GUIDELINES FOR AUTHORS - JOURNAL OF SCHOOL HEALTH

These guidelines are meant to provide direction to prospective authors in preparing manuscripts for the *Journal of School Health*. If you have any questions about the submissions and/or review process, please contact our Editorial Office at josh.office@wiley.com. For questions about manuscript alignment with the journal's mission or scope, please contact the Editor-in-Chief, Nancy Brener, PhD at nbrener@ashaweb.org. The Editor-in-Chief is also available to answer questions, resolve concerns, or provide support throughout the process. Please do not hesitate to reach out.

Mission and Scope

The *Journal of School Health (JOSH)* communicates current scientific discoveries about how schools, educational systems, and communities can reliably maximize safety, health, learning, growth, and access to opportunity for all PreK-12th grade students. Further, *JOSH* advances knowledge about how to support and enhance the health, wellbeing, and expertise of every professional that serves young people in schools and across the broader educational system. Finally, *JOSH* supports efforts to better understand the many impacts health promoting schools can make in the communities they serve and to equip advocates for children's health with scientifically sound information they can use to promote school health around the world.

Submissions to *JOSH* encompass a wide variety of topics and subjects that frequently align with a coordinated school health approach. For example, manuscripts often focus on areas such as: physical education and physical activity; nutrition environment and services; health education; social and emotional climate; physical environment; school-based or coordinated health services; counseling, psychological, and social services; employee wellness and professional development; community involvement; and family engagement. Additionally, *JOSH* encourages submissions that investigate how to effectively communicate and implement findings in terms of policy change, systems change, implementation science, and evaluation.

JOSH readership includes researchers, school administrators, health educators, nurses, physicians, dentists, psychologists, counselors, social workers, food services professionals and other professionals interested in the wellbeing of children and youth. These individuals work cooperatively with families and communities to achieve the common goal of providing the policies, programs, services, and environments necessary to promote the health of children and adolescents in schools.

Research Priorities

JOSH has established 7 Research Priorities for 2022-2024. You can find an editorial that describes these priorities in detail on the JOSH/Wiley webpages. These priorities include:

- 1. Engaging students, the professionals that serve them, and the families and communities that love and care for them in school health research as co-investigators and co-authors, as well as through research designed to amplify their voices and perspectives.
- 2. Exploring and establishing the role of schools in promoting racial and social justice and advancing the safety, health, learning, growth, and access to opportunity for racial, gender, sexual and other minority students.
- 3. Understanding the impact of COVID-19 on the whole school community, the effectiveness of our responses, and implications for current and future practice in school health.
- 4. Investigating and identifying approaches schools can use to ensure individual, interpersonal, community, and national-level social health, civic wellbeing, and the motivation and readiness to constructively participate in civic life, especially as related to health and health policy issues.
- 5. Identifying efficient and effective pathways from school health research to education policy, especially in terms of collaboration, advocacy, and strategic action from school health professionals, other educators and support professionals, policy-makers, families, and the community-at-large.
- 6. Identifying efficient and effective pathways from education policy to meaningful practice, especially the reliable, large-scale implementation of evidence-based, coordinated, and integrated school health programs at the district, state, and national levels.
- 7. Using data and data-driven decision-making to improve student health, school health policy, school performance, and school health research, including the use of emerging technologies and techniques that help us understand and communicate data in new ways.

Although we hope these priorities increase the number of submissions made to *JOSH* in these areas, we will always welcome all types of research related to school health and the whole child. As such, this list of research priorities will not be used to exclude any type of school health research from publication. If you are a school health researcher or practitioner that does not see your work explicitly listed above, please do not be discouraged. What you do remains important and we will continue to enthusiastically welcome your work for consideration in the journal. Please know we hope this list inspires many without discouraging any.

Summary of Manuscript Categories

Research Articles. Research articles present original quantitative, qualitative, or mixed-methods research or evaluation findings. These original findings should relate directly to children and youth pre-K through 12th grade, the adults in the school community, and/or the systems devoted to promoting safety, health, growth, learning, and access to opportunity in schools. Meta analyses should be presented as research articles.

Literature Review Articles. Literature review articles may include integrative reviews (ie. narrative or traditional literature reviews), scoping and systematic reviews, historical reviews, and methodological reviews. The shared goals of each type of literature review include (a) surveying the scientific literature related to a specific research question or topic, (b) providing an informed summary of key findings, methods, and/or events related to the question or topic of interest, and (c) presenting ideas about how to advance research and practice in that area.

Theoretical or Conceptual Articles. Theoretical or conceptual articles introduce new theories, models, and concepts; provide professional critiques of existing theory; and/or describe ways to improve theory in our field, including improving the practical utility and usefulness of theory in both research and practice.

Practitioner's Perspective Articles. Practitioner Perspective articles identify and describe promising policy and practice in school health. These articles include descriptions of: (a) how policies or programs were developed, (b) advocacy or other efforts that lead to policy or program adoption, (c) policy or program implementation, and (d) assessments of the impact of specific policies or practices that include quantitative and/or qualitative evidence that support those assessments. Practitioner Perspectives include perspectives from all levels of school health practice, from individual classrooms to systems level approaches. Practitioner Perspectives also include perspectives from all types of school health professionals and other professionals working in schools to advance safety, health, and wellbeing in the school community.

Commentaries. Commentaries include position papers, viewpoints, point-counterpoint papers, analyses of current or controversial issues, and creative, insightful, reflective treatments of topics related to healthy children and youth pre-K through 12th grade.

Letters to the Editor. Letters to the Editor comment on previously published articles and may be considered for publication if they report a critical issue related to past work published in the *Journal*. Letters should pertain to articles published not more than 3 months prior to the submission of the letter. Authors of the paper to which the letter is directed will be provided an opportunity to respond. Both the letter, if deemed relevant, and the authors' response will be published in the same issue.

Special Issue Article. Special issue articles are submitted in response to a specific call for papers related to a predetermined topic and will be reviewed for possible inclusion in a special

issue devoted to that topic. Special issue articles include research, literature review, theoretical or conceptual, and practitioner perspective articles, as well as commentaries.

What We Don't Publish

Manuscripts that focus principally on clinical health issues, on general education issues without a clear and direct health-related focus, on collegiate audiences or non-school audiences, or that do not position schools to be responsive – are *not* part of the scope of papers considered for publication by the *Journal of School Health*.

Manuscript Guidelines

General Manuscript Guidelines. The following guidelines apply to all manuscript types.

All manuscripts should be submitted as 2 separate Microsoft Word documents: (1) A title page that includes author information, and (2) A main document that includes an abstract, manuscript body, references, and tables/figures.

This journal uses the most current version of the American Medical Association reference style. Please review the AMA <u>reference style guidelines</u> and format your work according to their requirements prior to submission. For example, AMA style requires in text citations to be noted with superscript numbering in the order they appear in the manuscript and at the end of each cited sentence. In the reference list, references are listed by number in the order they appeared in the manuscript. Accurate citations and references are the sole responsibility of the author. Papers that use a different style will be returned to the author without being reviewed and without prejudice. They may be resubmitted using AMA style.

All manuscripts should be double-spaced and use a 12-point Times New Roman font.

Primary headings (as listed in the tables below) should be boldface, in all capital letters, and appearing flush to the left. Secondary headings should be boldfaced, with only the first letter of each word capitalized, and flush to the left. If there is a third level heading, it should begin the paragraph and be indented, have only the first letter of the first word capitalized, be both italicized and boldfaced, and end with a period.

All manuscripts should be indented at the beginning of a new paragraph. Please do not use block style paragraphs.

All pages should be numbered consecutively with the abstract being numbered as page 1.

Tables and figures may use a smaller font size, but only if legibility is not adversely affected.

Please do not use underscores or footnotes.

Specific Manuscript Guidelines by Type. Below, you can find additional information in tables below that describes the specific requirements for each of our 5 manuscript types.

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Document 2: Abstract	 200 words or less and structured to include the following sections: Background Methods Results Implications for School Health Policy, Practice, and Equity Conclusions Keywords (up to 6) 	
Body/Main	4,000 words or less (not including references or graphics) and structured to include the following sections using the following primary headings: Introduction/background/significance (unlabeled section) Methods with the following subsections Participants Instrumentation Procedure Data Analysis Results Discussion Presentation of key findings in relation to existing scientific literature (unlabeled section) Implications for School Health Policy, Practice, and Equity Limitations Conclusions Human Subjects Approval Statement Conflict of Interest Disclosure Statement References (American Medical Association, ie. AMA, most current edition) Tables and Figures (No more than 5; AMA, most current version) Note: Please prepare/submit the body of your manuscript as a separate Word document (2 of 2).	
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Document 2: Abstract	200 words or less and structured to include the following sections: Background Methods Findings Implications for School Health Policy, Practice, and Equity Conclusions Keywords (up to 6)
Body/Main	4,000 words or less (not including references or graphics) and structured to include the following sections using the following primary headings: Introduction/background/significance (Unlabeled section) Methods Findings

Discussion Implications for School Health Policy, Practice, and Equity Conclusions **Human Subjects Approval Statement** Conflict of Interest Disclosure Statement References Tables and Figures (No more than 5; AMA, most current version) Note: Please prepare/submit the body of your manuscript as a separate Word document (2 of 2). **Additional Requirements for Literature Review Manuscripts Author Contributions** Please do not include more than 6 authors in any manuscript. All authors are required to make a significant intellectual contribution to the manuscript to be and Requirements included as authors. In rare exceptions, a limited number of additional authors may be included with permission from the editor. For all articles, the journal and author should use CRediT (Contribution Roles Taxonomy) to determine who should be included as an author. More information about CRediT (Contribution Roles Taxonomy) is available on our Author Services site. All authors must agree to the final version of the manuscript. This journal requires an ORCID ID for at least one author and preferably for all authors. Please refer to Wiley's resources on ORCID. At a minimum, all grants or sponsoring/funding entities should be Acknowledgements acknowledged. You are responsible for the accuracy of their funder designation. If in doubt, please check the Open Funder Registry for the correct nomenclature. Other professional acknowledgements should be brief. There should be no personal acknowledgments. Human Subjects Please include the following statement: Preparation of this paper did not involve primary research or data collection involving human subjects, and therefore, no Statement institutional review board examination or approval was required. All authors must declare that they have no conflicts of interest or declare all Conflict of Interest financial and non-financial conflicts. Statement Theoretical or Conceptual Manuscripts Please include the following elements in your title page: Document 1: Title Page A brief informative title containing the major key words (125 characters/spaces max). The title should not contain abbreviations. Please see Wiley's best practice Search Engine Optimization tips for help with titling to maximize visibility. A short running title of less than 40 characters The full names of the authors with highest degree conferred The author's institutional affiliations where the work was conducted, with a footnote for the author's present address if different from where the work was conducted Acknowledgments Note: Please prepare/submit your title page as a separate Word document (1 of 2). 200 words or less and structured to include the following sections: Document 2: Abstract Background Contributions to Theory Implications for School Health Policy, Practice, and Equity Conclusions Keywords (up to 6)

Body/Main	 4,000 words or less (not including references or graphics) and structured to include the following sections using the following primary headings: Introduction/background/significance (unlabeled section) Presentation of the theory or theory discussion (labeled in various ways) Discussion Implications for School Health Research Implications for School Health Policy, Practice, and Equity Conclusions Human Subjects Approval Statement Conflict of Interest Disclosure Statement References Tables and Figures (No more than 5; AMA, most current version) Note: Please prepare/submit the body of your manuscript as a separate Word document (2 of 2).
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Human Subjects Statement	None		
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