City of Nashua
Division of Public Health and Community Services

Ethics Committee Meeting

Wednesday, 9/17/25
1:00-2:00 PM Room 208

Acting Chair: Stephanie Wolf-Rosenblum – Board of Health (BOH)
Attendees: Steven Bolton -Legal, Jonathan Barnes - Legal, Flavia Martin – DPHCS - SLT, Jennifer Deschaies – Risk, Bobbie D Bagley – Director, LaTonya Muccioli – DPHCS-SLT, Chuck Cappetta -BOH Chair, Rabbi Jon Spira-Savet

Location: Room 208-City Hall

Minutes

Introductions	• Stephanie welcomed those in attendance and shared the efforts of establishing the Ethics Committee has been underway for a long time, and everyone's participation is greatly appreciated. • Members present provided an introduction. • Establishing the Ethics Committee is a requirement of Public Health Accreditation.
Review of Ethics Advisory Committee Document	• The Division of Public Health & Community Services'(DPHCS) Strategic Leadership Team (SLT) and Board Of Health relied on national best practices and templates to define the role of an ethics committee. • The membership of the Ethics Committee will be comprised of 9 in total. Subject matter experts may be invited to participate in specific meetings when needed. • The involvement of Risk Department and The Legal Department is greatly appreciated. • Considerable effort and thought went into developing the process, with the goal of providing guidance to Public Health on ethical matters if needed. • The cases of employees will go through HR. • When a matter triggers a review, DPHCS-SLT will bring forward the issue requiring a meeting, it must be held as a public meeting, though non-public sessions may be used for sensitive discussions. • The committee's recommendations will carry significant influence, and the Board of Health can provide guidance to the Division of Public Health and Community Services.

Review of Lexicon of Ethical Principles	• Core principles discussed included equity and social justice, minimizing harm by choosing less coercive interventions, reciprocity, reconciliation, respect for autonomy and privacy, relational solidarity, and sustainability. Additional expectations include accountability, participation from various groups, reasonableness, responsiveness, and transparency, many of which overlap and reinforce each other. • This committee will meet quarterly for training and discussion purposes and convene on an ad hoc basis following SLT recommendations, as needed when an issue arises. • The committee addresses legal as well as ethical issues in public health practice and to avoid confusion with the City's Ethics Review Committee, it will be officially called the Public Health Ethics Committee (PHEC). • Steps should be taken to add the PHEC to the website's list of all committees. • The next PHEC meeting will include discussion of real-world scenarios; members are asked to forward relevant examples to The Committee Chair or DPHCS Director to keep the information confidential.
Ethics Training	• A valuable training opportunity is available through a Canadian program that offers a four-hour session along with excellent supporting documents. The values and principles outlined in this training are consistent with those in Public Health and are especially relevant given Canada's extensive experience working with large native populations. • Ethics training is required for all members and can be completed before the next meeting which will be scheduled for the beginning of year 2026. This training includes many real-world examples and strengthen their understanding of core ethics principles and enhance their ability to apply them in practice.
Confidentiality	• Confidentiality was discussed, and while employees are not required to sign (because they have one on file), it was agreed that having non-employee members sign one is a good practice. Committee members need to understand the importance of confidentiality, as individuals' names and medical conditions are not public record. Forms will be sent out. • It was noted that decisions may need to be made if some members are unavailable. Members who are absent are expected to respect the decisions made, though they may request reconsideration if needed.

Other Discussions	• It was also suggested to consider adding solidarity as a principle, since it does not explicitly appear in the current list. • The idea of generality was raised, emphasizing the importance of embodying the community as a whole rather than viewing it as separate groups. Relational solidarity was noted as something already practiced, and legal department has reviewed the wording. • Any amendments will need approval from the Board of Health. The PHEC Chair will extract the proposed changes and circulate them for review prior to the Board of Health meeting, where this item will be added to the agenda. • No financial resources have been allocated to this committee. • The PHEC Chair must be elected by the committee, and minutes are required to be posted within five days after being vetted. • The Senior Leadership Team (SLT), which includes department heads, deputies as backups, and coordinators at DPHCS, may bring recommendations for polices, that will be reviewed by the BOH. • A real-world example was discussed during the meeting to demonstrate a public health scenario that may trigger the convening of the Ethics Committee after a review with the DPHCS-SLT. • The Ethical Analysis Framework will be used to analyze all issues.

Follow-up Items		
Action Item	Person/Organization Responsible	Date Completed
Confidentiality forms will be sent out.	**Director**	**Within 14 days**
Acting Chair will extract the proposed changes to the document and circulate them for review prior to the BOH meeting, where this item will be added to the agenda.	**Acting PHEC Chair**	**Within 30 days**
The training link will be shared with the group	**Foqia Ijaz**	**Within 14 days**
Schedule the next meeting	**Foqia Ijaz**	**Within 30 days**