ASTHO Policy Statement Development Process
Approved by the Assembly of Members on January 26, 2018

Background
This policy describes the process by which ASTHO will develop official policy statements.

Rationale for ASTHO Policy Statements
1. **Purpose.** The purpose of ASTHO Policy Statements is to:
   a. document and provide a written record of ASTHO’s official position on public health issues of importance to state and territorial health officials and/or their agencies;
   b. provide the public, policymakers, media, healthcare providers, and the public health enterprise with an informed position on a public health issue;
   c. serve as a resource, including sharing evidence and data to support a particular policy, on an issue of importance to state/territorial health agencies;
   d. guide advocacy efforts, including the drafting of op-eds, letters to the editor, testimony to Congress and the Administration, and requests for comments by national and state organizations.

2. **Development.** ASTHO will develop new Policy Statements when:
   a. there is a public health issue that would benefit from a policy position from State/Territorial Health leaders to ensure the state/territory voice is heard;
   b. there is an existing policy statement that needs to be updated due to an emerging health threat, new science, advances in practice or a changed systems environment making the existing policy obsolete or out of date.

3. **Decision to Develop a Policy Statement.** Individual ASTHO Members, ASTHO Committees, the ASTHO Board, or the ASTHO Assembly of Members may propose the development of an ASTHO Policy Statement. Staff suggestions can be made through any of these channels.

Proposals to develop an ASTHO Policy Statement must contain a discussion of the issue, suggestions on potential substantive content, and a recommendation for the ASTHO Policy Committee that should be charged with Policy Statement development.

Following a confidential vote of all members whereby at a minimum 35 of the ASTHO membership (no quorum required) agree, the proposed Policy Statement shall be assigned by the President to the specified ASTHO Policy Committee for development. This vote will be open for two weeks to allow members time to respond.

4. **Structure and Content of ASTHO Policy Statements.** The Executive Committee shall work with staff to develop a standard template for all ASTHO Policy Statements. All Policy Statements shall include a concise summary of ASTHO’s position and
recommendations in the introduction or the first several sentences, e.g., “The Association of State and Territorial Health Officials support access to health services as a central component to improve the health of the population.” ASTHO Statements of Policy will be posted on the ASTHO website. Policy Statements will be maintained and managed by the ASTHO Executive Office with support from relevant committees and their staff.

ASTHO Policy Statements should be brief (1 to 2 pages) and include:

a. A clear statement of policy;

b. The data/evidence/science-based support for the policy decision;

c. References or a companion bibliography when extensive research has been conducted (see the “white paper” options as well);

d. Adoption and/or revision date at the end of all documents;

e. Statements shall include the following: ASTHO membership supported the development of this policy which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on this issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of their jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

5. Policy Approval Steps. The steps below describe the process for ASTHO Policy Statement approval.

a. A minimum of 35 ASTHO members must vote affirmatively to establish a Policy Statement.

b. The President shall assign development of such a Statement to a specific ASTHO Policy Committee and suggest that the author/originator participate in the Committee’s deliberation along with other interested members.

c. The ASTHO Policy Committee drafts the Policy Statement. Staff will support the research and editorial functions of developing the policy statement as requested by the Policy Committee through its Chair.

d. ASTHO Government Relations staff will also discuss the potential impact of the draft policy statement with the Policy Committee and inform the Committee of any potential problems or challenges that could result from adoption of the policy statement. The Government Relations Committee shall be informed of all statements of policy that are under development by ASTHO on a quarterly basis so that they are informed of potential policy developments and can align policy statements with ASTHO’s overall legislative and policy priorities when necessary.

e. The draft policy will be reviewed and approved by the Policy Committee by a simple majority.

f. The draft policy will be shared with the membership (Assembly of Members) for their review and advisory vote (advisory step only -- yes, no or abstain – not an opportunity for wordsmithing).

g. Once approved by the Policy Committee, the draft Policy Statement will go to the ASTHO Board for review and must have approval by 10 Board members.
h. Regional Directors should query their regions about the Policy Statement and member concerns before the Board votes on the Policy Statement.

i. *Expedited approval process.* In the event of a time-sensitive matter requiring an immediate response from ASTHO before the scheduled annual meeting, documents may be approved by the Board of Directors and posted online with the provision “approval of AOM pending” clearly stated on the document itself.

j. ASTHO will ensure the entire membership receives a Board-approved policy statement at a minimum one day in advance of it being released to the public.

**White Papers**

In addition to ASTHO Statements of Policy, ASTHO may author “White Papers” or other expert briefs for use by state and territorial health officials, their staff and/or other stakeholders. White papers are developed when the need arises to extensively address an issue too expansive and complex to be sufficiently contained or explained in the typical length of a policy statement or around which no clear consensus has yet developed.

Unlike Policy Statements, which reflect the official position of ASTHO, White Papers do not reflect ASTHO policy. Rather, they provide a comprehensive review of the pros and cons of an issue, the current evidence, the impact on state and territorial health agencies, etc. White Papers may also be drafted to help the Assembly of Members and/or Board of Directors fully understand an issue. That is, a White Paper may be drafted summarizing an issue from all perspectives and used to inform deliberations by Committees, the Board, and/or the Assembly of Members, each of whom may seek to draft a statement of policy subsequent to the creation of the white paper.