

Proposed Policy Brief Assessment #1 Rubric

PPB Title _____

PPB Number: _____

Evidentiary Review Committee (ERC) members will review and evaluate the first draft of the proposed policy brief using the following rubric to evaluate compliance with the author guidelines and determine the number and scope of revisions needed. The ERC review should include a summary of the results of the Subject Matter Expert review, Member Unit reviews, and feedback from the first public hearing, along with their feedback.

Reviewers should provide actionable comments as either required revisions- revisions that are necessary to move the policy brief forward, to bring it into alignment with Policy Brief Guidelines and Evidentiary Review Committee expectations **OR** optional revisions- revisions that are recommended to improve the overall strength of the policy brief but are not critical to meet guidelines/requirements.

The aim of the comments is to help produce a proposed policy brief that includes clear strategies and action steps to address the identified problem in context and is informed by the best available evidence. The first review should prioritize identifying major required revisions.

| Problem Statement | 5- Addressed and expectations met | 3- Needs Some Improvements to Meet Expectations | 1-Needs Substantial Improvements to Meet Expectations | 0-Criterion not addressed | Required Revisions Revisions necessary to move the policy brief forward, to bring it into alignment with Policy Brief Guidelines and Evidentiary Review Committee expectations. These are decision-driving. | Optional Revisions Revisions that are recommended to improve the overall strength of the policy brief but are not review-driving. These are provided for the Member Unit’s consideration |
|--|---|---|---|--|---|--|
| Evidence of the Problem and Gaps in Knowledge | Provides a thorough introduction using evidence to clearly detail the public health problem and why action is necessary. Gaps in public health or scientific | Provides an introduction that describes in some detail the problem and why it is important to address. Evidence of the problem is provided, but could be improved or expanded. Gaps in public health or scientific | Provides a basic introduction that states the topic, but it falls short of an appropriate level of evidence. Details of the impact of the public health problem are limited, so the reader is unclear about its importance. | Provides a very weak introduction to the topic, or no introduction is provided. Evidence of the existence and/or importance of the problem is not presented. Gaps in public health or scientific | | |

| | | | | | | |
|--------------------------|--|--|---|---|--|--|
| | <p>knowledge are well presented and fully detailed.</p> <p>Any revisions are limited to grammatical or editorial suggestions.</p> | <p>knowledge are noted in brief.</p> <p>The missing components in this section could be addressed by following relatively simple recommendations. Some elements are covered adequately, but not all.</p> | <p>The gaps in public health or scientific knowledge are only briefly discussed or are missing major pieces.</p> <p>The deficiencies in this section will require the authors to add substantial evidence, details, or descriptions of disproportionate burden.</p> | <p>knowledge are not addressed.</p> <p>This section needs to be entirely or almost completely rewritten. Each area of emphasis expected for this section is inadequately addressed.</p> | | |
| Target Population | <p>The target population is clearly identified, and the population's needs are detailed with substantial evidence. Evidence is provided on identifying these needs, including whether the population has been directly consulted. The burden[†] of the problem within the population is detailed, including</p> | <p>The target population is identified, and the population's needs are discussed. The burden, risk, and disproportionate impact are adequately addressed but must be strengthened.</p> | <p>The target population is identified, and some discussion of the burden, risk, and disproportionate impact is provided. However, supporting evidence is either unclear or lacking.</p> | <p>The target population is inadequately described, and the burden, risk, and disproportionate impact are poorly presented or identified. Limited to no evidence is provided as to their needs.</p> | | |

| | | | | | | |
|--|---|--|---|---|--|--|
| | discussion of the risk [†] and disproportionate impact [†] , which are supported with strong evidence. | | | | | |
| Alternative explanation or opposing arguments | Alternative explanations or opposing arguments to the problem are detailed and clearly refuted. | Alternative explanations or opposing arguments to the problem are acknowledged, and an attempt is made to refute these arguments, but the refutation could be strengthened. | Alternative explanations or opposing arguments to the problem are presented, but are not refuted | Alternative explanations or opposing arguments to the problem are not discussed. | | |
| Overall Context *Individual context elements to consider are listed below | Conveys a thorough explanation of the central context around the public health problem and the means to address it. Addresses all relevant contextual elements listed below and provides the reader with excellent evidence of the causes and | Conveys an adequate explanation of the context around the public health problem and the means to address it. Addresses most of the relevant contextual elements listed below, but the discussion or scope could be expanded. Provides the reader with some evidence of the causes and effects, and examples to | Conveys a basic explanation of the context around the public health problem and the means to address it. A few contextual elements listed below are discussed, but further explanation of several factors is needed. Provides the reader with minimal evidence of the causes and effects or examples to demonstrate their points. | Conveys an entirely inadequate explanation of the context around the public health problem and the means to address it. None of the contextual elements listed below is discussed. Does not provide the reader with any evidence of the causes and effects or examples to | | |

| | | | | | | |
|--|---|---------------------------|--|---------------------------|--|--|
| | effects, as well as examples to demonstrate their points. | demonstrate their points. | | demonstrate their points. | | |
|--|---|---------------------------|--|---------------------------|--|--|

* The following contextual considerations should be addressed in the explanation of the problem and rationale for action as appropriate

| Check as appropriate | Acknowledged and complete | Acknowledged but not complete | Not acknowledged (but applicable) | Not applicable | Reviewer Comments |
|--------------------------|---------------------------|-------------------------------|-----------------------------------|----------------|-------------------|
| Historical † | | | | | |
| Cultural † | | | | | |
| Ethical † | | | | | |
| Health system/services † | | | | | |
| Economic/resources† | | | | | |
| Social† | | | | | |
| Political † | | | | | |

| Strategies and Action Steps | 5- Addressed and expectations met | 3-Needs Some Improvements to Meet Expectations | 1-Needs Substantial Improvements to Meet Expectations | 0-Criterion not addressed | Required Revisions | Optional Revisions |
|--|---|---|--|---|--------------------|--------------------|
| Summary of the most critical evidence supporting the effectiveness of the strategy to address the problem | Cites the most relevant and highest-level available evidence for the effectiveness of the proposed strategies using credible sources with a | Cites some of the available evidence and demonstrates some impact of the strategies in the problem but is missing some key evidentiary support of | Cites minimal evidence and is missing numerous significant and high-level opportunities for evidentiary support for the effectiveness and impact of the proposed strategies on the problem as described. | There is no evidence presented to support the effectiveness or impact of the proposed strategies on the problem | | |

| | | | | | | |
|--|---|---|---|---|--|--|
| | clear demonstration of the impact of the strategies on the problem. | evidence and impact. | | | | |
| Justification for choosing strategies | <p>The justification includes a thorough discussion of the ethics and equity.</p> <p>The justification is well argued and supported with evidence for this strategy being more cost-effective or cost-efficient. The levels for the interventions (individual, interpersonal, community, and society/policy) are matched with justification for why this level is the</p> | <p>The justification includes some exploration of the issues around ethics and equity.</p> <p>The justification is supported with evidence for some of the following: more cost-effective or cost-efficient, and the levels for the interventions (individual, interpersonal, community, and society/policy) are matched with justification for why this level is the best.</p> | <p>The justification includes minimal exploration of the issues around ethics and equity.</p> <p>The justification needs significantly more development, including the following: more cost-effective or cost-efficient, and the levels for the interventions (individual, interpersonal, community, and society/policy) must be matched with justification for why this level is the best.</p> | <p>There is no exploration of the issues around ethics and equity, AND no justification based on the critical categories or concerns.</p> | | |

| | | | | | | |
|--|---|--|--|--|--|--|
| | best relative to alternative strategies. | | | | | |
| Linking action steps to evidence-informed strategies | <u>All</u> the action steps are strongly linked to the strategies. It is clear how the actions identified will lead to the implementation of the proposed strategies. Evidence provided in the strategies section supports the proposed action. | More than half of the action steps are linked to the strategies; some steps need to be revised to support progress toward implementing the strategies. | Less than half of the action steps are linked to the strategies; most steps need to be revised to support progress toward implementing the strategies. | None of the action steps are linked to the strategies. The steps need to be revised to support progress towards implementing the strategies. | | |
| Action steps are SMART (Specific, Measurable, Reasonable, and Timely/Relevant) | The action steps on the whole are <u>all</u> Specific, Measurable, Reasonable, and Timely/Relevant. | More than half of the action steps are Specific, Measurable, Reasonable, and Timely/Relevant. | Less than half of the action steps are Specific, Measurable, Reasonable, and Timely/Relevant. | The action steps are not Specific, Measurable, or Timely/Relevant. | | |
| Evidence of feasible and | Provides the best available | Provides adequate | Provides minimal evidence for the | No evidence of the feasibility and | | |

| | | | | | | |
|--|---|---|--|--|--|--|
| <p>appropriate strategies and proposed action steps in context. *Individual context elements to consider are listed below</p> | <p>evidence that the strategies and actions proposed are feasible and appropriate through thorough consideration of capacity constraints, political salability, ethical considerations, economic feasibility, prioritization of evidence, perceived legitimacy, anticipated disruptiveness, level of trust, associated prestige, and cost of implementation where applicable.</p> | <p>evidence that the strategies and actions proposed are feasible and appropriate through consideration of most of the relevant contextual elements listed below, but the discussion or scope could be expanded</p> | <p>feasibility and appropriateness of proposed strategies and actions. Discusses a few contextual elements listed below, but further explanation of several factors is needed.</p> | <p>appropriateness of the strategies and actions are provided, and little to no of the contextual elements listed below are discussed.</p> | | |
|--|---|---|--|--|--|--|

****The following contextual items relating to the feasibility, justification, and appropriateness of the proposed strategies and actions should be considered and discussed as applicable.**

| | | | | | | |
|----------------------|---------------------------|-----------------------------|-----------------------------------|----------------|--------------------|--------------------|
| Check as appropriate | Acknowledged and complete | Acknowledged but incomplete | Not acknowledged (but applicable) | Not applicable | Required Revisions | Optional Revisions |
|----------------------|---------------------------|-----------------------------|-----------------------------------|----------------|--------------------|--------------------|

| | | | | | | |
|--------------------------|--|--|--|--|--|--|
| Political salability† | | | | | | |
| Ethical considerations † | | | | | | |
| Capacity constraints † | | | | | | |
| Economic feasibility † | | | | | | |
| Level of trust † | | | | | | |
| Degree of support † | | | | | | |
| Cost of implementation † | | | | | | |

| Strategies and Action Steps Required Elements | Yes | No | Required Revisions | Optional Revisions |
|--|-----|----|--------------------|--------------------|
| One action step is focused on the education of the broader public | | | | |
| At least one action step is focused on state-level or local-level implementation | | | | |
| Clearly identified actors | | | | |
| All externally facing | | | | |

† Definitions:

Historical considerations: How have past events and societal changes, including wars, economic shifts, or mass migrations, for example, impacted the problem? How have scientific knowledge and public values shaped the problem's perception and management over time? Also, explore past mistakes and successes in addressing the problem.

Cultural considerations: What are the shared values, beliefs, and practices that influence the population's understanding of problems, desired solutions, and the acceptability of policies?

Ethical considerations: What are the ethical dimensions to the problem and its potential impact on stakeholders' rights, values, and well-being?

Health systems considerations: What institutions and organizations are present to promote, sustain, or restore health? How do these systems function, and are they accessible?

Economic and resource considerations: How is the problem impacted by resource allocation, income distribution, employment, and overall economic well-being?

Social considerations: How do factors like social support and inclusion, discrimination, and violence influence populations' experience with the problem and the desire for a solution?

Political considerations: How do political ideologies, funding structures, power dynamics, interest groups, and government structures influence the problem's definition and the potential for solutions?

Political salability- Is there political will/commitment obtained through public opinion and pressure from interest groups, lobbying, and advocacy? What is the decision-making process, the political agenda, and the means of knowledge sharing? Political salability is based on the idea that decision makers are not receptive to research unless it serves political gain (predetermined decision/evidence sought to justify the problem).

Ethical considerations- To include autonomy, nonmaleficence (not causing more harm), beneficence, justice, service to society and accountability to those served.

Capacity constraints- Knowledge and skills of individuals and organizations, partnerships, networking, structure (organizational composition), funding, training, will, interest, advocacy, process, leadership, communities of learning (knowledge sharing), support for innovation, and value. What needs to be present in the setting to support evidence uptake/ability to carry out the objectives?

Economic feasibility- Examine a project's costs and financial benefits; an appropriate comparison of benefits and costs associated with the project (money and resources available for implementation, cost effectiveness, and opportunity cost).

Level of trust- Are actors or policymakers trusted enough to influence the proposed actions? Is there trust in the action and strategies themselves from actors, policy makers and the target population? Are the action steps easily understood and is there advantage over alternative action well demonstrated? Are the examples of use with success or promotion by those with similar "values" or "culture"

Degree of support- The value is associated with the proposed actions and those who developed and/or are implementing the knowledge base.

Cost of implementation- Who bears the costs? How costly is it to take this action? What is the opportunity cost. What would be needed in terms of time, training, and research and development, and what effects would the action steps have on productivity?

Burden: The overall impact of the public health topic or issues issue on a population (for example disease or a health condition in the population). This can be measured in terms of morbidity (illness), mortality (death), economic costs, and/or decreased quality of life.

Risk: The probability or likelihood that an individual or population will be impacted by the issue (for example experience a health-related event, such as disease, injury, or death). Can be modifiable or non-modifiable.

Disproportionate Impact: Occurs when a specific population group experiences a greater burden of disease, health risk, or poor outcomes compared to others, often due to social, economic, or environmental inequalities.

| | |
|--|--|
| Problem Statement Score (out of 20): | |
| Strategies and Action Steps Score (out of 30): | |
| Total Policy Brief Score (out of 50): | |

Recommendation:

A Recommendation for Progression with Revisions: The Evidentiary Review Committee will reconsider the proposal before forwarding it to the Governing Council for consideration **ONLY** if it is:

- (a) Revised addressing the specific suggestions contained in the conditional assessment report and received by the date specified in the letter from the Evidentiary Review Committee; or,
- (b) Combined with other related proposals into a single, succinct proposal jointly developed by the separate authors according to the specific suggestions contained in the conditional assessment report and revised and received by the date specified in the letter from the Evidentiary Review Committee.

Recommendation for Removal of Process: The Evidentiary Review Committee suggests withdrawing the proposal due to the number and scope of revisions necessary for the proposed policy brief to meet policy brief review criteria as described in the author’s guidelines. Authors may choose to revise the proposed policy brief for a second review. Still, suppose APHA receives no correspondence indicating an intent to proceed within two weeks of receipt of the recommended rejection assessment. In that case, the proposal will automatically be removed from the process. Proposed Policy Briefs that receive a rejection can begin the process again through the Intent to Write, the following cycle.

Reviewer Name _____

Date _____