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DESCRIPTION

The *Journal of Transport & Health* (JTH) is devoted to publishing research that advances our knowledge on the many interactions between transport and health and the policies that affect these. In general, we will prioritise papers that evaluate or inform the development of interventions and policies to improve population health, or that make a genuinely original contribution, rather than being basic descriptive studies. The journal aims to cover transport and health issues in all countries; in general, studies should have a context, or lessons, that can be transferred to other locations. Interactions between transport and health include, for instance: the impacts on public health and inequalities of: active modes of transport; noise and air pollution generated by transport; road travel injuries (see below); community severance; road danger and its reduction (see below): actual safety and security hazards associated with transport; perceptions of danger and factors affecting these; factors affecting transport choices: urban form; location and accessibility of health and other facilities; age, gender, health and disability; socio-economic inequalities; rurality; leisure travel; synergies between sustainability and health impacts of transport; economic and health impact assessments methodological advances, including considerations of complex systems; and policies and interventions that promote or discourage healthy and sustainable transport modes, transport systems and communities (see below).

We wish the *Journal of Transport & Health* to publish articles at the cutting-edge that are significant for policy and practice. The readership is international and multi-disciplinary; articles need to be understood by intelligent readers from a broad range of specialties and places. We are particularly keen to encourage submissions that are cross-disciplinary or inter-disciplinary. The journal has three particular aims: to promote dialogue and collaboration between the two research communities it serves; to improve the methods and the quality and appropriate use of data to better understand the relationships between transport and health; and to encourage transfer of research into practice.

Is my manuscript in scope for *Journal of Transport & Health*?

The journal's original scope remains largely unchanged, but with the experience of the past few years, we now offer more guidance for articles about active travel (walking and cycling, including to/from public transport [transit]) and road travel collisions and injury. We seek papers that advance our knowledge or use innovative designs and analyses that expand and contribute significantly to an already established literature.

Active Travel
There is a well-established connection between active travel, primarily walking and cycling, and population health. We are looking for innovative designs and analyses that expand and contribute significantly to an already established literature. We encourage submission of papers that evaluate or inform the development of interventions and policies to improve population health or that make a genuinely original contribution, rather than being basic, descriptive studies, even if from countries without previous published papers on the topic. In general, we will no longer consider cross-sectional analyses of children's school travel, even if yours is the first such study in a particular location. Studies producing substantial, transferable new information may be considered.

**Road travel injuries (fatal and non-fatal)**

There are many journals that focus on transport crashes and injuries, any unintentional injuries, and engineering; we do not wish to duplicate these. We are therefore restricting the scope of our journal to those that are more public health-focused, are more cross-disciplinary, and do not have an engineering or laboratory basis. We will no longer consider manuscripts that relate to collisions or crash severity that have little or no health focus. We will continue to consider manuscripts that focus on: road travel injuries, both fatal and non-fatal, and their long-term health consequences; and social and environmental determinants of road travel injury and health outcomes (acute and/or chronic). In general, we will not consider manuscripts where numbers are used rather than rates when exploring associations with danger or safety, whether as a cross-sectional association or in longitudinal studies examining change. The fact that more people are injured where, or when, more people travel is not very enlightening. In countries without suitable travel-related denominator data (distances travelled, time spent travelling, or number of trips), population-based denominators will be accepted. For example, when describing the proportion of casualties by age or by travel mode, it is important to compare those with the proportions in the general population. We require all authors to avoid the word 'accident' except where it is in the reference of a document they are citing. Although it means 'unintentional', it is often interpreted as meaning 'unavoidable'. More importantly, 'accident' is sometimes used to refer to the event (crash/collision/fall) and sometimes to the consequence (casualty/injury/fatality). It is not always clear which is meant. See BMJ 2001;322:1320 for a longer explanation.

*Your manuscript is definitely not suitable for the Journal of Transport and Health if it does not focus on transport and health.*

*Your manuscript is probably unsuitable for the Journal of Transport & Health:* it is full of acronyms; or there are three or more pages of formulae.

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INTRODUCTION

The Journal of Transport & Health (JTH) is devoted to publishing research that advances our knowledge on the many interactions between transport and health and the policies that affect these. In general, we will prioritise papers that evaluate or inform the development of interventions and policies to improve population health, or that make a genuinely original contribution, rather than being basic descriptive studies. The journal aims to cover transport and health issues in all countries; in general, studies should have a context, or lessons, that can be transferred to other locations. Interactions between transport and health include, for instance: the impacts on public health and inequalities of: active modes of transport; noise and air pollution generated by transport; road travel injuries (see below); community severance; road danger and its reduction (see below); actual safety and security hazards associated with transport; perceptions of danger and factors affecting these; factors affecting transport choices: urban form; location and accessibility of health and other facilities; age, health and disability; socio-economic inequalities; rurality; leisure travel; synergies between sustainability and health impacts of transport; economic and health impact assessments; methodological advances, including considerations of complex systems; and; policies and interventions that promote or discourage healthy and sustainable transport modes, transport systems and communities (see below).

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Scope

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Line numbers must be included (continuous numbering is preferred, or restart each page plus provide page numbers as well).

Article structure
Subdivision - numbered sections
Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, …), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

The following are examples of sections / headings that may be relevant for your article. Most articles will not need all of these.

Introduction
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Theory/calculation
A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.
Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is occasionally appropriate. Avoid excessive citations and discussion of published literature but you do need to discuss your results in the context of what others have found. You should generally include a strengths and limitations subsection. **You must** include at least a paragraph in the discussion about the relevance of your study findings to policy-makers and practitioners, unless there is none, for example for some methodological papers.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

**Acknowledgements**
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