



CHCF Guidelines for Submission of Publication Drafts

This tool for researchers, writers, and other grantees is designed to guide the development of reports and other products for potential publication by the California Health Care Foundation (CHCF). Questions and comments about the guidelines can be addressed to the CHCF program officer on your grant or to CHCF's director of engagement, Sally Mudd, smudd@chcf.org.

Along with the publication draft, please submit a brief memo answering the following questions (which should summarize a discussion between author, program officer, and communications officer from the outline phase of this work):

1. Who are the key audiences for this publication?
2. What is the goal of this publication? What, ultimately, do we want our key audiences to do as a result of reading this publication?

Editorial Standards

All reports produced by CHCF's External Engagement department go through a rigorous editorial process; therefore, authors should be prepared to work on multiple drafts before a final product is finished. All products should adhere to the following editorial standards:

- *Relevance to Audience.* The relevance of the findings to the audience should be clearly stated in the introduction and reinforced throughout the product. A discussion between the author and the program officer about the purpose of the report, and an agreement about the audience it is intended to reach, should take place before the draft is written.
- *Clarity/Accessibility.* Information should be presented in a way that is clear and interesting to the publication's audience.
- *Accuracy/Permissions.* Authors are required to fact check publications and supply sources for all data. Accuracy of endnotes and sources is the author's responsibility. Authors must secure written permission to reproduce the graphics or materials of others.
- *Objectivity/Voice.* Information should be presented neutrally and without bias. Tone of voice is professional. Avoid "I" and "we."

Submission Details

Reports and issue briefs should be delivered in a Microsoft Word file. If the draft contains figures (pie charts, bar charts, line graphs), please include those as separate files, and make sure the data from which the figure is produced are included in an accompanying Excel file.

Name the figures and indicate in the draft where each should be placed. All figures must have complete titles, axis labels, and sources.

Clearly indicate headings and subheadings so the editor can understand where sections begin and end. If you are using display quotes or sidebars, indicate their placement in the text.

Citations should be complete and accurate and should be entered into the Word document using the “Insert Endnote” function. If you do not know how to do this, please ask for help. If the Insert Endnote function is not used, your paper will be sent back for correction.

The CHCF style guide can be found here: www.chcf.org/grants/granteeresources.

Editing Process

The publishing process may have several stages, depending on the project. In some cases, a CHCF editor will be involved in the early stages of the scoping of the project, and may have input, along with the CHCF program officer, on the shape of the publication, for example audience, content, format (infographic, issue brief, report, etc.). In other cases, the editor may be brought in after an outline has been produced by the grantee, and may provide input. In the majority of cases, the CHCF editor is brought into the process when the first draft of a publication is delivered to the program officer. The following describes the timeline and the people involved after the delivery of this first draft. In general, the publishing process takes approximately six to eight weeks.

ASSESSMENT (1 week)

1. The CHCF editor reviews the draft (in some cases, a CHCF external contract editor is assigned to do the actual editing but the CHCF editor oversees the project).
2. A meeting is set up between the author, program staff, and communications officer to discuss the goals for the project, and the format of the piece. Should it remain in the format suggested in the original scope of work, or should it be changed? Are there ancillary products to be developed out of the work that would help reach a specific audience (infographic, interactive data visualization, audio/video, slide show, etc.)?
3. The editor provides an editorial assessment memo to the program officer and the communications officer, outlining the suggested editorial changes to be made to the draft. When everyone agrees on the direction, the memo is also shared with the author.

EDITORIAL PHASE (3-4 weeks)

4. The editor performs a first draft edit, in track changes (usually takes about two weeks). The edits to the first draft may ask the author to add more content, to rewrite for clarity or comprehension, or to reorganize sections of the publication.

5. The editor shares first draft edit with the author, who then reworks as necessary and submits a second draft to the editor and program officer for their review. Occasionally, additional drafts are required from the author.
6. When everyone is in agreement that the draft needs no additional content work, the editor does a final edit to make sure that it conforms to CHCF's style and tone. The editor may use an outside copyeditor and will coordinate getting responses from the author if the copyeditor has any questions.

DESIGN PHASE (2-3 weeks)

7. After the editor has reviewed the final draft, the editor sends the report to an outside designer to have it laid out in the CHCF template. When the publication is in layout, the author, as well as the program officer, reviews it. There may be more than one version before it becomes final.
8. The CHCF editor, communications officer, and senior web editor give the publication a final title and cover artwork that conform to CHCF's brand (which is approved by the program officer).
9. The final publication is posted on CHCF.org and disseminated through CHCF's channels (monthly newsletter, blast email, social media).

Types of Publications

CHCF has a number of publication types, which are outlined below. Specific examples of each of these types can be provided by your program officer.

- **Fact Sheets** are usually two pages with one or two figures. They can be used to provide a summary of findings from a larger report or a quick discussion of a program, etc. Examples of facts sheets: [What Is Actuarial Value?](#) and [What is the Medical Loss Ratio?](#)
- **Issue Briefs** run approximately four to 12 pages. As the name suggests, issue briefs focus on the implications of policy, trends, or developments in the health care environment. Examples of issue briefs: [Estate Recovery Under Medi-Cal](#) and [Major Transition with Minor Disruption: Moving Undocumented Children from Healthy Kids to Full-Scope Medi-Cal.](#)
- **Reports** provide more in-depth information or research and are 10 to 30 pages. Examples include case studies on new methods for delivering care, comprehensive examinations of new tools in health information technology, research on methods for reducing hospital readmissions, or evaluations of new models of health care delivery, such as retail clinics. Examples of reports: [Fine Print: Rules for Exchanging Behavioral Health Information in California](#) and [In Their Own Words: Consumers' and Enrollment Counselors' Experiences with Covered California.](#)

Reports should be organized in the following structure:

- Title page: title, month/year, and “prepared for the California Health Care Foundation by (author name/grantee organization name)”
- Acknowledgments (if applicable)
- Grantee information (author, title, institution and brief description [up to 25 words] of the work of the author or institution)
- Table of Contents
- Executive Summary should be included for longer reports and should closely follow the outline of the report and summarize key points
- Introduction/Background: should include the purpose and context for conducting the research (i.e., policy relevance) and the research questions
- Methodology (if applicable)
- Findings/Discussion
- Conclusion (if applicable, not all publications need to have a Conclusion section)
- Appendices (if there are appendices, these should be referenced somewhere in the body of the publication)
- Endnotes (not footnotes)

You and your program officer may decide to publish your longer paper as a **white paper** instead. These are similar in length and content as a report, but fewer resources are devoted to layout and production. They are simply designed and don't have a cover image. White papers are intended for a small, niche audience and often don't go through standard CHCF promotion channels (email, social media) but are posted on the foundation's website as background on an issue. Example of a CHCF white paper that was produced along with [a shorter issue brief: Antitrust Principles and Integrated Health Care: Implications for Consumers and Health Care Organizations](#).

- **CHCF Health Care Almanac** is made up of two kinds of products. The first is [a series of annual or biennial graphic publications](#) that provide data and analysis on aspects of the health care market, such as health care costs, long term care, providers, quality of care, and public and private insurance. They are approximately 30 to 40 pages. The second are [market reports](#), which are issue briefs focused on particular regions in California. These are approximately 8 to 12 pages.
- **Snapshots** are one-time graphic publications that provide data and analysis on narrow subjects in health care financing and delivery, such as use of health information technology among hospitals and long term care facilities, or the prevalence of chronic conditions among Californians. They are approximately 25 to 30 pages. An example of a snapshot: [Cancer Care Spending in California: What Medicare Data Say](#).
- **Slideshows** can be used when there are multiple images that help draw attention to the project. These images can be accompanied by a brief caption, or they can stand alone. Some examples:
 - Home Is Where the Hearth Is: New Models for Nursing Homes

<http://www.chcf.org/publications/2012/04/home-hearth-nursing-homes>

Cancer Surgeries in California Hospitals

<http://www.chcf.org/publications/2015/11/safety-cancer-surgeries-hospitals>

- **Infographics** are attention-grabbing graphic displays of information that highlight key points and offer an explanation of information that is often easier to digest than a report or issue brief. CHCF has produced a variety of good examples:
 - **Maps:**
 - All Over the Map (complex map)
<http://www.chcf.org/publications/2014/11/medical-variation-map>
 - Community Screenings of Being Mortal (simpler map)
<http://www.chcf.org/projects/2015/being-mortal>
 - **Interactive graphics:**
 - US Health Care Spending treemap
<http://www.chcf.org/publications/2015/11/data-viz-hcc-national>
 - **Scrolling infographics:** More involved story, reader scrolls through
Physician Participation in Medi-Cal
<http://www.chcf.org/publications/2014/08/physician-participation-medical#mixedmedia=1DECA14F-1CE4-46CE-9197-7BEC3B0C0E68&page=0>
Humboldt Steps Out of the Fog of Medical Variation
<http://www.chcf.org/publications/2013/05/humboldt-story>
 - **Static graphics:** Larger format, like a poster
Choosing a Hospital for Cancer Surgery Is a Delicate Operation
<http://www.chcf.org/publications/2015/11/safety-cancer-surgeries-hospitals>
 - **Share-friendly graphics:** Smaller format, mainly used for social media
Medi-Cal Versus Employer-Based Coverage
<http://www.chcf.org/publications/2015/07/medical-access-compared>