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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.

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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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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.

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**Types of article**

Articles should be 3000–6000 words long, although shorter articles will be considered. Articles longer than 6000 words will be accepted on an occasional basis, if the topic demands this length of treatment. Authors are responsible for ensuring that all manuscripts (whether original or revised) are accurately typed before final submission. Manuscripts will be returned to the author with a set of instructions if they are not submitted according to our style.

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