



**Multnomah County Public Health Advisory Board
Ethics Committee Minutes
April 2018**

Date: Wednesday, April 18, 2018

Time: 3:30 p.m. – 5:30 p.m.

Location: Multnomah Building, 501 SE Hawthorne, Room 126

Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.

Desired Outcomes:

1. Review & amend equity tool to provide foundation for ethics deliberations
2. Understand the role of an ethicist within an ethics deliberation
3. Conduct a practice deliberation of an ethics issue

Members Present: Suzanne Hansche, Tyra Black, Audrey DeCoursey, Chuck Tauman, Sandra Clark, April Johnson, Sam Chase, Becca Brownlee, Debra McKissack, Bernal Cruz, Alicia Junker

Public Health Division staff: Jessica Guernsey, Christina Brown, Jennifer Vines, Hilary U'Ren, Kim Toevs, Sarah Fast, Aubrey Daquiz

Item/Action	Process	Lead
Welcome & Introduction	<ul style="list-style-type: none"> Reviewed last meeting's minutes <ul style="list-style-type: none"> Unanimously approved 	Sandra Clark
Review of revised 5Ps & roles	<ul style="list-style-type: none"> At prior meeting, Jennifer Moore and Olivia Quiroz came and did a training on use of the 5Ps as part of the equity & empowerment lens. Group requested some refinement of the 5Ps so that the tool was more specific to racial equity. <ul style="list-style-type: none"> See revised set of questions in packet. Aiming for “good enough” rather than perfection for the purpose of moving forward with deliberations. Roles: <ul style="list-style-type: none"> Jen is going to lead the group through ethical deliberation Kim and Sarah are here as stakeholders for this specific practice question – normally we would have people here to give context, answer questions, and provide information on the spot. Jessica is present in role of “process engineer” – removing self from the ethics deliberation in order to observe, note where things are difficult or messy in order to find improvements for the future. 	Jessica Guernsey
Practice Ethics Deliberation	<ul style="list-style-type: none"> Topic: Should Multnomah County apply for “sexual risk avoidance” funding from the federal government? Possible answers: Yes Yes, if... No No, unless.... <u>Public Health Risks/Harms</u> <ul style="list-style-type: none"> Poor youth sexual health outcomes <ul style="list-style-type: none"> STDs Unintended pregnancy Increase in intimate partner violence Poor access to services Emotional distress Interrupted education <u>Public Health Goals</u> <ul style="list-style-type: none"> Healthy relationships for youth <ul style="list-style-type: none"> Fewer STDs Fewer unplanned pregnancies Safe sex (in terms of both disease & violence) Inclusiveness (as it relates to culture & gender) Delay of sexual activity for younger kids Comprehension of consent/communication Parent engagement Peer education/health promotion 	Dr. Jennifer Vines

- Responding to community need
- Utilizing evidence-based work
- Fiscal stewardship
- Increasing community trust
- Stakeholders
 - Federal government
 - Multnomah County Health Department
 - Youth
 - Community-based organizations
 - Public Schools
 - Families
 - African-American Community
 - Latino Community
 - Native American Community
- Moral Claims (of each stakeholder)
 - Federal government: recipients of the funding spend our money according to this contract.
 - Multnomah County: set the bar for the state, embrace broad view of sexual health, emphasize equity, serve community
 - Youth: receive accurate information from adults, respect for self-determination/consent/decision-making
 - Community-based organizations: ability to participate/collaborate in community health
 - Public schools: provide comprehensive education
 - Families: respect [individual & cultural] values regarding sex education, broadly define family unit, especially in African-American/Latino/Native American families, engagement & trust
 - POC Communities [addressed together on the board]:
 - Not represented in leadership stakeholder groups
 - Disproportionately affected by reproductive/sexual health issues
 - Community knowledge v. “mandate” or judgment/shame
 - Less access to services (health & education)
 - Incarceration & family (African-American-specific)
- Legal Authority
 - State law protects comprehensive sexual education (could do community-based work)
 - Basic contract law
- Precedent
 - In the past, Kim has decided to apply for similar funding in order to attempt to save staff positions. She decided to focus the “abstinence-plus” education (meaning abstinence plus some contraceptive knowledge) on 10-13 year olds who were less likely to be sexually active.
 - In this past instance, Kim was met with some enthusiasm from community members who were part of faith-based organizations, but was also met with a lot of disappointment from community members. Not only did these folks feel they had not been consulted with on the decision, they also felt that a move in this direction legitimized the federal government’s espousal that this kind of education is effective or acceptable.
- **Clarifying questions from MCPHAB members:**
 - How much money are we talking about?
 - A few hundred thousand dollars a year – a lot, for a program.
 - What other organizations are eligible?
 - The answer depends (since this is hypothetical, unknown). Sometimes we may be the only ones who could apply, in other cases, faith-based organizations may be able to. It seems that it’s the intent of the federal government to diversify who can apply in order to include faith-based organizations.
 - How much staff time would go into applying for the grant?
 - One full-time staff member would have to dedicate a few weeks of work to this.
- Arguments:
- **YES**
 - Apply in order to try and get some of this money out of the hands of other organizations who would use it to more actively teach abstinence-only sex education & potentially harm the county’s youth.

	<ul style="list-style-type: none"> ○ We have an ethical mandate to get as much money away from the federal government and into Multnomah County as possible right now. ○ We can find a way to write the grant such that it supports our needs and gets around the stipulations of the funding. ○ “Evidence-based” doesn’t necessarily mean the same thing for communities of color as it does for white scientists and members of the medical field – it is helpful to give youth the option of discussing abstinence as an avenue available to them. • NO <ul style="list-style-type: none"> ○ If we apply for this, we appear to be legitimizing the federal government’s belief that abstinence-only sex education is scientifically sound and/or our healthiest option. ○ If we receive the funds, but ignore the stipulations and continue teaching youth about contraception, any positive changes in statistics under the time of this funding may be attributed to abstinence-only education anyway. ○ We risk alienating ourselves from our community members and from the people who utilize our services if we take a public stance as an abstinence-only organization. We may be stigmatized for even applying in the medical community due to the lack of evidence-based work. ○ It could be argued that this money would not even go toward actively helping or supporting the people in our communities – it would support our organizational budget. By refusing to apply for this funding, we are not necessarily forgoing dollars that would benefit the citizens of Multnomah County. ○ This work is not evidence-based, not science-based ○ The harms outweigh the benefits – it promotes shame and exclusivity, it infringes on other Multnomah County services. • Next set of questions: <ul style="list-style-type: none"> ○ Effective? Achieve public health goal? ○ Are benefits greater than harms? ○ Public justification? 	
Wrap-up and meeting evaluation	<ul style="list-style-type: none"> • We will not land on full consensus for today’s deliberation. • Achieving consensus is going to be very difficult in this group, but we can still function well and provide input that impacts decisions/includes key stakeholders. • We can work to improve the ways the county relates to the community its serving. • We need to determine where our “live with it” point is – what can you live with, and what can you not? That will help us break through impasses that we may reach during deliberations. • Stakeholder input and presence will be extremely important for these deliberations – we’ll need more direct, concrete answers to determine the social capital we’ll be losing or gaining with different decisions for ethical decisions. What do we stand to lose in each direction? • Equity training – we were able to use it effectively? The group believes they were, though maybe not exhaustively. • In the future, going to work on incorporating the 5Ps process at the beginning of the analysis in order to keep it at the forefront of our focus. One suggestion is incorporating small group discussions similar to the original training so that each P can be focused on and then discussed with the group. • The group needs more background information and stakeholder engagement for deliberations in the future. • Can’t be too ambitious about taking on too much – seems unlikely we’ll be able to tackle it all in one meeting. This was a very engaging and meaningful conversation. • Feedback from Kim, as a stakeholder: the group made her feel comfortable speaking frankly and going out on a limb. She heard MCPHAB thinking critically, being reflective, and aiming to do work at a high level. She could sense a level of ethics amongst the room that she appreciated that made it easier for her to engage. • For future process: as members digest their process notes before the next Ethics Committee meeting, keep in mind any exercises that could be presented to the group in the meantime that could help us practice applying the 5Ps tool. It’s important to get familiar with the tool so that we can comfortably use it in deliberations 	Sandra Clark