

Disability and Health Journal

The Official Journal of the
American Association on Health and Disability

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Introduction

Disability and Health Journal is a scientific, scholarly, and multidisciplinary journal for reporting original contributions that advance knowledge in disability and health. Topics may be related to global health, quality of life, and specific health conditions as they relate to disability. Such contributions include reports on:

- Empirical research on the characteristics of persons with disabilities, environment, health outcomes, and determinants of health;
- Systematic or other evidence-based reviews and tightly conceived theoretical interpretations of research literature;
- Evaluative research on new interventions, technologies, and programs;
- Issues or policies affecting the health and/or quality of life for persons with disabilities, using a scientific base.

Disability and Health Journal describes and analyzes health and health related states using conceptual frameworks, including the International Classification of Functioning (ICF), and the social and medical models of disability. The Journal provides a forum for peer reviewed articles that identify, evaluate and promote existing and emerging models of healthcare delivery and/or health promotion that contribute to the improvements of health across the lifespan.

The Journal focuses on individual health, public health, health promotion, health education, wellness, community participation (e.g., employment, recreation, personal relationships and access to services) and tertiary prevention (e.g., rehabilitation, reducing the incidence of secondary conditions).

Types of Articles

Original Research. Original Articles are scientific reports of the results of original epidemiologic (including secondary data analysis) and clinical research. The text is limited to 4000 words (not including abstract, acknowledgments, figure legends, tables, references, and ancillary online-only material), with a structured abstract of 250 words or less (see instructions below for structure), and a maximum of 6 tables and/or figures, and no more than 40 references (unless this is waived by the Editor). Research reports must contain sufficient information to allow readers to understand how a study was designed and conducted, including variable definitions, instruments and other measures, and analytic techniques. We recommend reviewing guidelines and checklists related to specific research at the EQUATOR Network to ensure sufficient detail is provided in the manuscript (<http://www.equator-network.org>). **NEW:** Submitting a checklist such as that from STROBE is now a requirement for submission (see editorials published in the April 2014 issue). Download the checklist through <http://www.equator-network.org/reporting-guidelines/strobe/>, complete it by adding a column that specifies where in the manuscript each component has been followed, and upload it with your submission.

Brief Reports. Brief Reports can provide their results clearly in a shorter format or represent pilot work, small number of subjects (including a case report if it represents a unique circumstance or experience), new methodology, or nonstandardized measurements. The text is limited to 2500 words (not including abstract, acknowledgments, figure legends, tables, references, and ancillary online-only material) and a maximum of 3 tables and/or figures total. A structured abstract of 250 words or less is required (see instructions below for structure).

AUTHOR INFORMATION (CONTINUED)

Evidence-based Review Articles. Review manuscripts are valuable within the relatively new but growing field of Disability and Health, and DHJO welcomes such submissions. DHJO supports the international agenda to advance review research that provides knowledge synthesis about the present state of research, gaps in research or implementation, evidence to support or change practice, and guidance for policy. There are many types of reviews,¹⁻³ and the body of science and protocols to inform effective reviews is increasing.⁴⁻¹¹ Literature or narrative reviews that cite multiple references found through a library search are not considered evidence-based reviews. Clear definitions and specific criteria for rating articles are important for the users of the review articles, be they researchers, clinicians, policy-makers, or consumers.⁷ To provide consistency and to maintain the expectations of our readers, DHJO has developed more specific guidance for authors.

At a minimum, the submission should include the following key components:

- A manuscript title that reflects the review type
- Clear definition of the review aims and the reason the review type was chosen⁶
- Systematized search/selection process description
- Flowchart of search/selection process
- Appraisal of the articles at some level (recognizing inherent difficulties)^{4,9-13} and acknowledging the biases within studies with appropriate descriptions
- Table of selected and reviewed articles (including extracted data) with some organization based on study design, condition, utility, or other relevant factor
- Table (may be the same Table as above) that includes a summary of articles' elements: research design, sample size, study method, and statistical approach as appropriate
- Additional tables or graphs may portray reference to unifying concepts and underlying framework; narrative reporting of results should summarize the findings related to study aims or other defined concepts
- Interpretation of results in the Discussion should consider quality, strength of evidence, applicability, relevance to stakeholders, support/refutation in existing literature, and limitations
- Whenever possible a rating system should be used to quantify the importance of each manuscript in the final review
- Conclusions should be carefully derived

A structured abstract of 250 words or less is required (see instructions below). The text is limited to a maximum of 5000 words of text (not including abstract, acknowledgments, figure legends, tables, references, and ancillary online-only material), with no more than a total of 6 tables and/or figures.

Systematic reviews must have PRISMA⁴ completed and submitted. If Tables of selected articles are large/long, they may be published as ancillary online-only appendices.

1. Grant MJ & Booth A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Info Libr J*. 26: 91–108.
2. Hartling L, Vandermeer B, Fernandes RM. (2014). Systematic reviews, overviews of reviews and comparative effectiveness reviews: a discussion of approaches to knowledge synthesis. *Evid.-Based Child Health* 9: 486–494.
3. Whittemore R, Chao A, Jang M, Mingos KE, Park C. (2014). Methods for knowledge synthesis: an overview. *Heart & Lung*. 43 (2014) 453–461.
4. EQUATOR Network. <http://www.equator-network.org/> Last accessed April 28, 2016.

5. Östlund U, Kidd L, Wengström Y, Rowa-Dewar N. (2011). Combining qualitative and quantitative research within mixed method research designs: A methodological review. *Int J Nurs Stud* 48: 369–383.
6. Gough D, Thomas J, Oliver S. (2012). Clarifying differences between review designs and methods. *Systematic Reviews*. 1:28.
7. Colquhoun HL, Levac D, O'Brien KK, Straus SE, Tricco AC, et al. (2014). Scoping reviews: time for clarity in definition, methods, and reporting. *J Clin Epidemiol*. 67:1291–1294.
8. Peters MD, Godfrey CM, Khalil H, McInerney P, Parker D, Soares CB. (2015). Guidance for conducting systematic scoping reviews. *Int J Evid Based Healthc*. 13(3):141–146.
9. Khalil H, Peters M, Godfrey CM, McInerney P, Soares CB et al. (2016). An evidence-based approach to scoping reviews. *Worldviews on Evidence-Based Nursing*, 2016; 13:2, 118–123.
10. Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, et al. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Med Research Method*. 16:15.
11. Tricco AC, Tetzlaff J, Moher D. (2011). The art and science of knowledge synthesis. *J of Clin Epi*. 64:11–20.
12. Crowe M & Sheppard L. (2011). A review of critical appraisal tools show they lack rigor: alternative tool structure is proposed. *J Clin Epidemiol* 64: 79–89.
13. Tabak RG, Khoong EC, Chambers D, Brownson RC (2012). Bridging research and practice: models for dissemination and implementation research. *Am J Prev Med*. 43(3): 337–350.

Commentary. Manuscripts are editor-solicited or negotiated after correspondence with Editors.

Topics relate to articles within the issue or timely perspectives on emerging issues in the field and may include presentations in such areas as policy, ethics, current events, or controversies. The text is limited to a maximum of 3000 words of text (not including abstract and references). It is expected that there will be references to support the manuscript content. An Abstract that is a brief narrative summary without subheadings that does not exceed 150 words is required.

Authors wishing to submit an unsolicited Commentary should send proposals with a brief, 250-word synopsis of the planned Commentary to disabilityandhealthjnl@gmail.com for pre-submission approval by the Editors.

Editorial. Editorials are solicited by the Editors.

Letters to the Editor. Letters discussing a recently published article in the Journal should be received within 4 weeks of the article's publication. The text is limited to a maximum of 500 words of text, one table and/or figure, and 5 references; no abstract is needed. Ensure that the article about which you are writing is included in the list of references. Letters not meeting these specifications are generally not considered.



Before You Begin

Ethics in publishing

For information on Ethics in publishing and Ethical guidelines for journal publication see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/journal-authors/ethics>.

Human and animal rights

If the work involves the use of animal or human subjects, the author should ensure that the work described has been carried

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