

Journal of Public Health Management and Practice Template

Practice brief reports should be 1000-1500-word reports from practitioners, scientists, and policy makers on work which falls outside the scope of traditional research but which nevertheless depicts promising policies and programs that may be small in scale or preliminary in nature. Examples include new practices, policies, trainings, programs, or strategies that are in progress with sufficient data to describe the need or population but with little or no data on its dissemination or adoption. While the practice brief report may lack data to provide actionable evidence, it may still offer context regarding best practices to support the importance, relevance, acceptability, feasibility, or short-term effectiveness of important emerging policies or programs.

Submissions may include **no more** than one table or figure, although additional tables/figures as supplemental digital content may be included. The word limit does not include the abstract, tables, figures, references, or Implications for Policy & Practice.

Starting with page 2, you will find general instructions on using this template, which will help to speed up the processing of submitting your manuscript.

Sections, in part and in full, were taken from a couple of articles and links to the articles can be found below:

https://journals.lww.com/jphmp/Abstract/publishahead/Public_Health_Opportunities_to_Improve.99504.aspx

https://journals.lww.com/jphmp/Fulltext/2018/03001/Evaluation_of_an_Ecohealth_Approach_to_Public.6.aspx

Submit paper here: [JPHMP](#)

Find additional instructions here: [submitting files](#); [general manuscript guidelines](#)

≤150 characters, including spaces

Title: Public Health Opportunities to Improve Late-Adolescent Immunization

First name followed by middle initial (if any) and last name, title, separated by semicolons

Authors: Sarah J. Clark, MPH; Anne E. Cowan, MPH; Katelyn B. Wells, PhD

First name followed by middle initial (if any) and last name, title, institutional address (contact email)

Corresponding Author: Sarah J. Clark, MPH, CHEAR Center, University of Michigan, 300 N. Ingalls St, Rm 6E06, Ann Arbor, MI 48109 (saclark@umich.edu).

List entity where research was conducted and all involved departments/divisions

Author Affiliations: Child Health Evaluation and Research (CHEAR) Center, University of Michigan, Ann Arbor, Michigan (Mss Clark and Cowan); and Association of Immunization Managers, Rockville, Maryland (Dr Wells).

List all grant numbers and entities that helped to support this submitted work

Funding: The roundtable was financially supported by an educational grant from Sanofi Pasteur to the Association of Immunization Managers.

Indicate whether the authors have any financial relationships relevant to this submitted work

Financial Disclosure: Jenine Harris received pilot funding from the Center for Dissemination and Implementation at Washington University in St Louis to support a small percentage of her time and a research assistant to help implement and evaluate the Dashboard.

Indicate whether the authors have any potential conflicts of interest to disclose

Conflicts of Interest: The authors have indicated that they have no potential conflicts of interest to disclose

List any persons that you would like to thank and acknowledge for their help in the preparation of this submitted work

▶ **Acknowledgements:**

Indicate whether a protocol approval was needed or not by an ethics committee to conduct this research

▶ **Human Participant Compliance Statement:** Ethical approval for this research was obtained from Hanoi University of Public Health on 19 February 2013 (Decision No 041/2013-HD3).

Unstructured, ≤150 words. Limit use of abbreviations and acronyms, and avoid general statements (eg, “the significance of the results is discussed”)

▶ **Abstract**

Seven state/local immunization program managers were convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18 years). The Centers for Disease Control and Prevention’s revised childhood immunization schedule for 2017 and a recently proposed preventive care platform at 16 years of age provide a unique opportunity to focus on increasing adolescent immunization rates in this population. Public health officials discussed challenges to immunizing this population and suggested key strategies for supporting late-adolescent immunization, including partnerships between public health and immunization providers; nationally supported public information campaigns; and using immunization data specific to this population to track progress.

Include 3-5 key words that describe the contents of the article

▶ **KEY WORDS:** adolescents, immunization, preventative care, public health programs

Practice brief reports should be kept to 1000-1500 words

▶ **Word Count:** excluding abstract, tables, figures, references, Implications for Policy & Practice: 1173

Introduces the overarching topic/issue your manuscript addresses and provides enough information for the general reader to understand the scope of the report

→ **Introduction**

Vaccination rates for several adolescent vaccines are below national targets,¹ reflecting challenges for both health care providers and public health officials. In February 2017, the Centers for Disease Control and Prevention (CDC) released an updated childhood/adolescent vaccination schedule.² The same week, a group of immunization program managers, representing seven city/state public health programs, was convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18).

These are headings and can be utilized to break up the information if, for example, there is no clear methods or results section but report contains data to describe the need or population in question. Only capitalize first letter of the first word

→ **Clarification of late-adolescent vaccine recommendations**

→ **Strategies to promote late-adolescent immunization**

Describe overall method used on dissemination or adoption of training, policy, program, etc. If your study involved human participants, be sure to indicate that the study protocol has been reviewed and approved by an institution review board (IRB) or other independent ethics committee and that informed consent has been obtained for all participants

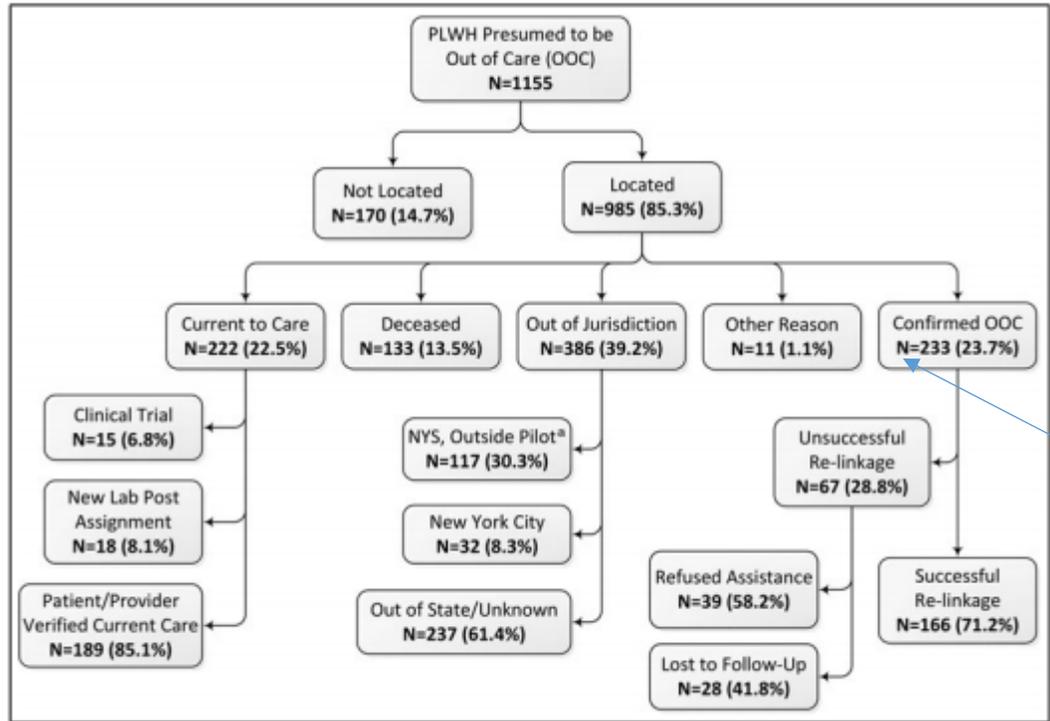
→ **Methods (if applicable)**

Include no more than 1 table or figure. Additional figures/tables can be listed below under Supplemental Digital Content

→ **Results (if applicable)**

Figure-Flowchart

Cite figures consecutively in your manuscript
Note: Figures should be submitted as separate files



Number figures in the order in which they are discussed, and give description here

To adhere to current manuscript standards, please lowercase “n”

FIGURE 1 New York State ExPS Pilot Project Outcomes Abbreviations: ExPS, Expanded Partner Services; NYS, New York State; PLWH, persons living with diagnosed HIV infection

^aThis subset of out-of-jurisdiction cases constitute the “not eligible for ExPS Intervention” comparison group.

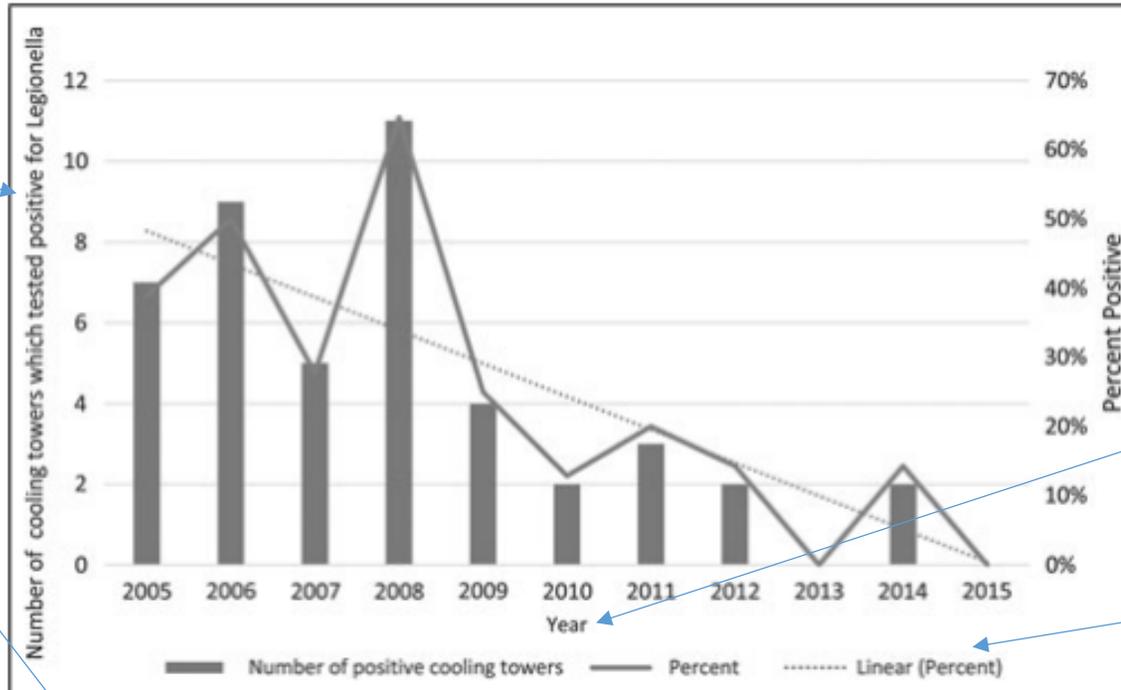
If superscripts are used within figure, specify what they represent

Find this figure in the open-access research full report at
https://journals.lww.com/jphmp/Fulltext/2017/11000/Implementation_of_a_Legionella_Ordinance_for.10.aspx

Figure

Cite figures consecutively in your manuscript

Note: Figures should be submitted as separate files



Include y-axis label

Number figures in the order in which they are discussed, and give description here

Include x-axis label

Include a legend to help readers understand the charted data

Below figure, put abbreviations

FIGURE 1 Number and Percentage of Cooling Towers From Multifamily Housing Units That Tested Positive for Legionella Over Time in Garland, Texas^a

Abbreviation: HVAC, heating, ventilating, and air-conditioning.

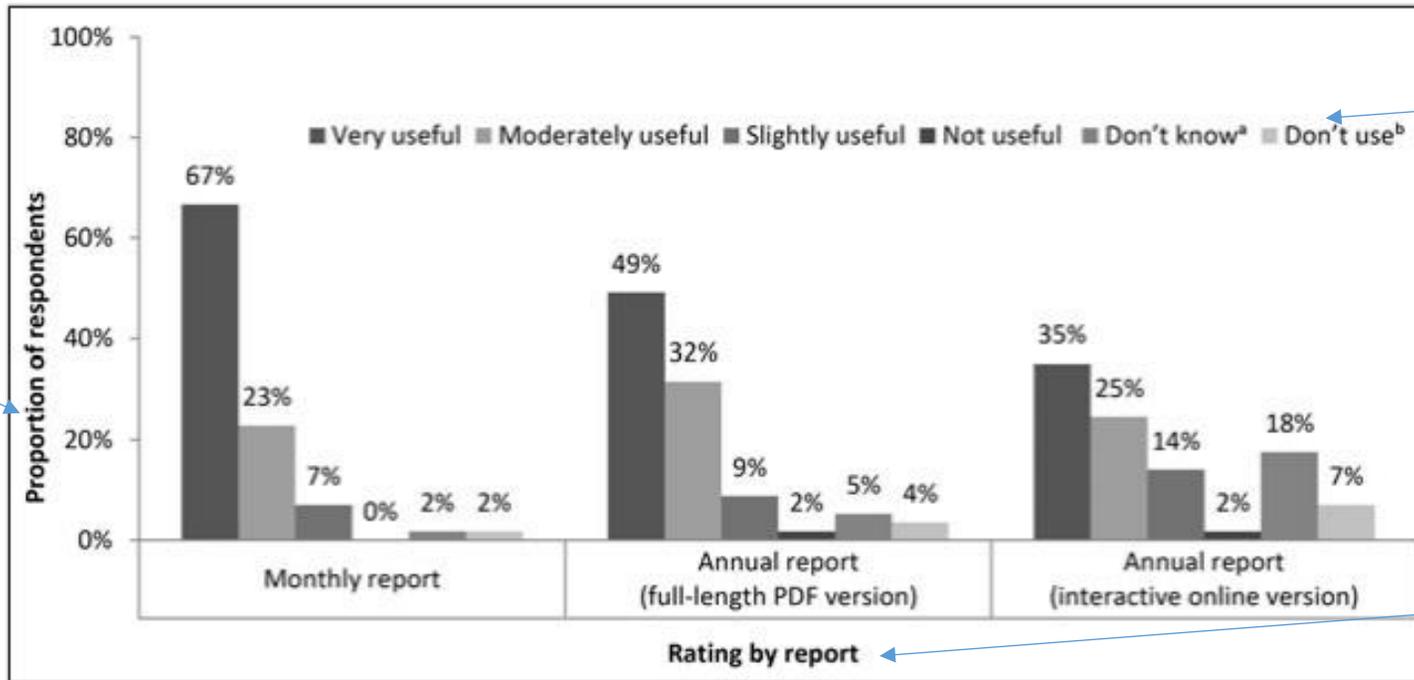
^aBetween 2005 and 2007, there were 18 cooling towers. The number of cooling towers decreased over time as multifamily housing units replaced aging HVAC systems; 17 cooling towers in 2008, 16 cooling towers in 2009, 15 cooling towers in 2011, and 14 cooling towers in 2012-2015. Since the number of cooling towers in 2010 is unknown, a value of 15.5 was assigned.

If superscripts are used within figure or in figure description, specify what they represent

Figure

Cite figures consecutively in your manuscript

Note: Figures should be submitted as separate files



Include y-axis label

Include a legend to help readers understand the charted data

Include x-axis label

Figure 1 Usefulness Rating by Surveillance Report

^aIn the survey, “Don't know” was described as: “I haven't used the report yet, but I might use it in the future.”

^bIn the survey, “Don't use” was described as: “I don't need to use the report at all.”

If superscripts are used within figure, specify what they represent

Number figures in the order in which they are discussed, and give description here

Find this figure in the open-access research full report at https://journals.lww.com/jphmp/Fulltext/2018/01000/An_Evaluation_of_Provincial_Infectious_Disease.5.aspx

Table

Each table should be in a separate document; number tables consecutively

For tables, give description here

TABLE Expanded Partner Services Cohort Determined to Be Truly Out of Care and Successfully Relinked to Care

	Total		Relinked to Care		P
	n	%	n	% ^a	
Total confirmed out of care	233	100.0	166	71.2	
Gender					.30
Female	89	38.2	67	75.3	
Male	142	60.9	97	68.3	
Transgender	2	0.9	2	100.0	
Age, y					<.001 ^b
20-29	38	16.3	21	55.3	
30-39	50	21.5	31	62.0	
40-49	63	27.0	48	76.2	
50-59	66	28.3	51	77.3	
>60	16	6.9	15	93.8	
Race/ethnicity					<.005
White, non-Hispanic	61	26.2	45	73.8	
Black, non-Hispanic	117	50.2	92	78.6	
Other	21	9.0	10	47.6	
Hispanic	30	12.9	18	60.0	
Unknown	4	1.7	1	25.0	
Risk					.89
MSM	87	37.3	59	67.8	
IDU	28	12.0	21	75.0	
MSM/IDU	4	1.7	3	75.0	
Heterosexual ^c	86	36.9	61	70.9	
Unknown or missing	28	12.0	22	78.6	

If $P \geq .01$, express P values to 2 digits, regardless of whether it's significant or not.

If $P < .01$, express it as an actual P value to 3 digits, unless $p < .001$

Can leave P value to 3 digits if rounding to 2 digits would make it nonsignificant

Below table, put abbreviations

Abbreviations: IDU, intravenous drug user; MSM, men who had sex with men.
^aRepresents row percent.
^bTest for trend.
^cIncludes females presumed heterosexual contact.

If superscripts are used within table, specify what they represent

Bulleted format, 100-200 words max. Implications may address relevance to the development, adoption, implementation, or evaluation of public health policy or the practice of implementing such public health policies or practices in “real world” settings. Avoid speculation and over-generalization

Implications for Policy & Practice

- A small group of state/city immunization program managers was convened to discuss ideas for and challenges to promoting adolescent vaccination, particularly for older adolescents.
- The CDC’s revised childhood immunization schedule for 2017 and a proposed preventive care platform at 16 years of age provide a unique opportunity to increase adolescent immunization rates.
- Key strategies discussed for promoting a late-adolescent platform included:
 - Partnerships between public health and immunization providers, including medical professional organizations, to educate providers on the new platform and explore options for expanded vaccination settings;
 - National public information campaigns on late-adolescent immunization; and
 - Ensuring the availability of data for tracking progress on late-adolescent immunization rates.

If there are no direct implications for policy or practice because the article introduces a new research method or conceptual framework, it is still important for the author(s) to identify the relevance of the work to future policy or practice work. Manuscripts that address topics for which this relevance cannot be articulated may not be suitable for the JPHMP

Summarize your findings and conclude with a general implication what they pose for public health

Discussion and Conclusion (if applicable)

You may include additional tables/figures as supplemental digital content, which will be seen by readers in exact format that file is submitted

Supplemental Digital Content

...and by phone (n=16) (see Figure 1 Supplemental Digital Content, available at <http://links.lww.com/JPHMP/A280>).

Note: Each supplemental figure/table must be referenced in-text

Numbered format, with each reference on a separate line beginning with a number and ending with a period.

Limit number of references to 15

References

Journal Article

1. Author(s) last name followed by first and middle initial, if given. Article full title. *Abbreviated journal title*. Date;volume (issue #):inclusive pages.

1. Riley WJ, Moran JW, Corso LC, Beitsch LM, Bialek R, Cofsky A. Defining Quality Improvement in Public Health. *J Public Health Manag Pract*. 2010;16(1):5-7.

Government/Organization Report

1. Author(s) last name followed by first and middle initial, if given. Organization full title. Title of specific item. City, State. Web site URL. Published [date]. Updated [date]. Accessed [date].

Example 2 is a monograph. Use book style for monographs.

1. World Health Organization. Equitable access to essential medicines: a framework for collective action. http://whqlibdoc.who.int/hq/2004/WHO_EDM_2004.4.pdf. Published March 2004. Accessed February 21, 2018.
2. Johnson DL, O'Malley PM, Bachman JG. *Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse; 2001. *Monitoring the Future: National Survey Results on Drug Use, 1975-2000*; vol 1. NIH publication 01-4924. http://www.monitoringthefuture.org/pubs/monographs/vol1_2000.pdf. Published August 2001. Accessed February 21, 2018.

Book

1. Author(s) last name followed by first and middle initial, if given. Chapter title. In: Editor(s). *Book title*. [Edition, if not first edition]. City, State (or country) of publisher: Publisher's name; copyright year:inclusive pages. URL. Accessed [date].

1. Novick L. The Case Study Method in Public Health. In: Gaertner R, Oberle K. *JPHMP's 21 Public Health Case Studies on Policy & Administration*. Philadelphia, PA: Wolters Kluwer; 2017:1-8. Accessed February 21 2018.

Web Site

1. Organization responsible for site full title. Title of the specific item cited (if none is given, use the name of the organization responsible for the site). Name of the Web site. URL. Published [date]. Updated [date].

1. National Center for Healthy Housing. Healthcare finance of healthy homes. <http://www.nchh.org/Resources/HealthcareFinancing.aspx>. Accessed February 10th, 2018.