

**Meeting of the Ethics Subcommittee of the Advisory Committee to the Director,
Centers for Disease Control and Prevention (CDC)**

February 9-10, 2012

**Thomas R. Harkin Global Communications Center, Auditorium B-3
Atlanta, Georgia**



Summary of the Proceedings

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Day One: Introductory Remarks

On Thursday February 9 and Friday February 10, 2012, the Ethics Subcommittee of the Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC), met in Atlanta, Georgia. The meeting was called to order at 1:03 pm on February 9, 2012. A quorum of Ethics Subcommittee members was present in-person and via telephone. Prior to the start of the meeting all Ethics Subcommittee members declared that they had no conflicts of interest.

Ruth Gaare Bernheim, JD, MPH, Chair, Ethics Subcommittee, welcomed the group, reviewed the meeting goals, and asked those present and on the telephone to introduce themselves. The meeting agenda is included in Attachment 1. A list of meeting participants is included in Attachment 2.

Development of Practical Public Health Ethics Tools for State, Tribal, Local, and Territorial Health Departments

Drue Barrett, PhD, Designated Federal Official (DFO), Ethics Subcommittee, explained on-going work on developing public health ethics tools for state, tribal, local, and territorial health departments. The current work is focusing on the development of public health ethics case studies for use in training workshops geared to local health officials.

Current cases address infectious disease issues (e.g., multi-drug resistant tuberculosis and vaccine-related issues) and non-communicable disease issues (e.g., intimate partner violence and prescription drug monitoring). Work is currently being done to develop new cases, especially cases on non-communicable disease topics.

CDC is collaborating with the National Association of County and City Health Officials (NACCHO) and Booz Allen Hamilton to develop five new public health ethics cases geared toward local health officials. This project will also include the development of two training manuals: one for students, and one for facilitators. In addition, Booz Allen Hamilton will develop a draft proposal for pursuing a public health ethics consortium.

Potential topics for the five new cases have been identified based on information learned during the webinars with state and local health officials held in 2010 and 2011. These topics include:

- Balancing the rights of the individual with protection of the public good
- Allocating limited public health resources;
- Protecting underserved and marginalized populations
- Protecting individual privacy
- Data confidentiality
- Community engagement and information-sharing

By June 2012, draft materials will be complete and ready for pilot-testing at the annual NACCHO meeting in Los Angeles in July 2012. A pre-conference workshop will help individuals analyze ethical issues using cases from public practice, evaluate ethical dimensions of alternative courses of action, and examine specific ways to integrate ethical considerations into day-to-day decision-making. In addition to the workshop at NACCHO, CDC staff in collaboration with members of the Ethics Subcommittee will be conducting a two-hour workshop

at the National Association of Local Boards of Health (NALBOH) meeting in Atlanta and discussions are ongoing with the Public Health Law Network regarding a presentation at the upcoming Public Health Law Conference. A proposal for a pre-conference workshop was submitted for the October 2012 APHA meeting as well as proposals for three panel presentations.

Ms. Bernheim presented the Ethics Subcommittee with feedback from a recent discussion with Dr. Judith Monroe, Director of the Office of State, Local, Tribal, and Territorial Support (OSTLTS) at CDC, regarding public health ethics training activities to support state, local, tribal, and territorial health departments.

- Dr. Monroe validated and endorsed the Ethics Subcommittee's focus on developing cases and building infrastructure and capacity at the state and local levels.
- Dr. Monroe's experience in the field illustrates the need for ethics and the value that ethics brings to public health.
- She emphasized the need for education and tools to address the ethical tensions that arise in everyday practice.
- The cases will be most useful when they address "news of the day" and current ethical issues.
- Dr. Monroe supported the idea of connecting public health practitioners and academic ethicists.
- Dr. Monroe agreed that webinars are a good approach for reaching out to state and local health directors.
- She supported adding ethics to the next round of Public Health Accreditation Board (PHAB) standards to integrate ethics into public health infrastructure.

Discussion Points

The group discussed potential topics for the development of new case studies for the training being developed for local health officials. Regarding the problem of allocating state resources, a potential case could address changes in hospital community benefit requirements through the Affordable Care Act (ACA). The changes will require greater interaction for data and consultation between hospitals and public health agencies. Ethical issues are likely to arise because of the tension between hospitals' obligations to their facility, which requires great investment, and the desire to make upstream investments that may reach beyond a hospital's service area.

There are other tensions regarding the level of government that is involved, as different levels are appropriate in different areas. Situations differ greatly in different areas of the country, where the capacity and resources of public health vary.

Tools and education materials could provide historical cases for context. The challenge of health professional immunizations and self-protection in outbreaks was raised many times by local health officials. The smallpox vaccination experience after September 11, 2001 illustrated these tensions. Where a person lives in an outbreak matters a great deal, because local health infrastructures differ.

There was discussion regarding the issue of privacy and protection of individual data. Growing investments in health information technology (HIT) bring opportunities for advancements in research and surveillance, also concerns regarding how to protect individual data. A case could

address electronic health records. As electronic health records become more common, and even required, it will be important for ethics to inform their development and use.

Another potential case topic is public health genetics. This large data source about individuals has useful public health applications and implications. There was discussion regarding whether this topic would be pertinent to local health officials or whether it was more of a state issue. It was suggested that NACCHO could provide input on this and help frame the issue in ways that address concerns of local public health officials. It was pointed out that the case studies are most useful when they are based on real examples.

Non-Communicable Disease Case Development

Leonard Ortmann, PhD, Public Health Ethicist, Public Health Ethics Unit, Office of Scientific Integrity, Office of the Associate Director for Science, CDC, provided an overview of ethical issues in non-communicable diseases in order to set the stage for a discussion about further work on developing non-communicable disease cases. Dr. Ortmann began by reminding the Ethics Subcommittee about the CDC Director's winnable battles and pointing out that several of these winnable battles address non-communicable diseases. To the extent possible, we should have cases that include these winnable battles.

Dr. Ortmann also discussed the "Health Impact Pyramid" described by Dr. Friedman in a 2010 *American Journal of Public Health* article. Socioeconomic factors are at the bottom of the pyramid indicating that addressing those factors will have the greatest public health impact. Interventions focused on the individual, whether behavioral or medical, lie further up the pyramid. Even though programs and interventions that are lower on the pyramid have greater impact, they also tend to be more controversial. While all aspects of the pyramid are important, there could be a "sweet spot" that balances an acceptable level of controversy with optimal impact.

Dr. Ortmann also referred to the "Intervention Ladder" described by the Nuffield Council on Bioethics in their 2007 report on ethical issues in public health. The "Intervention Ladder" moves from non-intrusive approaches, such as "monitor the current situation," to more restrictive approaches that may meet more resistance from the public and from political forces, such as "restrict or eliminate choice." In discussing policies to address the winnable battles, it is important to understand a proposed intervention's level on the "ladder."

Dr. Ortmann described public health ethics role in expediting knowledge translation. The Subcommittee identified a gap between knowledge and intervention, suggesting other obstacles that lie beyond those named in the "Intervention Ladder" (such as competing ethical values, public opposition, financial constraints). Public health ethics can help craft arguments and anticipate problems to expedite the translation of public health science and knowledge into interventions by suggesting new ways to frame issues and policies.

Discussion Points

Non-communicable disease interventions often ask individuals to make difficult behavior changes for the sake of future health benefits, and this difficulty contributes to ethical tensions. The Ethics Subcommittee will identify and develop cases regarding interventions, regulations, or policies that have inherent ethical tensions. The cases will help public health officials and practitioners build their arguments based on ethics. In deciding on topics for additional cases on non-communicable disease issues, it will be important to obtain the perspectives of local health officials to learn their priorities for case studies. It was pointed out that public health powers are defined differently in different jurisdictions, so the definitions of state and local will vary. It was suggested that cases should be developed based on priorities that CDC and public health attach to certain public health threats and risks.

A potential structure for a case could begin with a background description of a problem and then describe a local situation in which the problem has manifested itself. A solution that is accepted by certain people in a certain area may be acceptable in other districts with similar values, but not acceptable in districts with different contexts. The cases will incorporate the notion that local decisions reflect local values.

The health reform regulation provides an endless supply of interesting issues for public health to consider. For example, questions concerning the formation and operation of health insurance exchanges will affect how well the population is insured as well as how well the population receives preventive care and screening. Public health tends to focus on issues of individual liberty, but issues of market deregulation versus regulation are important as well. There will be significant questions regarding how much the new insurance market should be regulated, what those regulations look like, and which regulations may be more important than others. Public health agencies will deal with these issues, as well as questions about who a community provider is and what access ought to look like. Public health will need to use analytic thinking to prioritize.

The new health care law includes certain minimum screening provisions. Screening may not be a concern, but management of a chronic condition may be a concern. A case could present a unified view of asthma as a public health activity and include issues of regulation as well as healthcare reform.

Other possible topics for non-communicable disease case studies discussed include:

- Restricting placement of soft drink vending machines in schools
- Banning use of food assistance funds for purchase of sugary beverages and sodas
- Banning smoking in public places
- Motorcycle helmet laws
- Reducing salt intake
- Eliminating trans fats

Concern was expressed about focusing on a particular condition or case rather than on the framework of public health and its benefits.

Strategies for Increasing Collaboration between Public Health Ethics and Public Health Law

Ms. Bernheim reminded the Ethics Subcommittee that in their outreach efforts to state and local health department officials, they learned that the officials often rely on lawyers for guidance in ethical and legal areas. The connection between public health law and public health ethics is strong, and the two are complementary tools in real-world situations. Law is a formal institution that provides statutes and regulations; ethics is a less-formal institution that presents values, professional codes, and guidance based on previous cases.

Matthew Penn, JD, MLIS, Director of the Public Health Law Program at CDC, explained why law has a place in public health. The ten great achievements of public health, including vaccinations, motor vehicle safety, control of infectious diseases, and safer workplaces, are grounded in law. Frequently, staff attorneys write state and local statutes or regulations based on ideas generated by health departments. Attorneys have an impact on the direction and detail of the implementation of the law.

Public health laws are broadly defined as any laws or regulations that have consequences for the health of a defined population. These laws can have a range of impacts that are not confined to the operation of agencies. Public health laws address the powers and duties, as well as the limitations, of government.

When a public health official asks a lawyer for advice on an issue, the lawyer explains the law and may offer informal advice. The lawyer can clarify what public agencies are and are not authorized to do; however, the range of possible actions within the frame of what is legally allowable can be significant. As more laws are passed and the world becomes more complicated, more legal input is needed.

The CDC Public Health Law Program has been in existence for about ten years. The program, now housed within OSTLTS, has reorganized and focuses on performance improvement and increasing system capacity.

The Public Health Law Program believes in using the law to improve the public's health and public health outcomes, providing support to practitioners and their attorneys "at the intersection of law, science, and policy." The program identifies strategies that can educate the field, providing legal technical assistance to state, tribal, local, and territorial health departments as well as to CDC partners. Staff from the program often partner with programmatic experts to ensure that laws are properly and realistically incorporated into initiatives.

The ten attorneys in CDC's Public Health Law Program search for, collect, and organize policies, laws, and regulations and put them into useful formats and databases for trend analysis. Much of CDC's work centers on law and policy, so it is important to look practically and realistically at state and local laws. The Public Health Law Program also maintains projects in workforce development, such as training CDC project officers and local health officers to increase capacity.

Discussion Points

Legal and ethical questions often revolve around individual liberty versus the state, but new issues will focus on corporations rather than on individuals. Examples of these issues include

healthcare-associated infections, chemical exposures in schools, and restriction of access to prescription drugs.

Science has begun to move faster than policy, particularly in the areas of environmental effects of food, water, air, and other factors on the health of populations. Ethics addresses this gap between science and policy.

There was discussion regarding the recent Institute of Medicine (IOM) report on the law and strategies for public health. Mr. Penn commented that the IOM report is aspirational, but not very realistic, as it overestimates the economic and political capacity of the public health system to reach the goal of the report. For instance, it is not realistic to suggest that all health department jurisdictions should have access to a lawyer with training in public health. Another ethical issue raised, but not addressed, by the IOM report concerns the evidence behind the law. What should be done in cases in which there is no evidence base, or if the science is not strong?

The Model State Emergency Powers Act raises a number of interesting and intricate ethical considerations. Some people characterize that body of work as excessively concentrated on individual rights, where others see it as an excessively over-expansive “power grab” by the government.

The Public Health Law Program communicates a great deal with the Robert Wood Johnson (RWJ) Foundation and has direct interaction with the Network for Public Health Law. Regional centers around the United States focus on giving direct technical legal assistance to health departments. The network could be a good model for ethics. RWJ also supports public health law research, focusing on evidence of effectiveness and impact of public health laws. They also support evaluations in order to build a body of evidence for public health laws and policies.

Through RWJ initiatives and other efforts, a group of national players in public health law is becoming more organized, coordinated, and integrated, particularly in workforce development and education. This area is appropriate for collaboration with ethics.

In summary:

- The Subcommittee and the Public Health Law Program could work together to develop a case, perhaps regarding how to prioritize essential services when resources are limited.
- The Public Health Law Program could provide input on the Subcommittee’s case involving prescription drugs.
- The Network for Public Health Law could serve as a model for a public health ethics network.
- The public health law research work could inform the Subcommittee’s work in evaluating the impact of ethics.
- Collaborative efforts in workforce development would be fruitful, especially as inventories are conducted.
- The Ethics Subcommittee could serve as a forum if the Public Health Law Program needs ethics input in future policy development.
- The question of how ethics enables law “to do the right thing” is an area for consideration.

Motion

Dr. Kahn moved to create a workgroup to further explore options for increasing collaboration between public health ethics and public health law. Dr. Isham seconded the motion. The motion carried unanimously. Dr. Goodman, Ms. Bernheim, and Dr. Kahn indicated their interest in participating in the workgroup.

Public Comment

William Sexson, MD, agreed that the legal model can help with approaches to ethical issues. He further agreed that the medical and legal professions can teach each other a great deal. One of the key issues in medicine is learning to ask the right question, and the question is usually not about issues; rather, the question is about a situation in a context.

Concluding Comments

Ms. Bernheim summarized the day's discussion. She pointed to the importance of integrating ethics into real-world public health practice to aid in decision making. She also noted that public health ethics and public health law share similar goals, including capacity-building at the local and state levels. There is natural overlap in these two fields and she looks forward to the input of the new workgroup regarding areas for increased collaboration. The meeting was officially adjourned for the day at 5:00 pm.

Day Two: Opening Remarks

The meeting was reconvened at 8:40 am after Dr. Barrett established that a quorum of Subcommittee members had been reached. Ms. Bernheim reviewed the previous day's discussion regarding supporting state and local health departments and working with public health law to develop complementary tools to bridge public health ethics and public health law. She also reviewed the agenda items for the second day of the meeting, which included discussing approaches for evaluating the impact of public health ethics and CDC efforts to establish international collaboration on public health ethics.

Dr. Barrett introduced Dr. Sexson, the Associate Dean for Clinical Affairs at the Emory University School of Medicine. He is a student in the Emory Bioethics program and is working at the CDC as an intern. He will be working with the CDC Public Health Ethics Unit to provide input on approaches for evaluating the impact of public health ethics. His work in this area may provide information that will be of use to the Ethics Subcommittee Evaluation Workgroup.

Approaches for Evaluating the Impact of Public Health Ethics

Evaluation is another aspect of the Subcommittee's work with state and local entities. In an era of measurement, accreditation, and demonstration of value added, the Subcommittee hopes to

provide ways to think about the value added of public health ethics. The Evaluation Workgroup of the Ethics Subcommittee has been working on this topic.

Pamela Sankar, PhD, Ethics Subcommittee member, reviewed the Evaluation Workgroup's progress. The group has met three times via telephone and has consulted with CDC experts, including Dr. Judith Monroe, OSTLTS Director. Dr. Monroe emphasized the importance of incorporating ethics into preparations for pandemic influenza. Her reflections confirmed the workgroup's hope that the impact of public health ethics could be assessed in specific ways.

The workgroup created a working definition of public health ethics: "Public health ethics is a process that enhances public health decision-making by integrating ethical considerations and values." The next step is to describe outcomes that can be expected from public health ethics. Suggestions include:

- Expedite the timeframe of decision-making
- Improve the efficiency of public health
- Influence how to approach public health interventions
- Clarify concepts and justifications for public health decision-making
- Improve public health officials' comfort with decision-making
- Influence how to best engage the public in decision-making
- Gauge public acceptance or resistance to public health recommendations
- Build consensus around public health recommendations
- Foster public trust

Thinking Strategically About the Impact of Public Health Ethics

Thomas J. Chapel, MA, MBA, Chief Evaluation Officer, Office of the Associate Director for Program, CDC, presented a "starter roadmap" logic model for thinking about accountable outcomes and evaluation focal areas in public health ethics. The logic model is included in this summary as Attachment 3.

Strategic thinking about public health ethics encompasses planning, performance measurement, and evaluation. Evaluation should balance questions of utility, including who is looking at the information and results, and feasibility, including reasonable expectations for progress and the burden of collecting the information. Evaluation and monitoring efforts focus on who needs to learn about the program and who has the power to change the program.

Public health ethics programs will vary from setting to setting. Mr. Chapel suggested that the discussion focus on basic, standard public health ethics activities; means for conducting those activities well; and who or what will change if those activities are done well. Outcomes can be depicted as short-, medium-, and long-term; it is fine in this step to be aspirational.

"Outputs" is the evaluation term used to depict what it means to do the activities well. Given the nature of public health ethics and the ways in which it is implemented at frontline organizations, "well" may refer to the internal public health activities done by a committee or consultation process or to the kinds of ethics efforts that the Department's programs implement themselves. Either way, standards and benchmarks are available to draw on for process evaluation and for eventual accreditation. The 12 principles outlined in the *Principles of the Ethical Practice of Public Health* developed by the Public Health Leadership Society and adopted by APHA (often referred to as the Public Health Code of Ethics) focus on attributes of the ethical practice of public health.

Activities and *outputs* are the things that the public health ethics entity does or produces. *Outcomes* are the changes that result from a program's activities and outputs. Hence, something is not an outcome unless someone or something outside the program changes. Outcomes can be classified as individual-level, organizational-level, or community/public levels.

While we always aspire to accomplish our outcomes, sometimes the most important part of the evaluation design discussion is identifying the potential contextual barriers to achieving outcomes in individuals, organizations, and the community or public. These outside, moderating factors add boundaries to the choices that can be made.

Discussion Points

The potential outcomes, which include fostering public trust and perception, could be another way of approaching a "gold standard" so that even if the public does not agree with a decision, they understand why the health department made the decision and believe that it was made in a good way.

In some situations, officials can be comfortable with decisions when they are not aware of the dimensions of contention, versus a situation in which disagreement and discussion led to resolution. In the latter case, the timeframe can be longer, but the result is a resolution.

There was discussion regarding whether their evaluation design focused on public health ethics decision-making, or on ethical considerations for all decision-making. There was discussion regarding whether the model should include other essential public health services, such as policy formation, service delivery, and addressing under-served populations, in order to have greater specificity and impact. The Subcommittee concurred that the process of identification, clarification, analysis, and evaluation of ethical dimensions using ethical principles and values should be integrated across the spectrum of public health activities. Including these areas will lead to better communication regarding how ethics adds value to public health. Concrete questions will resonate with their audiences.

The Public Health Code of Ethics is a statement of principles that came from the public health workforce and their experiences in the field. To assist those officials, ethical approaches should be integrated into the public health system, perhaps via accreditation, and should make clear, strong statements about the substance of what public health is, and who public health personnel are. That substance will help to define outcomes based on public health's distinctive core values.

The potential value added of public health ethics is not only that individuals and organizations will operate differently, but also that the public's health will be different. If they limit their discussion to process and instrumental outcomes, which are important, they will miss the true value of public health ethics.

In the webinars, local officials indicated that decisions must often be made quickly. They need mechanisms and tools that are fundamentally grounded in ethics to help them respond. Beyond needing guidance for particular cases and general capacity-building, they need guidance in expressing their principled, basic approaches to the public.

With advances in information technology, it is possible to imbed ethical principles in tools that affect organizations broadly. Because local health departments are spread across the country,

they should think about the tools and processes, in addition to expert consultation and other items in the first column of the logic model, that are adaptable and available.

The logic model includes proximal outcomes, but it needs more detail about intermediate and distal outcomes, as this is where people will be persuaded of the contributions of public health ethics. A new column was proposed for the logic model to illustrate how public health programs and policies are different when public health ethics are applied.

There was discussion regarding accreditation. The Public Health Accreditation Board (PHAB) accreditation standards are oriented around essential services. Another way to look at public health ethics evaluation could be to start with the essential services of public health, then progress to the PHAB standards, then progress to the ethical principles that are relevant to each essential service, and finally create metrics for the essential service completed with ethical principles in mind. The metrics are different for each service, but the process shows the value added of ethics in public health. The ultimate goal of accreditation is to achieve a management and operation in place that ensures that the needs of public health are being met.

There was concern about the example of community engagement in setting priorities, as a community could exclude a group. Public health agencies should not surrender completely to the attitudes of the community if the community is making a mistake. When the public is engaged, values around equity should be emphasized.

It is important to define what about the public health ethics process would make a public health official want to incorporate ethics formally into their local processes. The Ethics Subcommittee could describe what ethical processes and ethical public health activities look like. This contribution would provide guidance to local entities for putting these processes in place. This process is more proximal and does not look at the larger "so what" questions.

It is important to define outcomes that can justify involvement in, and commitment to, public health ethics. It is extremely difficult to link the process of an ethical intervention to an outcome, in part because of the range of political factors that extend beyond the capacity of an ethical decision-making effort. There should be outcomes beyond morbidity and mortality, because those outcomes can "go in the wrong direction" and fluctuate for reasons beyond ethics' scope. If a strong process is in place, then it is important to define the intermediate outcomes in the logic model that demonstrate the value of ethics. Alternatively, they could just rely on the attributes of strong health departments as defined by the accreditation process.

One measure is the perception of the transparency of the process, and another measure is adherence to a process with standards and benchmarks. PHAB's approach focuses on demonstrating adherence to a process that is known to lead to good decisions. A further step would be to agree that the process is good and to assert that the people agreeing with the decisions also agree that the process is good. He asked whether any other measures could demonstrate the importance of public health ethics activities, such as the degree to which organizations' norms are changing, the ability of staff to make good decisions, and the like.

The Ethics Subcommittee concluded that:

- ❑ The structure and elements of the logic model and its flow were satisfactory; however, markers are needed to ensure that the processes in place are likely to produce better programs, policies, and approaches.
- ❑ Public health officials should have the internal capacity to use tools and make decisions on their own.
- ❑ Agencies and organizations should have ethical norms and practices in place.
- ❑ The focus of the evaluation should be the outputs and ensuring that the processes in place adhere to a theoretical framework and are processes that are likely to lead to ethical decisions.
- ❑ The purpose of public health ethics is to improve public health and public health outcomes. Consequently, the evaluation should specify that ethical processes lead to decisions, policies, and practices that are better for the public's health.
- ❑ It will be difficult to design evaluation studies to assess these impacts, and it will be difficult to claim improvements in the short term. Therefore, proximal measures are needed. One proximal measure is the perception of the community and public regarding the decision-making process and the decisions that are made. More measures may be needed regarding, for instance, employee perception of their decisions and processes, or changes in organizations' practices in norms and practices.

The Evaluation Workgroup of the Ethics Subcommittee will meet in the next few weeks to discuss the information and input of the larger Subcommittee.

Updates: CDC Efforts to Build National and International Collaboration

A steering group of international leaders in public health ethics has been established to guide the creation of an international consortium on public health ethics, including representatives from CDC, the Canadian Institutes of Health Research, the World Health Organization, the Pan-American Health Organization, and others. The steering group is also considering ways to foster collaboration between ethicists and practitioners, to foster international training on public health ethics, and to promote the development of literature in public health ethics. A proposal is being developed for a casebook on public health ethics issues. The group is also interested in developing a web portal or other online resource that will foster collaboration and serve as an online source for information on public health ethics.

Objectives for the casebook are to:

- ❑ Increase awareness and understanding of public health ethics and the value of ethical analysis in public health practice;
- ❑ Highlight ethical issues and dilemmas that arise in the practice of public health and similarities and differences in cross-cultural perspectives on frequently encountered public health ethics concerns; and
- ❑ Create a tool to support instruction, debate, and dialogue regarding public health ethics and approaches to addressing ethical challenges encountered in public health practice.

The audience for the casebook will be public health practitioners, including front-line workers, field epidemiology trainers and trainees, and managers, planners, and decision makers; schools

of public health; public health students; and academic ethicists. The product will be sponsored by the entities represented on the steering group.

Different approaches for structuring the topic areas in the casebook have been discussed. An ethics-focused approach would build on the issues that emerged from the webinar discussions with state and local health officials. Another suggested approach is to organize the topics according to public health issues. There will be a broad call for cases to attract a diversity of issues from different countries.

Discussion Points

There was discussion regarding including individuals from African and/or Asian countries on the steering group. A recommendation was made to add Yali Cong to the steering group. Dr. Cong is a professor of medical ethics at Peking University Health Science Center and is Director of the Department of Medical Humanities of Peking University Health Science Center.

Regarding the public health ethics casebook, several subcommittee members pointed out that setting the context for the casebook in the introduction will be important. The introduction can address how ethics and public health are viewed differently in different cultures and countries. Common precepts and principles regarding how ethics relates to public health should be discussed.

The enormous scope of the cases and issues may require focusing on a subset of issues in order to reach an audience. A series of books divided by topic area could approach the large scale of issues.

The Ethics Subcommittee agreed that the casebook should be open-access. There was discussion regarding the best platform for the book, including open-access on the Internet and a "hard copy" that would be available for purchase. This example is in keeping with the model of the 2011 World Health Organization (WHO) casebook on international research ethics.

Public Comment

No public comments were offered.

Procedural Issues and Meeting Wrap-up

Dr. Barrett noted that four members of the Ethics Subcommittee will rotate off the Subcommittee after the June 2012 meeting: Dr. Kass, Dr. Daniels, Ms. Wolf, and Dr. Sankar. Ethics Subcommittee members were encouraged to provide recommendations regarding potential new members for the Subcommittee.

The next steps were reviewed:

- A new workgroup on collaboration with public health law will be formed. Dr. Goodman, Dr. Kahn, and Ms. Bernheim will serve on that workgroup.
- The evaluation workgroup will reconvene to consider the meeting's discussion.
- The case development workgroup will use the meeting's feedback on training and different case topics as they consider how to move forward.

The next Ethics Subcommittee meeting is scheduled for June 28 – 29, 2012 and the final meeting of the year will be October 11-12, 2012.

The meeting was adjourned at 12:15 pm.

Certification

I hereby certify that to the best of my knowledge, the foregoing minutes of the February 9-10, 2012 Ethics Subcommittee meeting are accurate and complete.

Date: April 4, 2012

Ethics Subcommittee Chair,
Ruth Gaare Bernheim, JD, MPH

Attachment 1: Meeting Agenda

Meeting of the Ethics Subcommittee of the Advisory Committee to the Director, Centers for Disease Control and Prevention (CDC)

February 9-10, 2012

Thomas R. Harkin Global Communications Center, Auditorium B-3
Atlanta, Georgia

Call-in Information: 1-877-928-1204, Pass Code 4305992#

Meeting Agenda

Day 1 – Thursday, February 9, 2012

- 1:00 – 1:30 **Introductory Remarks and Overview of Meeting Goals** – Ruth Gaare Bernheim, JD, MPH, Chair, Ethics Subcommittee
- Welcome and introductions
 - Ethics Subcommittee members declaration regarding conflicts of interest
 - Overview of Meeting Goals
 - Review progress on developing practical tools to assist state, tribal, local, and territorial health departments in their efforts to address public health ethics challenges,
 - Discuss strategies for increasing collaboration between public health ethics and public health law
 - Discuss approaches for evaluating the impact of public health ethics and make decisions regarding next steps
 - Provide updates on CDC's efforts to build national and international collaboration on public health ethics
- 1:30 – 3:00 **Development of Practical Public Health Ethics Tools for State, Tribal, Local and Territorial Health Departments** – Ruth Gaare Bernheim, JD, MPH and Drue Barrett, PhD, Designated Federal Official, Ethics Subcommittee
- Case development update
 - Development of training for state and local health officials
 - Discussion about next steps on noncommunicable disease cases
- 3:00 – 3:15 **BREAK**
- 3:15 – 4:30 **Strategies for Increasing Collaboration between Public Health Ethics and Public Health Law** - Ruth Gaare Bernheim, JD, MPH
- Overview of the CDC Public Health Law Program – Matthew Penn, JD, MLIS, Director, Public Health Law Program, Office for State, Tribal, Local, and Territorial Support, CDC
 - Discussion of approaches for collaboration
- 4:30 – 4:45 **Public Comment**
- 4:45 – 5:00 **Concluding Comments** – Ruth Gaare Bernheim, JD, MPH
- 5:00 **Adjourn**

**Meeting of the Ethics Subcommittee of the Advisory Committee to the Director,
Centers for Disease Control and Prevention (CDC)**

February 9-10, 2012

Day 2 – Friday, February 10, 2012

- 8:30 – 11:00 **Approaches for Evaluating the Impact of Public Health Ethics** - Eric Meslin, PhD, Ethics Subcommittee Member and Pamela Sankar, PhD, Ethics Subcommittee Member
- Thinking Strategically about the Impact of Public Health Ethics – Thomas J. Chapel, MA, MBA, Chief Evaluation Officer, Office of the Associate Director for Program, CDC and Craig Thomas, PhD, Director, Division of Public Health Performance Improvement, Office for State, Tribal, Local, and Territorial Support, CDC
 - Discussion and decision making about next steps
- 11:00 – 11:15 **BREAK**
- 11:15 – 12:00 **Updates: CDC Efforts to Build National and International Collaboration on Public Health Ethics** – Drue Barrett, PhD
- 12:00 – 12:15 **Public Comment**
- 12:15 – 12:30 **Procedural Issues and Meeting Wrap up** – Ruth Gaare Bernheim, JD, MPH
- Review action items
 - Recommendations for new Ethics Subcommittee members
 - Complete evaluation forms
- 12:30 **Adjourn**

Note: Any individuals needing special accommodations in order to participate in the Ethics Subcommittee meeting should notify the Ethics Subcommittee Chair (Ruth Gaare Bernheim) or the Designated Federal Official (Drue Barrett) prior to the start of the meeting on February 9, 2012 for further assistance.

Attachment 2: List of Attendees

February 9, 2012
1:00 – 5:00 pm Eastern Daylight Savings Time

Meeting Participants:

Ethics Subcommittee, Advisory Committee to the Director

Ruth Gaare Bernheim, University of Virginia
Kenneth Goodman, University of Miami
George Isham, HealthPartners, ACD Representative
Jeff Kahn, University of Minnesota
Eric Meslin, Indiana University (phone)
Sara Rosenbaum, George Washington University, ACD Representative
Jennifer Ruger, Yale University (phone)
Pamela Sankar, University of Pennsylvania

Centers for Disease Control and Prevention

Drue Barrett (Designated Federal Officer, Ethics Subcommittee)
Mary Ari
Elise Beltrami
Karen Bouye (phone)
Fred Bloom (phone)
Cynthia Cassell
Barbara Ellis
Lindsay Feldman
Gail Horlick
Sonja Hutchins (phone)
Mim Kelly
Lisa M. Lee
Bryan Lindsey
Aun Lor
Leonard Ortmann
Ron Otten
Joan Redmond Leonard
Matthew Penn
Montrece Ranson
Scott Santibanez (phone)
William Sexson (phone)
Tom Simon (phone)
Mark Toraason (phone)
Mark White
Betty Wong

Members of the Public

Subha Chandar, NACCHO (phone)

February 10, 2012
8:30 am – 12:30 pm Eastern Daylight Savings Time

Meeting Participants:

Ethics Subcommittee, Advisory Committee to the Director

Ruth Gaare Bernheim, University of Virginia
LaVera Marguerite Crawley, Stanford University (phone)
Norman Daniels, Harvard University (phone)
George Isham, HealthPartners, ACD Representative
Jeff Kahn, University of Minnesota
Nancy Kass, Johns Hopkins University
Sara Rosenbaum, George Washington University, ACD Representative
Jennifer Ruger, Yale University (phone)
Pamela Sankar, University of Pennsylvania

Centers for Disease Control and Prevention

Drue Barrett (Designated Federal Officer, Ethics Subcommittee)
Elise Beltrami (phone)
Scott Campbell (phone)
Cynthia Cassell (phone)
Tom Chapel
Barbara Ellis
Lindsay Feldman
Demetria Gardner (phone)
Neelam D. Ghiya
Gail Horlick
Sonja Hutchins (phone)
Mim Kelly
Lisa M. Lee
Bryan Lindsey
Leonard Ortmann
Ron Otten
Steve Richardson
William Sexson (phone)
Craig Thomas
Phoebe Thorpe
Mark Toraason (phone)

Members of the Public

Subha Chandar, NACCHO (phone)
Sarah Viehbeck, Canadian Institutes of Health Research (phone)

Attachment 3: Simple Logic Model/"Roadmap"

Activities	Outputs	Outcomes	
<i>If PH entity does this</i>	<i>And does it in accord with:</i>	<i>Then this should result at individual and organizational level</i>	<i>Which will result in this at community and public level</i>
<p>Training Committee Guidelines Consultations</p> <p>Identify Clarify Analyze Act Evaluate</p>	<p>Best Practices</p> <p>Justificatory Conditions</p> <p>Code of Ethics</p>	<p><u>Individual Level</u></p> <p>Better analytical skills in ethics</p> <p>Increased awareness, knowledge, skills, and confidence in identifying, analyzing, and resolving public health ethics issues.</p> <p>Increased professional awareness of ethical issues and dilemmas.</p> <p>Increased capacity to recognize ethical issues</p> <p>(Routinely) apply ethical analysis to science, practice, programs, and policies.</p> <p>Increased knowledge of influence how to approach public health interventions</p> <p>Increased ability to gauge public acceptance or resistance to public health recommendations</p> <p>Increased knowledge of influence how to best engage the public in decision making</p> <p><u>Organizational Level</u></p> <p>Organizational atmosphere/[norms] expect and hold staff accountable</p> <p>Clarify concepts and justifications for public health decision making</p> <p>Organizational awareness of ethical issues/dilemmas.</p> <p>More/better tools for resolution of conflicts</p> <p>Strengthened scientific integrity and professional excellence</p> <p>Decisions are sound and in agreement with public health and other societal values</p> <p>Improve health officials' comfort with decision making</p> <p>Expedite the time frame of decision making</p>	<p>Decisions perceived as comprehensive, insightful, justifiable, and effective at meeting public health goals.</p> <p>Greater perceived transparency in decision making</p> <p>Increased professional and agency credibility and trust.</p> <p>Build consensus around public health recommendations.</p> <p>Foster public trust</p> <p>Improve the efficiency of public health</p> <p>Ensuring health.</p>