

Joint Policy Committee (JPC) Mid-year Report to the Governing Council

June 10, 2024

Members of the 2023-2024 Joint Policy Committee

Kevin Sykes, PhD, MPH - JPC Co-Chair and Science Board Chair Stephen Modell, MD, MS - JPC Co-Chair and Action Board Chair Anthony Santella, DrPH, MCHES - JPC Co-Chair and Education Board Chair Kim Baskette, PhD, CHES (*Nov 2023-April 2024)
Becca Boulos, MPH, PhD
Toby Levin, PhD, MPH, CPH, CHES
Ashley Love, DrPH, DHSc, MPH, MS, CPH
Krista Mincey, DrPH, MPH
Celeste Monforton, DrPH, MPH
Molly Polverento, MSEd, CPH
Virginia Reising, BSN, MSN, DNP
Cathy Troisi, PhD

2024 Proposed Policy Statements: Science Board and JPC assessments

Review

In April and May 2024, the Science Board and Joint Policy Committee (JPC) reviewed 14 proposed policy statements (PPS).

The Science Board reviewed the proposals and member comments and assessed the proposed policy statements based on the strength of the evidence presented and the strength of scientific reasoning. A detailed description of the Science Board's assessment criteria is found in Appendix A. An explanation of JPC ratings is found in Appendix B.

The JPC reviewed the proposed policy statements, member comments and Science Board's review in preparing its assessment of each proposed policy statement. The minutes of the JPC spring meeting, including comment tables sent to authors of each PPS, are available here.

The table below summarizes the Science Board's and JPC's assessments.

Group A: Access to Care and Equity			
Proposed Policy Statement	Science Board Assessment	JPC Initial Assessment	
A1: Supporting Physical Activity for Transgender Individuals	 3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning a. Requires minor revision 	Negative	
A2: Increasing Access to Telehealth Medication Abortion in the United States	 3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision 	Negative	
A3: A Call to Protect Access to Gender Affirming Care Nationwide in the Wake of Stricter Health System Religious Practices	3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision	Negative	
A4: Actions to Incorporate Traditional, Complementary and Integrative Health Care Practices into Primary Disease Prevention and Health Promotion Policies	3. Insufficient Evidence b. Requires a lot of additional evidence 2. Sufficient Scientific Reasoning [Courtney: any revision comment?]	Conditional	
A5: Advancing Community- Based Participatory Practice in Public Health	3. Insufficient Evidence a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning a. Requires minor revision	Conditional	
A6: The Case for Equity and Justice-Centered Racial and Ethnic Public Health Data Collection Practices	3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning a. Requires major revision	Negative	
Group B: Workforce Protection, Safety and Training			
B1: Equitably Applying Artificial Intelligence in the	3. Insufficient Evidence	Negative	

United States Workforce	b. Requires a lot of			
Using Training and	additional evidence			
Collaboration	3. Insufficient Scientific			
Condociation	Reasoning			
	b. Requires major revision			
D2: Protecting the Health and	3. Insufficient Evidence	Conditional		
B2: Protecting the Health and		Conditional		
Safety of Workers Who	b. Requires a lot of			
Respond to Disasters:	additional evidence			
Achieving Equity Through	2. Sufficient Scientific			
Education and Training	Reasoning			
	[Courtney: any revision			
D2. A Malti Canananant	comment?]	C 1:4:1		
B3: A Multi-Component	3. Insufficient Evidence	Conditional		
Approach to Increasing	a. Requires minimal			
Prescription Drug Safety	additional evidence			
	3. Insufficient Scientific			
	Reasoning			
	a. Requires minor revision			
Group C: International Health and Human Rights				
C1: Meeting the Health and	3. Insufficient Evidence	Negative		
Psychosocial Needs and	b. Requires a lot of			
Ensuring the Human Rights	additional evidence			
of Refugees from Nagorno	3. Insufficient Scientific			
Karabakh	Reasoning			
	b. Requires major revision			
C2: A Call for	3. Insufficient Evidence	Conditional		
Comprehensive Solutions:	b. Requires a lot of			
Addressing Puerto Rico's	additional evidence			
Public Health and Healthcare	3. Insufficient Scientific			
Crisis	Reasoning			
	b. Requires major revision			
C3: Antisemitism as a Public	3. Insufficient Evidence	Negative		
Health Crisis	b. Requires a lot of	*Removed from 2024 PPS		
	additional evidence	Review		
	3. Insufficient Scientific			
	Reasoning			
	b. Requires major revision			
C4: Considering Public	3. Insufficient Evidence	Negative		
Health in International	b. Requires a lot of			
Sanctions	additional evidence			
	3. Insufficient Scientific			
	Reasoning			
	b. Requires major revision			
C5: Support for Health	3. Insufficient Evidence	Negative		
Equity and Justice in the	b. Requires a lot of	*Removed from 2024 PPS		
1	additional evidence	Review		

Occupied Palestinian	3. Insufficient Scientific	
Territories	Reasoning	
	b. Requires major revision	

Following discussion and voting on the assessments for C3: Antisemitism as a Public Health Crisis and C5: Support for Health Equity and Justice in the Occupied Palestinian Territories, the JPC found that the contents of these proposed policy statements represent a departure from APHA's intent to provide substantially new, evidence-based policy statements on significant public health issues containing action steps that should be taken by entities external to APHA. A motion was made to remove proposed policy statements C3 and C5 from the 2024 proposed policy statement review cycle. The motion was passed by the JPC unanimously. The JPC cochairs then made this motion to the Executive Board at their meeting, May 5-7. The Executive Board approved the motion and C3 and C5 have been removed from the 2024 proposed policy statement review cycle.

Recognizing the great importance of the issues these statements aimed to address, the Executive Board will commission:

- a proposed policy statement to address the public health impacts of hate and discrimination, and
- an update of Policy Statement 20095, The Role of Public Health Practitioners, Academics and Advocates in Relation to Armed Conflict and War.

Next Steps

Revised proposed policy statements are due August 16, 2024. The JPC will then meet again to discuss whether proposed policy statement authors have corrected deficiencies and will make recommendations based on the resubmission.

Authors will be asked to submit additional changes following the resubmission review, so that final proposed policy statements can be posted in advance of the Public Hearings.

Public Hearings

Public hearings on the proposed policy statements will be held virtually, ahead of the Annual Meeting programming, on October 21 and 22 from 3-4:30 PM ET.

Virtual hearings will be held via Zoom meeting (not webinar format) to allow increased collaboration. At least one author of each proposed policy statement being considered by the Governing Council will need to be present. The author(s) will be given two minutes to provide a brief overview of the proposed policy statement. Following the overview, members will have the opportunity to make comments and ask questions either on behalf of their member unit or themselves. The hearing will be moderated by JPC representatives and staff who will unmute the

microphones of members indicating they wish to ask a question. Any substantive comments or proposed revisions made during this session must also be submitted to policy@apha.org at the end of the hearing. Staff will also help to connect commenters and authors following the public hearing, should additional discussion be required. Following the hearing, authors are required to submit a revised version of their policy statements with agreed upon edits in track changes to policy@apha.org.

Late Breaker Proposed Policy Statements

Late breaker proposed policy statements are due to <u>policy@apha.org</u> by 11:59 PM ET on October 5, 2024. Submissions must include: the 1) proposed policy statement, as well as 2) a 250-word cover letter explaining rationale for why proposed policy statement qualifies as a latebreaker, addressing, in particular, the relevance and utility of the proposal; 3) the Policy Statement Proposal Checklist (Word file); 4) An Author Disclosure Statement (Word file) for each author; and 5) Sponsorship and/or Endorsement Letters (if applicable).

A late-breaker is a proposed policy statement that is related directly to events that occur after the regular policy statement proposal submission deadline has passed. Late-breakers are reviewed based on the following criteria:

- Emergent event: Do the evidence/arguments represent a development since this year's policy statement deadline (in February)?
- Necessity: Does APHA have an existing policy statement that already addresses the issue?
- Utility: Are the action steps in the proposed policy statement directly related to, and appropriate for addressing the issue/ problem outlined in the policy statement?
- Format: Late-breakers are held to the same format guidelines as other policy statements. (Please review the APHA Proposed Policy Statement Submission Guidelines).

Archiving

There were 14 policy statements adopted in 2004 and 15 policy statements adopted in 2014. The full list of these policy statements to be archived, with links, is available at https://apha.org/-/media/Files/PDF/Policy/2024_PolicyStatements_tobearchived.pdf. Policy statement adopted in 2014 or later are scheduled for archiving after 10 years. Those adopted before 2014 archive after 20 years.

All APHA members are asked to review the statements relevant to their constituencies and consider three potential options for each policy statement of interest:

- Allow the policy statement to remain on the archiving consent agenda.
- **Update a policy statement scheduled for archiving**. Governing Councilors and APHA members will have two cycles to submit updated policy statements during the annual policy statement development process before the original policy statement is archived. Policy statements submitted to update an existing statement scheduled to be archived will follow the regular policy statement development guidelines and process.

• Request to keep active a policy statement proposed for archiving. If a Governing Councilor or APHA member believes that the evidence in a policy statement scheduled for archiving remains accurate and the action steps remain feasible and applicable, they can submit a special request to the Science Board for review of the science, references and action steps of the policy statement set to be archived. The deadline for such requests has been extended to July 1, 2024. Each request will receive a recommendation from the Science Board as to whether the statement should be kept active or archived as scheduled. The results of the Science Board's review will be forwarded to the JPC and presented by the Science Board chair to the Governing Council along with the archiving consent agenda.

Appendix A: Science Board Assessment Criteria

PROPOSAL ASSESSMENT

Strength of the Evidence - Ratings in this section reflect the strength of evidence included only (i.e., all seminal works were included, strength of evidence based on the study design/findings), regardless of whether the evidence is presented in a logical manner.

- 1. **Strong Evidence** Evidence includes consistent results and/or conclusions from well-designed, well-conducted studies in representative populations that directly address/reflect the relevant considerations and/or outcomes associated with the proposed policy.
- **2. Sufficient Evidence -** The available evidence is sufficient to support the scientific basis of the proposed policy, but the strength of the evidence is limited by:
 - The number or size of the studies included
 - The quality (minor flaws in study design or methods) of the studies included
 - Minor inconsistency of findings across the studies included
 - Lack of coherence in the chain of evidence
 - Limited generalizability of findings to the associated populations
 - Limited information in regard to important considerations or associated outcomes
- **3. Insufficient Evidence-** The evidence included in the proposed policy is insufficient because of:
 - The substantially limited number or size of the studies included
 - The quality (moderate or major flaws in study design or methods) of the studies included [Courtney: needs indentation and removal of blank line below]
 - Substantial inconsistency of the studies included
 - Gaps in the chain of evidence
 - Study findings are not generalizable to the associated populations
 - Lack of information in regards to important considerations or associated

outcomes [Courtney: needs indentation]

Rate the proposal:

- 1. Strong Evidence
- 2. Sufficient Evidence
- 3. Insufficient Evidence
 - a. Requires minimal additional evidence
 - b. Requires a lot of additional evidence

Strength of Scientific Reasoning - Ratings in this section reflect the quality of the scientific reasoning, or logical progression of ideas to support the claims made, regardless of the strength of the evidence presented.

- 1. Strong Scientific Reasoning A testable and refutable problem is logically and clearly explained. Opposing arguments are presented and well refuted. Strategies and actions to address the problem are explicit and replicable, and their impact is demonstrated/testable.
- 2. Sufficient Scientific Reasoning
- 3. Insufficient Scientific Reasoning
 - a. Requires minimal revision
 - b. Requires major revision

Appendix B: Joint Policy Committee Assessment Explanation

Proposed policy statements are rated as one of the following:

- **Positive** Policy statement meets all guidelines, is scientifically sound and concisely written; any changes necessary are minor and can be addressed in the copyediting phase
- **Conditional** Policy statement require some revision to strengthen the arguments and evidence presented and improve minor grammatical and formatting issues
- **Negative** Policy statement does not meet guidelines, lacks or improperly cites scientific evidence, arguments presented are biased or one-sided; contains major grammatical and formatting errors