

XII. Review and Recommendations from Speaker's Ad Hoc Committee to Review the Proposed Policy Statement Development Process



AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

Background



- Speaker Emphasis On APHA Governance Processes
 - Multi-Year Process (Governing Council Engagement Ad Hoc Task Force)
- Ongoing Evaluations and Feedback
- Current Process Is Over 30 Years Old
 - Concerns and feedback dating back 3 Speakers
- The JPC and Governing Council Revise
 - But - Incremental Changes Based on Experience

Challenges

**Miscommunication/Misunderstanding
Related to Proposed Policy Statements
and Their Interaction with APHA Policy
Priorities**

**Confusion About the Role of the Joint
Policy Committee**

**Workload and Confusion About Service on
the Action, Education, and Science Board**

Member Engagement

**Challenges with Affiliate Organization/State Unit
Engagement**

**Evaluation: How Do We Know If Policy
Statements Are Successful?**

**Confusion About the Process and
Submission**

Challenges

We Need to Identify What We Mean by Evidence-Informed Policy Statements vs. Creating the Evidence Base

Wide Policy Gaps Exist in the Current Database- Resulting in Challenges When Citing Policy

Late Breakers Often Are Not Resubmitted – Resulting in Only Having an Active Policy for One Year and Confusion Among External Partners

& More

Ad Hoc Task Force on the Public Health Policy Process

Overarching Question:

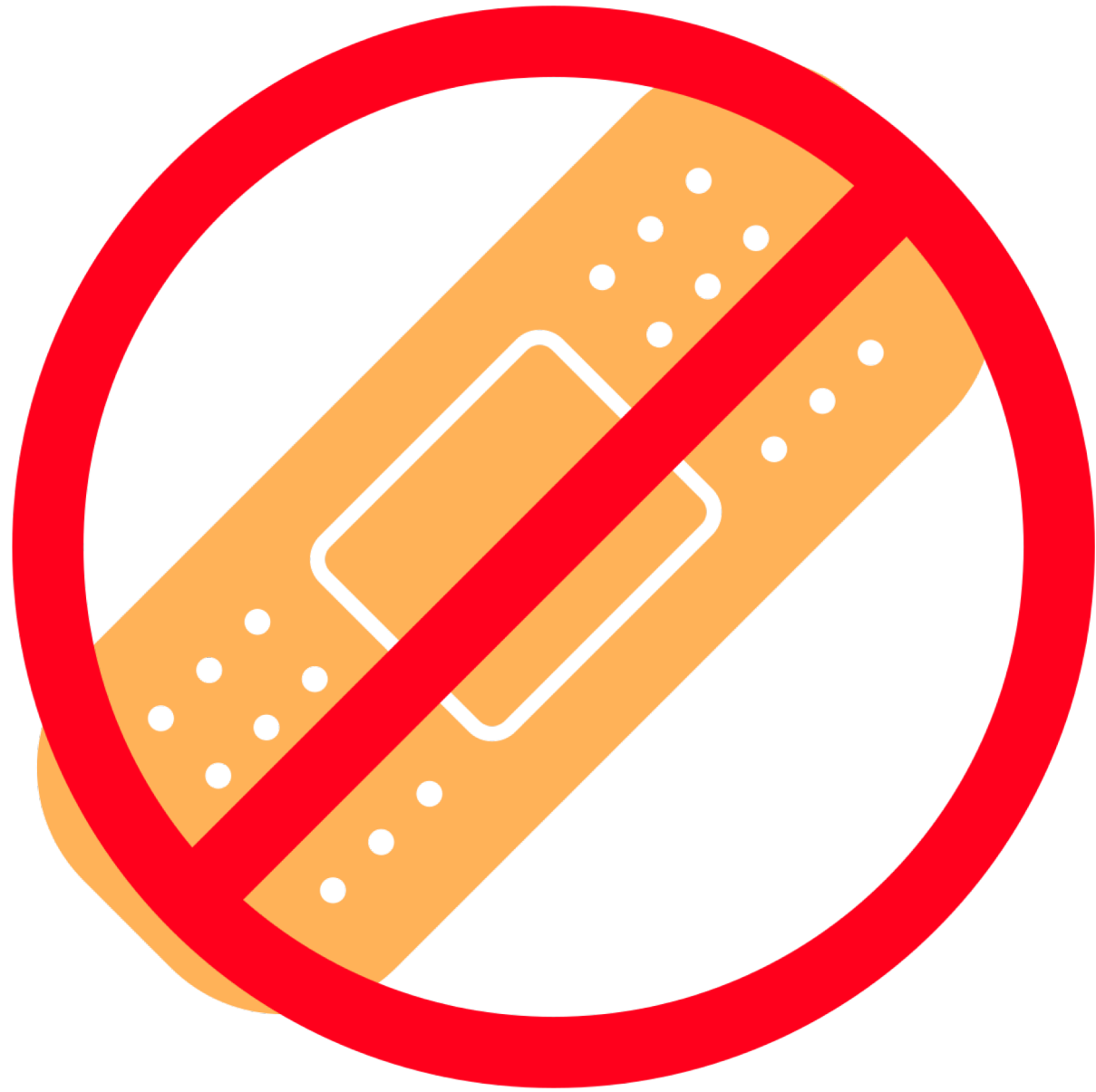
What is the Ideal Approach?

Overarching Goal:

Ensure Alignment of Purpose, Expectations, and Use.

Outcome

Identify the ideal process – and purpose – of the APHA Proposed Policy Process.



Membership

Name	Role
Aaron Guest	Speaker
Shirley Orr	Past Action Board Chair, EB Member
Anthony Santella	Education Board Chair
Stephen Modell	Action Board Chair
Kevin Sykes	Science Board Chair
Chris Chanyasulkit	Immediate Past APHA President, Past Education Board Chair
Jeffery Hall	Past Science Board
José Ramón Fernández-Peña	Past Action Board Chair Past APHA President
Amy Lee	Past Education Board Chair, EB Member

Membership:
Staff Lead: Courtney Taylor

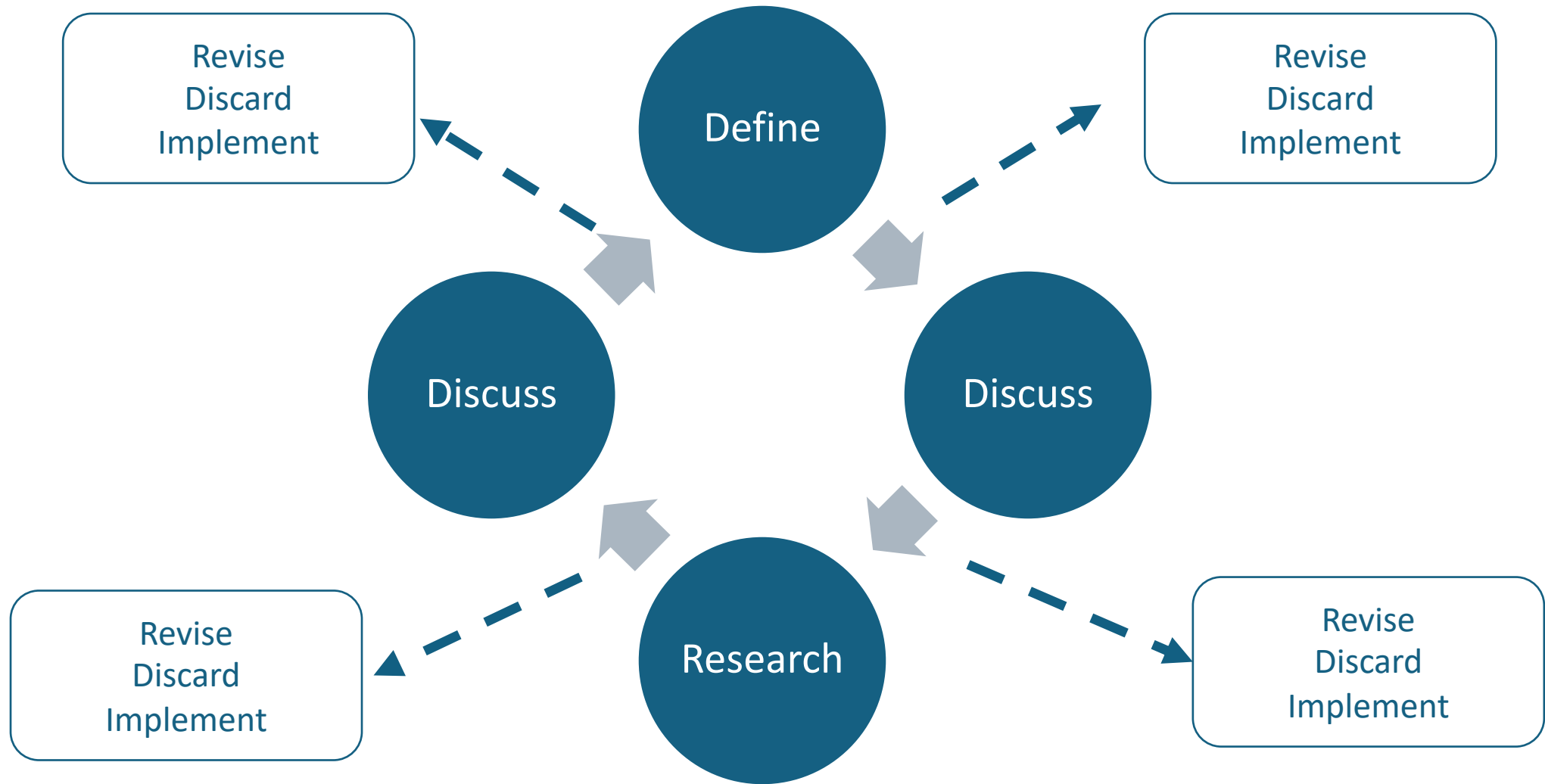
Support Staff:
Susan Polan | Don Hoppert | James Carbo

Guiding Principles

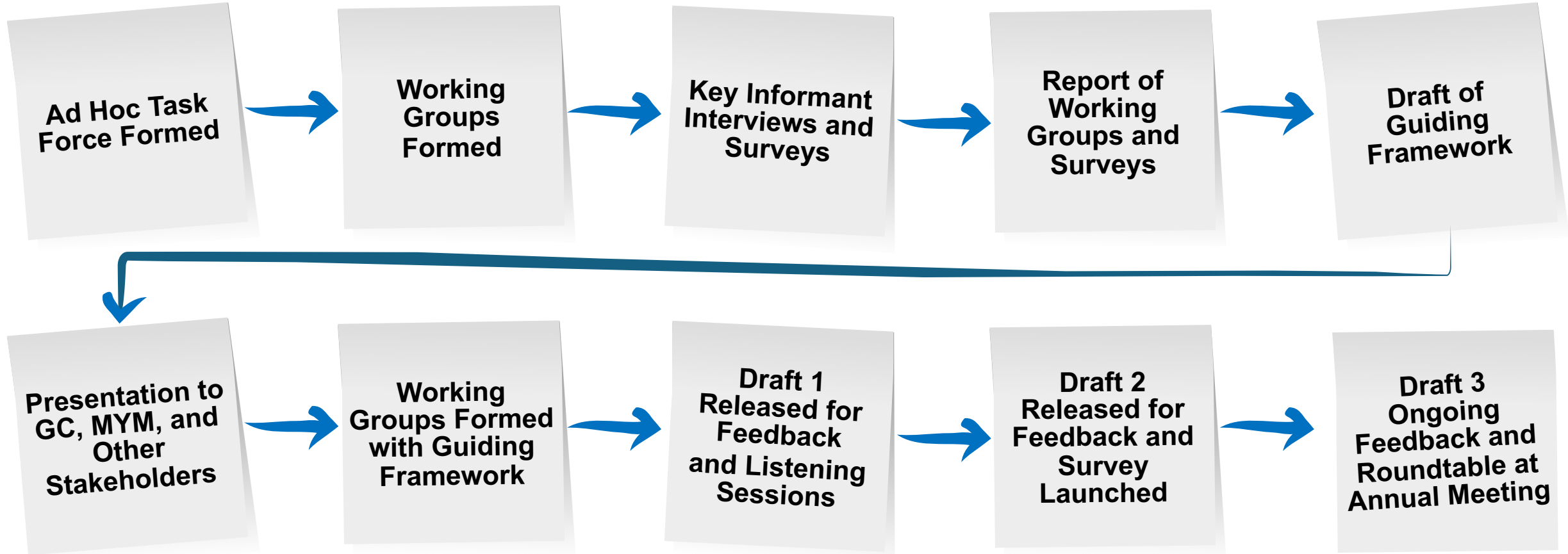
1. We will design a process that benefits the American Public Health Association and fulfills its needs for policy statements.
2. We will not create a more cumbersome process. Rather, we will create a more efficient, convenient process.
3. We will not create a more time-intensive process. Rather, we will create a quicker process.
4. We will create a process that is as streamlined as possible.
5. Transparency: We will communicate in an open manner. We will ensure the process is one that is clear to all members.
6. We will include definitions to standardize the language.
7. Our process will be guided by the Mission, Vision, Values, and Strategic Plan of the American Public Health Association.
8. The outcome of any process will be grounded in sound science and peer review.
9. The Public Health Code of Ethics will serve as a guiding framework for developing assessment and implementation.

Revised March 18, 2024

Process



Proposed Policy Statement Revision Process



GC Mid-Year Meeting

Working Groups Report Release

Key Informant Report Release

Draft 1 Release

Listening Sessions

Draft 2 Release

Feedback Survey

Draft 3 Release

Feedback Opportunities

At Any Point During The Process

Targeted Outreach

- Governing Council
- Current and Past Joint Policy Committee Members
- Section Chairs
- Affiliate Leaders and the Council of Affiliates
- Policy Chairs
- Previous Proposed Policy Statement Authors
- Past Presidents
- Student Assembly
- Caucus Representatives



Working Groups



Group 1: Strengths of the Current System



Group 2: Comparison of Other Organizations Practices – What Can We Learn



Group 3: What Does APHA Need/Want from the Policy Statement Process

Working Group

APHA policy statements serve as an information resource to many, including APHA staff, members, Affiliates, partners, media, and policymakers. The policy statements:

- provide the evidence base to legislative and regulatory recommendations, including letters and comments sent to Congress, the White House, federal agencies, and the judiciary.
- help in the development of legislative, regulatory, and media advocacy activities.
- provide easy access to the latest research; and
- help develop statements, fact sheets, reports, and infographics used in education and advocacy work. Additionally, congressional staff and regulatory agencies refer to APHA policy statements as a reference or resource when developing legislation and regulations.

Working Group(s) Findings

Policy statements must be consistent with APHA's mission, vision, and values, be relevant to current or future public health issues, and avoid conflict of interest or the appearance of conflict of interest between the author's financial or other personal interests and the goals and policies of the Association.

Policy statements should describe and endorse a defined course of action, ranging from legislation and regulations to developing new policies for non-governmental organizations and private enterprises.

Support for legislation or regulations should not include language with specific bill numbers, names, years, or presidential administration so as not to date the policy statement.

Working Group(s) Findings

Policy Statements **do not** define policy priorities but rather inform the Association's advocacy efforts.

The policy statement development process is the mechanism by which the American Public Health Association (APHA) leverages member expertise to draft **evidence-informed statements** addressing issues of concern and importance to the public health community.

Policy Statements are meant to have broad applicability within the defined public health issues of concern.

Working Group(s) Findings

JPC Composition: The current structure is outdated and may include members due to their roles, not necessarily their interests in serving on the JPC.

Review Quality: The depth of reviews varies widely among JPC members – as there are only 12! On-demand training for the policy process could help improve consistency.

External Review: The JPC may require external reviews by subject matter experts to ensure more consistent, high-quality evaluations.

Policy Promotion: There's no defined process for promoting or utilizing adopted policy statements. Authors should submit a plan for internal and external promotion.

Addressing Gaps: Despite identifying policy gaps annually, they are rarely fully addressed in submitted policy statements.

Working Group(s) Findings

Policy Awareness: Ensuring governing members fully understand the policy process remains challenging, often leading to votes based on sentiment rather than the process.

Submission Requirements: Consider requiring policy statements to be submitted through member units instead of individuals. We want to ensure people do not waste time.

Clear Rejection Path: Establish a clear rejection pathway for policy statements that don't meet the criteria.

Subject Matter Criteria: Define what issues are suitable for an APHA policy statement and introduce a step requiring review and approval of the statement's scope and impact before moving forward.

Fast-Track Option: The current process lacks a fast track for priority policy statements. Criteria for fast-tracking should be developed.

Working Group(s) Findings

Best Practices for Consideration (Review of 15/22 Organizations)

- Filtering Process To Determine What Moves to Policy Statement Process (Intent to Write Phase)
- Panel Approves Topics - Limited Number of Policy Statement Topic Areas – Broad and Reviewed on a Cycle
- Open Comment Window (30+ Days)
- Policy Templates
- Requirement for Multi-Disciplinary Authorship
- Oversight Committee (One Body)
- Comments Publicly Available To Everyone
- No More Than 10 Pages
- Non-Partisan
- External Reviews
- Two Year Process

Working Group(s) Findings

Best Practices for Consideration (Review of 15/22 Organizations)

- Multi-Phase Review
- Submission by Member Units
- Internal Process – No External Support*
- Intent to Write/Providing Options For Responses
- Writing Groups/Activities
- One Organizing Body
- External Reviews

Guiding Framework

- Guiding Principles
- Only Policy Briefs – No Secondary Legislation Pathway
- Late Breakers are Discontinued
- The Joint Policy Committee Is Dissolved and Replaced
- Statements should be broad (topically) to have wide applicability to multiple potential events and situations. They should not target specific bills, laws, administration, or situations that may be time-limited

Guiding Framework

- We rely on member expertise. We should not limit topics to certain ones each year. We should rely on members to remain at the forefront of public health challenges.
- A set number of proposed statements will be developed yearly to ensure feasibility throughout the process.
- An Intent to Write Process will be instituted
- A method for dissemination will be developed.

Working Groups

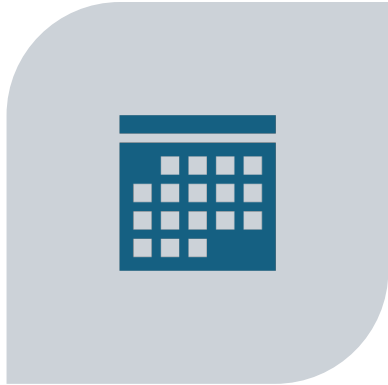


Process Working Group



Content and Organization Working Group

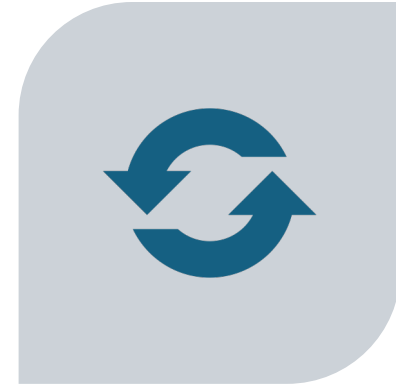
Draft and Revision Process



DRAFT 1: SEPTEMBER



DRAFT 2: OCTOBER



DRAFT 3: OCTOBER

Sample of Revisions Made

- Revised and clarified the relationship between the precautionary principle and the relationship to evidence and evidence type in the issue brief.
- Added external Subject Matter Expert review outside of the Evidentiary Review Committee.
- Developed a fast-track pathway for Priority Areas.
- Clarified the process of the 1st Assessment and 2nd Assessment
- Defined Minor Revisions.
- Developed a post-adoption dissemination and education plan.
- An evaluation component was added to the development of the issue briefs.
- Created a process for the expedited review of National Frameworks and Action Plans.
- Formalized a process for requesting APHA to sign on to Letters.
- Shortened the overall length of the Issue Briefs
- Included more straightforward frameworks for action steps, emphasizing education and affiliate engagement.

Sample of Revisions Made

- We clarified the timeline for the priority areas and the general process.
- We further clarified what constitutes evidence in relationship to APHAs' adoption of the precautionary principle.
- We clarified the requirement for membership as a policy brief author.
- We added levels of engagement, including federal, state, local, and tribal, within the action steps.
- We incorporated a revised public health review process.
- We clarified who could participate in each step, highlighting that this is an APHA Member Process.
- We further clarified the role of the Broad Category Requirement and Priority Area Options.
- We added detail to the Intent to Write Process.
- We completely restructured the two documents to make reading, following, and citing specific sections easier.
- We specifically highlighted the available options at each step.
- We clarified the Archiving and Appeal Processes – streamlining them as much as possible.
- We clarified the relationship of the Evidentiary Review Committee to the Letter Sign on Process and National Plan/Strategies Support Strategy.
- We clarified the post-adoption activities.
- We note that the Science Board becomes the Evidentiary Review Committee, Public Health Policy Statements become Public Health Policy Briefs, and the current structure of the JPC is dissolved.

Summary of Significant Changes: The Hits

Significant Changes: APHA Public Health Policy Briefs Process Book

Process: Section 1

Proposed Public Health Policy Statements are now Proposed Public Health Policy Briefs.

The Joint Policy Committee is dissolved, and the Science Board is replaced by the Evidentiary Review Committee, which will oversee the process

Significant Changes

Process: Section 1

Policy Briefs are defined (page 1)

Process for Organizational Sign-On to Letters is introduced.

A process for supporting Federal-National Recommendations is been introduced.

Significant Changes

Process: Section 2

We have defined the differences between Sponsorship, Co-Sponsorship, and Endorsements.

Endorsements will occur at the Annual Meeting

Emphasis on Broad Topics (page 6)*

Emphasis on Broad Topics

Policy statements should be comprehensive in nature and review the breadth of evidence-informed strategies to address macro-level public health problems (e.g., public health preparedness for weather-related disasters) rather than focusing on a single intervention or strategy for a niche policy relevant to select populations (e.g., hurricane preparedness among inland Appalachian Communities) **the policy development process aims to provide the Association with a broad base of evidence-informed strategies that can be applied in multiple contexts.** Notwithstanding, where applicable, it is appropriate to highlight specific contextual factors that may affect certain populations and groups more extensively than others. Additionally, the development of policy statements that aim to address health inequalities affecting segments of the population remains relevant. The emphasis, throughout, should remain on the **development of statements that are relevant to a broad audience and may be applied beyond time-limited situations or events** (e.g., it is better to have a policy on childhood hunger rather than a specific policy on childhood hunger in a particular part of the world). Authors will be asked whether the proposed submission relates to APHA public health priority areas.

Significant Changes

Process: Section 3

Our New 12 Step Program

1. Intent To Write Submission
2. Feedback on Intent to Write
3. Proposed Policy Brief Due
4. Subject Matter Expert, Evidentiary Review Committee Initial Review, Member Feedback
5. Evidentiary Review Committee Discusses and Provides Initial Assessment
6. Feedback to Member Unit
7. Proposed Policy Brief Revision Due
8. Evidentiary Review Committee 2nd Review
9. Evidentiary Review Committee Second Assessment Recommendation
10. Additional Revisions, if recommended
11. Evidentiary Review Committee Final Review and Markup
12. Recommendation to Governing Council

Significant Changes

Process: Section 3

Subject Matter Expert Review, Member Feedback, and Member Hearing

Assessment 1: Content and Format

- A Recommendation for Progression with Revisions
- Recommendation for Removal from Process

Significant Changes

Process: Section 3

Assessment 2: For Content and Reviewer Feedback

- An unqualified approval
- A conditional approval
- Rejection

Minor revisions defined (page 14)

Significant Changes

Process: Section 3

Dissemination

Publication: Policy Briefs adopted by the Governing Council will be posted on the APHA website following professional copy-editing. Notification will be provided to the members through the usual Association channels. Staff will maintain a compendium of APHA Policy Briefs, and updated versions will be periodically published, as determined by the Executive Board. A Press Release Announcing the Passed Policy Briefs will be available at the end of the Annual Meeting.

Dissemination of Activities: In conjunction with the sponsoring member unit, APHA will direct staff to develop a One-Page Fact Sheet, including. 1) Actions Steps 2) Actors 3) Resources 4) Timeline 5) Assumptions and risks 6) Measures of success (outcomes and data sources). A template will be made available for authors to complete, which will then be copyedited, formatted, and finalized in conjunction with APHA Staff.

Educational Outreach: APHA Staff, will host a webinar(s) following the adoption detailing the statement and garnering implementation support during the first year of adopting the Policy Briefs. Additionally, in the year following passage, the sponsoring Member Unit will be provided the opportunity to provide a brief update at the Annual Meeting on the status of the policy statement topic. This will be in the form of a written report to the Governing Council and a special session focusing on the Policy Briefs from the previous year. The Corresponding Author and Chair of the sponsoring member unit will be contacted with these opportunities

Evaluation: Upon the archiving of the policy brief, the Evidentiary Review Committee will transmit a report to the Governing Council on the outcome of the measurable goals, indicating if they were achieved, not achieved, or partially achieved.

Significant Changes

Process: Section 4

Priority Areas replace policy gaps. These priority areas will represent critical gaps in the Association's Policy Briefs and/or emerging policies within public health. Generally, they will not be covered by an existing policy statement except in emerging evidence or situations.

These can generally be accomplished in five to six months, allowing for two cycles for a year and adoption at the Mid-Year Meeting and Annual Meeting

Significant Changes

Sections 5,6,7,

We have simplified the appeals process. We have also clarified the role of each party and each step.

Simplified the archiving and auto-archiving process, ensuring the most reliable and appropriate science is promoted. In doing so, we established a requirement for a formed writing-group that will update the proposed statement.

Significant Changes

Author Instructions (Section 1)

Proposed Public Health Policy Briefs will be 2200 words (1.5 line spacing, 11pt font, Arial) and no more than 35 references.

A maximum of three, but no fewer than two, evidence-informed strategies supported by no more than 10 action steps may be included.

All proposed evidence-informed strategies should be directly linked to the social determinants of health and aim to improve the public's health. All action steps must be external to APHA.

Corresponding Author only information that will be shared during the process and will be the primary contact.

Significant Changes

Author Instructions (Section 2)

Section 1: Problem Statement [Maximum of 900 Words]

1. Policy & Target Population
2. Context:
3. Alternative Explanations

Section 2: Evidence-Informed Strategies & Action Steps

Evidence-Informed Strategies (3)

- Proposed Evidence-Informed Strategy
- Justification
- Feasibility

Significant Changes

Author Instructions (Section 2)

The action step should begin with **Therefore, APHA Calls Upon...** Action steps should identify an actor(s) to undertake the actions.

Action Steps should address one action and be no more than two sentences long.

Therefore, APHA calls upon [the entity being called upon] [the action requested] [by the date identified].

Advocacy Level: Identify the level of engagement required for advocacy. These options include federal, state, local (e.g., city or community), or tribal.

At least one must be at the state level.

III. Formal Policy Brief Outline

Page 1:

Title Page

Page 2:

Author Page

Page 3:

Policy Brief [2200 Words; 35 References]

Problem Statement (Maximum 900 Words)

- a) Problem and Target Population (Recommended No More Than 150 Words)
- b) Context
- c) Alternative Explanations of the problem (Recommended No More Than 250 Words)

Evidence-Informed Strategies and Action Steps for Implementation

- a) Proposed Evidence-Informed Strategy 1 (Recommended 300 Words)
 - a. Justification
 - b. Feasibility
- b) Proposed Evidence-Informed Strategy 2 [Optional] (Recommended 300 Words)
 - a. Justification
 - b. Feasibility
- c) Proposed Evidence-Informed Strategy 3 [Optional] (Recommended 300 Words)
 - a. Justification
 - b. Feasibility
- d) Alternative strategies (Recommended 250 Words)
- e) Action Steps for Implementation Table



	Evidence-Informed Strategy		Action Steps	Level of Advocacy
1		1		
		2		
		3		
2		1		
		2		
3		1		
		2		

References

Significant Changes

Statement on Required Evidence and Precautionary Principle

Move from Evidence-Based to Evidence-Informed

Clarification on the '**best available evidence**' definition to highlight the multiple forms of knowledge that exist.

Clarification on the **APHA Precautionary Principle**.

Significant Changes

Statement on Required Evidence and Precautionary Principle

The adoption of the precautionary principle has enabled APHA to take stands in support of one of its cornerstones, the prevention of injury and disease, in situations and under conditions where full scientific certainty, for any number of reasons, including political or ethical considerations, is not achievable.

Therefore, APHA has adopted a Precautionary Principal approach that allows and advocates for taking preventive action in the face of potential risks to health or the environment, even when full scientific certainty is unavailable.

This principle prioritizes the prevention of serious or irreversible harm, especially when waiting for complete evidence that could result in significant negative consequences. The precautionary principle allows APHA to develop and recommend measures in the interest of public health based on the best available evidence, even if that evidence is incomplete or uncertain, with the goal of minimizing harm and preventing injury or disease.

The precautionary principle ensures that public health interventions can move forward when there are real and credible risks but when there is insufficient data to allow for absolute certainty, all while balancing the need for action with the limitations of scientific knowledge. However, a lack of information or data alone is insufficient grounds for intervention; there must still be a reasonable basis, rooted in the best available evidence, to take preventive measures.

The Precautionary Principle provides a counterbalance, ensuring minimal harm occurs when such action is required in conjunction with a paucity of evidence

Significant Changes

Statement on Required Evidence and Precautionary Principle

The Proposed Public Health Policy Brief must, therefore, engage the ‘best available evidence,’ defined as the most relevant and credible data or information that can be used to support a public health decision or policy, given the current constraints of knowledge, resources, and context. This evidence is not limited to peer-reviewed, quantitative research but may include a combination of empirical, experimental, qualitative, and authoritative sources. It considers the nature of the public health problem, the type of intervention proposed, and the urgency of addressing it. The *best available evidence* should reflect the highest quality and most appropriate information for the given situation while acknowledging limitations and the necessity of using the precautionary principle when full scientific certainty is unavailable. It encompasses:

- Quantitative data (e.g., statistical, experimental results)
- Qualitative data (e.g., expert opinions, observations),
- Contextual relevance (e.g., similarity to previous interventions or research),
- And triangulation of data sources when peer-reviewed studies are limited.

In essence, it is the most appropriate and defensible evidence available to inform policy decisions, always subject to critical evaluation of its quality, applicability, and limitations.

Ad Hoc Task Force on Implementation

- Composed the Education Board, Action Board and Evidentiary Review Committee Chairs, the Evidentiary Review Committee, and Speaker-appointed representatives from the Governing Council and Policy Chair Working Group.
- Responsible for designing the forms, rubrics, and material necessary for successful implementation
- Evaluation will be built into the design to address emerging challenges as we launch the process in GC Year 2026.

Frequently Asked Questions

Current policy statements will not be redesigned to fit this format.

The application process for the Evidentiary Review Committee will remain the same as for the Science Board.

Bylaws Amendments will come before the Governing Council at Mid-Year Meeting 2025.

Motion

To adopt the recommendations of the Ad Hoc
Task Force on the Proposed Public Health
Policy Process

Which will have the effect of reconstituting the APHA Proposed Public Health Policy Statement (Brief) Process