

Science Board Spring 2022 Proposed Policy
Statement Review
April 20-21, 2022

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Attendees

Science Board Members

Danielle Campbell, Chair
Apyl Brown
Ruchi Bhandari
Barbara Giloth
Jeffrey Hall
Jyotsna Jagai
Ben King
Diana Kingsbury
Kusuma Madamala
Syril Pettit
Sreelekha Prakash
Sarah Roberts
Kevin Sykes
Kara Suvada
Catherine Troisi

Staff Liaison

Courtney Taylor

Sixteen (16) members of the Science Board completed reviews of the proposed policy statements for 2022. 2 members of the Board were unable to participate in the spring reviews. Over the course of the meeting there were times when additional board members were not present due to conflicting commitments. However, at the time of each vote, the Committee attained quorum (9 members).

Business

The meeting was called to order at 11:05AM ET on April 20, 2022 by chair, Danielle Campbell. All members introduced themselves and APHA liaison, Courtney Taylor reviewed the house rules. The entirety of April 20th was spent reviewing proposed policy statements. Each review included a summary review by both the first and second reviewers. The chair then opened the floor for discussion, followed by a motion and vote by the Science Board members. Each proposal was given a maximum of 15 minutes for discussion unless a motion was passed to extend the time further. The meeting was adjourned at 3:00 p.m. by chair, Danielle Campbell.

The meeting was called back to order on April 21, 2022 at 12:05 PM ET by chair, Danielle Campbell. The majority of April 21st was spent reviewing proposed policy statements. The format for these reviews was the same as on Day 1. Following the conclusion of the proposed policy statement reviews, the Science Board discussed other business including the author guidelines particularly with regards to setting a limit on the number of citations and length of the proposed policy statements accepted in the August revisions; plans to host webinars on how to use adopted policy statements and develop proposed policy statements; and recommendations to the JPC regarding early archiving of policy statements related to COVID-19 following the tabling of a motion on the topic at the October 2021 Governing Council session. The meeting was adjourned at 3:30PM ET by chair, Danielle Campbell.

Proposed policy statements were assessed based on the quality of the scientific evidence and scientific reasoning with rating being given based on the following rubric:

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. **If evidence is insufficient, note whether you believe a sufficiently revised statement needs to exceed the 10 page text and 50 reference limit and if so by how much.*

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

- 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. **If scientific reasoning is insufficient, note whether you believe a sufficiently revised statement needs to exceed the 10 page text and 50 reference limit and if so by how much.*

- 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**

Assessment Summary Table

Proposed Policy Statement	Science Board Initial Assessment (Evidence, Scientific Reasoning)
A1: Public Health as a Bridge to Peace in Israel, the West Bank and Gaza	3b, 3b
A2: Justice in Global Access to COVID-19 Vaccination	3a, 3a
A3: A Call to Cancel International Debt for Global South Nations and Increase Public Financing of Health Systems	3b, 3a
A4: Support Decent Work for All as a Sustainable Health Strategy for Improving Population Health and Well-being	3a, 3a
B1: The Overlooked Public Healthcare Crisis of Healthcare Waste: A Call for Oversight Protection and Tracking	3b, 3b
B2: Public Health Opportunities to Address the Health Effects of Gas Stoves	3a, 3a
B3: Ending the Practice of Conversion Therapy Among LGBTQ+ Populations	3b, 2
B4: Ensuring Women's Inclusion in HIV-Related Clinical Research	3b, 3b
C1: A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Racial Equity and Violence Prevention	3b, 3b
C2: Address Threats to Public Health Practice	3a, 3a
C3: A Public Health Approach to Gun Violence Prevention	3b, 3b
C4: A Public Health Approach to Firearms Prevention Policy	3b, 3b
C5: A More Equitable Approach to the Enforcement of Commercial Tobacco Control	3a, 3a
C6: The Misuse of Preemptive Laws and the Impact on Public Health	3b, 3b
C7: Advancing Health Equity Through Inclusive Democracy and Access to Early Voting	3b, 3a
D1: Defining Public Health Leadership to Achieve Health Equity: Merging Collective, Adaptive and Emergent Models	3b, 3a
D2: Ensuring Access to Affordable Medications	3a, 3b
D3: Falls Prevention in Adults Aged 65 and older	3b, 3b

D4: Expanding Medicaid Coverage for Birthing People to One-Year Postpartum	3b, 3b
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***Some of the comments tables on the following pages include a “member comments” section. For comments tables without this section, members comments have been incorporated in the review in the corresponding section (i.e. members comments on the problem statements are included in the problem statement section)**

A1: Public Health as a Bridge to Peace Between Israel, Gaza and the West Bank

Motion: 3b, 3b

Approved- 11 yes, 0 no, 0 abstain

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
<p>Title</p> <p>Does the title accurately reflect the evidence provided?</p>	<ul style="list-style-type: none"> • The title is reversed- peace certainly improves public health but no scientific data or even history is presented that improved public health leads to peace. The title states that public health will lead to peace, but the text says peace will help public health and medical resources to be better used. • “Peace” needs to be defined as it is not just the absence of conflict. . • Suggest editing the title (and policy) to more broadly refer to conflict in general or to highlight a particular public health strategy that has proven to be a pathway to peace in conflict settings.
<p>Relationship to existing/archived policy statements</p> <p>Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?</p>	<p>20095 – Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War 201910 – A Call to End Violent Attacks on Health Workers and Health Facilities in War and Armed Conflict Settings 20208 – about Yemen – not sure it’s relevant</p> <p>The statement does not update science of these existing statements</p>

Is there an archived APHA policy statement that covers this issue? (Please identify related archived policy statement by number). If yes, does this proposal update the archived policy statement?	There is no archived APHA policy that covers this issue.
Does this proposal relate to another current proposed statement? If so, please identify the related proposed policy statement by number. Would you recommend that they be combined into one proposal?	This policy does not relate to another current proposed statement.
Member comments Summarize the comments and recommendations by APHA Units or members with expertise in the problem.	General comments: <ul style="list-style-type: none"> • A better justification of why the U.S. and APHA should invest more in peacebuilding for this region is needed. How do current strategies fall short, and what additional policies need to be added? • The problem statement is framed primarily around historical facts, rather than the current situation. What is needed now? • Unsure whether proposed action steps would fully address problem and that they are top-down to a conflict more nuanced than just encouraging cooperation. • The description of the conflict in this region appears to be biased and needs to be more complete and nuanced • Authors defending Israel without looking at root causes; additional action step could be encouraging international med partners to help study and address vaccine-hesitancy in Palestinian territories. • More work needs to be done to emphasize the Palestinian perspective; equity-centered approach needed for action steps; More evidence is needed to support how mutually beneficial and meaningful a strategy hinged on collaboration would be. The lens of the alternative viewpoints seems more centered on dissuading anti-Israeli sentiment as opposed to understanding the perspectives of those who opposed collaboration; lacking perspective from populations that would be most impacted .

	<ul style="list-style-type: none"> • Are there successful models of cooperation/collaboration that have occurred recently that could be broadened to use as a basis for working together. • Concerns that key perspectives are not centered in the action steps and that the action steps are a top-down approach to a conflict that is more nuanced than encouraging cooperation. • An additional action step that could be considered is encouraging International medical partners (NGOs) to help study and address vaccine-hesitancy in Palestinian authorities • Authors defending Israel without looking at root causes; additional action step could be encouraging international med partners to help study and address vaccine-hesitancy in Palestinian territories. • Additional comments by Neil Arya – author of Peace through Health - states that the proposed policy misinterprets Peace through Health – it attempts to define peace with justice, but doesn't look at Palestinian voices, etc. • More work needs to be done to emphasize Palestinian perspective; equity-centered approach needed for action steps; More evidence is needed to support how mutually beneficial and meaningful a strategy hinged on collaboration would be. The lens of the alternative viewpoints seems more centered on dissuading anti-Israeli sentiment as opposed to understanding the perspectives of those who opposed collaboration; lacking perspective from populations that would be most impacted . • Are there successful models of cooperation/collaboration that have occurred recently that could be broadened to use as a basis for working together. • Concerns that key perspectives are not centered in the action steps and that the action steps are a top-down approach to a conflict that is more nuanced than encouraging cooperation. • An additional action step that could be considered is encouraging International medical partners (NGOs) to help study and address vaccine-hesitancy in Palestinian authorities • The policy is based on model of peace through health that has been discarded in the region
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	<ul style="list-style-type: none"> • Action steps paternalistic, not responsive to local needs • The Opposing Arguments section ignores legitimate concerns about the ongoing military occupation and blockade and instead appears to focus solely on criticizing the Boycott, Divestment, and Sanctions (BDS) global movement • Authors misunderstand the health provisions of the Oslo Accords • Political and economic barriers need to be elaborated in the problem statement. • When refuting opposing/alternative views in the paper, the authors need to cite evidence to support their statements. • The statement could be improved by being more clear about the specific strategies for building collaboration in the strategies section. I felt that it asked me to infer a lot based on the history. <p>Specific comments:</p> <ul style="list-style-type: none"> • The authors do not adequately describe the health concerns that impact the West Bank, just the Gaza Strip. Add in rates of disease in the West Bank for comparison. • There are several statements throughout the policy (specifically, on the bottom of page 5) that do not have supporting citations, though the authors use definitive language that suggest these strategies would have definitive positive impact on the Palestinian health system. • A better description of the Nita M. Lowery Middle East Partnership for Peace Act is needed – what does this Act do already and what needs to be added • Clarify line 163
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem?_(Yes/No? Please describe if needed).</p>	<p>The problem statement does not adequately describe the extent of the problem</p> <ul style="list-style-type: none"> • The policy should be more general, not just focused on one region of the world. • The problem statement is heavily rooted in historical data from the 1970s and also does not include a similar set of

	<p>evidence for Israel and the Gaza Strip. Is there more recent data to highlight the health challenges in the area? That is also comprehensive to the entire conflict area?</p> <ul style="list-style-type: none"> The overall conflict situation is described in the problem statement, but the role of the public health system as a broker for peace is not clearly described. Without evidence to support this idea, the policy statement does not read as a document rooted in fact and evidence, but rather, an “ideal.” One that I’m sure we would all like to achieve but needs evidence to back it up.
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>The description of the problem does not include the best available scientific evidence</p> <ul style="list-style-type: none"> The evidence included in the problem statement is either outdated, not comprehensive, or there are statements made that are not supported by evidence. No evidence is presented that public health is the bridge to peace. Very first statement says “times of peace allows gov’ts to expend resources on public health” but title is public health leads to peace. Reference missing from line 89 Paragraph starting on line 94 lists data from Gaza/West Bank but no context Paragraph beginning line 102 says there was cooperation during covid but complete information re vaccine distribution is not included; Paragraph beginning line 111 – relevance to proposed policy? Paragraph beginning line 111 – biased statement Paragraph beginning line 140 – biased statements, incomplete information; relates to health through peace, not vice-versa
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>Yes, gaps in knowledge are addressed, but mostly historical statements, not science. Did historical efforts lead to peace?</p>

Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?	No
Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.	There are clear political issues that are addressed in the policy statement. A weakness is that the statement does not appear to describe the conflict objectively. . As written the statement does not reflect the Palestinian viewpoint. The authors should take a step back from the actors that are involved in the conflict and focus on the humanitarian issues that are present in all areas in this conflict zone. That would remove the sense that this is a “politically” loaded proposed policy. Reference to other conflict situations where public health was a broker for peace would also help
Evidence-based Strategies to Address the Problem Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?	The statement includes a great deal of historical evidence to highlight past collaboration in the region. The only recent examples that are included pertain to COVID-19 and Avian flu. These don’t seem to be strategies to address the problem, however. These all seem to be case-by-case collaborations that do not explain how sustained peace could be possible.
Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]	There does not seem to be the support necessary to truly see how sustained public health efforts lead to peace. The authors should provide scientific evidence to show that public health has led to peace in other conflicts. <ul style="list-style-type: none"> • paragraph beginning line 207 – relevance? Did it lead to peace? • Paragraph beginning line 220 –Ref 38 does not say what policy authors say it does • Line 241 – unscientific language (“abundant”) • Line 250 – bias mentioning consanguinity when this is not relevant to the policy • Line 250 – selected data – 2005-2006 only

	<ul style="list-style-type: none"> Line 258 - Ref 1 suggests that Israel/Palestine operate as one epidemiologic unit, not that they do/did Line 264 – this is an example of lack of peace leading to disease but again, not the title of policy Line 272, ref 44 –the statement in the policy proposal does not accurately reflect what ref 44 (gray literature) reports Relevance of paragraph beginning line 284 unclear
Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	No scientific data presented that health leads to peace
Are these strategies ethical and equitable?	Palestinian viewpoints are not presented
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	<ul style="list-style-type: none"> BDS is not an alternative strategy Paragraph beginning line 314 is not an opposing argument and does not explain why it was factually inaccurate <ul style="list-style-type: none"> The opposing viewpoints are not balanced toward both sides of the conflict. This would be important since we are really considering humanitarian issues here, and not necessarily the political underpinnings of the conflict.
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?_	No opposing arguments are present nor are alternative strategies listed

Action Steps Do the action steps flow logically from the strategies defined in the proposal?	The action steps do not flow from the strategies. 1. Relates to health through peace not vice versa 2. Need to explain Nita M Lowey ME Partnership for Peace for clarification 4. The role of both players in achieving peace/health needs to be included?
Are the action steps supported by the evidence or rationale documented in the proposal?	The action steps are heavily reliant on government and NGO actions, yet these organizations are not actively called out throughout the policy statement. Is this the public health collaboration the authors believe would pave the way to peace? If so, that should be clear in the policy statement. Steps 1, 2, 4, 5, and 6 refer to health through peace but not vice versa.
Are action steps ethical and equitable? If not, describe why not?	Step 4 is not ethical and equitable
Are action steps feasible? If not, describe why not?	The role of politics and the root causes of the conflict are not discussed. Unsure if the action steps are feasible for APHA as an organization (a domestic U.S. organization)
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Action steps may be viewed as paternalistic and do not address the root cause of the problem
References Are the references properly formatted, up-to-date, and peer-reviewed?	<ul style="list-style-type: none"> • A lot of gray literature • Many older references as history of unclear relevance reported.
Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?	Yes- see member comments

Additional Review Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):	No
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A2: Justice in Global Access to COVID-19 Vaccination

Motion: 3a, 3a

Accepted- 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	The title may not be sufficiently aligned with evidence discussed in the proposal. Thoughts in the evidence section about evidence / thinking offered on uptake or adoption related goals as distinct from the goal of expanded access are a basis for this assessment. It is suggested that the authors consider how to harmonize the strong emphasis on access in the early portions of the proposal with the related but less pronounced discussion of factors affecting uptake that is initiated in the evidence section of the proposal.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	<p>APHA Policy Statement 201512: Ensuring that Trade Agreements Promote Public Health</p> <p>APHA Policy Statement 20021: Int'l Trade Policy Issues of Improving Access to Drugs for Life-Threatening and Disabling Diseases (Archived)</p> <p>APHA Policy Statement 200121: Threats to Global Health and Equity: The General Agreement on Trade in Service (GATS), and the Free Trade Area of the Americas (FTAA)</p> <p>APHA Policy Statement 20218: Call for Urgent Actions to Address Health Inequities in the U.S. Coronavirus Disease 2019 Pandemic and Response</p> <p>The content of the proposal appears to build upon and extend content from previous ancestral policy statements connecting them with current concerns</p>
Is there an archived APHA policy statement that covers this issue? (Please identify related archived policy statement by number). If yes, does this proposal update the	<p>APHA Policy Statement 20021: Int'l Trade Policy Issues of Improving Access to Drugs for Life-Threatening and Disabling Diseases (Archived)</p>

archived policy statement?	
PROBLEM STATEMENT Does the problem statement adequately describe the extent of the problem?_(Yes/No? Please describe if needed).	Possibly with a few suggested revisions. Please see comments below, as well as related comments in the title field and evidence fields regarding integration of content on uptake/adoption influencing factors with content about factors affecting global access.
Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)	<p>The problem statement overall provides solid available evidence. The section could benefit from clarifications of content in a small number of places. Notes to support this appear below.</p> <p>Page 4, Lines 87-88: Suggest saying “In the short term, ongoing spread of COVID-19 in countries with low vaccination rates may lead to the development of additional variants.” The connection between vaccination levels and occurrence of new variants relative to other potentially influential conditions has not been conclusively established. This would also bring the sentence here into alignment with the sentences that follow in lines 88-93 which use “could language” that allows for a bit more flexibility with the causal/correlational connections that may be present. This is key as variants also may occur in places with higher vaccination levels/rates. Considering the above is also suggested given that content following on the same page in lines 96-105 acknowledges that variants such as the Omicron variant have been found in the U.S. and other countries, which, although not directly stated in the text, have higher vaccination rates. This would make it more likely that the content in the two sections would be seen as complementary versus potentially being read as partially contradictory.</p> <p>Page 3, Lines 109 -111: Suggest directly describing the impact of the COVID-19 pandemic on measles vaccinations in 37 low-income countries. Did it reduce measles vaccinations?</p>

	<p>Page 5: Lines 131- 133: “Though advanced economies suffer from both trade and economic costs of the pandemic, most of these costs stem from their trade linkages with unvaccinated countries which limit exports and imports.” Please consider clarifying whether this statement reflects data associated with reference 12. It may be connected to this reference but appears a few sentences before the occurrence of reference 12. This may cause some to inquire about supports or citations for the statement.</p> <p>Economic Impact on Low-Wage and Informal Workers Section (Page 5: Lines 129-151): The first sentence in this section argues that “Broad access to vaccination impacts education and economic outcomes, as well as supply chain development.” While this statement is true, the content that follows, unfortunately does not present strong direct support for the statement. The content does a good job of describing the economic and labor related consequences of the Pandemic and the ways social divisions vary experienced impacts. However, strengthening direct connections between vaccine access and economic or education impacts is important to have this section achieve its full potential. How does vaccine access affect education and economic outcomes? With the way the first sentence is configured, a second relevant question is as follows. How does broad access to vaccination impact supply chain development? (distinct from access to vaccination reflecting the status of supply chain development in a given country)</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>The proposal well characterizes the current knowledge space around global access to COVID-19 vaccination. While space to do so is limited, the proposal might benefit from incorporating content that discusses or at a minimum acknowledges other factors that may affect the desired uptake of vaccination such as mixtures of broad and context specific social conditions, policies, and circumstances beyond distribution infrastructure that may combine with infrastructure and knowledge sharing related challenges to complicate efforts to ultimately increase COVID-19 vaccine uptake. Examples of works that might help with this include but are not limited to the following.</p> <p>Duan, Y., Shi, J., Wang, Z., Zhou, S., Jin, Y., & Zheng, Z. J. (2021). Disparities in COVID-19 vaccination among low-, middle-, and high-income countries: the mediating role of vaccination policy. <i>Vaccines</i>, 9(8), 905.</p>

	<p>Peacocke, E. F., Heupink, L. F., Frønsdal, K., Dahl, E. H., & Chola, L. (2021). Global access to COVID-19 vaccines: a scoping review of factors that may influence equitable access for low and middle-income countries. <i>BMJ open</i>, 11(9), e049505.</p> <p>Wouters, O. J., Shadlen, K. C., Salcher-Konrad, M., Pollard, A. J., Larson, H. J., Teerawattananon, Y., & Jit, M. (2021). Challenges in ensuring global access to COVID-19 vaccines: production, affordability, allocation, and deployment. <i>The Lancet</i>, 397(10278), 1023-1034.</p>
Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?	The problem addressed has a disproportionate impact on low and middle income countries and the circumstances of populations within them covered.
Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.	The proposal well covers broad spaces cross-cutting ethics, equity, political, and economic issues. One area, as mentioned above that should be considered for improvement is the connection between vaccination access and education, economic, and supply chain outcomes. There are also associated areas of concern such as challenges related to vaccine nationalism that could also be mentioned as these and some country specific policies and political dynamics may affect the viability of efforts to promote global vaccine equity. With this latter suggestion, there is also room for coverage in the section on Opposing Argument
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>The content on application of regulations in the General Agreement on Trades and Services could be strengthened by elaborating its potential utility in advancing the goal of patent relaxation or removal. It is not clear how application of the regulations mentioned would support the target objectives.</p> <p>Page 8 Lines 222-228: It is not clear how these statements support the larger goals and claims of the section. Specifically, how do they</p>

	<p>related to the emphasis on waivers and technology transfer supporting arrangements?</p> <p>It is agreed that misinformation and vaccine reluctance require attention. A challenge with the section included for this strategy is that the first mention of the influence of misinformation and reluctance occurs in the evidence section. This separates the influence of such factors from the larger context of need described in the problem statement section of the proposal. The characterization there is heavily focused on access issues and challenges. Presenting information on misinformation and reluctance in the evidence section might appear to minimize the importance of work here relative to work that will expand access. That might be the objective. However, it may be key to consider how to better integrate the area of need attached to this strategy area into the case made in the problem statement, as this could create a more comprehensive description of the multidimensional challenge that is the focus of the proposal.</p> <p>The final section “Implement Social and Economic Approaches to Prevention Learned from Historical Examples”, while important, could connect more concretely to the larger proposal goal of expanding access to vaccine. The section lightly touches on the complementary subject of increasing uptake in particular countries, in a manner similar to what is done in the section on vaccine misinformation and reluctance. But the approach presents the challenge in a way that may not effectively communicate its centrality or complexity within a multi-level, multi-component strategy for vaccine use as a tool for reducing COVID-19 burden. The title of the presentation itself solely emphasizes justice in access which may unintentionally leave the domains emphasized in this section to assume minor roles.</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>Makes a solid logic-based argument or inferential claim for potential effectiveness based on outcomes associated with related relaxations / waivers of patent protections in the face of acute and significant need, using at least one concrete example (while noting the inability of the example’s exception to address the goals of the current proposal). This is also done for the technology transfer strategy with examples for immunization supply chain models in the DRC and oral cholera vaccine and typhoid conjugate vaccine technologies for other developing countries. The evidence presented is of logical form sufficient to support acceptance of the</p>

	possible effects of applying the above two strategies to the new context of COVID-19. The empirical strength of the evidence within the context of COVID-19 is, as might be expected, constrained by the limited time within which motivated parties have had real opportunities to propose such strategies, achieve their adoption at appropriate levels, and obtain the levels and kinds of evaluation data that can most effectively characterize effectiveness.
Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	Provided references show outcomes related to similar initiatives for topics other than COVID-19. The empirical strength of the evidence within the context of COVID-19 is, as might be expected, constrained by the limited time within which motivated parties have had real opportunities to propose such strategies, achieve their adoption at appropriate levels, and obtain the levels and kinds of evaluation data that can most effectively characterize effectiveness.
Are these strategies ethical and equitable?	<p>The strategies are ethical and equitable.</p> <p>With a highly variable mix of implementation contexts, whether this potential is actualized depends on how implementation of the various complex approaches embedded within each strategy within the comprehensive approach that would truly be required to address the proposals aims occurs. Given the mix of strategies and the ensuing connection to diverse actors required for action in many different contexts, it may not be possible to speak directly to these matters at this stage.</p>
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	The proposal includes opposing viewpoints

<p>Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?_</p>	<p>The opposing viewpoints or arguments are more practical than scientific. But this reflects the true nature of the challenges faced.</p> <p>The viewpoint that LMICs do not have the capacity to produce vaccines themselves is only partially refuted. Some LMICs may have the capacity needed. But is it truly the case that all have such capacity? It may not be necessary to try to infer that all have such capacity. A better approach might be to directly acknowledge that LMICs with limited capacity could benefit from capacity building and capability enhancement strategies that could go hand in hand with the technology transfer strategy covered in the evidence section. This suggestion would connect well with the proposal's statement on page 9 in line 290-291 that "Continued support from the WHO would ensure that vaccine quality and safety are not compromised in the manufacturing and distribution process of vaccines." which some might interpret as implying a need for help with capacity or capability. The same could be said for content in lines 301 – 308 which actually accentuate the benefits of capability enhancement efforts that could rapidly expand expertise, medical education, and research capabilities.</p> <p>The following statement may not effectively support refutation of the viewpoint that LMICs lack vaccine production capacity. "Pharmaceutical companies seek to profit from the work of LMICs in vaccine production demonstrating that the decision to prevent LMICs from producing vaccines is not based on material capacity." What this sentence may do instead is make the case that access expansion is being halted for a different reason. This directs attention to a different challenge rather than completely neutralizing the argument about capacity deficits. The reality could be that both capacity limitations for some countries <u>and</u> profit motives are obstacles to global vaccine equity.</p> <p>References to the vaccine acceptance rate of countries such as sub-Saharan Africa are used to refute the position that populations in LMICs will not take available vaccine. While this may be the case for sub-Saharan Africa, can it be said that this is the case for all LMICs? This is a key question because the evidence section, as mentioned earlier, contains two sections directly focused on combating misinformation, reducing reluctance, and on the ground efforts to enhance individual level vaccine uptake. Statements in lines 310-316 might seem to conflict with the proposal that efforts in the two evidence sections mentioned are important. These</p>
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	<p>statements might imply that all that is needed is access in all LMICs?</p> <p>Other opposing positions or discussions of related factors that might impact efforts to expand access to consider include those relating to vaccine nationalism, challenges presented by active cultivation of concerns about current or future scarcity in HICs (that may drive “hoarding” behaviors), and the inherent complexity of achieving success in obtaining the policy and legal revisions needed across multiple countries (e.g., some might argue that with the many different layers of patent law active, implementation of a global strategy for patent relations would be nearly impossible) .</p>
<p>Action Steps</p> <p>Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>Some do. Some do not. Examples of action steps not substantively preceded by relevant content in the evidence section are as follows.</p> <ul style="list-style-type: none"> • Calls on the WHO and HIC governments to commit additional financial and other resources to support broader vaccine production; • Calls on pharmaceutical companies to voluntarily pledge the nonenforcement of intellectual property rights and to share the IP and technology needed to produce treatments and vaccines; • Calls on the President and Congress to ensure that domestic mRNA COVID-19 vaccine manufacturing capacity is publicly owned; • Calls on the President, CDC Director, and Congress to repeal non-evidence-based immigration and asylum policies implemented under the auspices of COVID-19 precautions; <p>While the above proposed actions may be related and understandable, they do not align sufficiently with the specific evidence based strategies proposed in the early sections of the proposal. In addition some actions would be strengthened by revising the actions to parallel others. For example, the first bullet notes “President Biden”. Given that the proposal is anchored to a global context, it might be advantageous to note that the President of the United States/President Biden and the U.S. Congress are that actors to be engaged. Similarly are there specific parties within HIC governments that APHA concretely could engage to pursue the support and resources sought? What specific international government leaders would be ideal for APHA to call on for resource commitments? Who specifically in the broader public health community could APHA call on to support the global efforts on misinformation and vaccine reluctance that are needed in different</p>

	countries? Are there specific bodies through which specific appeals could be made?
Are the action steps supported by the evidence or rationale documented in the proposal?	<p>Some do. Some do not. Examples of action steps not substantively preceded by relevant content in the evidence section are as follows.</p> <ul style="list-style-type: none"> • Calls on the WHO and HIC governments to commit additional financial and other resources to support broader vaccine production; • Calls on pharmaceutical companies to voluntarily pledge the nonenforcement of intellectual property rights and to share the IP and technology needed to produce treatments and vaccines; • Calls on the President and Congress to ensure that domestic mRNA COVID-19 vaccine manufacturing capacity is publicly owned; • Calls on the President, CDC Director, and Congress to repeal non-evidence-based immigration and asylum policies implemented under the auspices of COVID-19 precautions; <p>While the above proposed actions may be related and understandable, they do not align sufficiently with the specific evidence based strategies proposed in the early sections of the proposal. In addition some actions would be strengthened by revising the actions to parallel others. For example, the first bullet notes "President Biden". Given that the proposal is anchored to a global context, it might be advantageous to note that the President of the United States/President Biden and the U.S. Congress are that actors to be engaged. Similarly are there specific parties within HIC governments that APHA concretely could engage to pursue the support and resources sought? What specific international government leaders would be ideal for APHA to call on for resource commitments? Who specifically in the broader public health community could APHA call on to support the global efforts on misinformation and vaccine reluctance that are needed in different countries? Are there specific bodies through which specific appeals could be made?</p>
Are action steps ethical and equitable? If not, describe why not?	As with the strategies, the action steps are potentially ethical and equitable. Whether this potential is actualized depends on how implementation of the various complex actions embedded within the comprehensive approach occurs. Given the mix of actions and the ensuing connection to diverse actors required for action in

	many different contexts, it may not be possible to speak directly to these matters at this stage.
Are action steps feasible? If not, describe why not?	The action steps could be feasible if recommended revisions above are implemented in ways that increase concreteness. Feasible in the sense that APHA could address the calls being proposed.
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Potentially. Statements related to the features ethics and equitability provided for rows on the strategies and actions also apply here. These focus on the nature of implementation.
References Are the references properly formatted, up-to-date, and peer-reviewed?	The references are properly formatted, up-to-date, and largely peer-reviewed. A few suggestions for more recent references are offered in the appropriate proposal sections
Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?	Some reviews suggest additional actions are needed to have the proposal achieve its promise. Please see the member section for specifics.
Additional Review Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):	Additional review is not needed from external experts.

A3: A Call to Cancel International Debt for Global South Nations and Increase Public Financing of Health Systems

Motion: 3b, 3a

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	Recommend a revision of the title possibly using more of the wording of your action steps..ie Expand international debt relief for all developing countries to increase access to public resources for health care. Debt relief includes canceling debt, and it is what you are addressing more broadly. You are not suggesting canceling debt for the whole Global South. Also, there has been considerable debt cancelation already.
PROBLEM STATEMENT Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).	While the problem statement was 6.5 pages the strategy and opposing argument, sections were very short. Strategy and opposing argument sections need expansion; problem statement may need some additional information but current text needs consolidation. Recommend that standardized terms across the proposal should be defined and used consistently eg moratorium versus temporarily paused, relief versus forgiveness. Types of debt and financing should also be outlined early to help the reader as the argument skips between different global and historical precedents. References to the global south are confusing as to which countries are the focus. Recognizing that this term is commonly used rather than referring to these countries as developing or poor, recommend using a clearer definition throughout of which countries are being discussed. Corruption is a big issue in many developing countries, and it should be dealt with in the problem statement as it impacts whether debt relief will result in more in more resources devoted to health care.

Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)	<p>There has been an evolution over the past 20 years in the process of providing international loans by well-known funders such as IMF and World Bank as critiques have identified problems. There should be a clear recognition of this.</p> <p>Some of the information is not current for example Ref 16, 2016 IMF Fact Sheet). A 2021 fact sheet from the IMF provides more up to date information about debt cancellation as well as the impact on social spending. https://www.imf.org/en/About/Factsheets/Sheets/2016/08/01/16/11/Debt-Relief-Under-the-Heavily-Indebted-Poor-Countries-Initiative</p> <p>It is too limiting to look only at the impact of debt relief on health spending. Impacts on other sectors can impact health. One researcher found that participation in HIPC is associated with a 16% and 12.5% reduction in child and infant mortality. HIPC was also associated with an increase in government expenditure on education and agriculture but not on health. https://www.cgdev.org/event/debt-reduction-life-impact-heavily-indebted-poor-countries-initiative-child-mortality#:~:text=He%20found%20that%20participation%20in,of%20governance%20and%20institutional%20quality.</p> <p>While the extent of the impact of the invasion of Ukraine is unknown, because of the importance of Russia and Ukraine in providing fertilizer, natural gas and wheat there are likely to be additional cost increases that will be difficult for countries already hard hit by COVID-19. While we not suggesting adding information about the Ukraine war, the debt and pandemics section should be broadened to include disasters natural and otherwise to make the policy more evergreen.</p> <p>The very last sentence of the section (287-289) fails to provide a reference, after a well-supported summary of pandemics and debt. Consider using several (but at least 1) of the earlier citations provided that demonstrate limited progress toward public health expenditures like UHC due to debt requirements – to support first half of the sentence. For second half “but also undermine effective global mobilization...” consider using one of several publications from Peter Hotez about LMIC countries’ ability to respond to current pandemic.</p>
Are the ethical, equitable, political or economic issues addressed in the	<p>The problem statement should include some focus on political and economic issues. For example, why have some funders offered debt relief and other have not? From an economic perspective there are issues related to the impact of debt cancellation on future availability of funds that is not addressed. The IMF fact sheet referenced in the statement (45) as well as the one highlighted above discuss this issue.</p>

<p>proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies,</p>	<p>This section feels under-developed and insufficient. A near-minimum number of references (3 new) included. Each action step recommended should be described and fully supported in this section.</p> <p>Additionally, the strategies are focused on the IMF but both the Problem Statement and the Action Steps frame the issue more broadly as involving other multilateral institutions and international collaborative efforts.</p> <p>It is recommended that each specific debt relief strategy be described ---who are the providers of debt relief and which category of countries would be on the receiving end. Also, what is the evidence that this would result in more resources toward UHC. You provide categories of loan providers in the problem statement--these should be reflected here. You probably don't need to specify COVID-19 affected countries as this makes the policy less evergreen. If they are identified financially that should have the same effect</p> <p>The authors should consider addressing, even at a brief, high-level narrative with just a few sentences, how the debt will serviced/absorbed/reallocated, what programs can potentially "pay" for this debt, or perhaps a few sentences dedicated to a case study of a country wherein debt forgiveness (at any level) proved</p>

<p>if any, should be considered ?</p>	<p>successful for that county. Who is actually responsible for canceling the debt? Need more detail on how the plans will have a mechanism for increased public health spending, otherwise money could just go elsewhere.</p> <p>There are many mechanisms for “relief” as described in this section. The various avenues to providing relief or forgiveness need to be defined clearly, spelled out with their strengths and limitations as they pertain to public health and/or economic impacts. Structural adjustment programs” should be defined early in the EB Strategies section and the evidence of strengths and limitations of this approach should be outlined in detail.</p> <p>This policy statement assumes that funds freed from debts would be used constructively and in support of needed programs in Global South nations. However, the evidence provided to show that in past instances where debts were relieved that those monies were, in fact, used to support needed programs is missing or extremely limited. If there is no evidence that the proposed strategies have worked in the past, then the authors will need to augment those proposed strategies to acknowledge this concern (and please strongly consider including this in the Opposing Arguments section too) and include recommendations in Strategies section on how to avoid it.</p> <p>Development banks, featured in Action steps later, should be defined and role explained in EB strategies when that section describes how WB, IMF can mobilize grant and financing resources through them.</p> <p>Section beginning line 301: Consider repeating /adding an expanded definition of “Special Drawing Rights” here and providing a reference of the mechanism and benefits. Also please define “DSSI and give more details on the CCRT. All of these statements of possible avenues/ options available need references to support their availability, and describe their mechanisms and relative benefits.</p> <p>Minor concerns: 1st sentence: remove “(that) to address the tsunami of...” or clarify what “it” is critical to address in this sentence.</p> <p>The third paragraph/subsection contains an odd sentence fragment starting line 303: “countries.5 to free their capacity to meet...” that is likely an editing mistake.</p> <p>The first sentence of this subsection also appears to have the word “countries” misplaced in line 302.</p>
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	<p>Lines 294-296 Please describe how the Jubilee affiliate managed debt had an impact.</p> <p>Lines 311-315 identify a movement mobilizing for debt relief.... Recommend rewording this as a strategy and adding an action step to accelerate this movement.</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the "PROPOSAL ASSESSMENT" page of this form, as needed.]</p>	<p>Missing evidence-base:</p> <p>.</p> <p>One of the main pieces of evidence that is missing in this section is the extent to which debt relief programs have resulted in more public resources being directed to health care or even in improvements in health indirectly. Several references focus on the targeted debt relief of countries hard-hit by the Ebola epidemic and the resulting increased capacity by these countries to combat the epidemic. However, this experience may not be indicative of what will happen in non-critical health emergencies. The evidence base for the strategies needs to be expanded.</p> <p>What will it also mean for struggling countries if donor organizations cut back on availability of funds.?</p> <p>Several reviewers asked how these strategies would impact the US economy? For example, given that that US is a major contributor to the IMF and World Bank wouldn't they increase the tax debt of member countries?</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the</p>	<p>Missing / under referenced evidence:</p> <p><u>Debt cancellation</u>---what has been impact of debt cancellation on %GDP devoted to health care? Seems that HIPC program of IMF has also involved substantial if not all debt cancellation (see new IMF reference above). (would remove "affected by COVID-19" and define by debt as % of GDP or some other measure)</p> <p><u>Debt relief</u>—are you defining this as delaying payment of debt or partial cancellation?</p> <p>The second paragraph/subsection ends (lines 297-300) (just the 3rd sentence) with a statement and reference (44) of the feasibility of relieving international debt for Guyana. This is not sufficient to stand as a strategy statement – only supporting</p>

<p>proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?</p>	<p>that it is possible – without any evidence of the benefits to the country’s population /public health</p> <p><u>Debt standstill continuation through COVID-19 pandemic</u>—isn’t this also debt relief? Could make this more evergreen either by combining with debt relief or generalize it to cover epidemics and other catastrophes—Ebola and COVID would be examples.</p> <p>Third section /pgph Lines 309-310) also ends with a claim statement “The DSSI and CRRT have been essential...” which needs details for its reasoning / logical flow of argument – and references to support it.</p> <p><u>Growing Movement</u>—this is not a strategy unless you redefine it perhaps as an organizing strategy</p>
<p>Are these strategies ethical and equitable?</p>	
<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).</p>	<p>The establishment of reference-supported opposing arguments is critical for the end user of APHA’s policies who use this to know what arguments they should expect when putting forth the position of the adopted policy.</p> <p>The entire section feels under-developed, under-referenced, and therefore insufficient. It is not unethical, inequitable, or unreasonable, but it is also not evidence based. Each opposing argument (only 2) needs to be supported by at least 1-2 references demonstrating the use and context of the arguments that are observed. Ref 45 in the first section is citing a petition by an advocacy group contrary to (i.e. countering) the opposing argument and NOT evidence, peer-reviewed or otherwise.</p> <p>The second section (328-333)has only one reference and it supports the final sentence which is worded in a confusing way – unclear if this is a counter to the opposing argument as it is tangential to the sense of obligation being described: The initial capital, leading to the described greater growth and resources to invest in public services, is the direct incentive to borrow and is not related to the incentive to lend or to repay debt.</p>

Missing Arguments:

The sense of obligation to repay a debt is not the only reason markets track credit and debt balances. The importance of risk and not over-extending balance sheets in commercial markets are real and in most international markets debt is not erasable by generating new currency the way the US does. The authors need to do a better job factually describing the risks of forgiving national debt balances whole cloth, beyond even inflation (although this is related). To counter the argument the authors can describe the various tools available to G20 and IMF to provide funding to balance the forgiveness and the slower approach that SAPs provide to relieve the adverse effects of debt.

Although optimistic, the reviewers believe that the assumption that debt relief funds will be used for public health services cannot be made without supporting evidence. Corruption is a detestable, but real problem within government systems across the world-including Global South nations. Even if debts are relieved, there is no guarantee that those freed monies would be used to fund public health and infrastructure initiatives/systems. Therefore the authors are strongly encouraged to address this as an Opposing argument, with cited evidence (peer-reviewed not necessary; opinion or news sources ok) and then refute argument with strong evidence and point to the added Strategies (recommended above) to ensure debt relief goes into public health and wellbeing initiatives and to avoid misallocation of funds which are freed by debt forgiveness.

Reduced capacity of lenders to continue to provide loans is missing. Ref 48 goes into this in detail and can be used here.

Description and analysis of the cost benefit of providing debt cancellation versus other aid or supports is missing

The authors should seek to answer the question: Would debt cancellation have a negative effect on donor countries' willingness to give more money as loans? Using the Opposing Argument device they can first report the risk of this and then refute that argument with stronger evidence to the contrary, or address the argument in some way.

Line 324-327 Clarify the statement about the relationship between Debt repayment and GDP. Please clarify in the text if the comment on benefits of expanding trade is an Opposing Argument or counterargument? Finally, authors are encouraged to answer: How does increases in life expectancy fit into the opposing argument or refutation of it? (Given that expanded trade and GDP benefit from incurring debt more so than from repayment or debt forgiveness).

Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	<p>The counter arguments are not well developed and are often not specific to the opposing arguments provided. For example, they focus only on problems with structural adjustment, not on the other issues identified in Opposing Arguments currently provided.</p> <p>In addition, the authors need to fully refute the concern of inflation instead of redirecting to issues within the country. The “Counter arguments” language does not address the risk of inflation almost at all.</p> <p>Also need to refute the argument of “Maintaining a sense of obligation to repay debt”, as it is not mentioned in the counterargument at all. For better or worse, this concept is central to the debt-lending industry and the system of capitalism more broadly.</p> <p>Regarding the opposing argument of inflation and maintaining a sense of obligation to repay debt. A question was “What could be the unintended consequences of this?” The authors do not fully counter these concerns.</p>
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	<p>The reviewers recommend cutting the first 1.5 sentences from “The United States has outsized...” to “and drives a global economic crisis,” as this is 1) redundant to prior language and 2) unnecessarily COVID-19 specific when the argument is quickly generalized beyond the current era by this policy.</p> <p>Please consider adding action step related to the US Congress support for debt relief.</p> <p>Please consider adding an action step related to trade with low-income nations.</p> <p>Authors should examine if there are any actions that could be taken at the state level (per Council of Affiliates notably).</p>

	Reviewers recommend adding an action step to accelerate global movement to support debt relief.
Are the action steps supported by the evidence or rationale documented in the proposal?	<p>There is a gap between the problem defined, the strategies outlined (which focus on IMF and a few administrative options, not clearly-enough defined).</p> <p>Recommend adding more information about the role of development banks and how to influence them in problem statement and strategy section in order to support these action steps.</p> <p>Minor concerns:</p> <ol style="list-style-type: none"> 1. Does the phrase “countries in greatest debt distress” refer to HIPC’s? If so, say so. Or define/reference a threshold measure here or state who determines greatest distress if this is a fluid demarcation. 2. Can the G20, WB, or IMF (yes?) mobilize resources through supporting development banks? If that is a purview of any of these groups identify them specifically or consider moving to a new section targeting another group – like urging SDBs directly from APHA? 3. Step 2: This is not the time to define “development banks” – specifically should be defined and role clearly explained in EB strategies, with economic and health benefits supported with evidence-based references.
Are action steps ethical and equitable? If not, describe why not?	
Are action steps feasible? If not, describe why not?	<p>Recommend that the actions be more specifically targeted to increase their feasibility.</p> <p>Multilateral organizations are treaty based and that their respective organizational documents might limit the actions specific organization can take. This should be addressed probably in the strategy section where pertinent.</p>

Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Has the African Union or other international bodies representing developing countries have weighed in on the issue of debt relief? It would be helpful to include their perspective.
References Are the references properly formatted, up-to-date, and peer-reviewed?	The references are well formatted and up to date—many are appropriately from reports and other non-peer reviewed documents.
Additional Review Does this proposal require additional review from external experts? If so, please identify potential	Consultation with the Law Section requested. In addition, we recommend finding a macro-economist working internationally to review this document to make sure the proposal fairly describes the debt situation and how to zero in on the most effective actions.

reviewers and provide contact information if available (individuals and/or organizatio n):	
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A4: Support Decent Work for All as a Sustainable Strategy for Improving Population Health and Well-being

Motion: 3a, 3a

Accepted- 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	Decent work for all is dependent on at least two large sets of strategies—one that is described here is the quality side of decent work encompassing a living wage, job benefits, input into decision making etc. The other set encompasses access to work which includes economic development that creates new jobs and workforce development that includes literacy improvement, higher education, certificate programs, apprenticeship programs retaining programs etc. Arguably a living wage and access to childcare intersect. One has to focus in a policy proposal so the fact that you are addressing one side of the equation is not a problem—we would suggest a more focused title however, as well as perhaps a few lines explanation of the limited scope in the problem statement
PROBLEM STATEMENT Does the problem statement adequately describe the extent of the problem?_(Yes/No? Please describe if needed).	<p>Overall, the problem statement addressed the extent of the problem, at least the work quality side of the agenda. Reviewers overall felt that the problem statement was strong.</p> <p>The problems of affording childcare and the Child Tax Credit were not emphasized very much in the problem statement, the strategies and the action steps but remain very important issues for parents as they try to remain employed.</p>
Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses	<p>Line96 p.7 Sexually should be sexual.</p> <p>One individual reviewer suggested two references for the problem statement:</p> <ol style="list-style-type: none"> 1. Wagner,SL et al (2016) Mental health interventions in the workplace and work outcomes: a best-evidence synthesis of systematic reviews. <i>The International Journal of Occupational and Environmental Medicine</i> 7(1), 1-14

<p>of the cited literature and references?)</p>	<p>2. https://www.health.pa.gov/topics/disease/coronavirus/Pages/LTC-RISE.aspx This program in Pennsylvania will support safety for workers and residents in long-term care facilities.</p> <p>The Caucus on Homelessness recommended including data on workers experiencing or at risk of homelessness and housing instability as well as workers serving these populations (California Policy Lab, Homelessness Policy Research Institute, National Alliance to End Homelessness)</p> <p>One individual from MC suggested that the problem statement include information about persons with disabilities and the accommodations they need to be able to work; others suggested mentioning women’s continuing burden in the workplace, and the special needs of rural workers. Immigrant workers were also mentioned by reviewers but that would entail bringing in many other issues....perhaps a note recognizing this important issue that cannot be addressed in this policy.</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>This proposal presents a very comprehensive array of strategies to address the problem but is a bit of a laundry list that makes it difficult to define integrated strategies. On the other hand, the authors have made a great effort to include impact research for all of the strategies identified.</p> <p>Short-term work should be discussed in the problem statement. In the strategy section there should be a clearer statement of the strategy and how it should be implemented. Lines 169 -170 need a reference.</p> <p>Line 172 page 10 “high-road” employers—please define or use different words.</p> <p>Under the Income strategy (Lines 144-150) you might want to mention consideration of guaranteed income for vulnerable populations—Chicago is currently running such a program.https://chicago.suntimes.com/city-hall/2022/2/24/22949608/guaranteed-basic-income-pilot-program-chicago-lotter-500-dollars-5000-families. The Caucus on Homelessness also suggested how Universal Basic Income could support other strategies.</p> <p>Several reviewers suggested a strategy that would involve partnering with organizations representing or working with vulnerable</p>

	<p>populations—for example, One Simple Wish and the Nsoro Foundation are nationwide programs supporting young adults who’ve aged out of foster care to pursue college and certifications and secure a safe and stable employment.</p> <p>The use of the acronyms OSH and OSHA are used inconsistently</p>
<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).</p>	<p>The opposing argument section is very weak. Many reviewers agreed with this point. First the opposing arguments are minimally described. Second, there is no refutation of these arguments, nor any evidence presented against them.</p> <p>Given the breadth of topics covered it would make sense to choose three or four of the major opposing arguments, describe each with two or three referenced sentences and then a brief refutation. One certainly could be that minimum wage and unionization are causes of job loss. Another could be that workers should be responsible for their own education and training etc.</p>
<p>Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?</p>	<p>Refutation of opposing viewpoints needs to be included.</p> <p>An individual reviewer Medical Care suggested several additional references esp for the opposing argument section:</p> <ol style="list-style-type: none"> 1. Regarding the opposing view (OV) that minimum wage could result in job loss— https://www.healthaffairs.org/doi/10.1377/hpb20180622.107025/ 2. Regarding the opposing view that employers don’t have a responsibility for worker health—Kessler, RC (2012) The health costs of depression. <i>Psychiatric Clinics</i> 35(1) 1-14. 3. To provide evidence for the ROI of employers investing in worker health—Kelly LA et al (2021) Impact of nurse burnout on organizational and position turnover. <i>Nursing Outlook</i> 69 (1) 96-102. 4. Regarding mention of opposition to undocumented workers the authors could refer to efforts to expand H-2A and H-2B visas—https://www.dhs.gov/news/2021/04/20/dhs-make-additional-22000-temporary-non-agricultural-worker-visas-available

<p>Action Steps</p> <p>Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>The action steps do flow logically from the strategies although there could be more activity at the state level enumerated in the action steps. For example, Action step 4 asks the US Congress to “remove administrative and legal obstacles for workers to form unions.” Yet there has been a lot of successful anti-union activity at the state level such as the new right-to-work laws.</p> <p>Action Step # 5 should focus on NIOSH and not CDC since NIOSH is a part of CDC. The part of the Action step for NIH should be much more specific in terms of identifying priority areas.</p> <p>Action Step #6 could be expanded to include collection of additional data reflecting “decent” working conditions to complete refinement of data on worker and employment status</p> <p>One reviewer commented #8 re State Legislatures Item b. is unclear ...haven’t you already covered this issue under #a “eliminate loopholes for contracted work.” #b does not seem like a very practical way to address the problem. Also isn’t the evaluation of models more of a NIOSH/state collaboration with the state legislatures taking a more active role in funding local programs. They also asked--Shouldn’t the action steps be calling for funding more OSHA workplace inspectors.</p>
<p>Are action steps feasible? If not, describe why not?</p>	<p>This is a very huge agenda and perhaps it would be more feasible to focus strongly on 4 or 5 action steps that are a short-term priorities followed by the longer term issues.</p>

B1: The Overlooked Public Health Crisis of Healthcare Waste: A Call for Oversight Protections and Tracking

Motion: 3b, 3b

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	The title accurately reflects the focus of the suggested actions around reducing the impact of healthcare waste, but the scope of discussion in the problem statement spans a far broader range of topics (eg includes extensive discussion of greenhouse gas emissions associated with the transport of healthcare products, medicines, etc.). These disconnects adversely impact the overall impact and focus for the policy statement.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	The authors cite a broad series of prior policy statements that relate to elements of the issues covered here. This proposed policy statement provides some updates and expands the scope of prior statements by focusing on healthcare waste specifically. The authors are encouraged to reconsider the language and treatment of relevant issues in 20197: Addressing Environmental Justice to Achieve Health Equity. This prior policy statement is a positive example of a more robust and rigorous use of references to inform and nuance challenges and needs related to disposal of wastes in disproportionately impacted communities.
Is there an archived APHA policy statement that covers this issue? (Please identify related archived policy statement by number). If yes, does this proposal update	Archived policy statement 8911: Resource and Solid Waste Management addresses this topic. The current proposal aims to highlight environmental justice and COVID-19 considerations related to the issue of waste management and the disproportionate, consequential health impacts faced by communities of color.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
the archived policy statement?	
Does this proposal relate to another current proposed statement? If so, please identify the related proposed policy statement by number. Would you recommend that they be combined into one proposal?	This statement does not relate to any other currently proposed policy statements.
Member comments Summarize the comments and recommendations by APHA Units or members with expertise in the problem.	<p>Member comments and recommendations from APHA units / members with expertise in this area generally offered Conditional support for the policy statement but identified several areas for improvement and clarification. The proposal can be jargon heavy at times and often lacks proper citations to support statements made throughout the document.</p> <p>The authors should lead with discussion on the climate/environmental health impact including appropriate definitions and use the impact on marginalized populations as a supporting argument.</p> <p>Areas most commonly cited for improvement/modification were the following:</p> <ul style="list-style-type: none"> • The ethics, safety and feasibility of reusing medical equipment, gowns, etc. was questioned and additional evidence was requested to support this proposed approach. • The financial viability and equity of the proposed solutions were questioned by several commenters. For example, the proposal to expand CHNA may be far less feasible in communities with fewer resources, staffing, etc. and could

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>not reasonably be achieved without some added investment of education, funding, staff, etc. Other cost concerns relate to equity. For example, the authors suggested that “State or federal lawmakers should propose policies that require the private sector to pay the cost of waste”. One commenter noted, “I would either take that out OR add that they must do so without passing that cost on to the consumer/patient.”</p> <ul style="list-style-type: none"> • The proposal to enhance incineration as a solution to solid waste disposal was questioned as this approach can have adverse environmental impacts. • The Medical Care Section questioned the potential impact of additional restrictions on medical practice at a time when the public health and medical sectors are still reeling from the effects of C19. • Several respondents cited the need for more specific action steps (e.g. which regulatory agencies and what types of policies should be proposed, how would these be resourced and enforced, what types of impacts might they have both positive and negative.) • Several respondents cited the need for more clarity in references linking healthcare waste specifically to environmental justice concerns. • Several respondents noted some misalignment of the focus areas in the problem statement with the focus areas in the opposing views and strategies sections. There was general consensus that the document should be tightened in terms of focus and length. <p>Title-</p> <ul style="list-style-type: none"> • Amend the title to reflect the environmental justice focus of the proposal <p>Problem Statement-</p> <p>Review the articles below to strengthen the problem statement: Mohai,P.,Saha,R.(2007).RacialInequalityintheDistributionofHazardousWaste:ANational-LevelReassessment,SocialProblems,54(3),343–370. Soliman,M.R.,Derosa,C.T.,Mielke,H.W.,&Bota,K.(1993).Hazardouswastes,hazardousmaterialsandenvironmentalhealthinequity.ToxicologyandIndustrialHealth,9(5),901-912. ** note the date of publication</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
	<p>Evidence Based Strategies to Address the Problem-</p> <ul style="list-style-type: none"> • Consider including of Community Health Workers as part of environmental justice-centered approaches to address this problem • Briefly touch on the ethical and equitable aspects of the proposed strategy <p>Action Steps-</p> <ul style="list-style-type: none"> • Include more localized action steps for people most impacted to employ. More calls to action to the human rights communities are needed. • Perhaps another important action step is increase funding for local and state government to be able to provide more and better protection of their communities who are most affected by medical waste. <p>Opposing Views-</p> <ul style="list-style-type: none"> • Provide evidence to refute the opposing views
Summarize the comments and recommendations by other APHA Units or members.	Comments provided by other APHA Units or members generally offered Conditional or Positive support for the statement. Areas cited for improvement included recommendations to enhance the clarity and evidence base as to which communities might be most adversely affected by medical waste (eg. women of color, BIPOC, waste storage workers, etc.), suggestions to further consider the economic impact of the proposed strategies, and concerns as to the ethics and safety of proposed medical equipment reuse strategies.
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>The authors are encouraged to provide more clarity of the scope of the problem to be considered in this policy brief. At present, the problem statement covers everything from nonhazardous solid waste, to regulated medical waste, to greenhouse gases associated with transport of packaging for healthcare products of all types, to commercial disposal, improper personal PPE disposal/discarding by the general public, and even antimicrobial resistance (AMR). These are all important issues with potentially significant human and ecological health impacts. However, the exposure scenarios and toxicological/environmental risk factors for each of these is very different. At present, the problem statement doesn't adequately recognize this variability or fully acknowledge that the remedies would subsequently need to be quite different. An improved and refocused statement should either limit its scope OR</p>

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>propose/prioritize remedies across each of the different waste areas described.</p> <p>The reviewers felt that the problem statement could be strengthened by focusing in on a clearer subset of the issue (e.g. regulated and unregulated solid waste from healthcare facilities). The current effort to combine the entire ecosystem in this single policy statement has resulted in the solution space and risk characterization becoming muddled and less impactful.</p> <p>The problem statement does not adequately describe the extent of the problem. The arguments do not follow a logical flow. For example, key definitions to ground a discussion on environmental justice are discussed early in the proposal but defined later in the proposal. Historical scenarios are provided to “highlight the burden of waste disproportionately placed on communities of color,” however, focus on solely on Black communities and should not be generalized to “communities of color.” The authors should rephrase the point being addressed or include additional evidence to describe the impact on other non-Black communities.</p> <p>Page 5, line 2 includes a link to additional resources in a google doc. Please remove this link and appropriately cite the references throughout the proposal taking care to adhere to numbers of reference limits</p> <p>Page 5, line4, define environmental racism</p> <p>Page 5, lines 7-8, include additional context to describe what were the consequential health effects of waste and tie all examples to the theme of Healthcare Waste as the title implies the proposal will discuss</p> <p>Page 5, lines 4-8, include citations</p> <p>Page 5, line 31, include a citation as needed</p> <p>Page 7, lines 25-26, Please review the accuracy of this statement. Specifically, the methods section of the paper, under the Measurement of Variables Section, Race and Ethnicity sub-section.</p> <p>Page 8, lines 1-3, include additional details and citations to describe the “patchwork.”</p> <p>Page 9, lines 18-22, needs additional details and supporting evidence to present a clear argument. The current language cites</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
	<p>“Many states” and “some states” and do not include references. Please describe which states and specific policies.</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>In part because the authors sought to cover so much topical ground in this statement, the strength and appropriate referencing of supporting evidence is variable in quality and relevance. The authors need to incorporate more up to date and peer-reviewed references (from rigorous journals) to support their arguments. For example, in the introductory paragraphs of the problem statement, the authors cite unreviewed reports and studies from more than 30 years prior. It is important to identify the historical scope of the problems, but these should be balanced with more recent peer reviewed articles to confirm and specify the scope of the issue to be addressed.</p> <p>There are also several instances where the policy statement language either is not supported by or is incorrectly summarized relative to the reference to which it is linked. For example:</p> <p>-Page 5 line 18: The authors say the study shows” that adverse health effects....could...occur...in communities nearest sites where hazardous waste is dumped or processed.” However, the source article only links effects to sites near incinerators (not dumps or other types of processors). Greater specificity is important here as it will have significant impact on the potential remedies that could be employed.</p> <p>-Page 5 line 20: The authors say that the referenced data “highlight the burden of waste on communities of color” but should be clarified to say “highlight the burden of waste on communities of color <i>and/or low wealth</i>” based on the reference cited. Alternately, the authors could provide an alternate reference that specifically explores the impact on communities of color.</p> <p>-Page 5 line 21 – The policy cites a NC regional report from June 20 (just a couple months into the pandemic) and a WHO report from 2014 as evidence that the “C19 pandemic accelerated these unaddressed inequalities dramatically with increased healthcare waste from testing, biowaste, vaccinations and single use plastics.” These references predate the pandemic and are not appropriate as</p>

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>cites here. Authors could use citation 43 (Das et al 2021) or others but these two seem unsuited to this purpose.</p> <p>-Page 5, line 26/27. The reference provided does not support the conclusion from the authors re: multi-generational impacts on US-based communities of color. The paper cited was a systematic review and included studies from countries around the globe. No specific US conclusions were stated, and it did not focus on community composition just on proximity to incineration and population outcomes.</p> <p>-Page 6 line 1: The DALY loss cited in this line per reference 12 was associated in the reference with exposure to PM2.5 not GHG as asserted by the authors of this policy statement. The language should be clarified to reflect this. Ref 12 (Eckleman 2020) seems very useful as it provides data on the link between health effects and different types of emissions (e.g. on site boilers, medical gases , supply chain, etc.) and notes an EPA tool (EEIO) that can be used to estimate health effects of PM2.5. The authors should consider whether Ref 12 would be useful in refining the authors’ arguments?</p> <p>-Page 6 line 10 – I believe the statistic cited is drawn from reference 20 (healthcare plastics recycling council) not reference 13 (Practice Greenhealth). Please confirm.</p> <p>-Page 6 line 27. This line cites the percent of medical waste plastics that are IV bags – but the reference is 20 years old. I question whether this is still relevant regarding waste volume and regulation? A newer reference should be provided.</p> <p>-Regarding the topic of AMR induced by pharmaceuticals in the environment, the authors are encouraged to incorporate more rigorous and relevant sources. This topic is highly studied in the environmental/ecotoxicology field. The authors suggest that the primary problem is discharges from pharmaceutical manufacturing – but the abundance of data indicate that the bulk of drugs in waterways come from residential wastewater (urine containing the drugs or their breakdown products) or agricultural sources (similar route). See this reference or others https://link.springer.com/article/10.1007/s10311-021-01194-y. The AMR issue is extremely important as an ecological threat, but is not addressed in any of the proposed policy solutions by the authors, is</p>

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>not as likely to be disproportionate re: impact on communities, and has such different control needs than the other healthcare waste arenas noted by the authors that I would advise the authors not to include it in the scope of the issues they seek to address with this statement. If it is to remain in the document, the authors are encouraged to consult with an ecotoxicologist/environmental fate and exposure scientist to better describe the issues and potential remedies.</p> <p>Page 7 line 27- Asfaw 2021 explores the potential for exposure to C19 specifically – not to infectious agents in general as suggested by the authors. The authors are encouraged to identify another reference to support their statement if the aim is to assert exposure to infectious products in general.</p> <p>P8, line 18 – Singh et al 2021 may not be the best reference to point to regarding the role of MWTa and its closure. I would suggest to cite the EPA directly https://www.epa.gov/rcra/medical-waste#expired</p> <p>P10, line 28 – The authors cite Health Care w/o Harm (ref 11) to support their claim that ‘we know that communities surrounding landfills and incinerators experience adverse health effects.’ Ref 11 is focused on climate change and seems to have no reference at all to landfills. The authors should identify a more relevant reference to support this point.</p> <p>Other references that might be included are -Vinti et al 2021 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8072713/</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>Because the authors have opted to take on such a diffuse definition of healthcare waste (including non-hazardous solid waste, RMW, wastes/emissions associated with the shipping of pharmaceutical products or packaging materials in the healthcare industry, AMR, incineration, dumping, and consumer disposal (correct and incorrect methods) – it is difficult for this document to be truly comprehensive in terms of defining state of knowledge and gaps.</p> <p>The document is strongest in its discussions of existing information and gaps (scientific and regulatory) regarding RMW and other solid waste disposal/incineration at healthcare sites. The scientific</p>

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>discussion most in need of strengthening if retained in this document is the discussion of healthcare waste and AMR (as noted earlier in this review, references identifying challenges in tracking, evaluating disproportionate health impact of, and limiting community-derived sources of drugs in the wastewater stream would need to be included).</p> <p>A valuable gap that might be addressed by the authors is the need for better data and methods to prioritize those exposure routes most likely to contribute to significant adverse health effects and thus to allow for prioritization of effort and intervention. Further evidence around causality and exposure should also be incorporated.</p> <p>Considering the exportation of US waste to low- and middle-income countries, a global perspective on the environmental justice related concerns of individuals into and supporting evidence should be included in the proposal.</p>
<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>Yes, the problem (at least when scoped to looking at the problem of RMW, solid waste disposal, and incineration in situ) does appear to have disproportionate impact (or potential impact) on underserved and underrepresented populations. The references provided specifically identify racial AND economic disparities in potential health impacts but these could be strengthened with more recent, relevant, and focused references as noted above. The focus of the document could be strengthened with greater consistency in language in this regard (eg. sometimes problem scope/impact is identified as a racial disparity only and sometimes as a racial disparity that is linked to economic disadvantage). The evidentiary base provided in the current document doesn't provide strong evidence for distinguishing between the two factors (racial vs. economic) so it would be most accurate to refer to them as a collective focus for this problem OR to identify an alternate reference base.</p> <p>Yes, the authors have stated that underserved populations are impacted with regards to COVID-19.</p>

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>However, the proposal should include additional information, if possible, to describe how underserved populations are impacted by waste in general. The authors might consider including this information per paragraph describing the types of waste, or as a separate paragraph at the end or beginning. Some of this information is included in the regulations section as well.</p>
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>The authors should incorporate a more thorough discussion around the following ethical/equity issues:</p> <ol style="list-style-type: none"> 1) Please discuss how/if the reduction in use of single use plastics or an increase in their costs as a result of novel recycling or processing requirements could translate into higher healthcare or daily living costs or reduced healthcare access in some communities; 2) Please consider and provide references for a discussion of the potential risk:benefit tradeoff of reusable products from a safety perspective (for patients, clinicians and community); 3) Please incorporate some discussion of global health equity issues and the reality that currently a significant chunk of US solid waste is shipped out of the US to disadvantaged and LMIC communities globally thus transferring risks to communities with even less oversight and regulatory control than the US; 4) Please discuss the tradeoffs of different waste management control options in terms of their own lifecycle analysis and environmental and environmental justice impacts (eg sterilization vs. incineration, etc.) References such as this could be a guide https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0259207

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>While the authors have included a broad variety of examples of environmental/human health impacts from the healthcare industry, the policy statement fails to provide a consistent and concise definition of ‘healthcare waste’. As a result, there appears to be a disconnect between the examples and scope of problem described in the problem statement and the subsequent strategies for resolution (eg not all of the problems raised seem to be addressed in the solution space).</p> <p>If the authors choose to retain a very broad definition of healthcare waste, they should provide further discussion of the diversity of remedies that would be required to address these aspects.</p> <p>Other potential strategies that the authors’ might include in their policy are as follows:</p> <ul style="list-style-type: none"> -Conduct of novel studies to determine priority exposure routes/scenarios (eg those generating the most risk for communities) and defining those as the exposure routes/settings/scenarios that should be the focus of policy or legal intervention. -Educational initiatives targeted to healthcare workers and communities on the impact of waste disposal and handling; -Assessment of the cost/benefit of the proposed strategies relative to different communities. <p>The evidence-based strategies are presented in the proposal under two broad themes: Waste Reduction Strategies within the Healthcare System and State of Federal Policies Strategies. There are statements that do not include supporting evidence. See page 9, lines 3-4 and 15-16. The authors do well to present successful waste reduction strategies from other countries. They do not mention the US’s waste export practices that often place an undue burden on low- and middle-income countries.</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence?</p>	<p>The strategies offered by the authors are of mixed rigor relative to their evidence base. The suggestion that the US should look to other countries for waste handling is not adequately researched. The authors are strongly encouraged to reconsider their recommendation that the US follow ‘innovative strategies’ for waste handling in China and India (top of page 10). The references they</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
[Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]	<p>provide for these cite some of the current approaches in these countries but also note that these processes have been overwhelmed by the C19 pandemic, facilities are aging and unable to meet demand, etc. There are also numerous other examples of egregious environmental pollution and community exposures in China/India making recommendations to set these as exemplars rather problematic.</p> <p>The evidence base for a recycling strategy could be further strengthened by adding a more robust and nuanced view of the opportunity as well as its potential challenges (economic, environmental, logistical, etc). For example, this is noted in Ref 42 (Wyssusek et al 2019) ” until recently a significant portion of the worlds recycled plastic, paper and scrap metal have been exported to China. Up to 70% of the world’s plastic waste alone was exported to China and Hong Kong in 2016 (Coghlan, 2018). However, recently China has put a ban on such waste imports causing a global panic around where else to divert the increasing volumes of recyclable waste (Coghlan, 2018), raising the question of sustainability of recycling after all.”</p> <p>.</p>
Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	The proposal lacks scientific evidence of the effectiveness of its proposed strategies.
Are these strategies ethical and equitable?	The ethics and equitability of the proposed strategies is not adequately addressed in the document. It seems plausible that at

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
	<p>least some of the proposed approaches might have unintended impacts on underserved or underrepresented populations relative to increased costs, decreased access to care, and/or increased environmental exposures.</p> <p>The ethical and political issues addressed in the proposal are not well described and supported. The reviewers have provided substantive feedback from APHA members, units and other experts in the field. The authors should strongly consider a revised submission that addresses the concerns.</p>
Opposing Arguments	
Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	Yes, the proposal includes a summary of opposing or alternative viewpoints although not all of the proposed problem statement contentions are addressed in this section.
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	<p>The strength of the evidence used to refute the opposing viewpoints is mixed. For example, the feasibility of recycling single use PPE is unclear even per the source cited by the authors <i>“recycling without risking infection of individuals working as recyclers in middle- and low-income countries is limited by the low proportion (15–25%) of healthcare waste that is not contaminated.”</i> (Ref 49)</p> <p>Please add a citation on page 10, lines 25-26</p> <p>Other areas that should be raised in the opposing viewpoints section if the policy scope is to remain as expansive as it is at present, include the following:</p> <ul style="list-style-type: none"> -Concern about the potential for infectious risks associated with recycling PPE or other medical products; -The environmental and human health impact of transferring healthcare wastes from US to low and middle income countries with even weaker protections for populations at risk; -The potential for new recycling or handling requirements to increase costs of healthcare and healthcare supplies in a way that would disproportionately impact disadvantaged populations.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
	-The uncertainty in data on the link between specific health effects and specific disposal/waste management methods.
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	As noted above, the very diffuse scope of the problem statement and potential solutions make it difficult to clearly link them to the specific strategies. In a refined and revised version of the Policy Proposal, a clearer link should be established.
Are the action steps supported by the evidence or rationale documented in the proposal?	<p>The evidence base or rationale for the proposed action steps vary in their rigor and completeness as discussed below:</p> <ol style="list-style-type: none"> 1) With respect to the suggestion to “Increase oversight of healthcare waste”, the authors should strengthen this recommendation by clearly defining the scope of ‘healthcare waste’. 2) With respect to the suggestion that “state and local governments must consider implications of existing and future waste management infrastructure,” the recommendations that follow should be more strongly supported by evidence around how often these types of assessments are currently required and their demonstrated benefit. 3) The recommendation for lawmaker to require OSHA to improve education about protecting workers from healthcare waste should be supported with evidence around current standards, why the authors believe there to be a gap in current approaches. It does not seem feasible that OSHA would provide training on ‘the past and present of the EJ movement’ as this seems beyond their scope. The recommendation to include stakeholders of underrepresented communities to ensure worker protection trainings are relevant is excellent.
Are action steps ethical and equitable? If not, describe why not?	A discussion of the ethics and equitability of these proposed actions should be more robustly incorporated. For example, there should be a more complete discussion of the potential risk:benefit tradeoff of moving away from single use materials for healthcare (e.g., infection

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>risks, unintended effects of recycling process, elevated costs, etc.) and whether these could have adverse impact particularly on under-resourced communities. It is also unclear whether some of the proposed actions might reduce impact on EJ communities in the US but transfer the impact to other communities globally as this phenomenon is prevalent already. The potential for some of the proposed ‘cost of waste’ measures to be passed on to consumers/patients and thus limit their access to care should also be considered.</p>
<p>Are action steps feasible? If not, describe why not?</p>	<p>In general, the feasibility of the proposed action steps would be improved by removing focus on healthcare wastes associated with transport of materials used to generate healthcare products, etc., removing discussion of personal use of PPE (eg masks in the community), and focusing on disposal, recycling, incineration, at point of generation or associated with healthcare facilities, medical waste disposal, etc.</p> <p>Considerations around the economic and technical capabilities of local governments to conduct the proposed cumulative impact analyses should also be included – these are technically challenging, methods often unavailable, and resources can be limiting. The relative feasibility of low resource communities/healthcare facilities to conduct such assessments is also unclear from an economic, staffing, and skills perspective.</p> <p>The feasibility of the proposed supply chain modifications and reuse scenarios is unclear and not well supported by the evidence from the proposers. The issue of recycling is an important consideration and should be incorporated, but might be better focused on the need for research and incentives to drive these changes.</p> <p>The value or feasibility of educating workers about product purchase lifecycle issues is unclear and unsupported by evidence. However, the value of engaging workers (particularly those at risk of waste exposures) to educate those designing lifecycle analysis research could be very useful.</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	The authors do provide some recommendations specifically linked to engaging under-represented populations. However, as noted in the discussion of ethics and equitability above, this should be strengthened and some significant potential equity issues associated with the action steps need to be more thoroughly discussed.
References Are the references properly formatted, up-to-date, and peer-reviewed?	The references are properly formatted, however, as noted above several could be replaced with more contemporary references and/or references from peer review vs. white papers. As noted in this review, several references were mis-interpreted in their use to support this policy statement and need to be corrected.
Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?	The comments from members/APHA units have suggested that additional scientific evidence around the specific link between medical waste and underserved populations/EJ populations should be strengthened in the proposal. They have also questioned whether sufficient evidence is included around the safety and feasibility of proposed approaches to reuse medical supplies.
Additional Review Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):	A revised version of this proposal would benefit from additional review for individuals with expertise in environmental toxicology and environmental health. Scientists from the National Institute of Environmental Health Sciences might be good resources for this type of input or academics with experience in this arena (e.g., Dr. David Eaton, U Washington School of Public Health (ret)).

B2: Public Health Opportunities to Address the Health Effects of Gas Stoves

Motion: 3a, 3a

Accepted: 12 yes, 1 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	The title accurately represents the evidence provided and is appropriate.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	<p>There are no specific policies on health effects of gas stoves although there are policy statements on air pollution, asthma, environmental justice and climate change. One policy mentioned (20125) does not seem to be relevant as fracking isn't mentioned in the policy.</p> <p>“APHA Policy Statement 20125: The Environmental and Occupational Health Impacts of High-101 Volume Hydraulic Fracturing of Unconventional Gas Reserves”</p> <p>“APHA Policy Statement 20197: Addressing Environmental Justice to Achieve Health Equity”</p> <p>“APHA Policy Statement 201711: Public Health Opportunities to Address the Health Effects of Air Pollution”</p> <p>“APHA Policy Statement 20157: Public Health Opportunities to Address the Health Effects of Climate Change”</p> <p>“APHA Policy Statement: Protecting Children’s Environmental Health: A Comprehensive Framework”</p>
Member comments Summarize the comments and recommendations by	Authors might consider adding “pregnant people” to the list of vulnerable. While there may not be existing evidence related to gas stoves there is evidence of the impact of PM 2.5 on fetal outcomes.

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
<p>APHA Units or members with expertise in the problem.</p>	<p>For those without proper hood ventilation who also live in areas with extreme weather and/or high levels of ambient pollution and thus cannot easily ventilation via opening doors and windows, the authors suggest the purchase of air purifiers. These suggestions are valid; however, consider wish there were more no-cost solutions for people with lower income/wealth and renters in these situations. Consider if the 9th action step (the CPSC opening a docket to develop a strategy for protecting people with gas stoves who cannot fix their circumstances) to have more teeth so that there is a clear path to remedying the situation for these most vulnerable groups? Otherwise education campaigns and warning labels could increase anxiety without offering an adequate solution.</p> <p>Consider an opposing view from residents with gas stoves.</p> <p>The statement would be improved if it addressed the problem in the context of poor housing for low income and/ or BIPOC populations. This includes people who living in housing with kitchen appliances that don't work at all which has arguably a more profound impact on health (poor nutrition and its consequences.) As outlined in an Insight Brief from RMI on appliance standards (one of the authors is affiliated with this organization), additional strategies are needed to achieve an equitable transition away from gas appliances. (https://rmi.org/insight/outdoor-air-quality-brief/ (at page 13) "Title: Electrification Should Be Implemented Carefully to Support Broader Housing and Energy Justice".</p> <p>The authors focus on opposition from one industry trade association. There are other alternative views:</p> <p>(1) Economic concerns. A way to address this concern is to describe strategies or pilot projects on how to tackle this problem. What are examples of other housing quality problems/improvements that needed addressing and who paid for them, or how were they financed?</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
	<p>(2) Another opposing argument is consumer preference for gas stoves (because of ability to control more effectively the temperature for cooking.) This argument may seem elitist, but it is one that will undoubtedly be raised.</p> <p>P11, Lines 342-348: More specificity on which actor named do these things and in what way. Operationally, for example, in what way does the <u>White House</u> do these things? (e.g., Do the authors expect APHA to ask the White House to issue a press statement about gas stoves? Include something about gas stoves in their budget request to Congress?) What do the authors want Congress to do? (Pass a law to regulate indoor air in private housing? Amend the Clean Air Act to cover indoor environments?) If there aren't concrete actions for these actors, delete this Action Step.</p> <p>P11, Lines 349-358: The authors should include examples in the Evidence-based strategies about this. Specifically, provide examples where EPA doesn't have statutory authority to regulate an issue, but it has used guidelines in an effort to do as much as it can.</p> <p>P11, Lines 364-367: Are there examples of localities or states requiring warning labels on appliances or household furnishings or other consumer products? If so, describe in the Evidence-based Strategies. If no, is this an Action Step for Consumer Product Safety Commission (CPSC)? (Does CPSC not have authority to do that? In Action Step 9, there is a different action for CPSC. Is that one preferred?)</p> <p>As noted above, the proposed Action Steps focus only on gas stoves without addressing the additional investments and approaches needed to support an inclusive, affordable transition away from gas appliances.</p>
PROBLEM STATEMENT Does the problem statement adequately describe the extent of the	The authors do a good job of pointing out the health effects in the U.S., but do not go as in-depth in other settings around the world. The authors should change their focus to the U.S. only or providing more evidence to global contexts.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
problem? (Yes/No? Please describe if needed).	The problem statement does not completely describe the extent of the problem. Many of the studies cited show association, not causation and, due to other variables in vulnerable community households, it's hard to assess to what extent gas stoves contribute to the adverse health outcomes.
Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?	<p>The authors could include evidence about pregnant people and associated risks..</p> <p>The description of the problem includes the best evidence in that the best available scientific evidence is incomplete. The studies cited show association, not causation. International studies may not be relevant to US households. There is only one study indicating that gas stoves in US are a major contributor to global change (#3). This may well be true, but we don't usually base policy on one study.</p> <p>Sentence ending on line 193 and the one ending 231 need references.</p>
Are gaps in knowledge addressed to date? If not, what is needed?	The authors do not discuss the lack of studies showing causation.
Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?	<p>The authors acknowledge that people of color and low-income communities are disproportionately impacted by the issue at hand in that underserved populations are more likely to live in housing with gas stoves and poor ventilation. The authors should cite more studies regarding the disproportionate impacts.</p> <p>The occupational risk of kitchen workers is not discussed.</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>Ethical – Authors address the ethical concerns with gas stoves. Equity – Authors address how gas stoves are an equity issue. Political – Authors may want to consider further addressing how political lobbies and influences may cause political will (or a lack thereof) for keeping or switching from gas stoves.</p> <p>Economic – Authors may want to bolster their argument by further addressing economic concerns of switching from gas to electric, particularly in vulnerable communities. Additionally, authors should consider their argument in contexts where electricity is not readily available (e.g., rural, low-income settings) where the power can go out for days at a time. There is also concern that by giving Berkeley as the example of a jurisdiction that is addressing this issue, this may stir up feelings of elitism</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>The authors should consider strategies that address how a country or city, etc. could pay or subsidize for the mass replacement for electric stoves.</p> <p>The strategies suggested are appropriate but do not address the issue of cost and its disproportionate effect on lower income communities. The authors should include what individuals can do to evaluate their risk and protect themselves.</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>Unclear how much effect calls to action and consumer education would have.</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the</p>	<p>The authors could find more robust evidence (e.g., systematic reviews, meta-analysis) to support their argument. There</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	needs to be more discussion of what the findings (e.g., percent reduction in NO ₂) means in terms of health.
Are these strategies ethical and equitable?	The cost of some of the strategies is not equitable.
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	The authors only provide the opposing arguments of the gas industry. Other opposing arguments could be from construction companies, homeowners, and/or the people who use/prefer gas stoves themselves.
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	The authors sufficiently refute the one,opposing viewpoint that they bring up (e.g., the gas industry), but, again, the authors should provide more perspectives.
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	Yes the action steps logically flow from the strategies

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Are the action steps supported by the evidence or rationale documented in the proposal?	Yes the action steps are supported by evidence documented in the proposal, although as stated above, it's unclear how much affect these strategies would have on the problem
Are action steps ethical and equitable? If not, describe why not?	Cost of #3, 4, 5, 6, 9, and 10 may not be possible for lower income communities
Are action steps feasible? If not, describe why not?	Cost of #3, 4, 5, 6, 9, and 10 may not be possible for lower income communities
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Cost may be prohibitive
Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?	Most of the reviews mentioned lack of causation and no discussion of the cost of replacing these stoves.

B3: Ending the Practice of Conversion Therapy Among LGBTQ+ Populations

Motion: 3b, 2

Accepted- 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	Yes, the title accurately reflects the evidence provided
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	Related APHA policy presented by the authors include: 1) APHA Policy Statement 20189: Achieving Health Equity in the United States 2) APHA Policy Statement 20185: Violence is a Public Health Issue: Public Health is Essential to Understanding and Treating Violence in the U.S 3) APHA Policy Statement 20178: Housing and Homelessness as a Public Health Issue 4) APHA Policy Statement 20169: Promoting Transgender and Gender Minority Health through Inclusive Policies and Practices 5) APHA Policy Statement 201415: Support for Social Determinants of Behavioral Health and Pathways for Integrated and Better Public Health 6) APHA Policy Statement 20143: Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools 7) APHA Policy Statement 20142: Reduction of Bullying to Address Health Disparities Among LGBT Youth APHA 8) APHA Policy Statement 200410: Proposed Resolution Condemning Actions Against LGBT and HIV Related Research and Service Delivery No current (past 10 years) policy covers conversion therapy specifically. The policy is supported conceptually by the above prior policies. This focus potentially expands the way APHA

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>supports efforts to promote and protect the health of diverse LGBTQ+ populations.</p> <p>Recommend removing the second sentence beginning “Often, this population is left out...” as confusing (transgender and gender minority pop is left out of research/policies advancing LGBTQ+ inclusivity?) Might involve a typo.</p> <p>Third sentence beginning “Additionally, APHA has a policy that...” belongs more in the rational for consideration section. Consider clarifying that this is a policy APHA has “as an organization” not as a membership-approved policy.</p>
<p>Member comments</p> <p>Summarize the comments and recommendations by APHA Units or members with expertise in the problem.</p>	<p><i>General / Non-specific</i></p> <ul style="list-style-type: none"> • Highlight lack of protections for LGBTQ+ youth when it comes to conversion therapy – pg. 3 line 83 The first paragraph of the problem statement includes a solution – pg. 4. Lines 110-112 • Some grammar issues should be addressed throughout; “involuntarily forced” • Suggest adding some additional sources including the Trevor Project, who are doing this work – it seems we tend to downplay or entirely omit the role of community advocacy in APHA policy statements. The guide they prepared on so-called “Conversion therapy” may help to fill in holes. So-Called "Conversion Therapy" and LGBTQ Youth Mental Health – The Trevor Project. For instance, I would include some discussion of the effects of family acceptance/rejection and links to suicidal behaviors. They also note the federal level work of Rep. Jackie Speier and the Stop Harming Our Kids Resolution to protect LGBTQ+ youth from conversion therapy. • Should the statement not only focus on conversion therapy but any of the harmful forms of therapy that are forced, including those listed on pg. 4 lines 108-109? • In addition to explaining and providing evidence for why conversion therapy is problematic and should be ended, I would encourage the authors to include a lit review of historical advocacy in this area and perhaps note those doing this work - academics and community

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>practitioners/researchers/advocates/activists -- and the outcomes of and barriers to this work, which should illuminate proposed actions.</p> <ul style="list-style-type: none"> • How do the authors of this statement believe that having an APHA policy will change things? It seems that beyond asking APHA to get others to do things, we can ask APHA to partner with mental health associations, youth organizations, LGBTQ groups, student clubs, faith communities, and educational institutions in every state to promote the submission and passage of meaningful legislation. • Edits: delete 'the' preceding examining in line 129, and 'tenets' not tenants in line 164 • Acknowledge that sexual orientation can change; Endorse and/or state that you do not call for the banning of "Reintegrative Therapy". • Include qualitative quotes from the LGBTQ+ community about their experiences with conversion therapy. Include more human rights instruments and mechanisms. • Additional data will strengthen the policy statement. <p><i>Problem Statement</i></p> <ul style="list-style-type: none"> • Suggest adding some additional sources including the Trevor Project, who are doing this work. The guide they prepared on so-called "Conversion therapy" may help to fill in holes. So-Called "Conversion Therapy" and LGBTQ Youth Mental Health – The Trevor Project. For instance, include some discussion of the effects of family acceptance/rejection and links to suicidal behaviors. They also note the federal level work of Rep. Jackie Speier and the Stop Harming Our Kids Resolution to protect LGBTQ+ youth from conversion therapy. • Should the statement not only focus on conversion therapy but any of the harmful forms of therapy that are forced, including those listed on pg. 4 lines 108-109? • Strong problem statement, citing existing peer reviewed literature, although the impacts that are described in the problem statement also apply to LGBTQ+ youth who are not coerced or forced into conversion therapy suffer from

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>the same negative impacts and should be included in the statement.</p> <ul style="list-style-type: none"> • The problem statement is very long and comprehensive. I almost wonder if it is TOO long. In my thinking, we do not need to justify the problem in such a layered manner. The reality is that conversion therapy exists based on the premise that being LGBTQ is “wrong” and needs to be corrected – a premise that is simply false. I worry that diving into the history and data to such an extent obscures this simple fact. • The policy statement provides a brief description of the problem of LGBTQ+ youth being coerced or forced into conversion therapy by parents or others and the ensuing trauma and adverse mental health consequences. The problem statement is supported by the literature although it is limited in its scope of covering the political and economic issues related to the identified problem. The Epidemiology discipline’s perspective is included in the policy although the majority of the literature is stated under the Rationale section. Perhaps some of these can be moved under the Problem Statement. • The problem statement could use further development. I am wondering if there is any relevant data on the cost that can be included? For example, there have been discussions about insurance companies covering sexual orientation change efforts (soce) that would be worth addressing. Some statistical data on the increased rates of suicide and other mental health/substance abuse among people who have experienced socce would also strengthen the section. <p><i>Strategies</i></p> <ul style="list-style-type: none"> • In addition to explaining and providing evidence for why conversion therapy is problematic and should be ended, the authors are encouraged to include a lit review of historical advocacy in this area and perhaps note those doing this work - academics and community practitioners/researchers/advocates/ activists -- and the

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>outcomes of and barriers to this work, which should illuminate proposed actions.</p> <ul style="list-style-type: none"> • How do the authors of this statement believe that having an APHA policy will change things? • The strategy to address the problem is the banning of conversion therapy for youth, citing evidence that it is harm inducing and does not work the way it is purported to work. • The strategies described are fine, but not strong enough. There seem to be a combination of “encourages” and “urges” used to describe the strategies. The distinction between these two terms is not clear and neither is strong enough for this particular issue. Words such as “demand” and “insist” would be preferred. A strategy related to developing a stronger evidence-base for practices that are LGBTQ affirming would also be ideal. The best way to combat a strategy we know is harmful is by developing evidence-based practices that are both effective, safe and based on a scientific foundation of research. • The proposal describes the evidence against conversion therapy, but could use additional discussion of what strategies can be used to end conversion therapy before listing the action steps. • Though the authors outlined existing strategies to combat the problem, there was a lack of relevant and concrete strategies to utilize for public health practitioners, communities, government officials and other advocates/leaders. This section addressed mostly the literature and nomenclature updates but not much strategic-based approaches. • The authors discussed the stance of multiple national associations and organization (including AMA, APA) against conversion therapy as well as 21 U.S. states including DC banning conversion therapy for minors. The authors hope that all states adopt complete ban on the use of conversion therapy on minors. If the authors could expand a little bit more on the negative impact of conversion therapy on this population, I think it would strengthen the policy statement.

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p><i>Opposing viewpoints:</i></p> <ul style="list-style-type: none"> • Could the authors explain more about the rationale among psychoanalysts to suggest and/or use conversion therapy and among adults who seek conversion therapy? • Could also look to include survivor testimony to refute the opposing views. • Maybe add at the end of the first paragraph why Nicolosi's conclusion is so flawed. • There are opposing views missing - a recent study entitled "Sexual Attraction Fluidity and Well-Being in Men: A Therapeutic Outcome Study" authored by Carolyn Pela, Ph.D. and Philip Sutton, Ph.D. concludes that "The present study shows, through a more rigorous research design, that persons with unwanted same-sex attraction may reasonably expect to benefit from-and not to be harmed by-their participation in SAFE-T. On a professional and humane level, such persons clearly have the right to seek and receive professional assistance to try do so. Further, on a professional, ethical, and political/legislative level, properly trained mental health professionals have the right to offer such assistance." 1 • Reference 1. Pela, C., & Sutton, P. (2021). Sexual Attraction Fluidity and Well-being in Men: A Therapeutic Outcome Study. Journal of Human Sexuality, Vol. 12. Link to study https://df6a7995-cBc1ef92e2cf904.filesusr.com/uqd/ec16e9d6b14c067ae64bf095bb19c4757e8ff9.pdf • There is another study authored by Paul Sullins entitled "SEXUAL ORIENTATION CHANGE EFFORTS (SOCE) REDUCE SUICIDE: CORRECTING A FALSE RESEARCH NARRATIVE,, which States that "...,,in the strongest representative sample to date of sexual minority persons" reanalyzed the data used in a study claiming SOCE to be a pro-suicidal adverse childhood experience. The author concludes that, "By violating the principle of temporal precedence in scientific inference, i,e,, that a cause cannot occur after an effect, Blosnich et al, reversed the correct conclusion in

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>these data. Experiencing SOCE therapy does not encourage higher suicidality, as they claim; rather, experiencing higher suicidality appears to encourage, recourse to SOCE, which in turn strongly reduces suicidality, particularly initial suicide attempts. Restrictions on SOCE deprive sexual minorities of an important resource for reducing suicidality, putting them at substantially increased suicide risk," 1</p> <ul style="list-style-type: none"> • Reference 1. Paul Sullins, SEXUALORIENTATION CHANGE EFFORTS (SOCE) REDUCE SUICIDE: CORRECTING A FALSE RESEARCH NARRATIVE, Pre-print researchgate.net, March 2021Link to study • https://www.researchgate.net/publication/350124048_SEXUAL_ORIENTATION_CHANGE_EFFORTS_SOCE_REDUCE_SUICIDE_CORRECTING_A_FALSE_RESEARCH_NARRATIVE?enrichId=rgreq-610ba6cc159B36fbb103f4eefce465664-XXX&enrichSource=Y292ZXJQYWdIOzM1MDEyNDA0ODtBUzoxMDAyNDI4NDcyMjMzOTg2QDE2MTYwMDg5OEA0NDc%3D&el=1_x_2&_s56=publicationCoverPdf • The authors briefly discuss two specific studies where conversion therapy had been said to effectively change one sexual orientation. In one of those studies, the authors, had retracted their claims saying that their study had a fatal flaw. While these are good examples of two individual studies, there are likely other opposing views from the political and religious arenas that need to be discussed. For example, what are the views of our political leaders in Congress, state legislature, governors of the two major parties? What are the views of the general population on conversion therapy? <p><i>Action Steps</i></p> <ul style="list-style-type: none"> • It seems that beyond asking APHA to get others to do things, we can ask APHA to partner with mental health associations, youth organizations, LGBTQ groups, student clubs, faith communities, and educational institutions in every state to promote the submission and passage of meaningful legislation.

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<ul style="list-style-type: none"> • These are steps that our affiliate group could take to influence federal policy on this issue. • I agree with all of the Action Steps but again think they are too passive and would like to recommend stronger language. I would also like to recommend either a revision of the action step that refers to “Encourages mental health organizations and professionals to adopt policies and practices that are more inclusive and affirming for LGBTQ+ populations” to “Urge mental health organizations and professionals to develop evidence-based practices that specifically include and affirm LGBTQ+ populations.” • I’m not sure what the difference between encouraging and urging is in this context. It would be useful for the proposal to explain what the difference is, if any. Otherwise the action steps look good! • I recommend against the following two action steps due to them not being evidence-based: Encourages mental health organizations and professionals to adopt the principle that sexual orientation cannot be changed. Indirectly encourages public health and health care professionals to ban the practice of "Reintegrative Therapy" which is different from 'Reparative Therapy' or "Conversion Therapy." "Reintegrative Therapy" is "...more broad. Its methods are the same for anyone seeking help for trauma and behavioral addiction, regardless of gender or sexuality. A woman with heterosexual attractions, for example, may report just as much benefit from Reintegrative Therapy as a man with same-sex attractions. A byproduct that clients often report in Reintegrative Therapy® is often a decrease in same-sex attractions and an increase in heterosexual attractions." Link to the "Reintegrative Therapy Association": https://www.reintegrativetherapy.com/ According to the APA, a significant number of men who identify as homosexual actually admit sometimes having romantic and sexual attraction toward women (Storms, MD (1980).

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>Theories of sexual attraction. Journal of Personality and Social Psychology, 5, 783-792); (Tolman, D & Diamond L (2014). APA Handbook of Sexuality and Psychology, Washington, D.C: APA, 1 :610-620) At least one in five teenagers reports some change in sexual orientation during adolescence (Shipman M. Study Highlights Fluid Sexual Orientation in Many Teens, https://news.ncsu.edu/, 11/19) A new typology of longitudinal latent classes describes dynamic multidimensional processes continuing from late adolescence (ages 16 to 18) through the late 20s...Substantial changes were common not only from late adolescence to the early 20s but also from the early 20s to the late 20s, indicating that sexual orientation development continues throughout emerging adulthood (Kaestle C. Sexual orientation trajectories based on sexual attractions, partners, and identity: A longitudinal investigation From adolescence through young adulthood using a U.S. representative sample, The Journal Of Sex Research, 04/19) Aside from the above, the APHA risks a possible lawsuit from practitioners of "Reintegrative therapy" or "Reparative Therapy" due to the nature of its work in health services, and is thus vulnerable to unfair business practices.</p> <ul style="list-style-type: none"> • More call to actions to the human rights community are needed. • The action items for the most part are evidence-based, feasible, and equitable. I might slightly change the two action items recommending sanctions against practitioners and organizations and practices to be specific towards conversion therapies for minors. Thus, strengthening and specifying protections for minors. This would retain autonomy for adults who may seek such therapy for a variety of reasons. • The policy statement includes seven action steps including encouraging Congress and state legislatures to enact legislation that prevent mental health organizations and professionals from coercive measures to force the change of a person's sexual orientation and enact legislation to enforce protections for sexual and gender minorities. The

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>proposed steps are reasonable, feasible and equitable. The Epidemiology section support the proposed action steps.</p> <ul style="list-style-type: none"> • I would add encourages insurance companies not to reimburse for soce.
<p>Summarize the comments and recommendations by other APHA Units or members.</p>	<ul style="list-style-type: none"> • The impacts described in the problem statement also apply to LGBTQ+ youth who are not coerced or forced into conversion therapy suffer from the same negative impacts and should be included in the statement. • The proposal describes the evidence against conversion therapy, but could use additional discussion of what strategies can be used to end conversion therapy before listing the action steps. • The authors describe why the evidence that the opposition uses is shaky at best. The authors refute the opposing viewpoints, however, do not leave room in their recommendations for the fully consented adults who choose to seek out conversion therapy mentioned in the opposition statement. • There isn't adequate discussion/refutation of the sentence, "Parents of minors also have the right to make decisions for their child's health..." While they make a strong argument in the first part of the proposal, a critic could counter everything by stating that it's ultimately up to parents to decide what's in the best interest of their child. • The Action Steps are too passive and would recommend stronger language. Recommend either a revision of the action step that refers to "Encourages mental health organizations and professionals to adopt policies and practices that are more inclusive and affirming for LGBTQ+

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>populations” to “Urge mental health organizations and professionals to develop evidence-based practices that specifically include and affirm LGBTQ+ populations.”</p> <ul style="list-style-type: none"> • Relevant and concrete strategies to utilize for public health practitioners, communities, government officials and other advocates/leaders are needed. The strategies section addressed mostly the literature and nomenclature updates but not much strategic-based approaches. • More call to actions to the human rights community are needed.
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p><i>Major concerns</i></p> <ul style="list-style-type: none"> • The Rationale for Consideration starts the Problem Statement (PS). That full section begins the arguments needed in the PS and should be moved down below. If you want to keep the first two references (citing prevalence of the LGBT and T communities) in Rationale that’s understandable but everything else belongs in the Problem Statement. Only the final paragraph of “Relationship to existing APHA policy statements” contains content for the Rationale. • Within the Rationale language (again, recommended to move to PS): We suggest expanding and describing the relationship between conversion therapy and health impacts at greater length. Citations #7, 14, 15, appear to offer much more detail of relationships and effect sizes for various types of harm that can occur. • The problem statement should also add a section (1 or more paragraphs) reviewing the evidence connecting homophobia, transphobia, etc. and health outcomes. • Importantly, at the beginning of the section the authors need to define each of the explicit terms included in the L.G.B.T.Q. and also “+” so that these are not implied.

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<ul style="list-style-type: none"> • THEN the authors need to define the various terms for the intervention being described in this policy: CT, RT, SRT, etc. Are there nuanced differences between these treatments? Are the terms interchangeable? State clearly if they are perfectly synonymous. • The authors do alternate between the terms conversion therapy and reparative therapy with some frequency. Either chose one standard term (and state the reason why chosen) or define each term and then use as appropriate to their nuanced differences. <p><i>Minor concerns:</i> <u>Within the current “Rationale for Consideration”</u></p> <ul style="list-style-type: none"> • Line 71 & 73 is an example of conversion therapy and reparative therapy terms being used in alternating sentences. This needs to be prevented through standardization and clear use when differentiation is necessary. Repeated issue extended on lines 80, 81, 82, 83, and 85 but the reason is unclear. • Line 75, “61% of individuals were affiliated” please clarify if these individuals are therapy participants or “providers”. • Line 99: Suggest adding ‘Conversion “Therapists often misrepresent...”’ • Line 104: beginning of the Problem statement starts with a two part statement/claim. We suggest separating these – 1) youth are often coerced /forced and 2) Coerced participation can lead to trauma and neg. mental health and dividing the citations appropriately. • Line 110-112: The final sentence of the Problem Statement actually belongs in the Rationale for

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>Consideration or even as an introduction to the Action Steps. It's not a statement of the problem though.</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence?</p> <p>Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>The above comments apply here also. Focusing on the content of both the rationale for consideration section and the problem statement section, it appears that the statements are grounded within an appropriate mixture of research/academic journals, reports (e.g. from organizations such as Gallup, the Williams Institute, National Task Force Policy Institute, American Psychological Association task force on appropriate therapeutic responses to sexual orientation), and scientific web material (e.g., from the CDC).</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>While solid, the foundational references could be further strengthened with more recent research-based works, if space permits. Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Boulous, S., & González-Cantón, C. (2022). No such thing as acceptable sexual orientation change efforts: An international human rights analysis. <i>Women and Criminal Justice</i>, 32(1-2), 185-204. doi:10.1080/08974454.2021.2007200 • Craig, S. L., Austin, A., Rashidi, M., & Adams, M. (2017). Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities. <i>Journal of Gay and Lesbian Social Services</i>, 29(1), 1-24. doi:10.1080/10538720.2016.1260512 • Forsythe, A., Pick, C., Tremblay, G., Malaviya, S., Green, A., & Sandman, K. (2022). Humanistic and economic burden of conversion therapy among LGBTQ youths in the united states. <i>JAMA Pediatrics</i>, doi:10.1001/jamapediatrics.2022.0042 • Higbee, M., Wright, E. R., & Roemer, R. M. (2022). Conversion therapy in the southern united states: Prevalence and experiences of the survivors. <i>Journal of</i>

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	<p>Homosexuality, 69(4), 612-631. doi:10.1080/00918369.2020.1840213</p> <ul style="list-style-type: none"> • Kinitz, D. J., Salway, T., Dromer, E., Giustini, D., Ashley, F., Goodyear, T., . . . Abramovich, A. (2021). The scope and nature of sexual orientation and gender identity and expression change efforts: A systematic review protocol. <i>Systematic Reviews</i>, 10(1) doi:10.1186/s13643-020-01563-8 • Meanley, S., Haberlen, S. A., Okafor, C. N., Brown, A., Brennan-Ing, M., Ware, D., . . . Meeks, S. (2020). Lifetime exposure to conversion therapy and psychosocial health among midlife and older adult men who have sex with men. <i>Gerontologist</i>, 60(7), 1291-1302. doi:10.1093/geront/gnaa069 • Meanley, S. P., Stall, R. D., Dakwar, O., Egan, J. E., Friedman, M. R., Haberlen, S. A., . . . Plankey, M. W. (2020). Characterizing experiences of conversion therapy among middle-aged and older men who have sex with men from the multicenter AIDS cohort study (MACS). <i>Sexuality Research and Social Policy</i>, 17(2), 334-342. doi:10.1007/s13178-019-00396-y • Przeworski, A., Peterson, E., & Piedra, A. (2020). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. <i>Clinical Psychology: Science and Practice</i>, doi:10.1111/cpsp.12377 <p>Additional positions on conversion therapy are compiled by the following resource developed by the Human Rights Campaign. Policy and Position Statements on Conversion Therapy - Human Rights Campaign (hrc.org)</p>
Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities,	Yes- persons who identify as LGBTQ+

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socioeconomic, sexual orientation, etc. /or orientation, etc.?	
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>Ethical issues are addressed in coverage of lack of protections for LGBTQ+ youth, discussion of the American Psychiatric Association’s urging of health professionals and mental health professionals to oppose conversion therapy on the basis that it is ineffective and harmful, and discussion of whether conversion therapy entails coercion which would violate Section 4.02 of the APA Ethics Code.</p> <p>Less prominent in this section are discussions of equity, political, and economic considerations. Equity issues involved could include subjection of persons identifying as LGBTQ+ to stressors and strains not faced by persons who identify as straight and the absence of protections that appropriately safeguard persons identifying as LGBTQ+ against violations of basic human rights. A 2020 report from the U.N. provides connections to global interactions around the matter of conversion therapy. A/HRC/44/53 (un.org) Political dimensions are also key to elaborate given their intimate ties to religion and other institutions that shape sexual orientation and gender norms and ideologies. Lastly one resource suggested above may assist with any decision to add content related to economic considerations. The reference is: Forsythe, A., Pick, C., Tremblay, G., Malaviya, S., Green, A., & Sandman, K. (2022). Humanistic and economic burden of conversion therapy among LGBTQ youths in the united states. JAMA Pediatrics, doi:10.1001/jamapediatrics.2022.0042.</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being</p>	<ul style="list-style-type: none"> Section first characterizes the lack of evidence that conversion therapy is effective and science questioning the methodological rigor of studies/efforts that have described conversion as successful. It then discusses research on affirmative therapy approaches for supporting the health of

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
<p>proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>persons identifying as LGBTQ+ and positions of organizations such as the APA, AMA, American Psychiatric Association, and National Association of Social Workers opposing the use of conversion therapy. The above culminates with a statement of the Caucus goal: “The goal is to have all states adopt complete bans on the use of conversion therapy on minors.”</p> <ul style="list-style-type: none"> • The strategy of legal bans could benefit from more elaboration. How were laws present in 21 states and the District of Columbia achieved? Given that lines 175 – 178 acknowledge that conversion therapy is often done underground, what complementary strategies would be needed to surface such activities to trigger necessary enforcement activities? What strategies needed to complement the anticipated passive deterrence effect that the presence of bans / laws is hoped to cause? • Lines 114-127: The first paragraph of the EB Strategies section belongs in the Problem Statement based on the content of the argument made – except for the last sentence (lines 126-127), which is again a Rationale or Action Step statement of what is called for. • We suggest putting the Strategies evidence (which is nearly already chronological in describing reforms starting on line 141 with 1973) into chronological order – moving the reforms described by citations #16-18 (in the Problem Statement but unclear why since they represent progress) and inserting between 1988 (ending line 145) and 2015 (starting line 146). We also recommend expanding the descriptions of the 1997 and 2007 APA Resolution steps as these are

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	<p>critical to the shift away from conversion therapy as an appropriate treatment option.</p> <ul style="list-style-type: none"> As suggested for the Problem Statement, the shifting acronym applied to different strategy statements (LGBQ in line 131; LGBT in 134) need to be clarified when they change in proximity like that. By checking references it's clear that citation 26 speaks to transgender-affirmative approach to CBT when 25 does not, but the reader should have this information made explicit.
Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the "PROPOSAL ASSESSMENT" page of this form, as needed.]	<p>As stated above, the strategy of legislation to ban conversion therapy could benefit from more elaboration and strengthening. This could include addition of more evidence and information about the effectiveness of the bans and any necessary additional measures needed to halt conversion therapy. The scientific reasoning underlying the proposed strategy is understandable and sufficient. Unfortunately, the evidence included in the evidence section of the proposed policy is insufficient because of: 1) the substantially limited number or size of the studies included to substantiate the ability of the bans/laws to halt conversion therapy (only one citation is provided for the content where the strategy is communicated directly and this is a map); and 2) Gaps in the chain of evidence such that data are not provided to demonstrate the effects of the desired bans in deterring use of conversion therapy or to reveal any intervening variables through which effects might be transmitted. While the proposal's aims are laudable, strengthening the above would provide parties wishing to support their achievement with a stronger foundation from which to work.</p>
Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific	<p>No- As stated above, the strategy of ban institution could benefit from more elaboration and strengthening. This could include addition of more evidence and information about the effectiveness of the bans and any necessary additional measures needed to halt conversion therapy. The scientific reasoning underlying the proposed strategy is understandable</p>

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evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	and sufficient. Unfortunately, the evidence included in the evidence section of the proposed policy is insufficient because of: 1) the substantially limited number or size of the studies included to substantiate the ability of the bans/laws to halt conversion therapy (only one citation is provided for the content where the strategy is communicated directly and this is a map); and 2) Gaps in the chain of evidence such that data are not provided to demonstrate the effects of the desired bans in deterring use of conversion therapy or to reveal any intervening variables through which effects might be transmitted. While the proposal's aims are laudable, strengthening the above would provide parties wishing to support their achievement with a stronger foundation from which to work.
Are these strategies ethical and equitable?	Yes the strategies are ethical and equitable
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	Yes the proposal includes a summary of opposing/alternative viewpoints
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	<p>The Opposing Arguments/Evidence section itself does not sufficiently refute the opposing viewpoints. <u>However</u>, other sections in the proposal itself do provide content that does sufficiently and effectively refute such perspectives and may counter related, representative research.</p> <p>Missing Opposing Arguments:</p> <ol style="list-style-type: none"> 1) Religious / Ideological Freedom 2) Public health cannot impose a set of moral values on those who have homo-negative attitudes (or whatever their motivation really), i.e. it's inappropriate to dictate values to others who may self-select accessing CT.

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	<p>Recent references on potential opposing perspectives offered for consideration include the following. These would show that the authors are aware of recent work either supporting or calling for re-examinations of conversation therapies.</p> <ul style="list-style-type: none"> • Ashley, F. (2020). Homophobia, conversion therapy, and care models for trans youth: Defending the gender-affirmative approach. <i>Journal of LGBT Youth</i>, 17(4), 361-383. doi:10.1080/19361653.2019.1665610 • Conine, D. E., Campau, S. C., & Petronelli, A. K. (2022). LGBTQ+ conversion therapy and applied behavior analysis: A call to action. <i>Journal of Applied Behavior Analysis</i>, 55(1), 6-18. doi:10.1002/jaba.876 • Sullins, D. P., Rosik, C. H., & Santero, P. (2021). Efficacy and risk of sexual orientation change efforts: A retrospective analysis of 125 exposed men. <i>F1000Research</i>, 10 doi:10.12688/f1000research.51209.1 <p>The retraction of the study by Spitzer should be discussed and the rationale should be explained for why it negates the Opposing Argument made.</p> <p>Like the 2012 Spitzer retraction, each Opposing Argument should be refuted with as much peer-reviewed or consensus evidence (labeled/characterized accordingly). This is not done.</p> <p>Line 198 to 199: We recommend removing the phrase “...but we urge APHA to not support such harmful practices.” or moving it in some form to the Action Steps, where that intent is meant to be conveyed.</p>
<p>Action Steps</p> <p>Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>Yes- the action steps logically flow from the strategies defined in the proposal except. “[APHA] Urges Congress and state legislatures to enact legislation to protect the rights and legal benefits of LGBTQ+ populations who have been subjected to conversion therapy.” While the basis for this action can easily be inferred, it is neither substantively linked to the problem state nor the evidence sections of the proposal. This could be addressed by adding content in earlier sections to describe</p>

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	<p>the need for this action and to place the strategy it would connect to into a clear background and a relevant evidence base.</p> <p>Minor concerns: Strongly recommend numbering the action steps instead of using bullets. This improves interpretation and discussion of the steps.</p> <p>Suggest “Therefore,” instead of “Namely,” for grammatical purposes.</p>
<p>Are the action steps supported by the evidence or rationale documented in the proposal?</p>	<p>The action steps are not supported by the evidence provided (see previous comments), but they are supported by rationale documented in the proposal.</p>
<p>Are action steps ethical and equitable? If not, describe why not?</p>	<p>Yes</p>
<p>Are action steps feasible? If not, describe why not?</p>	<p>Consider changing the final bullet (#7) to clarify that you urge Congress “...to protect the rights and <create> legal benefits of LGBTQ+ individuals who have been subjected to conversion therapy.” The rights you are describing are individual rights not held by populations. They need to protect those rights but likely need to “create” the legal benefits of those subjected to CT.</p>
<p>Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.</p>	<p>The action steps are culturally responsive to the under-represent and underserved populations being addressed at a high level.</p> <p>Nevertheless, there could be value added in considering whether cultural differences tied to intersections of place and socially defined populations must be accounted for in legislative strategy implementation. Such differences could impact the effectiveness of the strategy or specific components of the strategy and require adaptations.</p>

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References Are the references properly formatted, up-to-date, and peer-reviewed?	Yes, the references are properly formatted, up to date, and peer reviewed. Suggestions appear through the review to assist with potential additions that could assist with reference updates.

B4: Insuring Women's Inclusion in HIV-Related Clinical Research

Motion: 3b, 3b

Accepted: 12 yes, 0 no, 1 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	If the authors do decide to have the broader focus on women's inclusion in clinical trials that they seem more interested in, the title should be revised to reflect that. If the authors instead enhance the focus on the HIV-specific pieces, the title can remain as is.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	There is not an existing APHA policy statement that covers this particular issue. Existing related policy statements are 20162, 201413, 20171, 20189, 200410, 202111
Is there an archived APHA policy statement that covers this issue? (Please identify related archived policy statement by number). If yes, does this proposal update the archived policy statement?	This proposal is a small part of the archived policy statement #9115, which was for overall women's health research. The proposed statement is only for women's inclusion in HIV-related clinical research
Does this proposal relate to another current proposed statement? If so, please identify	This proposal does not relate to another current proposed statement.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
the related proposed policy statement by number. Would you recommend that they be combined into one proposal?	
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>The problem statement should be edited to make the actual problem the authors are focus on clearer. It should include information about the details of the impact of excluding women from HIV trials (e.g. does it mean we don't have effectiveness/dosing information for women?).</p> <p>The authors should clarify whether their concern is that pregnant people are excluded from trials or if people with the capacity for pregnancy are excluded from trials.</p> <p>The authors list 4 different reasons women are excluded from trials, but really only focus on two of them (non-evidence-based contraception requirements and concern about people becoming pregnant while in the trial). They do not focus on the other pieces. Recommend that the authors include a focus on all four of the components they list rather than solely focusing on the pregnancy pieces, which do not really get addressed in action statements.</p> <p>While the inclusion of transgender women is important, the authors should clarify how the issues affecting their participation differ from issues of cisgender women. Specifically, they should name things such as transgender women not having the capacity for pregnancy, but also note that there are additional challenges in terms of questions of subgroup analyses and strategies for inclusion and retention in research.</p> <p>Concern about women becoming pregnant while in a clinical trial is not an issue that only affects HIV research; the authors should reference this broader topic and note why the risk/benefit calculation may differ for HIV, e.g. are</p>

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	<p>the medications/interventions being tested potentially uniquely harmful or teratogenic to fetuses?</p> <p>Research has highlighted sex-linked differences in vaccine responses, HIV pathogenesis, responses to HIV treatments, and HIV reservoir size and dynamics. Yet, women’s representation has only been 19.2% in antiretroviral therapy (ART) studies, 38.1% in HIV vaccine studies, and 11.1% in HIV cure studies. Excluding women in clinical research only widens gap in understanding around HIV-related sex/gender differences.</p> <p>The proposal needs to elaborate on this “gap in understanding around HIV-related sex/gender differences” and the effect of lack of women’s participation in research (Reference 19 is a good source to elaborate).</p> <p>Further, there are ongoing efforts (including by the FDA) to address the broader question of inclusion of women and inclusion of pregnant people in clinical trials more broadly. These seem highly relevant to this policy statement and should be acknowledged and discussed in the problem statement. See, for example: https://www.fda.gov/regulatory-information/search-fda-guidance-documents/pregnant-women-scientific-and-ethical-considerations-inclusion-clinical-trials for pregnant and lactating women. Connected to this, it seems that the unresolved questions in terms of the guidance is not about inclusion of women, but rather inclusion of pregnant and lactating people. A clearer statement about this would improve the problem statement.</p> <p>Recommend that the authors add a discussion of PrEP studies and use in women</p> <p>Authors may consider:</p> <ul style="list-style-type: none"> - Adding a focus on prevention and not just treatment

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<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>The problem statement rightfully focuses on ethical and human rights arguments. It should be strengthened, though, by including things like estimates of the number of women excluded from research based on the different criteria and information about the health impacts of this exclusion.</p> <p>The contraception-based critique should be strengthened with evidence about effectiveness of different contraception methods at preventing pregnancy to explain why the criteria as written are not evidence-based (on top of excluding large numbers of people). Unintended pregnancy is common and updated estimates of unintended pregnancy rates in the U.S. and globally should be added, so thinking about the implications of that for clinical trials does make sense.</p> <p>Consider adding a review of the literature on the number of women who become pregnant each year and number of women who become pregnant while in a clinical trial. This would be important in terms of understanding the magnitude of the actual risk.</p> <p>The line on 123-125 seems to contradict itself – one says that people don’t have access to services and the other says that we should trust people to prevent pregnancy on their own. This should be edited.</p> <p>Consider adding more data about who in the U.S. and globally is unable to get low-cost/free contraception.</p> <p>Recommend editing the critique about informing a doctor immediately if someone becomes pregnant. Things to consider in the editing are that there are appropriate reasons to do so – i.e. stopping the medications being tested, counseling people about their options for medications if they are going to continue their pregnancy, and whether they might want to consider abortion.</p>

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	<p>A few more peer reviewed references would strengthen the statement:</p> <ol style="list-style-type: none"> 1. Mendez KJW, Cudjoe J, Strohmayr S, Han HR. Recruitment and Retention of Women Living With HIV for Clinical Research: A Review. AIDS Behav. 2021 Oct;25(10):3267-3278. doi: 10.1007/s10461-021-03273-1. Epub 2021 May 14. PMID: 33990902; PMCID: PMC8419017. 2. Westreich D, Rosenberg M, Schwartz S, Swamy G. Representation of women and pregnant women in HIV research: a limited systematic review. PLoS One. 2013 Aug 23;8(8):e73398. doi: 10.1371/journal.pone.0073398. PMID: 24009750; PMCID: PMC3751870. <p>Some of the barriers and facilitators (retention methods) suggested by Mendez et al. (2021) are missing. Including them will strengthen the statement.</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>The gaps in knowledge should be made clearer.</p> <p>Recommend adding additional information about how many women become pregnant in a given time period, how quickly people discover their pregnancies, challenges recruiting women to participate in clinical trials, and the extent of sex bias in decisions to not include women. If this information is not yet known, recommend that the authors say this directly.</p> <p>Recommend adding information about whether the HIV medications/interventions being tested are uniquely harmful to fetuses.</p> <p>The proposal can be strengthened by adding more recent examples from studies (also listed above):</p> <ol style="list-style-type: none"> 1. Mendez KJW, Cudjoe J, Strohmayr S, Han HR. Recruitment and Retention of Women Living With HIV for Clinical Research: A Review. AIDS Behav. 2021 Oct;25(10):3267-3278. doi: 10.1007/s10461-021-03273-1. Epub 2021 May 14. PMID: 33990902; PMCID: PMC8419017.

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	<p>2. Westreich D, Rosenberg M, Schwartz S, Swamy G. Representation of women and pregnant women in HIV research: a limited systematic review. PLoS One. 2013 Aug 23;8(8):e73398. doi: 10.1371/journal.pone.0073398. PMID: 24009750; PMCID: PMC3751870.</p>
<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>The problem addressed has a disproportionate impact on underserved and underrepresented populations.</p> <p>The problem has a disproportionate impact on women in terms of vaccine responses, HIV pathogenesis, responses to HIV treatments, and HIV reservoir size and dynamics.</p> <ul style="list-style-type: none"> • Elaborate on these disproportionate impacts; for example, a combined effect of hormones, genes, and socio-behavioral and environmental influences increases the risk of acquiring HIV and non-AIDS morbidity in women, and could potentially result in a more efficacious immune response to vaccination. <p>Reference 19 (Scully et al, 2018) is a good reference.</p> <p>Authors may consider:</p> <ul style="list-style-type: none"> - Naming sex workers and people who use alcohol/drugs as additional populations who may be excluded from trials - If going to retain focus on transgender women, include information about unique factors affecting trans women and their inclusion in trials
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>Additional attention to the ethical reasons for both avoiding and doing clinical trials with pregnant people or people who might become pregnant is warranted, as are the broader ethical issues related to inclusion of women in HIV-clinical trials. Consider this paper: Lyster et al (2009). Risk and the Pregnant Body. Hastings Center Report. 39(6):34-42</p>

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>The authors might consider noting whether and how this calculus might also change if abortion becomes illegal again in part or all of the U.S.</p> <p>Acknowledging the ongoing work to address the questions re: inclusion of pregnant and lactating people in clinical trials (https://www.fda.gov/regulatory-information/search-fda-guidance-documents/pregnant-women-scientific-and-ethical-considerations-inclusion-clinical-trials) is important to include and would help identify the relevant ethical arguments here</p> <p>Equitable issues are documented with clear action steps.</p> <p>The proposal can be strengthened by including the economic and other effects of lack of women’s participation in HIV research.</p> <p>Authors should consider:</p> <ul style="list-style-type: none"> - The problem statement doesn’t elaborate that public health’s commitments to health services for all are foundational values that ensure ethical practice in public health.
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>The evidence based strategies is primarily a list of policies and guidelines that focus on including women in research and that people living with HIV/AIDS are meaningfully involved in research affecting them. Recommend that the authors clarify whether the issue is that these are not being followed in general or for HIV in particular, and what strategies (funding, advocacy, more attention to implementation, etc.) are needed to change this and what evidence exists for these strategies.</p>

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>The proposal lists certain policies and guidelines on equity and inclusion (in the 1990s and one in 2016). However, what is also needed are the specific strategies in these policies and guidelines and the scientific evidence that they have been effective in addressing the problem. Some of the references contain the specific evidence-based strategies (e.g., References 22, 29) that need to be listed in the proposal.</p> <p>For example, strategies suggested in the resources below can strengthen the proposal:</p> <ol style="list-style-type: none"> 1. Mendez KJW, Cudjoe J, Strohmayr S, Han HR. Recruitment and Retention of Women Living With HIV for Clinical Research: A Review. <i>AIDS Behav.</i> 2021 Oct;25(10):3267-3278. doi: 10.1007/s10461-021-03273-1. Epub 2021 May 14. PMID: 33990902; PMCID: PMC8419017. <p>The Society for Women’s Health Research, United States Food and Drug Administration Office of Women’s Health. Dialogues on diversifying clinical trials: Successful strategies for engaging women and minorities in clinical trials. 2020. Available at: https://www.fda.gov/files/science%20&%20research/published/White-Paper-on-the-Dialogues-on-Diversifying-Clinical-Trials-Conference.pdf</p> <p>Authors may consider:</p> <ul style="list-style-type: none"> - Adding community health workers as frontline workers to advocate for racial equity and HIV interventions for women of color throughout. Consider citing: Kenya S, Jones J, Arheart K, et al. Using community health workers to improve clinical outcomes among people living with HIV: a randomized controlled trial. <i>AIDS Behav.</i> 2013. 17(9):2927-2934 - Naming advocacy as a possible strategy, including working with women’s health advocates -

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<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>The strategies seem to be best practice lists. Recommend that the authors instead review the literature about whether and why different strategies are not being implemented and what has worked to get them implemented. This could be HIV specific or more general. Recommend that the authors distinguish between strategies re: including (non-pregnant) women, where there are likely to be primarily implementation issues, from the strategies re: including pregnant people, where the barrier to doing so is scientific and ethical guidance.</p> <p>Additional evidence-based strategies are needed to complement the action steps outlined. For example, Action Step 1: “Congress and the NIH to permanently fund the Office of Research on Women’s Health (ORWH) and Sexual and Gender Minority Research Office (SGMRO).” The proposal will be strengthened by demonstrating the evidence that such funding addresses the problem.</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?</p>	<p>The proposal does not include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does not describe the magnitude of its impact. The proposal should add references or scientific evidence about the effectiveness of the different strategies.</p>
<p>Are these strategies ethical and equitable?</p>	<p>The general strategies seem ethical, although the ethical question of how to handle risk of pregnancy needs to be addressed.</p> <p>The proposal does not adequately describe the ethical and moral case of inclusion of women in HIV-related research.” The authors should “review the <i>APHA Code of Public Health Ethics</i> and align protecting and promoting the health for all in a more synthesized argument for this policy statement.”</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	Yes. It includes a summary of opposing or alternative viewpoints
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	<p>The proposal does not sufficiently refute the opposing viewpoints presented with scientific evidence. The proposal need to provide a clear conclusion from the two examples given in the “Opposing arguments” section.</p> <p>Recommend that the authors add additional information to refute the argument about possible teratogenic effects on fetuses. A 2018 example where the effects weren’t as bad as initially thought is insufficient. There is a real reason to be concerned. The question is how big of a risk it is and also whether there are ethical risks to not including people with the capacity for pregnancy.</p> <p>More examples should be added, especially from the past decade.</p> <p>Recommend that the authors add a refutation of the argument that women are harder (or too hard) to include, including estimates of cost.</p>
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	Action Steps 1 – 4 do not logically flow. The authors should clarify for themselves whether they are focusing on inclusion of women in HIV research in particular or focusing in inclusion of women in clinical research in general. Assuming they will retain the focus on HIV in particular, they should revise the initial action steps to reflect this.

Criteria	<p>Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i></p>
	<p>The strategies' section has listed policies but it needs to include specific strategies contained within those policies. Therefore, the action steps will need to be aligned specifically with those strategies; e.g., action steps related to inclusion of women in general and pregnant people in particular.</p> <p>Consider including an action step that acknowledges the FDA (and other) work on guidance for inclusion of pregnant and lactating people in clinical trials and what the authors want APHA to do in relation to this work (https://www.fda.gov/regulatory-information/search-fda-guidance-documents/pregnant-women-scientific-and-ethical-considerations-inclusion-clinical-trials))</p> <p>It is not clear where the SGM focus comes from. While the authors do include a focus on transgender women, the details around this are underdeveloped in the rest of the policy statement. If the authors want to retain this action step, recommend that they add additional information in the problem statement and evidence-based strategies section to lead up to it.</p> <p>If the authors add something about sex workers and people who use substances and people involved in the criminal justice system as people often excluded from HIV-related clinical trials, Authors may consider: Adding action step of outreach to sex workers and people who use substances as well as people involved in the criminal justice system</p>
<p>Are the action steps supported by the evidence or rationale documented in the proposal?</p>	<p>Many of the action steps are not directly supported by the evidence or rationale documented in the proposal. It is difficult to gauge from the current steps how they relate to the evidence. It would strengthen the proposal if: (1) the evidence/rationale is presented in certain themes; (2) the strategies are presented under those same themes; and lastly, (3) the action steps are also presented under those same themes.</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
	<p>To address the section about concerns about out-of-date and unethical contraception-related requirements for women’s participation, the authors should consider including an action step related to contraception. One possible action step to consider would be to include something ensuring that people who want to participate and do not want to become pregnant are able to get the contraceptive of their choice. Another to consider would be about helping people discover their pregnancies earlier. Another to consider would be to ensure that inclusion criteria related to contraception are consistent with current evidence regarding contraceptive effectiveness rather than more restrictive than necessary and based on outdated evidence. Alternatively, the authors might identify any existing guidance about women’s inclusion in clinical trials that addresses risk of pregnancy and include an action step about ensuring that such guidance is more routinely followed.</p>
Are action steps ethical and equitable? If not, describe why not?	<p>There is good attention to action steps to increase equity. The core ethical question of what happens if a trial participant becomes pregnant needs to be addressed, though, in the action steps.</p>
Are action steps feasible? If not, describe why not?	<p>Most action steps seem feasible. The authors might consider explaining that the mandates and rules delineated in Action Step 8 are feasible.</p> <p>The authors might consider adding a time-frame to the action steps.</p> <p>Authors may consider:</p> <ul style="list-style-type: none"> - For Action steps, change NIH supporting women only trials to NIH supporting clinical trials that purposefully include women
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if	<p>Action steps are culturally responsive.</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
appropriate? If not, describe why not.	
References Are the references properly formatted, up-to-date, and peer-reviewed?	<p>Careful attention to the reference format is recommended. There are some typos common to endnote-formatted references.</p> <p>Many of the references are websites and guidelines rather than peer reviewed research. Recommend including additional citations from the research literature.</p>
Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?	<p>Yes, the comments do suggest that the evidence and ethics related to inclusion of people who may become pregnant in clinical trials should be included.</p> <p>Comments from APHA units do not raise question about the proposal's scientific foundation but do suggest that evidence is lacking for strategies and action steps. These comments are clearly listed in the member comments section.</p>

C1: A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Racial Equity and Violence Prevention

Motion: 3b, 3b

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	Consider revising the title to also reflect the content in the policy that relates to CHWs experiencing racism and violence, as well as the communities they serve.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	Suggestion to narrow this long list down to a few key policies that are closely related.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>The problem describes the extent of the problem. Overall, there is quite a bit of language in the problem statement around how institutional racism and classism has impacted CHW's power and reach within the healthcare system. However, this is different than what the title suggests the statement is about, which is the role of CHWs in addressing racism and violence. The authors need to be clear about what their focus truly is. Several statements in the proposal do not include appropriate citations. Lines 25-27 describe research documenting the problem statement; however no evidence is cited Lines 94-102 do not include a single reference. Lines 247-250 also need to be cited.</p> <p>The claim that lack of agency for CHWs perpetuates health disparities among HOPEIs needs a citation.</p> <p>Suggest to more clearly articulate and define the role of CHWs in addressing racism among HOPEIs. There isn't a lot of evidence in the policy that leaves the reader feeling like yes, this is a natural fit. Additionally, there is discussion around health disparities, but not much data included to quantify them.</p> <p>Suggestion to remove footnotes about the author.</p> <p>Suggestion to limit the use of acronyms and terminology that may be unfamiliar to the general public.</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>More evidence is needed to strengthen the problem statement. Where is the data to support violence as an issue of concern?</p> <p>Problem statement could be strengthened by adding detailed data related to violence in the U.S. to frame the current challenges in this space and making more direct connections about how CHWs can prevent/intervene.</p>

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Are gaps in knowledge addressed to date? If not, what is needed?	Suggestion to more clearly articulate how CHWs are positioned to address issues of racism and violence in the community. It seems that an ideal is being proposed without necessarily having a strong rationale for it. Additionally, please address why a CHW specific policy is needed versus one that highlights the collaborative nature of CHWs work.
Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?	Yes, the problem addressed has a disproportionate impact on underserved or unrepresented communities. The authors describe at length HOPEI people and how negative health outcomes among these group worked to facilitate establishing the CHW profession.
Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.	Unfortunately, in statements in several key sections of the proposal are not properly cited with supporting evidence.
Evidence-based Strategies to Address the Problem Does the proposal sufficiently describe what strategies are being proposed to address the	In the “evidence-based strategies” section, the authors list various examples of how CHW programs have focused on violence prevention and racial equity in the past. It’s still difficult to determine how the authors foresee its application to the entire CHW workforce.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
problem? What other strategies, if any, should be considered?	
Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the "PROPOSAL ASSESSMENT" page of this form, as needed.]	The proposed strategies are essentially programmatic examples. It does not help the reader understand how this approach could be adopted into the CHW workforce as a whole.
Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	Considering this limitation (above), there is a lack of scientific evidence that support the effectiveness of the proposed strategies to have a positive impact at reducing the problem.
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	The opposing arguments section needs to be significantly reworked. This section as currently written reads just an extension of arguments presented in the previous and not refuting potential opposition to this ideal.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	As noted above this section should first present an opposing argument and then offer a refutation of said argument. For example: Previous research has demonstrated the limited effectiveness of CHWs to improve healthcare outcomes among populations. See citation: https://pubmed.ncbi.nlm.nih.gov/25735938/
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	There are a lot of action steps. Suggestion to pare this down a little bit. Additionally, there is a great deal of focus on what the federal government can do to support this idea. What about the community-level, where the boots are really on the ground? Be sure to link the action steps to the content presented in the Evidence-Based Strategy section.
Are the action steps supported by the evidence or rationale documented in the proposal?	Some problem statements are ideal and do not define a plan for operationalization. Action step 1 under Policy/systems directs the white house and congress to pass legislation to (develop) national policies that uplift the work of CHWs to address racial equity and prevent violence in HOPEI (in doc spelling error) communities. How specifically should this happen?
Are action steps ethical and equitable? If not, describe why not?	The action steps are not ethical and equitable. Several gaps have been identified and described in detail.
Are action steps feasible? If not, describe why not?	On page 16, the proposal states that the “White House should pass legislation for dedicated funding to advance the CHW workforce...” This should be amended to identify the appropriate governing body which would be the U.S. Congress. More concrete detail is necessary in the action steps. For example, “national policies should uplift the work of CHWs” is vague and should have more concrete details that define best

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
	<p>practice approaches that elected officials and public health officials can act on.</p> <p>Solutions need more detail and perhaps reconsider substituting some of the federal policy goals with state-based goals as an interim step to replicate models like those mentioned in the report, such as Rhode Island</p> <p>The Policy/Systems Level action steps could use additional detail and focus. For example, what are some specific policy recommendations as to how national policies can “uplift the work of CHWs?”</p> <p>Under the Organization Level action step, what are some specific recommendations as to how to “break down power dynamics impacting population health by advocating for individuals who possess the lived experience of implicit bias and racism within healthcare” as an action step?</p> <p>Under the Community Level action step, an example of how to achieve “equitable collaboration to support research priorities identified between CBOs, health systems...” would be useful.</p>
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	See above.
References Are the references properly formatted, up-to-date, and peer-reviewed?	Please see earlier comments about citations – there are pieces of the problem statement that need to be supported.

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Additional Review Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):	Suggestion to get some additional feedback from the CHW section.

C2: Address Threats to Public Health Practice

Motion: 3a, 3a

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	The title is vague, but the topic is broad. Maybe something like: Preserving Public Health Capacity by Protecting the Workforce and Authority
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	<p>LB20-03 COVID-19 and the Education Sector: Early Lessons from the Pandemic</p> <p>2017-1 Supporting Research and Evidence-Based Public Health Practice in State and Local Health</p> <p>2015-11 Impact of Preemptive Laws on Public Health</p> <p>2010-15 Securing the Long-Term Sustainability of State and Local Health Departments</p> <p>2009-11 Public Health's Critical Role Health Reform in the United States</p> <p>2006-3 Preparing for Pandemic Influenza</p> <p>2003-4 Protecting Essential Public Health Functions Amidst State Economic Downturn</p> <p>2000-23 The Need for Continued and Strengthened Support for Immunization Programs</p>
Member comments	The statement should mention the historical distrust fostered by unethical practice within Public Health. The PS does not mention populations most hurt by ineffective responses to COVID. Equitable investments in partnerships with community-based organizations and community health

<p>Summarize the comments and recommendations by APHA Units or members with expertise in the problem.</p>	<p>workers could increase trust among local, regional and national constituents.</p> <p>It would be helpful to clarify the basis of public health authority within the problem statement.</p> <p>Some would contend that much of the public pushback was due in part to the implementation of significant restrictions without community discussion (e.g., in IL there have been 27 consecutive executive orders without legislative input) and broad stroke policy burdening the majority population which faced relatively little risk of severe illness and death. https://www.illinoispolicy.org/after-2-years-its-time-to-limit-pritzkers-emergency-powers/</p> <p>During COVID, messengers did not involve the recipients of the messaging. See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3254220/</p> <p>There is no discussion regarding how to better understand and accommodate public needs, desires, and opinions in the planning process. It comes across as a 'we're public health and you need to do as we say' rather than a collaborative, shared effort.</p> <p>PS fails to acknowledge that policy determinations may be made by society which prioritize things other than public health and may be reinforced by election results.</p> <p>Ethics section has some very specific suggestions which I hope have been passed on to the authors.</p> <p>There are a couple of action steps related to education and training of public health workers (page 9, line 289 and page 10, line 307) which was not referenced in the problem statement or elsewhere. More training for communication (especially as it changes so frequently) never hurts; however, the authors did not clearly identify or provide evidence for this as a specific problem in the public health workforce affecting the COVID response.</p> <p>Statistics about health department funding over the years would be helpful. Underfunded HDs means staffing issues which compound issues of distrust when needs can't be met. Finally, shaping messages to cite what didn't happen (illness/injuries/deaths averted) could be explored.</p>
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P3,L87-88: The authors need to be more precise with respect to SCOTUS decision on the OSHA emergency rule for large employers. The majority opinion vacated an administrative stay provided by the 6thCircuit Court of Appeals, and the case was returned to that Court of Appeals. The case continues in the Appeals Court. The debate in SCOTUS was not about “individual liberty.” The majority of justices argued that Congress did not grant OSHA the authority to regulate a hazard like the SARS-CoV-2 (i.e., the “major questions doctrine” –w hat was the intent of Congress when it passed the Occupational Safety and Health Act in 1970.

P3, L 85-91. To be consistent with the authors’ theme of threats to PH practice, they could simply say two legal challenges to national COVID-related protections were heard by the U.S. Supreme Court. Opponents of vaccination and masking mandates argued that the CMS and OSHA did not have the authority to impose the COVID-related mandates on employers. The Court rule upheld the CMS regulation and returned the OSHA case to 6th Circuit Court of Appeals with a stay. [Cite the two SCOTUS rulings:

NFIB v. OSHA ruling:

[https://www.supremecourt.gov/opinions/2](https://www.supremecourt.gov/opinions/21pdf/21a244_hgci.pdf)

[1pdf/21a244_hgci.pdf](https://www.supremecourt.gov/opinions/21pdf/21a244_hgci.pdf)

Biden v. Missouri (CMS):

https://www.supremecourt.gov/opinions/21pdf/21a240_d18e.pdf

The problem statement should discuss economic impacts including the cost of mass casualties, long-term disability, etc. as well as short-term economic impacts (loss of income from inability to work). These are equity arguments which particularly relevant to people at/near the poverty line. See the following for more on the topic:

<https://source.wustl.edu/2020/11/masks-dont-just-save-lives-they-also-boost-economy/>

<https://www.forbes.com/sites/alisondurkee/2020/11/24/statewide-mask-mandates-are-better-for-economy-than-local-ones-study-finds/?sh=17601115498d>

The policy statement asserts research on public health communications and messaging with regard to issues like COVID that can be highly politicized is ongoing; however, the proposal does not give any examples of effective evidence-based strategies. The proposal describes why evidence is needed and important, but does not give any explicit strategies to address the problem. The statement could use more research/information beyond just what has been happening at Cornell in terms of messaging and communication.

The problem statement also includes a good deal of how the public health workforce faces threats; however, strategies or action steps to address this seem to be missing from the proposal. It is almost like it was forgotten.

The strategies do not address multiple levels. I think the section on strategies is weak covering only needed communications research, public health ethics, and public health data. Most of the action steps do not seem to be covered in the strategies section.

It would be helpful to reference studies/research on why community members and political leaders take opposing views to PH and threaten the workforce as a result.

Additional action steps:

Use a syndemic framework for defining such public health emergencies. This framework recognizes both the disease and the ecosystem within which it thrives such as poor messaging or misinformation and violence against the public health actors on ground. Therefore an ALL of government approach at various levels working synergistically will ensure a robust response

https://www.ncbi.nlm.nih.gov/books/NBK572426/pdf/Bookshelf_NBK572426.pdf

How can credibility and abstract concepts such as trustworthiness be measurable? This should be defined as part of the policy regarding what parameters they took into consideration.

The timing and political tension around current public health communication makes this a tough policy to frame. Yes, it's an issue that definitely needs to be addressed but the blanket concern of even governing bodies (such as the CDC) accumulating public mistrust due to their messaging... perhaps inclusion of enforcing communication training in addition to these policies within these larger organizations could be included too?

Action Steps

The action steps make sense; however, with a politically divided country and many politically divided governments at various levels, I'm unsure how easy it will be to pass legislation to form commission and defend

	<p>public health. A step that might come before this, is to work on public health communications and messaging and determine how to work with communities and politicians who are in opposition, albeit not an easy task either.</p>
Summarize the comments and recommendations by other APHA Units or members.	<p>The strategies do not seem to align with the Action Steps proposed.</p>
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>I think there is room to add some evidence around the changes in funding for PH. We have seen ups and downs historically and most recently significant increases post-9/11 which trickled off in a remarkably similar fashion to what we see today with COVID-19 funds. There is an added animosity or fervor to those who are against this spending, but the quick growth followed by anticipated declines are not out of the ordinary with changes in legislative bodies.</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of</p>	<p>The biggest missing piece I am seeing is the connection between austerity measures for public health with increased antagonistic policies and COVID-19 disease outcomes and rates. I understand there should be links, but we don't see any evidence here of this sort of data. We have some evidence from global health research here: https://www.frontiersin.org/articles/10.3389/fpubh.2020.00241/full</p> <p>Also missing from the discussion and PS as a whole is the so-called "public health paradox" as described here: https://journals.sagepub.com/doi/full/10.1177/0033354920969172 "the government and taxpayers are subsidizing both policies that cause health inequities and the work by public health agencies to address them."</p>

the cited literature and references?)	
Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?	<p>The problem statement does not sufficiently state what part of the population has been greatly affected, for example: describe whether racial and/or ethnic minorities or members of the lower socioeconomic status affected.</p> <p>Please describe if there is a relationship between health equity and public health professionals being limited in carrying out their job responsibilities.</p>
Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in	<p>Most of this PS is focused on the political issues associated with threats on PH. There is little mention of the ethical principles of beneficence or justice which seem critical. Policymakers and elected officials should value these principles, or it at least claim to do so. Rather, in the described policies and action the source of the problem is asserted as an unequal preference for autonomy with little regard for these other bioethical principles.</p> <p>I do not see any reference to the downstream economic effects of threats to PH, which in the immediate period may prove detrimental to the economy while in the long run the absence of effective PH policy has a net negative effect on the economy due to lost productivity due to excessive morbidity and mortality along with excessive healthcare spending.</p> <p>Address whether the high turnover of public health professionals leaving or pushed out and the hiring and training of new public health professionals put an economic strain on their jurisdictions being served or the efficiency of health departments fulfill their job responsibility.</p>

the proposed policy.	
Evidence-based Strategies to Address the Problem Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?	<p>The strategies seem as though we can educate our way out of this problem. There is not much evidence to suggest this would adequately sway public opinion amongst those opposing public health measures. The resistance is fairly entrenched and motivated by goals of individual liberties which run largely counter to those of collectivists.</p> <p>Address the importance and benefits of building trust between the health departments and the community to help eliminate fear</p>
Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the "PROPOSAL ASSESSMENT" page of this form, as needed.]	<p>The focus of the Evidence-based strategies is singly on messaging while the rest of the PS includes discussions of violence and antagonism targeting the PH workforce. I'm not sure we have evidence for countermeasures to these issues, but we could at least indicate protection against unethical speech and harmful language from leaders in the public arena which could translate to aggressive behaviors or taking things too far by others who they influence.</p> <p>The comprehensive, nonpartisan, multisector commission would enable representatives of diverse sectors to work together in producing a healthier community.</p>
Does the proposal provide reference(s) or scientific evidence	<p>The proposal provides scientific evidence regarding the effectiveness of the strategies to reduce the problem but it needs to describe how big of an impact is it likely to have.</p>

<p>regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?</p>	
<p>Are these strategies ethical and equitable?</p>	<p>There isn't much mention of efforts for areas where lower rates of education or health literacy influence the perception of information originating from PH leaders or policymakers.</p>
<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).</p>	<p>I think this section needs to be better developed. I'm a bit unclear what other views they are even claiming exist, other than politically motivated people usurping authority. The authority of public health leaders is entirely driven by public policy and if the policy changes the authority changes with it.</p> <p>Line 212 Opposing views or arguments essentially consist of a dominant concern for self rather than others is not an evidence-based statement.</p> <p>The opposing argument reads as a continuation of the problem statement.</p>
<p>Does the proposal sufficiently refute the opposing viewpoints presented with</p>	<p>The lack of clarity on the viewpoints seen as opposing makes this seem a bit weak.</p>

scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	The action steps, unlike the strategies, are broad and inclusive of systematic changes, policy changes, funding changes, workforce threats (not mentioned at all in strategies), research, and education. There doesn't seem to be much flow at all between the two sections.
Are the action steps supported by the evidence or rationale documented in the proposal?	Most of these are not supported by the evidence brought forth by this PS because the only evidence referenced is the actions taken by policymakers and those threatening PH workers.

C3: A Public Health Approach to Gun Violence Prevention

Motion: 3b, 3b

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	While the proposed policy statement describes many ways in which gun violence impacts public health, there is no specified public health approach/framework to guide the proposed selection or implementation of remedies. The title should either be modified or, as noted below, should be retained but the document revised to better reference specific public health approaches and their evidence base. As noted below, proposal C4 has the same general topic and is overall more successful in structuring a proposed 'public health approach'. The authors are encouraged to review this proposal and consider opportunities for synergy.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this	<p>The authors need to carefully consider the range of prior policy statements relevant to this topic and actively integrate and update them if that is their objective. This is currently insufficient.</p> <p>The authors cite links to 9818 (handgun injury reduction – Nov 2018) and policy statement 200320 (Nov 2003) Support Renewal with Strengthening of Federal Assault Weapons Ban.</p> <p>Other policy statements with direct links to the proposed statement include 20185 (Nov 18) Violence is a Public Health Issue, 20184 Reducing Suicides by Firearms and 20018, Supporting Curricula in Firearm Related Violence Prevention. These should be referenced and built upon with this policy statement.</p> <p>This statement aims to update prior policy statements but does not achieve this objective.</p>

proposal update the science of the older policy statement?	
Does this proposal relate to another current proposed statement? If so, please identify the related proposed policy statement by number. Would you recommend that they be combined into one proposal?	<p>This proposed statement also relates to proposed statement C4_Firearms Prevention. We strongly recommend that this proposed policy collaborate with and/or consider the proposal in C4 as it also focuses on a public health approach to gun violence.</p>
<p>Member comments</p> <p>Summarize the comments and recommendations by APHA Units or members with expertise in</p>	<p>Comments were submitted by multiple member groups and individuals with significant expertise in this topic (including a former director of the National Center for Injury Prevention and Control at the CDC). The overall assessment of the proposal was overall Negative or Conditional. Respondents felt that the definitions of gun violence were incomplete or inaccurate, discussion of approaches such as ERPO was not sufficiently informed or nuanced, references to impacts of the Dickey Amendment were outdated as the Dickey Amendment was effectively revoked in 2019, and evidence for the effectiveness and feasibility of the proposed strategies is insufficient and lacking specificity. Several respondents also noted spelling, grammatical errors and incomplete sentences.</p> <p>Other areas of comment follow below:</p>

<p>the problem.</p>	<p><i>General / Non-specific:</i> Work with people who are experienced in the field of firearm prevention policy to develop an approach to this type of policy, and to ensure that language is accurate and unbiased. Consider the issue of how to keep people safe given that there are guns in our environment.</p> <p>The following is text provided by an reviewer with significant expertise in the field of gun violence and gun violence prevention:</p> <p><i>a. The problem statement has some definitions that are not those traditionally used in the field of injury and violence prevention. For example, intent is described as homicide, suicide and unintentional, whereas the field would define intent as intentional and unintentional. Homicide and suicide are actually event classifications. In addition, there is a category of intent unknown.</i></p> <p><i>b. One of the important facts that is missing from the problem statement is that firearm-related deaths started to exceed deaths from motor vehicle and traffic crashes in 2017.</i></p> <p><i>Mass shootings are mentioned but are not defined and this may lead to inaccurate assumptions about mass shootings. They are defined by most people working in the field as an incident in which 4 or more people are shot, resulting in injuries and/or deaths. In addition, the number of deaths or proportion of firearm related deaths due to mass shootings is not described. The reference to the use of assault weapons in mass shootings focuses on the high profile, large scale mass shootings, that have occurred in publicly accessible settings such as schools, higher education settings, movie theaters, nightclubs, churches and workplaces and does not include mass shootings that would be classified as such, but are in the context of family violence, such as those that take place in the family home. The issue of mass shootings in the context of family violence is not referenced, nor are there references to firearm violence and intimate partner violence.</i></p> <p>Background on the issue of mental health and firearm violence is not presented. This is important as there is a general lack of public understanding of the relationship, or lack thereof, between mental health issues and violence.</p> <p>There is a statement that focuses on firearm ownership, rather than firearm access or possession. Not every person who dies by firearm suicide, or who shoots another person, is a firearm owner. Access is not only defined by the ability to purchase a firearm.</p>
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c. The following statement, which is part of the problem statement, introduces bias with respect to gun ownership as it does not take into account reasons for gun ownership that might be related to sport or hunting. "As a result, policies targeting gun violence aim to decrease access to guns and increase regulations surrounding the procurement of guns. A multi-pronged evidence-based approach that limits fire-arm availability must be implemented." It introduces a bias toward limiting the availability of firearms without providing background on the issue of firearm ownership and responsibility of firearm owners, safe storage, and potential technical developments to increase the safety of firearms.

The following statement about CDC appropriations is inaccurate "The Dickey Amendment prohibits any measures that advocate gun control policy by federal government organizations." The Dickey amendment (which has been rescinded) states that no federal funds may be used to advocate for gun control. (Federal funds cannot be used for any type of advocacy, so this is redundant.) In addition, the statement that CDC was prohibited from conducting or funding firearm research because of the Dickey amendment is inaccurate. The National Center for Injury Prevention and Control at the CDC continued to perform surveillance of firearm deaths even after the Dickey amendment was added to its appropriations bill, and publishes this information in the MMWR on a yearly basis. The National Violence Death Reporting System (NVDRS), which has been in place at CDC for over a decade and was expanded to include all states in the past 2 years, collects data on firearm related deaths and has done so since its inception. The National Electronic Injury Surveillance System All Injuries System has collected deaths on all injury-related emergency department visits in its sample for several years, and the data include firearm-related injuries. NVDRS and the NEISS AIS are not mentioned in the background, nor are CDC's firearm surveillance work.

The term "gun control" has been out of favor in the field of firearm injury prevention for many years, as it inhibits dialogue and discussion.

The statement that only a handful of organizations are engaged in firearm prevention research ignores the work that is being done outside of the public health and health care community.

The statement about reinstating funding for gun violence research is somewhat problematic as the amount of funding that CDC had actually received for gun violence research was less than \$5 million dollars per year. For the past 3 years, including the current federal budget year, CDC and NIH

have received appropriations for gun violence research. The current funding level for each agency is \$12.5 million dollars.

After the Sandy Hook shootings, President Obama issued an executive order requesting that CDC restart firearm violence prevention research, and that Congress appropriate \$10 million for the research. He also ordered that NCIPC develop a public health research agenda for gun violence research. The research funding never occurred, but the research agenda was developed by the Institute of Medicine (now the National Academy of Medicine) and released in June of 2013.

The background on ERPO/red flag laws is incomplete as the laws and removal of firearms differ from state to state. In some states, law enforcement may confiscate weapons; in others people who possess firearms are required to turn them in upon an order from the court. In some states, family members may request surrender of weapons; in others it is not the case.

In the context of assault weapon bans or restrictions, the issues that became apparent with the Brady Bill are not described. For example, one of the difficulties was that there was a specific reference to the name of the weapons that were included in the bill. So, if the manufacturer modified the weapon and renamed it, it was no longer covered by the Brady law provisions. The reasons for the failure to renew the Brady bill, with any revisions that might have been needed, are not described.

Issues of suicide risk in veterans and active duty military personnel are not addressed.

Risk factors for law enforcement, particularly in intimate partner violence cases, and related restrictions to possession of firearms is not mentioned.

Strategies:

“Extreme Risk Protection Orders

1. APHA calls on all states that do not currently have extreme risk protection order laws to pass legislation limiting individuals who are at high risk for violence from purchasing firearms.” This is not necessarily equitable and reasonable, as there is no “model” ERPO/red flag legislation. In addition, the ERPO laws are fairly narrow, and the objective that is sought by this recommendation, might be attained using an alternate strategy or strategies, and may be covered by some laws that are in place such as domestic violence laws, or provisions in the recently passed federal Violence Against Women Act. What provisions in these acts might cover

this issue, particularly in states that do not already have ERPO/red flag laws? What is an optimal ERPO law, based on the evidence available? What about access for law enforcement, active duty military, and veterans?

“Assault Rifle Restrictions

1. APHA calls on state and federal regulatory bodies to pass policies limiting the sales of and access to assault weapons, including taxation policies that would establish sustainable funds, human resources, and training programs regarding promoting gun safety and gun violence awareness.”

This recommendation is vague, and what would be better would be to examine the issues with the Brady law and propose something that is similar, but takes into account the problems that existed with the Brady law.

“2. APHA calls on state and federal regulatory bodies to pass policies limiting the sales of and access to large-capacity magazines, including taxation and background checks.”

What is the evidence that this is an effective strategy? Is this a recommendation for background checks for the purchase of large-capacity magazines? Is this a recommendation for taxation of large-capacity magazines?

“1. APHA calls on the federal legislature to remove the Dickey Amendment to allow for research analyzing the effects of gun violence on communities.”

The Dickey amendment was removed 3 years ago.

Are there other strategies that can be used such as:

- educating gun sellers about how to identify risk for firearm suicide in someone who purchases a firearm? (based on data from the Harvard Center for Injury Prevention)
- technical modifications of firearms to require owner identification, imprinting of bullets, etc.?

An additional reference, as well as other references that should be looked at:

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	<p>109. Zeoli AM, McCourt A, Buggs S, Frattaroli S, Lilley D, Webster DW. Analysis of the strength of legal firearms restrictions for perpetrators of domestic violence and their associations with intimate partner homicide [retracted]. Am J Epidemiol. 2017;187(7):1449–1455. https://doi.org/10.1093/aje/kwx362</p> <p>110. Wintemute GJ, Wright MA, Drake CM. Increased risk of intimate partner homicide among California women who purchase handguns. Ann Emerg Med. 2003; 41(2):281–283. https://doi.org/10.1067/mem.2003.66</p> <p><i>Opposing Views</i></p> <p>There are a number of organizations that oppose restrictions on firearm ownership. Inclusion of these viewpoints would be helpful.</p> <p><i>Action Steps</i></p> <p>The action steps may not be feasible, and they do not include sufficient detail, and one is outdated by a few years. They are explained above. I would not recommend any of them as they currently stand.</p> <p>There are multiple action steps that could be considered.</p>
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>The problem statement presents largely descriptive data which, while doing a decent job of connecting to various domains of burden and impact, would benefit from accompanying information about trends in violence over time (beyond that for mass shootings) as well as information that characterizes challenges and achievements associated with prior efforts to address firearms violence. Such information would be key to place the current task for public health, to be articulated by APHA in a richer, more nuanced context.</p> <p>Unfortunately, the authors include many aspects of the ‘scope of the problem’ in their section on potential solutions section making definition of the problem challenging to follow. For example, the paragraph starting on page 5, line 202 (“Public interest in the right to bear firearms has always been divided and politicized....”) provides important stage setting to the problem but is included in the section on Strategies. The authors should review the entire document with this organizational issue in mind and consider shifting and redrafting text accordingly.</p>

	<p>The problem scope could be strengthened by more clearly defining 1) the status of federal and le state policies on gun access, storage, and carry, 2) current status of prior prohibitions on gun research and health, 3) challenge of a significant informal economy for firearms, and 4) the disproportionate impact of all of the above on underserved and underrepresented communities.</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>The references provided could be strengthened with the selection of more current and more peer reviewed references where available. Some specific suggestions follow here:</p> <ul style="list-style-type: none"> • Page 3, line 87 cites a 2001 reference. A more contemporary reference would be https://www.sciencedirect.com/science/article/abs/pii/S0277953619305829?via%3Dihub • References 8 and 9 are articles from <u>Mother Jones</u> magazine. Peer reviewed references or other quantitative data resources are preferred. The authors might consider • The sentences in lines 91-94 should draw on data published more recently. One of the cited references is almost 10 years old—published in 2013. <p>The authors should clarify and correct the following text relative to information derived from their references:</p> <ul style="list-style-type: none"> • Page 4, line 139. Please clarify in your text that the statistics reported re Washington State relate to 2018 data not 2020 data (i.e., it doesn't matter that it was published in 2020). • Page 5, line 176. The proposal authors use Ref 29 (Reeping et a 2019) to support the following statement: "A study identified that, from 1998-2015, states that incorporated more permissive gun laws and greater gun ownership were associated with higher rates of homicide, suicide, and mass shootings among their population" However, the study cited only evaluated the impact of gun laws on mass shootings. <p>The authors are encouraged to avoid making broad statements that are unsubstantiated with evidence such as</p>

- “Assault weapons are not effectively considered a health hazard by many public and policymakers.”

As noted above, the section lacks discussion of some important topical areas and could benefit from contemporary referencing and more discussion of these issues here. Some of the key issues/problems are raised in the context of potential strategies (but not mentioned in the problem statement). As such, the flow and impact of the document could be improved by giving background on them in the problem statement. More discussion of ERPO and key reference to describe its history, scope, evidence base, etc. would also be helpful.

The proposal includes decent selected references but could benefit from connections to additional strong sources of related information that can assist with the structural anchoring receipt of the arguments made. Several of these would be key to set up points made in subsequent sections about forms of violence not directly addressed in the current problem statement (e.g., Intimate Partner Violence) and regarding proposed strategies for violence prevention and reduction. Examples of such literature include the following.

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	<p>restrictions for perpetrators of domestic violence and their associations with intimate partner homicide. <i>American Journal of Epidemiology</i>, 187(11), 2365-2371. doi:10.1093/aje/kwy174</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>The prior comments suggest references with focal points that could assist with improving gap characterization.</p>
<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>The authors' note that the risk of dying from gun violence is greatest amongst Black males and American Indian/Alaskan females are at greatest risk of dying from gun violence. Further discussion of disproportionate impacts on children in underserved communities relative to stress, etc. should also be incorporated. For example, could include <i>Smith et al., 2020 The impact of exposure to gun violence fatality on mental health outcomes in four urban U.S. settings</i> https://www.sciencedirect.com/science/article/abs/pii/S0277953619305829</p>
<p>Are the ethical, equitable, political or</p>	<p>As mentioned earlier, the proposal mainly presents the descriptive epi around firearms violence. However, attention to economic and political</p>

<p>economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>considerations is needed to achieve the promise of the proposal. This includes characterization of existing and previous strategies for violence prevention that are a backdrop for current needs for new and different approaches. What do we know about critical success factors associated with prior efforts? What influences limited the effectiveness of strategies implemented at different levels and layers of the social ecology? How might struggles faced be newly approached? It is particular critical to, at a minimum, acknowledge the role of economics (e.g., profit motives and the influence of the industry that produces and sells firearms) and politics (e.g., deep gun rights divides and their implications for policy development and enforcement) in shaping movements related to firearms access, use, and control. The trends and occurrences there are not only important contextually but are truly facets of the problem/challenge faced as well key to incorporate to fully establish the basis for needed action by APHA and others. It is, however, that a bit of these begins to be presented in sections discussing the proposed strategies.</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies</p>	<p>The policy statement highlights the following strategy focus areas: Extreme Risk Protection Orders, Assault Weapons Restrictions, Restrictions on High-capacity Magazines. These are established measures for limiting potential harms associated with firearms use. However, they share a common limitation that they only address what would be considered interpersonal and behavioral extremes. They do not address the more normative contexts of interpersonal conflict and hostility or exacerbations of internalizing behaviors that may subtly and progressively build towards fatal expressions. They also do not address unintentional deaths by firearms—which, although etiologically different, often are a part of the larger movement to implement and strengthen policy-based measures for firearm safety.</p>

<p>are being proposed to address the problem? What other strategies, if any, should be considered ?</p>	<p>The description of these strategies can be rather difficult to follow in the text as the authors toggle between describing the current situation, the problem and possible solutions. There are also points in the document where the proposed strategies don't appear to align specifically with the section headers. For example, in the section on Assault Weapons restrictions there is a discussion of general Firearms and Ammunition Excise taxes. This is an important potential strategy (taxation), but could apply broadly across all firearm classes (not just assault weapons). The possible impact or evidence base for these policies is not adequately discussed and could be strengthened by citing as its own proposed strategic area.</p> <p><i>EROs</i></p> <p>EROs may be viable in circumstances where a pattern of behavior has reached a certain severity threshold. However, they would not address acute precipitations of aggression—particularly among persons who may not have overtly exhibited any prior risk factors for or predispositions toward violence. This is a particularly important consideration for preventing fire-arms associated suicides and some homicide-suicide events.</p> <p><i>Assault Weapons Restrictions</i></p> <p>The following statement may unintentionally undercut the proposal's goal of characterizing the urgency and importance of attending to morbidity and mortality associated with assault weapons. "While assault files account for only 4% of firearm-related deaths, the weapons have been involved in a number of serious occurrences of violence, criminal usage (22-36%), police murders (40%), and mass murders (57%)²⁵." While the sentence is followed with the statement "Therefore, the probability of gun-related morbidity and mortality associated with assault firearms has been a matter of grave concern from a social and behavioral perspective.", the section could strengthen its position by describing the scope and nature of impacts events such as those noted have on the whole of society (e.g., such events are experienced as collective traumas that can potentially have effects that shape the life trajectories of the cohorts present during their occurrence; although rare, they often significantly shake confidence about the security and safety of key institutions, and may disrupt normative patterns of interaction due to heightened anxiety and policy changes that may occur subsequently;</p>
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etc.). The framing of this is also key to consider because such comparatively rare events also may disproportionately influence policy debates and developments. The statistic itself, if not properly presented, also may cause some to question the decision to focus on the 4% versus the remaining 96% of firearms-related deaths. Other viable associated questions include the following. If the proposal focuses on firearms violence broadly, what is the rationale for recommending strategies that might only prevent a small portion of injuries or deaths? What strategies are needed to address more common deaths perpetrated using other firearms?

The following is a key sentence. “Strong federal and state firearms purchase laws, effective background checks involving private sales and dealer sales, restrictive concealed weapons laws, and bans on assault weapons have potentially decreased outcomes on incidence and severity of mass public shootings, murder and suicide rates, and other kinds of violence associated morbidity and mortality³⁰⁻³³.” This communicates that a comprehensive strategy that includes assault weapons restrictions may reduce firearms related morbidity and mortality. Given this observation, it may be beneficial to consider broadening the emphasis of the section to account for the need for a mix of strategically layered and intertwined policy measures to potentially achieve the proposal’s desired goals.

The discussion of Firearms and Ammunition Excise Tax (FAET) feels a bit out of place given the section title. It is acknowledged that this could be a purchase deterrent. However, it is not clear whether it could also function as a restriction in the same sense that restrictive weapons laws and assault weapons bans would. Perhaps the authors could more firmly connect this measure to the larger suite needed to reduce the likelihood of legal assault weapon purchase and subsequent use? Also, would a measure such as FAET truly be a deterrent in circumstances such as public and mass shooting or other criminal endeavors culminating in significant life loss?

The content on assault firearms and bump stocks in lines 194 – 200 also feels out of place, flow wise. Might this work better in the section on Restriction of Ammunition and High-Capacity Magazines? The Evidence section as a whole should be reviewed for cohesion of content.

	<p>As others have noted, the section focused on the Dickey Amendment should be updated and brought current given what is currently at play where federal support for and funding of firearms research is concerned.</p> <p><i>Restriction of Ammunition and High-Capacity Magazines</i></p> <p>The information provided in this section is solid, although, again limited to measures that might eliminate only a small portion of deaths and injuries due to firearms.</p> <p>Concluding Reviewer Thought</p> <p>The set of proposed strategies could be “rounded-out” and complemented with measures aimed at 1) preventing or halting violence escalation and 2) addressing firearms used in forms of violence that are more common than public and mass shootings.</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>The strategies proposed should include stronger referencing and discussion of the evidence base or rationale for their selection. In many cases the discussion and references provided relate to the scope of the problem, but do not provide clear references or discussion of the evidence base or projected impact of the intervention. They are substantially limited number or size of the studies included, gaps in the chain of evidence, and a lack of information in regard to important considerations or associated outcomes</p> <p>Specifically, the section for EROs does not present studies that demonstrate that ERO implementation is associated with significant reductions in firearms violence generally and for specific outcomes such as firearm injuries, hospitalizations, or deaths. Content from the three references that the section instead describes petitions filed, breakdowns by circumstance and factors that were bases for petition seeking, and facets of ERO legislative and legal implementation.</p> <p>The authors should also be cautious of word choice in proposing strategies. For example, Page 5, line 207. “Given that active shooter incidents are a critical social issue in the nation, federal and state legislators should take increased liability to protect the health of children and young adults in a more responsible manner.” Do the authors really mean to incite liability in the legal sense here? If not, another word should be selected.</p>

Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	<ol style="list-style-type: none"> 1. Extreme Risk Protection Orders. The authors provide evidence from select states where ERPO has been implemented, but should include a more robust discussion of the overall anticipated effectiveness (and limitations) of these policies and how they might be optimized based on existing evidence. For example: https://inpejournal.biomedcentral.com/articles/10.1186/s40621-020-00272-z 2. Assault weapons restrictions. The authors do not describe or provide evidence for a specific recommendation (except maybe discussion of taxation) to support new assault weapons restrictions in this section of the document. If it is to be included in the strategy section a specific proposal should be incorporated. 3. Dickey Amendment. The authors briefly discuss this topic, but seem unaware of 2019 action to remove the block on gun-violence related research and recent funding allocations to support such research. There are certainly opportunities to call for expanded funding and to formally remove the Dickey Amendment itself (not just reinterpret it). However, this should be updated accordingly. 4. Restriction of ammunition/high-capacity magazines. The authors cite one study (23) that provides robust evidence for potential positive impact of this action. The authors are encouraged to expand this discussion and reduce some of the text that relates more to scope of the problem or other issues.
Are these strategies ethical and equitable?	The authors do not specifically address the ethics or equitability of their proposed strategies. A further discussion on this point – see https://inpejournal.biomedcentral.com/articles/10.1186/s40621-020-00272-z - is encouraged.

<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints ? (Yes/No? Please describe if needed).</p>	<p>The authors have included opposing views relative to the effectiveness of gun control, 2nd Amendment Rights issues, and the cost of gun regulations and a brief discussion of some alternative gun control regulation in Switzerland. Other opposing viewpoints that might be included would include discussion of guns in the informal economy, lack of evidence for most effective interventional measures to reduce impact of violence, and challenges with cultural support in the US for use of guns.</p>
<p>Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?</p>	<p>Some evidence to refute these points are provided. However, the overall clarity of the text and arguments in this section is in significant need of improvement.</p> <p><i>2nd Amendment Rights</i></p> <p>The content in lines 247-259 ends abruptly and is incomplete. The existing content may actually support the opposing argument it aims to refute. Specifically the proposal states “One of the largest arguments against instituting stricter gun control across all avenues is the belief that any regulations or restrictions may infringe on an individual's 2nd amendment rights to bear arms.” It appears to validate this belief with the following ensuing statement. “ERPO laws when implemented can temporarily restrict (anywhere from 1 - 5 years) an individual's access to firearms through an ex parte order where an officer can remove a gun from an individual’s possession and subsequently the removal can be upheld by a judge for a longer period of time. By doing so, an individual's constitutional right to access guns may be limited.” This additional statement may further validate the belief. “...the Supreme Court of the United States has already stated that although it decided that restrictions on handguns may be unconstitutional, it does not make the 2nd amendment right “unlimited”. Additionally, the section only addresses ERPOs. It does not attempt to address the argument in relation to Assault Weapon and Ammunition/High-Capacity Magazine Restrictions. The logic and coherence of the section should be improved to better make the case that the proposal is truly capable of presenting.</p>

Cost of Gun Regulations (and potential for disproportionate impact on individuals of color)

As with the first opposing perspective, this section requires attention to structure, formatting, and clarity as well as to the logic of argument. Again, only ERPOs are addressed. The section, also, unfortunately, unsuccessfully attempts to counter the argument that instituting and enforcing gun regulations may incur greater costs to the judicial system by essentially indirectly proposing that associated costs would be less than the estimated cost of gun violence to the U.S. economy. While this might be true, the reality may be that costs could still increase particularly if the costs for measures associated with Assault Weapon and Ammunition/High-Capacity Magazine Restrictions are considered alongside those of ERPOs. Moreover, acknowledging for ERPOs that it “...is unclear what the long-term consequences of such policies on cost to law enforcement and use against victims of domestic abuse [are?]” weakens the stance that is attempted. Next, the argument that “not having stricter gun laws is associated with higher mortality rates, increased firearm-related injuries, and increased potential years of lives lost” while understandable, fails to effectively counter the stated concerns about costs. Lastly, the potential for disproportionate negative impacts of ERPOs on persons of color is not addressed with any counters or refutation attempts.

Potential Ineffectiveness of Gun Control

As with the two preceding sections, the final section actually validates the opposing argument described. The opposing position is that gun policies will be ineffective in the face of the widespread circulation of guns. This is validated by the following statements. “Instituting stricter gun control laws that prevent future sales will not affect rifles that have already been produced and sold. Additionally, a review of previous assault rifle ban legislation has found that bans may actually increase in the short term before the ban is put into place the amount of assault rifle production, decrease prices, and increase purchases due to panic buying⁴⁴.”

<p>Action Steps</p> <p>Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>The following action steps do not flow logically from the proposal:</p> <p>APHA calls on state and federal regulatory bodies to pass policies limiting the sales of and access to assault weapons, including taxation policies that would establish sustainable funds, human resources, and training programs regarding promoting gun safety and gun violence awareness. (the highlighted content is not addressed anywhere prior to its point of occurrence in the action section)</p> <p>APHA calls on researchers and research organizations to investigate the impact of ammunition restrictions policies related to age restrictions, licensing requirements, and limitations on possession of ammunition designed to penetrate metal or armor (the call to researchers to examine this does not occur with any solid anchoring to a need for such work to occur anew. There are researchers and organizations doing this currently, some of whose works are the basis for parts of the proposal itself).</p>
<p>Are the action steps supported by the evidence or rationale documented in the proposal?</p>	<p>The action steps proposed need to be more strongly linked to the strategies defined in the proposal.</p> <p>For example, the proposed strategy for ERPO is that states which don't have ERPO should adopt them. However, the Strategy section discusses challenges with implementing ERPO in states that already have them and yet no remedies to address these are proposed. Additionally, the authors cite the cost of ERPO procurement as a potential hurdle to its use, although no strategies to address costs of ERPOs (where there are any) are included.</p> <p>The authors are encouraged to provide additional evidence in the strategy section to support their proposed action steps. For example, the use of taxes to establish training programs and human resources is proposed re: assault rifle restrictions, but no evidence about the impact of educational programs was discussed in the supporting text. It is unclear why this recommendation re: potential value of education or human resources is limited to assault rifle controls vs. any firearm.</p> <p>The recommendations on ammunition restrictions are difficult to follow and should be rephrased and clarified.</p> <p>The authors might consider including a specific set of recommendations around the following areas:</p> <ul style="list-style-type: none"> -Increasing Research Funding -Educational efforts -Equity-informed assessments of interventions that provide benefit.

	<p>The action steps must be strengthened by substantially strengthening elements noted as needing attention in prior areas of this review.</p> <p>The numbering scheme in the section requires revision.</p>
<p>Are action steps ethical and equitable? If not, describe why not?</p>	<p>The action steps described do not specifically address issues of ethics or equitability. The proposal could be strengthened by incorporating discussion of these elements.</p>
<p>Are action steps feasible? If not, describe why not?</p>	<p>The feasibility of these recommended actions is uncertain – but likely to be challenging to achieve. Most of the recommendations relate to enactment of novel gun control legislation which has remained a significant hurdle in the US.</p> <p>Some aspects of the actions steps are undefined and others require associated actions and changes to make them possible. For example, what processes are used to identify individuals who are at high risk for violence? Who is expected to do this? Using what tools? In view of what parameters or criteria? Who specifically in states should APHA engage to seek ERPO passage?</p> <p>The following item should be reviewed for current relevance given more recent occurrences relating to government support for firearms research.</p> <p>“1. APHA calls on the federal legislature to remove the Dickey Amendment to allow for research analyzing the effects of gun violence on communities.”</p>
<p>Are the action steps culturally responsive to the under-represented and underserve</p>	<p>The action steps described do not specifically focus on under-represented or underserved populations although it is anticipated that, if they were to be enacted, they would provide benefit to these populations. The proposal could be strengthened by incorporating discussion of these elements.</p>

<p>d populations being addressed, if appropriate ? If not, describe why not.</p>	
<p>References</p> <p>Are the references properly formatted, up-to-date, and peer- reviewed?</p>	<p>As noted above, the references are a mix of peer reviewed and other general media sources. There are opportunities to improve the rigor of this reference base per recommendations provided. Suggestions appear through this review form to assist with potential additions that could assist with reference updates.</p>
<p>Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation ?</p>	<p>The comments from members and APHA units with expertise in this area clearly stated the need for a more relevant and contemporary evidence base for this policy in relation to its scientific and legislative foundations.</p>

Additional Review	<p>This proposal requires substantial editing to fix spelling, punctuation, grammar, and missing phrases.</p>
<p>Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):</p>	<p>As the proposal appears to not fully recognize (or comment upon) the current state of firearm control legislation and policy, the engagement of an expert in this area would benefit any subsequent revision.</p>

C4: A Public Health Approach to Firearms Prevention Policy

Motion: 3b, 3b

Accepted: 14 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	Firearm prevention does not make sense in the title — would recommend “A Public Health Approach to Firearm Violence Prevention.” Policy is not needed at the end of title
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	The authors state that this policy is replacing 20184 - Reducing Suicides by Firearms and ‘links’ to 20185 - Violence as a Public Health Issue and 201811 - Addressing Law Enforcement Violence. The policy does consider suicide but is broader than that statement.
Does this proposal relate to another current proposed statement? If so, please identify the related proposed policy statement by number. Would you recommend that they be combined into one proposal?	This policy (unless rewritten significantly) could be combined with C3 Public Health Approach to Gun Violence because both focus on the factors identified in Haddon’s model. (Several reviewers agreed with this). As will be described below, Haddon’s model, as presented, is limiting given the broader scope of gun violence prevention activities. But, a focus on the mechanical, environmental and legal strategies makes sense as one of several policies needed.
PROBLEM STATEMENT Does the problem statement adequately describe the extent of the problem?_(Yes/No? Please describe if needed).	The problem statement is very narrowly presented and is less than a page. It does not include key arguments on why this is a public health issue, why it should be addressed using a public health approach and why this approach has not been used consistently. In addition, the

	<p>public health approach needs to be specifically defined. Is this the same as science based public health?</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>There is only a statement that there is opposition to science based public health measures by some firearm owners and legislative bodies.</p> <p>The CoA review noted that there was no discussion of rural and southern states and the culture of guns ownership.</p> <p>It was suggested to consider the implications of extenuating events (such as pandemics) on violent crime. Additionally, they suggested adding data from another FBI database--https://crime-data-explorer.app.cloud.gov/pages/explorer/crime/crime-trend</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>The proposal does not sufficiently describe what strategies are being proposed to address the problem. The authors provide a table of Haddon's model however, the description for this table is insufficient and therefore it is unclear if this is the recommended public health approach to this issue. Consider removing the Haddon's matrix in favor of clearer strategies.</p> <p>Major questions to be answered:</p> <p>What is the public approach—is it Haddon's model?</p> <p>How are decisions made about interventions?</p> <p>How do you implement the public health approach?</p> <p>Who should implement this approach? We recommend including agencies and organizations that could be partners on these efforts.</p> <p>What will occur if you do implement this approach?</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the</p>	<p>The authors provide strategies to address the problem that may be evidence based but the evidence is not directly referenced.</p>

<p>evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>The major strategy is to use a comprehensive public health approach. The first part of this approach are recommendations for principles and concepts as a foundation for strategies. There is no definition of these concepts, no referencing as to the choice of these principles and no indication of how these are to be used in the comprehensive approach.</p> <p>There is a great deal of emphasis put on the use of Haddon’s matrix—there is one editorial reference but no reference to the many publications that have described his matrix. His matrix as applied to firearm violence is presented with no referencing except an opinion piece that uses the concept of energy to identify 10 strategies for accident presentation that focus mostly on the environment. While these are important components of a public health approach, there appear to be factors missing especially in the socio-cultural arena and social determinants such as poverty.</p> <p>There is then a comparable table where research results pertinent to preventing firearm violence are displayed. However, there is no information about how to use the matrix in decision making nor any clear relationship with the principles and concepts identified as important.</p> <p>The data sources section seems more of a problem statement rather than a strategy although it could be rewritten as a strategy. There no referencing included for two very specific initiatives at the end of the section (Northwell Health System and ACS).</p> <p>Not sure whether the Communication and Racism and Social Justice sections are strategies or part of the problem statement.</p> <p>It was suggested to be more specific around the agencies and parties that should be considered accountable for</p>
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	addressing and implementing proposed core principles and practices
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	The arguments presented are only ones directed to individuals and organizations that oppose a science-based public health approach. A major argument that is missing is that there are many organizations and researchers who are looking at an individual strategy to impact firearm use rather than a comprehensive approach for a variety of reasons—limited funds limited time, etc.
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	You need to add refutation with referencing of opposing arguments.
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	The action steps flow logically from the strategies but, the steps themselves are not specific.
Are action steps feasible? If not, describe why not?	As a reminder, all of the action steps should be advocacy focused for APHA not expected to be part of APHA work. Action steps 1, 2, 5 and 6 are written to be part of APHA work rather than externally policy focused. Action steps 3, 4, 7 and 8 are broad and not specifically targeted to appropriate agencies/actions.
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Inclusion of partner organizations, community based organizations/community collaborators would allow for more culturally responsive action steps.

<p>References</p> <p>Are the references properly formatted, up-to-date, and peer-reviewed?</p>	<p>The references are properly formatted, up-to-date and peer reviewed for the most part. No substantive references about Haddon's matrix and outcomes of its use. The references provided in the Everytown Research are often not peer reviewed articles although the data are important.</p> <p>Reference #20 is not complete.</p>
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C5: A More Equitable Approach to the Enforcement of Commercial Tobacco Control

Motion: 3a, 3a

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
<p>Title</p> <p>Does the title accurately reflect the evidence provided?</p>	<p>The title is: A More Equitable Approach to the Enforcement of Commercial Tobacco Control. However, if the proposed policy is only for the enforcement of tobacco control policies (and not the actual crafting/writing of these policies or their content), then it should be very specific and restrict the statement only to the enforcement.</p> <p>Consider specifying policy proposal focusses specifically on the US</p>
<p>Relationship to existing/archived policy statements</p> <p>Is there an existing APHA policy statement that covers this issue?</p> <p>(Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?</p>	<p>There are a several APHA policy statements that directly or indirectly relate to some parts of the proposed issue:</p> <ul style="list-style-type: none"> • 20205: Regulation, Implementation, and Enforcement of Policies Regarding E-Cigarette Use Across the Life Span • LB20-04: Structural Racism is a Public Health Crisis: Impact on the Black Community • 20206: A Public Health Approach to Regulating Commercially Legalized Cannabis • LB20-20: Health Inequities in the U.S. Coronavirus Disease 2019 Pandemic and Response • 20197: Addressing Environmental Justice to Achieve Health Equity • 20189: Achieving Health Equity in the United States • 20186: Supporting Regulation of Electronic Nicotine Delivery Systems

	<ul style="list-style-type: none"> • 201811: Addressing Law Enforcement Violence as a Public Health Issue • 20171: Support Research and Evidence-Based Public Health Practice in State and Local Health Agencies <p>Another recently adopted policy #202113: An Equitable Response to the Ongoing Opioid Crisis, also tangentially touches upon the proposed policy statement.</p> <p>Consider adding the following: APHA Policy Statement 201412: Supporting the Goal of a Tobacco Free Military</p>
Is there an archived APHA policy statement that covers this issue? (Please identify related archived policy statement by number). If yes, does this proposal update the archived policy statement?	<p>There are a few archived APHA policy statements that cover some part of the issue:</p> <ul style="list-style-type: none"> • 201410: Regulating Commercially Legalized Marijuana as a Public Health Priority • 20149: Supporting regulation of electronic cigarettes • 20076: Tobacco-free environments • 9513: Access to Therapeutic Marijuana/Cannabis <p>Consider adding APHA Policy Statement LB-15-01: Opportunities for Health Collaboration: Leveraging Community Development Investments to Improve Health in Low-Income Neighborhoods</p>
PROBLEM STATEMENT	Problem statement gives an overview of criminalization of health behaviors and issues with purchase, use, and possession (PUP) laws. This seems to be the main focus of

<p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>the proposed policy. However, the stated aim of the policy statement is much broader: advance equity as it relates to the purchase, use, possession, sale, and distribution of all commercial tobacco products. Therefore, the scope of the problem statement needs to be aligned with the aim.</p> <p>The authors outline the problem well and incorporate concern for equity into their problem statement. The authors only use one location (Ocean City, MD) as an example of how harms related to PUP criminalization for youth disproportionately effect BIPOC communities. Would rather see either more examples or systematic evidence (to strengthen argument).</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence?</p> <p>Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<ul style="list-style-type: none"> • Yes, the description of the problem includes some good scientific evidence for part of the problem statement. • Some information should be moved from Rationale section to Problem Statement section: e.g., Policing substance use behavior is discriminatory; and often disproportionately impacts Black, Indigenous, People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals; and individuals living in areas of lower socioeconomic status (SES).[9][10] • More information must be included about the potential for inequity for each of the vulnerable groups: Black, Indigenous, People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals; and individuals living in areas of lower socioeconomic status (SES). • More information needs to be included on the consequences and effect of current law enforcement for retailers who sell to underage tobacco purchasers.

- The proposal has several old references. It can be strengthened by including some other useful and more recent resources:
- Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products; Board on Population Health and Public Health Practice; Institute of Medicine; Bonnie RJ, Stratton K, Kwan LY, editors. Washington (DC): National Academies Press (US); 2015 Jul 23.
- Wilkinson, Dominic. "Paternalism on Mars." Journal of medical ethics 42.5 (2016): 271. ProQuest. Web. 10 Apr. 2022.
- Marynak K, Mahoney M, Williams KS, Tynan MA, Reimels E, King BA. State and Territorial Laws Prohibiting Sales of Tobacco Products to Persons Aged <21 Years - United States, December 20, 2019. MMWR Morb Mortal Wkly Rep. 2020 Feb 21;69(7):189-192. doi: 10.15585/mmwr.mm6907a3. PMID: 32078593; PMCID: PMC7043390.
- Cotti, Chad D. and Courtemanche, Charles and Maclean, Catherine and Nesson, Erik and Pesko, Michael and Tefft, Nathan, The Effects of E-Cigarette Taxes on E-Cigarette Prices and Tobacco Product Sales: Evidence from Retail Panel Data (April 2021). Andrew Young School of Policy Studies Research Paper Series Forthcoming, Available at SSRN: <https://ssrn.com/abstract=3856776> or <http://dx.doi.org/10.2139/ssrn.3856776>
- Pesko MF, Courtemanche CJ, Catherine Maclean J. The effects of traditional cigarette and e-cigarette tax rates on adult tobacco product use. J Risk Uncertain. 2020 Jun;60(3):229-258. doi: 10.1007/s11166-020-09330-9. Epub 2020 Jul 24. PMID: 33584006; PMCID: PMC7880200.
- Abrams DB, Glasser AM, Pearson JL, Villanti AC, Collins LK, Niaura RS. Harm Minimization and

	<p>Tobacco Control: Reframing Societal Views of Nicotine Use to Rapidly Save Lives. Annu Rev Public Health. 2018 Apr 1;39:193-213. doi: 10.1146/annurev-publhealth-040617-013849. Epub 2018 Jan 11. PMID: 29323611; PMCID: PMC6942997.</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>Yes, several of the references are very old and the proposed statement is missing some of the recent studies. More recent evidence should be cited and suggestions have been provided in the previous section above.</p>
<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>The proposed policy addresses the problem of a disproportionate impact on Black, Indigenous, People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals; and individuals living in areas of lower socioeconomic status (SES).</p> <p>The statement will be strengthened with evidence of these disproportionate effects on each vulnerable group individually.</p>
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that</p>	<p>The proposal describes the equitable and economic issues but needs to identify the ethical and political issues clearly.</p>

<p>were not considered in the proposed policy.</p>	
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>Authors focus on policy-level interventions, which I think is fine considering their stance. However, they could provide more real-world evidence that the best policy interventions would be raising the price of tobacco products and bans (e.g., self-service bans, flavored product bans).</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>While there is evidence for several of the strategies proposed, the evidence for two main proposed strategies is not adequate. The authors need to include evidence showing the effectiveness of: (1) eliminating youth PUP laws and (2) moving from a criminal to civil penalty structure of all tobacco laws.</p> <p>The evidence is overgeneralized in some instances; e.g., evidence for Black only extended to all vulnerable groups, study on people with possession of tobacco products generalized to PUP (purchase, possession, and use).</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the</p>	<p>Scientific evidence regarding the effectiveness of the strategies is lacking. References 19 and 20 cited for several of the best practices are over 15 years old and not adequate.</p>

strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	
Are these strategies ethical and equitable?	Yes, they are ethical and equitable. The authors could strengthen their argument by connecting their ethical stance (that tobacco possession should be shifted from criminal to civil penalties) and connect this to their policy-level solutions (e.g., policies to raise prices, etc.).
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	The authors do a good job of providing a point-by-point response of opposing arguments to the proposed strategies The proposal includes two opposing viewpoints: (1) potential gains in wellbeing and lives saved; (2) serve as a deterrent to future tobacco use.
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the	The proposal refutes the opposing arguments with limited scientific evidence: increase in tobacco use in the long run due to alternate supply sources (e.g., a black market), benefits of PUP in predominantly White communities only and demonstrated short-term reductions, lack of resources for enforcing tobacco possession policies.

opposing viewpoints; what relevant or opposing arguments are missing)?	Yes, the authors also provide evidence to back their refutes to the opposing arguments.
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	<p>Action steps are focused on equitable enforcement policies, moving to civil penalties rather than criminal penalties, and placing greater accountability on businesses that sell tobacco and the tobacco industry. Many of the action steps are not directly supported by the evidence or rationale documented in the proposal. It is difficult to gage from the current steps how they relate to the evidence. It would strengthen the proposal if: (1) the evidence/rationale is presented in certain themes; (2) the strategies are presented under those same themes; and lastly, (3) the action steps are also presented under those same themes.</p> <p>Action Steps were taken directly from another document; I am not sure if that is okay unless one of the authors on the policy statement helped author said document. Link here. It appears many of the authors are the same. Member comments raised this issue but it seems like many of the authors took directly from their past work. Action steps are logical and relate to the proposed strategies.</p>
Are the action steps supported by the evidence or rationale documented in the proposal?	<ol style="list-style-type: none"> 1. Action steps are taken from a joint statement from a consortium of public health organizations (the lead author of this proposal is also an author of the joint statement) and they are supported by evidence/rationale. 2. The action steps can be strengthened by more evidence, some of which is provided in the extra references I have listed. 3. Proposal needs evidence for Value 1 step 1 (Vest enforcement authority for commercial tobacco control laws in public health or other non-police officials (e.g. civil code enforcement officers).

	<ol style="list-style-type: none"> 4. Youth purchase laws do serve as a deterrent to youth attempting to purchase tobacco products. 5. More information needs to be provided on how these action steps will be implemented.
Are action steps ethical and equitable? If not, describe why not?	Yes, the action steps are ethical and equitable.
Are action steps feasible? If not, describe why not?	<ul style="list-style-type: none"> • The proposal needs to include the feasibility of action steps. It would be more helpful to provide specific policies (or examples of policies) that could be implemented to achieve the strategies outlined. • For example, include studies that demonstrate association between raising tobacco prices or limiting youth access and long-term reduction in tobacco use among youth. Some more questions need to be considered related to action steps. For example, after decriminalization is enacted, the action steps need a roadmap for positive and negative reinforcement for first-time offenders and graduated corrective actions for repeat youth offenders of tobacco use.
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Yes, the action steps appear to be culturally responsive.

<p>References</p> <p>Are the references properly formatted, up-to-date, and peer-reviewed?</p>	<p>The references are properly formatted but many of them are old references (15-20 years old) and should be updated. Several references may not be peer-reviewed because they are action agenda on websites.</p>
<p>Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?</p>	<p>Comments from APHA units do raise question about the proposal's scientific foundation and also suggest that evidence is lacking for strategies and action steps. These comments are clearly listed in the member comments section.</p> <p>As long as it is okay that action steps were taken directly from authors' previous work and lifted into this document then there are no questions regarding the proposal's scientific foundation.</p>
<p>Additional Review</p> <p>Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):</p>	<p>This proposal does not require additional review from external experts</p> <p>This policy review might benefit from an actual policy-maker or someone who has tried in implementation of raising tobacco product prices and banning other tobacco prices.</p>

C6: The Misuse of Preemptive Laws and the Impact on Public Health

Motion: 3b, 3b

Accepted: 14 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title	
Does the title accurately reflect the evidence provided?	Yes, but the word “Impact” has a neutral connotation and should be preceded by negative.
Relationship to existing/archive d policy statements	
Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of	<p>The current proposed policy statement intends to replace APHA policy statement #201511. The authors offer the current APHA policy is outdated and doesn’t clearly emphasize how the misuse of preemption... on lines 60-61. Please include specific examples to strengthen the statement.</p> <p>Please offer additional policy statement numbers to support statements made on lines 47-48 or remove this statement completely.</p> <p>8714 Strengthening Worker Community Right-To-Know is tangentially related, but not mentioned. It seems the authors generally did not do an extensive search to identify all related policy statements.</p>

the older policy statement?	
<p>Member comments</p> <p>Summarize the comments and recommendations by APHA Units or members with expertise in the problem.</p>	<p>Pg 3 lines 99-102 an example of ceiling and vacuum preemption would be helpful.</p> <p>Need to highlight the connection between the risk preemption holds for the public health profession as a whole and how it influences the abilities of public health professionals to fulfill their roles of protecting the public's health.</p> <p>Concerns of strategies described being already implemented and failing to prevent preemption. Are there any organizations who have successfully implemented a preventive action? If so, please present these findings and cite.</p> <p>Within Opposing Arguments, lines 252-258, these statements reference possible causality between preemption and outcome differences. As written, without specific evidence of the connections, this is at best a correlation and does not represent causation.</p>
Summarize the comments and recommendations by other APHA Units or members.	Member comments were generally positive; however several gaps were also highlighted. There is a need for additional supporting evidence for the evidence-based strategies and to align the action steps with the evidence-based strategies.
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately</p>	<p>The problem statement adequately describes the extent of the problem but could be condensed. Statements described in lines 94-102 do not include a single reference. Please revise and include appropriate references.</p>

describe the extent of the problem? (Yes/No? Please describe if needed).	
Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)	<p>The problem statement includes adequate scientific evidence in certain sections. Additional peer reviewed evidence is needed to support statements in the proposal.</p> <p>Missing from the discussion is the use of preemption to override local ordinances for protection of LGBTQ+ rights. https://ballotpedia.org/Transgender bathroom access laws in the United States</p> <p>In 2020-2022, several Midwest legislatures with rural populations preempted local control efforts. The disparate incidence rates between more urban areas and rural communities empowered claims of government “overreach on individual liberties.” The result was a statewide assertion of power to quash perceived liberal strongholds or individual authority figures preventing local efforts at control that would not be necessary in some rural communities.</p>
Are gaps in knowledge addressed to date?	There are significant gaps in addressing or thwarting these preemptive lawmaking strategies when they endanger public health.

If not, what is needed?	
<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>Yes, there is a clear link established in the text documenting how these policies often have the largest negative influence on the health of communities who are historically underserved.</p>
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues</p>	<p>There does not appear to be any evidence presented suggesting the negative impact of lost income or opportunity costs associated with missed work due to COVID-19 infection. As an example, in a similar circumstance many of policies aimed at preventing secondhand smoke have historically been blamed for lost revenue in bars and restaurants, but this is not discussed.</p>

<p>that were not considered in the proposed policy.</p>	
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>No, the proposal does not sufficiently describe what strategies are being proposed to address the problem. Evidence-based strategies 1 and 2, are not strategies but broad recommendations.</p> <p>For example, what types of public health evidence can play a key role in proposed evidence-based strategy #2? Is there a case-study or policy that has been successful in using a type of evidence during the policy making process to assist with determining whether preemption will have a positive, negative or neutral impact on public health?</p> <p>The current proposed statement includes 4 of 5 evidence-based action steps from the 2015 statement it aims to replace.</p> <p>Awareness campaigns of examples of preemption could help organize various interest groups to work together. https://lawatlas.org/datasets/preemption-project</p> <p>Training: https://www.changelabsolutions.org/product/preemption-public-health</p> <p>Toolkit: https://www.changelabsolutions.org/product/assessing-addressing-preemption</p> <p>Documenting evidence about the harms and organizing advocacy efforts to repeal laws or request relief from Governors in the midst of a state of emergency declaration could be an added.</p>

<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the "PROPOSAL ASSESSMENT" page of this form, as needed.]</p>	<p>There is a significant lack of evidence particularly around the proposed strategies and action steps.</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an</p>	<p>There is no evidence for most of these statements. While there may not be solid evidence, there may be examples of effective repeal efforts which didn't involve preemption specifically. Unfortunately, most of the proposed strategies proposed are in place and do not seem to be changing the situation. The strategy of preemption is not new, and it seems there should be some evidence on ways to counter advocate or develop efforts to mobilize around repealing laws.</p>

impact is it likely to have?	
Are these strategies ethical and equitable?	The strategies are generally equitable, but they place all of the initiative on public health professionals and elected officials. This seems a bit short-sided. The final strategy expands the audience a bit, but 80% of the proposed strategies are based on the other groups mentioned.
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	The proposal includes a well-written summary of opposing arguments.
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be	Yes, but some of the cited materials suggest a closer relationship between preemptive legislation and health outcomes than supported by the evidence. At best, the described relationship could be called correlated, but it ignores all of the many other health related policies which could impact life expectancy in these communities. The practice of preemption in an effort to disempower public health happens in the context of a larger anti-science anti-government environment.

added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	
Action Steps Do the action steps flow logically from the strategies defined in the proposal?	<p>The action steps do not include any reference to the enactment of “safety clauses” as suggested in the problem statement. Action steps logically flow from the strategies, but the evidence is lacking for nearly all those strategies.</p> <p>Step 10 should include: “researchers and policymakers should actively disseminate findings to the public and elected officials.”</p>
Are the action steps supported by the evidence or rationale documented in the proposal?	The evidence for their effect is non-existent, which is somewhat the nature of this field, but there is some expectation that the policymakers and legislative bodies abide by and appreciate evidence and community input.
Are action steps ethical and equitable? If not, describe why not?	
Are action steps feasible? If not,	The action steps as written can be strengthened. Comments from a member unit with expertise on this issue recommend, “language can be made stronger and more direct in this call to action. For example, using words like should makes it vague as to whether the action must

describe why not?	<p>happen. The word ‘advocates’ is also vague as to who that is asking to take action. The steps should also align with the evidence-based strategies above. Once those strategies have more direct evidence added, these actions steps should parallel those strategies.”</p> <p>Skeptical about the influence anyone has on lawmakers and the motivations for the preemption are almost entirely based on ideologies and power grabs. We should advocate for avoiding preemption when preemption does not support PH, but don’t assume all elected officials and policymakers agree with the importance of PH. Authors need to carefully articulate how to find wins for opponents in legislation which supports healthy communities (i.e., returns on investment, desirable destinations for business communities and their employees, etc.)</p>
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	<p>The objection to preemption stems from a concern for the underserved, but the steps are not explicitly responsive to these communities or special needs present in these communities.</p>
References Are the references properly formatted, up-	<p>Largely yes, the references are properly formatted, up to date and peer-reviewed. Chasing legislation is a never-ending battle and the authors should be encouraged to add evidence right up until the Annual Meeting</p> <p>Member comments highlight gaps in supporting evidence-based strategies section. “There is only one citation related to the evidence-based</p>

to-date, and peer-reviewed?	strategies. It may not be relevant here but if it isn't relevant or there isn't any data to support that these strategies have worked and more research is needed, then it can be called out here."
Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?	<p>Two comments include reference to this concern:</p> <p>Evidence-based strategies are inadequately supported. More evidence is needed in this section.</p> <p>Action steps should more closely align with evidence.</p>
Additional Review <p>Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):</p>	<p>The proposal could benefit from a review by the Public Health Law Section.</p>

C7: Advancing Health Equity Through Inclusive Democracy and Access to Early Voting

Motion: 3b, 3a

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	The proposal does not just address early voting so suggest revising title to: Advancing Health Equity through access to voting. Page 9 lines 268-270 is the only mention of other avenues for civic engagement so this should either be expanded or eliminated from title.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	No current APHA statement addressing civic participation and inclusive democratic policies specifically. Following APHA policy statements support the need to address racism and disparities in policy making in order to achieve health equity Policy Statement 20189: Achieving Health Equity in the United States ⁷⁴ Policy Statement LB20-04: Structural Racism is a Public Health Crisis: Impact on the Black Community ⁷⁶

<p>Is there an archived APHA policy statement that covers this issue? (Please identify related archived policy statement by number). If yes, does this proposal update the archived policy statement?</p>	<p>Updates and expands upon archived Policy Statement 8332: Voter Registration and the 1984 Elections</p>
<p>Summarize the comments and recommendations by APHA Units or members.</p>	<p>Overall, the proposal needs more evidence. Specifically, evidence that the proposed strategies will have an impact.</p> <ul style="list-style-type: none"> • Explaining why ID documents, address changes, and misconceptions about voting rights limit voter registration and where those disparities stem from. Spelling this out may help elucidate some of the evidence-based strategies. • For strategy #2, do you have any specific examples of communities or groups who have done this at a local level that you can highlight? • Do you have educational resources that are best practices? • For strategy #3, when specifically, is AVR not appropriate and why? • Clarify what you mean by “restrictive laws” <p>Additional evidence in the opposing arguments/alternative views is needed.</p> <p>In several places ‘voters’ are mentioned in the context of the research/background and various percentages of voters impacted by the restrictions; clarify whether ‘voters’ refers to people who actually voted or those eligible to vote; it would seem that if the data are only about those who did vote that the impact of the restrictions is understated.</p> <p>The authors should approach likely partners in support of this policy statement.</p>

PROBLEM STATEMENT Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).	The problem statement adequately describes the extent of the problem, but the authors confuse association with causation. There are many confounders in communities that affect both low voter turnout and poor health. There's no evidence presented that increased access to voting would increase health. I'm all for what they're suggesting – just don't overstate effects. Some statements are not backed up with evidence, e.g., line 123 – do we know that health is one of voters' top issues? Lines 152/3 – no evidence that women's suffrage directly led to decreased child mortality – a lot of other public health improvements happening at the same time. Line 157 – add reference; line 186 – again, association not causation; line 210 – from the reference <i>The cross-sectional nature of most studies limits our ability to discern whether good health causes increases in civic engagement or vice versa.</i>
Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?	What were reasons for voter participation, or any measure of civic engagement not being selected as a Healthy People 2030? This should be considered for inclusion in the opposing arguments. The Census is used to apportion the seats in the U.S. House of Representatives and not determine funding. Further evidence is needed for statements such as "States that make elections more accessible....enjoy stronger public health outcomes." And again there are confounders that most likely play a role in this relationship Page 5 – "The resulting disparities in voting lead to disparities in health outcomes, for example when women gained the right to vote child mortality declined by 8-15%." Also citation #7. Content expert review recommended. - add a citation in section 7 when talking about Black, Latino, and American Indian voters experiencing longer lines, fewer polling locations etc.. https://www.scientificamerican.com/article/smartphone-data-show-voters-in-black-neighborhoods-wait-longer1/ https://www.washingtonpost.com/politics/study-heavily-minority-precincts-endured-longer-wait-times-to-cast-ballots-in-2018/2019/11/04/f8433e1c-fef7-11e9-8501-2a7123a38c58_story.html https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/
Are gaps in knowledge addressed to date?	No, no evidence is given that increasing voter turnout improves health.

If not, what is needed?	
Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?	Yes, the problem has a disproportionate impact on underserved or underrepresented populations in that voter turnout is lower in vulnerable communities for many reasons.
Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.	Authors do not discuss potential unequal effects of the strategies in different communities

<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>The strategies include prioritizing civic participation and the main way this is addressed is through increasing accessibility of voting. However, need scientific evidence that increasing accessibility increases voting rates.</p> <p>Suggest an action step to make election day a national holiday</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the "PROPOSAL ASSESSMENT" page of this form, as needed.]</p>	<p>The proposal needs evidence that the proposed strategies will have an impact. What disciplines/entities outside of public health prioritize civic participation? How can public health work more closely with those entities?</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of</p>	<p>Limited evidence is provided on the effectiveness of some strategies. Strategy 1: Need evidence that noting something as a national health goal improves our ability to reach the goal. Strategy 2: May consider linking to PHAB policy and advocacy measures. Need more explicit roles for public health professionals vs partners and community members. The proposal needs evidence that the proposed strategies will have an impact</p> <p>Many of the references discuss barriers that impact voting but not health</p>

the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	<p>Some references do not support the statement they're linked to</p> <ul style="list-style-type: none"> • references 14-19 do not support statement they're linked to • reference for lines 199-206 does not state that civic participation/voting can reduce health disparities; no discussion of how to ensure equity with strategies; lines 287-88 re Medicaid enrollment linked to voter registration – HIPAA concerns and distrust of government; line 408 action step not discussed in policy; line 416-7 – concern that elected officials may have vested interest not to increase engagement.
Are these strategies ethical and equitable?	Yes, the strategies are ethical and equitable.
<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).</p>	Yes, the proposal includes a summary of opposing or alternative viewpoints. However, should add statement that elected officials may not want to increase voter turnout for political reasons.
Does the proposal sufficiently refute the opposing viewpoints presented with	There is no scientific evidence presented that sufficiently refutes the opposing viewpoints.

scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?_	
Action Steps	Action steps are the strategies noted earlier in the policy.
Do the action steps flow logically from the strategies defined in the proposal?	Add make election day a national holiday
Are action steps ethical and equitable? If not, describe why not?	Some of the action steps may have unequal effect in different communities
Are action steps feasible? If not, describe why not?	Consider the need for intermediary steps for these action steps to be taken. What do the authors suggest needs to be done in order for the proposed actions in each of the strategies to take place? For example, what actions can to be done to support HHS to reinstate civic participation in HP2030.
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If	Not clear how the action steps for strategy 2 are culturally responsive to under- represented and underserved populations addressed in the policy. Needs more information than just “promote participation on community advisory boards, town halls, public meetings,”

not, describe why not.	
References Are the references properly formatted, up-to-date, and peer-reviewed?	References are properly formatted. Many references are not peer reviewed.
Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?	Yes, comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation.
Additional Review Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact	Yes – external expert review recommended. Suggest review by the Law Section

information if available (individuals and/or organization):	
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D1: Defining Public Health Leadership to Achieve Health Equity: Merging Collective, Adaptive and Emergent Models

Motion: 3b, 3a

Accepted: 12 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
<p>Title</p> <p>Does the title accurately reflect the evidence provided?</p>	<p>The title does not accurately reflect the evidence of merging the three leadership models. The policy does not effectively describe how each of the three models are merged.</p> <p>No, the title does not accurately reflect the evidence provided. The evidence does not describe a well-written plan to emerge three models.</p>
<p>Relationship to existing/archived policy statements</p> <p>Is there an existing APHA policy statement that covers this issue?</p> <p>(Please identify related existing policy statement by number.)</p> <p>If yes, does this proposal update the science of the older policy statement?</p>	<p>Related APHA Policy Statements include the following:</p> <ul style="list-style-type: none"> • APHA Policy Statement 20189: Achieving Health Equity in the United States • APHA Policy Statement LB20-04: Structural Racism is a Public Health Crisis: Impact on the Black Community • APHA Policy Statement 200412: Support for Community Based Participatory Research in Public Health • APHA Policy Statement 20091: Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities • APHA Policy Statement 20005: Effective Interventions for Reducing Racial and Ethnic Disparities in Health

	<p>APHA Policy Statement LB-15-01: Opportunities for Health Collaboration: Leveraging Community Development Investments to Improve Health in Low-Income Neighborhoods</p> <ul style="list-style-type: none"> • APHA Policy Statement 201015: Securing the Long-Term Sustainability of State and Local Health Departments Policy Statement <p>Additional corrections:LB-20-04was a late-breaker adopted in 2020, but it was not resubmitted by the authors in 2021 for consideration. It is not currently an APHA policy statement.LB-15-01 was replaced by Policy Statement #20166</p>
<p>Member comments</p> <p>Summarize the comments and recommendations by APHA Units or members with expertise in the problem.</p>	<p>There is a need for a clearer articulation of the actual problem. Recommend problem statement be developed according to policy statement author guidelines. Many of the action steps were vague and/or left readers with questions about how these recommendations would be operationalized and could consider additional policy action steps.</p> <p>The proposal would benefit from making specific reference to community health workers and their potential as a core part of the leadership needed to advance health equity.</p> <p>The relationship between current leadership models in public health and the lack of progress in goals to achieve health equity is also not clear enough. Although it is feasible that hierarchical leadership negatively impacts the goals of the policy, there is no clear mechanism based on empirical research that links them.</p>

	<p>The policy serves its intent –to add a leadership policies to the APHA policy database. It actually say nothing new in regards to health equity or public health leadership. The authors would benefit greatly from a long discussion and engagement of the membership units. These entities would help the authors add more practice specific substance to the policy which is clearly lacking.</p> <p>This policy statement is very much aligned with the research on engaging community health workers as a core part of health care and public health and a means to rectify racial inequities and advance population health, including the policy statement C1: A Strategy to Address Racism and Violence as Public Health Priorities. This policy statement does not make specific reference to community health workers and their potential as a core part of the leadership needed to advance health equity. While the policy statement speaks strongly to the need for community engagement, sustaining and building community trust. with public health and learning from the community is dependent upon people within public health who can do that. An additional paragraph referencing the role of community health workers as recognized leaders and as part of staffing public health and a recommendation supporting further investment in community health workers within public health would strengthen the document and could reference C1 for more detail.</p>
Summarize the comments and recommendations by other APHA Units or members.	<p>Recommend that the authorsinclude more direct emphasis on creating pathways to leadership for people with lived experience/expertise and who are representative of the communities they serve. The authors include information about being “sensitive to community values” and recognizing the importance of lived experience of community members, but do not directly address the need to elevate leaders with lived experience of public health issues such as homelessness and behavioral health, and the barriers that need to be overcome in the traditional top-down model to achieve this. In the housing and homelessness sector, an emergent model is creating specific pathways to leadership for peer specialists and those with lived experience of homelessness, which greatly strengthens the organization’s outcomes. Community Bridges in Arizona is one</p>

	example, but the Caucus on Homelessness can help the authors with more details if they would like
<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>Greater clarity of the actual problem is needed. The background shifts in focus and makes it difficult to assess the actual problem of public health leadership.</p> <p>The problem statement as written does not adequately describe the extent of the problem. IT should include a well-organized description of the problem and should not include potential solutions. Page 4, lines 118-125. Consider relocating these statements to the evidence based strategies section of the proposal.</p>
<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence?</p> <p>Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?</p>	<p>The problem statement as written does not include the best available scientific evidence. In several instances, statements are not appropriately supported.</p> <p>Limited evidence of the effectiveness of noted leadership models to reach the intended outcomes. As noted by one section “The study of leadership in general is fraught with styles/models/aspirations that are promoted without a clear idea of their effectiveness and outcomes. However, there is a relatively large literature on the effects of leadership styles (just to use one term of many in the leadership literature) on many organizational outcomes or their effect on specific interventions. For example, O’Donovan, et al. (2021) reviewed the impact of leadership</p>

	<p>behaviors on team performance while Markle-Reid, et al. (2017) documented the effect of collective leadership on a specific intervention. Markle-Reid, M., Dykeman, C., Ploeg, J., Stradiotto, C. K., Andrews, A., Bonomo, S., Orr-Shaw, S., Salker, N., & Kelly Stradiotto, C. (2017). Collaborative leadership and the implementation of community-based fall prevention initiatives: a multiple case study of public health practice within community groups. <i>B MC Health Services Research</i>, 17, 1–12. https://doi-org.ezproxy.uis.edu/10.1186/s12913-017-2089-3. O'Donovan, R., Rogers, L., Khurshid, Z., De Brún, A., Nicholson, E., O'Shea, M., Ward, M., & McAuliffe, E. (2021). A systematic review exploring the impact of focal leader behaviours on health care team performance. <i>Journal of Nursing Management (John Wiley & Sons, Inc.)</i>, 29(6), 1420–1443. https://doi-org.ezproxy.uis.edu/10.1111/jonm.13403”</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>No, gaps in knowledge related to these leadership models is not addressed.</p> <p>Lines 62-72 do not add to the overall premise of the proposal. Lines 62-64 read like a commentary and are not a factually supported with evidence. Lines 65-68 fail to contextualize the thesis of lack of diversity in public health leadership. The authors do not address other significant external factors i.e., lack of political leadership from the highest level of public office, or the of systemic racism that contributed to mistrust in science and government.</p> <p>Include a citation on line 73 Line 77-79 should be removed Include a citation on lines 84-86 Include citations on lines 99-106</p>

<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>Yes, the problem addressed has a disproportionate impact on underserved or underrepresented populations.</p> <p>The problem statement addresses a disproportionate impact of the problem on racial, ethnic, sexual, and gender minority populations.</p>
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>The ethical, equitable, political or economic issues addressed in the proposed policy are described but not supported.</p> <p>These issues are not well described and supported. Key evidence is missing to support statements made by the authors. Additional information is needed to describe the extent of the lack of diversity in PH leadership, i.e. racial, ethnic, sexual and gender demographics of the current PH workforce.</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe</p>	<p>The proposal describes the leadership models proposed to address the problem of public health leadership.</p> <p>The proposal does not sufficiently describe what evidence-based strategies are being proposed to address the problem. Lines 137-</p>

<p>what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>143 offer a recommendation versus an evidence based strategy with demonstrated success and appropriate citations.</p> <p>For each evidence-based strategy, the authors need to relate it back to how said proposed has demonstrated success in addressing the problem</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the "PROPOSAL ASSESSMENT" page of this form, as needed.]</p>	<p>There is insufficient evidence provided that support the proposed strategies.</p> <p>Sections of the proposal read anecdotally and therefore do not include sufficient evidence, i.e. lines 149-150 and 185-188.</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?</p>	<p>No, the proposal does not reference the scientific evidence regarding the effectiveness of the strategies. Limited evidence of the effectiveness of noted leadership models to reach the intended outcomes. As noted by one section "The study of leadership in general is fraught with styles/models/aspirations that are promoted without a clear idea of their effectiveness and outcomes. However, there is a relatively large literature on the effects of leadership styles (just to use one term of many in the leadership literature) on many organizational outcomes or their effect on specific interventions. For example, O'Donovan, et al. (2021) reviewed the impact of leadership behaviors on team performance while Markle-Reid, et al. (2017) documented the effect of collective leadership on a specific intervention. Markle-Reid, M., Dykeman, C., Ploeg, J., Stradiotto, C. K., Andrews, A., Bonomo, S., Orr-Shaw, S., Salker, N., & Kelly Stradiotto, C. (2017). Collaborative leadership and the implementation of community-based fall prevention initiatives: a multiple case study of public health practice within community groups. BMC</p>

	<p>HealthServicesResearch,17, 1–12. https://doi-org.ezproxy.uis.edu/10.1186/s12913-017-2089-3. O’Donovan, R., Rogers, L., Khurshid, Z., De Brún, A., Nicholson, E., O’Shea, M., Ward, M., & McAuliffe, E. (2021). A systematic review exploring the impact of focal leader behaviours on health care team performance.JournalofNursingManagement(JohnWiley&Sons ,Inc.),29(6), 1420–1443. https://doi-org.ezproxy.uis.edu/10.1111/jonm.13403”</p> <p>The authors should re-structure the evidence based strategies section to strategies that are likely to have a measurable impact. See: https://journals.lww.com/jphmp/Citation/2020/07000/Understanding_the_Dynamics_of_Diversity_in_the.19.aspx</p>
Are these strategies ethical and equitable?	<p>Yes, the strategies are ethical and equitable.</p> <p>Incorporating the considerations above will bolster the reviewer’s ability to assess the ethical and equitable implications of the evidence based strategies.</p>
<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).</p>	<p>The proposal includes a brief limited summary of opposing or alternative viewpoints.</p> <p>Opposing arguments are not well-described. The authors discuss “the importance of community based investments in public health and community infrastructure” lines 241-22, which does not present an opposing argument.</p>

Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	<p>The proposal does not sufficiently refute the opposing viewpoints with scientific evidence.</p> <p>No, this section needs to be re-drafted.</p>
<p>Action Steps</p> <p>Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>There is not a clear logical flow from the leadership model strategies to the action steps provided.</p> <p>The authors nest the proposed action steps in 2 themes that do not flow logically from the strategies defines in the proposal.</p>
Are the action steps supported by the evidence or rationale documented in the proposal?	<p>The evidence to support the action steps is not provided.</p> <p>The problem statement focused on the need to consider racial, ethnic, sex and gender minorities as part of public health leadership as those populations are disproportionately impacted by health injustices perpetrated by a non-reflective workforce. One action step references the need to acknowledge these historical abuses but does not describe how this should be done or successful PH models where this has been accomplished</p>
Are action steps ethical and equitable?	Yes the action steps are ethical and equitable

If not, describe why not?	Several action steps are missing concrete strategies to operationalize their recommendations. For example, “Identify, recognize, and uplift community leaders to build their capacity to understand and work within public health systems.”
Are action steps feasible? If not, describe why not?	<p>Removing clinical qualifications for some leadership positions may not be feasible.</p> <p>The action steps lack real world application. The authors should evaluate each action step to determine if a specific actor is identified and if a current successful model exists in the literature.</p>
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	<p>Yes, action steps culturally responsive to the under-represented and underserved populations being addressed.</p> <p>As noted above, there is one action step included in the proposal to address historical abuses perpetrated against marginalized communities.</p>
References Are the references properly formatted, up-to-date, and peer-reviewed?	<p>References are properly formatted, up-to-date and peer-reviewed.</p> <p>The references are properly formatted, up to date and peer reviewed. Reference 31 should be re-formatted.</p>

D2: Ensuring Access to Affordable Medications

Motion: 3a, 3b

Accepted: 13 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	The authors should consider revising the title to include Prescription Medications
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	<p>There are policies similar to this one, APHA Statement 20006 references medication affordability explicitly and 20007 references universal health coverage affordability more broadly. Policy 20007 is not referenced in your proposal.</p> <p>Also not listed:</p> <p>200611 – This PS references universal accessibility of contraceptives. While this isn't explicitly discussed in the proposed PS, this could easily be incorporated.</p> <p>200613, 20031 – These PS are clearly related and should be referenced in the proposed PS. Specifically, they should be referenced and updated during the discussions of the use of cost-effectiveness.</p> <p>Given these relevant and existing policy statements please justify the need for a new policy statement and if this new statement should replace existing statements.</p>

<p>Is there an archived APHA policy statement that covers this issue? (Please identify related archived policy statement by number). If yes, does this proposal update the archived policy statement?</p>	<p>9915 – includes similar action steps. There are some updates provided by the current PS proposal, but some of it remains relevant.</p>
<p>Member comments</p> <p>Summarize the comments and recommendations by APHA Units or members with expertise in the problem.</p>	<p>Authors should:</p> <ul style="list-style-type: none"> • Use more recent references (Ref 26 look for suggestion below in references) • Add missing numerical notation on action step 1 • Provide evidence supporting arguments like "reduce barriers to market entry" <p>Suggestions to include</p> <ul style="list-style-type: none"> • Making problem statement stronger with explanation and evidence • Check the reference link and put the complete PDF link if possible • Discuss disproportionately affected population and statistics to show the need for affordable pricing and access to racial and ethnic minorities • Addressing populations with Mental Health issues • Replace Collusion with a word carrying less criminal intent in the connotation • Replace statement at line 237 as it addresses just California • To use: https://pubmed.ncbi.nlm.nih.gov/31422026/ https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.0497

<p>PROBLEM STATEMENT</p> <p>Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).</p>	<p>Summary should be less than 250 words and this one has 267 words. "Formularies" is also misspelled in the summary.</p> <p>Use evidence-based strategies and create a stronger problem statement with working models from other countries to support the need for this policy</p> <p>Very important public health policy and should be supported more by drug utilization programs and working models to validate the need in the problem statement.</p> <p>Lines 66-69 are unclear, and the sentence seems to be missing something.</p> <p>The Problem Statement does not discuss the phenomena of abandonment and cost-related non-adherence, as it should. These concepts are especially relevant to the discussion of the public health effects of expensive medications.</p> <p>Also missing from the Problem Statement and other relevant sections are a discussion of the power of the lobbying organizations which play a significant role in policymaking in the US and abroad. On the international front the lobbying wings of the pharmaceutical industry have a significant influence on the World Trade Organization policy process through the TRIPS agreement. The lobbying by these groups within the WTO influences global access and costs of medications. Healthcare represents the largest sector by financial investment in the United States political lobby. Within the healthcare lobby the pharmaceutical industry is the largest investor, spending \$354 million in 2021 alone (https://www.opensecrets.org/federal-lobbying/sectors/summary?cycle=2021&id=H).</p> <p>Further, the role of pharmacy benefit managers in the drug supply chain is completely absent. e.g. https://ascopubs.org/doi/pdf/10.1200/JOP.20.00195</p>
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<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence?</p> <p>Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>Use examples to support the argument of increasing competition decreasing pricing for other working models from other countries</p> <p>Use models from other high-income countries to validate the importance of universal health care needs</p> <p>Evidence of cost-related non-adherence and abandonment should be added to support the argument for the price control actions including the development of formularies.</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>Drug discount cards https://pubmed.ncbi.nlm.nih.gov/31422026/</p> <p>Additional evidence to support equitable policy</p>
<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>Address the problem of drug affordability and equity related to the underrepresented population and the effectiveness of the proposed policy in addressing the equitable and diverse population needs based on the social determinants of health.</p>

<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>Evidence based research to support the need of ethical or political issues to support the underrepresented population will strengthen the problem statement.</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>Measures to improve effectiveness of clinical trials through expansion of research to include underrepresented populations.</p> <p>There are plenty of theoretically logical policy and strategic suggestions made here, but the measurement of their impact on other areas is not presented well.</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>Strategies to support drug competition and pricing was mentioned but any evidence to support this or examples to show that pharmacological competition will bring down pricing of drugs is needed.</p> <p>We don’t see enough evidence after implementation anywhere to suggest these are the best option for moving forward. I don’t understand the inclusion of those in the criminal justice system. There is no mention of this prior to page 8. Why choose this population and not another? Finally,</p>

	<p>the entry of generics is not universally placing downward pressure on pricing. In some cases, for limited application medications, investment companies buy patents and arbitrarily set prices at astronomically high levels because they too have no competitors.</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?</p>	<p>Any supporting evidence to prove the importance of population health outcomes to address the morbidity and mortality related to drug development will strengthen the need of the strategy on clinical trial and R&D.</p> <p>Evidence of HTA and its effectiveness in Germany, Australia and Canada and data supporting the economic evaluation and new drug effectiveness would further support the policy proposal.</p>
<p>Are these strategies ethical and equitable?</p>	<p>The strategies addressed and proposed should be equitable and proposed for nationwide adoption so if the California reference was an example, discuss the importance of having such strategies on a national basis and not a particular section of population or geographical preference.</p>
<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).</p>	<p>Policy to support drug price transparency should be suggested,</p> <p>Capping out of pocket spending for Medicare beneficiaries for prescription drugs will benefit.</p> <p>Addressing these would strengthen the idea of lowering costs.</p>

	<p>The magnitude of profits in the pharmaceutical industry are not mentioned. There should be some context for these margins which are amongst the highest in any industry. More could be done to examine the influence of TRIPS in the World trade Organization.</p>
<p>Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?</p>	<p>Explain why you think a national formulary will be a better approach and provide any supporting evidence.</p>
<p>Action Steps</p> <p>Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>Missing number 1 for the action steps</p>
<p>Are the action steps supported by the evidence or rationale documented in the proposal?</p>	<p>Alternate strategies to support drug competition like drug import from Canada might be a way.</p>
<p>Are action steps ethical and equitable? If not, describe why not?</p>	<p>Address the policy applicability to pediatric and adult population.</p>

Are action steps feasible? If not, describe why not?	Action step 2a is not feasible. The time it would take to measure these outcomes for most medications would be the lifetime of those who need them. Mortality is measured already in clinical trials and is a required endpoint defined as serious adverse event.
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Include the underrepresented population and also address the population including pediatric and adult population.
References Are the references properly formatted, up-to-date, and peer-reviewed?	<p>For References use full PDF links as many were not accessible with the provided link. I have an example below.</p> <p>For Ref 26: https://www.annfammed.org/content/annalsfm/16/3/211.full.pdf</p> <p>Lines 70-71 report drug expenditures in 2018. More recent data is available to update this to at least 2020. Reference: https://www.iqvia.com/insights/the-iqvia-institute/reports/drug-expenditure-dynamics-1995-2021-appendices</p> <p>This reference can also provide meaningful and relevant evidence in other areas of the proposed PS.</p>

D3: Falls Prevention in Adults Aged 65 and older

Motion: 3b, 3b

Accepted: 12 yes, 0 no, 2 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	We encourage the authors to incorporate Risk Assessment and Collaborative Intervention in Fall prevention and may be make it "an Integrated Approach to Fall Prevention in Adults over 65 years"
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	Related policies addressing similar problems from 2020 could be added: 202011 & 202013
Member comments Summarize the comments and recommendations by APHA Units or members with expertise in the problem.	Consider Including: <ul style="list-style-type: none"> • Policies on Diabetes and Amputation to be included • Economic burden from costs of multiple yearly referrals can be compared to cost return of avoided trauma from fall • the evidence on STEADI has not been fully incorporated as EMR incorporation is pretty widespread • Recommend developing the economic argument to characterize the actual costs and benefit • Evidence to support the proposal in relation to underutilized STEADI

	<ul style="list-style-type: none"> • What action steps should be taken and how to implement? • Other sources and tools that can be beneficial too other than STEADI and include them • Include evidence supporting sarcopenia and frailty as risk factors <p>Suggestions:</p> <ul style="list-style-type: none"> • Update reference for Tai Chi health.harvard.edu/staying-healthy/the-health-benefits-of-tai-chi https://www.nccih.nih.gov/health/tai-chi-what-you-need-to-know https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/tai-chi/art-20045184 <ul style="list-style-type: none"> • Consider including referrals to community programs for those without funding • Aging well in place as an option to action • Resistance training as a positive treatment option with safety measures and education included; • Physical Activity references: Angulo J, El Assar M, Álvarez-Bustos A, Rodríguez-Mañas L. Physicalactivityand exercise:Strategies to manage frailty. Redox Biol. 2020 Aug;35:101513. doi:10.1016/j.redox.2020.101513. PMID: 32234291; PMCID: PMC7284931 <ul style="list-style-type: none"> • Medicare A vision coverage is limited and so is risk assessment for fall
Summarize the comments and recommendations by other APHA Units or members.	The authors should address how certification requirements for CHW's impose barriers to entry to employment for qualified CHWs, ways to prevent this from happening (or remove such requirements)
PROBLEM STATEMENT Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).	<p>There were many positive comments on the problem statement (more than any section) from sections and individual members. However, the Science Board and other component reviewers identified a few concerns that we strongly urge the authors to address or add to this section.</p> <p><u>Major concerns:</u></p> <p>The problem in question appears to be with implementation of the current screening and education program called STEADI (as stated in the rationale for consideration).</p>

However, the problem statement discusses the problem with falls, not the implementation of STEADI.

There are multiple fall risk assessment tools and are often utilized in acute and primary care settings by providers, nurses, and physical/occupational therapists. Fall risk assessment is part of the Welcome to Medicare visit and part of the visit for health systems who are a part of the Age Friendly initiative which involves the 4M's (what matters, mentation, medicine, mobility). Even those health agencies outside of the Age Friendly initiative commonly evaluate mentation, medications, and mobility at primary care appointments. Authors are strongly encouraged to include an answer to the question: is the STEADI superior to other fall risk assessment tools?

The policies on diabetes and amputations from last year covers a lot of the relevant parts of this problem statement too (i.e. parts on diabetes or amputations) and should be referenced as building on these. Then these sections including ophthalmology, metabolic, amputations could be relatively shorter.

Also please consider adding / expanding on the following:

Suggest a definition of "community setting" to better contextualize this policy.

Support the statement with evidence to make Fall in older adults as a public health crisis with epidemiological data i.e. It would be beneficial to understand what percent of the older adult population is currently not being screened for fall prevention.

Nutrition section does not mention issues with nutritionist service availability / care. Although it does make it into strategy section.

New meds like Requip for restless leg syndrome shows need for updating meds over time. Could shorten the section on meds since this task does largely fall to the primary care and geriatrics physicians.

Economics: Costs of multiple yearly referrals can be compared to cost return of avoided trauma from falls.

The inclusion of sarcopenia and frailty as a risk factor for falls is needed.

Reviewers suggest including urinary symptoms (Falls in the Elderly Secondary to Urinary Symptoms: Yousef Soliman, MD, Richard Meyer, MD and Neil Baum MD REV UROL.)

Low back pain is another risk factor for falls as observed in the study by Bell et al (which also includes additional

	<p>evidence on the association between visual impairments and falls).</p> <ul style="list-style-type: none"> • Bell T, Pope C, Fazeli P, Crowe M, Ball K. The Association of Persistent Low Back Pain With Older Adult Falls and Collisions: A Longitudinal Analysis. J Appl Gerontol. 2021 Nov;40(11):1455-1464. doi: 10.1177/0733464820966517. Epub 2020 Oct 23. PMID: 33095077; PMCID: PMC80625 <p><u>Minor concerns:</u></p> <p>Pre-Problem Statement: There is redundant language between the summary and the Rationale for Consideration. Please consider eliminating redundant language where possible</p>
Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)	<p>Evidence to support the need for other professionals' role in Fall prevention measures is advised.</p> <p>Include evidence-based approaches to support interdisciplinary work force education and training like GWEP</p>
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>Issue of all non-Part B enrollees out of the risk assessment is a gap that needs to be addressed</p> <p>Also see above comments about addressing the superiority of STEADI to other risk assessment tools / education modules or converting the full policy to recommend "up to date, CDC-recommended Fall Prevention Guidelines"</p>
Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?	<p>Missing:</p> <p>Demographics and disparities between demographic groups</p> <p>Interpersonal and institutional racism</p>

<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>The authors should seek to address any ethical and political issues in dealing with fall prevention - not currently mentioned. What is the reason for failure to broadly implement STEADI to date, for example?</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>The Science Board and other component reviewers identified a few concerns that we strongly urge the authors to address or add to this section. Overall, this section needs to be developed with more detailed ideas and rationale.</p> <p>The aim should be to connect each strategy to an issue in the problem statement AND to an action step recommended at the end. Problems identified should each yield a Strategy statement and every Action Step should be supported by a summary of the Evidence-Base for that Strategy in this section.</p> <p>The authors should consider adding / expanding on:</p> <p>While the problem statement discusses the link between depression and falls among the elderly, there are no strategies presented that address this bidirectional relationship. For example, mental healthcare providers could serve as another touch point for fall screening, and mental health resources need to be provided to those who are deemed high-risk for falls.</p> <p>The peer-review and consensus (including CDC publications) evidence on STEADI has not been fully incorporated. It would be helpful to give the reader more information about STEADI, emphasizing its comprehensive approach and providing research evidence specific to STEADI. We suggest summarizing the prevention strategies at the end of line 267 to orient the reader to the subsequent paragraphs on physical activity, home safety assessments, foot examinations and visual exams. In addition, consider adding the Sarmiento reference to the sentence ending on line 83.</p> <ul style="list-style-type: none"> • Sarmiento K, Lee R. STEADI: CDC's approach to make older adult fall prevention part of every primary care practice. J Safety Res. 2017 Dec;63:105-109. doi: 10.1016/j.jsr.2017.08.003.

Epub 2017 Sep 4. PMID: 29203005; PMCID: PMC6239204.

Under section IX it would be helpful to include evidence supporting the need for greater implementation of STEADI. For example, Vincenzo et al found only 25% of PTs used STEADI despite 50% having knowledge of STEADI.

- Vincenzo JL, Schrodtt LA, Hergott C, Perera S, Tripken J, Shubert TE, Brach JS. Physical Therapists and Physical Therapist Assistants' Knowledge and Use of the STEADI for Falls Risk Screening of Older Adults in Physical Therapy Practice in the United States. *Int J Environ Res Public Health*. 2022 Jan 26;19(3):1354. doi: 10.3390/ijerph19031354. PMID: 35162377; PMCID: PMC8834951.

Here are studies assessing the effectiveness of STEADI:

- Crow RS, Lohman MC, Pidgeon D, Bruce ML, Bartels SJ, Batsis JA. Frailty Versus Stopping Elderly Accidents, Deaths and Injuries Initiative Fall Risk Score: Ability to Predict Future Falls. *J Am Geriatr Soc*. 2018 Mar;66(3):577-583. doi: 10.1111/jgs.15275. Epub 2018 Feb 10. PMID: 29427525; PMCID: PMC5933526.
- Johnston YA, Bergen G, Bauer M, Parker EM, Wentworth L, McFadden M, Reome C, Garnett M. Implementation of the Stopping Elderly Accidents, Deaths, and Injuries Initiative in Primary Care: An Outcome Evaluation. *Gerontologist*. 2019 Nov 16;59(6):1182-1191. doi: 10.1093/geront/gny101. PMID: 30239774; PMCID: PMC6625936.
- Karlsson L, Doe K, Gerry M, Moore B, Wingood M, Renfro M, Gell N. Outcomes of a Physical Therapist-Led, Statewide, Community-Based Fall Risk Screening. *J Geriatr Phys Ther*. 2020 Oct/Dec;43(4):185-193. doi: 10.1519/JPT.0000000000000228. PMID: 30883528.
- Lohman MC, Crow RS, DiMilia PR, Nicklett EJ, Bruce ML, Batsis JA. Operationalisation and validation of the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) fall risk algorithm in a nationally representative sample. *J Epidemiol Community Health*. 2017 Dec;71(12):1191-1197. doi: 10.1136/jech-2017-209769. Epub 2017 Sep 25. PMID: 28947669; PMCID: PMC5729578.

We understand that there is a 50 reference limit. The following citations may not be needed in order to make room for the above.

- Remove #10 and replace #11 with the more recent 2019 reference. Don't include #12 if this information is in the updated #11 reference.
- Line 134: Should this be citation #13 #14 or #42?
- Line 109: Common knowledge, #8 unnecessary.

Line 138. Consider combining the first two sentences and only using reference #16

Other evidence-based solutions may include quality improvement strategies, re-evaluating STEADI cut-off scores, and incorporating STEADI into health sciences education:

- Tricco AC, Thomas SM, Veroniki AA, Hamid JS, Cogo E, Striffler L, Khan PA, Sibley KM, Robson R, MacDonald H, Riva JJ, Thavorn K, Wilson C, Holroyd-Leduc J, Kerr GD, Feldman F, Majumdar SR, Jaglal SB, Hui W, Straus SE. Quality improvement strategies to prevent falls in older adults: a systematic review and network meta-analysis. *Age Ageing*. 2019 May 1;48(3):337-346. doi: 10.1093/ageing/afy219. PMID: 30721919; PMCID: PMC6503939.
- Re-evaluate STEADI cut-off scores: Nithman RW, Vincenzo JL. How steady is the STEADI? Inferential analysis of the CDC fall risk toolkit. *Arch Gerontol Geriatr*. 2019 Jul-Aug;83:185-194. doi: 10.1016/j.archger.2019.02.018. Epub 2019 Mar 18. PMID: 31075677.
- Incorporate STEADI into health sciences education: Taylor D, McCaffrey R, Reinoso H, Mathis MW, Dickerson L, Hamrick J, Madden SL, Heard HH, Perlow E, Klein CM. An interprofessional education approach to fall prevention: preparing members of the interprofessional healthcare team to implement STEADI into practice. *Gerontol Geriatr Educ*. 2019 Jan-Mar;40(1):105-120. doi: 10.1080/02701960.2018.1530226. Epub 2018 Oct 15. PMID: 30321118.

Chiropractic care is one of the most frequently utilized types of complementary and alternative care by older adults in the United States and current evidence suggests chiropractors may be well-positioned to play an important role in fall prevention and serve on geriatric care teams, due to their practice style and holistic philosophy. Please include chiropractors in the list of providers addressing this issue (line 259). Below are supporting references:

- Hawk C, Pfefer MT, Strunk R, Ramcharan M, Uhl N. Feasibility study of short-term effects of chiropractic manipulation on older adults with impaired balance. *J Chiropr Med*. 2007 Dec;6(4):121-31. doi: 10.1016/j.jcme.2007.08.002. PMID: 19674706; PMCID: PMC2647095.
- Holt KR, Haavik H, Lee AC, Murphy B, Elley CR. Effectiveness of Chiropractic Care to Improve Sensorimotor Function Associated With Falls Risk in Older People: A Randomized Controlled Trial. *J Manipulative Physiol Ther*. 2016 May;39(4):267-78. doi: 10.1016/j.jmpt.2016.02.003. Epub 2016 Apr 2. PMID: 27050038.
- Dougherty PE, Hawk C, Weiner DK, Gleberzon B, Andrew K, Killinger L. The role of chiropractic care in older adults. *Chiropr Man Therap*. 2012 Feb 21;20(1):3. doi: 10.1186/2045-709X-20-3. PMID: 22348431; PMCID: PMC3306193.

Exercise section could be expanded to further explain what is needed. Resistance training a safe option.

Line 276: “resistance training did not show the same effect with some participants reporting injuries.” We encourage examining additional research as strength and power exercises have been found to reduce frailty, which is a significant risk factor for falls. It is important the those over the age of 65 are properly trained and educated on power and resistance exercises to prevent injury, while decreasing their risk for frailty. See:

- Angulo J, El Assar M, Álvarez-Bustos A, Rodríguez-Mañas L. Physical activity and exercise: Strategies to manage frailty. *Redox Biol*. 2020 Aug;35:101513. doi: 10.1016/j.redox.2020.101513. Epub 2020 Mar 20. PMID: 32234291; PMCID: PMC7284931.

Sentence on tai chi is weak and reference could possibly be updated (good only for low risk? – 2012 ref))

	<p>https://www.health.harvard.edu/staying-healthy/the-health-benefits-of-tai-chi</p> <ul style="list-style-type: none"> National Institutes of Health; National Center for Complementary and Integrative Health https://www.nccih.nih.gov/health/tai-chi-and-qi-gong-in-depth Mayo Clinic https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/tai-chi/art-20045184 <p>Strategies describing EMR modification/ integration recommendations should be added and evidence described. The authors are encouraged to review and support any additional tools and resources to be included in the fall risk assessment recommendations.</p> <p>GWEP or similar grant funded research initiatives to support interprofessional need for health care work force</p> <p>GWEP initiatives, Homecare workers training, Community Health workers role in fall risk, technological advancements with telehealth and mobile applications can be helpful too</p>
<p>Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence?</p> <p>[Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]</p>	<p>Strength training decreases frailty; authors are encouraged to consider incorporating the following reference (or similar) accordingly:</p> <p>Angulo J, El Assar M, Álvarez-Bustos A, Rodríguez-Mañas L. Physicalactivityand exercise:Strategies to manage frailty. Redox Biol. 2020 Aug;35:101513. doi:10.1016/j.redox.2020.101513. Epub 2020 Mar 20. PMID: 32234291; PMCID: PMC7284931</p>
<p>Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?</p>	<p>Scientific evidence related to strategies need further evidence support.</p> <p>Gabapentin Should come under medications and its side effect, consider using the below reference for supporting this argument.</p> <p>https://www.aafp.org/afp/2019/1201/afp20191201p672.pdf</p>

Are these strategies ethical and equitable?	<p>Additional evidence is needed to support the ethics of a strategy of advocating for one specific (albeit recommended) screening tool and education program.</p> <p>Consider advocating for prevention strategies and educating about fall prevention should be introduced earlier in life i.e. <65 years</p>
<p>Opposing Arguments</p> <p>Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).</p>	<p>The Science Board and other component reviewers identified a few concerns that we strongly urge the authors to address or add to this section. Overall, this section needs to be developed with several more detailed ideas, opposing argument rationales, and refutation of those arguments with evidence-based citations. Currently, the authors review a couple of alternate views without either refuting them or acknowledging the validity of some of them.</p> <p>Opposing arguments primarily focus on the time taken to complete the screening question. While this does take time, the real time factor would involve the referral process if the older adult had a positive screen.</p> <p>Time constraint as an opposing argument also needs further explanation for the rationale, references to the argument being made, and refutation with evidence base.</p> <p>The authors do not acknowledge the significant resources needed by patients and payers to implement all the recommended strategies, including changes to the physical (home) environment, access to safe environments for physical activity, and all the visits with health care providers. It is not just a reimbursement issue - there are significant out of pocket costs for older adults related to all these strategies.</p> <p>Other opposing arguments focused on the need for the electronic health record. While this true, most electronic health records have existing fall assessment tools in place and advocating for consistent use of these tools might be an alternative strategy. Use the availability of EHR-integrated tools as a refutation of this Opposing Argument.</p> <p><u>Consider adding / expanding on:</u></p> <p>Economic analysis of opposition statements is lacking. Recommend developing the economic argument to characterize the actual costs and benefits.</p>

	<p>An opposing argument (easily but necessary to refute) indicating that people 65 years of age or older do not fall AND that falls are not a public health concern.</p>
<p>Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?</p>	<p>For all opposing arguments AND all newly-added opposing arguments recommended above, the authors need to use high-level (peer-reviewed or consensus) evidence to adequately counter-argue those Opposing views.</p>
<p>Action Steps</p> <p>Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>The Science Board and other component reviewers identified a few concerns that we strongly urge the authors to address or add to this section.</p> <p>Foremost, the action steps cover several issues which are not adequately covered in previous sections. We suggest the authors connect each action step to the problem, EB strategies, and counter argument sections previously.</p> <p>We also recommend that the authors not be too specific with the STEADI algorithm as this could be replaced at some point and then the policy would be out-of-date. Instead, have them use something more generic (i.e. CDC recommended strategies) so that this policy is relevant and accurate no matter what changes at CDC. Other reviewers felt mandating a single assessment tool, when other valid and reliable tools are available without justification of superiority may not be prudent. As stated above, without clear strong evidence of superiority in the EB Strategy section, it cannot be supported in the Steps.</p> <p>In the area of fall prevention, use of valid and reliable screening tools in provider visits should be advanced but requiring one specific tool that may not have had the extensive research and validation as other tools needs to be strongly justified first. Consider changing the recommendation of STEADI into meeting “CDC recommendations” in case those ever change and the policy becomes obsolete.</p> <p>Funding is necessary for communities, public health agencies, or healthcare delivery services to carry out any comprehensive fall prevention.</p>

	<p>Mental healthcare is not incorporated in this section. It is recommended that the authors add actions steps that are relevant for mental healthcare providers.</p> <p><u>Minor concerns:</u></p> <p>Reviewers strongly suggest #s over bullet points for organizing steps.</p> <p>#1, suggest that the authors be specific as to what professional organizations.</p> <p>#3, suggest that the authors specify what licensing organizations.</p> <p>Regarding the action step directed at licensing boards (line 335), we recommend softening the language to:</p> <ul style="list-style-type: none"> • APHA urges all state and federal licensing organizations to consider making STEADI and other falls prevention educational courses mandatory for initial and re-licensure.
Are the action steps supported by the evidence or rationale documented in the proposal?	<p>The action steps cover several issues which are not adequately covered in previous sections. We suggest the authors connect each action step to the problem, EB strategies, and counter argument sections previously.</p> <p>There is almost no evidence of the superiority of STEADI over other screening tools and educational programs. Similarly, if there is no evidence provided about the degree of (non)-implementation or the types of barriers to implementation</p> <p>Mental healthcare is not incorporated in this section. It is recommended that the authors add actions steps that are relevant for mental healthcare providers.</p> <p>EMR modifications actions should be added.</p> <p>These action steps could be organized around the intervention target – such as insurance coverage for exercise programs. E.g. Medicare should cover more than one body part for physical therapy at the same time. Consider including referrals to community programs for those without funding.</p> <p>We suggest including an action step that directs insurances and other appropriate entities to include occupational therapists on home assessment teams. This action step is supported by policy documentation in lines 280-290.</p>
Are action steps ethical and equitable? If not, describe why not?	<p>Yes.</p>

Are action steps feasible? If not, describe why not?	No concerns with feasibility. See above about appropriateness of recommending STEADI implementation vs “CDC Recommendations”.
Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.	Need to create a common plan to address and educate the providers and creating community collaborations and initiatives with community health workers, faith-based organizations and other local support the prevention efforts.
References Are the references properly formatted, up-to-date, and peer-reviewed?	The references are frequently unformatted and incomplete; sometimes just hyperlinks. The authors MUST address the AMA formatting of references. Authors are also encouraged to add suggested references

D4: Expanding Medicaid Coverage for Birthing People to One-Year Postpartum

Motion: 3b, 3b

Accepted: 12 yes, 0 no, 0 abstaining

Criteria	Write a summary statement and include recommendations to the author. <i>Please note that these recommendations may be shared with the author verbatim.</i>
Title Does the title accurately reflect the evidence provided?	The title mostly reflects the evidence provided. Recommend removing “for Birthing People” from title. Also, recommend changing the title to “extended” Medicaid rather than “expanded.” It does not sound like there are more services covered or more groups covered, but rather longer coverage of the same group with the same benefits.
Relationship to existing/archived policy statements Is there an existing APHA policy statement that covers this issue? (Please identify related existing policy statement by number.) If yes, does this proposal update the science of the older policy statement?	Recommend clarifying how this policy statement relates to recently passed policy statements related to universal health care coverage and why it is still important given these other policy statements.
PROBLEM STATEMENT Does the problem statement adequately describe the extent of the problem? (Yes/No? Please describe if needed).	The problem statement does adequately describe the extent of the problem and the authors have done well providing the context for why this policy is necessary and should be adopted. Recommend: <ul style="list-style-type: none"> • Editing to make clear that this is no longer a late breaker policy statement. • Use consistent language for race and ground sentences in person-first language, whites is not appropriate, but white persons is. •

<p>Does description of problem include the best available scientific evidence? What is the strength of the evidence? Is there important evidence missing (i.e., what are the weaknesses of the cited literature and references?)</p>	<p>The problem statement is missing some key scientific evidence.</p> <p>Recommend:</p> <ul style="list-style-type: none"> • Adding more to justify the extension to 1 year. Why is it not 3 months? 6 months? 2 years? What epi evidence re: timing of maternal mortality/morbidity, interpregnancy interval, etc. might be relevant. For example, lines 149-151 say that 1/3 of pregnancy-related deaths occur after the 1st week – 1 year post delivery; what is the timing of these other deaths? And what do we know about causes of these later deaths as compared to earlier deaths? Are these causes amenable to health care system intervention? • Adding more evidence to explain the impact of expanding Medicaid on maternal and child health. Specifically, do maternal mortality/morbidity and child health and well-being that's plausibly related to maternal health & well being vary in states that have expanded Medicaid? Or for comparable individuals who qualify for v do not qualify for Medicaid during the postpartum period? • Make sure every large statement has appropriate citations. Authors should re-read to make sure that all of the large claims are appropriately cited, e.g. lines 189; 180-184. The most notable one of these is the statement on lines 219 – 220. It is the absolute core of the argument and there are no study details provided nor are there citations. Instead of citing general evidence re: Medicaid expansion and guidelines from other health professional associations, authors should add evidence to support the statement that "Expanding coverage during the postpartum period has been associated with improvements in maternal health and health insurance access."

- Recommend spelling out the logic as to why extending Medicaid coverage to one year will solve the problem of people not going to their postpartum visit, given how few people with Medicaid insurance through 90 days go to their postpartum visits now.
- Recommend spelling out the logic re: how expanding this coverage to a year will address low quality postpartum care and also how it will address structural racism.

- In Lines 163 – 166, the authors describe the “share of women in vulnerable populations” who are “disproportionately covered by Medicaid.” Is there data available on how some of these factors (living below 200% of the FPL, having less than a high school education, and/or living with a disability) may influence maternal mortality risk? This may further the case (which is well-established) for why Medicaid extension is so necessary (i.e., if the populations most likely to be served by Medicaid are at increased risk for maternal mortality already, then expanding coverage would be imperative).
- A clearer description of how structural racism contributes to the variability in the risk of pregnancy-related death would be helpful (around line 140).

Authors should consider:

- Given the other funding for mental health, family planning, for lower income people, as well as Medicaid expansion, authors might consider adding something quantifying the # of people are we talking about in terms of people who lose coverage for these services month 3 – 12
- Lines 205 – 214 describe the American Rescue Plan Act and the corresponding State Plan Amendment. The authors discuss how effective April 1, states can expand coverage by adopting this amendment to their Medicaid program. The authors may consider rewording

this section and/or adding any necessary updates since April 1st has now passed.

- Also consider including a description of what postpartum care looks like/entails. There are recommended visits up to 12 weeks after giving birth, but no clear guidance after that. If the authors are proposing expanding coverage to 1 year postpartum, the authors should describe what suggested interactions with the healthcare system should be for someone who has given birth. Are they suggesting primary care visits? Visits with other providers? Etc. Additionally, how do social determinants of health (beyond race/ethnicity) impact maternal mortality rates? Are there additional suggestions to plug women into necessary resources that are not just clinical care that could lower their maternal mortality risk? Are these or can these resources be provided through Medicaid?
- Adding some information about the impact on the children and families who have to deal with the effects of the mortality and morbidity of birthing people. For example, there seems to be ample research suggesting a negative effect of postpartum depression in child development, e.g. Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's health(London,England)*,15, 1745506519844044
- Adding information about maternal morbidity & mortality among rural pregnant and birthing people and strategies that may be especially relevant for them.
- Adding that although Medicaid coverage for a newborn is automatic for the first year of life, adequate support for an infant for that first year can be supported by having a healthy caregiver/mom. This would be another justification for extending Medicaid coverage for the postpartum person.

- Adding a stronger argument including more direct language about cost savings for one-year coverage, as well as more references to the cost section
- Adding a clearer description of how structural racism contributes to the variability in the risk of pregnancy-related death.
- Adding definition of churn on line 191.

A few additional grammatical/editing suggestions:

- Lines 122-124: This sentence seems a little long and could be edited down a little.
- Line 140: should read “variability in the risk of pregnancy-related death...” (rather than pregnancy-rated)
- Lines 160-162: This sentence should be edited for clarity.
- The authors use “United States (US)” at the beginning of the problem statement, then switch to using “United States” at other points in the statement. Consider sticking with just one.
- On line 161, recommend using language used in the survey itself re: ethnicity, e.g. Hispanic rather than Latinx, as these are not interchangeable.
- Clarify that the language re: “Federal limit of 60 days”, e.g. line 176, as this makes it sound absolute, as though there’s a ban on states using their own dollars to pay for coverage beyond 60 days, which many states do.
- Whether to use the term vulnerable or to clarify it, as the term has been challenged recently.

	<ul style="list-style-type: none"> Consider editing to make policy all gender neutral, as it goes back and forth between birthing person and women.
<p>Are gaps in knowledge addressed to date?</p> <p>If not, what is needed?</p>	<p>Authors should more explicitly name the gaps in knowledge. They should more clearly state what we know v don't know re: timing of pregnancy-related morbidity & mortality, as well as what we know v don't know about impacts of expanding Medicaid coverage from 60 days to 1 year.</p>
<p>Does the problem addressed have a disproportionate impact on underserved or underrepresented populations? For example, health disparities, racial/gender disparities, socioeconomic, sexual orientation, etc. /or orientation, etc.?</p>	<p>Yes, maternal morbidity and mortality has a disproportionate impact on underserved and historically excluded populations, particularly Black and Indigenous birthing people and their families. Suggest not defining populations who qualify for Medicaid coverage as vulnerable, given recent critiques of that term.</p>
<p>Are the ethical, equitable, political or economic issues addressed in the proposed policy described and supported? What are the strengths and weaknesses? Identify any relevant ethical, equitable, political or economic issues that were not considered in the proposed policy.</p>	<p>Authors do describe the equitable issues. Recommend spelling out the political issues more. Recommend adding an economic issue about what the costs to states of expanding this coverage will be and whether any of these costs will be offset by cost benefits, or how cost effective this policy will be in terms of reducing maternal morbidity/mortality in general and among birthing people of color in particular.</p>
<p>Evidence-based Strategies to Address the Problem</p> <p>Does the proposal sufficiently describe what strategies are being proposed to address the problem? What other strategies, if any, should be considered?</p>	<p>The proposal does not sufficiently describe the strategies being proposed to address the problem. Instead of listing a set of possible health care, family planning, and mch services people might receive in their first year, the authors should describe strategies to either reduce maternal morbidity/mortality and how extending Medicaid coverage fits in to this. They should also describe strategies to get states to take advantage of the opportunity expand Medicaid coverage and describe the policy, political, communications, etc. levers to make this happen. Should the authors retain a focus on the services that would be expected to be used, it would be helpful to have an introduction to this section that highlights how the</p>

authors envision expanded coverage to look in a practical sense. Does expanded coverage mean people who have given birth are encouraged to go to doctor's health care visits beyond the recommended 12 weeks post-delivery? What could or should one ultimately do with expanded coverage?

The first line (323-324) in the "Home Visiting" section should be edited for clarity.

Recommend:

- Add data on how many of the 7 evidence-based strategies are currently in practice during 60 days of current Medicaid eligibility and how this might change with longer period of eligibility.
- Recommend noting that the 12 month coverage is for FULL Medicaid coverage for postpartum women, not the much more restricted pregnancy-related coverage(summary and line 208).<https://www.kff.org/policy-watch/postpartum-coverage-extension-in-the-american-rescue-plan-act-of-2021/>
- Clarify that Medicaid postpartum extension is different from full Medicaid expansion (line 106)

Consider:

- describing the mechanism/ model/ system required to ensure that new Medicaid funds are used in the proposed strategies and not other, less effective or equitable ones.
- Making a clearer link between Medicaid extension and the proposed strategies. For example (line 356) how can Medicaid funding assure anti-racist service delivery? The pathway between funding to strategy to the stated outcomes needs to be more clearly defined, explained, and SUPPORTED with citations/evidence examples
- Better establish and support the last 3 action steps with additional evidence in the Strategies section, specifically, authors should establish the policy/programmatic levers to motivate change, cover full preventive services, remove cost

	sharing, and open up reimbursement to all types of providers from Medicaid
Are the proposed strategies evidence based? If not, describe what is lacking. If so, what is the strength of the evidence? [Reference the “PROPOSAL ASSESSMENT” page of this form, as needed.]	The proposed strategies do not yet really match the problem they are trying to solve. Recommend that instead of listing health care/health supports in the postpartum year and then citing other professional associations (i.e. ACOG) to say that expanding coverage will help with these to instead explain the details of how extending Medicaid coverage from 2 months to 1 year will address these.
Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of the strategies? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on reducing the problem, and does it describe how big of an impact is it likely to have?	<p>The proposal neither makes clear whether the services (e.g. mental health screening, breastfeeding support, family planning) actually reduce maternal morbidity/mortality NOR do they provide evidence that there is a particular need for these services 2 months to 1 year, nor that expanding Medicaid coverage during this time period actually makes a difference. Recommend editing to do one or both of these.</p> <p>Authors need to provide citations for statements such as Medicaid is the single largest source of public funding for family planning services and home visiting. Also, the section “Evidence-Based Preventive Screening and Interventions for Women’s Acute and Chronic Health Conditions” section needs a citation (Lines 277 – 281).</p> <p>They should also address questions about how Title X and Title V fit in. They should explain how expanding Medicaid coverage to 1 year postpartum actually make a difference in terms of people’s ability to use these services.</p> <p>Recommend clarifying whether dental coverage is included in Medicaid postpartum coverage. Also suggest noting the lack of dentists who accept Medicaid and thus tempering statements about how important expanding Medicaid will be.</p> <p>Recommend clarifying how the piece around anti-racist, unbiased service delivery fits in in terms of evidence-based strategies and how this policy statement will get there. Is there a way to incentivize training in and actual improvement in the anti-racist unbiased service delivery? What does the evidence say about how to incentivize this?</p>

Are these strategies ethical and equitable?	Whether the strategies are ethical and equitable needs to be evaluated after this section is edited to address recommendations.
Opposing Arguments Does the proposal include a summary of opposing or alternative viewpoints? (Yes/No? Please describe if needed).	Yes, some opposing/alternative viewpoints are included, but need citations
Does the proposal sufficiently refute the opposing viewpoints presented with scientific evidence (i.e., are there additional points that should be added to better refute the opposing viewpoints; what relevant or opposing arguments are missing)?	Recommend <ul style="list-style-type: none"> strengthening the refutation of opposing viewpoints as they lack sufficient evidence and very little rebuttal is offered. Specifically, cost estimates, cost-benefit analysis, and cost effectiveness analysis should be added. More details to justify why this strategy is more important (or more politically feasible) than a broader Medicaid expansion is needed. Strengthening arguments presented to refute opposing points of view. The authors should do their best to demonstrate (with cited evidence) the cost (or simple calculations) for a state or the Federal government and be able to compare these numbers to the economic effect of unplanned rehospitalizations, increase usage of emergency services, quality of life decreases, increase of trauma, etc. among people during postpartum and their children and families. Authors should attempt to answer the following question: How would this intervention compare to alternative Federal and state government plans that address this issue but currently may lack the funding. Clarify whether if it is a mandated federal requirement if an SPA will be necessary. Improve the alternative strategies section, as there were some concerns raised that the component related to the waiver is not evidence based. Clarifying whether some states are using waivers or state plan amendments Adding opposing viewpoint of – there are other federal and state government plans that

	<p>might address this issue, but may lack the funding (i.e. opportunity cost)</p> <ul style="list-style-type: none"> • Adding the opposing viewpoint of – we should be advocating for universal/single payer plans, per existing APHA statements. This would then allow the authors to add a clear or expanded refute of the full coverage v postpartum coverage argument. The last sentence implies that it is not an either/or scenario, but this doesn't answer the question of which option results in better outcomes for pregnant people. <p>Consider:</p> <ul style="list-style-type: none"> • Is it possible that an opposing argument not included is that Medicaid expansion is not necessary for an entire year postpartum since the recommended care schedule is only up to 12 weeks after delivery? • For refutation of opposing arguments-it may be a good idea to see how different medical associations forecast the effect of the proposed extension among health care providers. For example, would the extension change their billing, coding practices, volume of patients, unbalance their payer mix, etc.? These associations are likely to be in favor but the reviewers / readers are not 100% sure based on current argumentation. • Adding additional opposing arguments, i.e. cost (that some state legislatures question the long-term nature of the federal matches e.g. "the feds could change their mind at any moment and stop paying the match"); being opposed to Medicaid in general.
<p>Action Steps Do the action steps flow logically from the strategies defined in the proposal?</p>	<p>The strategies section should be revised to provide evidence that the action steps outlined will be likely to contribute to improvements at least in use of the health care and public health services outlined, to the quality of those services, and, ideally to improvements in maternal morbidity and mortality. Another approach would be to</p>

explain the more technical aspects of Medicaid funding law and why the strategies proposed (US congress enacting legislation, states adopting the option, and SPAs rather than waiver approaches are the way to go); this would also include a review of the evidence related to the different levers and incentives to make change, including in quality of services and anti-racist aspects of the care. The reimbursement rate piece comes out of nowhere – this should also be described in evidence-based strategies.

Recommend:

- Revise the action step related to incentivizing evidence-based care, given that many women don't attend postpartum visits or breastfeed for a year, and it isn't clear that extending Medicaid eligibility for a year will address this.
- Recommend revising action steps per CHPPD questions & recommendations. Specifically, Why only call for national Medicaid postpartum coverage for one year? Why ask for states to adopt the option, if it's made mandatory by Congress? And why only for a year?
- Edit the action steps to be clearer who the actor is and what they are doing. Specifically, the actions steps call for US Congress and States to "adopt", "use", "ensure coverage", however, Medicaid is state run program. The authors should consider the state implications of federal initiatives. As written, the action steps are not feasible and costly to some states
- Of the 6 action steps, one indicates that health care leaders and planners should maximize Medicaid expanded coverage for the postpartum period by using levers to incentivize evidence-based care and other approaches. This step would need further discussion. As indicated earlier in the text, many women do not attend postpartum visits or breastfeed for a year and the extension of Medicaid eligibility by itself may not increase these activities. What kinds of incentivizing might be effective?

Consider:

	<p>- Would add full Medicaid expansion as an action step since care throughout the life course is critical, including all the years leading up to a pregnancy (e.g., more than just prenatal care); including addressing and eliminating racial bias in pregnancy-and postpartum care.</p>
<p>Are the action steps supported by the evidence or rationale documented in the proposal?</p>	<p>Recommend revising the proposal to more clearly lead into the action statements.</p> <p>Suggestion to add an additional Action Step that addresses social determinants of health that may increase maternal mortality during the 1st year postpartum. (i.e., are there factors that put structurally vulnerable populations at risk that could be folded into Medicaid expansion? Are there resources that could be offered to people postpartum that would reduce their mortality risk that aren't necessarily clinical visits?)</p> <p>The last 3 action steps need to be better established and supported with additional evidence in the strategies section. Establish the policy/programmatic levers to motivate change, cover full preventive services, remove cost sharing, and open reimbursement to all types of providers from Medicaid.</p>
<p>Are action steps ethical and equitable? If not, describe why not?</p>	<p>It is not possible to tell whether the action steps are ethical and equitable from the evidence provided. Evidence regarding possible tradeoffs or unintended consequences of these action steps, as well as how they affect structurally vulnerable people should be described.</p>
<p>Are action steps feasible? If not, describe why not?</p>	<p>It is not clear from the proposal whether all of the action steps are financially and legally feasible. The authors should revise the policy statement to explain whether the action steps are financially and legally feasible, and possible objections to this feasibility should be added to the opposing viewpoints section.</p> <p>Consider:</p> <ul style="list-style-type: none"> - Removing the last 3 bullets of the Action steps section as they are much more ambitious and don't follow as closely from the evidence as the other components Consider: The action steps call for U.S. Congress and states to "adopt," "use," "ensure coverage," however, Medicaid is state run

	<p>program. The authors should consider the state implications of federal initiatives. As written, the action steps are not feasible and costly to some states.</p>
<p>Are the action steps culturally responsive to the under-represented and underserved populations being addressed, if appropriate? If not, describe why not.</p>	<p>The action steps are not explicitly culturally responsive to underrepresented and underserved populations. Authors should consider adding some language to the 4th bullet regarding culturally relevant and anti-racist services.</p> <p>☐ Consider integrating the anti-racist, unbiased service delivery into the final bullet if feasible to address the comment during the late-breaker policy debate</p>
<p>References</p> <p>Are the references properly formatted, up-to-date, and peer-reviewed?</p>	<p>References are properly formatted and up-to-date. They mostly are not peer-reviewed though. Instead they are websites and statements from other professional associations. Recommend adding more peer-reviewed articles instead of websites and professional association statements. As the evidence-based strategies and opposing arguments sections are revised, I imagine there will be considerable opportunity to add peer reviewed articles instead.</p> <p>Suggestion to edit the section “Changing Policy to Expand Medicaid Postpartum Coverage” (Lines 204-214) in the Problem Statement to reflect any new developments since April 1st.</p> <p>Recommend:</p> <ul style="list-style-type: none"> • Careful review to make sure every sentence that should have a citation does have a citation. • Updating to 2020 or 2021 Medicaid facts • A number of broad assertions should be supported by references. Additional data, where available, should be used <p>Consider:</p> <ul style="list-style-type: none"> • Several recent studies have been released focused specifically on postpartum SMM. These would be important to cite for a policy focused on PPC.

<p>Do comments from members or APHA units suggest relevant evidence has not been included or raise questions about the proposal's scientific foundation?</p>	<p>Yes, comments from members and APHA units suggest relevant evidence has not been included and raise questions about the proposals scientific foundation.</p>
<p>Additional Review</p> <p>Does this proposal require additional review from external experts? If so, please identify potential reviewers and provide contact information if available (individuals and/or organization):</p>	<p>Someone who understands the State Plan Amendments and who understands more about health care financing and Medicaid should review this, particularly the alternative strategies section. One option is the organization NHELP.</p>