

Key Informant Assessment

Methods:

A targeted assessment was sent to 56 individuals selected through a targeted snowball sampling recruitment process. Of these, 25 individuals started the survey, and 21 completed it.

Findings

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|---|--------------------|------------------------------------|-----------------------|------------------------|
| Overall Satisfaction: How satisfied are you with the policy statement process at APHA? | | | | |
| Extremely Satisfied | Somewhat Satisfied | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Extremely Dissatisfied |
| 0% | 24% | 10% | 38% | 29% |

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|---|----------------|----------------------|--------------------|----------------------|
| Effectiveness: The policy statement development process is how the American Public Health Association (APHA) leverages member expertise to draft evidence-based and/or evidence-informed statements addressing issues of concern and importance to the public health community. These adopted policy statements help inform APHA's position on legislative, regulatory, scientific, and health policy and practice issues related to public health. Members can use them to support policy priorities and actions across various areas. They do not, however, drive or direct the association's advocacy efforts, which the Association and Executive Board set. | | | | |
| Extremely Effective | Very Effective | Moderately Effective | Slightly Effective | Not effective at all |
| 0% | 10% | 45% | 20% | 25% |

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|---|---------|------------------|------------------|----------------------|
| Member Engagement: How would you rate member engagement in the policy statement process? | | | | |
| Extremely Engaged | Engaged | Somewhat Engaged | Not that Engaged | No engagement at all |
| 5% | 2% | 24% | 43% | 0% |

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|--|----------------|---------------------------|------------------|-------------------|
| Clarity of Process: How clear is the policy statement process to you? | | | | |
| Extremely Clear | Somewhat Clear | Neither Clear nor Unclear | Somewhat Unclear | Extremely Unclear |
| 24% | 43% | 19% | 14% | 0% |

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|--|---------------|---------------------|-------------------|--------------|
| Policy Relevance: Generally, how relevant are the proposed policy statements to current public health challenges? | | | | |
| Extremely Relevant | Very Relevant | Moderately Relevant | Slightly Relevant | Not Relevant |
| 14% | 38% | 24% | 19% | 5% |

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|--|---------------|----------------------|--------------|---------------|
| Communication: How would you rate the communication about the policy statement process? | | | | |
| Extremely Good | Somewhat Good | Neither Good nor Bad | Somewhat Bad | Extremely Bad |
| 19% | 29% | 19% | 29% | 5% |

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|--|-----------|-----------------|---------------|-----------------|
| Inclusion: How well do you think the policy statement process represents diverse viewpoints and sectors within public health? | | | | |
| Extremely Well | Very Well | Moderately Well | Slightly Well | Not At All Well |
| 5% | 5% | 25% | 40% | 25% |

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|--|---------------|----------------------------|--------------------|---------------------|
| Ease of Participation: How easy is participating in the policy statement process? | | | | |
| Extremely Easy | Somewhat Easy | Neither Easy nor Difficult | Somewhat Difficult | Extremely Difficult |
| 0% | 24% | 24% | 19% | 33% |

| | | | | |
|---|-----------|--------------------|---------------|----------------------|
| Policy Impact: How impactful is the APHA policy statement process on public health issues? | | | | |
| Very Impactful | Impactful | Somewhat Impactful | Little Impact | Not At All Impactful |
| 0% | 19% | 33% | 38% | 10% |

Open Ended Responses

We included 7 open-ended response questions to gather more in-depth feedback. We received a total of 108 responses to these 7 questions. We summarize the responses below. The full text can be found in Appendix¹.

Note: Although we have summarized each of the questions, several recommendations are outside of the scope of this committee and are included only for the historical record. Additionally, while we vehemently disagree with some of the characterizations provided below of the process, we have included them as it is important to understand the perception of the process. Inclusion in this list does not mean an endorsement of the idea.

¹ We removed responses from the below if they could identify any specific individual but included them in the analysis.

Improvements: What improvements would you suggest for the policy statement process at APHA?

Increased Advocacy and Legislative Influence:

- Utilize passed policies to inform and drive lobbying efforts.
- Ensure policies are used to influence legislative positions and priorities.

Flexibility in Evidentiary Criteria:

- Broaden the definition of “evidence” to include primary sources and current events, not just peer-reviewed studies.
- Adapt criteria based on the quality and availability of evidence.

Engagement and Participation:

- Engage more APHA members in the policy process.
- Increase awareness and involvement beyond policy chairs and governing councilors.

Dissemination and Promotion:

- Improve dissemination of passed policies.
- Suggest having sessions at annual meetings to share and discuss policies.
- Promote policies more actively and integrate them into the annual policy agenda.

Streamlined Process:

- Streamline the documentation and review process to reduce the burden on authors and volunteers.
- Consider adding a second, shorter review cycle for the timely adoption of policies.
- Shorten the overall process timeline to keep policies current and relevant.
- Re-evaluate the Latebreaker process to ensure it is not misused.

Review and Comment Process:

- Concerns around JPC process to ensure fairness and reduce bias.
- Lengthen the review period for members and experts outside the JPC
- Ensure equitable and standardized reviews based on the APHA Public Health Code of Ethics.

Clarity and Focus in Policy Writing:

- Introduce a cover sheet to help authors focus on the purpose and relevance of the policy.
- Push for executive summaries in an abstract format to maintain clarity.

Regular Policy Refresh:

- Engage sections to review and refresh policies every five years.

- Consider a different process for statements needed for advocacy versus those summarizing scientific evidence.

Equity and Ethics:

- Ensure equitable and standardized reviews based on the APHA Public Health Code of Ethics.

Barriers: What are the most significant obstacles to the effective policy statement process at APHA?

Relevance and Timeliness:

- Need for more relevant topics to be considered for policy statements.
- The lengthy development cycle and long process timeline can result in stale information and reduced relevance.
- Frustration when policies are not referenced or utilized effectively after adoption.

Reviewer and Comment Process:

- Time constraints on reviewers outside of the JPC and last-minute changes near the Annual Meeting.
- Lack of clarity and transparency in JPC meetings and comment processes.
- The volume of comments and the specific requirements from JPC can be overwhelming and unclear.

Engagement and Participation:

- Disconnect between policy processes and APHA advocacy, leading to limited use of policies.
- Lack of engagement from the broader membership outside the usual policy chairs and governing councilors.
- Varied levels of feedback from different sections and difficulties in organizing member feedback due to short review periods.

Political Influence and Power Dynamics:

- Concerns about the JPC's political leanings heavily influencing the process.

Document Requirements and Complexity:

- Stringent formatting, word count, and reference limits, especially for controversial topics.
- Complexity and academic nature of policy statements making them less practical for practitioners.

Post-Adoption Utilization:

- Disconnect between the adoption of policies and their practical use by APHA.
- Frustration when policies are not referenced or utilized effectively after adoption.

Process Streamlining and Simplification:

- Calls for streamlining the process to reduce volunteer time and effort.
- Suggestions for shorter and more efficient review cycles.
- Stringent formatting, word count, and reference limits, especially for controversial topics.
- Complexity and academic nature of policy statements making them less practical for practitioners.
- Consistency in reviews and avoiding redundant work.
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Balancing Advocacy and Scientific Rigor:

- Need to balance commitment to social justice advocacy with evidence-based action.
- Challenges in addressing politically sensitive issues without compromising scientific integrity.
- High evidentiary standards, particularly reliance on peer-reviewed research, which may not be always available or relevant.
- Difficulty in meeting evidence thresholds, especially for emerging or fast-moving public health issues.
- Calls for broader definitions of evidence to include primary sources and current events.

Member Involvement: What changes would you like to see to enhance member involvement in the policy statement process?

Awareness and Communication:

- Increase awareness about the policy process through active communication and dissemination.
- Utilize webinars, annual meeting sessions, and videos to explain policies and their importance.
- More publicizing of opportunities to engage in the process and organization-wide trainings.

Review Process and Timeframes:

- Extend the member review timeframe to allow for more thorough participation.
- Shorten other aspects of the timeline to balance the extended review period.
- Provide additional time (1-2 weeks) for spring policy statement reviews.

Member Engagement and Education:

- Engage members by showing the value and practical use of policy statements.
- Broad-scale education on policy statements, the process, and its distinction from advocacy.
- Encourage sections to educate their members about the policy process.
- Offer recognition for authors to incentivize participation.
- Make the process transparent and fair, allowing appeals to JPC decisions at all stages.

- Conduct live hearings rather than virtual ones to facilitate better persuasion and engagement.

Inclusivity and Respect:

- Ensure all members' opinions are treated with respect and not just those who are favored by the JPC.
- Make the process more inclusive so that average members feel empowered to participate.
- Provide helpful and constructive feedback to encourage participation.
- Foster a positive environment that encourages members to contribute without feeling overwhelmed.

Recognition:

- Recognize and incentivize authors for their contributions, possibly through citation recognition.
- Highlight the significance of members' contributions to increase buy-in and engagement.

Simplification and Clarity:

- Simplify the policy documents to make them more accessible and engaging.
- Consider a brief "whereas/resolved" version of the statements for easier review.

Feedback Mechanisms: How can APHA improve its feedback mechanisms in the policy development process? How do you see the review process either remaining the same or changing?**Inclusivity and Representation:**

- Encourage involvement from students and early career professionals (ECPs) to diversify perspectives.
- Ensure feedback reflects the value APHA places on diverse perspectives, science, and rational discussion.

Debate and Appeals Process:

- Allow more debate and improve the appeals process at all stages to ensure fair representation and thorough discussion.
- Prevent last-minute changes before or during the Annual Meeting to encourage early engagement and reduce grandstanding.

Feedback Mechanisms:

- Implement standardized rubrics or feedback mechanisms that are straightforward and transparent, using objective measures.
- Provide simpler summaries of science and JPC reviews to help reviewers focus on major issues first.
- Allow more debate and improve the appeals process at all stages to ensure fair representation and thorough discussion.

Review Timeline and Process:

- Shorten the time between JPC review, revisions, and hearings to keep people engaged and maintain momentum.
- Make the review process faster and more flexible to adjust to both long-term and emerging public health issues.
- Increase the member review timeframe and reduce other aspects of the timeline to allow more thorough participation.

Education, Support, and Communication

- Offer more active dissemination of proposed statements, explaining their purpose and expected outcomes.
- Create liaison roles to assist authors in formulating ideas and navigating the process.
- Sections can survey their members to understand how best to engage them and what they want from the organization.
- Increase direct communication and transparency with the JPC. Authors often feel disconnected from the decision-making process.
- Provide clearer rationales for decisions made regarding support or non-support of draft statements.
- Utilize more open and transparent conversations with authors.
- Prevent last-minute changes before or during the Annual Meeting to encourage early engagement and reduce grandstanding.

Recognition and Engagement:

- Recognize and incentivize members' contributions to increase engagement.
- Implement live peer review processes to make the review more engaging and visible.

Feedback Specificity:

- Provide extensive comments while ensuring the feedback is specific, actionable, and focused on significant issues first before diving into line edits.
- Avoid giving an initial positive rating to prevent false hope and set realistic expectations about the improvement process.

Governance and Priority Issues:

- Allow the Governing Council to have a say in adopting APHA's priority issues each year, including mechanisms for nominating and approving final choices.
- These themes highlight suggestions for improving feedback mechanisms, making the review process more inclusive, transparent, and efficient, and enhancing overall member involvement in the policy development process.

Inclusion: How can APHA better ensure diverse representation in the policy statement process?

Valuing Diverse Perspectives:

- Encourage and value diverse perspectives, emphasizing free speech and respectful dissent while condemning bullying and threats of violence.

Targeted Involvement of Specific Groups:

- Conduct targeted campaigns to involve students, highlighting professional development opportunities and involving groups like the Student Assembly.
- Engage Caucuses and Affiliates more actively, as they may bring more diversity compared to Sections.
- Initiate targeted invitations to specific Sections, Caucuses, and Forums to encourage participation in the policy statement process.

Transparency and Accessibility:

- Increase transparency about the selection and appointment process of the JPC, section policy chairs, and governing councilors.
- Ensure that information about the policy process is disseminated widely and not just through word of mouth.

Inclusive Participation:

- Recognize that participation requires significant unpaid labor, which can be a barrier to inclusivity. Consider ways to make participation more accessible.
- Accommodate people with language limitations or disabilities during the public comment period.
- Encourage authors to show evidence of engagement with potentially affected parties.
- Offer more democratic feedback opportunities.
- Highlight the professional development benefits of participating in the policy statement process to attract diverse participants.

Active Outreach and Engagement:

- Actively reach out to all sections for early comments and involve members with relevant expertise early in the process.
- Provide notice to interested parties when highly controversial topics are debated by the executive board.
- Generate more proposed policy statements proactively as an association.
- Engage people not just from different public health expertise but also from different places around the world.

Future Directions: What key areas should APHA focus on in the future policy statement process to address emerging public health issues?

Updating Policies and Evidence:

- Review and update overarching policies regularly.
- Update acceptable evidence and citation standards, particularly for emerging issues where published literature may be sparse.
- Develop guidance for elected officials and assist librarians in accessing policies.

Dissemination and Transparency:

- Create and provide dissemination opportunities for authors of passed policies.
- Increase transparency about the JPC and other APHA bodies involved in the process.

Timeliness and Responsiveness:

- Implement faster turnaround times for policy statement reviews.
- Consider having two policy statement review cycles each year to better capture emerging public health issues.
- Lower the evidentiary bar for emerging issues to facilitate quicker responses.

Focus Areas:

- Address issues related to the physical, emotional, and political health of the country.
- Focus on the leading causes of morbidity and mortality and key social determinants of health (SDOH).
- Include hot topics like reproductive rights and abortion, LGBTQIA+ rights, gun control, and extreme heat.
- Address broader societal issues such as wealth and power distribution, military spending, and capitalism's impact on health.
- Tackle broader, contentious issues that impact public health, such as inequitable wealth distribution, military spending, and capitalism.

Inclusivity and Diversity:

- Ensure diversity, equity, and inclusion are integral to the policy process.
- Engage a more diverse range of public health professionals, including students and young professionals.

Public and Member Engagement:

- Poll the public on their public health issue priorities.
- Engage members in serious conversations about the intersection of advocacy and policy, and the authority of the executive board to act on relevant issues.

Support for Authors:

- Provide more support for authors, especially those addressing critical topics but lacking technical expertise.

- Help authors understand statement requirements and provide technical assistance.

Limitations and Strategic Focus:

- Consider limiting the types of policy statements to a pre-approved list to maintain focus and relevance.

Open Ended: Please provide any other statement you would like regarding the policy statement

Inclusivity and Participation:

- Concerns about the unpaid labor required to participate, which can exclude many capable public health workers.
- Hope for a more inclusive process that allows all APHA members to feel safe, respected, and valued.

Process Improvement:

- Appreciation for efforts to improve the policy statement process.
- Recognition of the importance of the process and support for its continuation.

Improvements: What improvements would you suggest for the policy statement process at APHA?

- Passed policies should inform advocacy work. I strongly disagree with the decision that these are solely to inform APHA's actions on recommendations; we have lobbying power and our policies are extremely rigorous scientifically and could be much more impactful if we used this to inform our lobbying. Much of US politics is not based in the science - we have the power to change that and EB is a barrier to that.
- "Evidence" should not be limited to peer-review. We often need policies for things that under-researched. It is then often hard to find the "evidence" that the science board is looking for; primary sources, like people experiencing whatever the policy is trying to address, should be acceptable; current events and news outlets should also be acceptable, while we keep an eye out for bias.
- Engage more APHA members. The policy process is seldom known about outside of people who are policy chairs, governing councilors, or policy authors themselves. Everyone involved puts a lot of effort in and we should be engaging the larger membership, not just the folks who are already in the know.
- Dissemination after policies are passed. A lot of work goes into these statements and they are very well done - we as an organization should be proud of them and should do a better job disseminating than just a short blurb in the Nation's Health. Perhaps the following year, each policy gets a session at the annual meeting to share the policy and how members can use it in their work.

1. More community engagement and MORE INFLUENCE on APHA's actual legislative positions and priorities.
2. The evidentiary criteria for review need to flex based on the available quality of evidence on a given issue.
3. The amount of documentation and the sheer number of comments from JPC to authors needs to be streamlined.

Add a second review cycle, and possibly shorten the review cycle, so groups of policy statements can be adopted at both the Mid-Year and Annual Meetings. This would create an opening to tackle issues as they emerge and may allow APHA to get proactively ahead of the curve on policy statements rather than seeming reactive and behind the curve.

At this point, the JPC comment process is a game of who shouts loudest and who can influence the JPC. It is a biased, political sham.

Find a way to shorten the process. The timeline is fairly long and typically requires an author commitment of a year. When statements are submitted in February but not debated until late Oct or November, some of the facts or evidence can be stale, particularly if we address the most pressing issues of the day. It's also difficult to get full author commitment for that time span.

Re-evaluate the Latebreaker process. It's being used as a workaround for those not wanting to do the full yearlong process. They typically sail through the full process the following year since they have been extensively debated, so I wonder if we need a distinction between latebreakers and regular policies (e.g., can we shorten to have everyone on the same timeframe and remove latebreakers).

I appreciate the thoughtful process - very transparent and science-based. No suggested improvements

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think there are a few concrete things that could support the process --

1) A cover sheet -- I think a "why this policy why now" type of one pager / cover sheet would help policy writers gather their thoughts (why am I doing this, why now, why should APHA have this on the record, what actions do I want to happen that APHA could support through this) and serve as a primer for policy reviewers and/or sections seeking info before supporting policies. This could help get through the muddiness of some policies, too, that start off with so much background and context that the purpose of the policy gets lost. Also, if an author can't fill this out, they need to check on whether or not writing a policy is really the right choice for them.

2) Reordering - I think pushing some type of exec summary in an abstract format (problem, evidence, actions, or something) could help, too. There is too much exposition in current policies, which can be distracting to authors and push them to lose sight of the policy's purpose, which is on the action items.

3) Refreshing/ Tracking policies - while an absolutely enormous lift (I recognize this), I think engaging sections on policies they wrote (or largely sponsored) every five years would be helpful. So many policies just need a refresh (new evidence, adjusted actions based on the landscape, etc.) but instead we go through a start to finish process for so many things. If there was a way to ping sections and say "you got this policy passed five years ago, can you review and see what needs to change?" and run that through the same review process (or not same, similar) with the JPC, there could be a lot of policies that are more relevant on the books. I realize we have archiving and that not all policies are formally "owned" by a section. But you get the general sentiment.

In other organizations with which I am involved, the policy statements promulgated by the governing bodies are directed toward what the organizations, themselves, can accomplish. This stands in direct opposition to statements derived by the APHA Governing Council.

Most importantly - more time to gather input (reviews) from people other than the JPC. The JPC appears to have these statements for months - and yet the review period for others, whether member units or individuals, is very short.

Everyone is scrambling to find reviewers, experts, those engaged in the particular work. The review time for outside of JPC needs to be lengthened considerably.

Needs to be streamlined--the processes of writing, reviewing, rewriting, etc. simply take so much valuable volunteer time that it is poor return on investment

I also wonder if there needs to be a different process for statements we need for advocacy from statements that summarize the science/evidence. I wonder if a section of AJPH can be devoted to this second kind of statement which is basically a summary of what is known along with a comprehensive list of references. The current policy statements seem more an "article for publication" than a tool for legislative and regulatory action. Publication of policy statements in AJPH - they are peer reviewed, after all.

There should be some sort of action connected to the policy statements - at present they can be used if people see them but we only know about them if we know about them.

That they come with options or actions that we as public health professionals can take to address the problem. They feel a bit more of fingerprinting right now.

It would also be great if APHA actually promoted them and built their annual policy agenda around the policy statements.

It feels like they are passed but not even APHA uses them.

the association needs to look at current public health issues and recommend those to be policies. In my years as a member, policy reviewer and GC member I believe that more current events need to be considered by the association and made a priority

The association's policy process has evolved over the last many years to one where policy writers have to write statements that are equivalent to scientific papers submitted for peer review. Published, peer-reviewed papers should not be the main drivers for policy proposals. Many good public health policies do not need significant scientific studies to support the positions proposed. For example, bombing of hospitals and murdering healthcare workers in times of war should not be supported and do not need a study to support this position.

The JPC has tremendous influence on the process. It can be unduly influenced depending on who is on the JPC. Some years ago if JPC gave a negative assessment a policy could not continue. Now one can still move it forward however the Exec Bd can remove a policy from the process. How do we ensure that policies are fairly reviewed?

How is it that a policy can get a negative assessment all along and then suddenly a positive one at the very end or vice versa? How can a policy be withdrawn on the floor of the GC and rewritten?

We need to shorten the process and create more opportunities for easier member engagement.

We've overcomplicated the process. Statements don't need to be journal articles. And they aren't law. They simply need to guide APHA policy work. The lobbying and executive staff dictate the priorities (and ignore membership views when they don't align). We are way too focused on supporting the Democratic party in its election goals, and in supporting CDC as an institution. There are many determinants of health that need our attention outside of those aims.

I worry APHA administration and policy staff are more interested in appeasing powerful interests within APHA than in ensuring our policy statement bank is assembled with integrity and a commitment to the idea that we can't be health in societies where there is injustice, violence, and inequitable distribution of wealth and power.

And, honestly, when we look back, we are collectively proud of our policies opposing the US War in Vietnam, eliminating nuclear weapons, curbing police violence and the like. Why don't we listen to the same people who brought us those good ideas, rather than resisting each new topic they (we) bring to the table.

Writing as CoChair of Ethics Policy Review, we would like to offer our standard Ethics Section Review form to all potential authors, so they understand how we look at proposed policy. We plan to do equitable standardized reviews based on the APHA 2019 Public Health code of ethics following and complimentary to the JPC review and remarks, but are glad to be a part of the early author proposed policy development process to help support author success and alignment with the APHA's adopted ethics code.

Your email asking me to complete this survey states, "This group aims to identify the ideal process and purpose of the APHA Proposed Policy Process. Not to identify the challenges or opportunities within the current system but to reconsider it from the bottom up." Why would you ask this question? If the goal is to RE-DESIGN the process, you should not be asking for suggestions for "improvements," but for ideas on what an ideal process should look like.

Barriers: What are the most significant obstacles to the effective policy statement process at APHA?

we need more relevant topics to be considered for policy statements

Time constraints on reviewers outside of JPC. Too many last minute changes allowed right before the Annual Meeting and during the Annual Meeting including Governing Council. People who want to comment and edit should do so long before the Annual Meeting.

They don't allow for recommendations to APHA on how it can help address policy challenges. They also require a lot of extensive evidence which may not be available all the time or relevant for moral issues we should take a stance on. "

There is a fundamental disconnect between the policy process (and the purpose of policy statements) and APHA advocacy. Related, so many things that APHA should weigh in on fail because statements are not based in evidence, even if we know that there is evidence to support them. The purpose between the policy process and the advocacy setting and the engagement with members needs clarity for the broader APHA audience, specifically Section leadership, the ISC, and the GC. Every year policies have action steps that are not external because of this disconnect, and some very passionate people are ignored on the GC floor because they are not following process. This is frustrating across the board. Ultimately, this disconnect is a huge barrier for many people. And as a former JPC member, the continual divergence from policy structure (e.g. lack of external actions) is also frustrating :)

The timeline of the policy development cycle is too long and the statements themselves seem to be overly academic and hard to utilize by the common practitioner

The technical nature of some of the proposed policy statements makes it challenging to review if you don't have content expertise. That impacts the transferability of information and providing feedback

The rules are clear enough, but they are regularly circumvented by power brokers. The executive director is too powerful in the process. Policy staff voice too much opinion and steer decisions to their liking. Certain powerful individuals in APHA have found ways to influence the executive director outside of regular channels.

The lack of open JPC meetings and sometimes even the absence (or extremely late or incomplete) records of minutes keeps the process mysterious and suspect. "

The requirement to have mainly peer reviewed references, to insist on 'Imbalances' in the settings of power imbalances between competing positions, and to insist on making policies that are broad and not accepting the calling out of the most egregious examples of human rights violators.

The repetitive nature of the review process.

The need to balance our commitment to social justice advocacy and activism with our commitment to science/evidence based action.

The length of the proposed policy statements and the time it takes to get through the process.

The amount of time needed to respond to comments; the lack of clarity about what the specific requirements of the JPC comments mean and require to "satisfy" the JPC; the failure to have unbiased external experts review the proposed policies (especially need experts who can speak to "both" sides if a policy is potentially controversial); what ends up being the appointment of people to the JPC who have political views that they carry with them; members with a political axe to grind are allowed to repeatedly submit policies which will tear the organization apart because of their political nature.

Rigorous formatting and caps on references, combined with sky-high expectations for the level of evidence to each claim statement.

Evidentiary requirements and thresholds for consideration by the Science Board and JPC, often cannot be met in characterizing emerging or fast-moving public health issues. "

Lack of democracy. Right now the JPC HEAVILY influences the process based on their own political leanings. The JPC should assess the technical and scientific merit of proposed policies and leave the politics to the GC (and allow them to be lobbied by their members).

It is a lengthy and arduous process. It does not seem as though the JPC is there to shepherd and help authors; rather it seems that it is a controlling group.

I think the varied levels of feedback for authors are convoluted and difficult. Many sections/caucuses aren't able to organize member feedback in the initial March round due to a short turnaround in reviewing proposed policies. As a result, the JPC provides guidance based on their review and the feedback they've received. Still, authors get additional and often

new feedback during the hearings after revising their statements. While I see the value in multiple levels of review, the timeframe is long enough that it can be frustrating when sections don't speak up until the hearings and the authors scramble to address things.

Following the adoption of policies, I think there's a disconnect between that step and how to make the statement useful. It's an incredible amount of work and sometimes it can be a letdown when the statement isn't referenced by APHA when they discuss an issue. It can be a barrier to involvement in future policies. "

I think the debate during last year's policy statement on a ceasefire is an example of the barriers - objections based on a person's perception that they are being attacked cannot outweigh the reality that the person is not being attacked. The hours of debate were not even a debate - it was a few individuals holding up the entire meeting because of their inability to see Palestinian people as human beings worthy of health and wellbeing. We must allow for debate while also ensuring a focus on public health.

Consistency in reviews by various sections and avoiding redundant work

The ""evidence"" focus being so staunchly on peer-reviewed research. Per my above statement: ""Evidence"" should not be limited to peer-review. We often need policies for things that under-researched. It is then often hard to find the ""evidence"" that the science board is looking for; primary sources, like people experiencing whatever the policy is trying to address, should be acceptable; current events and news outlets should also be acceptable, while we keep an eye out for bias.

- Word count and reference limits, particularly for controversial topics. As a multi-time author on more political issues, I've gotten many negative assessments due to ""lack of evidence"" on lines, but with only 50 references, it's extremely difficult to cite everything. For one policy statement, we started out with 120 references that we had to narrow to only 50, often citing articles that the text wasn't intended to cite just so we have something. However, then we get comments like ""misattributing citations."" The reference limits have caused major distress in every author group I've been a part of.

- Time. I'm not sure that there's much the organization can do about this, but we authors put A LOT of time into these statements and it's often a barrier when people have to back out. It seems like other forms of this level of work have more ""bang for their buck"" - this is a similar amount of work to writing a research manuscript and submitting it for publication. People will often pick that route over this because published research actually goes places instead of, like I said above, a sentence in the Nation's Health (which, who even really reads that...).

- When APHA tries to remove the politics from the policy. Public health is inherently political. We should not shy away from that. "

Member Involvement: What changes would you like to see to enhance member involvement in the policy statement process?

'- Being in the know! My suggestion above: "Perhaps the following year, each policy gets a session at the annual meeting to share the policy and how members can use it in their work." This could help both the authors feel like their work is meaningful, which increases buy in, while also engaging the larger membership.

Active pushing out of the policies to ALL members of APHA. Webinars on each policy statement - the authors explaining the "whys" of each policy statement.

I am unsure if it is a member involvement, but we need greater peer review.

I don't have any current suggestions

"I think the member review timeframe should be a little longer. It can be challenging to recruit reviewers from sections/caucuses and then often there's very little time to review once we get volunteers. I'd prefer to see other aspects of the timeline be shortened and then this increase to allow more member involvement.

I also think that members may see more value in reviewing statements if they could also see the value of the statements themselves and how to use them. While the repository of policies is nice, I suspect many members aren't familiar with it and most don't use it. "

I would like to see all members' opinions treated with respect. Currently, a select few (who curry favor with the JPC) are heard. The average member feels powerless and just gives up.

In my opinion, members are only involved if they have a) a stake in a specific policy, or b) if they have a section that is really involved and teaches them about the process. As such, it's very hit or miss on who is engaged and who is not. Policy statements can be so so helpful to members but there should be some broad scale education on policy statements, the policy process, and its distinction from advocacy for membership at large in multiple forums (Including an annual meeting session?) to help support the process.

A minor (but important) item could also be recognition. Once accepted, a policy is APHA policy and that's it. But authors invest time - a lot of time - in developing what's essentially a manuscript. If there was some way that APHA could offer

citation recognition for authors (even if it's just a footnote linking to an original authors list or something) that could be an incentive.

It might be nice to have some videos walking a sample proposed policy thru the review process

Members are confused by the process and do not have a clear understanding of how it comes to be. I believe that if the organization offers gaps that are more relevant more members will want to engage.

Members are invited to participate in the writing and review process on an individual and Section or Affiliate level, so I don't know how you incentivize additional participation or involvement

More publicizing opportunities to engage in the process, and organization-wide trainings on policy statement process. Right now, it is pretty much sections doing their own training or APHA training is limited to Governor's Council and not everyone. Would be great if APHA could lead here and then sections can just focus on training on their specific processes.

Most debates of policies on the governing council floor. Allow appeals to JPC decisions at all stages of the process. Perhaps a whereas/resolved version of the statement would allow for a more brief document which would engender more interest in the review process.

Providing additional time (1-2 weeks) to complete the spring policy statement reviews. When working through CoA, it takes time for the committee to meet to look at statements then send to volunteers for feedback.

See "barriers." Otherwise I think the proposers have primary responsibility for engaging members in the policy process. The hearings should be live again; zoom is a terrible way to hold policy hearings. It's too hard to persuade lobbying staff to pay attention to issues the membership cares about; how can we move their priorities when even the formal process doesn't work?

The loudest voices and the most engaged individuals have most influence. The member feedback or shaping of proposed policies is not representative of the membership perspective overall.

There needs to be more encouragement and positivity. Feedback should be helpful and constructive. It take a lot of effort to write a policy only to find out that the JPC does not find it useful and provides a negative review.

We put in hundreds of hours into this process, all of it uncompensated. I'd like to see recognition of that in some meaningful way.

**Feedback Mechanisms: How can APHA improve its feedback mechanisms in the policy development process?
How do you see the review process either remaining the same or changing?**

' - More direct communication with JPC. I don't even know who's on JPC and sometimes their decision making is hard to understand. I understand the importance of us authors not being too in the mix with JPC, but the current system is far too removed. Courtney does a great job facilitating, but I think the process is a little too separate. This is not a peer-review. And the JPC should be representing members, which it currently doesn't *feel* like it is.

Again, if the goal is a RE-DESIGN, you should not be asking for perspectives on how to "change" the current process. As for input on feedback mechanisms, I recommend encouraging students and ECPs specifically. We have a lot of longtime members who have a disproportionate influence on the policy process despite being out of touch with the rising cohort of public health professionals.

Allow more debate and a better appeals process at all stages.

AS noted above - more active pushing out of proposed statements - explanations of why - and what is hoped to be gained from the statements. More time for non-JPC review. No last minute changes right before or during the Annual Meeting. If your care enough, get engaged before Annual Meeting. It shouldn't be about grandstanding during the GC.

Feedback should reflect the fact that APHA values diverse perspectives, science, and rational discussion,

Frontiers is now doing a "live" peer review process that would work well for this. It would be great if this was a large public-facing process where people could see what was happening.

I think the more open, transparent conversation with authors, the better

I think the time between the JPC review and the revisions and hearings should be shortened. It's a very long time over the summer and extends the process out to the point that it's hard to keep people involved. In my experience, it's been 1-2 people who carry most of the load for the policy statement.

I would appreciate more clarity as to the rationale for decisions made regarding support/nonsupport of the DRAFT statements.

"Initial Rating - we could shift the process so positive is never an option for the initial submission. No policy ever gets an initial positive.

We can just remove it to avoid false hope. And set expectations around how conditional is just part of the peer improvement process for round 1.

Transparency in review - we provide extensive comments (great!) but it would be great if we provided something simpler that clearly summarized science review and JPC review. Again, I realize it's more work. But it would help reviewers focus on the big things to start then dive into the line edits. "

It needs to become faster and more flexible to adjust to a given policy space (i.e. problems for 20 years versus new/emerging public health threats).

It would be great if there were quicker communication as well as better publicized, more than just sharing the calendar at the beginning of the year and expecting everyone to look at it.

Perhaps a liaison to the JPC to help authors when they are first formulating an idea.

Sections can send out surveys to their members to see how best to get them to engage and see what members want from the org

This will depend on how the process itself is changed. If the current form of policies becomes (for example) a summary article for publication the peer-review process would be appropriate. A format geared to advocacy would need more input/feedback from Action Board and APHA Legislative Affairs folks.

Use specific/standardized rubrics or feedback mechanisms that are more straightforward to the average reviewer and make feedback more transparent and trustworthy using objective measures

When APHA adopts its 3 priority issues each year, the governing council should have a say. GC should have a mechanism for nominating issues, and approve the final choices.

Inclusion: How can APHA better ensure diverse representation in the policy statement process?

APHA should value and encourage diverse perspectives. As Americans, we value free speech and respectful dissent. But (as Aaron Guest pointed out) bullying is not acceptable. Neither is the threat of violence.

Do a targeted push to get students involved. They typically have more time than some of the other members to devote to reviewing and writing. This is an amazing professional development opportunity for them. Get the Student Assembly and others to craft messaging about how they can get involved and how it can help them professionally.

How is the JPC selected/appointed?

This is where bias creeps in.,"

Participation in this process requires dozens of hours of unpaid labor. This not not inclusive, and does not even result in a publication afterwards.

the public comment period is a big help. How are we currently accommodating people with language limitations or disabilities? Also, should we encourage authors to show evidence of engagement of potentially affected parties?

Disseminate!!!! A lot of people simply don't know. See above comments on options for annual meeting dissemination, which I think would be helpful for engaging more young professionals and students specifically, who are much more diverse than our APHA veterans.

-More transparency about JPC, section policy chairs, and governing councilors. Everything I've learned has been word of mouth and me now passing down that oral information. It's very difficult to even enter this space without a veteran member explaining and inviting you."

Make sure all sections have a chance to read it and comment early in the process. Actively reach out to them on policies you think they should comment on if you don't see them there. Or actively reach out to a member who has expertise in the field to look at early drafts. Can't always rely on authors to have done this due diligence.

I like the aspect that motivated volunteers can assemble a statement on any relevant topic, I hope we don't lose that.

When the executive board is going to debate highly controversial topics, why isn't there notice to interested parties so they can engage in the process?

Making sure to engage not just people of different public health expertise but people from different places in the world to give their expertise.

More democratic feedback opportunities?

As part of the review process, there should be a required equity check. How is equity considered and incorporated into each statement? Public Health Critical Race Praxis is a framework that could be applied for all policy statement review.

Honestly, I cannot even provide a suggestion for this point which is, indeed, VERY important.

I wonder about doing more to engage the Caucuses and Affiliates--we (you) could look back at the authors of policies in recent years but my impression is that they are mostly from sections rather than these other groups which may have more diversity.

The Association should do more to generate proposed policy statements.

Do not allow the JPC to pre-emptively "block" proposals based on their political leanings.

Initiate targeted invitations to specific Sections/Caucuses/Forums to participate in the policy statement process

Future Directions: What key areas should APHA focus on in the future policy statement process to address emerging public health issues?

I think reviewing and updating overarching policies and developing some policy on offering guidance to elected officials at every level, and perhaps assisting librarians in accessing policies in occupational training programs and institutions of higher learning, to help our emerging partners

- Update acceptable evidence and citations
- Create and provide dissemination opportunities for authors of passed policies
- Provide transparency about the JPC and other bodies in the APHA involved with the process

Accessing the relevant components and formation of policy SME pools to help respond to policy concerns in (closer to) real-time.

Faster turn around time."

APHA should focus on issues related to the physical, emotional, and political health of our country.

As noted above, we need a way to respond to emerging justice issues that call on our activism more than our science-- how to base activism on science? In the current system I think activism gets bogged down (even drowned!) in trying to get the science perfectly right.

Diversity, equity, inclusion and the adequacy and appropriateness of the public health workforce.

Finding multiple ways and types of policies that can go through the process (ie. Policy statements, member-proposed action alerts, moral/values statements)

Focus on the leading causes of morbidity and mortality. Focus on the key SDOH factors that affect health far more than "sick care" and end of life care. Let's focus where there is an opportunity to actually make a difference. We know the causes - we should speak out on those.

For emerging issues that may not be a lot of published literature, so a lower bar needs to be allowed to waive or decrease the need for this requirement.

Have two policy statement review cycles each year to more fully capture emerging public health issues, with one cycle voted on at Mid-Year Governing Council meeting and the other at the Annual Governing Council meeting. With only one review cycle, we're waiting a year before policies are adopted, meaning it's difficult to catch an emerging issue on the front-end and end up with a more reactive vs. proactive policy position. This, of course, creates an additional layer of work on members of JPC, so a remedy may also be necessary through Bylaw changes to re-shape the makeup of JPC to include more members.

health implications of political action

areas we need more attention to in public health curricula aspects that public health workers need to build capacity in

I think it would be amazing if you polled the public on their public health issue priorities."

Intersection of advocacy and policy - we need to have some serious conversations about how these two work (or don't) and need to be clear about what authority the exec board has to make statements (vs policies) on relevant issues pulling from previous policies and organization policy. Many of the concerns members may have are related to APHA taking action that they probably can take without a policy. Or rather without a new policy - especially if we have something on record. But a conversation should happen.

"Related to earlier comments, when the process is a year+ long, it's hard to be nimble and address ""emerging"" issues. Some emerging issues may not be addressed at all through the process for many reasons- good topics but poor authors/formatting, not enough people to commit to writing the statement, or some issues not having a firm enough evidence base yet.

I think there should definitely be a conversation about how to help those authors who are addressing a critical topic but don't have the technical expertise to write the statement. I think we've lost some important statements in the process due to authors not fully understanding the statement requirements. "

Reproductive rights and Abortion, LGBTQIA+ rights, Gun Control, Extreme Heat ... these are some of the hot topics of public health today and they need to be more integrated in the organization

We live in a country where power and wealth are so inequitably distributed that our streets are filled with people who can't afford housing. We have a mighty (and expensive) military with a thousand bases around the world, and we support oppressive regimes with that power. We are investing more than a trillion (Trillion!) dollars in modernizing our nuclear

weapons arsenal. Working class people are struggling to realize their collective bargaining rights. Capitalism is running amok, hurting people. And we stand around focusing on less important things, because it's easier and less contentious. To make America healthy (let alone the healthiest country in the world), we need to tackle these bigger questions. We need leaders and staff in the organization who are up to that challenge. We should limit the type of policy statements we accept to a pre-approved list.

Open-ended: Please provide any other statement you would like regarding the policy statement process.

Get the policy statement process out of the GC

I am grateful for the opportunity to participate in this process, but must recognize the hours of unpaid labor required to participate. I have the luxury of time at the moment, but that is not always the case. The nature of this process also prevented many amazing public health workers from engaging. I hope that you consider this as you work to build a more inclusive entity.

I appreciate this group looking at how we can improve the policy statement process.

I hope our concerns will be taken seriously and that ALL APHA members will feel safe, respected, and valued for their commitment to public health.

I recommend taking a long, hard look at the issues around proposals addressing -----for a case study in the failure of the current process. Then ask some young (<30 years) people for their perspective on it. You might be surprised at what you hear.

I think this is an incredibly worthwhile process, and I'm excited to support this moving forward.

Some members have been treated poorly in the policy development process. Some people are clearly more equal than others at APHA, and that's a shame.

Thank you for providing the opportunity for feedback!

THANK YOU for working on this!!

Thank you for working so hard on this! glad to be of service