## Clinton County Health Department
## Public Health Ethics

## For Internal Use Only

## March 12, 2024

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| **Shared Drive Folder Name:**  General Operations |
| **Other Related Policies and/or Procedures:**<br>Performance Management/Quality Improvement Policy<br>Program Planning Policy & Procedure |
| **This is an Attachment, Appendix, and/or Annex to:**  N/A |
| **Links to *PHAB Standards & Measures for Reaccreditation Version 2022*:**<br>M10.3.1 |
| **Definitions/Acronyms/Abbreviations:**<br>**CCHD** – Clinton County Health Department<br>**DPH** – Director of Public Health<br>**EPHS** – Essential Public Health Services<br>**Ethics** – A system of moral principles that provide a framework for decision-making and conduct.<br>**Morality** – Refers to our widely shared, stable beliefs about what is good and bad, right or wrong.<br>**MTM** – Management Team Meeting<br>**QI** – Quality Improvement |
| Adopted date:  05/15/18 |
| Revised date:  03/12/24 |
| P&P Committee review date:  06/25/18, 04/10/24 |
| MTM review date:  06/26/18, 04/16/24 |

**Attachments:**

- American Public Health Association Public Health Code of Ethics
- 10 Essential Public Health Services

**Forms:**

- CCHD Ethical Deliberation Form

**References:**

- Good Decision Making in Real Time (Centers for Disease Control and Prevention Public Health Ethics Training Materials)
- Public Health Quality Improvement Encyclopedia (Public Health Foundation [PHF]; *paper copies available in all Divisions*)
- Public Health and QI Toolbox (Minnesota Department of Health)
- Selecting Ethical Issues for Deliberation (National Association of City and County Health Officials)

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| Policy Statement: |
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The Clinton County Health Department (CCHD) adopts the *Public Health Code of Ethics*, developed by the American Public Health Association, as the best means of delivering the *10 Essential Public Health Services* (EPHS; see attachments). This policy will guide the CCHD ethics system in building ethical literacy, promoting deliberation, and strengthening ethics considerations in programming and interventions.

Effective public health practice involves careful consideration of all policies and programs with an ethics lens. Transparent, ethical decision-making is the foundation of this policy and will guide the applicable personnel in making the most ethically justifiable decisions that consider all factors and stakeholders. Public health professionals must be dedicated and accountable to the people they serve.

| Purpose: |
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Establishing a public health ethics infrastructure helps CCHD leaders and staff to:
- Recognize ethical challenges that arise in public health practice;
- Identify proven practices and recommendations for dealing with ethical issues in public health practice;
- Achieve open, inclusive, and transparent decision-making;
- Interact with the public and stakeholders in ways that increase trust in and the credibility of CCHD; and
- Ensure policy and programs are responsive and targeted to specific community needs.

| Procedures: |
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1.  Identifying Ethical Issues

    1.1  Ethics is a system of moral principles that provide a framework for decision-making and conduct. Ethical issues may arise in a number of areas (see **Table 1**).

    1.2  Public health ethics issues have a number of characteristics that distinguishes it from other types of ethics (see **Table 2**.). See **Table 3** for examples of public health ethics issues.

    1.3  Several situations may require an ethics review. While not an exhaustive list, the following questions will assist staff and leadership in determining when an ethics review is needed:
    - Would the decision mean a decrease in individual autonomy or choice?
    - Could this decision or situation be damaging to a person or group?
    - Does this decision involve a choice between a "good" and "bad" alternative, or between two "goods" or two "bads"?
    - Does adoption of the decision require the support of multiple stakeholders with different interests?
    - Does the decision require considerations that go beyond what is outlined in public health law and policies?
    - Does the activity potentially infringe on the privacy or professional reputation of participants, providers, or organizations?
    - Is there an emotional investment of stakeholders in the issue, in which the decision may bring up feelings of embarrassment, fear, anger, etc.?
    - Would CCHD leadership benefit from a collective deliberative process to support decision-making in order to increase compliance?

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Table 1. Types of Ethical Issues

| Type | Description |
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| *Bioethics* | The study of ethical issues brought about by advances in biology and medicine, such as in emerging genetic technologies. |
| *Clinical ethics* | An analysis of ethical issues and dilemmas in clinical practice in order to improve quality of patient care. |
| *Research ethics* | Ethical issues that emerge when human subjects are participants in scientific research. |
| *Workplace ethics* | Common in human resource management, these are issues related to personnel such as recruitment, organizational culture, and organizational policies that work to foster a fair and inclusive workplace. |
| *Public health ethics* | Practical decision-making that supports public health's mandate that encompasses the following: |
| *Principals* | The rules, norms, and values relevant to the practice of public health. |
| *Problems* | The kinds of recurrent ethical challenges public health officials face. |
| *Procedures* | Systematic approaches to address ethical dilemmas and challenges that arise in public health practice. |
| *Practice* | An upstream, ethics-in-all-policies approach to decision-making that is integral to the translation process and that incorporates human-centered design. |

Table 2. Characteristics of Public Health Ethics Issues

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| • *Focus is on populations and communities* – Collective good takes precedence over individual choice. |
| • *Legal authority vested to enact and enforce law* – Decisions around public health ethics issues arise from the tensions of local health officials considering how to carry out public health authority while balancing public welfare against individual autonomy. |
| • *Societal consent through political process, public engagement –* Many actions that are required of the affected individuals may or may not be adhered to (e.g., Mask mandates during COVID). Individuals will vote for policy makers that are able to influence the reach of public health authorities. |
| • *Social good and avoiding social harm* – Similar to the ethical obligation in medicine "do no harm" to the patient, public health leaders must consider options that avoid social harm and do social good, even if it means sacrificing efficacy. |
| • *Social justice and equity* – Many public health ethics issues are rooted in social justice by examining the fair and balanced distribution of resources between groups. |

Table 3. Examples of Public Health Ethics Issues

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| • Balancing individual liberty with protecting the public (e.g., sexually transmitted diseases and contact tracing) | • Allocating scarce resources (e.g., prioritization of vaccine allocations during an outbreak) |
| • Handling potential conflicts of interest with donors | • Engaging communities in ways that foster trust |
| • Managing surveillance data to protect privacy | • Serving immigrants and refugees |
| • Negotiating political contexts and constraints | • Complying with ethical and legal regulations |
| • Applying legal authority appropriately and consistently | |

**2.** Training

    **2.1** All CCHD staff and leadership will complete at least one public health ethics training, such as the Centers for Disease Control and Prevention's *Good Decision Making in Real Time: Practical Public Health Ethics for Local Health Officials* within six months of hire (see reference). Training will provide staff with skills to:

- Identify ethical dimensions of public health work;
- Articulate conflicting values and ethical dilemmas when they arise;
- Deliberate on options and courses of action using inclusive methods that engage individuals and groups affected by public health work; and
- Implement and evaluate solutions to keep the process open for revision, especially in situations where information is limited or developing quickly.

    **2.2** In the event that no ethical issues are brought forth for review, CCHD's Management Team will utilize a case example to apply the ethics review process described in Section 3. CCHD will deliberate at least one (actual or case example) ethical issue each calendar year. See *Centers for Disease Control and Prevention Public Health Ethics Training Materials* reference for ethical issue case examples.

**3.** Ethics Review Process

    **3.1** All CCHD staff and leadership will apply an ethics lens to their work. Guidance provided in **Section 1** will support identification of ethical issues, and questions outlined in **Section 1.3** will be used to determine if an ethics review is necessary.

    **3.2** When an ethical issue requiring an ethics review is identified, the Division Director or staff will notify the Director of Public Health (DPH) and Administration Division Office Manager of the ethical issue and need for review/analysis of the issue.

    **3.3** The DPH will determine the urgency or time constraints of the issue, and will place the item on the next Management Team Meeting agenda **or** convene an impromptu meeting with Management Team.

    **3.4** Additional stakeholders will be identified, and their input/feedback will be included in the review process.

        **3.4.1** Stakeholders may include:

- CCHD staff or non-Management Team leadership;
- Subject matter experts from existing committees or coalitions (e.g., Professional Advisory, Quality Assurance, Action for Health, etc.);
- Board of Health members; or
- Customers (e.g., program participants, clients, patients, general public, community partners, etc.) who may be affected by the decision.

        **3.4.2** The DPH or designee will determine which stakeholders will be included, in coordination with CCHD subject matter experts and/or Management Team. This may occur prior to or during the first ethics review meeting. A *Stakeholder Analysis* Quality Improvement (QI) tool may be used to identify the most important stakeholders (see *Public Health Quality Improvement Encyclopedia* reference).

        **3.4.3** The DPH or designee will determine how stakeholder input/feedback will be obtained, in coordination with CCHD subject matter experts and/or Management Team. For example, stakeholder involvement may include direct

participation in the ethics review process, or a survey, questionnaire or interview to gather stakeholder information (e.g., interests, perspectives, and concerns).

**3.5** The ethics review team (i.e., CCHD Management Team and additional stakeholders, as applicable) will apply the guidance and considerations in **Section 4** as they deliberate the ethical issues and consider potential courses of action. QI tools may be used to support identification and consideration of courses potential courses of action, such as *Harmful-Useful Matrix*, *Solution After Next Principle*, or *Solution and Effect Diagram* (see *Public Health Quality Improvement Encyclopedia* reference). See **Section 5** for documentation guidance.

**3.6** Group consensus will be used to determine the course of action. QI tools, such as *Nominal Group Technique*, *Prioritization Matrix*, *Process Decision Program Chart*, or *Risk and Severity Impact Matrix* may be used to support decision-making and group consensus (see *Public Health Quality Improvement Encyclopedia* reference). In the event that group consensus is not possible, the DPH or designee will determine the course of action.

**3.7** The DPH or designee will ensure that stakeholders are informed of the determined course of action or decision within two-weeks of the final determination. Modes of communication may include posting the decision on CCHD's website or social media page, or written correspondence to the affected stakeholders.

**3.8** When new evidence or new information arises, any staff or stakeholders may request that the decision be re-evaluated in light of the new evidence/information. Notification of this request will be sent to the DPH. The DPH will reconvene the ethics team, and the ethics team will review the new evidence/information to determine whether it justifies a re-evaluation of the issue and course of action or decision. Group consensus will be used to determine if the issue will be re-evaluated. In the event that group consensus is not possible, the DPH or designee will determine the course of action. If it is determined that the new evidence/information warrants a re-evaluation of the issue, the ethics review team will repeat Sections 3.3-3.7.

**4.** Guidance and/or Considerations for Ethical Analysis

**4.1** When completing an ethical analysis of a proposed or contemplated public health action, the ethics review team will:
- Determine the public health goals of the proposed action.
- Identify ethically relevant facts and uncertainties.
- Analyze the meaning and implications of the action for the health and rights of affected individuals and communities.
- Analyze how the proposed action fits with core public health values.

In completing this analysis, the review team will access the best available factual evidence, understand the lived experience of affected stakeholders, and think explicitly through how the moral justification for the proposed public health action or program can best be publicly justified and explained.

**4.2** The ethics review team will consider the following in their deliberative decision-making process:

- Permissibility – *Would the action being considered be ethically wrong even if it were to have a good outcome?*
- Respect – *Would the proposed action be demeaning or disrespectful to individuals and communities even if it benefited their health?*
- Reciprocity – *Have we done what is reasonable to offset the potential harms and losses that the proposed action imposes on individuals and communities?*
- Effectiveness – *Is it reasonable to expect, based on best available evidence and past experience, that the proposed action would achieve its stated health goals?*
- Responsible Use of Scarce Resources – *Would the proposed action demonstrate good stewardship and deserve the trust that the public has invested in public health practitioners?*
- Proportionality – *Would the proposed action demonstrate that public health practitioners are using their power and authority judiciously and with humility?*
- Accountability and Transparency – *Would the proposed action withstand close ethical scrutiny and be justified by valid reasons that the general public will understand?*
- Public Participation – *In deciding on a proposed action, have all potentially affected stakeholders had a meaningful opportunity to participate? If some are to be deliberately excluded from decision-making, is there an ethical justification for doing so?*

**5.** Documentation

**5.1** Documentation of the ethical decision making process is required. This may be accomplished through use of the *CCHD Ethical Deliberation Form*, meeting minutes, QI tool documentation, or a combination of these.

**5.2** Administration Division will save ethics review documentation electronically (S:\ADM\^^ Shared Drive\General Operations\Public Health Ethics\Ethics Review).