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DESCRIPTION

The Journal of Adolescent Health is a multidisciplinary scientific Journal, which seeks to publish new research findings in the field of Adolescent Medicine and Health ranging from the basic biological and behavioral sciences to public health and policy. We seek original manuscripts, review articles, letters to the editor, commentaries, and case reports from our colleagues in Anthropology, Dentistry and Oral Health, Education, Health Services Research, International Health, Law, Medicine, Mental Health, Nursing, Nutrition, Psychology, Public Health and Policy, Social Work, Sociology, Youth Development, and other disciplines that work with or are committed to improving the lives of adolescents and young adults.

The Journal is the official publication of the Society for Adolescent Health and Medicine (SAHM), a multidisciplinary organization committed to improving the health and well-being of adolescents. One of the Society's primary goals is the development, synthesis, and dissemination of scientific and scholarly knowledge unique to the health needs of adolescents. To meet this goal, the Society established the Journal of Adolescent Health in 1980.

According to the Journal Citation Reports 2017, published by Clarivate Analytics, the Journal ranks:
- 5th of 124 journals in Pediatrics (Science edition)
- 22nd of 180 journals in Public, Environmental and Occupational Health (Science edition)
- 7th of 73 journals in Psychology, Developmental (Social Sciences edition)
- 8th of 156 journals in Public, Environmental and Occupational Health (Social Sciences edition)

AUDIENCE

Pediatricians, General Practitioners, Family Practitioners, Nurses, Preventive Medicine Specialists, Psychologists, Public Health Professionals, Obstetricians and Gynecologists, Epidemiologists, Nutritionists, Anthropologists, Sociologists, and Psychiatrists.

IMPACT FACTOR

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Biochemistry & Biophysics Citation Index
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GUIDE FOR AUTHORS

“Submission Checklist”

**Types of articles**

The *Journal of Adolescent Health* publishes the following types of articles. Word count limits apply only to the main body of the manuscript and do not include the title, references, or figure and table captions.

**Original Articles** are scientific reports on the results of original research. Text is limited to 3500 words with a 250-word structured abstract, 5 tables/figures, and 40 references. Original articles should include a 50-word *Implications and Contribution* summary statement.

**Adolescent Health Briefs** are scientific reports of original research that represent preliminary findings, small samples, and newly described associations in unique populations. Briefs are limited to 1000 words, with a structured abstract of 150 words or less. A combined total of 2 figures and/or tables and a maximum of 10 references will be accepted. Briefs should include a 50-word *Implications and Contribution* summary statement.

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**Clinical Observations:** These case reports represent rare and new observations in the clinical arena. Papers in this format are limited to 1000 words and should include an introduction, concise discussion of the clinical observation, and discussion. Clinical observations should include a 200-word summary abstract. A combined total of 1 figure, table, or illustration and 10 references will be accepted.

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**Commentaries:** Commentaries are invited only and will be solicited solely by the editors. Commentaries serve as a forum for changes in adolescent healthcare training, economic issues, governmental health policies, international health, medical/scientific ethics, and meeting reports.

**The Editorial Process**

**Acceptance for Review**

Manuscripts submitted to the *Journal of Adolescent Health* are reviewed internally for interest and relevance. Approximately half of all submitted manuscripts are returned to the authors without full peer review. That decision is made quickly, within 10 days of submission.

**Peer Review and Decision**

Manuscripts accepted for peer review are sent to three external reviewers. Reviewers are anonymous; authors’ names are revealed. The *Journal’s* goal is to complete peer review and reach a decision within six weeks of submission.

Manuscripts will either be declined based on reviewer comments or referred back to the authors for revision. This is an invitation to present the best possible paper for further review; it is not an acceptance.
Authors are asked to complete revisions within 30 days. If the authors do not respond within 30 days, the editors may decline to consider the revision. The editors reciprocate by providing a final decision quickly upon receipt of the revision.

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Authors will receive typeset galley proofs via e-mail from the Journal Manager at Elsevier. Proofs should arrive approximately four to six weeks following acceptance.

The article will be published in the print edition of the *Journal* approximately three to five months after acceptance.

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The *Journal of Adolescent Health* publishes articles online ahead of print publication in the Articles Online First section of our website. Articles are published online approximately six to eight weeks following the galley proofs. The online article is identical to the version subsequently published in the print journal and is citable by the digital object identifier (DOI) assigned at the time of online publication.

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The *Journal of Adolescent Health* has developed a fast-tracking system in order to facilitate and encourage the submission of high-quality manuscripts with documented findings that may change the content of clinical practice or assist with the national and/or international dialogue about critical issues affecting adolescents and young adults. Manuscripts accepted for a fast-track review will be forwarded to two reviewers from our Editorial Board, who are given two weeks to conduct an expedited review. The *Journal* will notify authors of the outcome of the review within three weeks of submission. If the review is favorable, fast-track authors will be asked to complete any necessary revisions within two weeks.

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### Submission

**Manuscript Preparation**

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A Cover Letter must accompany all submissions. The Cover Letter should describe the manuscript’s unique contribution and provide the following information in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication available at [http://www.icmje.org](http://www.icmje.org):

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- A statement that the work is not and will not be submitted to any other journal while under consideration by the *Journal of Adolescent Health*;
- A statement of any potential conflict of interest, real or perceived, the role of the study sponsor, and additional disclosures, if any; potential conflicts must also appear on the Title Page.

Submit your article

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To avoid unnecessary errors you are strongly advised to use the ‘spell-check’ and ‘grammar-check’ functions of your word processor.

**Article structure**

**Subdivision**

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply ‘the text.’

The text of Original Articles and Briefs should usually, but not necessarily, be divided into the following sections: **Introduction**, **Methods**, **Results**, and **Discussion**. Additionally, the *Journal* requests an **Implications and Contribution** summary statement.
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Introduction: The introduction should clearly state the purpose(s) of the article and summarize the rationale for the study of observation. Please do not include an “Introduction” heading, just text. Only pertinent references should be used.

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*Note that when reporting experiments utilizing human subjects, approval of the protocol by the sponsoring Institution's Committee on Human Subjects or its equivalent must be stated explicitly within the Methods section of the manuscript. In addition, the protocol for obtaining informed consent should be briefly described.

Results: Results should be presented in a logical sequence in the text, table(s), and illustration(s). Only critical data from the table(s) and/or illustration(s) should be repeated in the text.

Discussion: Emphasis in the Discussion section should be placed on the new and important aspects of the study and the conclusions that can be drawn. Detailed data from the results section should not be repeated in the discussion. The discussion should include the implications and limitations of the findings and should relate the observations to other relevant studies. The link between the conclusion(s) and the goal(s) of the study should be carefully stated, avoiding unqualified statements and conclusions not completely supported by the data. The author(s) should avoid claiming priority and alluding to work that has not yet been completed. New hypotheses, when stated, should be clearly identified as such. Recommendations, when appropriate, may be included.

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Appendices
If there is more than one appendix, they should be identified as Appendix A, Appendix B, etc. Tables and figures in appendices should be given separate numbering: Table A1, Fig. A1, etc.

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