



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

June 14, 2021

Members of the 2021 Joint Policy Committee

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2021 Proposed Policy Statements: Science Board and JPC assessments

Review

In April 2021, the Science Board and Joint Policy Committee (JPC) reviewed 20 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 full 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 and the JPC’s assessments.

Group A: Prevention		
Proposed Policy Statement	Science Board Assessment	JPC Initial Assessment
A1: Supporting physical education for all youth	3. Insufficient Evidence b. Requires a lot of additional 2. Sufficient Scientific Reasoning	Conditional
A2: Prevention of lower extremity amputations due to non-traumatic loss of sensation and loss of circulation	3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision	Conditional
A3: A Comprehensive Approach to Suicide Prevention within a Public Health Framework	3. Insufficient Evidence a. Requires minimal additional evidence 2. Sufficient Scientific Reasoning	Conditional
A4: Advancing Public Health and Equity through Prevention and Reengagement of Opportunity Youth	3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision	Conditional
A5: An Interprofessional Approach for the Prevention and Management of Diabetes and Associated Complications	3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision	Conditional

A6: Reduce exposure to excessive level of household debt and conduct more inter-disciplinary research on over-indebtedness and health	<ul style="list-style-type: none"> 3. Insufficient Evidence <ul style="list-style-type: none"> b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning <ul style="list-style-type: none"> b. Requires major revision 	Conditional
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Group B: Access to Care and Equity		
Proposed Policy Statement	Science Board Assessment	JPC Initial Assessment
B1: Ensuring Support for and Access to Self-Managed Abortions	<ul style="list-style-type: none"> 3. Insufficient Evidence <ul style="list-style-type: none"> a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning <ul style="list-style-type: none"> a. Requires minimal revision 	Conditional
B2: Call for Urgent Action to Address Health Inequities in the U.S. Coronavirus Diseases 2019 Pandemic and Response	<ul style="list-style-type: none"> 3. Insufficient Evidence <ul style="list-style-type: none"> a. Requires minimal additional evidence 2. Sufficient Scientific Reasoning 	Conditional
B3: Adopting a Single-Payer Health System	<ul style="list-style-type: none"> 3. Insufficient Evidence <ul style="list-style-type: none"> a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning <ul style="list-style-type: none"> a. Requires minimal revision 	Conditional
B4: Addressing Coercion in Contraceptive Access to Promote Reproductive Health Equity	<ul style="list-style-type: none"> 3. Insufficient Evidence <ul style="list-style-type: none"> a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning <ul style="list-style-type: none"> a. Requires minimal revision 	Conditional
B5: Sexual and Gender Minority Demographic Data: Inclusion in Medical Records, National Surveys, and Public Health Research	<ul style="list-style-type: none"> 3. Insufficient Evidence <ul style="list-style-type: none"> b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning <ul style="list-style-type: none"> b. Requires major revision 	Conditional
B6: The Importance of Universal Healthcare in Improving our Nation's Response to Pandemics and Health Disparities	<ul style="list-style-type: none"> 3. Insufficient Evidence <ul style="list-style-type: none"> a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning <ul style="list-style-type: none"> b. Requires major revision 	Conditional

B7: An Equitable Response to the Ongoing Opioid Crisis	3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision	Conditional
B8: Structural Racism Is a Public Health Crisis: Impact on the Black/African American Community	3. Insufficient Evidence a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision	Conditional
B9: The Role of Health Departments in Activities Related to Abortion	3. Insufficient Evidence a. Requires minimal additional evidence 2. Sufficient Scientific Reasoning	Conditional

Group C: Environment and the Built Space

Proposed Policy Statement	Science Board Assessment	JPC Initial Assessment
C1: Environmental Noise Pollution Control	3. Insufficient Evidence a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning a. Requires minimal revision	Conditional
C2: Ensuring Equity in Transportation and Land Use Decisions	2. Sufficient Evidence 2. Sufficient Scientific Reasoning	Conditional

Group D: Human Rights and Education

Proposed Policy Statement	Science Board Assessment	JPC Initial Assessment
D1: Advancing Public Health Interventions to Address the Harms of the Carceral System	3. Insufficient Evidence b. Requires a lot of additional evidence 3. Insufficient Scientific Reasoning b. Requires major revision	Negative
D2: Preparing the US Public School System for the Next Public Health Emergency: Lessons Learned from COVID-19	3. Insufficient Evidence a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning a. Requires minimal revision	Conditional

D3: A Call to Investigate and Prevent Further Violations of Sexual and Reproductive Health Rights in Immigration Detention Centers	3. Insufficient Evidence a. Requires minimal additional evidence 3. Insufficient Scientific Reasoning a. Requires minimal revision	Conditional
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Next Steps

Revised proposed policy statements are due August 13, 2021. 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 may be posted in advance of the Public Hearings.

Public Hearings

Public hearings on the proposed policy statements will be held virtually, as a part of pre- Annual Meeting programming, on Monday, October 18th and Tuesday, October 19th from 2-5PM MT.

Virtual hearings will be held via Zoom and will be conducted in the same manner as in-person hearings. 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 this, members will have the opportunity to make comments and ask questions either on behalf of their member unit or themselves. The webinars will be moderated by JPC representatives and staff who will unmute the microphones of members who indicate they wish to ask a question. Just as in the in-person hearing, 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 policy@apha.org by 11:59PM ET on October 14, 2021. 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 late-breaker, 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: Does 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 are 26 policy statements adopted in 2001 scheduled for archiving at the close of the 2020 Annual Meeting (see list below).

#	Title
20012	Reducing Maternal-Fetal HIV Transmission with Rapid HIV Tests
20018	Establishment of a Medicare Prescription Drug Benefits
200124	Trust Fund for Developing Countries to Meet National Commitment under the WHO Framework Convention for Tobacco Control
200110	Support for National Nutrition Monitoring and Continuation of CSFII Food and Health Behavioral Data
200125	Participation of Health Professionals in Capital Punishment
200111	Support of the Labeling of Genetically Modified Foods
200116	Global Campaign to Eliminate Avoidable Blindness
200117	Research and Intervention on Racism as a Fundamental Cause of Ethnic Disparities in Health
200126	Condemnation of Pharmaceutical companies Retaliatory Tactics
200119	Opposition to National Missile Defense and the Militarization of Space
200122	Opposition to Coercion in family Planning Decision Making

200120	Support for Culturally and Linguistically Appropriate Services in Health and Mental Health Care
200121	Threats to Global Health and Equity: The General Agreement on Trade in Services (GATS), and the Free Trade Area of the Americas (FTAA)
200123	Protection of the Health of Resident Immigrants in the United States
200114	APHA Supports the Health and Human Services Blueprint for Action on Breastfeeding
20013	APHA Resolution on Overweight in Childhood
20015	Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs
200116	Recognizing the Role of Veterinarians in the Public Health Workforce
200118	Support for Curricular in Firearm Related Violence Prevention
200117	Support for the Framework for Action on Oral Health in America: A Report of the Surgeon General
20019	Protection of Child Adolescent Workers
200112	Discontinuing the Use of Fluoroquinolone Antibiotics in Agriculture
20011	Improving Early Childhood Eyecare
20014	Hospital Emergency Department Closures
20013	Increasing Access to Out-of-Hospital Maternity Care Services through State-Regulated and Nationally-Certified Direct-Entry Midwives
20015	APHA Position Paper on the Health Status of American Indians and Alaska Natives

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 policy 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 a policy statement scheduled for archiving is still current, he or she 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. A rationale for keeping the policy statement active and removing it from the consent agenda for archiving must accompany the request. The deadline for such requests has been extended to June 30, 2021. 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
 - 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 regard to important considerations or associated outcomes

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 meets most guidelines but requires 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.