Journal of Public Health Management and Practice Template

Research full reports should be 1500-3500-word reports of original epidemiological/intervention research or program/policy evaluation.

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:

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Title: Community Health Workers: Addressing Client Objectives Among Frequent Emergency Department Users

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Conflicts of Interest: The authors declare that they have no conflicts of interest
Acknowledgements: We acknowledge the contributions of other valued members of the program and evaluation teams, including Elizabeth Staton, technical writer, and Anthony Billittier, the medical director for the HealthiER program.

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).

Abstract

Context:

Objectives: To evaluate effectiveness of a Community Health Worker (CHW) program designed to address client objectives among frequent emergency department (ED) users.

Design: Program evaluation using secondary analysis of client objectives from program records. Client objectives were characterized according to the World Health Organization’s social determinants of health framework. Hierarchical generalized linear modeling was used to assess factors associated with objective achievement.

Setting: An ED and the surrounding community in an economically disadvantaged area of Buffalo, New York, United States.

Participants: 1600 adults over age eligible for Medicaid and/or Medicare and who had at least two ED visits in the prior year.

Intervention: Clients worked with CHWs in the community to identify diverse needs and objectives. CHWs provided individualized services to help achieve objectives.

Main Outcome Measure: Achievement of client-focused objectives.

Results: Most objectives pertained to linkages to community resources and health care navigation, emphasizing chronic medical conditions and connection to primary care. Clients and CHWs together achieved 43% of total 45 objectives. Objective achievement was positively associated with greater client engagement in CHW services.

Conclusions: Low objective achievement may stem from system and policy level barriers, such as lack of affordable housing and access to primary care. Strategies for improving client engagement in CHW services are needed.
KEY WORDS: community health workers, frequent emergency department use, health care reform

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

Introduction

Methods

Program description and setting

Measures and variables

Client objectives

Results

Sample characteristics
Figure-Flowchart

Cite figures consecutively in your manuscript

Note: Figures should be submitted as separate files

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

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

If superscripts are used within figure, specify what they represent

Find this figure in the open-access research full report at

**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

*This subset of out-of-jurisdiction cases constitute the “not eligible for ExPS Intervention” comparison group.*
Abbreviation: HVAC, heating, ventilating, and air-conditioning.

Between 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.

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 1 Usefulness Rating by Surveillance Report

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

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

Find this figure in the open-access research full report at
## TABLE Expanded Partner Services Cohort Determined to Be Truly Out of Care andSuccessfully Relinked to Care

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<th>Total confirmed out of care</th>
<th>Total</th>
<th>%</th>
<th>Relinked to Care</th>
<th>n</th>
<th>%</th>
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**Abbreviations:** IDU, intravenous drug user; MSM, men who had sex with men.

*Represents row percent.  
 Test for trend.  
 Includes females presumed heterosexual contact.

If superscripts are used within table, specify what they represent.

If \( P > .01 \), 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.

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**Implications for Policy & Practice**

Health care organizations facing decisions about what service models best meet the needs of their patient populations should bear in mind 3 key findings:

- First, a significant factor in achieving objectives was keeping clients engaged and in contact with their CHWs—often for 6 months or longer. Patients should have
- Second, CHWs were most effective at addressing objectives for which policy and program partnerships were in place to facilitate access to resources, such as partnerships with primary care. Health care organizations employing CHWs should identify priority objectives among their particular population and establish policies and partnerships CHWs will need to be effective.
- Third, among low-income populations, many objectives pertain to factors upstream from health outcomes—that is, SDOH—which can be difficult to address given the complex, interrelated nature of systems and culture of education, employment, poverty, racism, oppression, and access to care.\(^{38}\)

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.

**Discussion and Conclusion**

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

**Supplemental Digital Content**

…and priorities (see Supplemental Digital Content Table S1, available at http://links.lww.com/JPHMP/A295).

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

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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.


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].


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