JPHMP JOURNAL OF Public Health Management & Practice

Journal of Public Health Management and Practice Template

Systematic/narrative reviews should be a synthesis of existing studies in 3500 words or fewer, which pertains to community-based interventions or policy implementation of interest to *JPHMP* readers. Systemic reviews appropriate for JPHMP should provide actionable advice useful for policy makers and practitioners rather than an esoteric summary of the current state of the science. Authors should be very careful in their writing and reporting to ensure that results are clearly described with their application in the forefront. Special care should be taken to present the results so that an individual lacking advanced statistical training can understand and interpret the findings.

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 an open-access article and the link to the article can be found below:

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Submit paper here: JPHMP

Find additional instructions here: submitting files; general manuscript guidelines

Note: For more information on sections, find the full-text, open-access articles on Page 1

≤150 characters, including spaces

Title: The Impact of Implementing Tobacco Control Policies: The 2017 Tobacco Control Policy Scorecard

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

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

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

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

Financial Disclosure: Drs Fong and Levy received funding from the National Cancer Institute under grant P01-CA200512. Dr Chaloupka has received funding as an expert witness in litigation filed against the tobacco industry

Note: Make sure text in final manuscript is double spaced. Spacing used in this template is used for simplicity

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:

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

Note: abstract from referenced article on Page 1 is unstructured, but this does not adhere to current standards

Abstract

If applicable

Context:

Objectives:

Design:

Eligibility Criteria:

Study Selection:

Main Outcome Measures:

Results:

Conclusions:

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

KEY WORDS: effectiveness, review, tobacco control policy

Systematic/narrative reviews should be kept to 3500 words or fewer

Word Count: excluding abstract, tables, figures, references, Implications for Policy & Practice: 2633

Introduces the overarching topic/issue your manuscript addresses and provides enough information for the general reader to understand the scope of the report. Provide context for what is already known, relative to the topic of your review, and what still remains to be discovered

Introduction

In 2001, the U.S. Community Preventive Services Task Force's Guide to Community Preventive Services: Reducing Tobacco Use and Second-hand Smoke Exposure1 (the "Task Force") reviewed the empirical literature on the effectiveness of tobacco control interventions. An independent Task Force panel of public health and prevention experts appointed by the Centers for Disease Control assessed the evidence-base and provided a range of effect sizes for price, mass media, smoke-free air and health care provider interventions. Shortly thereafter, the Tobacco Control "Scorecard," published in 2004, 2 provided estimates of policy effect sizes on smoking initiation, cessation and prevalence for a broader set of policies that included health warnings and advertising bans.

Describe overall method used to do literature search and analysis, including databases and key words used in search strategy

Methods

We confine the review to analyses of interventions traditionally used to reduce cigarette demand, including cigarette taxes, SFALs, marketing restrictions, comprehensive tobacco control programs, media campaigns, graphic health warnings, and cessation treatment policies. These policies have received the most attention in the tobacco control literature and are explicitly recognized in the World Health Organization MPOWER Reports.[13,14]

We conducted a search of the PubMed database for reviews and articles published from January 1, 2000, to June 30, 2016. We also included articles from Task Force reviews and other reviews obtained from our search.12 We used the following key word search terms: ("cigarette," or "smoking," or "tobacco control") and ("effectiveness," or "evaluation," or "impact") and descriptors for a particular policy (eg, "price," "tax," "smoke-free air," "clean air," etc).

Include terms used in search strategy

Present results so that an individual lacking advanced statistical training can understand and interpret the findings. Include no more than 5 tables or figures. Additional figures/tables can be listed below under Supplemental Digital Content

Results

This is a heading. Only capitalize first letter of the first word

Price policies

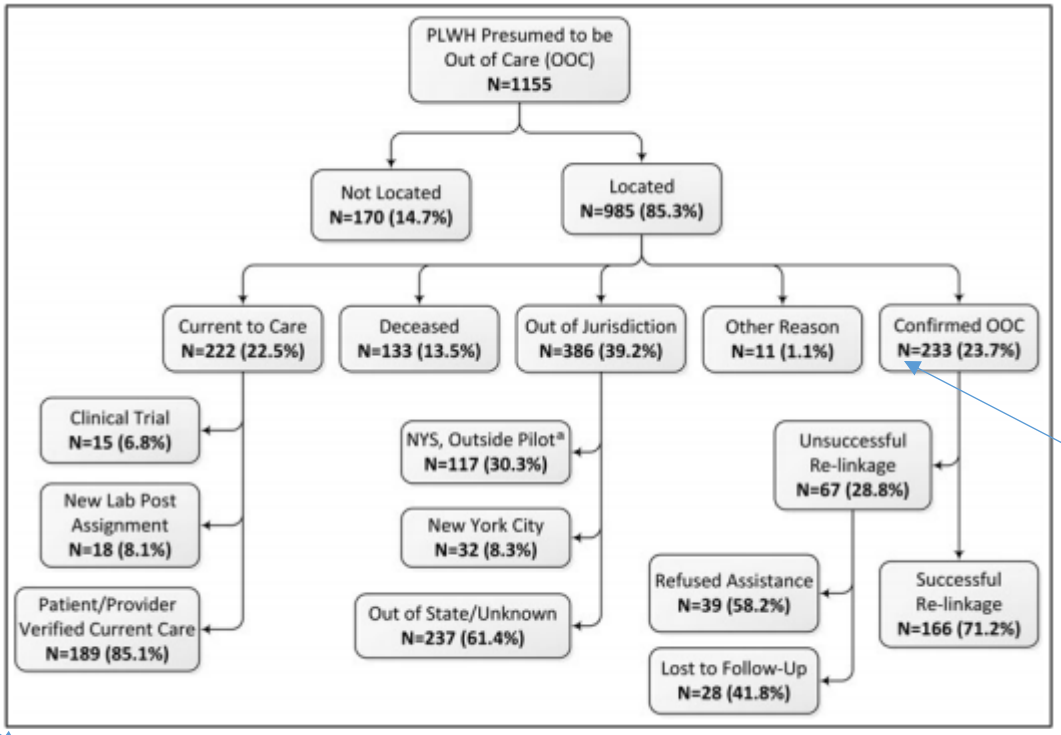
The Task Force[1] (103 studies from 2 systematic reviews[16,17] combined with 13 more recent studies from January 2009 to July 2012) obtained a price elasticity for overall cigarette consumption of −0.37 (a 3.7% decrease in quantity demanded resulting from a 10% price increase), with −0.18 attributed to reduced prevalence and −0.19 to the reduced quantity of cigarettes consumed. The Task Force also obtained a price elasticity of +0.38 for adult cessation and −0.42 for initiation. Higher prevalence elasticities were found for youth, young adults, and low-income individuals.

Figure-Flowchart

Cite figures consecutively in your manuscript

Note: Figures should be submitted as separate files

Please include a flowchart showing the breakdown process of included and excluded studies as a Supplemental Digital Figure



To adhere to current manuscript standards, please lowercase "**n**"

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

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

[a]This 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

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https://journals.lww.com/jphmp/Fulltext/2017/11000/Implementation_of_a_Legionella_Ordinance_for.10.aspx

Table

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

TABLE
Effect Sizes[a] and Implementation Issues for High-Income Countries

Intervention	Short Run[b] Best	Short Run[b] Lower	Short Run[b] Upper	Long Run[c] Best	Long Run[c] Lower	Long Run[c] Upper	Comments
Tax increase by 50% of current price with no value-added tax	−9.0%	−6.75%	−11.25%	−18.0%	−13.5%	−22.5%	Tax may be implemented as specific or ad valorem tax. Price per pack of cigarettes is expected to increase on average by the amount of the specific tax and less with an ad valorem tax. Ad valorem taxes tend to increase price dispersion, which may be reduced by laws that set a minimum price. The effects may be eroded by smuggling or price inflation.
Comprehensive smoke-free air laws, including all indoor worksites, restaurants, and bars	−10.0%	−5.0%	−15.0%	−12.5%	−7.0%	−19.0%	Effectiveness may be reduced if private worksites have already implemented smoke-free restrictions, if partial restrictions are already in place, or if compliance with law is weak (eg, due to lack of antitobacco norms or lack of enforcement).
Media campaigns implemented at a high level	−8.0%	−4.0%	−12.0%	−10.0%	−6.0%	−14.0%	Effectiveness depends on whether the mass media campaign is well-tested, implemented on multiple media platforms, of sufficient scale, and sustained over time. The effectiveness of a media campaign may be enhanced if implemented alongside other interventions that increase the visibility and reach of the campaign.
Comprehensive programs, including media, other educational and cessation programs	−8.0%	−4.0%	−12.0%	−12.0%	−6.0%	−18.0%	Effectiveness may depend on how funds are implemented (eg, between media campaigns, cessation treatment, and local campaigns), and may be less if campaigns have been previously implemented, are not of sufficient scale, or if campaigns are not sustained over time.
Health warnings: large, bold, rotating, and graphic	−5.0%	−2.0%	−8.0%	−10.0%	−5.0%	−15.0%	Effectiveness depends on previous text warnings. Plain packaging and media campaigns may further enhance the effectiveness of health warnings.
Marketing restrictions with direct bans on all advertising	−4.0%	−2.0%	−6.0%	−6.0%	−3.0%	−9.0%	Effect sizes are based on empirical studies of TV, radio, print, and point-of-sale tobacco advertising. Online advertising and indirect marketing efforts may offset these effects.
Complete cessation policies include financial coverage of treatments, quit lines, and health care provider interventions	−5.5%	−2.75%	−8.25%	−11.0%	−5.5%	−18.75%	Cessation treatment policies primarily increase quit success and may act synergistically with other policies that act primarily to increase quit attempts. Media campaigns may be needed to publicize cessation programs.
Financial coverage of treatments alone, especially pharmacotherapies	−2.0%	−0.8%	−3.25%	−4.0%	−2.0%	−6.0%	Effective unless the intervention is well publicized and enforced.
Active quit lines alone	−0.8%	−0.25%	−1.25%	−1.5%	−0.75%	−2.25%	Effectiveness depends on the quit line being publicized and may be increased substantially with the provision of no-cost pharmacotherapy.
Health care provider interventions alone	−1.6%	−0.8%	−2.4%	−3.2%	−1.6%	−4.8%	Effectiveness depends on the percentage of smokers visiting health care providers each year and the percentage of providers who provide comprehensive interventions (eg, through enforcement or effective monitoring).

[a]*Effects sizes are in terms of the percentage reduction in smoking prevalence.*
[b]*Short term is a 5-year horizon.*
[c]*Long term is a 40-year horizon.*

If superscripts are used within figure, specify what they represent

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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

- The literature on policy effect sizes for tobacco control policies has increased substantially in the last 15 years, providing a stronger base for justifying specific policies.
- Raising cigarette taxes, implementing smoke-free air laws, comprehensive marketing bans, media campaigns, cessation treatment policies, and graphic health warnings each have important roles in reducing smoking prevalence in HICs. Large increases in cigarette taxes relative to initial prices continue to be the most potent policy.
- Studies of supply-oriented policies, such as regulating the content of tobacco products, are needed.

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, as well as any limitations of your study

Discussion

The policy effect sizes presented in the Table update the 2004 Tobacco Control Scorecard with findings from a rapidly accumulating evidence base over the past 15 years. The estimates of policy impact can be used to rank the relative effectiveness of different policies for HICs.

Raising cigarette taxes; implementing comprehensive SFALs; banning all tobacco advertising, promotions, and sponsorships; and funding comprehensive tobacco control programs, particularly those that include media campaigns, are highly effective strategies for reducing smoking prevalence. Cessation treatment policies and prominent graphic health warnings are likely to be especially effective in increasing quit success when combined with other policies that increase quit attempts. The Scorecard effect sizes are broadly consistent with recommendations previously issued by the Task Force10 and those reported in the previous Scorecard analysis2 but now reflect the larger evidence base evaluating the impact of health warnings and advertising bans.

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 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

Note: In-text citations should be placed as superscripts before colons and semicolons, and after periods and commas

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

Limit number of references to 60

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.