Directions for the preparation of typescripts for Community Dental Health

Typescripts should be prepared in a Microsoft Word compatible format in the following sections (except for Dental Public Health in Action papers which are dealt with at the end of this document):

- Title Page: with title, authors, their institutions, corresponding author with full postal address and email address, and a list of keywords which should generally be MESH compliant (www.nlm.nih.gov/mesh/MBrowser.html).
- Abstract: not more than 250 words, a single paragraph structured where relevant into Objective, Basic research design, Clinical setting, Participants, Interventions, Main outcome measures, Results and Conclusions. These subheadings to be in bold italic and followed by a colon. For additional information, see other document: Harrison, J.E. (1996): Structured abstracts - Editorial. Community Dental Health 13, 63–64.
- Paper: Normally to include an Introduction, Method, Results, Discussion, Conclusion, Acknowledgements (having the approval of those acknowledged and including details of any financial support), References, Tables and Figures. The main text should be 12pt Times New Roman font with double spacing on A4 sheets, allowing 3cm margins at top, bottom and sides. Spelling should be consistent with current editions of either Webster's Dictionary or the Oxford English Dictionary. Use of capital letters should be minimal. Subheadings and footnotes should be avoided. Online-only appendices may be used for additional documents such as questionnaires or large data tables. The paper must not (at this stage) identify the authors by name or initials to allow blinded peer review – names or initials can be replaced with XXX. Authors whose first language is not English are advised to seek guidance on written English before submitting their work. Tables and Figures should be single spaced.
- Reporting guideline checklist: Authors of scientific articles must complete the relevant checklists to demonstrate their work conforms to the guidelines for reporting studies of their design. The checklists should be submitted with the manuscript. They are to aid review and will not be published. The relevant checklists and guidelines are:
- Randomised controlled trials: The CONSORT guidelines (www.consort-statement.org).
- Case control, cohort and cross-sectional studies: The STROBE guidelines (www.strobestatement.org)
- Systematic reviews: The PRIMSA guidelines (http://prisma-statement.org/).

The introduction, review of the literature and discussion should be concise. Papers that describe groups or places with hitherto little published information may be given preference.

Typescripts are to be submitted via the CDH submission centre at https://www.editorialsystem.com/cdh/ and must be the original work of the authors and not submitted for publication elsewhere.

Further guidance

Typescripts should be as short as possible, consistent with clarity of communication, and not normally exceed 3,000 words – typescripts of up to 1,500 words may be published as 'Short communications'. Authors should note that once accepted if the typeset paper is more than six

pages long additional pages are charged at £125 per page or part page with the exception of review papers.

The total number of Tables / Figures should normally not exceed 4 (e.g. 3 Tables and 1 Figure). The title should be brief but descriptive of the content of the paper. Additional information, if deemed essential, should be given as a sub-title.

Consistency between text, tables and references is the responsibility of the author(s), as is arithmetical accuracy. The Editor cannot be held responsible for any such errors in the published paper.

References to previous relevant publications should normally number no more than 20, except in cases of systematic reviews or manuscripts relating to a subject not extensively covered in the dental literature. In the text the author(s) name and date of publication should be used, e.g. 'in a similar study (Jürgensen and Petersen, 2013)', 'Conversely, Nammontri et al. (2012) found..', (Daly et al., 2013; Pope, 2012a; b; Wang, 1999; 2014)'. The list of references at the end of the text is arranged alphabetically by name of first author using the following styles:

Daly, B., Batchelor, P., Treasure, E. and Watt, R. (2013): Essential Dental Public Health. Oxford: OUP.

James, P.M.C. and Beal, J.F. (1981): Dental epidemiology and survey procedures. In: Dental Public Health, 2nd edn; ed. Slack, G.L. pp86–118. Bristol: John Wright. Jürgensen, N. and Petersen, P.E. (2013): Promoting oral health of children through schools– Results from a WHO global survey 2012. Community Dental Health 30, 204-218.

Leroy, R., Jara, A., Martens, L. and Declerck, D. (2011): Oral hygiene and gingival health in Flemish pre-school children. Community Dental Health 28, 75-81.

Nammontri, O., Robinson, P.G. and Baker, S.R. (2012): Enhancing oral health via Sense of Coherence a cluster-randomized trial. Journal of Dental Research, In Press.

Pope, H. (2012): A description of a specialist led primary care based oral surgery service. Community Dental Health 29, 5-7.

THL, Terveyden ja hyvinvoinnin laitos (2009): [Classification of treatment measures in oral health care 2010]. Helsinki: THL. www.julkari.fi/handle/10024/80304

Tables should be placed at the end of the typescript but have their intended position indicated in the text as a paragraph stating only, for example, Table 3 near here. Nomenclature should be consistent between text and tables. Sources of data must be cited. Footnotes to tables, where necessary should be simple and numbered [1],[2] [3], etc. Tables require clear captions; be numbered in sequence; have no dividing rules; have sufficient headings to columns and parts to be comprehensible without reference to the text but without repetition of data. Numbers in columns should be decimal aligned. Use 9pt Times New Roman font single spaced. Reference to tables in the text should be either: 'Table 1 shows ...' or: 'A difference was noted (Table 2).' Figures should follow the guidelines for tables regarding nomenclature, font, numbering, captions, footnotes and referencing. Images should be in JPEG or TIFF formats. Charts and diagrams should be editable (Word® or Excel®) rather than raster graphic pictures.

Units and abbreviations must conform to the Systeme International d'Unites (SI). Acronyms letters denoting persons or organisations (CDS, GDP, etc.) should not be used but the titles

spelt out. Commonly used abbreviations may be used throughout (DMF, CPITN, etc) whilst unfamiliar acronyms should be cited in full in the text but maybe abbreviated when used frequently elsewhere. The following abbreviations should be used: gram g; litre l; metre m; with equivalent: mega M; kilo k; milli m; micro μ. Plurals should not have s added. Numerals should be used with units but elsewhere written in words for one to ten. The % symbol should be used throughout. Generally mg/L is to be used in preference to ppm.

Open Access: The journal offers authors the option to have their accepted papers freely available for download by any interested parties for a single payment of £1000 per standard length paper. Unlimited free downloads direct from the Community Dental Health website would then be available on publication. Also draft or final versions of those papers may be placed in any other repositories with no embargo period. Without this arrangement it is a breach of copyright to place copies of a paper in any repository accessible by a third party.

Proofs and reprints: Page proofs with reproductions of figures for position and orientation will be sent to the corresponding author for checking and speedy return to the publisher. This is for alteration of typesetting errors only and not for alterations of subject matter. Reprints (printed subsequently and at greater cost) may be ordered at the time of returning page proofs to the publishers.

To aid understanding of the above directions, aspiring authors are strongly advised to consult a recent issue of Community Dental Health before commencing work on their submission.

Guidance on preparing typescripts for Dental Public Health in Action papers

The 'Dental Public Health in Action' section in Community Dental Health, is intended to meet the needs of a wide range members, but particularly practitioners in the fields of dental public health or clinical care of special groups.

Short articles from DPH practitioners are welcome from all relevant fields that illustrate the application of principles of dental public health. In contrast to academic papers, these shorter items will not describe research or standard epidemiological surveys, nor will they follow the format of such papers. Rather, they will describe a piece of work that has been undertaken by DPH practitioners that is likely to be of interest and relevance to other practitioners.

These may cover such topics as service re-design or re-alignment, health needs assessments or equity audits, examples of good engagement with patients, population or professionals, health

improvement activities or any other topic that would be of interest to fellow DPH practitioners

Authors are asked to structure their articles under the following headings: Public health competencies being illustrated; Initial impetus for action; Solution(s) suggested; Actual outcome; Challenges addressed; Future implications; and Learning points.

This structure may not be suited to all types of projects or commentaries but authors should bear in mind the aims of the initiative and the British and European membership.   Authors are encouraged to share setbacks or unexpected outcomes within their articles, as well as positive and successful actions, as these can have great benefit for others who can learn from other's experience.   Articles should be limited to 2,500 words with no more than one table and one small figure.   A reviewing system will be applied and editorial assistance will be freely available, particularly for those not experienced in reporting for a journal.

Clearly, articles of this length will not be able to explore issues in great depth.   Rather the intention is to give readers an opportunity to read of projects undertaken elsewhere, gain some understanding of the key points to consider, and give author's details for individuals to follow up if they wish to undertake similar or related activities.

Any DPH practitioner, at whatever level, may offer suggestions for articles to Deputy Editor, Kate Jones at mailto:katie.jones1@dhsc.gov.uk

Reviewers of DPH in Action papers will be asked the following questions:
• Does the title reflect the contents of the paper?
• Is the content of current interest to dental public health practitioners?
• Is the problem adequately described?
• Is the response described in sufficient detail to assist someone wanting to react similarly?
• Is there sufficient information about the outcomes for the reader to judge the merit of the activity?
• Are the challenges adequately described and discussed?
• Are the implications of future developments sufficiently described and discussed?
• Are the references relevant and up to date?