



*From the editor's perspective – does and don'ts to get your article published*

Prof. Terje A. Eikemo

NRSRGH Webinars series  
Webinar #8: The editors view



@CHAIN\_NTNU



<https://www.ntnu.edu/chain#/view/about>



CHAINNTNU

# WHO WE ARE



— CHAIN, the Centre for Global Health Inequalities Research brings together academia, public health experts, the UN system and civil society organisations to examine the causes and extent of health inequalities and identify solutions to decrease disparities. It aims to empower governments, businesses and societies to act on evidence-based solutions to increase health equity.

— The centre emerged in 2017 from a collaboration between a cross-disciplinary research group on health inequalities at the Norwegian University of Science and Technology (NTNU) and UNICEF Norway. Since then, CHAIN has grown and expanded. It now brings together researchers from many regions and disciplines to advance health inequalities research, with a specific focus on children's health.



## Contact

 @CHAIN\_NTNU

 @chainntnu

[www.NTNU.edu/CHAIN](http://www.NTNU.edu/CHAIN)



CHAIN brings together **health inequality researchers** all over the world.

It focuses on going beyond simply exploring health inequalities to taking part and **development of effective interventions and policies.**







Photo: Oscar Ruíz



## The largest and most comprehensive study to date on the relationship between parental education and child mortality - How does the CHAIN-IHME study go beyond what we already know?

### Including the under-examined effects of paternal education

The effect of fathers' education on child mortality is critically under-examined, as the vast majority of studies have looked only at mothers' education. With this study, CHAIN-IHME makes a major contribution to our understanding of the links between increased paternal education and lower child mortality.

### Going beyond the neonatal period to six distinct age intervals

Studies to date have focused heavily on the first month of life (neonatal period). This study estimates the education-related reductions in under-5 mortality during distinct age intervals (0-27 days, 28-364 days, and 1-4 years).

### Exceeding previous studies in scale, geographic scope and comprehensiveness

This CHAIN-IHME study significantly exceeds the scale of all previous research on the topic. It combines a time-, location-, and language-unrestricted systematic review and meta-analysis of all existing studies of the effects of parental education on neonatal, infant, and under-5 child mortality, with primary analyses of data from the Demographic and Health Survey (DHS).

Visual element with the following figures:

- 300 studies selected
- Covering 92 countries
- Systematic review:
  - 5,339 individual records captured by literature search
  - 7 databases searched
  - Full-text review in 15 languages
- DHS data:
  - 114 surveys
  - Capturing 3,112,474 live births

### The Sustainable Development Goals

Education offers a way to improve the health of future generations and promote sustainable development through improving opportunities, participation, and providing knock-on effects for other determinants of health.

These results provide robust evidence to support Sustainable Development Goal (SDG) 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all with universal quality education across the life-course. Investing in education, particularly universal education and the elimination of the gender gap in schools, can contribute to achieving SDG target 3.2 of reducing neonatal and child mortality.

### Number of studies by location

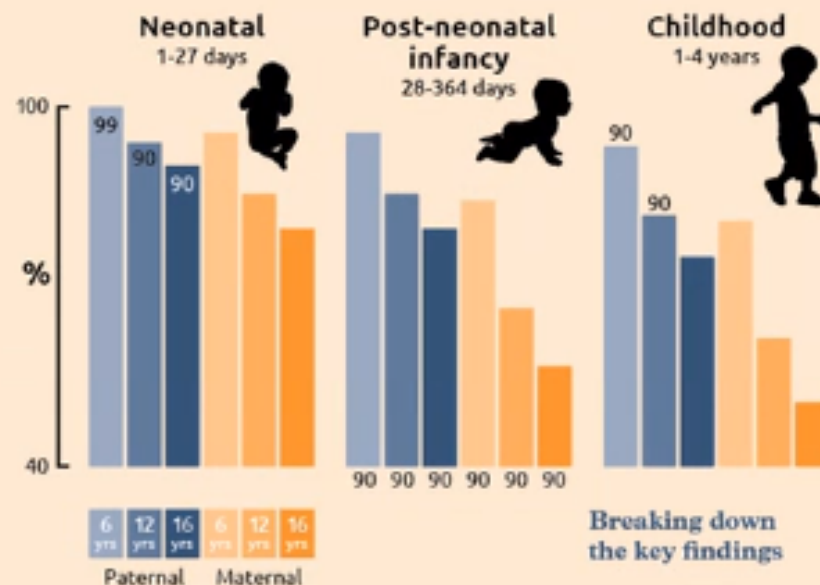


*"With the recent robust evidence, the necessity of renewed focus on not only education but equitable education for disadvantaged population groups, especially girls, cannot be emphasized further."*

Commentary on CHAIN-IHME Latest Article: Education: A Key Social Determinant for Child Survival. Zohra S. Lassi & Rehana A. Salam

## Diving into the findings

### Summary of relative risks of child mortality by parental education



### Breaking down the key findings

- Increased education for either parent is significantly associated with lower levels of mortality for all child ages.
- Compared to paternal education, higher maternal education is more strongly associated with child survival at every level.
- Stronger effects can be seen after the first month of life.

*Relative risks (RRs) of child mortality (with 95% confidence interval (CI) are shown for three age intervals and in relation to years of maternal and paternal education.*

### Neonatal mortality

The more years of education a parent has, the lower the risk of mortality in the first month of life. For each year of maternal education, the risk of neonatal mortality decreases by 1.8%; for paternal education, the risk decreases by 1.1%.

Causes of death in the neonatal period are strongly influenced by ante- and perinatal healthcare quality and access. It is therefore not surprising that the relationship between parental education and mortality is stronger in the post-neonatal period.

However, even a comparatively small reduction of neonatal mortality linked to parental education in relative terms may in fact contribute to a substantial number of lives saved in absolute terms.





# SUSTAINABLE DEVELOPMENT GOALS

**1** NO POVERTY

**2** ZERO HUNGER

**3** GOOD HEALTH AND WELL-BEING

**4** QUALITY EDUCATION

**5** GENDER EQUALITY

**6** CLEAN WATER AND SANITATION

**7** AFFORDABLE AND CLEAN ENERGY

**8** DECENT WORK AND ECONOMIC GROWTH

**9** INDUSTRY, INNOVATION AND INFRASTRUCTURE

**10** REDUCED INEQUALITIES

**11** SUSTAINABLE CITIES AND COMMUNITIES

**12** RESPONSIBLE CONSUMPTION AND PRODUCTION

**13** CLIMATE ACTION

**14** LIFE BELOW WATER

**15** LIFE ON LAND

**16** PEACE, JUSTICE AND STRONG INSTITUTIONS

**17** PARTNERSHIPS FOR THE GOALS

**SUSTAINABLE DEVELOPMENT GOALS**





## Terje Andreas Eikemo

- Editor-in-Chief, *Scandinavian Journal of Public Health*
- Professor of Sociology, NTNU
- Leader, Centre for Global Health Inequalities Research (CHAIN)





# Before submission: preparing your manuscript:

**Is the article ready for submission?** Get feedback from colleagues (or co-writers)

**Start writing your abstracts.** Enables a good structure of the paper.

Identify your main results (should be only a few, maybe 1-3)

Discuss **only** your main results.

Read (or rewrite) your introduction carefully before submission.

Remember: the paper will change a lot during the writing process.

**Do not ask questions you do not answer!**

Make sure the english is perfect! **You can invite an english-speaking co-writer or pay for professional editing.**

**Good structure** in the manuscript (extended abstract): Background, aims, data/methods, results, discussion, conclusion (check journal style carefully!).



Finding the right journal ...

DESCRIPTION

AIMS AND SCOPE

EDITORIAL BOARD

ABSTRACTING / INDEXING

SUBMISSION GUIDELINES

While SJPH has mostly published peer-reviewed original articles (both qualitative and quantitative), short reports and commentaries in the past, we also welcome literature reviews (for which the word limit is increased to 6000 words and 60 references), glossaries and lectures by leading international scholars. Further, while SJPH particularly focuses on the Nordic regions, we will increasingly publish research from other European and non-European countries, which also should be of interest and relevance to our Nordic audience.

We encourage contributors to take an interdisciplinary approach involving, for example, sociology, psychology, technology, social medicine, epidemiology, public health and preventive medicine, but also an inter-sectoral approach, including of course academia, but also people working in governments, NGOs, think-tanks, the UN and in health care.

The unequal distribution of health and its determinants (both within and outside the health care system) taps into many other areas of public health, which will allow for a large variety of research topics, however SJPH will focus particularly on (in alphabetical order):

- Ageing and health
- Global health/child health
- Mental health
- Migration/ethnicity/refugee health
- Occupational health



**Scandinavian Journal of Public Health** is a Scandinavian and international journal of public health. Aims and scope of the journal can be found at [journals.sagepub.com/home/sjp](http://journals.sagepub.com/home/sjp)

---

### ***Chief Editor***

Terje Andreas Eikemo, Norway

### ***Assistant Chief Editor***

Sigurd M.N. Oppegaard, Norway

### ***Nordic co-editors***

Signe Smith Jervelund

Mats Målqvist

Sigrun Olafsdottir

Heine Strand

Marianna Virtanen

### ***Editorial Committee***

Gregers Andersen

Pernille Tanggaard Andersen

Amaia Bacigalupe

Mirza Balaj

Clare Bamba

Jason Beckfield

Maja Bertram

Piet Bracke

Stine Byberg

Espen Dahl

George Davey-Smith

Finn Diderichsen

Ola Ekholm

Marko Elovainio

Jon Ivar Elstad

Elisabeth Fosse

Jeremy Freese

Emmanuela Gakidou

Kristian Heggebø

Tanja Houweling

Tim Huijts

Debra Jackson

Piia Jallinoja

Alexander Kentikelenis

Ilmo Keskimäki

Olle Lundberg

Johan P. Mackenbach

Courtney McNamara

Sir Michael Marmot

Melinda Mills

Christopher Murray

Peter Friberg

Christopher Jamil de Montgomery

Carolin Rapp

Caroline Relton

Vera Skalicka

Camilla Stoltenberg

Silvia Stringhini

Ulla Toft

Anne Grete Tøge

### ***Executive Board***

Tone Poulsson Torgersen (Chair),  
Norway

Sakari Suominen, Finland

Kristinn Tómasson, Iceland

Jesper Löve, Sweden

Torben Jørgensen, Denmark

### ***Deputy Members***

Ilmo Keskimäki, Finland

Camilla Palmhøj Nielsen, Denmark

Valgerður Gunnarsdóttir, Iceland

Johan Lund, Norway

Robert Irestig, Sweden

*Scandinavian Journal of Public Health*, 2021; 49: 1–4



## EDITORIAL

# The double burden of COVID-19

SIGNE SMITH JERVELUND<sup>1</sup> & TERJE ANDREAS EIKEMO<sup>2</sup>

*<sup>1</sup>Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark, and <sup>2</sup>Centre for Global Health Inequalities Research (CHAIN), Department of Sociology and Political Science, Norwegian University of Science and Technology (NTNU), Norway*

When the nature and scale of a problem is new, it cannot be approached by standardised methods because it represents a unique challenge and because all possible solutions may lead to unknown negative consequences [1]. This description fits the challenges faced by COVID-19 well. Because the nature and scale of COVID-19 are new, there are no proven

variety of countries suggests that these inequalities are being mirrored today in the COVID-19 pandemic [4].

Both then and now, these inequalities have emerged through the syndemic nature of COVID-19 as it interacts with existing social inequalities in chronic disease and the social determinants of health [3]. This happens because people living in poor areas



**Editorial**

The double burden of COVID-19  
Signe Smith Jernelund & Terje Andreas Eikemo 1

**Commentaries**

The Corona crisis: a wicked problem  
Per Morten Schiefelø 5

Is fighting against COVID-19 enough?  
Walter Kofler, Oleg S. Glazachev, Heidi Lyshol & Gunnar Tellnes 9

Towards a syndemic public health response to COVID-19  
Morten Hulvej Rod & Naja Hulvej Rod 14

COVID-19 and the gender health paradox  
Clare Bambra, Viviana Albani & Paula Franklin 17

Refugee camps and COVID-19: Can we prevent a humanitarian crisis?  
Hanne Dahl Vonen, Merete Lan Olsen, Sara Soraya Eriksen, Signe Smith Jernelund & Terje Andreas Eikemo 27

COVID-19: Opportunities for interdisciplinary research to improve care for older people in Sweden  
Rebecca Baxter, Wossenseged Birhane Jemberie, Xia Li, Mahwish Naseer, Mascha Pauelsen, Jacques Shebehe, Emilia W.E. Viklund, Xin Xia, Linn Elena Zulka & Andreea Badache 29

'You should see a doctor', said the robot: Reflections on a digital diagnostic device in a pandemic age  
Christoffer Bjerre Haase, Margaret Bearman, John Brodersen, Klaus Hoeyer & Torsten Risor 33

Lockdowns and the COVID-19 pandemic: What is the endgame?  
Theodore Lytras & Sotirios Tsoltras 37

**Empirical articles**

Factors associated with hospitalization, invasive mechanical ventilation treatment and death among all confirmed COVID-19 cases in Norway: Prospective cohort study  
Kjetil E. Telle, Mari Grønsland, Jon Helgeland & Siri E. Håberg 41

COVID-19 among immigrants in Norway, notified infections, related hospitalizations and associated mortality: A register-based study  
Thor Indseth, Mari Grønsland, Trude Arnesen, Katrine Skyrud, Hilde Kjøvstad, Veneti Lamprini, Kjetil Telle & Marte Kjellesdal 48

Work exposure and associated risk of hospitalisation with pneumonia and influenza: A nationwide study  
Lauge Østergaard, Rikke Nørmark Mortensen, Kristian Kragholm, Michael Dalager-Pedersen, Kristoffer Koch, Lars Køber, Christian Torp-Pedersen & Emil Fosbøl 57

Interventions to suppress the coronavirus pandemic will increase unemployment and lead to many premature deaths  
Måns Rosén & Magnus Stenbeck 64

A comparison of COVID-19 epidemiological indicators in Sweden, Norway, Denmark, and Finland  
Erica A. Yarmol-Matusiak, Lauren E. Cipriano & Saverio Stranges 69

'Standing together – at a distance': Documenting changes in mental-health indicators in Denmark during the COVID-19 pandemic  
Amy Clotworthy, Agnete Skovlund Dissing, Tri-Long Nguyen, Andreas Kryger Jensen, Thea Otte Andersen, Josephine Funck Bilsteen, Leonie K. Elsenburg, Amelie Keller, Sasmita Kusumastuti, Jimmi Mathisen, Amar Mehta, Angela Pinot de Moura, Morten Hulvej Rod, Morten Skovdal, Katrine Strandberg-Larsen, Ingrid Willaing Tapager, Tibor V. Varga, Johan Lerbech Vinther, Tianwei Xu, Klaus Hoeyer & Naja Hulvej Rod 79

Geography of COVID-19 in Denmark  
Therese Lf Holmager, Elsebeth Lyngge, Caroline E Kann & Gry St-Martin 88

COVID-19 and psychological distress in Norway: The role of trust in the healthcare system  
Samantha M. Harris & Gro M. Sandal 96

Health-system equity, egalitarian democracy and COVID-19 outcomes: An empirical analysis  
Krishna Chaitanya Vadlamannati, Arusha Cooray & Indra de Soysa 104

Health-system equity, egalitarian democracy and COVID-19 outcomes: An empirical analysis  
Krishna Chaitanya Vadlamannati, Arusha Cooray & Indra de Soysa 104

Health-system equity, egalitarian democracy and COVID-19 outcomes: An empirical analysis  
Krishna Chaitanya Vadlamannati, Arusha Cooray & Indra de Soysa 104

**Study design**  
The COVID-19 International Student Well-being Study  
Sarah Van de Velde, Veerle Buffel, Piet Bracke, Guido Van Hal, Nikolett M. Somogyi, Barbara Willems & Edwin Wouters, For The Cys Isws Consortium 114

**Memorial**  
Memorial in honour of Andrea Farioli  
Giulia Collatuzzo & Paolo Boffetta 123

Scandinavian Journal of Public Health

Volume 49

Issue 1

February 2021

Special Issue: COVID-19

Scandinavian Journal of Public Health



## Performance Metrics

---

<b>Peer Review</b>	671 manuscript submissions in 2020, a 67.3% increase from 2019 137 manuscript submissions in 2021 YTD 17% acceptance rate in 2020 23 days average time to first decision in 2020
<b>Production</b>	8 issues consisting of 896 pages published in 2020 250 pages published in 2021 YTD 39 days average from transmittal to Production to OnlineFirst publication in 2020
<b>Circulation</b>	11,129 total circulation in 2020 9,167 total circulation in 2021 YTD
<b>Online Usage</b>	369,705 full-text downloads in 2020 40,187 full-text downloads in 2021 YTD
<b>Indexing Metrics</b>	2019 Impact Factor is 2.183 2018 Impact Factor was 1.761 2019 5-year Impact Factor is 2.153 Ranking in Public, Environmental & Occupational Health (SCIE): 88/193 Ranking in Public, Environmental & Occupational Health (SSCI): 55/170
<b>Marketing</b>	195,953 followers to date on the SAGE Twitter channels Featured in Health and Nursing Hub 950 Email Alert Registrants in 2020 952 Email Alert Registrants in 2021 YTD

# Peer Review and Production

## Total Submissions and Acceptance Rate

	2019	2020	2021
Total	572	866	182
Original	401	671	137
Accept	90	105	32
Reject	320	513	106
Accept Ratio	22%	17%	23%



## Original Submissions

Month	2019	2020	2021
January	46	31	65
February	46	32	72
March	38	41	
April	28	62	
May	34	63	
June	19	75	
July	27	67	
August	37	74	
September	24	86	
October	34	50	
November	34	55	
December	34	35	
<b>Total</b>	<b>401</b>	<b>671</b>	<b>137</b>

## Editor-in-Chief Lists

Q

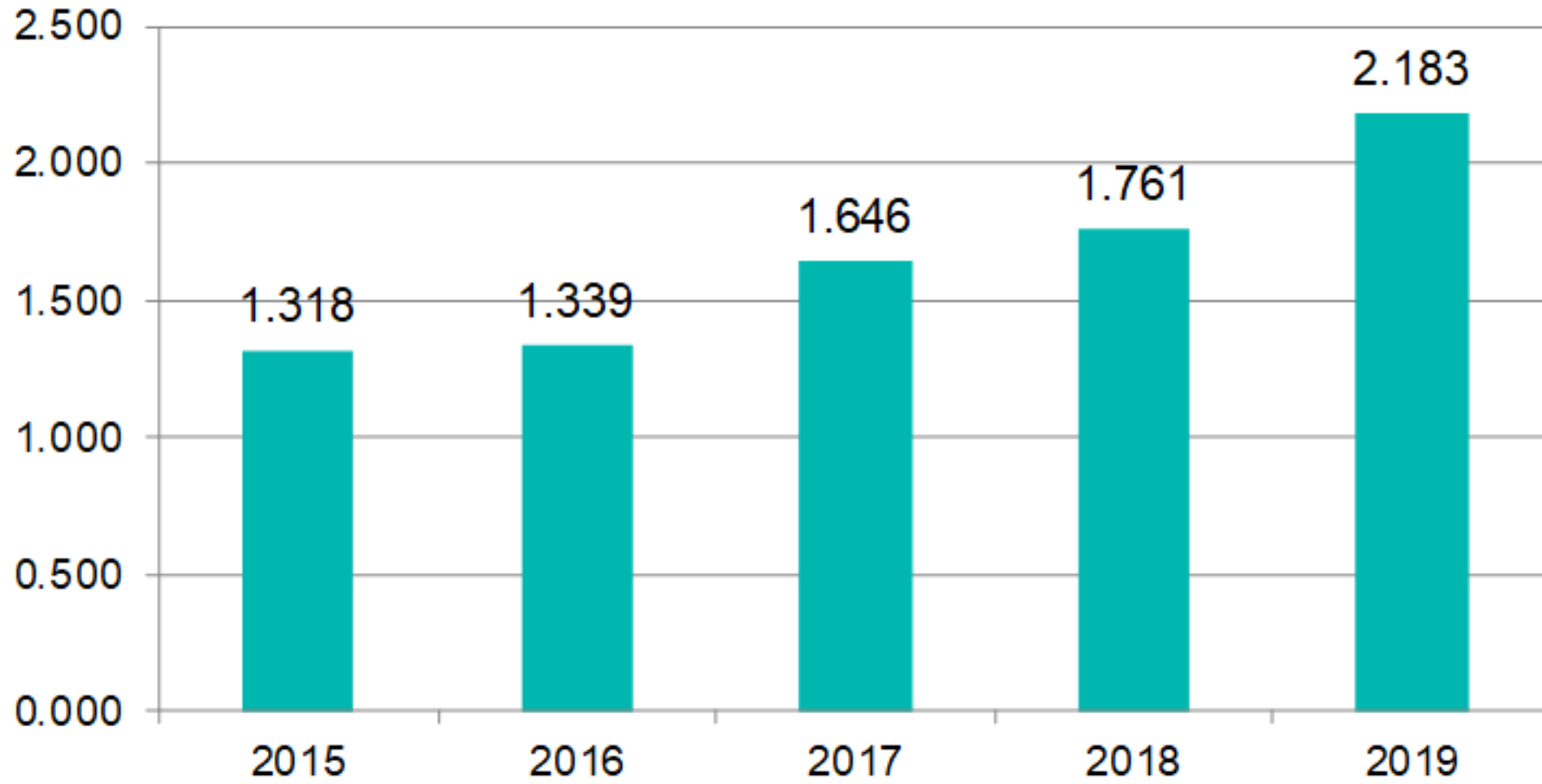
You may click on the manuscript list title to view a full listing of manuscripts in each status, or click on the number next to the list to jump directly to the first manuscript in the list.

Yo  
th  
th  
"r  
fi

- 
- 10** [Awaiting CE Assignment](#)
  - 2** [Awaiting Reviewer Selection](#)
  - 1** [Awaiting Reviewer Invitation](#)
  - 17** [Awaiting Reviewer Assignment](#)
  - 21** [Awaiting Reviewer Scores](#)
  - 4** [Overdue Reviewer Scores](#)
  - 6** [CE Decision](#)
  - 4** [Awaiting EIC Approval](#)

## Impact Factor by Year

**Current: 3.021**

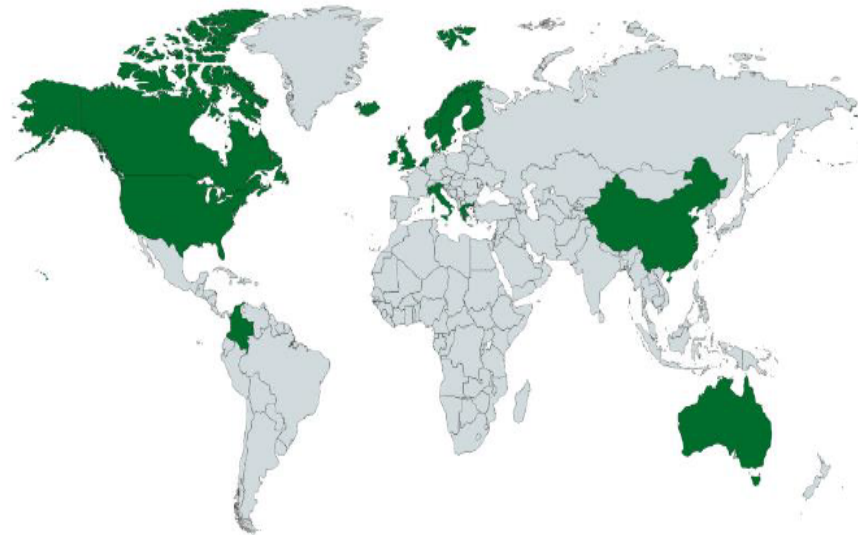




Submitted Manuscripts



Accepted Manuscripts



# Submitting

- Do not wait too long before you submit your first article.
- Even if rejected, you can get good comments from the reviewers that help you further.
- You will get negative reviews. Never take them personally! Use them to improve your paper further. Or just ignore them.
- Finding the best suitable journal is tricky. Consider:
  - Word limit
  - Impact factor
  - Special issues
  - Recent debates
  - Scientific scope of journal
  - What they have published in the past
  - Average review time
  - Open access journals (be careful)
  - Which journal? Look at the reference list of your own paper to get ideas
  - Who is EIC?
  - Who is in the Editorial Board
  - You can send an informal email to an editor or EIC before submission.

# Editing

- Address ALL comments.
- Reviewers have a lot of power in this process.
- E-i-C often follow their recommendations.
- If you disagree, explain why, but mostly there is a middle way.
- Spend a lot of time on the revision, divide the work between the co-authors (if you have any).
- Remember, a “major revision” is an extremely positive feedback (not of these papers will be accepted).

# Getting started with your PhD.

- Define clearly the overall objective, and a few sub-questions. Make sure they are realistic to achieve within your time frame and your resources (i.e. data access, knowledge of methods, supervisor, network)
- **Start writing immediately!** Even if you first want to get acquainted with the literature. It is the best way of thinking.
- Your objective will change! So will your planned papers.



# Conference/workshop activities

- Conferences are not primarily an arena where you get comments on your papers.
- Conferences are meeting places.
  - Spend some time to read the abstracts from the participants.
  - Plan carefully who you want to listen to.
  - Get in touch with these (particularly those at the same stage in their careers)
  - Talk also to key note speakers
  - Take part of social events
  - Be generous. Share your ideas, visions, and suggest joint work.
  - Contact them after the conference! Send them drafts and ask for comments.

# Some final advices

- Magic happens between fields.
- Present your work to researchers in other fields, who use other methods and conceptual frameworks.
- Work on several papers at the same time (prevent you from being «stuck»).

# Follow us on twitter!

<https://twitter.com/journalsjph>



SJPH @JournalSjph · 5. sep.

Yet another intriguing conversation, this time #SJphEditors Terje A. Eikemo and @siolafsdottir discuss what we know about social inequalities in health, and what we can do about it. The language switches to English from 1:55, give it a whirl!

🌐 Oversett tweet



## Samtal við samfélagið – Hvað vitum við um ójöfnuð í heilsu?

Í blaðvarni vikunnar settist Siólafsdóttir niður með Terje Eikemo prófessor í

SJPH @JournalSjph · 4. sep. er í ...

Brand new publication in SJPH shows that the prevalence of morbid obesity is predicted to increase across the UK by the year 2035, with Wales projected to have the highest rates @laurakeaver @LauraWebberUKHF @UK\_HF [journals.sagepub.com/doi/full/10.11...](https://journals.sagepub.com/doi/full/10.11...)

🌐 Oversett tweet



Scandinavian Journal of Public Health, 1-6

ORIGINAL ARTICLE

### Morbid obesity in the UK: A modelling projection study to 2035

LAURA KEAVER<sup>1</sup>, BENSHUAI XU<sup>2</sup>, ABBYGAIL JACCARD<sup>3</sup> & LAURA WEBBER<sup>3</sup>

<sup>1</sup>Clinical Health and Nutrition Centre (CHANCE), Department of Health and Nutritional Science, Institute of Technology Sligo, Ireland, and <sup>2</sup>Public Health Modelling, UK Health Forum, London, UK

#### Abstract

**Background:** Morbid obesity (body mass index  $\geq 40$  kg/m<sup>2</sup>) carries a higher risk of non-communicable disease and is associated with more complex health issues and challenges than obesity (body mass index  $\geq 30$  kg/m<sup>2</sup> and  $< 40$  kg/m<sup>2</sup>, resulting in much higher financial implications for health systems. Although obesity trends have previously been projected to 2035, these projections do not separate morbid obesity from obesity. This study therefore complements these projections and looks at the prevalence and development of morbid obesity in the UK. **Methods:** Individual level body mass index data for people aged  $> 15$  years in England, Wales (2004–2014) and Scotland (2008–2014) were collated from national surveys and stratified by sex and five-year age groups (e.g. 15–19 years), then aggregated to calculate the annual distribution of healthy weight, overweight, obesity and morbid obesity for each age and sex group. A categorical multi-variate non-linear regression model was fitted to these distributions to project trends to 2035. **Results:** The prevalence of morbid obesity was predicted to increase to 5.8 and 11% in Scotland, England and Wales, respectively, by 2035. Welsh women aged 55–64 years had the highest projected prevalence of 20%. In total, almost five million people are forecast to be classified as morbidly obese across the three countries in 2035. **Conclusions:** The prevalence of morbid obesity is predicted to increase by 2035 across the three UK countries, with Wales projected to have the highest rates. This is likely to have serious health and financial implications for society and the UK health system.

**Keywords:** Morbid obesity, modelling, burden of disease, obesity



SJPH @JournalSjph · 24. aug.

Greetings from Iceland! The members of the editorial board gathered at Laugarvatn last week, and we are beaming after discussions of strategy, scope, paper processing, and journal performance.

🌐 Oversett tweet

