

Draft for Review and Comment—November 21, 2017

## Public Health Code of Ethics

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### 10 I. Introduction

The Public Health Code of Ethics is a set of professional standards and expectations intended for public health personnel throughout the field. Based on the *Principles of the Ethical Practice of Public Health*, the first Public Health Code of Ethics was developed by a team of public health professionals engaged in a project with the Public Health Leadership Society.<sup>1</sup> APHA's adoption of the Public Health Code of Ethics was published in the *American Journal of Public Health* in 2002.<sup>2</sup> At that time, the authors recognized that the field of public health was experiencing dynamic growth and that the code would best serve the field if it were occasionally reexamined and possibly revised. Now, as the field of public health enters the era of Public Health 3.0 in which public health personnel and programs prioritize social determinants for health and interact with a growing diversity of partners, it is important to reexamine and reemphasize public health's commitments to ethical practice and to public service.<sup>3</sup>

Public health personnel work in a variety of settings, including but not limited to local, state, and national governmental public health departments, domestic and international non-governmental organizations, and academia. Personnel within each setting come from a variety of disciplines from over 25 scientific and

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<sup>1</sup> Principles of the Ethical Practice of Public Health. Public Health Leadership Society, 2002. Available at: [https://www.apha.org/~media/files/pdf/membergroups/ethics\\_brochure.ashx](https://www.apha.org/~media/files/pdf/membergroups/ethics_brochure.ashx). Accessed November 20, 2017.

<sup>2</sup> Thomas JC, Sage M, Dillenberg J, Guillory VJ. A code of ethics for public health. *Am J Public Health*. 2002;92:1057–1059.

<sup>3</sup> DeSalvo KB, O'Carroll PW, Koo D, Auerbach JM, Monroe JA. Public Health 3.0: time for an upgrade. *Am J Public Health*. 2016;106(4):621–622.

25 technical areas of study.<sup>4</sup> The values and standards of public health apply to personnel in these and other public health settings and disciplines.

30 In a practical and multidisciplinary activity as complex as public health, acting ethically and fulfilling ethical obligations requires careful reflection and intentional decision making. Public health is an evidence-informed practice. Public health actions are based on evidence—both scientific observations as well as lived experience—in addition to what is valued in the field. Public health decisions affect the health and well-being of diverse individuals, groups, and communities.

35 This revised version of the Public Health Code of Ethics outlines ethical standards and obligations for public health personnel and institutions, and is intended to guide individual and collective decision making, especially in ethically challenging situations. Section II outlines the ‘what’; it lists and defines the shared foundational values in public health. These values form the high level moral justification for public health work. Section III provides guidance for the ‘how’; it provides a set of considerations for use in a deliberative decision-making process that allows public health personnel to ensure that authority and power in public health is exercised in fair and productive ways. Section IV maps the ethical foundations to the 12 domains of public health practice, as outlined by the Public Health Accreditation Board (PHAB).<sup>5</sup> It provides guidance for action related to these domains.

40 Addressing complex ethics questions requires public health personnel to have a set of skills that include the following abilities:

- to identify the ethical dimensions of public health work,
- to articulate conflicting values and ethical dilemmas when they arise,
- to deliberate a way forward using inclusive methods that engage individuals and groups affected by public health work, and
- to implement and evaluate the solutions in order to keep the process open for revision, especially in situations where information is limited or developing quickly.

50 The Code outlines values that provide a strong rationale for particular standards and obligations. It also provides guidance for the actions and implementation strategies that bring ethical standards and obligations to life in public health policy and practice.

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<sup>4</sup> Lee LM, Popovic T (Guest editors). 60 Years of Public Health Science at CDC. MMWR. 2006;55(Suppl):1-38.

<sup>5</sup> Public Health Accreditation Board. Standards and Measures, Version 1.5. 2014. Available at <http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>. Accessed November 20, 2017.

When thinking of ethics, many first think of regulation, supervision, and formal enforcement. This Code has a broader set of aims. Regulation, supervision, and formal enforcement play their part in ensuring that professional conduct meets high ethical standards, but these matters should be handled by duly authorized agencies and organizations. This Code is not a disciplinary or regulatory document; its only authority is the force of conscience and reasoned argument. It is meant to address the field of public health as a whole and is not intended to be used to discipline and sanction professional misconduct. Instead, it aims to serve as an ethical framework to guide both individuals and organizations engaged in the pursuit of the health of the public. It offers a discussion of ethics that is sensitive to the varied nature of public health work and the contexts in which it takes place.

Identifying and cultivating ethical best practices is a reflective and dynamic endeavor. This Code does not rest on any one theoretical approach to ethics—such as rights-based approaches or utilitarian orientations. Instead, it describes foundational values that inform and animate public health across various ethical schools of thought, shows how these multiple values complement and conflict with one another, and examines the practical implications these values hold for policy and the beneficial use of public health expertise and authority today.

Public health is a multidisciplinary profession, including numerous specialized bodies of knowledge and practical experience that is useful in service to society. This Public Health Code of Ethics takes its guiding orientation from the focal point of that service. Many discussions of public health ethics focus on the concept of health, but health per se is not the sole ethical touchstone upon which the Code can rest. Broadening the notion of health to encompass the entire scope of human well-being comes closer to the mark since this grounds the ethics of public health in the notion of a life in which all human beings can flourish—the notion of a life lived in a state of health, but also a life lived in a broader social condition of capability and opportunity upon which health itself and many other goods depend.

Flourishing refers to what individuals and communities experience when institutional and cultural structures create the opportunity for people to realize the full potential of a wide range of capabilities inherent in all human beings. Flourishing occurs when capabilities for agency, creativity, intelligence, understanding, emotional engagement, and other positive human potentialities take shape in the form of lives well lived. The term human flourishing also underscores the relational interdependence among human beings, which is expressed in virtually all social and cultural activity, and fits well with the contemporary understanding of the social determinants of health. The preconditions of everyone's health are communal and systemic, and the field of public health must address them as such. Human flourishing

is thus consonant with a relational interpretation of key values such as human rights, liberty, equality, and social and environmental justice that play a vital role in contemporary public health.

85 The opposite of human flourishing is not simply disease or ill-health, but also includes domination, inequity, discrimination, exploitation, exclusion, suffering, and despair: in a word, the stultification and denial of optimal human self-realization and thriving human communities.

## II. Public Health Core Values and Related Obligations

90 **The following core ethical values are equally important and are not intended to be listed in rank order:**

95 **A. Fidelity and Responsibility.** The effectiveness of public health policies, practices, and actions depends upon public trust gained through decisions based on the highest ethical, scientific, and professional standards. Public health practices are based on evidence. When the needed evidence is lacking, public health seeks it; and when the evidence reveals faulty or inadequate practices, public health seeks to improve those practices. At times public health personnel must respond to a situation in the absence of complete scientific information, which highlights the importance of having an ethical framework to drive decision making. Public health personnel and organizations promote  
100 competence, honesty, and accuracy, and ensure their work is not unduly influenced by secondary interests. They are aware of their obligation to protect the public's health, but they are also aware of that the value of health must be placed in the context of other human goods and other aspects of human well-being. To focus exclusively on a single core value to the neglect of the diversity and plurality of modes of human flourishing is not a sufficient ethical compass for the field. Moreover,  
105 many public health professionals also have ethical duties and standards flowing out of their membership in other professions, such as medical, social services, and legal professions. The realization of fidelity and responsibility involves the thoughtful balancing and reconciliation of such different professional commitments.

110 **B. Health and Safety.** Health and safety are essential conditions for human flourishing. Public health personnel and organizations have an ethical responsibility to prevent, minimize, and mitigate health harms, and promote and protect public safety, health, and well-being.

115 **C. Health Justice and Equity.** Human flourishing requires the resources and social conditions  
necessary to secure equal opportunities for health by individuals and communities. Public health  
personnel and organizations have an ethical obligation to use their knowledge, skills, experience, and  
influence to promote an equitable distribution of burdens, benefits, and opportunities for health,  
regardless of an individual's or a group's relative position in social hierarchies. Health justice and  
equity also extend to ensuring that public health activities do not exacerbate health inequities.

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**D. Interdependence and Solidarity.** The health of every individual is linked to the health of every other  
individual within the human community, to other living creatures, and to the integrity and functioning  
of environmental ecosystems. Public health personnel and organizations have an ethical obligation to  
foster positive, and minimize negative, relationships among individuals, societies, and environments  
125 in ways that protect and promote the flourishing of humans, communities, nonhuman animals, and the  
ecologies in which they live.

**E. Liberty.** Autonomy, self-determination, privacy, and non-domination are essential conditions for  
human flourishing. Public health personnel and organizations have an ethical responsibility to protect  
130 and promote a free and open society and respect the basic liberties of individuals. Insofar as health  
and functional status are necessary preconditions for the exercise of liberty, a right to liberty is  
tantamount to a right to the conditions in life that are conducive to health.

**F. Inclusivity.** Preventing adverse health outcomes and protecting and promoting the flourishing of  
135 individuals, societies, and ecosystems require informed public decision-making processes that engage  
affected individuals and communities. Public health personnel and organizations have an ethical  
responsibility to be inclusive of, transparent to, and accountable to the public at large.

### III. Guidance for Ethical Analysis

140 Ethical analysis can help public health personnel and entities to identify and analyze the important  
questions of what they should do and why. Grounding action in the foundational values presented above  
provides public health with a publicly defensible approach. In addition, sometimes values and ethical  
obligations conflict, resulting in the need to decide on an action or intervention that is compatible with  
common ground. Resolving ethical tensions does not mean finding *the* right answer, rather it means  
145 searching for a morally appropriate way forward, all things considered.

As an integral part of the exercise of professional deliberation and judgment concerning proposed public health actions, skill in ethical analysis and reasoning is an important competency for public health personnel and decision makers. The ethical analysis of proposed or contemplated public health actions involves: (a) the determination of the public health goals of the proposed action, (b) identification of the ethically relevant facts and uncertainties, and (c) analysis of the meaning and implications of how the action or decision fits with the public health values discussed in Section II. Such an analysis involves assessing the best available factual evidence, understanding the lived experience of affected stakeholders, and thinking explicitly through how the moral justification for the proposed public health action or program can best be publicly explained. Finally, ethical analysis also includes steps to set up procedural arrangements that respect the interests and values of affected stakeholders and provides for direct or indirect participation of those stakeholders in the decision-making process.

Often many ethical goals and values are at stake in a public health action or decision, and it is not always clear how these should be ranked or how conflicts between different goals and values ought to be resolved. It is through serious discussion of the following considerations in a deliberative decision-making process that public health personnel can strive to ensure that authority and power in public health will not be exercised in ways that are arbitrary, discriminatory, or otherwise abusive of the public trust. Below are several considerations that should arise in virtually any setting where public health interventions are planned and significant decisions concerning such interventions are made. If these issues are not considered, whatever the ultimate decision it would be difficult to justify that the decision had been based on an ethical foundation.

**A. Permissibility:** *“Would the action being considered be ethically wrong even if it were to have a good outcome?”* Ethics seeks to define and distinguish conduct that is morally permitted from that which is morally prohibited. Actions are often judged to be morally acceptable based on two factors: the extrinsic consequences of the action and the inherent nature or meaning of the action. Sometimes motivation and intention are factored in as well. Evaluating the consequences of a proposed action or decision alone is always ethically pertinent, but it is not ordinarily ethically sufficient. To identify actions that are ethically suspect, public health personnel must consider the social and cultural meaning of the proposed action. A given action might have permissible consequences—such as gaining new knowledge that can be used beneficially in the future—but nonetheless be the type of action that is prohibited on the basis of social, cultural, and historical experience and consensus. Some clear examples of impermissible actions are torture, and discrimination based on race, gender,

180 ethnicity, or functional impairment. Such actions violate values that today are recognized as central to the mission of public health.

Public health decision making and practice will normally function within the zone of ethically permissible actions, but even within that zone difficult and important value tradeoffs have to be made. For example, limiting the spread of sexually transmitted disease requires a tradeoff between privacy rights of individuals and using methods, such as contact tracing, that have been effective in limiting the spread of disease in a population.

Ethical considerations in public health stand alongside another source of permission and prohibition in our society: the field of law. The ethical consideration of permissibility in moral reasoning would be incomplete without mention of the relationship between ethics and the law. The relationship between law and ethics is not one of absolute separation but one of ongoing dialogue. For public health—or for any professional group with a special expertise in bodies of knowledge and practices that are socially vital—legal norms can provide an important ethical starting point. Ethical public health practice must be set within the parameters of the law at any given time and within established procedures for changing the law over time. The difference between ethics and law consists in the fact that ethics can acknowledge the sovereignty and legitimacy of law, but still look beyond it. Ethics can provide grounds for changing the law in accordance with ethical obligations and ideas that may not yet be reflected in the law or in the way lawmakers are interpreting it. An ethical professional should strive to work within the law to serve the needs, rights, and well-being of individuals and society at large. At times, this can mean creatively finding legal means for achieving ethical ends. At other times, individual professionals and organizations can ethically strive to change the law through the democratic process. Ethical norms of conduct permit efforts to bring about legal change, just as they permit efforts to counteract the conditions of social injustice, inequality, and the exercise of private power that is deleterious to health. (It should be noted that some public health personnel might be restricted in their exercise of democratic citizenship by conditions of their employment in the government or non-profit sector.)

205 **B. Respect:** “*Would the proposed action be demeaning or disrespectful to individuals and communities even if it benefited their health?*” Respect looks to protect human dignity within transactions, exchanges, and relationships. These considerations remain relevant even where—indeed, especially where—there is a significant disparity of need or resources among the parties involved. Respect also reminds us of the important values of justice and equity, and interdependence and solidarity.

- 210 C. **Reciprocity**: *“Have we done what is reasonable to offset the potential harms and losses that the public health requirements impose on individuals and communities?”* The ethical ideal of reciprocity reflects the notion that social life should reflect mutual exchanges and cooperation, not unilateral imposition. Reciprocity obligates us to relieve as much as is reasonable the burdens of adhering to public health policy. When a public authority requires individuals and communities to contribute to or
- 215 participate in an important communal undertaking, it is incumbent on that authority to provide the means necessary so that contribution is not unduly or unreasonably burdensome. For example, if there is military conscription, proper training and appropriate equipment must be provided to military personnel. Similarly, if public health undertakes a mandatory population-wide vaccination program, safe, effective, affordable, and accessible vaccines must be provided.
- 220 D. **Effectiveness**: *“Is it reasonable to expect, based on best available evidence and past experience, that the proposed action would achieve its stated health goals?”* Once the planned goals of a proposed public health action are determined to be morally permissible, it is then necessary to assess how well those permissible goals will be met. Given the best information presently available, a proposed public health action or decision should be able to achieve its intended public health goal. Action for its own
- 225 sake without a reasonable likelihood of effective success is not ethically justified. For example, in an epidemic situation, especially one involving an unfamiliar pathogen or a grave infectious disease, measures involving quarantine or restriction on travel or assembly might be considered for political reasons, even when the evidence of their effectiveness at containing the epidemic is weak. Since substantial human, environmental, and economic costs—intended or unintended, current or long
- 230 term—are associated with such measures, lack of evidence for their effectiveness would provide an ethical argument against their use.
- E. **Responsible use of scarce resources**: *“Would the proposed action demonstrate good stewardship and deserve the trust that the public has invested in public health personnel?”* Virtually every public health action, particularly those for which difficult ethical judgments have to be made, involves the
- 235 use of scarce resources—such as human skill, talent, and time; medical equipment and supplies and other infrastructure; natural resources; and funds that could be directed to other activities. Even if permissible and effective on its own terms, ethical decision making requires consideration of whether a given action merits the expenditure of resources in relation to other needs or health goals that require attention now or in the foreseeable future. For example, a possible future health emergency
- 240 can be less devastating if large quantities of medical supplies or equipment—such as antivirals or ventilators—are stockpiled in reserve. But those stockpiled resources could go unused for a long period and even expire, while other ongoing public health programs and services are underfunded.



- 245 **F. Proportionality:** *“Would the proposed action demonstrate that public health personnel are using their power and authority judiciously and with humility?”* Virtually every public health action has both benefits and costs, particularly those for which difficult ethical judgments have to be made. Proportionality involves the assessment of the relative effects, positive and negative, of an action or a decision. A proportionate action would be one in which the means used to attain a public health goal are reasonable in light of benefits they bring and the costs they impose, provided that those benefits and costs are distributed equitably and in a fair and non-discriminatory way. A disproportionate
- 250 action, on the other hand, would be one that provides a very small chance of significant benefit to a few and the cost of a widespread deprivation or harm to many. For example, it has been argued that public health and safety goals can at times justifiably override other values, such as personal liberty, but that public health actions should nonetheless adopt the least restrictive alternative that will meet the public health goal. It should also be noted that the notion of proportionality can be thought of
- 255 temporally as well as spatially: the prospect of disproportionate risk of harm can apply to both current and future generations. These judgments are perhaps more complex in the case of impact on future persons, but that is no reason to ignore their ethical significance. Public health applications of the notion of a “discount rate” in economics or the “precautionary principle” in environmental policy are examples of temporal proportionality in ethics.
- 260 **G. Accountability and Transparency:** *“Would the proposed action withstand close ethical scrutiny and be justified by valid reasons that the general public will understand?”* Public health personnel and organizations must maintain a high level of public trust in order to improve public health. Public health practice relies on the support and voluntary cooperation of individuals and communities, both of which require trust. Trust is built on ongoing communication, engagement, and openness.
- 265 Transparency and accountability require public health personnel and organizations to account for actions, policies, and programs. This can involve explaining actions and motives, even when no critical questions are being asked. By giving an account of the reasoning and evidence behind a program, public health personnel demonstrate respect for affected communities and stakeholders. It also helps the public understand the difficulty and seriousness of purpose involved in public health
- 270 decision making, even if they disagree with the particular decision or outcome in question. Real-time transparency, especially in crisis or emergency situations, might not be feasible or desirable, so as to protect individual privacy or avoid public panic. But retrospective transparency of evidence and ethical reasoning is almost always a good ethical practice.
- 275 **H. Public Participation:** *“In deciding on a proposed action, have all potentially affected stakeholders had a meaningful opportunity to participate, and if not is there ethical justification for not involving*

280 *them?*” Although public participation has many meanings and names (e.g., public engagement, collaborative decision making, public involvement, community engagement, participatory research, and democratic governance), in its most basic formulation public participation refers to the meaningful involvement of members of the public in public health research, decision making, planning, policy, and practice. Public participation should ensure that participants and decision makers alike are mutually informed and engaged in dialogue and exchange. Thus, public participation is not the same as decision making by majority vote or one-way communication to the public (e.g., PSAs, social campaigns, or marketing). Not all public health decisions require or are amenable to public participation, but if public health personnel decide not to use it—in order to protect 285 confidential information, to avoid panic, or to avoid giving unfair advantage to certain interested parties, for example—they should be prepared to retrospectively publicly defend their decision and demonstrate why it is or would have been unrealistic or counterproductive to make the decision-making process more participatory. Decisions that affect minority and marginalized communities or that are highly sensitive and contentious, or subject to mistrust, require ongoing efforts to involve 290 affected stakeholders. Public participation can enhance the legitimacy, transparency, and justice of decision making and build trust in public institutions. Like public participation generally, there are many different forms and methods of public deliberation. All share a commitment to the use of balanced, nonpartisan evidence and information to ensure deliberations are well informed. They provide participants with time for discussion, reflection, and co-learning to promote dialogue that identifies the ethical, psychological, social, cultural, and economic impacts and difficult trade-offs of 295 particular decisions. Public deliberations are also oriented toward finding collective solutions and providing direct feedback to decision makers. Empirical studies and anecdotal evidence show that when it is done well, public deliberation can yield more informed, considered, civic-minded, and egalitarian discussions.

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#### **IV. Ethics Action Guidance for Policy and Practice in Functional Domains of Public Health**

Previous sections of the Code have identified core values that provide an ethical mission and identity for the profession and practice of public health (Section II) and have identified key considerations that should 305 be contemplated carefully as public health practitioners analyze proposed policies and practices from an ethical point of view (Section III). Taken together, these core values and components of diligent and deliberative ethical decision making form the foundation for more specific ethical guidance concerning particular public health functions and activities.

310 The purpose of this section is to highlight ethical issues that arise in specific functional domains of public health's service to society and to provide guidance on how those issues should be understood and addressed. Here, scientific research, expertise, legal and social authority, public trust, and ethical responsibility meet in the everyday work—the debates, deliberations, and decisions—of public health organizations and practitioners.

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What does ethical “guidance” mean in the context of Section IV? These action guidance recommendations are meant to inform and enlighten the judgment necessarily exercised by public health organizations and practitioners, not to eliminate the need for such judgment or to curtail reasonable and responsible discretion. They are not ethical “rules” that must be followed no matter what. Public health decision makers should presume that these action recommendations should be followed, but the facts and circumstances within which a given decision has to be made may, from time to time, rebut this presumption. In other words, these recommendations are best understood as ethical starting points, default settings that can legitimately be overridden by specific conditions and factors that impinge on particular policies and decisions. This definition and interpretation of ethical action recommendations is generally in keeping with the use of the term “guidance” familiar in the field of public health and applicable to many kinds of considerations, not only to ethics.

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Specific ethics guidance in a field as functionally diverse as public health could be organized in many ways. This Code has adopted a classification of public health functional areas or “domains” as a clear and recognizable framework for presenting the guidance in this section. While a number of descriptions of key public health functions have been proposed, we use the familiar and well-validated set of functions described by the Public Health Accreditation Board (PHAB).<sup>6</sup> In developing these functional domains, PHAB was promulgating accreditation standards for local and state governmental public health entities and set detailed standards within those domains that could be used to assess and evaluate the performance of those entities over time. A parallel classification of functional areas is also useful for organizing ethics action and decision-making guidance, although, as previously noted, this guidance does not set enforceable standards like accreditation does, and in at least one instance (Domain 7) we have altered the wording used to name a domain in order to facilitate the analysis of the specifically ethical aspects of that domain. The functional domains listed here are meant to encompass a wide range of public health

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<sup>6</sup> Public Health Accreditation Board. Standards and Measures, Version 1.5. 2014. Available at <http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>. Accessed November 20, 2017.

340 activities in whatever context they occur, including government agencies, academia, non-governmental organizations, and other community-based organizations.

*Action Guidance Recommendations*

345 **Domain 1: Conduct and disseminate assessment focused on population health status and public health issues facing the community**

*Public health personnel and organizations should strive to conduct and disseminate meaningful health assessments focused on population health status and public health issues facing the community. Health assessments, which can exist on the state, tribal, local, or territorial level, generally seek to identify key health needs and issues through systematic, comprehensive data collection and analysis. Community health assessments can be used to guide a strategic planning process, prioritize the development or delivery of services, and assist local communities with activity development. Doing so helps to identify existing community assets (e.g., organizations, partnerships, funding, facilities) and/or deficits (e.g., lack of funding, lack of services, community violence) so as to maximize the health of the community and minimize harms. Findings from health assessments should be disseminated in an ethically responsible manner informed by key stakeholders and community members through an established process.*

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Ethical policies and practices to conduct and disseminate assessments of public health status and public health issues facing communities should:

360 **IV.1.1. Promote cross-disciplinary collaboration to define community problems and identify causal factors or social determinants of health.** Understanding and identifying complex and persistent health problems and their determinants is strengthened through multiple nuanced perspectives and disciplinary lenses. Cross-disciplinary collaboration allows individuals with diverse training and experiences to come together to address a common goal; thus, it is important to understand and recognize the experience and knowledge that each individual brings to the table. Further, such collaboration provides the opportunity to build alliances and partnerships across professions and with communities to develop well-informed, tailored strategies to improve the health of the community.

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**IV.1.2. Engage, empower, and train community members to conduct and disseminate health assessments.** Community member knowledge and skills are often underutilized. Engaging, empowering, and training community members to identify, mobilize, and address the strengths and deficits that exist within their communities allows those communities to prioritize

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375 their health needs and galvanizes local participation, acknowledges the contextual expertise of communities as it relates to their specific health needs, offers education and training to members of the local community, and builds community capacity and sustainability to improve health outcomes in the long-term.

380 **IV.1.3. Balance perceived needs with expressed and expert-defined needs to improve community health.** There often exists a tension related to balancing the needs felt or perceived by the community (perceived needs) with the needs revealed through examination of health care utilization behaviors (expressed needs) and the needs defined by experts and health professionals (defined needs). It is critical to use multiple forms of data collection and innovative technology and methods to capture the various types of needs germane to the population of interest. Balancing such needs takes into account that understanding and addressing the health of the community is complex and requires a multi-faceted approach to assessment with due consideration to the valued role and voice of the affected community in the process. Moreover, 385 needs identified by health professionals and experts should always be carefully balanced with needs identified by the community.

390 **IV.1.4. Prioritize health problems and disseminate relevant findings.** Once community health problems have been identified by key stakeholders through the health assessment, health priorities should be established using various techniques as part of an ongoing process informed by key stakeholders, including community members. Selected priorities should be diffused through agreed-upon dissemination channels and carefully dispersed in a manner that empowers, rather than stigmatizes, the population of interest.

395 **IV.1.5. Have safeguards in place so that public health information does not harm individuals or communities.** Public health information should not be used to harm particular individuals or groups. Protocols should be in place to protect individual privacy and confidentiality. In small communities and when small numbers are involved, inadvertent personal identification is a possibility and should be taken into account. Similarly, certain terminology and classification systems can stigmatize or otherwise adversely affect particular groups and communities. Appropriate care should be taken in anticipating public interpretation, 400 misinterpretation, or adverse reaction to public health information and language.

## **Domain 2: Investigate health problems and environmental public health hazards to protect the community**

405 *When investigating health problems and environmental hazards, it is necessary to collect information most relevant to characterizing the problem and implementing control measures. There are several methods for doing so, all involving some form of active surveillance, such as outbreak investigations or surveys of populations and individuals. Problems addressed could be short term, such as communicable disease, or long term, such as cancers associated with environmental exposures. Ethical considerations underlie many decisions involved in any investigation. General issues like maintaining confidentiality as much as possible and avoiding conflicts of interest emerge in this space as well as in many others. Practical issues related to investigation itself have moral valences. For example, investigators must decide which populations or groups to survey, what data or specimens to collect, how to present the results of the investigation and how to respond to protect the public. All these activities involve trade-offs between individual privacy and confidentiality and the public's right to know about problems and*

410 *hazards that could affect them.*

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Ethical policies and practices to investigate health problems and environmental health hazards should:

420 **IV.2.1. Detect, recognize, and acknowledge public health threats promptly and efficiently.**

Given the responsibility public health practitioners have to protect the public, they must continuously monitor communicable disease and environmental data, periodically conduct risk assessments about potential environmental hazards, and diligently scan the built and natural environments in order to recognize public health threats promptly. Clues to the presence of public health threats come from varied sources, such as reports of notifiable conditions received from healthcare providers and labs, disease registries, or anecdotal reports. Decisions to set response thresholds too high, or that require additional unnecessary data collection have implications secondary to a delayed response.

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430 **IV.2.2. Avoid conflicts of interest that could interfere with the willingness to acknowledge public health threats.**

Personal or organizational conflicts of interest must be avoided, as they could influence how a public health practitioner or public health agency acknowledges or responds to a threat. Organizational conflicts can also occur when different agencies want to protect themselves or compete with others in making a response.

435 **IV.2.3. Give particular attention to protecting the privacy and confidentiality of individuals when gathering data, collect only data elements and specimens necessary for disease control or protection, and remove personal identifying information from the dataset as soon as it is**

440 **no longer needed.** The nonconsensual nature of many investigative activities requires that public health investigators give particular attention to individual privacy and confidentiality. In addition, even aggregated data can be linked to individuals when small numbers and rare demographic features are involved.

445 **IV.2.4. Ensure data quality, account for data quality limitations, determine statistical thresholds for defining significance, and endeavor to ensure that others who use the data, including the media and policy makers, avoid drawing inappropriate conclusions regarding cause and effect.** The science of epidemiology identifies associations between exposures and disease and assists in determining whether and how these associations represent causal linkages. Those inexperienced in epidemiology may draw false assumptions about the nature of associations between exposure and disease. This is a particularly problematic when done by  
450 individuals in policy-making positions. Public health practitioners have a responsibility to collect high quality data, assess and account for data limitations and potential confounders and modifiers in analyses, conclusions, and reports, and protect against misinterpretation, misrepresentation, and misunderstanding of data and findings.

455 **IV.2.5. Balance the public’s need for information with the possibility that the investigation results could create undue burdens or stigma for populations, groups or individuals, or cause other adverse incomes, such as reduced property values.** Even when reporting aggregated data, the results could stigmatize specific populations or create financial risk for individuals in exposed communities, including reduced property values and increased insurance  
460 costs.

**IV.2.6. Require the reporting of findings promptly, especially to individuals and community partners who contributed data to the investigation.** Prompt reporting is essential if public health practitioners wish to maintain trust with affected individuals and communities.

465 **IV.2.7. Ensure that resulting interventions are the least restrictive necessary to protect the public, that they minimize negative outcomes for individuals and populations, that they do not disproportionately negatively affect a minority or otherwise vulnerable population, and that they seek to enhance resilience of populations and ecosystems to prevent future harm.**  
470 After conducting an investigation, public health practitioners might consider potential responses, each likely to have ethical implications, especially if they involve restrictions on the movements

of individuals and populations, such as isolation and quarantine, or if they involve the use of sanctions to promote desirable behavior and deter undesirable behavior. Public health practitioners have the responsibility to ensure that they use the least restrictive interventions necessary to achieve these goals, while reducing the negative effects of these interventions, such as providing adequate food and water for quarantined populations. In addition, public health practitioners have a responsibility to ensure that their recommendations and interventions do not lead to increased health disparities.

IV.2.8. **Ensure that community stakeholders are identified, convened, and listened to, and that their perspectives are considered when investigating health issues and environmental hazards and when making decisions to protect the public, including, but not limited to, resource allocation and methods for delivering resources equitably.** Some decisions public health practitioners make involve the distribution of scarce resources, such as vaccines, antiviral medications, or ventilators, or the imposition of regulations, such as whether health-promoting or health-reducing substances are allowed in specific areas or accessible to specific populations. Public health practitioners have an obligation to work with community stakeholders to develop equitable, transparent systems for distribution and allocation and to ensure that regulatory burdens do not disproportionately affect a minority or vulnerable population.

IV.2.9. **Empower community members and stakeholders to be active participants in the decision-making process.** Public health practitioners can build trust and increase their effectiveness by creating meaningful opportunities for dialogue, being open to unanticipated ideas, attuning themselves to cultural, social, and historical contexts that influence environmental and community health, and being receptive to partnerships.

IV.2.10. **Ensure that investigators use resources efficiently and effectively.** Public health research and practice frequently involve the use of scarce public resources. Therefore, public health practitioners have an obligation to evaluate each investigation and demonstrate that they have used resources efficiently and effectively.

### **Domain 3: Inform and educate about public health issues and functions**

*Public health personnel and organizations should strive to provide accessible information about public health issues and functions to the public, including but not limited to political leaders, health care*



505 *providers, affected populations, and communities. Knowledge is a necessary (but insufficient) input into*  
*building healthy homes, workplaces, and communities. Imparting accurate and accessible information*  
*requires that public health personnel and organizations use a variety of communication techniques and*  
*teaching methods, remaining sensitive to the diverse audiences they must reach. Doing so helps public*  
*health personnel meet their goals of protecting the health and safety of individuals and fostering the*  
510 *health of communities.*

Ethical policies and practices to inform and educate the public about public health issues and functions should:

515 IV.3.1. **Engage all members of the community.** Public health activities touch all members of a community, even those who do not recognize the work of the field. All members of a community should know or be made aware of how the efforts of public health personnel and organizations work to keep them safe and healthy.

520 IV.3.2. **Attend to the needs of diverse audiences.** Public health organizations serve individuals and communities that vary with respect to demographic characteristics, social and cultural factors, familiarity with public health, and health status. Ensuring that information and education about public health issues and functions is tailored to the needs of various audiences is critical to meeting the obligations of health and safety, justice and equity, and inclusivity.

525 IV.3.3. **Be honest and accurate.** The design, implementation, and outcomes of some public health efforts are straightforward and extremely successful while others are complex, debated, and uncertain. Public health personnel and organizations must be honest and accurate when informing and educating the public about the actual and potential public health issues and functions, including acknowledging strengths and vulnerabilities about what public health personnel and organizations know, and can and cannot do. Honesty and accuracy builds public trust, which is essential for public health efforts, and is respectful to the individuals and communities that public health serves.

530 IV.3.4. **Portray risk in a variety of ways.** Many public health efforts are related to preventing or mitigating risk of poor health outcomes. Yet, risk is poorly understood and interpreted by human beings. Public health personnel and organizations should communicate and educate about risk in a variety of ways (e.g., absolute, relative) to avoid over- or under- emphasizing potential harm.

535 IV.3.5. **Engage individuals and communities in the development of individual and collective solutions to public health issues.** The process of informing and educating the public about

public health issues and functions should include messages and processes that empower individuals and communities to participate in the development of healthy communities. Recognition of the interdependence of health and the solidarity needed for solutions to public health problems should be clearly communicated to the public.

540 **IV.3.6. Listen to and learn from individuals and communities in the development of individual and collective solutions to public health issues.** Informing and educating the public is an important ethical responsibility, but it is incomplete without the openness and willingness of public health personnel to listen and learn. Neither public health, its partners and collaborators, nor the communities it serves have a monopoly on scientific knowledge or ethical discernment.  
545 Civic learning as a whole and as an ongoing process is the key to good public health outcomes. This paves the way to ethical guidance offered in Domain 4.

#### **Domain 4: Engage with the community to identify and address health problems**

*Public health personnel and organizations should strive to create meaningful opportunities to involve members of the public in decision-making and to build community partnerships that are based on mutual respect, co-learning, and shared power. These engagements and partnerships should seek to develop and implement policies and practices that improve population health and reduce health disparities; cultivate resilience, efficacy, and agency in individuals and communities; and promote accountability of and trust in public health institutions. Strong trusting partnerships can serve as a moral compass for routine public health planning and programming and in public health emergencies.*

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Ethical policies and practices to engage with the community and address health problems should:

**IV.4.1. Create meaningful opportunities for ongoing dialogue with stakeholder communities and the public at large to identify health challenges, opportunities, and priorities for action.** Meaningful opportunities for dialogue provide people with factual and unbiased information communicated in plain-language that the public understands, with adequate time to ask questions, express their views, and receive feedback in an environment of mutual respect and reciprocity.

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**IV.4.2. Begin building public health capability early in life.** Work with schools, educators, parent groups, and others to provide improved health education to children. Health literacy in childhood and adolescence is a culturally and political sensitive topic in the United States, but

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constructive approaches can be developed with the help of educators and parents, among others. Many indicators of child health are alarming and a life-span perspective indicates that many adult illnesses are affected by health experiences—both medical and psychosocial—early in life.

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IV.4.3. **Be diligent in identifying communities and groups with a stake in health planning and programming activities.** Inclusive efforts to identify and reach out to populations with a stake in health planning and programming and reducing barriers to their participation are essential for public health success. Such efforts need to extend beyond healthcare to other social sectors and involve both recognized community leaders as well as lay people without formal leadership positions.

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IV.4.4. **Convene stakeholders throughout all phases of policy and intervention development, implementation, and evaluation.** Inclusion of community members early and throughout health planning and programming can enrich team learning, improve the quality and relevance of health programs and interventions, identify and build community leadership, and strengthen community capacity and vitality.

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IV.4.5. **Be responsive to community perspectives on health challenges, opportunities, and priorities for action.** A responsive stance recognizes that communities living with health deficits are often best situated to understand the challenges to and opportunities for better health. Members of these communities have lived experience with social conditions that are detrimental to health and health conditions that can compromise well-being and agency. Ignoring community insights and experience can lead to ineffective programs and wasted resources and cause or compound public mistrust.

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IV.4.6. **Be open to unanticipated ideas for creating positive change.** Communities can be a rich source of creative ideas for health improvement, reflecting deeply situated knowledge of where and how people connect, share ideas, and influence positive change.

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IV.4.7. **Be attuned to cultural, social, and historical contexts that influence community health and receptivity to public health partnerships.** Attunement to cultural, social, and historical contexts is particularly important when addressing health disparities because communities burdened by excess illness and disease may also be socially disadvantaged by

600 discrimination related to race, ethnicity, social class, geography, immigrant status, and sexual  
orientation and identity, among other differences reflected in social hierarchies.

605 **IV.4.8. Share decision making, information, and resources with community partners.** Strong  
community partnerships are built on and sustained by a commitment to equity and respect,  
demonstrated through sharing decision making and collaboration during the planning and  
implementation of public health interventions. This approach need not abrogate a public health  
agency's legal authority or ethical responsibility. On the whole, however, the effectiveness of  
many public health efforts are enhanced rather than undermined by taking a respectful and  
cooperative approach with affected communities and stakeholders.

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**IV.4.9. Seek to enhance resilience, efficacy, and agency in individuals and communities.**  
Effective public health planning and programming draws on community resources and creativity  
and strives to strengthen the capabilities of individuals and communities to respond creatively,  
preventatively, and proactively to everyday health challenges and emergent health crises.

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**IV.4.10. Build relationships and partnerships on the basis of mutual respect and reciprocity,  
recognizing the dignity and capability of individuals and the assets and strengths of the  
community.** Community engagement and partnerships built on the basis of these ethical  
guideposts can promote the accountability of and trust in public health.

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### **Domain 5: Develop public health policies and plans**

*Public health personnel and organizations should strive to develop meaningful, effective, and practicable  
health policies and plans aimed at improving population health. Public health measures are most  
properly applied when they are based upon the best available scientific evidence and incorporate the  
625 knowledge gained through previous public health activities and community engagements. Efforts to  
promote the public's health must be applied in such a way that incorporates feedback from the affected  
communities, incorporates local values and customs, and takes appropriate measures to avoid harm to or  
stigmatization of community members. Moreover, it is imperative that public health practitioners  
implement measures that will maximize the privacy and personal autonomy of affected individuals and  
630 will minimize infringement upon personal liberties and adverse health or social outcomes.*

Ethical policies and practices to develop public health policies and plans should:

- 635 IV.5.1. **Be designed with input from community members and be sensitive to local values and customs.** Health policies and plans will be most effective when community members participate in the development of such practices. By encouraging community participation, public health practitioners will ensure that health plans and policies are relevant and feasible within the communities in which such plans and policies will be implemented.
- 640 IV.5.2. **Incorporate scientifically vetted, research-based data to the fullest extent possible.** Health policies and plans utilize valuable financial and personnel resources in the course of their development and implementation, therefore care should be exercised in ensuring that the bases of such policies and plans have been rigorously tested and proven viable.
- 645 IV.5.3. **Consider past experience of these types of policies and plans within this community, as well as in other similar communities, and incorporate lessons learned from these experiences into future design and development efforts.** Public health practitioners should seek to learn from their own and others' public health efforts in the development of health policies and plans in order to avoid pitfalls and improve upon successes. In this way, practitioners will make  
650 best use of limited resources.
- IV.5.4. **Only promote policies that will maximize community wellbeing while simultaneously upholding the privacy, dignity, and autonomy of individuals and communities impacted by such policies and plans.** Public health policies and plans are  
655 inherently focused on improving health across populations rather than focusing on any one individual. Special care should be taken to ensure that individuals and communities are respected and afforded due protections during the development and implementation of such policies and plans.
- 660 IV.5.5. **Design and implement policies so as to avoid the unintentional stigmatization of specific groups within the community.** Public health policies and plans can inadvertently bring unwanted or undue focus on individuals or groups. This should be avoided in order to ensure protection of privacy and avoid embarrassment and/or social ostracism.
- 665 IV.5.6. **Aim to improve the health and health care for all vulnerable populations impacted by existing disparities and inequities.** Health and healthcare disparities are commonplace in our

society. In improving the health of a population, it is the concept of social justice renders it imperative that public health practitioners recognize the unmet needs of vulnerable populations and seek to eliminate existing inequities.

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IV.5.7. **Consider and, where possible, address determinants of health that lie outside each individual's genetic endowment and behaviors, including the circumstances in which people grow, live, work, and age. These may include individual resources, community resources, hazardous exposures, and opportunity structures.** Appropriate measures must be taken to minimize the impact of inadequate individual or community resources by ameliorating shortcomings or inequities to the extent practicable. Moreover, following a careful analysis of the social and environmental determinants of health within the community, appropriate remediative efforts must be taken to prevent further harms precipitated by such factors.

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IV.5.8. **Reduce or eliminate negative impacts upon communities and the environment, particularly as these negative impacts tend to disproportionately affect individuals already faced with health inequity.** Public health personnel must be sensitive to the impact of identifiable health determinants upon all members of society, noting that vulnerable populations may well be most impacted in these circumstances. In response, educational, social, and public health measures must be appropriately tailored to meet the needs of specific population audiences.

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IV.5.9. **Ensure that reasonable alternative options are considered and evaluated and that final policies and plans are designed to most effectively accomplish stated goals while minimizing the potential for harm.** Attention must be paid to the potential for undesirable consequences, such as the limitation of individuals' autonomy or personal liberties, the potential breach of privacy, and/or the social alienation of specific population groups. It is incumbent upon public health personnel to draw upon their own and others' expertise and previous experiences to determine the best course of action in view of potential negative consequences.

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IV.5.10. **Design an unbiased mechanism for assessing the ethical appropriateness of health policies and plans once implemented, as well as a mechanism for adjusting health policies and plans to ensure continued adherence to ethical standards.** All interventions must be subject to systematic ethical review, with the intent of ensuring that the benefits of public health interventions are achieved in a way that minimizes burdens upon individuals and communities

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being served. These ethical reviews should incorporate frank discussions involving representatives of the community, specific community populations, where applicable, and public health leaders alike.

705        **IV.5.11.    Ensure that policies and plans are sensitive to race, ethnicity, gender, and other**  
                 **unique characteristics of individuals impacted by such policies and plans.** Public health  
                 measures must take into account the culture, language, and health beliefs of all persons whom  
                 they aim to serve. Public health practitioners should, in the development of health plans and  
710            policies, recognize that individual community subpopulations may express specific needs, beliefs,  
                 and preferences. These factors should be incorporated to the greatest extent possible so as to  
                 facilitate a sense of inclusion while simultaneously enhancing the efficacy of public health  
                 interventions.

#### **Domain 6: Enforce public health laws**

715        *Governmental regulatory agencies should partner with public health personnel and organizations to*  
                 *protect individual and population health, safety, and welfare by ensuring that individuals and businesses*  
                 *abide by the public health laws. Government agencies are authorized to act to protect and improve health*  
                 *by enforcing regulations aimed at: implementing and managing practices that promote health; protecting*  
720            *against injury or disease; ensuring administrative capacity of organizations carrying out public health*  
                 *functions and monitoring and responding to health and safety issues within the jurisdiction. Enforcement*  
                 *of public health laws provides government agencies with an opportunity to build trust with the*  
                 *community, improve accountability of organizations whose actions impact health, and reduce health*  
                 *disparities. The enforcement of public health policy, or lack of enforcement, may serve to mitigate or*  
725            *create health disparities; care should be taken to avoid creation of health disparities. Government public*  
                 *health authorities have a duty to enforce public health laws effectively in order to fulfill the values and*  
                 *goals of public health.*

Ethical policies and practices to enforce public health laws should:

730        **IV.6.1.        Be conducted by government authorities authorized to enforce public health laws.**  
                 Government officials are obligated to address the ethical issues associated with public health  
                 laws. Ideally, ethical considerations are examined and deliberated during the drafting of public  
                 health laws and regulations.

735 IV.6.2. **Ensure respect and dignity for all involved and refrain from utilizing methods that**  
**may cause embarrassment or derision.** Health of individuals and communities can be a  
sensitive topic and adjustment to changing health standards can prove challenging. Public health  
law enforcers should not belittle, criticize, disparage, or otherwise put down individuals and  
740 businesses in the course of such enforcement. Enforcement methodology should include  
proportionately considerations, without undue burden to individual freedoms while achieving  
social good.

IV.6.3. **Mitigate health disparities.** Public health law enforcement should aim to improve health  
among individuals in underserved communities and those experiencing the greatest disparities in  
745 health. During implementation of public health law, regulatory bodies should use scarce resources  
efficiently in an effort to produce just outcomes, with a fair and equitable distribution of  
resources.

IV.6.4. **Avoid infringing on individual liberties and privacy.** Public health typically focuses  
750 on population, rather than individual, health. However, the pursuit of population health in any  
specific context or setting should be accompanied by a respect for the rights of individuals who  
comprise that population. Enforcement of public health laws and the implementation of public  
health measures should adhere to due process of law in protecting individuals' rights to privacy,  
liberty, and autonomy. When individual interests and rights must be infringed, the least restrictive  
755 effective means should be employed and accessible complaint and restitution mechanisms should  
be in place.

IV.6.5. **Encourage participation by non-governmental entities.** Participation by non-  
governmental entities both in the drafting of health law and implementation of regulations (e.g.,  
760 built-in comment periods and draft iterations before final rules are released) will promote more  
effective implementation. True partnership during drafting and implementation phases with non-  
governmental entities working within communities will ensure that regulations fulfill their  
intended purpose.

765 IV.6.6. **Include appropriate publication of the law and educate the public on how to comply**  
**with both the letter and the spirit of the law.** Non-governmental public health authorities can  
provide support in educating the public about health laws.



**Domain 7: Promote improved access to social resources conducive to health and to health care**

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*Public health personnel and organizations should strive to promote and improve both population and individual health using multiple strategies based on epidemiological, medical, and social scientific research. Ethical action guidance offered below addresses four areas in particular: (1) health information and literacy, (2) social determinants and inequities that limit the capabilities of individuals and groups to achieve reasonable levels of health and function, (3) equitable access to public health services, and (4) equitable access to clinical medical and nursing care.*

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Ethical policies and practices to improve access to resources conducive to health and health care should:

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**IV.7.1. Work with other health experts, professional associations, and civic groups to improve health care finance and delivery.**

Achieving universal, equitable access to key resources conducive to health and health care requires engagement of all health-associated sectors, including public health. Public health organizations and personnel have obligations to ensure equitable access to clinical medical and nursing care. Through research and reasoned argument, public health personnel and organizations should assist in the promotion of adequate geographical coverage of essential health and nursing services in those areas where such physical access is lacking or unreasonably expensive or inconvenient. Public health organizations should address the situation and needs of those who lack access to affordable health insurance coverage, either in the private insurance marketplace or through publicly funded entitlement programs. Finally, public health personnel should be vigilant concerning situations in which access to clinical medical services is blocked by the unwillingness of providers in a particular specialty or region to provide care. Public health organizations in some cases may be able to offer a safety net in such situations or should seek new ways to provide access to individuals whose personal interests or needs are marginalized or stigmatized.

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**IV.7.2. Assist, through research and reasoned argument, the process of informing policy makers and the general public concerning the requirements of a sustainable health insurance system that provides comprehensive and universal coverage.**

One of the most serious health risks in America at the moment, when many millions of persons may lose health insurance coverage in the next few years, is widespread factual misunderstanding about how sustainable social insurance systems actually work and what their requirements are—especially a

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805 shared sense of solidarity and the equitable sharing of financial risk. Public illiteracy about these matters is a major political obstacle to just health reform and to achieving the ethical goal of equitable access to health care. Educational efforts by public health organizations and practitioners in this area are no less ethically important than those pertaining to smoking, substance abuse, nutrition, or obesity.

810 **IV.7.3. Base health promotion efforts on respect for the dignity and capability of individuals, not on strategies of stigmatization or on appeals to motivations of fear, disgust, and shame.** The ethical importance of discouraging deleterious health behaviors does not justify stigmatizing individuals or groups who engage in those behaviors. Negative messaging cannot be controlled in society and culture and will likely redound to individuals and groups. Respectful messaging can help minimize stigma.

815 **IV.7.4. Develop programs to promote health that supplement individual informed choice and access to clinical and preventive care by attending to the social environment.** Public health efforts that address only the biological risk factors affecting populations and seek to provide access by individuals only to clinical health care insurance and services are ethically necessary, but not sufficient. Improving access to the conditions and resources that enable 820 individuals and groups to be healthy are a key component to the ethical service that public health provides to society.

825 **IV.7.5. Improve access to community-based public health services, and outreach to underserved populations and those most affected by health disparities.** Access to community-based services, including many vital preventive, harm reduction, counseling, and other programs, is an essential part of the social service and health care safety net. Where these services are not adequately provided elsewhere in the health care system, public health services must supplement.

830 **IV.7.6. Recognize and act upon the fact that the ethical obligation to provide access to health care is not limited to citizens or documented persons only.** The ethical obligations of public health to promote health and safety do not always entail proactive cooperation with law enforcement agencies.

835        **IV.7.7. Engage in program planning to increase the capacity of the public health infrastructure to respond to increased need and to maintain equitable access to these services.** This is particularly important in anticipation of a growing population of uninsured, underinsured, or medically indigent persons anticipated in the next few years. Policy and funding advocacy for maintenance and support of this infrastructure is not only ethically permitted, but  
 840        required in times of systemic, inequitable access to health care.

### **Domain 8: Maintain a competent public health workforce**

*Public health practice, research, and organizations cannot protect the public's health and perform their ethical obligations to society unless a well-trained, competent, and well-motivated workforce exists as a resource to support them. Ultimately society as a whole must support this vital resource and provide the education and public funding necessary for its maintenance. Nonetheless, the field of public health itself and public health organizations must also do their part to maintain a competent workforce. This domain of public health function has ethical significance because ethical goals of public health cannot be met unless the work of public health is well done.*

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Ethical policies and practices to maintain a competent public health workforce should:

**IV.8.1. Provide ongoing training in all relevant areas to their workforce.** Ongoing training of public health personnel will be most effective if done with an eye towards career progression and building leadership capacity.

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**IV.8.2. Invest in educating/training public health workers from diverse social, cultural, economic and other backgrounds and communities.** It is ethically advisable to recruit into the public health workforce individuals from groups and communities disproportionately affected by public health problems. Over time this will build better rapport between public health activities and those they serve.

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**IV.8.3. Support access to public health education and training and provide financial assistance based on need.** In-service training and career development should be available to current public health personnel and students regardless of their ability to pay. Public health personnel have an ethical obligation to stay current with the most reliable knowledge in their fields and should not be deterred—or forced to make undue personal or family sacrifice—through

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870 the prospect of incurring burdensome educational debt. Here training programs include not only degree granting programs but also conferences, workshops, and the like. Public health organizations that may sponsor these programs should set fees in accordance with this ethical consideration.

875 **IV.8.4. Provide adequate institutional and professional support to enable competent performance.** In public health, as in other fields, there is a strong connection between an individual's competent actions and the context within which a professional practices. Public health leaders and organizations should recognize the nature and significance of supportive context and make arrangements for individual public health personnel to be adequately supported, for without this competent performance is not a reasonable ethical expectation.

880 **IV.8.5. Think broadly and creatively about educational and training needs.** It is important to be aware of "real-world" environments and communities in which public health personnel work and how that affects their effective competence. Training should also be provided in the area of communications skills and political acumen related to public health work. Finally attention should be paid to often underutilized educational models such as apprenticeships and mentoring.

885 **IV.8.6. Conduct ongoing evaluation of their educational and training programs/activities.** Scientific knowledge and social knowledge are essential to public health programs. These bodies of knowledge are dynamic and continuing education is essential. This will not only put public health personnel in a position to be more effective, it will also help to keep them alert to the emergence of new public health issues and novel challenges.

890 **IV.8.7. Provide ethics education as a central part of public health education and ongoing training.** Public health personnel should be trained to recognize and articulate the ethical aspects of their work. They should be trained in deliberative decision-making processes and aware of the need to evaluate the ethical implications of their interventions and programs.

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### **Domain 9: Evaluate and continuously improve processes, programs, and interventions**

*Continuous Quality Improvement (CQI) approaches include a range of techniques but have at their heart cycles of Plan-Do-Check-Act. Based on a strategic or tactical plan, a cycle, or as necessary multiple cycles, of taking action and evaluating those actions in order to modify the plan and subsequent actions*

900 *are undertaken. The cycles can be quite short as in a matters of days or less or long-term in terms of*  
*months or even years. CQI is appropriately a part of public health accreditation processes and*  
*incorporated throughout the Standards and Measures. Many resources are available to guide efforts such*  
*as the Public Health Improvement Encyclopedia. Ethical issues are imbedded in the entire process based*  
*on the overarching value of attempting to provide a constantly improving service to the public and other*  
905 *stakeholders. Many of the specific issues associated with components of the cycle (planning,*  
*investigation, research, action) are included in other domains.*

Ethical policies and practices to evaluate and continuously improve processes, programs, and interventions should:

910 IV.9.1. **Commit to a continuous improvement process for all essential programmatic components.** Continuous quality improvement (CQI) is essential to public health because it promotes vigilance in staying responsive to ever changing community and organizational need and excellence in programmatic response. Moreover, it relates to other critical processes like scientific methods, such as hypothesis testing, strategic planning, general program improvement, enhancing education, and experiential learning.

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IV.9.2. **Engage a wide spectrum of stakeholders in the improvement process.** Public health belongs to everyone and everyone has some responsibility for its ongoing improvement. Stakeholder analysis is a key aspect of CQI. For specific CQI projects omitting relevant stakeholders accidently or intentionally can diminish the likelihood of positive outcomes.

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IV.9.3. **Develop as appropriate strategic plans with measurable goals for essential program components.** Strategic planning ought to include CQI as all strategic plans need to adapt to changing internal and external circumstances. Strategic plans that are static and not incorporated into the life of the organization are likely to be a waste of organizational and social resources.

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IV.9.4. **Conduct regular reviews of all essential program aspects in the context of specified goals.** As much as possible given other constraints critically important community health concerns and programmatic responses should be reviewed in relationship to agree upon metrics. Triggers for new CQI cycles should be as transparent as possible.

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IV.9.5. **Scan the environment for improvements in evaluation approaches.** CQI methods are constantly changing, for example incorporating new information technology approaches, like

large (“big”) data sets. Hence CQI processes should themselves be subject to CQI methodology, looking for example how to improve the efficiency of such ongoing processes.

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IV.9.6. **Evaluate the quality improvement process on a regular basis.** CQI processes should be built into metrics of performance of the process. For example, one can ask how much quality improvement of service or better outcome resulted from what level of human and financial resources? What were the opportunity costs associated with any CQI process?

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IV.9.7. **Invest in relevant innovations in approaches to providing feedback through learning interventions.** CQI promotes organizational and individual learning. Translating what is learned through CQI into ongoing individual, community, and organizational practices is essential. As appropriate, sharing with other organizations should be a key value so as to enhance the benefit of what is learned in one place, often at high cost to that organization.

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## **Domain 10: Contribute to and apply the evidence base of public health**

*Public health personnel and organizations should strive to contribute and use credible evidence to promote and improve population and individual health. This requires that public health personnel have basic skills to assist them in making sound judgments with respect to the quality and applicability of evidence. It requires public health scientists and researchers to possess high quality skills in research design, data analysis, and interpretation. Together, creating and applying evidence in public health practice helps public health personnel and organizations to meet their obligation to promote and protect the public’s health and promote human flourishing.*

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955 Ethical policies and practices to contribute to and apply the evidence base of public health should:

IV.10.1. **Use the best available evidence to guide public health work. Public health is a multidisciplinary field that addresses complex and varied issues, requiring a variety of types of evidence.** Determining what constitutes the best available evidence will require personnel and organizations to consider findings from a variety of disciplines as well as the lived experience of affected communities. In addition, it requires evaluation of the strength and appropriateness of various findings to the context and character of the problem at hand. Use of best available evidence helps public health personnel and organizations to meet their obligations related to core ethical values including fidelity and responsibility, effectiveness, and inclusivity, and responsible use of limited public resources.

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965 IV.10.2. **Scientific evidence comes in different forms with different degrees of certainty and probability.** The presentation of public health evidence should be stated with a degree of certainty that is warranted by its underlying methodology and completeness. This applies to internal communications among public health personnel as well as to external communications with policy makers and the general public.

970 IV.10.3. **Consider evidence from multiple disciplines.** Public health organizations address a complexity of distal determinants and a variety of the proximate determinants of health. This requires consideration of evidence from clinical and laboratory sciences, social and behavioral sciences, epidemiology, and lived experience of affected communities. Consideration of the full body of evidence leads to more inclusive and effective interventions.

975 IV.10.4. **Evaluate the strength and appropriateness of types of evidence.** Strength and appropriateness of evidence depends on the public health problem and context at hand. Some problems are new and require indirect or analogous evidence at the start; others are perennial and require a critical examination of often conflicting findings. Evaluation of evidence requires an understanding of the relative merits of various research methods, scientific disciplines, and types  
980 of data available given the specific public health problem being addressed. Using the strongest and most appropriate evidence available helps public health personnel and organizations achieve their obligations of fidelity and accountability, as well as transparency.

IV.10.5. **Recognize and acknowledge when evidence is changing or incomplete and when assumptions or context changes the relevance of particular evidence.** Some public health  
985 problems are new or changing in such a way that evidence is unavailable or rapidly developing and changing. Identifying and communicating gaps in knowledge—knowing and communicating what we do not know—is an important aspect of judging strength of evidence, being accountable and transparent, and building public trust.

IV.10.6. **Invest resources in collecting ethically and methodologically sound evidence.** Where  
990 evidence is lacking or conclusions unclear, public health personnel and organizations should conduct and support the collection of sound evidence that strengthens the ability to identify and address public health problems. When methods are inadequate for developing sound evidence, public health personnel and organizations should invest in the development of methods that meet the needs of public health science. When developing evidence, public health personnel and  
995 organizations should comply with disciplinary ethics standards and expectations, including research integrity, ethical research practices, human and animal subjects protections, and

responsible communication of results. Investing in the production of sound evidence allows public health personnel and organizations to honor their obligations to fidelity, effectiveness, and responsible use of scarce resources.

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### **Domain 11: Maintain administrative and management capacity**

*Ethical standards of conduct apply directly to the decisions and actions of individuals at all levels of practice in public health. Because organizational leadership can create a climate that encourages or inhibits ethical conduct and practice, additional ethical expectations hold for individuals with administrative and managerial authority and responsibility. Sustaining an organization's administrative and managerial capacity is a part of public health ethics. The guidance within this domain pertains particularly to those in leadership roles who shape and maintain public health organizations and their capacity to carry out a public health mission in service to society. Public health ethics is attentive to the important interaction between individual character and activity, on the one hand, and organizational culture and support, on the other. Individuals with ethical integrity make good organizations function, but an organizational environment and culture are also needed to support individuals with ethical integrity—to recruit them, enable them, and retain them.*

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Ethical policies and practices to maintain ethical administrative and management capacity in public health organizations should:

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**IV.11.1. Provide for the recruitment, retention, and career development of highly qualified public health personnel in managerial roles.** The managerial capability of an organization depends upon the quality, experience, and professional expertise of those who fill leadership and managerial roles. Analytic reasoning skills, the ability to recognize ethical and value dimensions of public health practice, and an ethical vision for oneself and for the organization should be among those qualities sought in managers and leaders in public health.

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**IV.11.2. Have written personnel policies that ensure nondiscriminatory practices in recruitment, hiring, retention, and promotion.** Making leadership offices in public health equally open to all on the basis of competitive merit is both a standard of ethics and a pragmatic practice that will maintain the quality of the public health profession over time.

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1030 IV.11.3. **Have written personnel policies that include periodic financial disclosure and prohibitions on conflicts of interest, including perceived conflicts of interest applicable to all directors, management, staff, and the organization itself.** The misuse of office or position for personal financial gain or other types of unfair advantage must not be permitted. In addition, public health organizations and authorities must have policies and procedures in place to avoid creating actual or perceived conflicts of interest, especially when those organizations and authorities are involved in promoting particular interventions or products, or when regulating businesses or restricting the movements of individuals.

1035 IV.11.4. **Maintain an organizational culture that promotes ethical integrity and equal dignity and respect in relationships among staff, with the outside community, and with the beneficiaries of the organization’s public health programs and services.** This is one component of the very important objective of “walking the walk” of ethics in organizational management. Key values that the public health profession and public health organizations should promote and profess in the broader community should also be reflected within the culture, policies, and conduct of the organization. This should include incorporating ethical considerations into risk management that encourage transparency while ensuring individual privacy.

1045 IV.11.5. **Establish employee performance standards and evaluations based on ethical standards of conduct and public health values.** By including goals and objectives based on public health values into performance evaluations, managers can encourage employees to incorporate ethical considerations and conduct into their daily work.

1050 IV.11.6. **Provide resources for periodic education and staff training concerning ethical issues that arise in the course of the organization’s work, both among staff and in the broader community.** If individuals, including employees and leadership, and organizations are to be held accountable for compliance with ethics standards of conduct, it is ethically incumbent on organizations to provide the necessary learning, professional development, and support.

1055 IV.11.7. **Establish formal structures, such as ethics committees, to address ethical disagreements and challenges and to enhance organizational ethics and decision-making.** Formal structures like an ethics committee, that include community stakeholders as well as

1060 employees, can create a climate of ethical performance by promoting open, transparent decision making while building community trust.

1065 **IV.11.8. Incorporate ethics into quality improvement and performance management policies and activities.** Quantifiable performance metrics should be attentive to the effects policies, programs, and practices have on equity, public trust, and public perception of the organization, respect for vulnerable individuals, and engagement with vulnerable communities.

## **Domain 12: Maintain capacity to engage with public health governing entities**

1070 *In order to ensure appropriate transparency and responsiveness, public health governing bodies, both areas of the government that draft and enact legislation as well as individuals and agencies that carry out public health legislation are granted authority to develop and promote public health programming. These individuals and groups with the government are the point of accountability and can determine funding for public health activities, and therefore have a duty to maintain open and responsive communication with the public. Similarly, non-governmental public health organizations have a duty to ensure ongoing*

1075 *engagement with public health governing bodies, agencies, and individuals in order to promote the interests of the public, ensure transparent justification of government's policies, regulations, and activities, and influence the development and maintenance of public health infrastructure. Organizations familiar with jurisdictions' needs should participate in public health law and regulation drafting processes to ensure needs are met ethically and equitably.*

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Ethical maintenance of capacity to engage by and with public health governing bodies should:

1085 **IV.12.1. Promote constructive communication among the public, non-governmental entities, individuals, and groups that draft and enact public health legislation, and individuals and groups within the government that develop and implement public health activities.** Offering public comment periods for proposed legislation and regulation by government, and participation in comment periods by all who are able to participate (e.g., non-governmental organizations, the public, and individuals and groups within government tasked with carrying out government's public health programming), will aid the effective execution of public health laws by setting

1090 reasonable operational goals and clarifying roles and responsibilities. This includes cross-government communication within, between, or among local, state, and federal governing bodies.

IV.12.2. **Empower non-governmental entities to engage in open dialogue with the**

1095 **government.** Non-governmental entities are often positioned close to the communities and  
populations they serve and are able to quickly identify how those communities and populations  
might be affected by proposed or enacted regulations as well as government public health  
activities. Therefore, those entities should communicate with government regarding how  
government regulation and activities are affecting, positively and negatively, the populations  
those entities serve.

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IV.12.3. **Promote openness among government, non-governmental entities, and the public  
regarding resource allocation and performance improvement.**

In order for government to allocate resources efficiently and effectively, particularly resources funded by taxpayer dollars,  
government and non-governmental entities should discuss expectations and reality regarding  
1105 resource allocation when government is implementing interventions as well as the steps  
government is taking to improve efficiency and effectiveness.

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IV.12.4. **Encourage policy development to protect the public's health.**

Improvement in public health over the past century is in large part attributable to the development of policies,  
1110 ordinances, and statutes aimed at improving living and working conditions and safety, stymieing  
the spread of disease, and ensuring access to health care. Non-governmental public health entities  
have an obligation to collaborate with government to develop policies and regulations that  
promote health, and to support the governing entities in advocating for public health.

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1115 **Appendix 1: Deliberative Decision Making Model**

[Forthcoming at a later date]

**Appendix 2: Cases examples**

[Forthcoming at a later date]