

## ***Journal of Health Politics, Policy and Law* Style Guide**

Updated June 2016

The *Journal of Health Politics, Policy and Law* first adheres to the rules in this style guide. For issues not covered herein, please refer to *The Chicago Manual of Style*, 16th ed. (CMS). The journal also consults *Merriam-Webster's Collegiate Dictionary*, 11th ed., and *The Bluebook: A Uniform System of Citation*, 19th ed.

### **ABBREVIATIONS**

Corporate, municipal, national, and supranational abbreviations and acronyms appear in full caps. Municipal and national abbreviations have periods; state, corporate, and supranational abbreviations do not. Possessives are formed with an apostrophe; plurals, without. Most initialisms (abbreviations pronounced as strings of letters) are preceded by *the*; acronyms and initialisms that designate cities, companies, and political programs are not.

These bodies—the IMF and the World Bank, GATT, the EU, and NAFTA—abstained.  
certain US and UK cities; UN peacekeeping forces  
Highly concentrated MSAs would result in HHI increases  
the workplace at IBM

#### **BUT**

For World No Tobacco Day 2014, WHO and partners call on countries to raise taxes on tobacco.  
Every four years, HHS updates its strategic plan.  
The House will consider H.R. 3102, the Nutrition Reform and Work Opportunity Act. [Periods are used in certain legislative contexts, see *Bluebook* and *CMS*]

Initials in personal names have periods and are separated by a space. “Jr.” is not preceded by a comma.

Abbreviations of Latin terms, such as *et al.*, *e.g.*, *etc.*, and *i.e.*, are not italicized. Most of them are restricted to parenthetical text; *et al.* is an exception. Legal cases are italicized in the text.

*Ibid.* is used sparingly; *f. (ff.)*, *op. cit.*, *loc. cit.*, *passim*, and *supra* are not used. Commonly used abbreviations include *chap.*, *cf. (compare)*, *ed.*, *e.g.*, *esp.*, *et al.*, *etc.*, *fig.*, *fol.*, *i.e.*, *l. (ll.)*, *n. (nn.)*, *p. (pp.)*, *pt.*, *ser.*, *trans.*, *vol.*

State abbreviations are not used in running text. However, they are used in references, tables, and legal citations. With the exception of legal citations (which use old-style abbreviations, per *Bluebook*), postal abbreviations are used.

Abbreviations are generally not used at the beginning of sentences.

### **ABSTRACTS**

Abstracts are set on the article opening page before the running text. Abstracts should be no more than 200 words in length.

### **ACCENTS**

Accent use in English will follow *Merriam Webster*. 11th ed. Accents will be used for foreign terms and titles and should be verified for accuracy where possible. Accents will not be used on capital letters in French.

## **ACKNOWLEDGMENTS**

Acknowledgments are set as the first unnumbered footnote and are written in the first person.

## **APPENDIXES**

Use “Appendix A,” “B,” etc. Code title as A-head (all in bold). In text, refer to “appendix A” (lower-case *appendix*). If there is only one appendix, “A” and “B” are unnecessary.

If an appendix is a table or a figure, it does not need to be numbered. However, if a figure or a table appears in an appendix, the element should be referred to and labeled as “appendix figure [table] 1.” If there are multiple appendixes, the element should be referred to and labeled as “appendix figure [table] B1.”

## **CAPITALIZATION. See also SPELLING AND HYPHENATION**

Proper nouns and their derivatives are capitalized; otherwise, a down (lowercase) style of capitalization is preferred (for detailed guidelines on capitalization of terms see CMS, chap. 8).

### **After a Colon**

If the material introduced by a colon consists of more than one sentence, or if it is a question, quotation, or a speech in dialogue, it should begin with a capital letter. Otherwise, it begins with a lowercase letter. See CMS 6.61.

### **Quotations**

Quotations must reproduce the wording, spelling, capitalization, and punctuation of the original exactly, with the following exceptions:

(1) A change in capitalization *at the beginning of* a quotation may be made silently (without brackets) if the quotation’s syntactic relationship to the preceding text suggests it (see CMS 13.14):

Smith stated that “we must carefully consider all aspects of the problem.”

*but*

Smith stated, “We must carefully consider all aspects of the problem.”

A lowercase letter following a period plus three dots may be silently capitalized if it begins a grammatically complete sentence (CMS 13.51).

(2) The terminal punctuation may be omitted or changed to a comma if necessary, and internal punctuation before or after ellipsis points may be omitted.

(3) Original notes and their superscript callouts are omitted.

(4) Obvious typographical errors (e.g., “teh”) may be silently corrected, but idiosyncratic spellings found in older works must be preserved. Such spellings that are likely to be thought erroneous may be, and grammatical errors in the original should be, followed by *sic* in brackets; those that may pose a hindrance to the reader may be followed by the modern spellings in brackets.

### **Terms**

Terms referred to as the terms themselves are italicized.

The term *lyricism* was misused in Smith's book review.

In the twentieth century *socialism* acquired many meanings.

When isolated non-English words and phrases are translated into English, or vice versa, parentheses or quotation marks are used.

The second *cavalier* (horseman) rode swiftly on.

Spirit (*Geist*), in Hegel's phenomenology . . .

### **Titles of Works**

For titles in English, headline-style capitalization is used: capitalize the first and last words and all nouns, pronouns, adjectives, verbs, adverbs, and subordinating conjunctions (*if, because, that*, etc.). Lowercase articles (*a, an, the*), coordinating conjunctions, and prepositions (regardless of length). The *to* in infinitives and the word *as* in any function are lowercased.

For hyphenated and open compounds in titles in English, capitalize first elements; subsequent elements are capitalized unless they are articles, prepositions, or coordinating conjunctions. Subsequent elements attached to prefixes are lowercased unless they are proper nouns. The second element of hyphenated spelled-out numbers or simple fractions should be capitalized. If a compound (other than one with a hyphenated prefix) comes at the end of the title, its final element is always capitalized.

Nineteenth-Century Literature

Avoiding a Run-In

Policies on Re-creation

Twenty-First-Century Culture

When titles contain direct quotations, headline-style capitalization should be used:

“We Just Can’t Afford It”: Uninsured in the United States

In capitalizing titles in *any* non-English language, including French, capitalize the first letter of the title and subtitle and all proper nouns. See *CMS* 11.24 and 11.42 for the treatment of Dutch and German titles, respectively.

### **CONTRIBUTOR’S NOTE**

Each contributor’s note is no more than 130 words in length and includes the author’s name, rank, affiliation, areas of activity or research, and two or three recent published works.

### **DATES AND TIMES. See also NUMBERS**

on January 20, 1993, at 8:00 a.m.

August 1994

September–October 1992; the spring of 1992

September 11 [or 9/11]

from 1967 to 1970

the late 1960s; the nineties [*not* 60s or ’90s]

the mid-1980s; the mid-eighties; mid-1980s or mid-eighties Sudan

the mid-nineteenth century; mid-nineteenth-century Kenya; late twentieth-century Kenya

the years 1896–1900, 1900–1905, 1906–9, 1914–19 [see *CMS* 9.63 for complete rules on inclusive years]

AD 873; the year 640 CE; 350–345 BCE; 21 BCE–39 CE  
c. 1820

## DOCUMENTATION

### General Principles

*JHPPL* uses the author-date form of citation recommended by CMS (see chaps. 14 and 15). However, in text citations, where CMS uses commas between year and page number, *JHPPL* uses colons.

Legal sources (court cases, constitutions, treaties, statutes, legislative materials such as unenacted bills, hearings, and reports) should be cited in the main body of the article, not in footnotes. If a case or law is well known (e.g., *Roe v. Wade*), it is not necessary to provide a full citation. The general form of citations should follow the conventions for law review footnotes in the *Bluebook* (especially Secs. 1, 10, 12, 13, 14). Some exceptions to this include the Constitution (CMS 14.292) and entries in the *Federal Register* and *Congressional Record*, which follow CMS style.

If a citation is given to an online work, an access date is required only if no publication date is given. In online citations, “http://” does not precede URLs. A hyphen should not be inserted at the end of a line when breaking URLs, and the last character on a line should not be a period. (See CMS 14.12.) A DOI (digital object identifier) may be included instead of a URL if the publication has one.

For text citations and references with multiple authors, write out up to three authors; for four or more authors, use first author’s name and et al.

In the reference section, spell out the first names of authors and editors, as appropriate. For titles of works, ampersands and numbers are spelled out, but serial commas are NOT added. Titles use headline-style capitalization (see CAPITALIZATION above). For journals, issue numbers should be included if the journal uses them. Publisher names in references are shortened to omit “Press,” “Publishers,” etc. (except for university presses, where “Press” is retained).

Foreign-language titles should have English translations in parentheses following the foreign title. If only the English translation of a title is provided for a work that originally appeared in a foreign language, then the original language should be placed in brackets following the English title.

Wang, Yonggang. 2007. “Bai Enpei’s Talk with STMA” [in Chinese]. *Yunnan Daily*, September 5.

### Sample In-Text Citations

Proposals encompass everything from a Canadian-style national health system (Himmelstein et al. 1989) to an outline for a predominantly private one (Butler and Haislmaier 1989: 189–92).

This issue is addressed in full in *Kranson v. Valley Crest Nursing Home* (755 F.2d [3d Cir. 1985]).

See section 1 of the Administrative Procedure Act.

This provision is codified in Title XXVIII, section 556, of the Delaware Code.

This refers to what the *Oxford English Dictionary* terms the “tide of politics.” [No reference needed.]

Whole genome sequencing should be covered by the ACA (Payne, forthcoming). [Per CMS 15.42, both “forthcoming” and “n.d” are preceded by a comma in text citations.]

## Sample References

### Book

Citizens Commission on AIDS for New York City and Northern New Jersey. 1988. *AIDS and Drug Use: Breaking the Drug Link*. 2nd ed. New York: Citizens Commission on AIDS for New York City and Northern New Jersey .

Anderson, David F. (1960) 1988. *The Global Disease*. Inverness, UK: Northern Light.

### Chapter in an Edited Volume

Haverkos, Harry W. 1988. “Overview: HIV Infection among Intravenous Drug Abusers in the United States and Europe.” In *Needle Sharing among Intravenous Drug Abusers*, vol. 2, edited by [or translated by] R. Battjes and R. W. Pickens, 107–39. Washington, DC: National Institute on Drug Abuse.

Gage, Jeremy. 1999. “Bronx Syndrome.” In Aizer, Gold, and Schoen 1999: 27–53.  
[This form is used if the edited work itself is also cited.]

### Multiauthored Work

Aizer, Anna, Marsha Gold, and Cathy Schoen, eds. 1999. *Managed Care and Low-Income Populations: Four Years’ Experience with TennCare*. Washington, DC: Henry J. Kaiser Family Foundation.

Peterson, George E., Randall R. Bovbjerg, Barbara A. Davis, Walter G. Davis, Eugene C. Durman, and Theresa A. Gullo. 1986. *The Reagan Block Grants: What Have We Learned?* Washington, DC: Urban Institute.

### Multivolume Work

Canada National Forum on Health. 1997. *Canada Health Action: Building on the Legacy*. 2 vols. Ottawa: National Forum on Health. [Both vols. are cited in text and distinguished as such: Canada National Forum on Health 1997, 1:2; Canada National Forum on Health 1997, 2:569]

Canada National Forum on Health. 1997. *Final Report of the National Forum on Health*. Vol. 1 of *Canada Health Action: Building on the Legacy*. Ottawa: National Forum on Health. [Only vol. 1 is cited in the text.]

### Online Book

IOM (Institute of Medicine) 1999. *Toward Environmental Justice: Research, Education, and Health Policy Needs*. Washington, DC: National Academy Press.  
[www.netlibrary.com/urlapi.asp?action=summary&v=1&bookid=6644](http://www.netlibrary.com/urlapi.asp?action=summary&v=1&bookid=6644).

### Translation

Santos, Lidia. 2005. *Tropical Kitsch: Mass Media in Latin American Art and Literature*. Translated by E. Enenbach. Princeton, NJ: Markus Wiener.

Sarantuya Sarankhuu. 1996. "Searching for the Long Lost Tomb of Chinggis Khan." [In Mongolian.] *Mongolian History* 13: 134–46. [Per CMS 14.192, if only the English title is given, the original language must be specified in brackets.]

#### *Working Paper Series*

Baker, Laurence C., and Sharmila Shankarkumar. 1997. "Managed Care and Health Care Expenditures: Evidence from Medicare, 1990–1994." NBER Working Paper No. 6187. Cambridge, MA: National Bureau of Economic Research.

#### *Dissertation*

Wolverine, Brenda. 1999. "Regulation of U.S. Health Care Organizations." PhD diss., University of Washington.

#### *Journal Article*

Becker, Marshall, and Jill Joseph. 1988. "AIDS and Behavioral Change to Reduce Risk: A Review." *American Journal of Public Health* 78, no. 2: 394–410.  
[Include issue number if there is one.]

CDC (Centers for Disease Control). Forthcoming. "Human Immunodeficiency Virus in the United States: A Review of Current Knowledge." *Morbidity and Mortality Weekly Report* 36, suppl. S-6.  
[\*\*\*Please note: Organization abbreviation given first, then name in parentheses, not the other way around. Text citation would be (CDC, forthcoming).]

#### *Online Journal Article*

Hall, Peter. 2006. "Failed Asylum Seekers and Health Care." *BMJ* 333: 109–10. doi: 10.1136/bmj.333.7559.19.

DOE (US Department of Energy). 1998. *Human Genome News*, January.  
www.ornl.gov/TechResources/Human\_Genome/publicat/hgn/v9n1/20ednote.html.

#### *Special Issue*

Oliver, Adam, and Elias Mossialos. 2005. "European Health Systems Reforms: Looking Backward to See Forward?" In "Legacies and Latitude in European Health Policy," edited by Adam Oliver, E. Mossialos, and David Wilsford, special issue, *Journal of Health Politics, Policy and Law* 30, nos. 1–2: 7–28.

Oliver, Adam, Elias Mossialos, and David Wilsford, eds. 2005. "Legacies and Latitude in European Health Policy." Special issue, *Journal of Health Politics, Policy and Law* 30, no. 1–2.

#### *Magazine Article*

Rauch, Jonathan. 1994. "The Hyperpluralism Trap." *New Republic*, June 6, 22–25.  
[Note: *The* is dropped before periodicals in the references.]

#### *Online Magazine Article*

United Auto Workers. 2000. "Rx Express." *Solidarity*, June.  
www.uaw.org/solidarity/00/0600/feature03.html.

*Newspaper Article*

Pear, Robert. 1992a. "Two in Bush Cabinet Attack Democrats on Health Care." *New York Times*, January 10.

[Note: Page cite not necessary per CMS 14.203. *The* is dropped before newspaper titles in the references.]

*Online Newspaper Article*

Tsouderos, Trine. 2011. "Maryland Physician Board Charges Promoters of Dangerous Autism Therapy." *Chicago Tribune*, May 19. [www.articles.chicagotribune.com/2011-05-19/](http://www.articles.chicagotribune.com/2011-05-19/).

*Paper or Presentation*

Baum, Matthew A., and Henry R. Nau. 2009. "Foreign Policy Views and U.S. Standing in the World." Paper presented at the annual meeting of the American Political Science Association, Toronto, September 3–6.

Abernathy, Joelle. 1997. Testimony before U.S. House, Committee on Government Reform and Oversight, Subcommittee on Human Resources and Intergovernmental Relations. 105th Cong., 1st sess., July 31.

*Reports and Corporate/Organizational Publications*

DOHMH (New York City Department of Health and Mental Hygiene). 2006. "NYC Health Department Proposals: Helping HIV-Positive People Get Optimal Care." Circular. March 7. New York: DOHMH.

Porter, Donna V. 2003. "Breast-Feeding: Impact on Health, Employment, and Society." Congressional Research Service (CRS) Report for Congress. July 18. Washington, DC: CRS.

U.S. House of Representatives. 2007. *Hearing on Competitive Bidding for Clinical Lab Services*. 110th Cong., 1st Sess. July 25. Washington, DC: House of Representatives.

*Archival Matter*

Archival citations vary in form but may contain any of the following, as well as other pertinent information: city; name of archive; collection; catalog, drawer, folder, or other reference numbers; folio numbers; date.

*Websites and Blogs (Other than Online Books and Periodicals)*

Include as much of the following information as possible: author of the content, title of the page (if there is one), title or owner of the site, URL, and access date (only if no specific publication date is provided).

Kloman, Harry. n.d. "Introduction." The Gore Vidal Index. [www.pitt.edu/~kloman/vidalframe.html](http://www.pitt.edu/~kloman/vidalframe.html) (accessed July 27, 2003).

[The official titles of websites are set in roman type, with headline-style capitalization, and no quotation marks; titled sections, pages, or special features on a website should be placed in

quotation marks (CMS 8.186). Blog titles should be in italics; titles of blog posts, in quotation marks (CMS 8.187).]

Southern Poverty Law Center. n.d. “SPLC History.” [www.splcenter.org/who-we-are/splc-history](http://www.splcenter.org/who-we-are/splc-history) (accessed February 20, 2014).

[If there is no author, the owner of the site may stand in the author’s place.]

Milstein, Arnold. 2008. “Toxic Waste in the U.S. Health System.” *Health Affairs* (blog). June 2. [www.healthaffairs.org/blog/2008/06/02/toxic-waste-in-the-us-health-system](http://www.healthaffairs.org/blog/2008/06/02/toxic-waste-in-the-us-health-system).

[See CMS 14.243–246.]

### *Personal Communication*

Include documentation within the running text:

Referring to the London AIDS case, the representative stated, “It would be far less likely for that patient to slip through the net today the way he did in 1996” (personal communication, January 30, 2009).

Said a senior associate at WHO had a less sanguine view: “He got the document but lost all the battles” (Ian Grubb, interview by the author, Geneva, May 2007).

### **ELLIPSES. See also CAPITALIZATION**

Three dots indicate an ellipsis within a sentence or fragment; a period plus three dots indicates an ellipsis between grammatically complete sentences, even when the end of the first sentence in the original source has been omitted. In general, ellipses are not used before a quotation (whether it begins with a grammatically complete sentence or not) or after a quotation (if it ends with a grammatically complete sentence), unless the ellipses serve a definite purpose. See CMS 13.48–56 for more detailed guidelines.

### **EPIGRAPHS**

The epigraph is set flush right, and the quotation is italicized. The epigraph source includes the author’s name or the author’s name and the title of the work. If an epigraph is used but is not discussed directly in the text, permission must be obtained from the copyright holder unless the epigraph is in the public domain.

### **EXTRACTS. See also CAPITALIZATION and ELLIPSES**

Quotations longer than eighty words are set off from the surrounding text. The first word is capitalized if the sentence preceding it is syntactically complete; it is not capitalized if the quotation is syntactically a continuation of that sentence. *Sic*, used sparingly, is inserted in brackets after a misspelling or an odd usage and for visibility’s sake is italicized. The citation is placed at the end of the extract in parentheses.

### **FIGURES. See also TABLES**

The word “figure” is lowercased in the text (lowercased and abbreviated in parenthetical call outs) and capped/bold in the figure’s title

See figure 4 for the increases in health in during the 1980s.  
Increases in health were significant (fig. 4).

Captions for figures appear below the figure and are capitalized in headline style. Credits and notes appear after the caption and start on their own lines. All text in figures should be done in sans serif font.

Sample figure caption with notes and sources:

**Figure 4** Diagnosis-Related Group Systems across OECD Countries

*Source:* Adapted from Fischer 2007 and Erlandsen 2007

*Notes:* CMG = case-mix group; DPC = diagnosis procedure combination; HRG = health care research group

<sup>a</sup>Based on treatment procedure

<sup>b</sup>Diagnosis- and disease-based groups

## HEADINGS

All headings appear in headline-style capitalization. A-level heads appear in bold, B-level heads are in roman type, and C-level heads are italicized, followed by a period, and are run in with the body text. The first line of body text following an A-level or B-level head is not indented.

## HYPOTHESES

*H1 Interest groups augment their influence over health policy by increasing their potential for brokerage in informal communication networks, other things equal*

*H2 Interest groups augment their influence over health policy by increasing their potential for brokerage in formal coalitions, other things equal*

## INCLUSIVE LANGUAGE

Avoid sexist language and terms that are gender specific (chairman, mankind, etc.). Never allow the form *s/he*. State both pronouns—*he or she, him or her, his or her*—or recast the sentence in the plural. Avoid alternating the use of masculine and feminine pronouns in an article.

## LISTS

Items in a list may be run into the text or set vertically. For short lists, it is preferable to run them in, with the introduction and listed items together forming a complete grammatical sentence (CMS 6.123).

Run-in lists should enclose each item number in parentheses.

Pay for performance (P4P) allows Medicare policy makers to (1) reformulate intractable cost and quality problems as more malleable value problems; (2) offer an acceptable quid pro quo for payment negotiations with providers; and (3) reach a rare, if shallow, consensus based on the ideological ambiguity of P4P.

Numbers or bullets may be used for vertical lists, as the situation demands. Numbered lists are indented, and each number is followed by a period (CMS 6.124–125).

**NUMBERS. See also DATES AND TIMES**

Spell out cardinal and ordinal whole numbers from one to ninety-nine (and such numbers followed by *hundred* and *thousand*), any number at the beginning of a sentence, and common fractions. Common fractions are also hyphenated. Numerals are used to express very large numbers (in the millions or more).

ten to twelve years  
 fifty-two hundred residents  
 thirty thousand people  
 5,000-year-old structure; 170,000-member Lawyers Syndicate  
 15–20 million people; 12 million trees  
 one-fifth of the incomes

In tables, use “aged 65–74” rather than spelling out the numbers.

Numbers applicable to the same category, however, are treated alike in the same context.

There were 198 deaths among the seronegative people and 89 deaths in . . .

Numbers that express decimal quantities, dollar amounts, percentages, and units of measure are written as figures.

11.5 million square miles and fifty-three nations  
 an average of 2.6 years  
 \$1.5 billion  
 \$175,000 to the homeless  
 4 percent [use percent symbol in tables: 4%]  
 35-mm lenses  
 1 standard deviation  
 90th percentile  
 equation 1, column 2, panel A, model 4, year 9

Inclusive page numbers are used as follows:

3–11, 100–103, 104–9, 112–15, 414–532, 505–16, 600–612, 1211–52, 1499–1501

Roman numerals are used in the pagination of preliminary matter in books, in family names and the names of monarchs and other leaders in a succession, in the names of world wars, and in statutory titles.

page iii  
 Neither John D. Rockefeller IV, Elizabeth II, nor John Paul II was born before World War I.  
 Title XII was meant to rectify not only inequities but iniquities.

Arabic numerals are used for the parts of books.

Chapter 48 of volume 3  
 In part 2, chapter 2, of volume 11 of the *Collected Works*, our assumptions are overturned.

## POSSESSIVES

The possessive of nouns ending with the letter *s* are formed by adding an apostrophe and an *s*. (Also see CMS 7.15–7.28.)

Camus’s novels	Kansas’s weather	Jones’s reputation
Descartes’s philosophy	Ross’s land	children’s health status

## QUOTATIONS. See EXTRACTS

## SPELLING AND HYPHENATION

Follow *Merriam-Webster's Collegiate Dictionary*, 11th ed. (MW11), and *Webster's Third New International Dictionary* for spelling. For words spelled in more than one way (*traveled, travelled*), the primary spelling according to *Webster's* is used. Non-English words that appear in *Webster's* are not considered foreign and therefore are not italicized. For detailed guidelines on capitalization of terms see CMS, chap. 8; also see separate *JHPPL* Spelling and Hyphenation List.

Prefixes are hyphenated before numerals and proper nouns. Otherwise, prefixes are generally not hyphenated before words; refer to W11 for guidance. Temporary compound adjectives are hyphenated before the noun to avoid ambiguity but are left open after the noun. Non-English phrases used as modifiers are open in any position, unless hyphenated in the original. (See CMS 7.85.)

## TABLES. See also FIGURES

The word "table" should be lowercase in the text and capped/bold in the table's title. Number tables with Arabic numerals. Each table has a descriptive title, which takes headline-style capitalization. Each column, including the first, carries an appropriate heading; if numerical measurements are given, these units are added to the column heading. Elements within the table's body take sentence-style capitalization. All units of measurement and concentration should be clearly designated.

For notes on specific parts of a table, superscript letters are used. For values that are statistically significant, an asterisk (\*) is used; the *p*-value may then be indicated in the footnote. Probability notes follow all other notes.

**Table 1** Regression Results: Effect of Community Benefit Laws and Guidelines on Community Health Orientation

Variables	B	SE	<i>t</i>
Not-for-profit hospitals in community benefit states	1.08	0.16	6.58**
Not-for-profit hospitals in non-community benefit states	0.94	0.15	6.11**
Investor-owned hospitals in community benefit states	0.27	0.21	1.26
Infant mortality rate	-0.03	0.02	-2.18*
Proportion over age 65 <sup>a</sup>	-4.38	1.07	-4.11**
Medicaid inpatient revenue	-0.41	0.23	-1.79

Source: Mandal 2005

Notes:  $F = 17.18$  ( $p \leq 0.000$ ); adjusted  $R^2 = 0.08$ . B = unstandardized coefficient; SE = standard error

<sup>a</sup>Age at time of survey.

\* $p \leq 0.05$ ; \*\* $p \leq 0.001$

## TRANSLATIONS

When an original non-English title and its translation appear together in the text, the first version (whether original or translation) takes the form of an original title, and the second version is always enclosed in parentheses and treated like a bona fide title (whether or not the work represents a published translation) with title capitalization appropriate to the language.

I read *Mi nombre es Roberto* (*My Name Is Roberto*) in 1989.

I read *My Name Is Roberto* (*Mi nombre es Roberto*) in 1989.

Rubén Darío's poem "Azul" ("Blue") is one of my favorites.

Rubén Darío's poem "Blue" ("Azul") is one of my favorites.

The bridges (*ponts*) along the Seine are being refurbished.

Translations of organization names follow the original names in parentheses; headline-style capitalization is used.

Dutch physicians are represented by the Koninklijke Nederlandse Maatschappij tot bevordering van de Geneeskunst (Royal Dutch Medical Association; KNMG).

In the reference section, translations are treated slightly differently. For example, use brackets for author or editor supplied translations of titles and use roman not italics (or quotations ) for these translations. (See CMS 14.108).

Camus, Albert. 1957. *L'étranger* [The Stranger]. Paris: Gallimard.

## **JHPPL Style Guide: Appendix**

### **Spelling-hyphenation list**

above-average (a)  
 accountable care (a)  
 acute care (a)  
 add-ons (n)  
 adviser  
 Affordable Care Act, ACA  
 African American (n, a)  
 age-based  
 al-Qaeda  
 all-payer (a)  
 antiregulation  
 antitobacco  
 assisted living (a)  
 at-risk (a), at risk (adv)  
 attorney fee limits  
 average value added (n), average-value-added (a)  
 axis: x-axis, y-axis (n)

baby boom (n, a)  
 bachelor's degree  
 backload  
 ballot initiative process (no hyphen)  
 base cost (n, a)  
 base model (n, a)  
 better educated (a)  
 birth weight  
 black  
 Blue Cross Blue Shield  
 bone marrow (n, a)  
 break-even (a), breakeven (n)  
 breast cancer (n, a)  
 Britain/United Kingdom: Depends on author preference/region being discussed.  
 buy-in

c. (circa)  
 canceled, canceling  
 care coordination (a)  
 care delivery (a)  
 caregiver, caregiving  
 case study (n, a)  
 catch-up (n)  
 ceiling effect (a)  
 census-based (a)  
 Centers for Medicare and Medicaid Services (CMS) after July 1, 2001, Health Care Financing Administration (HCFA) before that date (do not use "the" before either initialism)  
 cesarean  
 chap.  
 chi-square (n, a)  
 child care (n, a)

claims defense (n, a)  
 clientelistic  
 Cohen's kappa (use **K** in equations)  
 college-age (a)  
 college-level (a)  
 competing risks (a)  
 Congressional Budget Office (CBO), not U.S. Congressional Budget Office  
 co-payment  
 coregulate  
 cost adjustment (n), cost-adjusted (a)  
 cost analysis (n, a)  
 cost-benefit (a)  
 cost-containment (a)  
 cost-control (a)  
 cost-effective (a), cost-effectiveness (n)  
 cost of living (n), cost-of-living (a)  
 cost-reducing (a)  
 cost savings (a)  
 cost sharing (n), cost-sharing (a)  
 cost shifting (v)  
 counterreform  
 countrywide  
 coursework  
 Court (Supreme)  
 Cronbach's alpha  
 cross section (n), cross-sectional (n, a)  
 crosscut  
 cutoff  
  
 data collection (n, a)  
 data set  
 database  
 day care (n, a)  
 decision maker (n)  
 decision making (n), decision-making (a)  
 deficit reduction (a) (?)  
 degree: second-degree (a)  
 diagnosis-related group (DRG)  
 disproportionate-share hospital (DSH)  
 dropout (n)  
  
 e-mail  
 emphasis added (parenthetical)  
 employer-based (a)  
 end-of-life (a)  
 enrollment  
 evidence-based (a)  
 ex post  
  
*F*-statistics ?  
*F*-tests ?  
 factor of 2  
 Federal Trade Commission (FTC), not U.S. Federal Trade Commission  
 fee-for-service (n, a) (?)  
 fixed payment (a)

flat rate (a)  
 for-profit (a)  
 full-time (a)  
 fundholding  
 fundraising  
 FY 2009 (fiscal year)

gain-sharing (a)  
 gatekeeping  
 good-quality (a)  
 Ground Zero

health care (n, a)  
 Health Care Financing Administration (see Centers for Medicare and Medicaid Services)  
 health-enabling (a)  
 health insurance (n, a)  
 health policy (n, a)  
 health reform (n, a)  
 health sector (n), health-sector (a)  
 health services (a)  
 health subcommittee  
 health system (n, a)  
 heteroscedasticity  
 high-cost (a)  
 high-expenditure (a)  
 high-income (a)  
 high-performance (a)  
 high-quality (a)  
 high SES (a)  
 high-stakes (a)  
 higher education (n, a)  
 higher income (peers)  
 higher-order (a)  
 higher-quality (a)  
 higher-value (a)  
 highest-quality (a)  
 home health (n, a)

income-related (a)  
 indexes (pl.)  
 individual-level (a)  
 inpatient  
 institutional-level  
 interdoctor  
 interest group (n, a)  
 interprofessional  
 Internet  
 interrelationship  
 intracounty  
 intradistrict (a)

keywords

labor force (n, a)  
 labor market (n, a)

large-scale (a)  
 less coordinated (a)  
 less visible (a)  
 level 5 (scores)  
 Liberal Democrat (a)  
 life span  
 lifelong  
 lifestyle  
 lifetime  
 long-run (a)  
 long-standing  
 longer-term (a)  
 longtime  
 low-income

macrolevel  
 makeup  
 managed care (n, a)  
 median voter (a)  
 Medi-Cal  
 Medicare Prescription Drug, Improvement, and Modernization Act of 2003  
 Medicare+Choice  
 Medigap  
 microinsurance  
 microlevel  
 microstudy  
 middle-class (a)  
 middle-income (a)  
 midlevel  
 midsize  
 misspecify  
 model 1  
 multicollinearity  
 multicomponent  
 multilevel  
 multipayer  
 multiyear (a)

*N, n* (= 35)  
 NA (not applicable)  
 naive  
 near term (a)  
 neoinstitutionalism  
 noneconomic  
 nonfundholding  
 nonincentivized  
 nonmedical  
 nonmetropolitan  
 nonrandom  
 nonresidential  
 nonrespondent  
 nonresponse  
 nontechnical  
 nontraditional

omitted variables (bias) (a)  
 online  
 open-ended (a)  
 open enrollment (a)  
 open market-like (a)  
 Opportunity Scholarship Program; Opportunity scholarship  
 option demand (n, a)  
 option value (n, a)  
 Organisation for Economic Co-operation and Development (OECD)  
 Osama bin Laden  
 out-of-network (a)  
 out-of-pocket (a)  
 outcome-based (a)  
 over-seventy-five age group  
  
*p*, *p*-value  
 P4P (acceptable for “pay for performance” if established parenthetically first)  
 pairwise  
 palliative care (n, a)  
 party: third-party (a)  
 path-dependency (a)  
 path-dependent (a)  
 patient choice (a)  
 Patient Protection and Affordable Care Act (ACA), not (PPACA), [Affordable Care Act is preferred usage; longer form is permitted when discussing specific versions or evolution of the law]  
 pay for performance (n), pay-for-performance (a)  
 payoff  
 per-case (a)  
 PhD  
 policy development (n, a)  
 policy maker (n)  
 policy-making (a)  
 policyholder  
 postapartheid  
 postinitiation  
 postreform  
 posttreatment  
 postwar  
 preestablish  
 preexisting  
 pretax  
 primary care (n, a)  
 private payer (a)  
 private sector (n), private-sector (a)  
 Progressive Era  
 prospective payment system (PPS)  
 province-wide (a)  
 Pub. L. xxx-xxx  
 public health (n, a)  
 public sector (n), public-sector (a)  
 public service (n, a)  
 punitive damage limits  
  
 quality of care (a)  
 quasi: n open, a hyphenated, unless in Webster’s

$R^2$ 

RAND Health Insurance Experiment

random-intercept models

rate-setting (a)

rational choice (a)

reallocate

reemploy

reenter

reestimate

reevaluate

reexamine

Regents

reinvest

rerun

resource-constrained (a)

risk-averse (a)

risk-adjustment (a)

risk-select (v)

rule making (n), rule-making (a)

section (of paper)

service-intensive

sickle-cell disease; sickle-cell anemia (both acceptable)

single-payer (a)

sizable

small-area (a)

smoke-free (all)

social insurance-based

Social Security

sociodemographic

special interest (n, a) (?)

spend-down (n, a)

stakeholder

standard deviation (a); 1 standard deviation (?)

state-level (a)

statewide

stepwise

Subcommittee on Health (House Committee on Ways and Means)

subgroup

subsample

system-wide

 $t$ -test

takeoff

third world (n); third-world (a)

timeline

tobacco control policy (no hyphen)

toward

trade-off (n)

United States (n), US (a)

United States'

United Kingdom or UK (n), UK (a)

unweighted

upon → on

US\$

US Department of Health and Human Services (HHS)

US Government Printing Office (GPO)

Veterans Administration (pre-1988); Dept. of Veterans Affairs (1988+)

wage-setting (a)

Web

website

weight-loss (a)

welfare-state (a)

well-off (a)

White Paper

workforce

workload

World Trade Center (thereafter WTC)

X-ray (all)

## ABBREVIATIONS

ACA	Patient Protection and Affordable Care Act
ACO	accountable care organization
BHA	British Hospital Association
BHCSA	British Hospital Contributory Schemes Association
BMA	British Medical Association
CI	concentration index
DRG	diagnosis-related group
DSH	disproportionate-share hospital
FFS	fee for service
GAO	= U.S. General Accounting Office (before 7/7/2004)
	= U.S. Government Accountability Office (after 7/7/2004)
GDP	gross domestic product [need to define?]
GP	general practitioner
HI	horizontal inequity index
HMO	health maintenance organizations
HSA	Hospital Saving Association
HTA	health technology assessment
MCO	managed care organization
NHI	national health insurance
NHS	National Health Service
PCT	primary care trust
PGP	physician group practice
PGP	prepaid group practice (Brown 37:4)
PORTs	patient outcome research teams
PPS	prospective payment system
RCT	randomized clinical trial or randomized controlled trial (as long as usage is consistent throughout article)
SCHIP	State Children's Health Insurance Program
SP	single-payer [model]