

Journal of Public Health Management and Practice Template

Practice full reports should be 1500-3500-word reports from practitioners, scientists, or policy makers on work which falls outside the scope of traditional research, but which nevertheless depicts promising, large-scale policies and programs relevant to policy makers or practitioners. An article in this format should include data describing the planning, implementation, and/or effectiveness of a policy or program by offering sufficient rigor and transparency to provide actionable evidence. Examples include dissemination and/or implementation of practices, policies, trainings, capacity-building strategies, or workforce development programs with data to support their importance, relevance, acceptability, feasibility, or short-term effectiveness. In rare instances, this format may be appropriate for a narrative review of relevance to the journal's readership.

Submissions may include **no more** than 5 tables or figures, 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 the links to the articles can be found below:

https://journals.lww.com/jphmp/Abstract/publishahead/Building_Professionalism_Through_Management.99550.aspx

https://journals.lww.com/jphmp/Abstract/publishahead/Monitoring_Depression_Rates_in_an_Urban_Community_.99519.aspx

Submit paper here: [JPHMP](#)

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

≤150 characters, including spaces

Title: Building Professionalism Through Management Training: New England Public Health Training Center's Low-Cost, High-Impact Model

Last name, first name followed by middle initial (if any), title, separated by semicolons

Authors: Kathleen MacVarish, MS, REHS; Hope Kenefick, MSW, PhD; Anne Fidler, ScD; Bradley Cohen, BA; Yuri Orellana, MS; Karla Todd, MBA, MSM

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

Corresponding Author: Karla Todd, MBA, MSM, New England Public Health Training Center, Boston University School of Public Health, 715 Albany St, Boston, MA 02118 (toddks@bu.edu)

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

Author Affiliations: New England Public Health Training Center at Boston University School of Public Health (Ms MacVarish, Drs Kenefick, and Fidler, and Ms Todd); and Boston Public Health Commission, Consortium for Professional Development (Messrs Cohen and Orellana)

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

Note: This example is from the second article link provided on page 1

Funding: This work was supported by AHRQ grant no. 5R24HS0122143.

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

Financial Disclosure:

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

Conflicts of Interest: The authors declare that they have no conflicts of interest

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

→ **Acknowledgements:** A number of people made significant contributions to the creation and delivery of the course and thereby to this report, including Seth Eckhouse and Kate McLarty, who manage and serve as teaching assistant for the course, respectively; Ruth Ellen Sandler of the Massachusetts Health Officers Association; and Karen O'Rourke of the University of New England. Seth Bauer assisted with writing and editing this manuscript

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

Note: this example is from the second article link provided on page 1

→ **Human Participant Compliance Statement:** The public health surveillance use of CHORDS was reviewed and deemed nonhuman subjects research by the Colorado Multiple Institutional Review Board.

Structured, ≤300 words. Limit use of abbreviations and acronyms, and avoid general statements (eg, "the significance of the results is discussed")

→ **Abstract**

Context: Evolving practices, accreditation, and priorities established in Public Health 3.0 are adding to the long-identified need for management training among public health practitioners.

Program: The New England Public Health Training Center is addressing this need with a flexible, open-source, 16-topic training program. The program is designed to build competencies for current and future managers, preparing them for their day-to-day tasks and for the kinds of adaptation suggested by Public Health 3.0 advocates.

Implementation: The training program uses live expert instructors for 10 webinars and 2 in-person trainings. Experts have also created the content for multiple self-paced E-Learnings that trainees undertake in addition to the instructor-led sessions. A webinar platform with breakout rooms and an advanced learning management system allows for online discussion and mentor interaction. The course has now been offered, evaluated, and modified 3 times, and the materials are available for noncommercial use by the public health community.

Evaluation: Using the Kirkpatrick training evaluation model, the recent cohort was satisfied (87.5%) with the training, reported identifying actions to apply information learned to their work (85.8%), and experienced statistically significant knowledge gains. Earlier trainees reported work-related behavior change.

Discussion: Management training offers the hope of increasing professionalism; creating better, more effective workplaces and programs; and preparing practitioners for an evolving public health landscape. Early results indicate that NEPHTC's program, *Managing Effectively in Today's Public Health Environment*, is a useful tool in realizing that hope.

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

→ **KEY WORDS:** management, training, workforce, Public Health 3.0

Practice full reports should be kept to 1500-3500 words

▶ **Word Count:** excluding abstract, tables, figures, references, Implications for Policy & Practice: 2368

Practice full reports are not required to follow traditional IMRAD formatting

Context

Approach

Course adaptation

Evaluation Strategy

Level I: Reaction

Level II: Learning

An example of section headings found in the first article link provided on page 1. These 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.

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

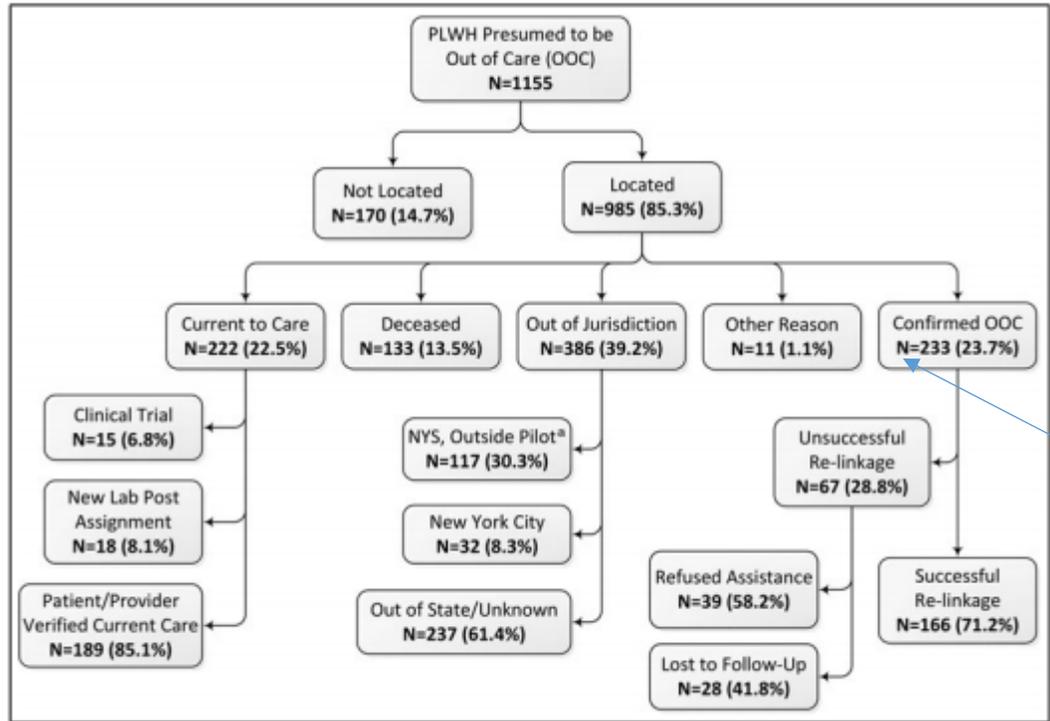
▶ **Methods (if applicable)**

Include no more than 5 tables or figures. 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.

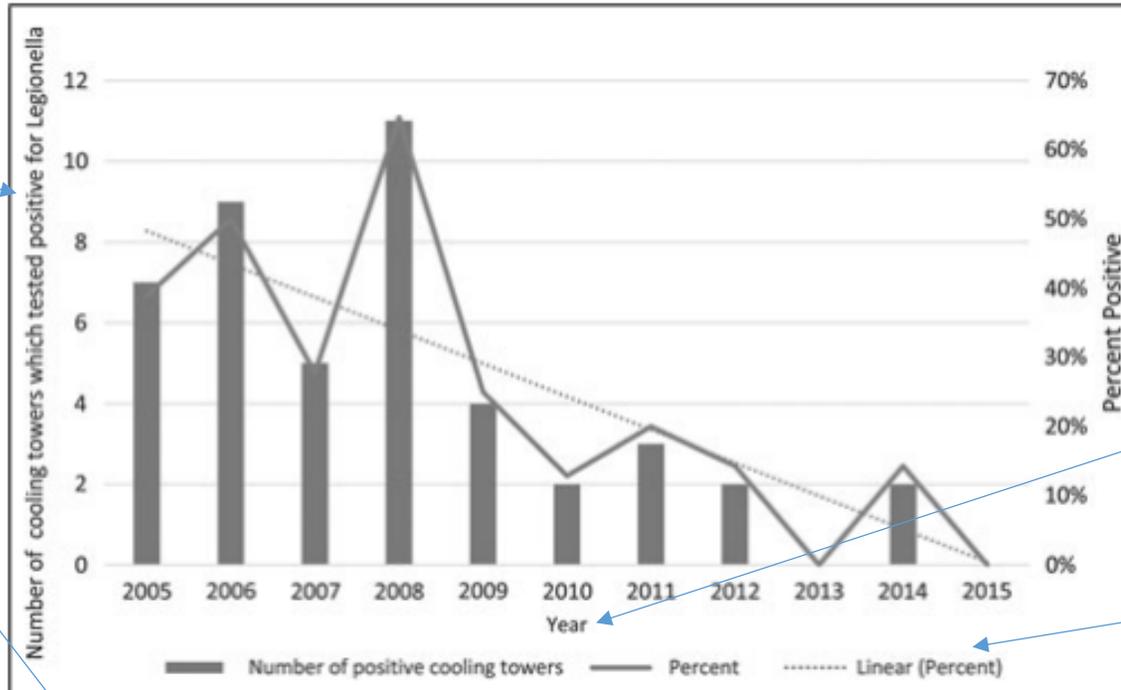
If superscripts are used within figure, specify what they represent

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.

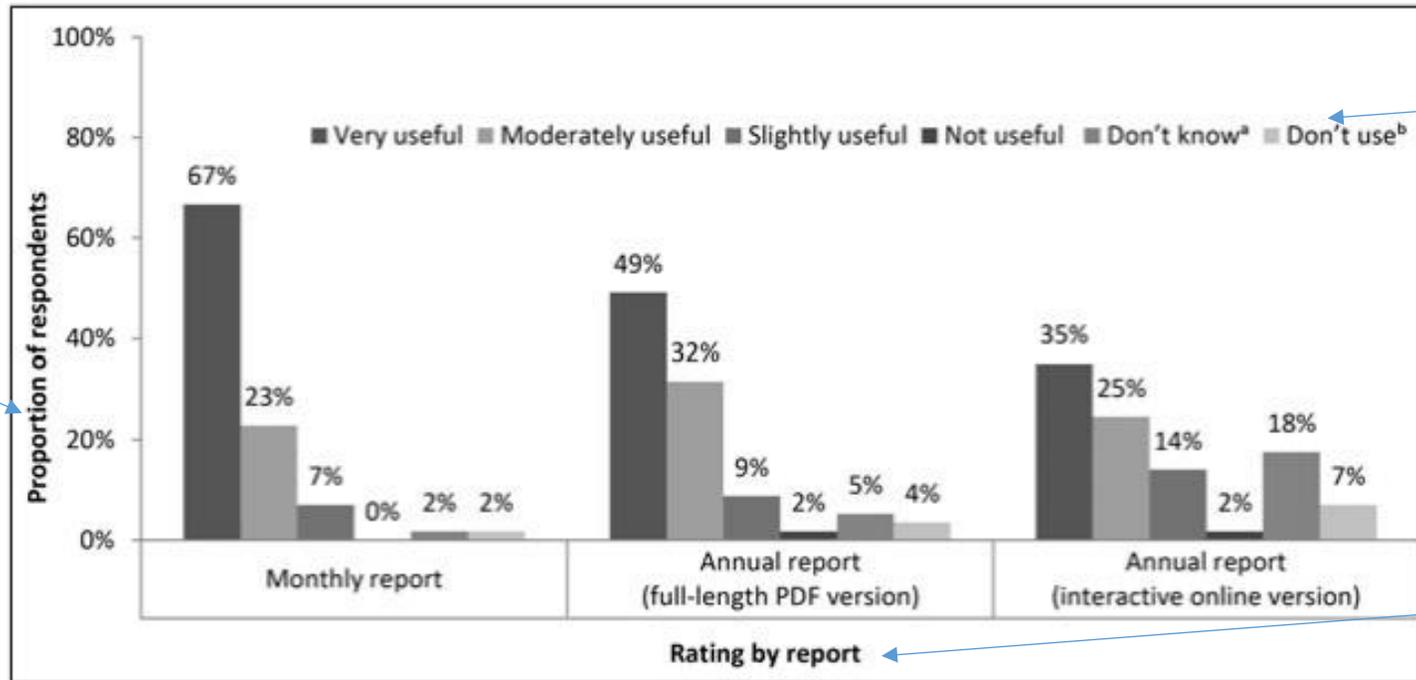
If superscripts are used within figure or in figure description, specify what they represent

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

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

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

- An up-front investment in developing a training program with a fully-developed curriculum and complete instructor guidance can lead to low-cost, adaptable, open-source implementation, potentially reaching a broad swath of practitioners
- While vertical, specialty training has been the focus of public health continuing education, management training is a core need that cuts across job titles and seniority levels
- Management training represents a significant way to improve the likelihood of continued success in a rapidly changing public health environment, both for individuals and for their programs and practices.

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

...at Supplemental Digital Content Table A, available at <http://links.lww.com/JPHMP/A394>.

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 35

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.