

Proposed Policy Brief Feedback Survey September – October 2024

About:

In preparation for the report Ad Hoc Committee on the Proposed Public Health Policy Process, a survey was developed and sent to APHA Governing Councilors and Leaders. The survey was part of a broader effort to engage members throughout revising the proposed public health policy statements process. Questions were focused on ensuring the appropriateness of the proposed policy process.

Methods:

A survey was distributed through APHA Lead and targeted e-mail. The survey was promoted on the following days: September 25, October 7, October 10th.

The survey was distributed on the APHA Governing Council LEAD Page (255 Members) and the broader APHA Leaders Corner (1,286 members). The APHA Leaders Corner includes all elected and appointed APHA Leaders, including the Governing Councilors.

Targeted e-mails were sent to members of the Intersectional Council, Council of Affiliates, and Student Assembly.

Response Rate

We received four (N=4) e-mail responses. The survey link was clicked 38 times, resulting in 24 usable (over 25% completed) responses. The response rate was 2.1%

Background of Respondents

Governing Council Member: 67% (n=16)

Non-Governing Council member: 33% (n=8)

Previous Policy Statement Experience (Engagement in Any Step of the Process)

Yes: 50% (12)

No: 50% (12)

Ad Hoc Awareness

Yes: 79% (19)

No: 21% (5)

Please indicate your agreement with the following statements:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The new proposed process for developing APHA Policy Briefs is clear and appropriate for the organization.	4.17%	8.33%	4.17%	45.83%	37.50%
The new process effectively aligns with APHA's mission, vision, and values (e.g., promoting equitable health and evidence-based decision-making).	4.17%	8.33%	4.17%	37.50%	45.83%
The new process promotes the development of broad, adaptable policy briefs.	8.33%	0%	8.33%	58.33%	25.0%
The new process encourages member engagement.	8.33%	4.17%	25.00%	45.83%	16.67%
The proposed process will encourage increased collaboration across member units.	4.17%	8.33%	29.17%	45.83%	12.50%

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The steps outlined in the new process (e.g., submission deadlines, review stages, sponsorship requirements) are easy to follow.	8.33%	4.17%	4.17%	62.50%	20.83%
The new process adequately balances scientific rigor with the need for timely policy development (e.g., using the precautionary principle).	4.17%	8.33%	8.33%	54.17%	25%
The policy review and feedback process are appropriate and transparent (e.g., member feedback, subject matter expert review).	8.33%	4.17%	12.50%	45.83%	29.17%
I support adopting the proposed process as the standard for future APHA Policy Process)	8.33%	8.33%	4.17%	45.83%	33.33%

Open Comments

The survey also provided respondents the opportunity to respond to several open-ended questions. We provide unedited responses here except to remove any identifying information.

Thank you, committee, for all your hard work on this. I understand it may need tweaking as implemented but it's a terrific start.

does the 250 words for the abstract include the keywords? not clear

On page 5 it says Problem Statement and then the author is asked to define the policy and target population. I think this should say Problem and Target Population to match the template on page 8.

Evidence based strategical approaches and data-driven approaches are appreciated I appreciate the time and effort that has been invested so far. I think that Sections and the Affiliates need more time to discuss the pros and cons of what is being proposed. "I have mixed feelings about requiring proposed Policy Briefs to be submitted by Sections, Caucuses, etc. Some of these entities may be able to handle this process. Others may struggle if their leadership is not familiar with the policy process or if members are not united on an issue. This could be damaging to Section memberships. APHA may want to pilot-test this change or be sure to offer these entities concrete support on how to handle policy brief interest within their members.

The sections on Advancement of Policy Briefs Once Passed is much appreciated. Section 2: Addressing the listed issues is likely to require a degree of subjective assessment. Authors are likely to appreciate specific guidance on about how to meet these requirements.

It is unclear when Alternative Strategies should be described within the Brief. I think that requiring an action to be taken by a given date is too prescriptive and unrealistic. This authoritative/combatative-sounding approach is not likely to be appreciated by the entity being called upon to take the action.

The AMA updates its citation format periodically. Perhaps requiring the current AMA edition be followed rather than citing the 11th Edition may result in less confusion when an AMA update occurs.

I think this proposed process is spot on. My only note is, I would like to see the actual review form similar to the way the proposal template outline was created. KUDOS! None at present i am satisfied

Thank you for the time and thoughtfulness that has gone into the changes.

The current system is designed in such a way that bad actors can submit poorly written/researched, highly political latebreakers and still get them considered, even if they've received multiple bad review. Anything you do to prevent people from finding loopholes to politicize the process will be good. However, your recent decision to block a well-researched new policy on the massive increase in antisemitism--because of which, Jews are now by far the single most at-risk of hate crimes of any population in the country, being 7 times more likely to be victims of hate crimes than Muslims and also African Americans--is a disgrace. The reasons why it was dismissed from even being considered only further highlight the systemic, rampant, and unconscious antisemitism of APHA leadership. When the facts of the way this policy was handled become public, along with APHA's allowance of 20 different highly antisemitic presentations at the upcoming conference, APHA's federal funding and 501C3 status will be at risk due to the level of antisemitic discrimination and harassment it is permitting to take place. It's abundantly clear that APHA's governing council and staff have no training to identify the rampant antisemitic tropes being promulgated across the association. Public health was one of the founding sciences used by the Nazis to justify the ""racial hygiene"" based ""scientific"" mass murder of Jews, so APHA has a special duty to ensure antisemitic ideologies, including today's new anti-Israel hate and bias, are addressed to make up for this disgusting legacy. If you truly care about providing an inclusive environment, get evidence-based training in antisemitism from a trusted provider like Hillel International, Academic Engagement Network, or Project Shema. You should be ashamed.

The DRAFT report of the phase one policyworking groups was very difficult to read due to the very bright green DRAFT written in large letters across it, effectively obscuring the text. Not very helpful and we got the message that it was a draft very clearly, but not the rest of the information. The rationale for the changes in process and names was not clearly presented in the report. For example, why the name change from policy statement to policy brief? The word 'brief' implies a short summary of a policy. A policy statement says just what it is: a statement of the policy. Changing the name to 'brief' also makes it less impressive as a formal presentation of the organization's policy to persons and institutions outside of APHA, and therefore less useful in influencing public health policy.

Restrictions of number of pages and number of references was a major difficulty in the two policy statements I participated in developing, and there does not seem to be a good reason to restrict them further. These statements need to be able to present the relevant current evidence to support them. The previous restrictions could be met by careful evaluation of the evidence presented, but should not be restricted further as in the proposed process. (Meaning: please leave the word maximum and the number of references the same as previously.)

The ability to collaborate with colleagues on development of the policy statements was one of the most rewarding tasks that I have worked on in many years as a member of APHA and the best in stimulating discussion of public health issues in my section and

developing long term collegial relationships with members that I would not have had the opportunity to get to know. So, it is important that it not be diminished in its importance and ability to present a consensus view on important public health issues.

Finally, I have found it to be very difficult for non-members of APHA to obtain copies of the policy statements, by providing them a link to the statement on the APHA website. These statements of policy should be easy to access by the public as they are expert reviews of evidence and are, I hope, intended to be used to influence public policy. The public needs to know that they exist, not just the members of APHA.

The limitation on the number of policy briefs to be considered each year makes sense. I also agree that those briefs that were not considered in a given year should be given preference in the subsequent year. However, I can see that getting out of hand *really* quickly, especially if the briefs submitted are all of high-quality and should not be removed for quality purposes. I saw in the documentation that there are processes by which briefs can be removed from consideration for various reasons (e.g., quality, evidence, etc.), but I didn't see anything in the proposal that describes procedures if the consent agenda is becoming backed up with previous year prioritized briefs *and* new, incoming briefs for consideration. I'd recommend having something in writing in case perfectly excellent/appropriate briefs end up needing to be tabled due to the limits placed on the number that can be reviewed in a single year.

The process was clear and transparent. This new process should be adequately shared with APHA members to be fully informed.

This will discourage member engagement. Imagine this process during COVID.