

Report of the Phase 1 Working Groups of the Ad Hoc Task Force on the Public Health Policy Process

I. Background

The Ad Hoc Task Force on the Public Health Policy Process initiated its efforts by dividing it into working groups to conduct comprehensive background research on the proposed policy process. This research phase spanned four months, during which the entire task force convened monthly to discuss progress, exchange feedback, and integrate additional insights. These regular check-ins ensured a collaborative approach and aimed to inform future efforts.

The individual working groups convened and communicated between these meetings to carry out their specific tasks. An Ad Hoc Task Force member chaired each working group. Staff support from the Association assisted in record keeping, identifying relevant material, and logistical support.

Where applicable, background research included a review of all material on the APHA website and additional inquiries to the APHA Archivist to provide further context.

II. Working Group Role and Memberships

Group 1: Strengths and Opportunities of the Current System

Role: This workgroup was tasked with identifying the strengths and opportunities for the current system, keeping in mind our emphasis on approaching our work from a place of identifying the needs now and not bandaging the process.

- **Chair:** Shirley Orr
- Anthony Santella
- Kevin Sykes
- **Staff:** James Carbo

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

Role: This workgroup identified peer organizations and other organizations with similar policy processes to identify best practices and opportunities from similar organizations.

- **Chair:** Chris Chanyasulkit
- Stephen Modell
- Aaron Guest
- **Staff:** Don Hoppert

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

Role: This workgroup identified the definitions of the proposed policy statement on the APHA Website. They worked to identify the cohesion among these definitions and identify, keeping with the work of Group 2, to identify a definition to guide the development of the proposed policy process and policy statements.

- **Chair:** José Ramón Fernández-Peña

- Jeffrey Hall
- Amy Lee
- **Staff:** Susan Polan
- **Staff:** Courtney Taylor

III. Report of Activities

The following sections provide an overview of the Working Groups' Activities. Where applicable, supporting material is provided.

1. Group 1: Strengths and Opportunities of the Current System

Activities: The Working Group held multiple meetings to discuss experiences with the proposed policy statement process. They conducted conversations with past Joint Policy Committee leaders. A summary of these discussions is available in Appendix 1.

They also promoted the development of a Key Informant Survey, which was implemented, and a full report (separate document) was delivered to guide further development.

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

Activities: The Working Group identified an initial listing of 20 organizations to review. Upon review, based on populations served, organizational size, the role of the policy statements, and depth of material available, the working group reviewed a total of 11 organizations, listed below:

- Academy of Pediatrics
- Advocacy for Rural Health Issues
- American Anthropological Association
- American College of Preventive Medicine
- American Medical Association
- American Nurses Association
- American Psychological Association
- American Public Health Association
- American Society of Clinical Oncology
- National Association of Social Workers
- National Rural Health Association
- Society for Public Health Education

In reviewing these organizations, the Working Group assessed the available material on the website, posted documentation, and contacted organizational staff with questions that could not be found on the website. The Working Group members collected information across the following domains:

Organization
Profession Focus Area
Website
Policy Process Website
Number of Policies
Who Can Submit
Length of Statements
Overseeing Committee/Group
Active Period
Revision Process
Domains Policy Statements That Can Be Submitted
Late Breaker Process
Approval Process
Handbook
How Is the Policy Used? (Example, Advocacy, Press Release, etc.)
Best Practices to Share
Use a 2-Step Process? (Y/N)
Use External Reviewers (Y/N)
Use of Statements in Advocacy
Other Notes

Organizations were divided among the three members who each completed a review of the organizations and a summary of their findings. These summary statements are collected in Appendix 2.

3. Group 3: What Does APHA Need/Want from the Policy Statement Process (Role)

Activities: The committee reviewed existing definitions of the policy statements and guidance on their development and use to accomplish the work. This included examining existing rules, documentation, website links, and communications. From this work, the Working Group drafted a definition of a policy statement and made this available for comment to the entire Ad Hoc Committee. The Working Group then convened and finalized the definition before transmitting it to the Ad Hoc Task Force for approval.

Action: Standard language will be used throughout the revised proposed policy statement process to describe proposed policy statements.

IV. Overarching Recommendations

The Ad Hoc Task Force discussed with the Executive Board during their May 2024 Meeting to receive their feedback. The Ad Hoc Committee then met to finalize an agreement with the proposed recommendations.

- a. Overarching Directions for Proposed Policy Statement Development Process (Bolded Agreed and Adopted; Subpoints Are Added Guiding Frameworks and Notes for Development)
 - i. **The Task Force will develop a definition of Proposed Policy Statements. This definition will state they do not drive the APHA policy priorities. The Executive Board, in association with the Executive Director, has that authority. (Bylaws)**
 - ii. **Re-Affirm submissions are from Member Units, not Individuals. Thus, it follows existing policy statement development guidelines. Member Units will provide the submission to the Process and include individual author names.**
 - iii. **We will engage with Subject Matter Experts for external reviews.**
 - 1. We will develop the management of the committee to find and organize external reviews with guiding principles for external review.
 - iv. **We will develop a separate process for members requesting APHA sign-on letters, noting that while APHA policy statements on the issue can support the request, a policy statement is not required to request sign-on.**
 - v. **Late Breaker Policy Statements are discontinued.**
 - i. It is no longer needed due to multiple submission points.
 - ii. We will develop shorter timelines and include the option for expedited proposed policy statements that align with policy priorities.
 - vi. **We retain one pathway for submissions – proposed policy statements.**
 - 1. Within the governance of organizations, the process of passing single-item material (i.e., articles, resolutions, etc.) has fallen out of favor.
 - 2. The historical purpose of these statements was often to put official statements on items by the organization, which can be accomplished through a new sign-on letter process.
 - vii. **The Joint Policy Committee is sunset. A new body will be developed solely for the proposed policy statement process.**
 - 1. The Science Board has held the role throughout the association's history.
 - 2. Education and Action Board are allowed to focus on their core mission.
 - viii. **We will encourage the development of policy statements that are broad – and not hyper-specific. They cannot target a specific law or administration (current practice)**
 - 1. Defining what is a broad category is a challenge. The aim is not to limit submissions but to ensure that the association has policy

statements that can be used in a variety of situations and so that authors are not required to develop specific policy statements for specific conditions (i.e., a public health and disaster policy statement versus a hurricane and public health policy statement).

2. Focusing on broader policy statements also supports shorter policy statements due to removing the necessity of a specific background.
3. We will engage affiliates in the development of specific action items and

ix. Action Steps must be quantifiable. Allowing for a report-out at the time of the policy expiration.

1. It allows us to document the impact of the proposed policy statements.
2. A limited number of action steps and overarching aims will allow for more targeted and specific actions.
3. We will require authors to provide specific recommendations for achieving these activities.
4. Education on the issue should be considered a required action step component.

x. Writing Process Options: Working Group 2 proposed the following potential pathways for authorship to be considered moving forward. These are not exclusive to one another.

- 1. Open Submissions (Current Process)**
2. The Association develops X number of policy topics and seeks authorship on those.
- 3. An Intent to Write Process is Instituted**
4. The association limits x number of policy submissions per year (either first-come or through process).

xi. Moving Forward: We Engage with an Open Submission Process Supplemented by an Intent to Write Process

1. An Intent to Write Process will merge similar topics, identify potential writing groups, and address the appropriateness of topics for the proposed policy process. Recommendations should assist authors. It should help consolidate issues where there may be duplication.
2. Intent to Write allows our members' expertise to be used and enables the association to develop policy statements on emerging topics.
3. We will employ both self-appointed and appointed writing groups (as is current practice) to address broad gaps in the policy statement database.

4. Explore how students and early career professionals can engage in the writing process – or how to link Intent to Write statements with student engagement to provide institutional knowledge and exposure to the proposed policy statement process.
5. Mentorship opportunities should be available for those interested in engaging in the process.

b. Definition of Proposed Policy Statement Process and Policy Statements

APHA Policy Statement Process

Why Policy Statements?

APHA builds public health capacity and promotes effective public health policy and practice. To help guide and inform its work and the work of its members and Affiliates, the Association considers the adoption of **evidence-based and/or evidence-informed Policy Statements that are** submitted for consideration by its members annually. Each submission undergoes a thorough and rigorous review by the Science Board. Those proposals that meet the required criteria are then forwarded to the Governing Council for consideration and final adoption. The policy statement development process is the mechanism by which the American Public Health Association leverages the expertise of its membership to address emerging issues of concern and importance to the field of public health.

What Are Policy Statements

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 for legislative and regulatory recommendations, including letters, comments, and testimony to Congress, the White House, federal agencies, and the judiciary.
- Helped develop legislative, regulatory, and media advocacy activities.
- Provide easy access to the latest research and
- Assist in developing statements for the media, fact sheets, reports, issue briefs, 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.

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. The recommendations or action steps included in policy statements must be externally directed.

Support for legislative or regulatory changes should not refer to specific bill numbers, policymakers' names, or presidential administrations to not date the policy statement.

Policy Statements do not define but inform the Association's advocacy efforts and policy priorities. Policy Statements provide the evidence to support the Association in speaking on these issues.

Addendum from Task Force:

Following the action taken to accept this definition, it became clear that the terminology of "policy statements" was problematic regarding their role in the organization and the perception of the statements by the wider community. As such, the Task Force Continues to discuss the use of terminology – but not the exact definition and descriptions.

c. Parking Lot Issues

The following items were identified during the discussion but have either been referred to the entire Ad Hoc Working Group or will be included in future surveys and assessments to the Governing Council and APHA Membership

- i. Integrate the Strategic Plan of the Association into the Proposed Policy Statement Process.
- ii. Identify how Ad Hoc Members could be appointed to replace the JPC.
- iii. Consider a liaison between the Action Board and the new committee to replace JPC.
- iv. Development of online training tools to support policy statement authors
- v. Identify the role of the Chairs of the committees that make up the current JPC on the APHA Executive Board.

V. Next Steps

These findings and guidance will inform the second phase of the Ad Hoc Task Force: Developing an outline of proposed changes. Two overarching Working Groups will be formed:

Micro Working Group: Focused on the specifics of the outline of the new proposed policy statements.

Macro Working Group: Focused on the process under which the proposed policy statements will undergo.

Action Steps:

- a. Using these guiding frameworks, the Ad Hoc Task Force will develop outlines to identify how a new proposed policy statement process would occur.
- b. We will review the findings from the key informant surveys and the Report of Phase 1 to identify areas for overlap and areas we may need to reconsider.
- c. We will use both documents to help guide the proposed policy process outline.
- d. Governing Council Members will be surveyed and asked to respond to specifics and changes.
- e. The Speaker will host two listening and feedback sessions (Sept 10 and 11) before the Annual Meeting.
- f. A roundtable will focus on the proposed changes at the Annual Meeting.
- g. Assuming it is appropriate for approval, a vote will be held at the Annual Meeting.
- h. Based on this approval, an implementation Task Force will be developed to expand the tools and resources (e.g., policy handbook, author guidelines).

Final Outcome: After the Ad Hoc Task Force, we will develop a proposed outline for the APHA proposed policy statement process.

Appendix 1: Notes from Working Group 1 Discussion

Synthesis of Ideas from Discussions to Date:

Strengths of the current process identified previously include:

- APHA members possess a wide range of professional expertise that can help to inform the development of statements that help to advance APHA policy priorities.
- Comprehensive resources and support are provided for PPS authors, including detailed feedback from JPC reviewers during the review process to ensure that PPS is aligned with APHA policy statement guidelines.
- There are excellent tools and APHA staff support for JPC members to facilitate their PPS reviews.

In addition to the strengths of the current process, there are multiple areas of opportunity for improvement. Those areas, along with potential strategies to address them, include:

- The current composition of the JPC was set forth many years ago and needs review and updating. The current structure may force people onto the JPC because of roles they hold in the Action Board, Education Board, or Science Board, and they may have a different background or desire to serve as a JPC member.
 - An application process for JPC members may be a worthwhile consideration.
 - Additionally, consider enlisting past members of JPC with particular areas of expertise as reviewers for PPS within their area of expertise. This supports the proposed strategy mentioned below, which is related to requiring PPS review by an SME.
- The depth of review often varies widely among members of the JPC. Similarly, the quality of PPS submitted for review by the JPC differs widely.
 - The development and provision of on-demand online training in the policy process for various groups would be beneficial in addressing observed gaps and inconsistencies in the preparation of reviewers and authors. Explore the development of online training for JPC reviewers and others who provide PPS reviews and online training for PPS authors. In addition to online training for authors, consider forming an author mentoring network to be promoted to first-time authors.
- Currently, JPC reviewers may recommend an external review by a subject matter expert in the area addressed in a PPS.
 - Consider making review by an SME a universal requirement, drawing from experienced reviewers as described above.
- Once adopted, there needs to be a specific process guiding the promotion and utilization of policy statements.
 - Consider a requirement that authors of adopted policy statements develop and submit a plan for promoting and utilizing the policy statement they authored within APHA and externally. Authors could obtain input and recommendations from the APHA Action Board when developing their strategy. The plan would identify an organizational

member unit “home” for adopted PPS, which would provide a means to monitor and document the impact of policy statements.

- Despite identifying APHA policy gaps each year, these gaps still need to be fully addressed by PPS and submitted for review.
 - Explore strategies for prioritizing PPS addressing policy gaps, including establishing a minimum number of PPS addressing policy gaps each year and a maximum number of PPS addressing topics not related to policy gaps.
- As currently structured, the process does not allow for a “fast track” for priority PPS.
 - Identify criteria for fast-tracking priority PPS. Criteria may include the following: The lead author of PPS has authored PPS adopted by APHA in the past five years; PPS addresses an APHA policy gap; and PPS authors have documented completion of online training in the policy process. APHA GC could approve fast-tracked PPS during the mid-year meeting.

Other areas for consideration/further discussion:

- Assuring universal awareness and understanding of the policy process among members of the Governing Council is an ongoing challenge. It has led to council votes that should have been informed by the process rather than sentiment or emotion around a topic.
- It may be helpful to highlight/promote some best practices from member units regarding governing councilor selection, including linking the Governing Council’s appointment to service on the section policy committee.
- Consider reinstating the requirement for PPS to come through member units rather than from individuals.
- Identify a clear pathway to “no” for PPS that do not meet requirements.
- Identify clear criteria for what subject matter is appropriate for an APHA policy statement, including the level, scope, and impact of the issue addressed in a policy statement. Promote awareness and responsiveness by authors through APHA communication channels and policy process training. Consider implementing a new step requiring submission of a description of the subject of a PPS, with required review and approval before advancing in the process. Topics not assessed as qualifying as an APHA policy area would not advance in the PPS process but could be considered for another option, assuming one exists (such as resolution).

Appendix 2: Working Group 2 Summary Reports

Committee Member 1: Summary Document

Organizations Reviewed:

American Medical Association
American Nurses Association
American Psychological Association

Key Takeaways

The AMA, ANA, and APA use their policies to promote their profession, educate the public, and advocate with decision-makers. All organizations note that they allow opportunities for their members to provide input and feedback. All three organizations also do not engage with any external reviewers.

Process

For the AMA – any member (such as AMA delegates, Board of Trustees, AMA Councils, and AMA Sections) can submit a resolution. Hearings for policy deliberations are presided over by a reference committee where debate occurs, and members offer input. Then, the formal process is governed by the parliamentary process, from which the house acts to establish (or not) AMA policy.

For the ANA – a panel (the Professional Issues Panel) is approved by the Association, which then develops a proposal posted on the ANA website from which all members can comment publicly. The ANA Board of Directors decides on approving or amending the policies.

For the APA – the Council of Representatives and a Policy and Planning Board oversee the process.

Who Can Propose

For the AMA, any member can propose a resolution or policy. For the ANA, a panel approved by the Association develops the policy proposal. For the APA, the Policy and Planning Board can submit policies.

Overseeing Process

Staff support the overall policy processes of each organization. The House of Delegates of the AMA takes the ultimate actions. The Board of Directors of the ANA takes ultimate action on the proposals. For APA, the Council of Representatives takes the ultimate actions.

Best Practices

After having served as an APHA JPC Co-Chair for years and then as a member of the Executive Board, I found a few best practices in reviewing these three organizations that I think would help allow for member input, production of evidence-based and sound policy, and be less taxing on staff. These include the following.

- The 3-step process of the ANA is most appealing to me. It would address the long-standing issue that APHA has several priority areas for which they have yet to be offered despite calls for policy. The process allows for public/member comment and has approval from the Board of Directors (a less arduous process than the current APHA JPC process).

- The APA reviews all policies that are not standards and guidelines every five years.

Committee Member 2: Summary Document

Organizations Reviewed:

National Association of Social Workers

American Anthropological Association

Academy of Pediatrics

The Society for Public Health Education was originally on the list, but I removed it due to them not having policy statements.

Key Takeaways

Each organization has a specific purpose for its policy statements. In the case of the AAA, it is to provide statements, best practices, and ideas about the field. They are limited in their number. For the NASW, the policy statements serve a dual purpose: to set the policy action and activities for the association and to provide best practices for the field. For the AoP, they have four types of statements they use – and produce over 60 per year. These include policy statements, best practice statements, evidence statements, etc. Although these statements are used in advocacy, they do not drive advocacy.

Process

Each organization employs a peer review process. The AAA uses internal peer review of the board. Statements are proposed to the board – including letters for sign-on – and the board will decide the next steps. It goes to the board, organization, and critical stakeholders for broader statements. The NASW uses an internal and external peer review process. The AoP uses the most extensive process – including at least six rounds of peer review before the decision, including three external and three internal rounds.

Who Can Propose

All require membership in the association to submit a policy statement. However, the NASW limits its number of statements and undergoes a 7-year review process. In essence, they limit the number of policy statements for the association to under 60.

Overseeing Process

The Executive Board of the Associations is ultimately responsible for staff engagement. In the case of the NASW, the Staff has an outsized role in deciding the topics. The average length of a statement is 10-12 pages. The AAA does not have a revision period, as theirs are primarily focused on either 1) letter sign-on or 2) far-ranging field statements (such as on racism). None have a late-breaker process. All have guidelines and structures regarding how the statements should be formatted.

Best Practices.

We can pull several best practices from these associations. Some are contradictory but provide ideas for our use:

- The NASW limits its policy statements to 60 or so broad areas. They can focus on broad topics to ensure they have the best possible science and recommendations. The statements are revised in waves of 7-9 years so that, at most, 5-7 are reviewed yearly. The organization develops writing groups to inform the development of the statements. In doing so, they can bring people interested in the topic and introduce diverse viewpoints.
- The AAA has developed a process to distinguish between letters to request for sign-on (topics that may be limited) and official policy statements. We may consider a process where individuals can suggest the EB sign on to a letter. They follow that any request must be made to the President, who then consults with the Staff and EB.
- The AoP has an intent to write phase. In this phase, individuals submit a one-page summary of their proposed policy statement. Currently, a committee either recommends they move forward or does not allow it to move forward. Moving forward does not guarantee acceptance, but it helps align the association's interest with what is coming down the pipeline.
- The AoP has a public comment period and an external and internal peer review.
- The AoP requires all policy statements to be nonpartisan.
- The AoP makes all public comments visible to everyone.
- The type of policy statement and clinical Work Technical Reports distinguish the AoP. The AAA has guidelines, statements, policies, and Decrees, but these have more to do when passed than any structure.
- The NASW is limited to no more than 12 pages and 30 references, and it has clear sections, including Introduction, Relevance, Action, and Professional Ethical Responsibility.

Committee Member 3: Summary Documents

Organizations Reviewed

National Rural Health Association
 American College of Preventive Medicine
 American Society of Clinical Oncology

Key Takeaways

Two of the organizations, NRHA and ASCO, have best practices compendia. The ACPM policy statements most resemble those of APHA, namely, the translation of issues into policy, though NRHA, for most of the documents, then translates policy recommendations into action steps.

The NRHA has maintained active policy documents on its website since 2013; it is a collective testimonial to the fact that rural healthcare deserves its policies. Most policies are practice-oriented (e.g., Medicare Advantage, telehealth in rural areas); fewer advocate for research practices (e.g., deterring urban bias in data sets, coding for social determinants of health). Each is very action-oriented, containing (1) policy recommendations and (2) recommended actions. The ACPM policy statements resemble APHA's with issues, evidence, recommendations, and references sections. They fall into key umbrella categories representing directions overseen by a Prevention

Practice Committee. The ASCO guidelines are meant to steer practice. Summaries mentioning many documents refer to them as “best practices” for those in the field.

Process

Policies move through different degrees of sophistication depending on the organization. With NRHA, the process moves from individual Congressional member (not collective) feedback to the author to present the corrected version to the Rural Health Policy Congress. The initial constituency group, sometimes aided by a cohort of Rural Health Policy Fellows, chaperones the policy through the development process. ASCO maintains a sophisticated process that follows a 60-page guide with an open comment and review process involving guidelines, expert panels, and the possible use of a consensus group.

Who Can Propose

NRHA: Any member can propose a topic, which must move through a constituency group or council most applicable to the position. Likewise, with ASCO, any member and even an outside organization can submit a specific practice topic, which is then scrutinized, selected, or excluded by the Evidence-Based Medicine Committee before winding its way through the process. ACPM is different in that an Advocacy Committee is responsible for submitting topics.

Overseeing Process

The Rural Health Policy Congress is responsible for NRHA’s policy recommendations and positions. Rather than late-breakers, the Association has rapid-response policy papers touching on pending legislative or regulatory initiatives. ACPM’s policy oversight process is multistage. A Prevention Practice Committee reviews draft recommendations, which, if successful, are approved by ACPM’s Policy Committee and, ultimately, the Board of Regents. With ASCO, the initial topic approving body – the Evidence-Based Medicine Committee – is the same body that, in the end, adopts the guideline. Like NRHA, ASCO allows expedited review for high-priority and urgent updates. ASCO clinical guidelines tend to be long, on the 25-page side, in contrast to the approx.—5-page length policy statements of the other two organizations.

Derived Best Practices

- ASCO uses the Evidence-Based Medicine Committee to filter suggested topics before they undergo the policy process and, ultimately, adopt policies that have made it through. ACPM itself chooses topics. Initial topic filtering is standard. ASCO also uses Guideline Advisory Groups to identify and prioritize issues resembling APHA staff policy gap identification.
- NRHA has two initial criteria in its policy proposal selection criteria list that policy proposals must include: (1) the need to address the policy area and (2) the applicability to rural health (which would be analogous to the applicability to public health).

- NRHA and ASCO have an open comment window lasting 30 days and 2-3 weeks, respectively. The NRHA window is only semi-open since comments must come from Rural Health Policy Congress members.
- ASCO considers additional topics in the policy adoption process, such as cost-effectiveness, health disparities, and gender-inclusive language. All the organizations lean heavily on evidence-based review.
- NRHA and ASCO use a 2-step process (ACPM uncertain) that allows for collecting comments for editing and follow-up revision.
- All ASCO guidelines are developed using a multidisciplinary panel with expertise in health research methodology. This procedure validates the use of outside experts affiliated with the organization.
- ASCO has a moderately vigorous expedited review process based on response to practice-changing data and newly emerging evidence, not unlike the APHA late-breaker process.
- ASCO is heavy on updating, with the active period of a guideline lasting only three years. Such a narrow period is atypical, however. For NRHA, the active period is 7-10 years.
- A Google search of actual, real-world applications of policy statements from these organizations reveals substantially fewer overt mentions of application than for APHA policy statements. On PubMed, ASCO guidelines have the most application mentions, followed by APHA.
- NRHA policy development process uses two separate entities: (1) a Government Affairs Committee (like the APHA Action Board) and (2) the Rural Health Policy Congress (like JPC).