. If registration was begun but not successfully completed before participant enrollment began, we would not consider the trial properly prospectively registered. Ongoing trials started before July 2005 should have been registered retrospectively when appropriate registries became available. Trials begun after that date *must* be registered before *any* patient enrollment begins.

Manuscripts reporting clinical trials must include the following information on the title page: trial registry name and registration number, date of registration (date posted), funding source for the trial, and the name and date of approval of an institutional review board. The clinical trial registration number should also be reported in a section at the end of the abstract using the following format: Trial registration: This study is registered at [www.clinicaltrials.gov](http://www.clinicaltrials.gov) NCT00672828.

Additional information about various trial registration issues can be found at the ICMJE's FAQ page about Clinical Trial Registration at the aforementioned link.

The current list of ICMJE-acceptable trial registries includes:

- [www.anzctr.org.au](http://www.anzctr.org.au)
- [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
- [www.ISRCTN.org](http://www.ISRCTN.org)
- [www.umin.ac.jp/ctr/index/htm](http://www.umin.ac.jp/ctr/index/htm)
- [www.trialregister.nl](http://www.trialregister.nl)
- <https://eudract.ema.europa.eu/> (new registrations after June 20, 2011)

In addition to the above registries, the ICMJE will also accept registration in any of the primary registries that participate in the [WHO International Clinical Trials Portal](http://www.who.int/clinicaltrialsportal/). AJPM only recognizes approved sites for trials registry. **Please note that [AsPredicted.org](http://AsPredicted.org) is not an approved trials registry.**

### Reporting sex- and gender-based analyses

#### *Reporting guidance*

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research \(SAGER\) guidelines](#) and the [SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

#### **Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [resources on this page](#) offer further insight around sex and gender in research studies.

### Declaration of generative AI in scientific writing

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's [AI policy for authors](#).

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

### **Disclosure instructions**

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Declaration of Generative AI and AI-assisted technologies in the writing process'.

*Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.*

This declaration does not apply to the use of basic tools for checking grammar, spelling, references etc. If there is nothing to disclose, there is no need to add a statement.

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## 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 10 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 7-10 business 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, single-blind peer review, and will be sent to a minimum of two independent expert reviewers to assess the scientific quality of the submission. The editor is responsible for the final decision regarding acceptance or rejection of articles. (See [more information](#) on types of peer review.) Further details on AJPM's 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:

- 7-10 business 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.
- 4-6 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).

### **Expedited Review and Online Publication Before Print**

Because of the aggressive peer review schedule AJPM uses along with our policy of publishing articles in press, the journal's ability to process articles in an expedited manner is limited. Authors who feel their paper should receive

expedited review and/or rapid publication may request it and explain their rationale in the cover letter, but in a practical sense it may not have a great impact on the article's timelines. 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. AJPM publishes articles as pre-proofs online ahead of print as soon as possible after acceptance. The editorial office cannot predict the timing of online publication unless an embargo date is requested early in the production process.

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### 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 certify that he/she meets ALL four criteria of authorship as recommended by the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

#### Prepublication Embargo

The AJPM editors and staff work with 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. AJPM releases articles as pre-proofs online ahead of print as soon as possible after acceptance. It is important that the editorial office is notified of the need for embargo immediately after the paper is accepted for publication. We cannot predict a publication date without establishing an embargo. Embargo dates are assigned by the publisher soon after the galley proofs are reviewed.

#### Copyright

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may also be reimbursed for associated publication fees. If you need to comply with your funding body policy, you can apply for the CC BY license after your manuscript is accepted for publication.

To provide Open Access, AJPM has a publication fee which needs to be met by the authors or their research funders for each article published Open Access. Your publication choice will have no effect on the peer review process or acceptance of submitted articles. The publication fee for AJPM is \$2,600, excluding taxes. Learn more about Elsevier's pricing policy: [www.elsevier.com/openaccesspricing](http://www.elsevier.com/openaccesspricing).

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### **Elsevier supports responsible sharing**

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### **National Institutes of Health Public Access Policy**

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 (PMC) upon acceptance for publication. To help advance science and improve human health, the Policy requires that these papers are accessible to the public on PMC no later than 12 months after publication. Authors who wish to comply with NIH open access policy can do so by identifying themselves as funded by NIH during the publishing/production process. Elsevier will then send your author-accepted manuscript to PMC on your behalf. For additional information, see our NIH policy statement: <https://www.elsevier.com/about/open-science/open-access/agreements/elsevier-nih-policy-statement>

### **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.

### **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**

The corresponding author will, at no cost, receive a customized [Share Link](#) providing 50 days free access to the final published version of the article on [ScienceDirect](#). The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's [Webshop](#). Corresponding authors who have published their article open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

## Editorial Policies

The editors and staff of AJPM adhere to the ethical standards established by the Committee on Publication Ethics (COPE; [www.publicationethics.org](http://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](http://www.wame.org)), and subscribes to the tenets of reporting guidelines established by the EQUATOR network ([www.equator-network.org](http://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](http://www.icmje.org). Manuscript preparation should follow these ICMJE guidelines.

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### 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 Methods Articles, Special Articles and Topics in Education* articles will be sent to at least 3 external peer reviewers. *Research Briefs, 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.

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### APPEALS POLICY

Manuscripts submitted to AJPM are subject to peer review involving an assessment by reviewer(s) based on both objective evidence and subjective opinion. The decision to reject a manuscript is sometimes a very difficult judgment for the editorial team. Consequently, AJPM will allow an appeal when a manuscript is rejected as long as specific criteria are met. The journal permits one appeal per manuscript, and **will only consider appeals for manuscripts that have already gone through peer review but not for manuscripts rejected at submission and prior to peer review.**

Legitimate reasons for appeal include evidence that:

1. a conflict of interest or demonstrable bias influenced the peer review process; or
2. an editor and/or reviewer misinterpreted scientific content/analysis in the manuscript and/or in author responses to reviewer comments; or

3. a reviewer and/or editor made significant factual errors in comments and/or recommendations that affect the original decision.

If you believe an article has been rejected on any of these grounds, please take the following steps:

1. Submit an appeal letter to the editorial office at [ajpm@umich.edu](mailto:ajpm@umich.edu) (do not submit a revised version of the manuscript at this time or attempt to directly contact any of the journal editors). Please note that appeals are a secondary priority to the processing of new and reviewed submissions and may, therefore, take several weeks.
2. To assist the editors in deciding if an appeal is warranted, include all relevant details in the appeal letter including a point-by-point response to reviewer comments, if available. Letters with greater levels of detail and that indicate a willingness to revise specific components of the manuscript may have a better chance of success. It may also be helpful to justify why a manuscript is important and relevant to AJPM readers' interests and needs. Please note that although editors will carefully consider a rebuttal to a manuscript rejection, the majority of appeals are unsuccessful.
3. If the editors decide that an appeal is warranted, the author will be invited to re-submit a revised version of the manuscript, which will be placed back into the peer review process. Please note this does not guarantee acceptance and a manuscript may still be rejected at any time in the re-review process.
4. **AJPM will consider only one appeal request per manuscript.** If the editors do not approve an appeal request, or if a manuscript is rejected after re-entering the peer review process following appeal, the journal will not accommodate additional requests for reconsideration of the manuscript. Attempts to directly contact any of the AJPM editorial staff following a failed appeal are specifically discouraged and will not alter the editorial outcome.

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### 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.

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### 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.

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### **SUPPLEMENT POLICY**

AJPM will consider publication of sponsored supplement issues that are of interest to its readers and demonstrate scientific validity. The content must be of sufficient informational value and quality to warrant a special 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 issue program is available from the Managing Editor, who can be reached at [ajpm@umich.edu](mailto:ajpm@umich.edu).