

# Guidelines for reviewers

## Purpose of *Public Health Research & Practice*

*Public Health Research & Practice* is an open-access, peer-reviewed quarterly online journal that publishes innovative, high-quality papers that inform public health policy and practice. It has a special focus on innovations, data and perspectives from policy and practice.

The journal will publish:

- Original research and reviews relevant to policy and practice
- Articles that improve methods of research relevant to policy and practice or the understanding of these methods
- Overviews of emerging or debated issues or concepts in public health policy and practice
- Examples of innovative programs or policies, or new data or perspectives from the practice of public health
- Brief reports of research or data of special relevance in strengthening public health practice.

We do not publish clinical articles that focus on the treatment of individual patients.

## Audience

The journal's primary audiences are population and public health policy makers and practitioners and researchers who wish to influence public policy and practice.

While we have a special focus on public health in NSW, we are also interested in reaching similar audiences across Australia. We also aim to reach policy makers and practitioners elsewhere within the health sector (e.g. clinicians), and practitioners outside the health sector (e.g. government departments/agencies and NGOs).

## Governance

The journal is published by the Sax Institute, a national leader in promoting the use of research evidence in health policy. Formerly known as the *NSW Public Health Bulletin*, the journal has a long

history. It was published by the NSW Ministry of Health for nearly a quarter of a century.

Responsibility for its publication transferred to the Sax Institute in 2014. The journal continues to be supported by the NSW Ministry of Health. It receives guidance from an expert [editorial board](#).

## Standards

The journal conforms to the International Committee of Medical Journal Editors (ICMJE) [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and abides by the [Principles of Transparency and best Practice in Scholarly Publishing](#) issued by the Committee on Publication Ethics. A full list of policies is available on our [website](#).

## How we choose reviewers

*Public Health Research & Practice* takes peer review seriously as an important method of ensuring the journal content is worthy of publication. We would not be able to operate without the generosity and intellectual input of peer reviewers, who are critical to our operation, and we thank you for your support and guidance.

The journal editorial team is responsible for choosing peer reviewers however authors may suggest independent reviewers to assess their manuscript. We do not guarantee that authors' suggested reviewers will be approached.

## What we review

The following types of articles are always peer reviewed:

- Original research, systematic reviews and research methods articles
- In Practice articles
- Brief Reports

Perspectives articles are normally reviewed.

Peer reviewers should be familiar with the types of articles we publish as this background information will inform your review. A guide to each of these article types and what we are looking for is available on the [Editorial criteria](#) page of our website. We ask reviewers to consider our aims when completing their review. Our particular focus on the research-practice interface should be front-of-mind for reviewers, and if papers are strongly focussed on this area, we welcome as much advice as reviewers can give on how the authors of these papers might achieve publication.

### How reviews are used

Manuscript submissions will generally be sent to two reviewers however, in some cases the opinion of a third reviewer may be sought.

The editorial team may also consider a paper could benefit from the insights of a statistical reviewer, in which case we will seek this advice.

The Editor-in-Chief reserves the right to make the final decision on whether to accept or reject a peer reviewer's assessment.

Reviewer comments are communicated to authors who are invited to revise their manuscript to accommodate reviewer suggestions. If the PHRP editorial team considers the reviewer's comments have not been sufficiently addressed, the manuscript may not be published.

If a paper is sent back to an author based on reviewer feedback, we may ask you to review the author's revision. We will not send you revised papers that have not adequately addressed your concerns.

If you request feedback, we will send you a copy of the other review(s) of the paper you have reviewed. This process is anonymous and no reviewers are identified.

We will notify you of our publication decision.

### Confidentiality

The journal uses a system of single-blind peer review, where reviewers' details are kept confidential and authors' details are attached to their manuscript.

The journal takes its commitment to your confidentiality very seriously. All reviewer comments passed on to authors are de-identified. We do not edit them unless they contain unconstructive or derogatory statements. We think it is important that reviewers are able to speak plainly, while maintaining a respectful tone in their criticism.

It is also important to observe that the unpublished manuscript is a privileged confidential communication. As such, we ask reviewers to abide by the following:

- Do not copy or distribute any part of it, or use it for teaching or discussion with your colleagues
- Do not keep copies on your computer or in hard copy
- Please keep each manuscript confidential, even after the review process is complete
- Do not ask someone else to review it for you without clearing this with the Editor first
- Do not contact the author about the paper. Rather, direct questions to the Editor, [Ms Nyssa Skilton](#).

### Ethics

*Public Health Research & Practice* asks reviewers to abide by the Committee on Publication Ethics (COPE) [Ethical Guidelines for Peer Reviewers](#).

As part of the review process we ask reviewers to declare any competing interests. In doing so we would ask you to consider the following:

- The potential for your personal financial gain or loss from the paper's publication
- Your association (financial or otherwise) with an organisation that could financially gain or lose from the paper's publication
- A strong positive or negative relationship with the paper's author that could impair your judgement
- A personal position or association with an issue that is in conflict with the content of the paper or its author.

### How to submit a review

Peer reviewers submit their reviews via our online journal management system [ScholarOne](#). For assistance with ScholarOne, please refer to the ScholarOne [online help guide](#) for reviewers or you can contact the Editor, [Ms Nyssa Skilton](#), for assistance.

In ScholarOne you will complete a short survey on the manuscript, add your free text comments about the manuscript to the authors, provide separate comments to the Editor, and complete a competing interest declaration.

You can also upload an annotated word version of the paper you are reviewing.

There are two reasons for keeping comments for the author separate from advice to the Editor. One is that the Editor, taking into account the other reviewers' comments, might come to a different conclusion from you. It is then difficult for the Editor to send a 'reject' decision if the attached review recommends publication – indeed authors sometimes use this apparent support as grounds on which to engage in argument with the Editor's decision. On the other hand, the author may be confused at receiving an acceptance from the Editor accompanied by a review recommending rejection.

### The peer review checklist

You will be asked to rate the paper based on a series of seven questions, some of which will be rated with yes/no answers and others with a scale of 1–5, with 1 being the lowest and 5 the highest. While reviews are carried out online via ScholarOne, we outline the questions here for your reference:

- This article contains new and interesting information that makes an important contribution to the field [rate 1–5]
- This article will make a potential contribution to public health policy and practice [rate 1-5]
- The methods are appropriate [rate 1-5]
- The conclusions are supported by the data/analysis/information presented [rate 1-5]

- The content justifies the length of the article [Yes/No]
- The abstract provides an appropriate representation of the article [Yes/No]
- Adequate reference is made to other work in the field [Yes/No]

### How to be a helpful reviewer

- Try to deliver your report on time, but if you are not going to meet the deadline, please let us know before the due date
- Try to address the strengths and weaknesses of the paper in the free text comments. These will be helpful for authors
- Tell us clearly if the paper reports:
  - a) A good piece of work that is badly written up (this can be fixed by rewriting)
  - b) Valuable data that has been inappropriately analysed (the authors can reanalyse the data)
  - c) A badly designed study (it may be fatally flawed and unfixable)
  - d) A badly conceived or executed intervention (the Journal seeks to publish best-practice examples).
- Try to distinguish between a badly done study and a well-executed one whose results you don't like
- Don't write a review about the paper you would have written instead. This does not help the authors fix their paper. Nor does it tell the Editor whether it is a useful piece of work in its own right
- We encourage reviewers to comment on: ethical questions (e.g. evidence of adherence to appropriate standards); possible research misconduct (e.g. data fabrication); possible publication misconduct (e.g. redundant publication, plagiarism)
- If you have serious concerns that the paper is barking up the wrong tree, email the Editor and check what the intended purpose of the paper is. It may be that you are not the best

reviewer for it. On the other hand, you may be the one who spots that an entirely wrong approach has been used to address a public health question

- Try to help the authors do better next time. Part of the Journal's purpose is to contribute to the development of a well-trained and informed public health workforce. Rather than simply rejecting substandard writing, we aim to help public health workers to reach publishable quality. Any advice you can give that would help the authors improve their work is greatly appreciated
- There is no rule about how long your review should be, but helpful reviews are usually about half a page to two pages.

### Other helpful questions that might assist you in your review

#### Am I the right person to review this paper?

You should inform the Editor that you cannot review the paper if:

- a) You have a conflict of interest
- b) The approach is in a discipline in which you lack expertise
- c) You will not have time to do the review by the due date. We prefer to know this now rather than after you have missed the deadline.

#### Is the topic a significant public health issue?

Will it interest: public/population health policy makers and practitioners in NSW Health (Ministry, Pillars, Local Health Districts); public/population health policy makers and practitioners across Australia; policy makers and practitioners elsewhere within the health sector e.g. clinicians, GPs, Medicare Locals; practitioners outside the health sector e.g. NSW government departments/agencies and NGOs; academic researchers who wish to influence public policy and practice?

#### Does the title describe what the article is about?

Would an international reader coming across the abstract on Medline understand it?

#### Does the abstract give a clear summary of the paper's primary concerns?

The abstract is best read after you have read the paper.

For an article reporting on a study, the abstract should include a clear summary of the reason for the study, the place and time it was carried out, the study type, the population or study subjects and the method of data collection and analysis. A sentence or two should cover the main findings and conclusion.

#### Does the introduction summarise what is already known on this topic?

Does it tell the reader why this study needed to be done? Is the question that the work seeks to answer clearly stated?

#### Are all the methods outlined in the methods section?

The basic principle is that another researcher should be able to repeat the study on the basis of the information given. Check that the following are included:

- a) Place and time of study (e.g. Lismore, NSW, April – November 2005)
- b) Study type (e.g. randomised double-blind crossover study, content analysis of health promotion leaflets etc.)
- c) Sample, population or study subjects (who or what they were and how many of them there were)
- d) How the data were collected and recorded
- e) How the data were analysed (i.e. what measures, tests and models were used)

#### Are the results sound?

- a) Does the results section set out the findings clearly? Results presented must not be based on data or analysis not mentioned in the Methods section.
- b) Does it look as though the authors had decided the answer before they did the study?
- c) Are they trying to explain away inconvenient or unwelcome results?
- d) Do they try to claim that nonsignificant findings still prove something?
- e) Do they generalise too widely?

### Is the paper too long?

If you suggest that more information is needed about methods, or a longer discussion, remember also to suggest where cuts can be made.

Is the writing repetitive? Are some of the tables unnecessary or too big? Has the author attempted to cover too much ground? Or would the paper be better as a short report? If you think the paper is too long it is helpful to suggest where cuts can be made.

### Is the structure appropriate to the contents?

For a paper that is not reporting an empirical study, the traditional IMRAD (Introduction, Methods, Results And Discussion) format may not be appropriate.

### Is the paper clearly written?

Could you easily follow the argument of the paper as a whole after one reading? If not, there is something wrong with the way the paper is written.

Is the text full of jargon and technical terms? The Journal is read and used by a range of public health workers including epidemiologists, clinicians, Aboriginal health workers, policy analysts, HIV/sexual health educators, mental health specialists, nurses and journalists/media. Point out any jargon that would not be widely understood.

Is the text badly written, with grammatical errors and awkward confused sentences? It is helpful if your review points out difficulties in this area, perhaps with some examples, but you are not expected to suggest detailed corrections or rewrite sentences. If the writing is particularly bad, the authors will be asked to rewrite the paper. If the errors are minor and occasional, they will be picked up in the Journal's copyediting process.

### Are the references in Vancouver style, in numerical order?

Please point out if you notice any errors in journal title abbreviations, spelling of author names etc. However the paper will be copy edited and this is not your sole responsibility.

### Are there potential issues of publication misconduct?

Please highlight potential issues relating to ethical questions (e.g. evidence of adherence to

appropriate standards); possible research misconduct (e.g. data fabrication); and possible publication misconduct (e.g. redundant publication, plagiarism).

### Helpful questions to consider regarding tables and graphs

- Could graphs or tables be improved? The tables should give information that is consistent with the text but does not merely duplicate it
- Do the results look plausible?
- Do the figures need to be reviewed by a statistician?
- Given your experience of the field, does anything just look wrong? (For example, a 99% response rate for a 'voluntary' survey). It may nonetheless be correct, but the authors should be very clear about how and why they got such an unusual result
- Does the discussion summarise the implications of the findings and examine obvious problems with the methods or findings?
- Are the references appropriate and carefully cited?
- References to support claims of scientific fact should be readily accessible and authoritative (in the peer-reviewed literature or from recognised bodies such as the Australian Bureau of Statistics or the World Health Organization)
- Unpublished work and personal communications are not acceptable as support for claims of fact. Check that the authors have not ignored a major source of relevant information, or misrepresented the findings of any studies you are familiar with
- Are tables full of data that are of no use to the reader? Journal readers do not always need to know all the percentages in answer to every question in a survey, but might find the summarised measures after factor analysis or model-building more useful

- Do tables or figures reporting data from other sources, contain appropriate attribution?
- Do the tables add up? If there are 57 respondents, it is impossible for 53.8% to say 'yes' to a question unless some didn't answer – if possible, add up the tables and calculate percentages.
- Do the statements in the text match the numbers in the tables?
- Spurious accuracy is not necessary. If the 95% confidence interval for an estimate is 3.4 to 8.7, and the detailed findings are in a table, there is no need to report findings in the text to two decimal places – whole numbers will do.

### Sample reviews

#### Sample review 1 (unhelpful)

The paper provides some interesting material, but not a lot that is new.

- The main subject is how 'local council policies have a profound effect on safety at work'. The paper needs to be more tightly organised around this topic. As it stands the paper is poorly organised.
- Also, it begins with more sophisticated concepts, but fails to sustain itself at this academic level.
- It also needs to clarify better what is referring to 'physical' aspects of the workplace and 'cultural' ones.
- I voted for a reject; even though I considered an R&R, I conclude that the author(s) didn't seem to have what it would take to effectively make it into a high-level piece of work.

#### Comments on this review

- It would be helpful to say whose work has already covered these ideas.
- What is wrong with the organisation? How could it be improved?
- This may not be relevant for practical work in workplace health and safety.
- This remark does not belong in the comments for the authors and should be

addressed privately to the Editor. It amounts only to personal abuse; even if it is true, the author might get help to improve the paper.

#### Sample review 2 (minimally helpful)

The paper is a descriptive account (case series) of the public health management of a cluster of cases of chickenpox at a Cooma school.

- I feel the subject matter is relevant and of interest, although I'm not sure that it complies with the Journal's word limit for short reports.

I would make only minor suggestions for amendments:

Provide a brief discussion of the rationale for widespread vaccination of the school students and the relation of this decision to the national guidelines.

- Time is presented in the 24-hour clock. I understand that time presented in this way should be followed by the term 'hours'. For example, (p2, case 9) '0600' should read '0600 hours'.

#### Comments on this review

- The word limit is a matter that is checked by the Journal staff. If the paper is too long, it is helpful to suggest where cuts could be made.
- This is a matter of editorial house style and will be attended to during copyediting.

#### Sample review 3 (more helpful)

It is unclear whether this paper is about leukaemia or all childhood cancers. The message that moving the power lines caused the reduction in admissions for childhood cancers is too strongly made, particularly in the Conclusions. There may be a number of explanations for this change, and none of them have been properly controlled for in the analysis.

The comment that there is literature to support a link between the presence of power lines and cancers in childhood is absolutely true, but if the authors looked, they would find literature to

support a link with radiation emissions, water pollution, parental occupation and many other environmental factors. Therefore the fact that literature exists does not improve the ability of this study in finding a link in the areas studied.

In summary, because the link between power lines and childhood cancers is so important, it has been studied using far more rigorous methods than used in this study. Unfortunately I cannot conclude that this paper makes a scientifically valuable contribution to research on the subject. I would recommend that the authors do more research on appropriate methodologies for environmental epidemiology before taking the study further.

#### Comments

This report makes it clear that the study is fatally flawed and not worthy of publication, but leaves it to the Editor to decide about rejection.

#### Sample review 4 (very helpful)

The study described in the paper used information on hospital admissions to Prince John Hospital and magnetic readings from around power lines to test the hypothesis that the reduction in magnetism arising from moving the power lines away from Sherwood township was associated with a reduction in childhood cancers in the local population. Two postal areas were studied.

Their proximity to the power lines, a distant area acting as a control region. Two years were studied, one before and one after the power lines were moved. Only data for the summer months were studied.

#### Subject matter

The association between power lines and childhood cancer is an important public health question and the possibility that high-voltage facilities could be the cause of higher rates of cancer is of major concern to the community. Because the facility in question is a major contributor to the NSW economy, the question has important implications for industry in NSW and is therefore highly relevant to readers of *Public Health Research & Practice*.

#### Scientific quality

To their credit, the authors have:

- Provided background that supports their argument that power lines contribute to the burden of cancer in children
- Used a control region in their study design
- Used two time periods, one in which the exposure was present and the other in which there was clearly an absence of exposure
- Stated that the results could have been explained by other confounding environmental factors such as parental smoking rates or oncogenic viruses or by chance, e.g. a cluster of cases of genetic propensity to cancer.

However, I have concerns over the methodology:

The reason for studying only the summer months was not justified in the Methods section.

Was any attempt made to relate the magnitude of change in magnetic charge levels to expected changes in cancer admission based on published results from other studies? That is, how consistent was the magnitude of the observed change with changes observed in other studies?

Is it possible that admission patterns from each of these geographic regions might have independently changed over the two years? Admissions to only one hospital were studied, but there are other hospitals in the region that patients might have attended.

Was the potential for different patterns of carcinogen (e.g. farm chemical) exposure between the two regions considered?

Was there a demographic change associated with the moving of the power line? Is it possible that families with young children moved away from the area after the closure of the local power station for employment reasons? A comparison of the 1996 and 2001 Census data for the two postal areas could answer this question.

The study would have been more convincing had a greater number of postal areas been studied. Two regions is a very small sample size.

The study may have been more convincing had a greater number of years of hospital admissions been studied in order to gain a better sense of the prevailing pattern of admissions in each geographic region prior to moving of the power lines. A historically wide variation would suggest

that the change observed between 1999 and 2000 may not have been unusual.

Referring to the proportion of children with leukaemia in Table 3, if the moving of the power lines was the only environmental change that occurred, why did the proportion with leukaemia in the town double between 1999 and 2000? These proportions are based on very small counts and cannot be used to draw firm conclusions. Confidence intervals would reveal this difficulty.

The use of the tobacco exposure information is not well justified or discussed. What is the interpretation of the dramatic differences observed between the two years? How valid is this as a measure of actual exposure of children to tobacco smoke?

Table 1 does not provide confidence intervals for the percentage change in the proportion of admissions that had a cancer diagnosis. It is unlikely that these are statistically significant, particularly in the 0–4 age group.

Tables 3 and 4 do not show confidence intervals for proportions. Confidence intervals for counts based on the Poisson distribution could also be included in Tables 1, 3 and 4.

Median length of stay might be a better measure of bed stay. Averages are more suited to normally distributed data, but length of stay tends to be left-skewed in its distribution.

### **Presentation**

The manuscript is of an appropriate length, although the abstract appears to be longer than the prescribed limit of 350 words. The paper is well written and easy to understand.

Is there a legal concern about mentioning the name of the power company?

The acronym AEP is used but not defined.

### **Advice to Editor**

I would have strong concerns about publishing the manuscript in its present form, unless the limitations were presented more clearly and thoughtfully and the conclusions diluted accordingly. This study provides evidence to show that there was a difference in cancer admissions between the two years and geographic regions. However, a sample size of two regions, one exposed and one non-exposed, is insufficient to draw a firm conclusion that the power lines were the cause of the changes without better accounting for other, unmeasured confounding factors.

### **Comment on this review**

This thorough review gives the Editor the information on which to base a decision and also offers advice to the authors so that they both understand the rejection and can plan better research in future.