

**DEPARTMENT OF HEALTH AND HUMAN SERVICES,
CENTERS FOR DISEASE CONTROL
AND PREVENTION (CDC)**

**Meeting of the Ethics Subcommittee of the Advisory
Committee to the Director (ACD), CDC**



**Summary Report
October 5, 2011
Teleconference**

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Acronyms

<u>ACD</u>	<u>Advisory Committee to the Director</u>
<u>APA</u>	<u>American Planning Association</u>
<u>CDC</u>	<u>Centers for Disease Control and Prevention</u>
<u>CIHR</u>	<u>Canadian Institutes of Health Research</u>
<u>DFO</u>	<u>Designated Federal Officer</u>
<u>IPV</u>	<u>Intimate Partner Violence</u>
<u>MDR-TB</u>	<u>Multi-drug resistant tuberculosis</u>
<u>NACCHO</u>	<u>National Association of County and City Health Officials</u>
<u>NCCDPHP</u>	<u>National Center for Chronic Disease Prevention and Health Promotion</u>
<u>NCIPC</u>	<u>National Center for Injury Prevention and Control</u>
<u>ORISE</u>	<u>Oak Ridge Institute for Science and Education</u>
<u>PAHO</u>	<u>Pan-American Health Organization</u>
<u>RWJ</u>	<u>Robert Wood Johnson (Foundation)</u>
<u>TB</u>	<u>Tuberculosis</u>
<u>TEPHINET</u>	<u>Training Programs in Epidemiology and Public Health Interventions Network</u>
<u>WHO</u>	<u>World Health Organization</u>
<u>WIC</u>	<u>Women, Infants and Children</u>

Introductory Remarks and Overview of Meeting Goals

Ruth Gaare Bernheim, JD, MPH Chair, Ethics Subcommittee

At 1:00 PM on Wednesday, October 5, 2011 a telephone conference call meeting of the Ethics Subcommittee was called to order. Drue Barrett, PhD, Designated Federal Officer (DFO) for the Ethics Subcommittee established that a quorum of Ethics Subcommittee members was present. The participants then introduced themselves. No Ethics Subcommittee members reported conflicts of interest. Dr. Barrett then turned the meeting over to the Chair of the Ethics Subcommittee, Ruth Gaare Bernheim, JD, MPH. Ms. Bernheim reviewed the meeting goals which included the following:

- Provide update on efforts to establish an international collaboration on public health ethics
- Review progress on the development of public health ethics cases
- Review lessons learned from a pilot test of a vaccine-related case study
- Identify next steps for development of public health ethics training tools to support state, tribal, local, and territorial health officials

The meeting agenda is included in Attachment 1. The list of meeting participants is included in Attachment 2.

Update: International Collaboration on Development of Public Health Ethics Cases

**Drue Barrett, PhD
DFO, Ethics Subcommittee
Lead, Public Health Ethics Unit
Office of Science Integrity
Office of the Associate Director for Science
Centers for Disease Control and Prevention**

**Sarah Viehbeck, PhD
Senior Evaluation Associate
Canadian Institutes of Health Research**

Dr. Barrett described conversations with Dr. Sarah Viehbeck of the Canadian Institutes of Health Research (CIHR) regarding creating a broad, international collaboration on public health ethics. As a result of these discussions, a teleconference was held on September 13, 2011 with invited representatives from federal agencies or their international equivalents. This meeting's goal was to share information about the different groups' activities related to public health ethics and to begin discussing how they could better collaborate. The meeting included representatives from the following:

- CIHR Institute of Population and Public Health
- CIHR Ethics Office
- Pan-American Health Organization (PAHO)
- World Health Organization (WHO)
- WHO Coordinating Center in Australia

Ms. Bernheim, Dr. Barrett, Dr. Leonard Ortmann, and Lindsay Feldman also participated in the meeting.

Dr. Barrett provided an overview of the public health ethics activities of the meeting participants. The director of the Australian WHO collaborating center, Dr. Michael Selgelid, has an arrangement with Springer Press to develop a book series on public health ethics. The group discussed the potential for one of those books to serve as a forum for publishing case studies. PAHO has a new bioethics program through which they work to build capacity for public health ethics, focusing on translating existing public health resources into Spanish. WHO has developed ethics guidance on several infectious diseases, including human immunodeficiency virus, pandemic influenza, and tuberculosis (TB) and is interested in developing general guidance on public health ethics. They have released a book of case studies on research ethics and are considering developing a similar casebook on public health ethics.

Sarah Viehbeck, PhD, described work at CIHR. CIHR is the Canadian Government's health research funding agency, roughly analogous to the United States' National Institutes of Health. Public health ethics has been identified as a key priority area in their strategic plan. The development of a public health ethics casebook is one of their activities. A call for cases was launched, and they are in the process of reviewing the responses to the call. The submitted cases relate to the ethics that underpin population and public health interventions, including prevention policies, as well as issues faced by front-line public health practitioners in Canada and internationally. After a peer review process is completed, case analysis will begin on the selected cases. The casebook will be disseminated in the spring of 2012.

Dr. Barrett indicated that developing case studies was discussed as a potential area for collaboration among the different agencies. As previously noted, they discussed developing a public health ethics casebook as part of the Springer Press series. They discussed including commentary sections to address ethical issues of the cases from various cultural perspectives. Further, the meeting participants discussed compiling resources to support training in public health ethics, including the development of training materials that could be translated into different languages. The need for a networking site to share information about public health ethics and to encourage collaboration between public health professionals and ethicists was mentioned. The group discussed using an existing framework, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). They have invited the head of TEPHINET to join their discussions, as TEPHINET has been involved in a series of international meetings on ethical considerations and cultural perspectives pertaining to pandemic influenza. TEPHINET has an online library pertaining to public health ethics,

where people can find information and hold discussions. This site could be a good resource for sharing information as part of an international consortium.

The meeting also included discussion of different forums for presentations to highlight on-going public health ethics work. The International Conference on Education and Ethics will be held at Duquesne University in Pittsburgh, Pennsylvania in 2012. This conference, as well as the 2012 American Public Health Association meeting, could be good opportunities for presentations.

The group plan to meet on a monthly basis to continue discussions regarding international collaboration. The next meeting will be held on October 19, 2011.

Discussion Points

- Kenneth Goodman, PhD, Ethics Subcommittee member, recommended that they consider adding representatives from other WHO bioethics collaborating centers, including the centers at the University of Toronto and at the University of Miami. Another important partner may be the Fogarty Center who has been working to develop capacity around the world in research ethics, including public health research. The American College of Epidemiology has an interest in public health ethics as well, and is creating a set of online resources and curricula.
- Ms. Bernheim observed that there was a great deal of interest and energy in the September call. Public health ethics is distinguished from research ethics, and cases are being addressed differently around the world. As many fields are converging at once, the time is ideal to move forward internationally. Ms. Bernheim added that some centers at universities around the world would be good additions to the group.
- One of the agenda items for the October 19th call will be to discuss criteria for adding other organizations to the international collaboration group.

Discussion: Public Health Ethics Cases

Leonard Ortmann, PhD
Public Health Ethicist, Public Health Ethics Unit
Office of Science Integrity
Office of the Associate Director for Science
Centers for Disease Control and Prevention

Lindsay Feldman, MPH
Oak Ridge Institute for Science and Education (ORISE) Fellow
Public Health Ethics Unit
Office of Science Integrity
Office of the Associate Director for Science

Centers for Disease Control and Prevention

Dr. Ortmann presented an update on revisions of the public health ethics cases that were presented at June 2011 meeting of the Ethics Subcommittee.

One of the cases involves a scenario with a foreign national with multi-drug resistant tuberculosis (MDR-TB) who has overstayed a student visa and is being held by Immigration and Customs Enforcement until deportation. The official policy is to treat the person and not to deport him while he is contagious, and to try to achieve continuity of care in the country of nationality. In this scenario, the person in question hails from a country that lacks the capacity to treat MDR-TB. Deportation can be deferred if a state or local jurisdiction is willing to assume medical and financial responsibility for treatment.

Three changes were made in this case:

- An opening paragraph summarizing information about the normal course of treatment of TB was included. The normal course of treatment was contrasted with the treatment for MDR-TB, and the paragraph includes basic information regarding cost. The case involves a state which is doing a cost-benefit analysis in the context of scarce resources to decide whether to assume the burden of care for a non-citizen being held in custody.
- Language in the questions following the case presentation was made more consistent.
- Some of the far-reaching issues that were raised, such as repatriation, were eliminated in order to focus solely on the case.

The second case addresses mandatory vaccinations for healthcare personnel. In this scenario, the director of a nursing home wants to institute a mandatory influenza vaccination policy for all healthcare personnel in order to protect residents who are susceptible to influenza. Several changes were made to this case:

- A question was added about who would bear the cost of treatment for adverse reactions in personnel who lacked health insurance.
- Language was added to ensure that there was a fair balance of information about potential adverse reactions and benefits of the vaccine, especially for elderly residents.
- The case was amended so that the director's policy would allow for medical exemptions, but personnel who were medically exempted would be put into positions that did not involve contact with residents. The policy would deny non-medical exemptions.

- ❑ To reflect the above changes, the questions following the case presentation were re-ordered.

Lindsay Feldman, MPH, ORISE Fellow, presented two new cases that have been developed. Both cases were suggested by the National Center for Injury Prevention and Control (NCIPC) at CDC.

The first case concerns prescription drug overdose and was developed in response to the NCIPC Director stating during the June 2011 Ethics Subcommittee meeting that this was a topic of interest to the center. In this scenario, a state is considering implementing a statewide prescription drug monitoring program, which is consistent with current CDC recommendations.

The second case focuses on intimate partner violence (IPV), which the NCIPC Director also identified as a priority area for the center. The American Medical Association and other healthcare organizations currently recommend that healthcare providers screen for IPV during routine care. However, in March 2004, the United States Preventive Services Task Force found insufficient evidence to recommend for or against routine screening of women for IPV in the primary care setting and could not determine the balance between benefits and harms of the screening. The scenario focuses on a panel in a state that is discussing the possibility of halting the current policy of routine IPV screening in women.

Dr. Ortmann described initial ideas for another case that is being developed in collaboration with Dr. Jennifer Seymour of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). This case addresses changing the offerings in vending machines. Background material for the case comes from a situation in Portland, Oregon. He noted that making healthy changes can be challenging. The 1936 Randolph-Sheppard Act grants exclusive vending rights to operate food concessions in federal buildings to blind vendors. The original aim of the Act was to provide financial support to blind persons who face employment barriers. Some states, including Oregon, later passed their own version of the Act. In the Oregon example, advocates for healthier food feel that they have met resistance from the vendors. The blind vendors have very low annual incomes from the vending machines, and much of this income comes from unhealthy foods. Pilot tests of machines that stock 100 percent healthy choices resulted in lower overall sales. From an economic standpoint, the optimal mix of choices was 35 percent healthier foods. This ratio attracted new customers without losing old customers. Health reformers do not agree with this mix and feel that the decision should not be made purely from a business perspective. Dr. Ortmann asked for feedback regarding how to frame this case so that it will be most useful.

Discussion Points:

- Cynthia Cassell, member of the CDC Public Health Ethics Committee, observed that both of the cases address health policy and intended versus unintended consequences. She offered to share a decision tree to help frame the case questions.
- Jennifer Seymour, NCCDPHP, said that the act requires blind vendors to administer all food concessions, not just vending machines. It may be worth expanding the case to include other food concessions, because there are questions regarding the impact that results from only changing vending machines.
- Dr. Pamela Sankar, Ethics Subcommittee member, asked whether they had evaluated the research that indicated that the optimal mix of healthy to less-healthy food choices was 35% and 65%, respectively.
- Dr. Seymour replied that the available research reflects a range of experiences. Many locations operate with 50% healthy choices. Most of the research has been conducted in schools, where there is typically a slight decrease in sales when the changes first go into effect. The decrease is usually followed by an increase in sales, and so that there is an overall increase over the sales before the healthy changes were made. Because the blind vendors have low incomes, it may be appropriate to offer them some reimbursement for short-term losses during the initial decrease in sales.
- Dr. Nancy Kass, Ethics Subcommittee member, asked about jurisdictions that have passed laws to prohibit unhealthy foods in school vending machines or cafeterias. These laws would seem to supersede the ability of vendors to stock the machines with whatever products they deem are the most marketable.
- Dr. Seymour replied that most schools are exempted from the Randolph-Sheppard Act, so this case chiefly pertains to government buildings. Policies in government offices can affect the general public. For example, people go to the Women, Infants, and Children (WIC) offices to receive benefits, including nutrition education. It sends a mixed message when the on-site vending machines are stocked with unhealthy foods. California has had strict rules regarding the contents of school vending machines in place for some time. A bill is now put forward to put similar restrictions on vending machines in government buildings. This bill is moving forward fairly easily, perhaps due to previous work in schools. Many opponents of the policies may agree with the standards in schools and for children, but not with putting restrictions on adults.
- Sara Rosenbaum, ACD Representative to the Ethics Subcommittee, asked about the business model for vending machines in government offices.
- Dr. Seymour answered that because the food concession program is a disability program, many benefits are given to the blind vendors that may not be extended to a vendor in another setting. The vendors do not pay rent to place their machines, nor

do they pay for electricity used by the machines. Their business model may not work if they paid for these expenses. The vendors keep all of the revenue from the machines.

- Ms. Rosenbaum asked how to incentivize a vendor to participate in a healthy vending program, given that they have no expenses and are living on the immediate returns from the vending machines.
- Dr. Seymour said that CDC and the Department of Labor, which administers the blind vendor program in Georgia, collaborated to provide grant funds for 10 refrigerated vending machines which allowed for stocking yogurt and other, more healthful products. CDC also reimbursed the vendors for any losses that they incurred during the trial period of the program. The losses were slim over the six-month course of the program. Nevertheless, now that the program has ended, many of the vendors have switched their offerings back to the less-healthy choices. She observed that barriers to the program may not solely concern true cost, but are also related to a tendency for vendors to do business in ways that are familiar and easy for them.
- Dr. Dixie Snider, Senior Advisor, Office of the Director, CDC returned to the case study regarding prescription drugs. He recommended that they refer to a new Institute of Medicine study on the management of pain in the United States. The study provides an overview of the problem of dealing with pain as well as the lack of a good approach to addressing the problem.

Discussion: Pilot Test of Case Study

Ruth Gaare Bernheim, JD, MPH Chair, Ethics Subcommittee

Ms. Bernheim reported on the pilot test that was conducted with the pertussis case. Four local health officials participated. They were selected with guidance from the National Association of County and City Health Officials (NACCHO). The purpose of the pilot was to evaluate the case content and to determine whether the case was an effective teaching tool that resonated with local public health officials.

Participants were provided with the case description and follow-up questions before the discussion. The case focused on philosophical exemptions from school immunizations. The description addressed costs of pertussis, the positions of school board members regarding philosophical exemptions, and incidence rates of pertussis in states that allow philosophical exemptions. The follow-up questions addressed allowing unvaccinated children to enroll in schools and the grounds on which the school board might recommend that the state strengthen its vaccination mandate.

The participants in the pilot test expressed favorable opinions of the training. The case was relevant and realistic, and the conference call format allowed people from different regions to participate and share perspectives. Participants saw a benefit to discussing ethical issues with other health officials and most noted that they do not have a formal way to address ethical issues. They would welcome tools to support them as they work through ethical issues.

The organizers felt that the case questions did not work well to generate discussion, which seemed forced and required pointed solicitation of responses. When participants were asked to respond to the case based on experiences in their health departments, the discussion flowed more smoothly. The issues discussed by the participants included the role of herd immunity, infringement on parental rights, fear of adverse effects of vaccines, decreases in vaccine rates, and the need to understand individual reasons for exemption requests. There was also discussion regarding different professional approaches to philosophical exemptions. Participants also talked about outbreaks in their districts, which can provide teachable moments and can lead to policy change. Concern was expressed regarding stigmatizing children who are not vaccinated. They felt that the community should be engaged more in discussing issues of mandatory policies and exemptions. Framing the issue for community engagement, including weighing risks and benefits, was discussed. There was a reluctance to single out individual parents for blame. Instead, they hoped to find a way to discuss ethical concerns without stigmatizing or blaming. Participants could not envision how a zero-tolerance policy could be enforced.

Ms. Bernheim said that after the pilot test, they realized that public health professionals need context in order to feel comfortable discussing ethics. The cases will be more useful if they include an ethics introduction or handouts. On their own, cases are not likely to be an effective tool for ethics discussion. The pilot reinforced their understanding that case development is part of a larger context of modules on ethics. The formats for cases should differ according to the audiences and intended outcomes. The pertussis case may have been too developed. Case discussion should be simpler and more open-ended, beginning with a concrete problem and moving toward consideration of a policy situation. Discussion is spurred by an unstructured, open-ended question.

The pilot experience was instructive. Participants were supportive of CDC's efforts to provide more training, tools, and capacity building on public health ethics.

Discussion Points

- Dr. Barrett said that while it may not be possible to generalize from a single test, the pilot experience led them to consider simplifying the cases, especially the questions. Additional pilot testing will require approval from the Office of Management and Budget.

- Dr. Ortmann said that they may need to distinguish the cases that will be published or included in a case book from the more simple scenarios that may be more conducive for discussion.
- Ms. Bernheim said that the case could be stated more simply, and the discussion could be framed differently. The background or teacher's manual could provide the ethical framework. All of the material developed for the case should be available for the teacher. Cases should be formatted differently for different presentation methodologies, such as webinars or conference calls.
- Phoebe Thorpe, CDC Public Health Ethics Committee member, suggested that rather than including questions at the end of the case, they might consider structuring the case with a short background, followed by different paragraphs aimed at different groups.
- Dr. Snider pointed out that the MDR-TB case could include the foundational question of whether a health department or clinician who treats a person for MDR-TB is responsible for completing that treatment. If the answer is yes, then the case could progress to the scenario of the person being from another country. The case is rooted in the fundamental contract with a patient for treatment.
- Ms. Bernheim agreed, noting that the point is relevant to the pertussis case as well. The cases will be effective if they begin where the local health officials are and then pull back to larger policy questions. Another issue is that local officials work with state policies and regulations.
- Dr. George Isham, ACD Representative to the Ethics Subcommittee, asked how to provide further input on the cases, particularly on the IPV case. He has experience with CDC's Task Force on Community Preventive Services systematic reviews and is finishing a stint on the U.S. Preventive Services Task Force. He observed that the IPV case raises a number of important issues, but does not address a number of other important questions, such as structural conflicts.
- Dr. Ortmann added that the cases are developed and presented for comments. Revisions are then made based on the feedback. The larger Ethics Subcommittee reviews the cases, but more vigorous discussion and review occurs with the workgroup that is assigned to case development. He asked that specific comments be forwarded to him, Dr. Barrett, and Ms. Feldman for incorporation into the next round of revisions.
- Dr. Barrett added that a series of webinars was held with state and local health officials to get a sense of their greatest needs related to public health ethics. Ideas for case topics also come from issues raised by CDC programs. For instance, the IPV case and the prescription drug abuse case came about as a result of discussions with the NCIPC Director. They work with subject matter experts to ensure that the cases meet their needs and address current issues. She said that

changes and suggestions received from the larger Ethics Subcommittee would be discussed by the workgroup. The Ethics Subcommittee representatives on the workgroup include Ms. Bernheim, Dr. Norman Daniels, Dr. Jennifer Prah Ruger, and Ms. Leslie Wolf. Their ultimate goal is to develop a package of cases.

- Ms. Bernheim noted that the IPV and prescription drug cases were in an early stage of development. The case development process is part of their overall commitment to develop capacity among state and local health departments. The cases are not simple, and they need a great deal of refinement and input before they are used in training.
- Ms. Bernheim noted that another suggested case topic is the role of social determinants of health. Dr. Barrett explained that the Ethics Subcommittee has done some work on cases relating to social determinants of health. That work could be taken to the case development workgroup to be further refined.
- Ms. Bernheim said they could develop additional tools and approaches to encourage consideration of ethics at the state and local level to capitalize on the popularity of the movie *Contagion* and other media events. She noted that *Contagion* addressed a number of ethical issues. They might think about tools to integrate ethics into media discussion of current events.
- Dr. Barrett noted that CDC capitalized on *Contagion*, as the Director appeared on several television shows. CDC also used Twitter to discuss the movie and to share information about public health and disease outbreaks. CDC has been creative in using social media to spread messages.
- Dr. Goodman said that the ethics of risk communication is a topic of interest. It could be interesting to develop resources for communicating with journalists and others about public health, public health risks, and public health emergencies.

Next Steps for Development of Public Health Ethics Training Tools to Support State, Tribal, Local, and Territorial Health Officials

Ruth Gaare Bernheim, JD, MPH Chair, Ethics Subcommittee

Ms. Bernheim invited Matthew Stefanak, Health Commissioner in Mahoning County, Ohio, to provide information about how his health department has worked to address ethical issues. Mr. Stefanak indicated that his district has established an ethics committee which includes clinical staff, environmental health professionals, support staff, and community representatives, and input from a professional ethicist. They recently met to discuss a draft policy recommendation regarding targeted TB testing in schools. The testing would target children and staff who are at increased risk of latent

TB infection. The epidemiology of TB indicates that the people at highest risk are more likely to be foreign-born or to have resided abroad. The health department wanted to ensure that they were not stigmatizing foreign-born children by the targeted testing. The outcome of the discussion was a revision to the draft policy that removed language pertaining to “foreign-born” and replaced it with language regarding “non-residents in the United States for less than five years.” This language appropriately identifies children and staff who had resided abroad and whose risk for TB may be elevated. The draft policy was sent to the school district superintendents and the school nurses.

Discussion Points

- Ms. Bernheim asked Mr. Stefanak about ethics training for his committee and whether they explicitly discuss ethics, or whether the discussion focuses on “ethics red flags.”
- Mr. Stefanak replied that in their format, they look for “red flags.” They included school superintendents in their deliberations and asked explicit questions about equal treatment and stigmatization. When the committee was formed in 2006, a training session was held with an ethics expert from Emory University. An organizational code of ethics was put in place that year as well. They address ethical issues on a range of topics, and ongoing training is needed.
- Ms. Bernheim noted that Mr. Stefanak is a member of the Public Health Leadership Society and has been active in thinking about how to formalize ethics input within his local health department. She asked him to share his thoughts on what might be helpful to others in building ethics capacity.
- Mr. Stefanak replied that the presence of a professional with formal training in ethics is very helpful. This resource is not available to all state and local health departments, and he encouraged them to think about ways to engage academic colleagues with public health leaders in their communities.
- Dr. Eric Meslin, Ethics Subcommittee member, commented that his institution, Indiana University, has a strong relationship with the Indiana State Department of Health. Their collaboration began with a focus on pandemic influenza guidance development for the state and led to convening a multi-state summit.
- Dr. Goodman suggested that one of the deliverables of the Ethics Subcommittee might be a list of examples of similar initiatives around the country. Florida, for example, has an ethics workgroup that works with the state department of health as well as regional health departments.
- Ms. Bernheim said that these examples are ways to develop networks, which is one of their potential next steps.

- Dr. Goodman noted that sustaining relationships that are formed when groups work together on a specific product, such as the pandemic influenza guidance, would be very useful.
- Ms. Bernheim asked whether the group in Indiana had sustained the energy from their conference.
- Dr. Meslin answered that their Summit of the States was a once in a lifetime gathering. It included 38 states and four territorial governments. After funding subsided, an informal “coalition of the willing” remained. He agreed that a list of networks and opportunities would be helpful. A recent paper in the *American Journal of Public Health* documented the status of how well states are addressing ethical issues concerning pandemic influenza. A systematic means for bringing people together for discussion would build relationships. He suggested that the Public Health Ethics Unit at CDC evaluate the impact of its work.
- Ms. Bernheim agreed that infrastructure and capacity comes from setting up relationships. Additionally, structures such as hospital ethics committees can maintain relationships. Ms. Bernheim suggested that they could explore potential models and structures for building and sustaining relationships between the academic community and state and local health departments. She also mentioned the Public Health Law Network (PHLN), which is funded by the Robert Wood Johnson (RWJ) Foundation. This network divides the country into eight regions that receive funding for partnerships among academics and practitioners.
- Dr. Ortmann noted that a list of collaborations between public health practitioners and ethicists could be written as a set of organizational cases and a topic for a book, perhaps through the Australian contract with Springer Press.
- Ms. Bernheim asked for comments regarding changes that might need to be made in their approach to case development.
- Leslie Wolf, JD, MPH, Ethics Subcommittee member, suggested that the cases could be vetted in other venues. The initial feedback from the pilot test was helpful, but there were few participants. Different responses from different groups were important in the Webinar series and would probably help in case development, so more piloting is needed.
- Ms. Bernheim wondered whether other tools were needed in addition to the cases, such as an ethics module.
- Ms. Wolf felt that they could think about how to develop a teaching guide, perhaps by focusing on a few cases. In addition to adapting the question structure, they could consider how to model providing explanatory material for presentations or for explanatory case books.

- Dr. Kass felt that it would be useful to create a set of questions or approaches for general ways to approach cases. These general approaches could be part of a teacher's guide or could be made available when specific cases are discussed. There is a systematic process for evaluating cases, which includes honing in on key facts, potential ethical "red flags," and other steps. People who are new to this kind of thinking may appreciate guidance for responding to complex ethical questions.
- Dr. Ortmann agreed that a methodology for case analysis would be helpful as a product. Many different methodologies are used, and they include basic questions about stakeholders, ethical issues, and other considerations.
- Ms. Bernheim felt that the pilot case discussion was missing this basic ethics background, as they asked participants about ethical issues without grounding them in how to think about those ethical questions. She asked about other introductory, background materials or tools that could be made available for all cases.
- Dr. Meslin said that Indiana's experiences regarding pandemic influenza could be illustrative. The state health department asked his institution to create a "points to consider" document. The purpose of the document was partly to serve as an ethics framework, and partly to serve as an evaluation tool for the department of health to use in assessing their own policies. They found the instrument to be useful as they publicly defended their policy decisions. They also developed tabletop exercise modules that were also specific to pandemic influenza.
- Ms. Bernheim said that they could generate "points to consider" tools for other issues, such as immunization, and make them available online. She asked Dr. Meslin asked about the distribution of the "points to consider" document.
- Dr. Meslin replied that the document was circulated widely at their Summit. Because of a lack of funding, they did not do systematic follow-up regarding how it was used, but they received positive feedback.
- Dr. Barrett noted that copies of the document were distributed in Uganda as a possible framework to help them think about their pandemic influenza issues. She expressed interest in assembling a group to systematically evaluate the impact of the Public Health Ethics Unit at CDC. An evaluation tool would also be useful for state and local health departments and more broadly for the field of public health ethics.
- Ms. Bernheim suggested that they conduct a workshop for state and local health department officials and ethicists from an academic institution near them. This workshop could be held before the NACCHO meeting. Participants could work through the pilot cases and documents, and the workshop would build infrastructure.
- Mr. Stefanak said that such an approach was successful in NACCHO in encouraging local health officers to reach out to other professions and disciplines in their

communities. For instance, NACCHO and the American Planning Association (APA) encouraged teams of urban and regional planners and public health professionals to get training from APA and CDC in health impact assessment. Small incentive grants supported this training. The program has gone through two waves and has been well-received. In his experience, the relationships have been strengthened and sustained.

- Ms. Bernheim added that the Public Health Leadership Society could serve as a model. This network of people stay connected in conversations after training with the Public Health Leadership Institute.

Public Comment Period

At 3:04 pm, Dr. Barrett opened up the meeting to public comment. No requests for comment were made.

Meeting Wrap-Up and Review of Action Items

Ruth Gaare Bernheim, JD, MPH Chair, Ethics Subcommittee

Ms. Bernheim reviewed their action items and next steps:

- The case development workgroup will continue to refine the cases and incorporate comments. This will include developing additional training materials, such as background information on public health ethics and the basics of ethical analysis and the development of a teaching guide.
- They will explore the possibility of offering a training workshop for local public health officials and academic ethicists from their area at the 2012 NACCHO meeting.
- They will continue to explore other Ideas for building networking on public health ethics, including investigating partnering with the RWJ network.
- They will consider new tools, such as a list of collaborations, developing tools for journalists, and a “points to consider” document.
- A new workgroup on evaluation was discussed. Dr. Barrett noted that a formal vote would be needed to establish the workgroup and at least two Ethics Subcommittee members would need to volunteer to serve on the workgroup.

Motion

Dr. Meslin moved that the Ethics Subcommittee create the Evaluation Workgroup. The workgroup would develop a working plan for how to use evaluation strategies most effectively. Dr. Sankar seconded the motion. The motion carried unanimously with no abstentions. Dr. Meslin and Dr. Sankar volunteered to serve as the Ethics Subcommittee members on the workgroup.

Dr. Barrett noted that four Ethics Subcommittee members will rotate off the Subcommittee at the end of June 2012, including Dr. Daniels, Dr. Kass, Dr. Sankar, and Ms. Wolf. She asked for recommendations for new Ethics Subcommittee members. She also reminded the members of the Ethics Subcommittee meeting dates for 2012. The dates are February 9 and 10, June 28 and 29, and October 11 and 12.

Dr. Barrett said that she would forward the Ethics Subcommittee several resources, including the listserv for international collaboration, the “points to consider” document from Indiana, the article to which Dr. Meslin referred, and the link to the Public Health Law Network. Additional specific recommendations regarding the cases should be forwarded via email to her, Dr. Ortmann, and Ms. Feldman.

Ms. Bernheim thanked everyone for the productive meeting. Dr. Barrett added her thanks and appreciation for the Ethics Subcommittee’s flexibility in how meetings were held.

The meeting adjourned at 3:24 pm.

Certification

I hereby certify that to the best of my knowledge, the foregoing minutes of the October 5, 2011 Ethics Subcommittee meeting are accurate and complete.

Date

Ruth Gaare Bernheim, JD, MPH
Ethics Subcommittee Chair

Attachment 1: Meeting Agenda

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

**Wednesday, October 5, 2011
1:00 – 3:30 pm Eastern Daylight Savings Time**

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

Meeting Agenda

- 1:00 – 1:10 **Introductory Remarks and Overview of Meeting Goals** – Ruth Gaare Bernheim, JD, MPH Chair, Ethics Subcommittee
- Welcome and Introductions
 - Declaration of Ethics Subcommittee Members' Conflicts of Interest
 - Overview of Meeting Goals
 - Provide update on efforts to develop international collaboration on development of public health ethics cases
 - Review progress on development of public health ethics cases
 - Review lessons learned from pilot test of vaccine-related case study
 - Identify next steps for development of public health ethics training tools to support state, tribal, local, and territorial health officials
- 1:10 – 1:25 **Update: International Collaboration on Development of Public Health Ethics Cases** – Drue Barrett, PhD, Designated Federal Officer, Ethics Subcommittee and Lead, Public Health Ethics Unit, Office of the Associate Director for Science, CDC; and Sarah Viehbeck, PhD, Senior Evaluation Associate, Canadian Institutes of Health Research
- 1:25 – 2:25 **Discussion: Public Health Ethics Cases** – Ruth Gaare Bernheim; Leonard Ortmann, PhD, Public Health Ethicist, Public Health Ethics Unit, Office of the Associate Director for Science, CDC; and Lindsay Feldman, MPH, ORISE Fellow, Public Health Ethics Unit, Office of the Associate Director for Science, CDC
- Comments on existing cases
 - Description new cases (vending machines, IPV, prescription abuse)
 - How might *Contagion* or social media be used to further discussion of public health ethics cases
- 2:25 – 2:45 **Discussion: Pilot Test of Case Study** – Ruth Gaare Bernheim and Drue Barrett
- 2:45 – 3:00 **Discussion: Next Steps for Development of Public Health Ethics Training Tools to Support State, Tribal, Local, and Territorial Health Officials** – Ruth Gaare Bernheim
- 3:00 – 3:15 **Public Comment**
- 3:15 – 3:30 **Meeting Wrap Up and Review of Action Items** – Ruth Gaare Bernheim
- 3:30 **Adjourn**

Attachment 2: List of Conference Call ParticipantsEthics Subcommittee, Advisory Committee to the Director

Ruth Gaare Bernheim, University of Virginia
LaVera Marguerite Crawley, Stanford University
Norman Daniels, Harvard University
Kenneth Goodman, University of Miami
George Isham, HealthPartners, ACD Representative
Nancy Kass, Johns Hopkins University
Eric Meslin, Indiana University
Sara Rosenbaum, George Washington University, ACD Representative
Jennifer Prah Ruger, Yale University
Pamela Sankar, University of Pennsylvania
Leslie Wolf, Georgia State University

Centers for Disease Control and Prevention

Mick Ballesteros
Drue Barrett (Designated Federal Officer, Ethics Subcommittee)
Elise Beltrami
Cynthia Cassell
Laurie Dieterich
Lindsay Feldman
Gail Horlick
Mim Kelly
Lisa M. Lee
Gladys Lewellen
Kathy Masterson
Micah Milton
Mary Neumann
Leonard Ortmann
Ron Otten
Joan Redmond Leonard
Jenna Seymour
Tom Simon
Dixie Snider
Anne Sowell
Phoebe Thorpe
Ye Tun
Betty Wong

Members of the Public

Stephanie Morain, Harvard School of Public Health
Matt Stefanak, Mahoning County, OH
Sarah Viehbeck, Canadian Institutes for Health Research