Public Health Accreditation and Metrics for Ethics: A Case Study on Environmental Health and Community Engagement

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As public health departments around the country undergo accreditation using the Public Health Accreditation Board standards, the process provides a new opportunity to integrate ethics metrics into day-to-day public health practice. While the accreditation standards do not explicitly address ethics, ethical tools and considerations can enrich the accreditation process by helping health departments and their communities understand what ethical principles underlie the accreditation standards and how to use metrics based on these ethical principles to support decision making in public health practice. We provide a crosswalk between a public health essential service, Public Health Accreditation Board community engagement domain standards, and the relevant ethical principles in the Public Health Code of Ethics (Code). A case study illustrates how the accreditation standards and the ethical principles in the Code together can enhance the practice of engaging the community in decision making in the local health department.

KEY WORDS: community engagement, environmental health, ethics, professionalism, public engagement, public health accreditation

As public health departments around the country undergo accreditation, the process provides an opportunity to integrate ethics metrics into day-to-day public health practice. Over the last 10 years, public health leaders have developed both accreditation standards and a public health code of ethics to enhance the quality, performance, and professionalism of public health, and today, standards and ethics can play important complementary roles in practice.[1]

The Public Health Accreditation Board (PHAB) was incorporated in 2007 to advance the quality and performance of state, local, and tribal public health departments. In 2009 and 2010, a total of 30 public health departments took part in the PHAB beta test, providing input on the process, materials, and tools of accreditation. In July 2011, the PHAB released for general use version 1.0 of the Accreditation Standards and Measures and the Guide to National Public Health Department Accreditation.[2,3]

While the accreditation standards do not explicitly address ethics, ethical tools and considerations can enrich the accreditation process by helping health departments and their communities understand what ethical principles underlie the PHAB standards and how to use accreditation metrics based on these ethical principles to enhance decision making in public health practice. The Public Health Code of Ethics (Code) is one such tool, a set of 12 ethical principles, developed by public health officials in the Public Health Leadership Society, with input from many professional organizations, including the Association of State and Territorial Health Officials, and the National Association of

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County & City Health Officials, and the American Public Health Association.[4]

Crosswalk Between Public Health Accreditation Board Standards and Ethical Principles

Both the PHAB standards and the Code, in part, provide guidance for public health institutions and departments, as well as professionals, about their responsibilities in practice (see Table 1 for a list of ethical principles in the Code). Implicit in both PHAB and Code is that public health effectiveness and professionalism are enhanced both by accountability and by trust, which includes a perception that public health professionals have the expertise, competencies, and consistency in

ethical values needed for the day-to-day management of public health activities. Table 2 provides a crosswalk between a public health essential service, the PHAB community engagement domain standards, the relevant ethical principles from the Code, and examples of ethical considerations and questions for accreditation metrics that are based on these ethical principles. As illustrated in Figure 2, health departments could use the ethics metrics (fourth column), which are based on the ethical principles (third column), to help achieve the PHAB standards (second column) in a substantial, principled way. For example, while the PHAB standards include documentation of community engagement through meeting minutes, agendas, and advertisements, rich descriptive answers to the complementary ethics metrics can ensure that meaningful community engagement has actually occurred.

What would constitute meaningful community engagement as informed by the ethical principles in the Code? In public health, public engagement is essential for developing and maintaining the social connections and relationships between public health professionals and the community—and as captured in the Code, community engagement is a way of obtaining the community's consent. The Code recognizes that society's trust in the authority of the public health profession is premised on public health professionals' consistent and transparent conduct aligned with commonly held community values.

Thus, meaningful community engagement depends on the particular context and is as much art as science. Seeking community consent for a particular issue, for example, would involve determining what a specific community would believe to be respectful and appropriate communication and participation, based on community values. The objectives, level of expertise, and available evidence for engagement, therefore, are situation dependent. Other relevant aspects of engagement include type of communication (eg, whether the communication is one way or two way), intention (eg, education, input, consensus), participants (citizens, community representatives, leaders, experts), structure (formal or informal), and outcome (eg, whether there is a specific decision or choice to be made).[5] Experts also suggest that when developing community engagement activities, one should assess the range of "problem-solving activities" in which a particular community might be involved, including problem definition, generation of solutions, implementation of the chosen solution, and dissemination of results.[6]

Ethical principles in the Code and ethics metrics based on them, therefore, can provide a frame of reference for public health officials when they assess what kind of activities would constitute meaningful community engagement. The goal is to not only satisfy

TABLE 1 ● Principles of the Ethical Practice of Public Health

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate for, or work for the empowerment of, disenfranchised community members, ensuring that the basic resources and conditions necessary for health are accessible to all people in the community.
5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

TABLE 2 ● **Using Ethical Principles to Highlight Metrics for Community Engagement**

Essential Services	PHAB Standard	Ethical Principles	Metrics: Examples
Essential Service 4. Mobilize community partnerships to identify and solve health problems	Domain 4. Engage with the community to identify and address health problems Standard 4.1. Engage with the public health system and the community in identifying and addressing health problems through collaborative processes Standard 4.2. Promote the community's understanding of and support for policies and strategies that will improve the public's health	Principle 3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members. Principle 6. Public health institutions should provide communities with the information that they have that is needed for decisions on polices or programs and should obtain the community's consent for their implementation Principle 12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.	1. How is the "community" identified and involved? 2. In what ways are the values of the community elucidated and affirmed in the definition of the health problem, generation of solutions, implementation of the solution and dissemination of the results? 3. Is the context of the local community (eg, history, availability of key stakeholders, inclusion of underrepresented groups) reflected in the type and structure of the engagement techniques? 4. What is the public's level of trust after engagement (as measured, for example, in an evaluation of the attitudes of engaged participants or by actions taken to address stakeholder concerns)?

Abbreviation: PHAB, Public Health Accreditation Board.

accreditation standards but also to support professionalism in practice that builds "the public's trust and the institution's effectiveness" (Code of Ethics Principle 12).

● Case Study: Environmental Health

The following case from practice illustrates a crosswalk between accreditation standards and the Public Health Code of Ethics, as interpreted by a local board of health's (BOH's) ethics advisory committee[7] (Table 3). The case involves a local health department issuing an order to a group of homeowners with septic systems to connect their homes to a newly installed sewer line. A community member complained that public health department was using coercion to support a practice that was neither transparent nor fair. The case review shows how "the state's use of its police powers for public health raises important ethical questions, particularly about the justification and limits of governmental coercion and about its duty to treat all citizens equally in exercising these powers."[8(p171)]

The local BOH asked its ethics advisory committee, composed of local residents with backgrounds in education, law, ethics, and the ministry, for a recommendation on the case. The BOH created the committee when it adopted the Code of Public Health Ethics. The committee discussed the case on the basis of the following background information: State law allows real estate developers to ask county commissioners to assess part of the cost of installing new sewer lines. Once the county commissioners issue an assessment, the developer negotiates the assessment with the county sanitary engineer, who agrees to a cost that the sanitary engineer deems reasonable and appropriate. The county then assesses a portion of the cost to each property owner along the sewer route. Each property owner must pay this assessment to the county when connecting to the new sewer. The sanitary engineer then reimburses the developer. State law also requires that property owners abandon their septic systems and connect to sewer lines when they become accessible. State law assigns local BOHs the duty to compel property owners to connect.

In the case, the BOH had issued connection orders to a group of homeowners along the route of a privately constructed sewer. After receiving these orders, several homeowners objected to the assessments. In particular, they objected to the lack of public notice of the developer's intention to install sewer lines and to some of the costs that the sanitary engineer had agreed to assess the homeowners. After hearing the homeowners' objections, the BOH agreed to stay its connection orders and ask its ethics advisory committee to address these specific questions:

- What redress should the BOH seek for homeowners who were not afforded the opportunity to review and comment on their assessments?

TABLE 3 ● **Crosswalk for Case**

PHAB Standard	Ethical Principles	Metrics: Case Study Examples
Domain 4. Engage with the community to identify and address health problems		
4.2.2A. Engage the community about policies and strategies that will promote the public's health. *Required documentation* Two examples of efforts to educate the community governing entity and/or elected officials (eg, presentations, meeting packets, press stories, event summaries, or other documentation.	12. Public health institutions and their employees should engage in collaborations and *affiliations in ways that build the public's trust* and the institution's effectiveness.	The board of health appoints an ethics advisory committee of local residents to offer advice about the use of its enforcement authority.
Domain 5. Develop public health policies and plans		
5.1.2A. Engage in activities that contribute to the development and/or modification of public health policy *Required documentation* Documentation of the health department's contributions to deliberations concerning public health policy. 5.1.3A. Inform governing entities, elected officials, and/or the public of potential public health impacts, both intended unintended, from current and/or proposed policies. *Required documentation* Documentation of the health department informing policy makers and or the public about potential public health impacts of policies that are being considered or are in place	9. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members. 6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation. 12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.	The board of health affords homeowners time at a public meeting to air concerns about fairness and lack of notice about being forced to connect to privately constructed sewers. The board of health recommends changes to the process of assessing the costs of privately constructed sewers to neighboring property owners.
Domain 6. Enforce public health laws and regulations		
6.1.1A. Review laws to determine the need for revisions. *Required documentation* Reviews of public health laws or laws with public health implications within last 3 years that include the following: a. Evaluations of laws for consistency with public health evidence-based and/or promising practices. b. Documented use of model public health laws, checklists, templates, and/or exercises in reviewing laws. c. Documentation of input solicited from key stakeholders on proposed and/or reviewed laws. 6.1.2A. Inform governing entity and/or elected/appointed officials of needed updates/amendments to current laws and/or proposed new laws. *Required documentation* Documentation of distribution of 2 written recommendations to governing entity and/or elected/appointed officials concerning amendments or updates to current laws and/or proposed new laws. 6.2.2A. Ensure that laws and permit/license application requirements are accessible to the public *Required documentation* Public access to information about laws and permit/license application processes.	5. Public health should seek information needed to implement effective policies/programs that protect and promote health. 12. Public health institutions and their employees should engage in collaborations and *affiliations in ways that build the public's trust* and the institution's effectiveness.	The board of health adopts a policy/process directing it to ask its ethics advisory committee for recommendations when property owners object to the lack of public notice of a real estate developer's intention to install sewer lines and to some of the costs that the sanitary engineer had agreed to assess the homeowners. The board of health recommends that county commissioners require public notice and public hearings before assessing sewer line installation costs to property owners.

(continues)

TABLE 3 ● **Crosswalk for Case (*Continued*)**

PHAB Standard	Ethical Principles	Metrics: Case Study Examples
6.2.3A. Provide information or education to regulated entities regarding their responsibilities and methods to achieve full compliance with public health–related laws. *Required documentation* Written record of the provision of information or education to regulated entities concerning their responsibilities for compliance with public health laws	6. Public health institutions should provide communities with information needed for policy/program decisions and should obtain community's consent for implementation.	Homeowners receive notices of real estate developers' requests for cost assessment and the opportunity to question the developer and county sanitary engineering department at a public hearing; the board of health adopts policy requiring timely notification of homeowners of their obligation to connect to sewer if assessment is approved.

Abbreviation: PHAB, Public Health Accreditation Board.

- How does the BOH ensure property owners' right to know about decisions that impose financial obligations on them the next time it is required to order residents to connect to privately installed sewers?

In reviewing state law, the ethics advisory committee learned that county commissioners might make rules to administer the process of assessing costs for privately constructed sewers. The committee saw this provision of state law as an opportunity to make the assessment process more transparent in the future by requiring public notice and affording affected homeowners the opportunity to review and comment on the proposed assessments.

The committee recommended that the county adopt rules requiring written notice to property owners and public meetings when the county receives a request for cost assessments from a private sewer developer. The committee also recommended that the developer and sanitary engineer be asked to appear in a public session with homeowners present to explain the assessment request. The county commissioners subsequently enacted the requirement for property owner notification and public hearings for all future assessment requests from private developers.

This case illustrates how the accreditation standards and the ethical principles in the Code can have complementary roles both in enhancing decision making in a local health department and in achieving ethically informed quality performance in practice.

In summary, the accreditation process provides a means for a health department "to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community."[9] Similarly, professional ethics, and the ethical principles in the Code as an example, also provide a foundation for leadership development and a reference point when officials communicate with the public about the underlying goals and values of public health activities. Accreditation and professional ethics together enhance accountability and community trust, strengthening public health department effectiveness and improving relationships with the community. Additional cases should be developed that demonstrate the important nexus between ethics in practice and the national voluntary accreditation program.

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