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Welcome to law and health equity, a pathway for moving forward.

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My name is Jeff Bornstein, and I'll be running this Dialogue4Health Web Forum with my colleague Murlean Tucker.

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Thank you to our partners for today's events. The Centers for Disease Control and Prevention is public health law program, and the Center for Health Leadership and practice

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Now it's time to meet the moderator of today's event. Dr Carmen Rita Nevarez.

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Dr Nevarez is, is the public health Institute's Senior Vice President of external relations and preventative medicine, and the director of dialogue for health.

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She's also the director of the Center for Health Leadership and practice, which runs the National Leadership Academy for the public's health.

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Welcome Carmen.

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Thank you so much, Jeff and thank you to all of the technical staff that make these webinars work, we just we, we cannot get on the air without, without all of you, and you're very deeply appreciated.

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I want to thank our audience for joining us this is a topic that has, has really drawn a lot of interest over 500 people signed up for today's presentation, and we've found similarly large audiences of people that are really wanting to know, you know,

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what are the what are the really solid tools that we can use in order to move towards equity. So, next slide please.

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I will start by introducing all three of our presenters at once, and make sure that you have some little bit of background on each of them and then they will give have their chance to go ahead and make their share their information with you.

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We are leaving ample amount of time for questions at the end. And I urge all of you to consider putting your thoughts, your reactions and your questions into the q amp a box.

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We will do our best to answer any questions that you have that we can answer quickly, or to incorporate them into the discussion at the end. so please don't forget the q amp a box.

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Let me start by introducing Matthew pen.

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Matthew is the Director of Public Health Law program at the Center for Disease Control and Prevention, state, territorial sorry state, tribal, local and territorial Support Center in his role as the PHP director.

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He leads a team of direct of legal analysts responsible for the agency's efforts in legal epidemiology and workforce development to support the understanding and use of law as a public health tool at state, tribal, local and territorial levels.

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Mr Penn and his colleagues have been shaping New Directions for public health law community with the new book, the new public health law, a trans disciplinary approach to practice and advocacy.

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Our second speaker today, next slide will be.

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Michael Ellsworth Michael serves as a federal liaison and policy counsel with the Washington State Department of Health, Office of Policy, Planning and Evaluation Mr Ellsworth advises Washington secretary of health on federal issues and advocates for

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public health priorities within Washington federal congressional delegation.

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He has a strong background in providing legal services to people facing eviction.

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And then our final speaker today before we go into the full discussion

will be Amanda Moreland Amanda is a public health analyst and contractor, with a public health law program within see stills in her role at PHP.

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Amanda provides technical assistance to stay tribal local and territorial partners and conducts legal epidemiology research and analysis on a variety of topics with her primary areas of research, including disease reporting on surveillance, medical, legal

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death investigation health equity and social determinants of health, environmental public health Emergency Preparedness.

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Prior to joining CDC, Amanda worked with non governmental organizations focused on global public health, health system strengthening and health equity.

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So I want to welcome Matthew.

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To kick us off.

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Great, thanks so much. Carmen.

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We last connected about a month ago and told you about a pathway, we are developing, and that is focused on public health law in health equity.

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We framed it through the context of a small communities Leo efforts to obtain running water.

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Today I'd like to provide you with a more detailed overview of that pathway which I hope will also frame some of the discussion for Mandy in Mike about leave up to me ology.

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I'd like to provide a quick preview of what I'll be highlighting for our discussion as a starting point I'd like to revisit the main elements of the case study the CO run story that we discussed previously, and provide another overview of the pathway

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for health equity law and public health practice, then I'd like to watch walk through each of those elements of the pathway in greater detail.

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So, as attorneys, of course we've got to have caveats and disclaimers. These materials are for instructional purposes and educational purposes only. They do not represent the official position of my agency, CDC, and they're not meant to provide legal

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advice to you or your health department. While I Mandy, make our attorneys, we are not your turn. And if you should need legal advice, please take attorney from an attorney authorized to provide you or your agency the representation.

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I'd like to begin to highlight some of the key elements of our previous session. Next slide.

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So last time we told you the story of a small majority black community in semi rural southeastern Ohio. That spent almost 15 years, attempting to access public water.

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They were able to get public water after filing a complaint, the state's Civil Rights Commission, which found that they had a basis for asserting a pattern in practice of racial discrimination, and subsequently a federal jury awarded the community civil

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damages as redress for years of racial discrimination. Next slide.

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We noted in that presentation that the story was about structural racism.

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It's about other forms of inner sectional and structural disadvantages.

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That story is about law, the Koran story is about expanding public health practice to imagine interventions into quote unquote non traditional public health problems.

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And ultimately, it's about equity and justice. Next slide.

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I'd also like to highlight our health equity pathway from public health law and health equity and will be revisiting each of its elements in greater detail.

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The pathway is a work in progress, and focuses on the efforts of public health practitioners working in state travel local territorial health departments, but it's relevant to other aspects of public health practice as well.

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The pathway invokes the 10 Central public health services, which calls upon the public health practitioners to investigate root causes, utilize laws and policies and strengthen and support and mobilize communities and partnerships.

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These among other elements, inform the elements of this pathway. Next slide.

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With the tennis central public health services in mind, this past pathway also attempts to focus on three ways that law can influence and inform public health practice, research and translation, which can be leveraged to inform our understanding of the

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relationship between law health dissemination and capacity building, which is critical to engagement with public health and public health and policy makers and collaboration partnership in policy.

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All crucial elements of pursuing policy change.

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So, let us consider each of these ideas and how they fit into the pathway that we envision for our work at the Public Health Law program, and for public health practice.

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We emphasize the idea that law is determinants of health.

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This is not a new idea commenters and academic and governmental public health settings have made this assertion. For many years, When we talk about law.

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We're talking not only about the law in the books like statutes, regulations court rulings, but also the process and the policies that surround their development, implementation, and enforcement, sometimes referred to as law in the streets.

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Law not only underpins the authority of public health agencies, but also the institutions practices norms and rules that govern our life in society.

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It is not only inextricably linked. But also foundational to the other determinants of health.

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With this principle in mind consider this image.

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Some might disagree with the use of an iceberg metaphor so please bear with me for a second, an iceberg floating out in the ocean reveals to an onlooker from above the surface of the water only a small portion of what is much more extensive but lives

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below the surface of the ocean, up to 90% of an iceberg lives below the surface of the ocean. Similarly, We know that beneath the health and well being.

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Most people in our society and across populations are the social economic community and other factors, and must negotiate on a day to day basis, which we call the social determinants of health.

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And just as an iceberg is maintained by the temperature of the ocean. So two are the social determinants identified here in this not exhaustive list maintained by law.

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It is all around, but it can be difficult to observe, with the naked eye.

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If we think about law as determinative health. Want to better understand how and why it is a determinant of how it slide.

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Accordingly, the next element of the pathway suggests that law can and should be using legal epidemiology and other methods in order to build the evidence base for health equity.

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These efforts can and should be carried out in partnership with communities and populations that experienced the effects of inequitable conditions that have an impact on their health and will be.

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In doing so, public health practitioners can do more to trace the relationship between racism and other structural and systemic inequities and health outcomes.

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Identify root causes of an equitable health outcomes, provide greater context for health disparities research and identify potential opportunities for mitigating or resolving gaps in those laws and policies that impact health.

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Next slide. And while legal epidemiology, as represented in this image of the standard process would be researchers follow.

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those efforts. So Mandy and Mike in their presentations are going to be discussing little happy and a little bit more detail. Next slide.

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So when we say that log can be studied.

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It can be incorporated into a larger process to determine sources of an equities, and to identify key strategies for addressing strategies for change that are rooted in an understanding of the effects of laws and policies on them.

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And recognizing law as a determinant of health and in studying law as a determinant of health, we can also begin to tell stories about law as a determinate, meaning that we can translate last stories into and as public health stores.

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Indeed, in the pathway, we invoke the idea that we can draw upon the narrative aspect of law to translate and disseminate research findings when we do legal epi and related research things that may mean for example, framing legal epi research through

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the lens of specific legal issues that may pose a public health challenge or conundrum such as the Quran.

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In the context of health equity, because law is a determinant of health and underpins the factors that contribute to an equities trading loss stories as public health stories can be a powerful tool.

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By way of example in CO run legal researchers were able to map the effects of laws, policies and a set of practices that prevented the neighborhood's residents from attaining access to running water.

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about the community members difficulties and the sources of those difficulties.

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Similarly research examine the relationship between historically redline communities in California, in which the federal government's home owners loan Corporation assigned a color based rating system to particular neighborhoods, depending on their racial

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composition.

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And they map that to emergency department visits for asthma.

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These are the maps that you're seeing on the screen communities that were majority black or otherwise largely communities of color were assigned a high risk designation.

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This is what we know is the red lining phenomenon, residents had difficulty, obtaining mortgage loans and other kinds of financial investments and researchers on this study noted, and were able to map it clear overlap between those policies the redlining

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policies and practices that drove red lighting and their effects on health, as indicated by the emergency room visits. Next slide.

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The last element of the pathway suggests that law can be a springboard for collaboration in change me, particularly in the effort to draw attention to in were necessary to address gaps in laws that have potential health harming affects exciting.

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We know that law is a key part of the public health infrastructure that laws are central to establishing specific public health initiatives.

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And also that law, at least as a topic sometimes is more familiar to folks than say public health issues or even health equity.

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But log can also provide a place from which to go from which to ground public health efforts to address health equity problems, public health practitioners the communities they serve potential champions for health equity and policy making space can center

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their efforts around laws that have been identified as potentially harmful till.

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law can help public health practitioners think creatively about collaboration and strategy law can help to expand the universe of potential partners or collaborators to pursue equity.

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For example, and co run the health department is equipped with the tools and resources to engage in collaborative community and institutional relationship building might have been able to connect the health department with the Civil Rights Commission,

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you might have been able to serve as a convener among community and public health, public officials charged with managing the water law in the water infrastructure.

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So with that, I will close my remarks and turn it over to is it Mandy you next Mike Are you next

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mandates Thank you so much.

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Thank you, Matthew.

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Hi everybody, like Matthew said my name is Mandy Moreland, I am a staff attorney at PHP, And I primarily work on legal epidemiology can go to the next slide please.

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Great. So today in this part of our panel we will talk about public

health law. Just a brief introduction, and then we'll, we will talk about legal epidemiology, what it is and how we use it.

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And then also about equity in public health legal research and how we can use legal epidemiology, to really advance our efforts in health equity and Next slide please.

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So, like Matthew already said the information presented today is not legal advice it's primarily meant for educational and informative use, and if you have a legal matter that you need legal advice for, we always suggest you contact an attorney in your

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jurisdiction. Next slide please.

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Okay, so the Public Health Law program might have hurt just a little bit already about it, but just so you're all aware of who we are and where we are and what we do.

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So PHP sits within the Center for state, tribal local and territorial support at CDC, so we primarily provide legal research and technical assistance to partners.

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Really from various institutions, so it could be at state, tribal local or territorial health departments, could be academic partners or other public health professionals within the agency or in other other types of entities.

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So the mission of the Public Health Law program is really to advance the use of law as a public health tool, and our program does this by creating tools that can be used to influence public health outcomes.

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So, we have a couple of different kind of sub teams within our program that focus on training and workforce development.

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Communication and partnerships, and then also legal epidemiology, which is primarily what I'll be talking to you all about today.

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So first what is public health law. What do we even mean when we say this. So one suggested definition of public health law is that it is the legal powers and duties of the state to assure that conditions for people to be healthy and the limitations on

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the power of the state to constrain the autonomy, privacy, Liberty proprietary, or other legally protected interests of individuals for the protection or promotion of community health.

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So that was kind of a mouthful, but the the pieces to note from that definition, or that there is a reference to the powers of a government entity to act for public health, but also the limitations to those powers, and both are essential and kind of create

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that.

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That balancing aspect that is always at play. When we're talking about public health law issues.

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So, health is really, we know that it's not simply a consequence of using healthcare services or choosing these, you know the apparent Healthy Choice like grabbing an apple instead of a candy bar.

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We know that it goes far beyond that.

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So most of the things that we do, and most of the characteristics of the environments that we're in, have some sort of impact on how healthy we are. So even as a population level and kind of in our society today.

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The process of enacting and enforcing laws and policies, really go far in shaping our environments, our behaviors and then ultimately our overall health.

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So law can impact health in a whole multitude of ways. For example, loss can be used to fund certain health programs or can create new programs and systems that impact health.

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So think of things like Medicaid law can also be used to create direction or direct initiatives or interventions that then increase access to health care or promote healthy behaviors or to even discouraged unhealthy behaviors.

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Lot also can be and really is a powerful intervention tool to change and shape the behaviors and our environments that we're living in.

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So, as we think about the types of laws that impact health. We also really need to be thinking about the potential equity implications of adoption implementation and enforcement of law.

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So in doing so, we're really continuing to ask ourselves about the potential unintended consequences of law on health, and how long can be used as a tool to advance health equity.

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So this chart, provide some more context to how laws and policies impact health.

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It shows the unintended consequences of a public health policy.

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So you can see the first arrow at World War Two, that arrow shows when the this time period where cigarettes were given in muskets to service people serving in World War Two.

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And this practice lead to an increase in tobacco addiction, because of course that addiction, then came home with those service members, and eventually impacted spouses family and the community around them.

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So consequently, we see a dramatic rise in smoking rates post World War Two.

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Then if we look further over on the spectrum, the chart, the chart shows the intended consequences of different public health policy changes educational efforts, and those types of things.

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So we can see it the other arrows that there were policy changes. So look at the nonsmokers rights movement, and also changes that came from a federal tax on cigarettes, things that had an intended consequence of increasing healthy behavior, or decreasing

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the unhealthy behavior, which was engaging in cigarette smoke.

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So, we can really study the effective laws and policies, by looking at public health data, both before and after a legal intervention is implemented. So of course we know that there were other anti smoking efforts going on at this time and other factors

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would be contributing. But this graph really demonstrates how we can connect law and policy to public health successes.

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So it's not always entirely straightforward as to how law can be best used as a tool to address complicated public health issues. There's many public health challenges and involve a whole complicated Bob of factors that we really have to consider when

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identifying our legal solutions.

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So efforts to address and advanced health equity also really require this mindfulness, and how we analyze public health issues, particularly when we're analyzing disparities and health outcomes.

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These aims often require us to identify and consider factors that might be outside of the realm of our traditional thinking of what is a public health factor or condition, so that we can properly understand the context and the underlying causes that lead

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to such disparities in health outcomes.

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So for example, we might need to look at zoning laws or housing laws. When analyzing an issue related to rates of asthma or respiratory illness.

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And analysis of law can also be used to prepare for and respond to public health emergencies or outbreaks. So I think we're probably all far too familiar with this idea at this point in time.

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So we've seen countless ways that law and policy have been used in this past year and a half to address the spread of Carbonite team locally, nationally and internationally.

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Another example of how law is a tool and can impact health is complete streets. So, how does Law and Policy impacts the environment we're living, are we able to walk outside and have a safe neighborhood are we able to walk on sidewalks, those types of

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of things. Law and Policy come into play, and to build the environment around us.

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As I mentioned previously law can also be used as a tool to encourage healthy choices or discourage unhealthy ones. So this is largely done by making the healthy choice, the easier or default choice.

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So for example, if I'm thirsty and I want to go to my kitchen to get a glass of water. I don't need to think about Should I add fluoride to my water because it's already there, and law has been used as a tool in that aspect as well.

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So we know that law is an important factor that can have a huge impact on our health. So the math that you see on your screen shows a highway in California and displays the life expectancy for individuals who live at each of those marked exits along this

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one same highway.

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So you can see you can, there's the life expectancy we see it at seven years, 78 years.

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79 years. So you can see the variance in life expectancy for people who live along the same Highway in one particular state of California and seemingly not far apart from each other, and how living at just a different exit along this one highway could

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impact your whole long one person lives. So next slide please.

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So as you can see there is a 12 year difference in life expectancy between the two counties highlighted on the screen now. So these companies are just within miles of each other, but exit 89, we see a life expectancy of 87 years versus exit 3132, which

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has a life expectancy of 75 years.

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So why is that, that seems like that shouldn't exist that is quite a difference in life expectancy.

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And so this is a perfect question for us to use legal epidemiology to answer.

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So legal epi investigates how differences in the existence or enforcement of certain laws could affect health. So if you look at the Somerset County, which is the one that's a little bit more north.

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Maybe that county has regulations about smoking or rate road safety or clean water, or maybe Fresno County does not have these types of regulations or laws in place.

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Or maybe it's vice versa.

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Or, another option, maybe more sub county and Fresno County have the same types of laws on the books, but maybe there's a difference in how those laws are enforced.

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So, of course there's also environmental and socio economic variables to consider that are very important for us to, to keep in mind and look into in our research for, for instance, we might be, we might need to consider whether a county is located in

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a city, it's in the mountains or the desert.

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Kind of environmental context, or whether a county has higher rates of poverty or educational disparities. And so these are all things that we would want to take into account in US legal epidemiology, to help answer.

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So, let's talk now about legal epi and how it can be used as a tool to help us analyze and understand law and its impact on health.

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So studying the law, affect how law affects health really presents a lot of opportunities for us but also a lot of challenges. And this is because law can be thought of as a natural experiment.

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So a natural experiment is one that occurs in everyday life, and we're not randomly assigned to a controller treatment group in international experiment.

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And instead, we are all everybody who's living in this particular jurisdiction would all be affected by the laws that are put in place, and we're all exposed to this kind of treatment if you think about it.

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So for instance if you work a minimum wage job in Connecticut, you're entitled to the state minimum wage of \$9 and 60 cents.

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But then suppose you move over to Oklahoma, where the state minimum wage is \$2.

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So although the federal minimum wage level may ultimately cover you in your Oklahoma employment, you can see how a change in state context

and the laws that are in place in that state can be a natural experiment that exposes us to potential different

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outcomes.

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So from a research perspective, the law, thinking of the law as a natural experiment presents some opportunities for us. So when multiple states pass the same type of law studies that assess laws across jurisdictions and across time can produce different

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results with strong causal connections.

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These studies are called quasi experimental studies, and so they let us observe the effects of a law, before and after it was implemented.

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And then once the law goes into effect, we can track the laws effects over time, and jurisdictions without the same type of law in place may not have those effects that we're observing.

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So for example a seatbelt law can be measured over time to see whether people, whether more people wear their seatbelts, and then whether more traffic fatalities are prevented because of it.

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So now that we understand that law is a factor that affects health, let's talk about how we determine the type of effect that law has on health.

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So whether the effect is good or bad, or if there's no effect at all. And this can be determined through the practice of legal epi.

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So legal epidemiology is the scientific study and deployment of law as a factor in the cause, distribution and prevention of disease and injury in a population.

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So what distinguishes legal epi from other legal research methods. Well legal epi provides a scientific approach to studying the impact and the effectiveness of law on health.

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So we think, for example, another kind of driving example for us laws that ban texting while driving. The general hypothesis might be that once the state puts a lot in place that bans texting while driving that we expect to see the number of car crashes

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to decrease. And then this type of hypothesis can be either proved or disproved using legal epi.

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Studying the law through this scientific lens is very different from the way that lawyers typically analyze law in that traditional legal research. And so you can see on your slide the elements and the foundational principles of legal epi.

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So you can see on your slide the elements and the foundational principles of legal epi. So we use legal epi as a scientific approach. We try to be systematic and transparent, while we're doing conducting legal epi studies. We want our legal epi studies to

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to be replicable, so we are adamant about marking our protocol with very clear steps and being transparent in that sense. We also try to make sure that our legal epi studies are precise and demonstrate rigorous quality control.

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And then lastly we want our, our results from our legal epi study to be measurable. So in other words, it was created, legal, it was created and the types of studies that we do are created to be evaluated.

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So one way to practice legal epi is to create a project using legal mapping, which is a process for capturing important features of laws and policies and identifying how those laws vary across jurisdictions and institutions, over time.

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We can use legal mapping to conduct studies across time and across jurisdictions, which would be using policy surveillance, as an approach, or we can use our legal mapping to create a cross sectional data set that would capture the state of the law at

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one point in time. So depending on the goals and the, the focus of each research question, we might pick a different type of legal mapping study.

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So now let's look a little bit at legal epi at work.

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So legal epi can be used to inform the public of public health issues. So on your side here.

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We have some, some information about a project that pH LP, and the CDC coconut 19 mitigation policy analysis unit worked on.

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During the 2020, let's see it was between March and May of 2020.

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And so our teams, created a report and engaged and illegal epi study that described. From March, march 15 to may 31 of 2020 that 42 states and territories issued mandatory stay at home orders that affected 2355 us counties.

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So we studied the implementation of these mandatory stay at home orders. And then we also, we documented when the order was put into place. So the first territorial order that we saw was in Puerto Rico and march 15.

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And then the first state order we saw was put in place in California, on March 19.

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So to to determine the impact that these orders had on population movement we partnered with an organization, Georgia Tech Research Institute to conduct an analysis of where counties were certified longer rural and urban categories, and then we engaged

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with a, with data from a company called Safe graph. And we use this data to estimate the percentage of mobile devices that remained at home, while a stay at home order was put in place.

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So we use the mobile devices as a proxy for population movement.

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And so we had different index states, according to when stay at home orders were put into place and then also Wednesday at home orders were relaxed or expired.

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So this legal epi work and corresponding publications were used to inform the public of important updates in the coven 19 pandemic.

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The stay at home order analysis could also be used to determine how public health efforts relating to social distancing and policy mitigation policies were playing out in different geographic regions throughout the pandemic or for certain time periods.

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So you can see on this graph that the percentage of people who are leaving home declined after March 16 want to stay at home order was announced. These data then can help to track progress and effectiveness of mitigation policies of interest.

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I'm going to go a little bit quickly over the next couple of examples, just in the interest of time, but legal epi can show us what works for public health interventions, as well as what doesn't work.

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So even results that show that certain laws or policies are not as effective as we want them to be is a valuable lesson for us. Next slide please.

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Legal epi can also be used to produce data sets that created an evidence base of laws and policies or guides for best practices.

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And legal epi can also be used to ultimately improve health outcomes and use best practices and law and policies.

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So we can apply these principles across topic areas and across populations.

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PHP is currently engaged in a project right now to help advance the use of legal epi as a means of studying and understanding laws. And so we have our stilts project, so the state, tribal local and territorial jurisdictions project where we're engaged

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with 15 jurisdictions that have been trained so far, and then two that are currently undergoing training to use legal fb.

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So I'll end on this note so that Mike can discuss his important work with you.

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But one thing to take away is that as we continue the conversation about the role of law in promoting and advancing health equity. We need to use legal epi in a way that's, that's really advancing those efforts.

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And so all of the different roles that health departments and public health organizations play can really be used to advance our efforts in health equity, and it's important when we talk about legal epi as a method that we also think about how our use

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of legal FB can be used to advance health equity in the way we're

framing research, the way that we are identifying and using our data, and then also how we communicate the data that we that we ultimately create from you are legal epi methods.

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So with that, I'm going to turn it over to Mike to talk about his work.

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Hi, my name is Michael Ellsworth and I am sharing with you about our Washington State Department of Health legal epidemiology project. Really excited this research took us two years and it's on a subject that is a little arcane but but as a real impact

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on population health certificate of need is how state's decide how we're new healthcare capacity is built. And so, you know, it determines whether there's a kidney dialysis facility, 20 miles from your home or 100 miles from your home so it has a real

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impact. And before I go into our research I just want to acknowledge and thank everyone who is on this webinar today there's over 200 people here today, and it made me think of that Dr.

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Sue saying, unless someone like you cares a whole awful lot. Nothing's going to get better. It's not. And it just, it gives me a lot of hope to know that there's callings out there who are interested in these sort of issues and how to make improvements

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for the better of our communities, so that next slide.

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Usual disclaimer, this is my opinion, not, not the Department of Health, that I work for. Next slide.

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Before we dive into the the process and the research, I really want to take this time to give thanks. I want I want to thank Matthew pen here here's his book or he was one of many authors on this and their colleagues at the CDC public health program as

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well as Joshua Weinberg at Temple University and colleagues there. And also, I'd really like to thank the Secretary of Health, Dr. Shah, and his predecessor dr john smith who's now the policy director for the doctoral program at University of Chapel Hill,

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just for their support and encouragement along the way. I felt like DCs from the Odyssey at times, working on this project over two years, and they're supporting encouragement meant a lot to me and as Dr.

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Shaw said, increasing visibility and understanding of laws through legal epidemiology and other innovative public health tools is critical to help us improve and create more just systems for all communities.

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And I think, as people become more and more aware of these tools, the see the impact that they can make.

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And I'd also like to recognize all the colleagues at Washington State Department of Health to help get this research finished.

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There were a lot of demands on us during this period of time and it took a village to get this done so thank you all. Next slide.

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If you ask an attorney for you know what's the 50 states survey or what are all the states doing on a specific legal epic on a specific legal policy issue sometimes they will pull out surveys, and you get a long list of laws and for policymakers for executives,

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it doesn't really tell much, and also the methodology is usually just based on I'm putting in certain keywords into databases so so they can miss stuff.

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the text and all the legal mapping and translating, but what is notable is that there were laws missing from these lists because if you just use a keyword search, Mrs things because different states use different terminology.

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And and I actually when when I think of interacting with attorneys and I am one recovering attorney some days but when I think of asking attorney for a question, you know oftentimes you get really, you get long memos, it's very complicated issues you

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that old saying, if you ask five economists you get five different answers and six upon went to Harvard, can be the case and I think that's what's so interesting with legal epidemiology, is the.

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It gets you to yes or no answers. It's very rigorous, as we're about to see. And if you the list of people who were team members on this, I was one of two attorneys on that whole group who worked directly on this.

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And so it just shows that regardless of your background, you can participate in this field and your value because we all bring different perspectives to these issues, different ways we read the language of law and whatnot.

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And so there's that whole trans disciplinary team. Next slide.

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And and with that it's this process. And so, there's background research, and that helps you define the scope of the problem. In this case we actually.

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we brought together, 20 different people we had a facilitated workshop with a colleague from CDC and and we helped identify the questions through that process so so we had judges there and attorneys and subject matter experts who work directly in this

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area of law and policy. And I also I feared our questions with lobbyists and and legislative officials trying to make sure these the right questions to be asking, knowing the amount of time we were going to be putting into this research, and it's also

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an iterative process where you know you you collect the law you do it in batches you realize the question you're asking aren't really responsive for the laws out there.

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And through that process, it gets clearer and clearer and more and more focused, and there are there's a redundant research team and so there's two groups, combing through all the laws, and oftentimes people have different answers it's that whole asking

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five economists getting five different answers, and through the process you can get to some consistency. And so just, it's a very

rigorous process but it creates reliable databases.

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And you start to see these databases where you're no longer getting long lists of law that that very few people have time to me to comb through and read through and make decisions based on and you start to get this brilliant table that CDC public health

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law program put together related to vaccines and and we actually when I started becoming more aware of legal epidemiology and legal mapping and using these resources that you can find on law Atlas and also CDC public health law Program website.

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They helped our my our state leaders make decisions on on vaccines, this, this came in handy when we were trying to make decisions around measles and requirements there for schools.

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And if you go to the next slide, you'll see how this shifts from a table to an infographic which is even easier instead of combing through 10 pages of legal information yes no 50 states study, you can see it all in one place.

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And then if you move on to the next slide, you start seeing how you have these interactive atlases. And I think that this is stress it's so exciting. You know, you go through all the process of combing through the law and doing legal mapping and doing

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this rigorous methodology and uploading it onto these databases, and then it translates it into these very accessible maps where you can start going through different variables and criteria and seeing you know what's out there, what options are out there.

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And so I'd like to share with you some of the findings from our research on certificate and me but before I do that, let's go to the next slide. And I just would like to share with you the quality control.

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I spoke with you about redundant researchers we have two teams. I was a team of one, and then we had a bunch of other people coming through the laws as well at the same time.

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And we would have to go through and compare notes and see if we agreed on a final answer. After all the research gets completed and uploaded, then there also is a process of statistical process where they look through and they pull a random sample and

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then check again to make sure that there's a 95% confidence interval.

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With the findings, and so I guess I would say legal epidemiology if you go through the process you'll find that it's the golden standard for legal research.

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And so I'd like to share with you our research on certificate of need or how states determine whether there's new healthcare capacity, and right now 34 states have these laws and effect.

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And if we go to the next slide, we'll see which jurisdictions require it and give that authority to state health departments like mine so Washington State Health Department makes these determinations.

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And there's 21 other states that do this as well as we go to the next slide. Some states have independent boards and so in Washington State. If you're a health provider, like a doctor or a nurse, there's independent words that make determinations on licensing

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or enforcement and and you have public members you have members who work in those professions or who represent community interests and whatnot, versus agency employees and so it creates kind of a different decision making process.

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And if you go to the next slide you'll see that there's seven jurisdictions that have boards and departments working together to make these decisions, and on to the next slide, we will see when they're making these decisions, there's a lot of different

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criteria that's taken into consideration. And so we coded for 17 different criteria. And

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one of those criteria was health equity and 25 jurisdictions had health equity as one of their criteria so so out of 34 total 25 jurisdictions had health equity, and if we go to the next slide.

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We'll see that. Of those, where there's a state health department that's making the decision.

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Health Equity criteria is only in 13 states. And I think that that's that's somewhat interesting so that that to me is saying that 13 of 21 states where the state health department, making these determinations take into consideration health equity.

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So that's 60%. However, if you look at states where there's a board where there's a board and health department, would you end up finding is that 12 of 13 jurisdictions, take into consideration health equity, and so that representation from public members

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on boards and back community interests that may affect the type of criteria that's being considered when these decisions are being made. And if you go to the next slide.

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Another another interesting one is that these decisions get made in different forums, some, some are made in spaces where there's no public meeting, there's none of that transparency some it's optional to the applicants.

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And then some it's mandatory. And so for nine states they mandate public health hearings for new healthcare capacity. And what was interesting is that when you start looking at the filters eight of the nine states that mandate health equity also require

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mandatory public hearings. And so just that relationship between health equity and mandating public hearings i thought was an interesting one around due process and transparency in these decision makings and also trying to achieve more equitable outcomes

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for all communities. Whereas, with the states that have no public hearings at least that are statutorily required.

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Only two of those seven states have health equity as a criteria.

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And that's why I think that legal epidemiology, really creates visibility and awareness to our laboratories of democracy. I mean, how often have you had policymakers or community members asking, well what are the options out there.

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And what's so exciting with legal epidemiology and the sort of work product out there like la Atlas, is that you can see what are the 50 states doing in these spaces and so I really strongly urge you, when you're working on a policy issue to use these

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resources and see whether the research has already been done, and see what the laboratories of democracy are doing. Next slide.

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But one of the challenges can quickly become that science and solid research takes time. And so this took two years.

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And there was a pandemic that that delayed it, but in general, knowing how rigorous this methodology is you know projects going to take a year to 18 months, especially when you're doing a 50 state survey with this many variables.

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And so, what's the challenge is that I was just in preparation for this I was looking in doing some Google searches and it was amazing how many op eds.

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There are out there about how you need to repeal certificate of need laws or kind of research this not quite as in depth out there and and just that challenge that we need to increase awareness about these sorts of resources so we can have more comprehensive

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and vigorous discussion about policy outcomes rather than just reacting and and also being critical of research that's out there and showing alternatives that are more reliable, and last slide.

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And and one of the things while I was doing this research that I noticed there was some news articles out there and there was a state where, when we started the project or at least more pulling the

initial laws.

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They had certificate of need, in effect, or maybe in 2018 at least they had certificate in need, and it had been repealed. And there was a news article, and they were lamenting in the news article kind of the, the, the repeal of these laws and they were

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saying how the new hospitals were being built in all of in more privileged prosperous communities, and and wondering whether the repeal was impacting access and rural communities.

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And when I was preparing for this I stumbled upon this research and it was just interesting that over the last 10 years we have seen a decline in hospital beds and disadvantaged communities, I know that we're seeing it in rural communities but there's

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been an increase in prosperous communities. And so it just it.

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What I think it's exciting is how legal epidemiology and this research on certificate of need, can be used to make sure that we have policies in place that create access to health care facilities for all communities.

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So with that I will turn it back to Carmen, and thank you so much for your time today.

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Okay, well thank you so much everybody for the presentations, there was so much that you covered some good questions from the audience but I have a couple that I want to start with that, that I think can get us off to a start will be gone for about 25

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minutes so we'll have some time to really hear from folks in the audience.

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And, you know, Amanda. The, the model that you showed us for building the legal up the capacity is is really interesting and I'd like you to just talk for a moment about some examples of how legal epi or legal mapping projects have provided data that

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led to a change in law policy to to reflect the best identified

identified best practices leading to improved health outcomes so maybe you could give us some examples.

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Or anybody Amanda I don't mean to put you on the spot.

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Sure, yeah, I think you know at this point I think there's there's many examples of the ways that legal Abby has been used to improve or kind of a men's the laws and policies that are in place.

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And so, kind of what Michael was mentioning though is that this legal epi process often takes quite a long time you know to do the legal evaluation and then to identify the factors that are most appropriate to be comparing or to bring into the conversation

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so you can't just look at law to determine, you know, how are is this best practices or is this law, the most appropriate approach, because there's so many other factors or conditions to to incorporate into that analysis.

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I think the when you ask the question, Carmen, the first thing that popped into my mind as an example is with syringe exchange programs.

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So I know that there have been a lot of.

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There's a lot of research about, you know the effectiveness of syringe exchange programs, and it's one of those examples where there's a lot of different types of laws that come into play.

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So, we have to think about the criminal justice laws that might need to be amended in a jurisdiction in order for a syringe exchange program to operate.

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And so, I know there are jurisdictions who have looked into the combination of laws or policies that should be put in place, and then of course you can look at a lot of health outcome data to try to assess the effectiveness of those laws.

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So, you know, how are the programs being accessed.

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What kind of issues are there in terms of accessibility Where's, where are these programs being located, are there are there are laws that prevent the program from being placed in an area that might be the most helpful to participants of the program but

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maybe there's a law in place that prevents it from upgrading their because there's a school to close nearby or, you know, something like that.

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And so I think there's, there's a lot of examples of how legal epi can be very useful in analyzing those situations, but it definitely requires an overview of incorporating all sorts of different conditions and factors to be analyzed, so I'm sure, Matthew

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and Michael might have more to add also more examples.

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Now I think that's right i think it's it's such a young field we're still exploring the extent to which can be used to link log to to health outcomes.

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And no, no Mandy's kind of talking about more direct quantitative type studies where you take a longer suite of laws and figure out what is the impact it's having on the health outcome that you're interested in.

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One of the early studies we did emphasize the more qualitative side where the web can be used in I think it was actually in one of the slides were work with ASCO on the use of electronic health records in the aftermath of the fungal meningitis outbreak,

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the multi state outbreak and hearing stories from the field about how accessing the electronic health records in some instances was very very difficult in hindered a timely response.

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And so the question became are the laws that we have determining access to health records during disease outbreak investigations are those a hindrance to an effective response, particularly in an interstate multi state outbreak situation.

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So the legal epi in that case, really sad as a kind of foundation and precursor to a qualitative study where we talked to multiple states

about their ability to access electronic health records and changes that they were trying to make in their laws to

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allow more efficient access to electronic health record systems. So, you can see a legal epi operating both in just straight quantitative in many slide set there was a slide covering a Medicaid study that we did on the use of behavioral health therapy

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as opposed to medication therapy for very young children with ADHD, but also can be used to get a sense of the landscape as you enter into a more qualitative study there's another one we did that was published in MWR where we looked at the reporting laws

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concerning neonatal abstinence syndrome. As a precursor to doing qualitative interviews and qualitative study of health department experiences with the reporting in response to cases of neonatal abstinence syndrome.

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So, the flexibility and the methods are one of the strengths in really part of the idea that we're exploring with the web is that laws are a source of data, just like everything else in public health.

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Now we collect data on on all aspects of morbidity and mortality.

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And we use that data to help us find root causes, and then of course, start to fashion interventions that we can use to drive down, negative.

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Parts of morbidity and disease rates, and our point of view is that LA is just another source of data that we can use to help fashion solutions for our communities.

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Yeah, Michael you have anything you want to add to that, well i i think i hope you invite me back a year from now and I can let you know how the application of legal epi is going because in Washington state we have legislators who are interested in this

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research and are looking forward to getting briefed on it and this is definitely a policy space that we want to work to improve and innovate and we see this research and legal epidemiology is being part of the policy tools to make that possible.

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I really like the, you know, just sort of the reminder to all of this that this is not the be all end all thing that legal epi is not by itself something that can accomplish everything that we need to accomplish, but rather than it is a part of the toolbox

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that we need to consult when it makes sense when the data is starting to aggregate, and when it starts to win it gives us the opportunity to really look at in the long run.

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What is, you know, putting the numbers tell us about what one policy over another. But there's no question that it really needs to be part of a symphony of things that need to happen with many disciplines involved in the work that proceeds using the findings

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and using your thinking.

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I'd like to just ask for a moment and talk a little bit Matthew, if you will, and maybe Amanda you want to you want to also pilot on this talk about the types of technical assistance that the Public Health Law program can provide.

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And, you know, give us an idea of when it makes sense to engage with you.

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Yeah, that's a, that's a great question. Um, I mean, for me, you know, I take a pretty simple, customer service perspective, I mean, if you have some question about the law.

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What it does, how it works, what it means what it is, you know, just contact us. Doesn't really matter what it is.

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It's not to say that, Mandy and I you know know everything about everything.

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Far from it. But, you know, we certainly know.

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We know a lot about a lot of stuff but we also know a lot of people who know a lot of stuff that we don't know. So, you know, my

perspective is to demystify the law to make it more accessible, particularly if you think of law is just a source of information.

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I have a library background and information science background. And I really approach law from that perspective that it's, it's just another thing that has an impact on our world.

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We shouldn't other it.

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We should bring it into the public health field and incorporate it more centrally to the questions that we asked about the world.

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So I think for us, it's if it has to do with law.

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If it has to do with lawyers, feel free to reach out to us about any kind of question, we, we, and, you know, Mandy, and I have worked together for years and I, you know, probably an infinite variety of different questions that we've answered from things

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that are pretty straightforward for us and Mike amount to an email to a new friend about a question.

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And sometimes, a man he's been working on legal epi assessment on corner and medical examiner laws that has, has gone on quite some time.

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It is, it is highly complex.

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So it really is a wide range of things and even, you know, even if if I'm just a point of contact to CDC leadership.

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You know that that's another thing, particularly if I put my hat on that I wear for the Center for state travel local territory support. Now one of our functions is to one of the reasons that Tom Frieden created see stills was to provide a place for folks

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in the field to go to sort of penetrate that kind of Byzantine bureaucracy that CDC can be to say, hey, Matthew, you know, I'm working, you know, Carmen we were talking about opioids, he was

working on this opioid thing and I know it doesn't have anything

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to do with law but can you connect me with somebody who works on X or Y.

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And, again, just from that customer service perspective, happy to help folks Connect. Learn more about public health learn more about public health law.

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And, you know, really my goal is just to help people solve the problems.

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You know that you that you find in communities.

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Mandy Do you have anything you wanted to add.

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Sure. Yeah, I mean, I think, you know, like Matthew was saying there's really no magic point in time where it's best to reach out we're always happy to help with even if it's just thinking through a project maybe there's not even a project in mind yet

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but there's a challenge or a problem to help think through and discuss and we didn't get too much into the specific steps involved in illegal epi study today.

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But that's something that, you know, the Public Health Law program does and offers in terms of trainings. And sometimes, you know, that's the helpful suggestion that we can make is, you know, let me, let us give a more in depth training of legal epidemiology

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and the steps involved. And then we can help with kind of this consultation role of where, where are you in this process is it in the background research phase is it in the, you know, a later phase, things like that.

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So sometimes the assistance that we're able to offer is in the form of training, or sometimes it's in the form of helping to design a study but we aren't the, we're a little bit more hands off in the actual study itself, or sometimes it's, you know, another

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step in the process and so even if we're just a kind of a consultation mode. That's always something that we're happy to engage in.

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I think that's very helpful should be, that should be reassuring to folks to know that you are open to you know to a call to an outreach. So, so thank you for that.

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And I'd like to just ask very quickly. Well, I know this could be a long answer so and it's an important answered so many right now. Are there any legal epi projects in progress at PHP right now but the coded response as a health equity issue.

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Oh, so yes, I would say Mandy talked a little bit about this, the primary so going in, I guess, backing up early to the early stages of the coven response even back to like late January of, 2020, we really saw really solid coming in understood that this

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was going to be a significant event, and needing a significant response and started tracking, particularly for us we were interested in the exercise of executive and administrative authorities.

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So declarations proclamations however they're, they're titled in your jurisdiction.

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Mandy was deeply involved with that. Another calling bars Greg sunshine was involved early on.

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And shortly after we started doing that we also in in conversations with different public health law, partners around the country. we're kind of divvied up different tracking within that we stuck with the executive orders what we now call the executive

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orange project.

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Again, Mandy talked about an article on the published based on that, that tracking of those executive orders has continued throughout the pandemic response.

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I think now Monday I don't know the exact order, it's probably

approaching about 15,000, executive orders that we have tracked continuously from the first instance of them being issued.

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There was a point at which we kind of transfer that over to them or separation etc etc.

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and it continued on there even though man he was still involved, Greg was talking about we have staff involved with that project.

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There are, I could share if folks want to reach out to me. I've got a little collection of all those resources that we produce based on that executive order work.

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So that comes to mind.

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I know there's a group.

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Many of you are probably familiar with the network for public health law.

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They organized can't remember the exact title.

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And I'm not going to try to fumble around and find it right now but they produced a covert report and their significant portions of them that covered issues of health equity directly, and was really gave a comprehensive view to, to the covered response

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from a public health law perspective.

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So we could share that maybe with your apartment and could share with the participants today.

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And then, you know, if you go through and look through the mmW ours that CDC has produced there are many many articles there that talk about racial disparities ethnic disparities in morbidity, mortality associated with with coven 19.

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Now of course that's going to focus on just health outcomes morbidity,

mortality, not necessarily public health law side of things, but many different resources out there, taking real time to look at the course of opinion.

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I'm good. I want to, I want to read one comment for the folks that can't actually see the comments because they might be participating whether phone or whatever.

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There's a thank you to all of you for your presentation, you describe exactly what my job has been for the past five years with the Wind River family and community health care system, Northern Arapahoe tribe, which is a public health authority as well

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as a tribal federally qualified health center, they're engaged in legal epi through their in house epidemiology department. So thank you very much for that, that comment troll justice I think that is really important to know that there's there's real

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leadership within, within the tribes or some of the tribes to use these tools and.

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And I think we're looking forward to possibly hearing from you in the future, about, about what that looks like and the kinds of questions that you are engaged in.

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I wanted to ask a question, and I want to know if there's going to be an effort to link the results of the various impacts of covert related policies such as stay at home mask and vaccination.

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In order to provide evidence for strength in public health legal powers.

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Well, as if you are in the realm of wish list, then, absolutely.

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Yes, I that that really is, is one of the goals, I think. So there's in as a wish list, a little bit tongue in cheek but also there's a bit of harsh reality to that as well.

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The what we're seeing nationwide. And there's been some many news stories in the news story recently about this.

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Over half of the states have introduced legislation to limit or rollback in one way or the other public health authorities.

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Sometimes they're very specific pieces of legislation that may say something like, you know, the Public Health Commissioner, in this particular state is no longer has the authority to issue any kind of mask.

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They can also be worded much more generally, to curb the authority to public health officials and other executive officials to implement public health measures.

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These many of these bills are already introduced.

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Some of them are already to committee, some to subcommittee.

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And as we sit here.

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You know first couple days of fall 2021. We haven't even entered the pre fall season for next legislative session, right. We're going to start hitting november december we're states are going to start to do pre files within the state legislators.

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So we're not even there yet.

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So, as much as I believe in.

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In, think the way forward for this country as a whole is through research study and evidence based policies and thoughtful, crafting, and design of laws, based on what we have seen work, what we have seen not work in the past.

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I believe in that, until I retire. And after that, because I think legislation is memorialization of ideas and values and beliefs that we leave to our children.

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And I think what we leave behind for our children in the next

generations, and the next generations in the next generations should be evidence based and should be sound public policy to better the lives of individuals in this country period, no matter

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where you are who you are, what your strengths you it. That's how it should be.

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Unfortunately, the forces that operate against that philosophy.

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Oftentimes move much faster because it's not evidence based and it's not a values based, and it is not rational, it is not thought out to next generation.

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In the impact it's going to have to our children or grandchildren or great grandchildren.

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So sometimes we have to react to that and we don't have time to do the studies that we would otherwise, like to do.

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So I do want to do that. I fully intend to maximize and leverage this massive executive order database that we have, and other tracking that's been done by public health friends and colleagues from country to try to influence policy and evidence based

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man.

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But until then, we still have to defend against short sighted.

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And sometimes rash and politically and power and money motivated efforts to curb public health authorities for short, short term political gains.

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And sometimes those defenses are not necessarily going to be as evidence based as we'd like them to be, but still necessary to pervert preserve the health of our communities.

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There's another.

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Thank you for that there's another really good question that came from our audience is legal, or policy of be equipped to analyze the unintended consequences.

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Five years ago, their organization successfully sued the state due to a beneficial change in the Medicaid law that ended up in hundreds of thousands of the most vulnerable participants being kicked off of the program, due to the way the bureaucracy implemented

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the law.

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So just wondering because there should be a better way to avoid that with some policy analysis, your thoughts on that.

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I can start.

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I think this is kind of one of the questions that we are always incorporating into our legal epi work is, what is that difference from of the, the law in the books and the text of law, and then the effect of the law in practice.

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So when I say effective law that could be the unintended consequences like the person is pointing out here. Or it could be kind of the, the way that the law is implemented or enforced, maybe that there's differences in that sense.

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And so that's really one of the questions that we're always inserting into our legal FB work. And I think that the this example points out the need for like we've already kind of mentioned is looking at kind of those, those factors that are not necessarily

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the traditional public health factors or kind of outside, outside of that sphere of what you might immediately think of as as health considerations, but look more to kind of the comprehensive view.

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So, what types of inequities are there what types of conditions are there and what, what are the differences in kind of underlying causes that these the different populations might be dealing with.

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So I think that's where it kind of that comprehensive view comes in to

legal epi, and then I think this actually goes into one of the other questions I saw on the q amp a box but relevant to both is that when you're when you are engaging legal epi.

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We have this thought in that book that Michael held up just a second ago that Matthew was a co author on talks about this trans disciplinary nature of legal epi and the importance of having different views, whether that's professional views personal views

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life experiences, all engaged in the project and and the the people who are brought to the table for kind of conceptualizing the legal epi work and then also kind of the contextual of the data that comes out of it.

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And then who's communicating that and whose voices are included in the whole process.

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So, Michael and Matthew might have more to add to that also.

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Yeah, additional comments No, that's great. Okay, well you know it certainly does, you know flag The, the issue that we need to pay a lot of attention when when policies like this are are drafted.

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Because if you're not paying attention to both the implementation and enforcement, as it goes into the legal language.

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Then you can end up in a situation like this, you know like, like the like the writer describes.

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And so being at the front end is pretty important. It's such a good point. And I think in to build off of what Mandy was saying, I think one of the, one of the advantages to this idea of demystifying, the law, and really treating it like everything else

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that we study in public health is that, you know, sometimes after in laws pass you might have people standing around kind of scratching their heads like, Well how did this happen.

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We didn't intend for that.

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And then you go back and you just even do just a little bit of background research and a little bit of lit review.

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And you discover, well, you actually could have seen this coming because people looked at this, a while back, and just because you don't do background.

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Just because you don't do a lit review just because you don't look at the individual attributes of the policy that you are contemplating and that you're passing.

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And just because it has some impact that you didn't intend it doesn't mean other people haven't done that may have.

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And it could have been actually very easy to see that coming, either by direct example, or by analogy, if you just done a little bit of research.

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The problem that I found in my practice is that people just didn't do that kind of research when they were constructing policies, was kind of an experiment and a shot in the dark.

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So, I, I believe that there are sometimes actual unintended consequences.

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But I like to unpack that term a little bit and say well what do you mean by it.

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And it could be that something that you didn't intend was actually foreseeable, even though you didn't intend it, it's still foreseeable, and if you had done some research into the policy options available to you might have been able to foresee that,

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and sometimes it's even just tweaking.

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Say you put a public health law in place, and your enforcement mechanism is nothing but fines and the fines defines lead to greater health inequities and economic inequities.

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And you said well I didn't intend to drive more people into bankruptcy or have people in jail because they had fines racking up against them. And it's like well I, I understand you may not have intended that, but that was absolutely foreseeable if you're

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you done just a little bit of background research you would understand that there are other enforcement mechanisms available to you that focus more compliance wine education and actually there are systems or graduated penalties that take someone's income

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into account before assessing define so that it's not one single dollar amount for everybody because everybody's not in the same place in their life. So, I would ask folks to think about this idea of unintended consequences and think about it more in

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terms of is it foreseeable, or is it not foreseeable.

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You know, we put it in that framework, I think, at least this public health practitioners, we might be able to be a little bit more thoughtful, in terms of policies that we try for our communities. Well, that's a that's a very good morning to all of us

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to pay a lot more attention on the front end, rather than sweeping up on the back end and trying to, to make sense of the harm that might be inflicted on a community because of, not really doing our homework in the beginning and providing testimony or,

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or documentation to the folks that are actually in the seat of drafting the laws.

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I, one of the things I want to just point out there number of people here that are that are interested in this type of preparation in about two minutes, I would like you to talk about the schools maybe that are they really focusing are starting to lean

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in the direction of having this discussion giving people the kind of preparation that they would need in order to be active and productive in the area that you have been addressing today.

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I can start with that, and I did see a couple comments of people

interested in law school or other trainings, education, and I think there's definitely a lot of programs at law schools across the country that have a good public health law curriculum and

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have a lot of opportunities in that sense.

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I would also add though that just because a school maybe doesn't have an explicit public health law program doesn't mean that you can't get the necessary information and education that you can put together, to then enter the field and be effective.

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So, there was one person.

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I put a comment in the q amp a about different dual degrees, I think, I think I lost the comment but there's a lot of different because public health law involves so many different aspects and considerations.

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I think that there's a lot of different routes that people can take to be educated and effective in this field. So for example, During law school I focused on human rights law.

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So I didn't do an explicit public health law program, but the connection between health as a human right, and public health law, made it so that I was still doing that type of work and engaging in that type of education.

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So I think there's a lot of different options for, you know, for programs and schools and gaining the experience and the education that you're looking for.

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Similar route for me at the law school I went to there wasn't there was, I think, only two health care courses and maybe one administrative law but but I'm dating myself at this point, but but I spent, I spent two and a half years doing wrongful eviction

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cases and representing intelligent people and and and also doing a lot of other volunteer legal work and.

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And that's what resonated for me, you know I stumbled into public

health line then you know a decade later, eviction laws and housing and those rights have become such a big public health concern so I mean that's what's so exciting about this field is

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it's always evolving and I and I went back five years later to get my MBA, realizing that I didn't have the full skill set, you know as an attorney that it teaches you how to argue but it may not teach you how to think through the lit reviews and background

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research like Matthew was describing so there's many different ways and those those live experiences, make us more unique, and well rounded so it's a privilege to work with such incredible people across the country.

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There's also a good comment here that, University of Texas Health Science Center at Houston school public health has a certificate program in legal epi so that's that's good to know about for folks that are interested in going that route, any other suggestions

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you had Matt.

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No, I mean I agree, you know, many Mike, you know, really hit it, I think, you know, I've looked, you know, in terms of colleagues and folks that are coming up.

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I look for, you know, intellectual curiosity, creativity, passion, empathy, lived experiences, has been mainly my talked about.

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And I think might, you know, having sort of played around in this field for a couple decades you know the folks that are really involved in this have such varied backgrounds, and I think it's part of what makes the field so interesting is you have people

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coming at it from very different backgrounds.

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In educationally, and also in just lived experiences.

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And that's, you know, makes it such a rich community to work in then always changing. So, you know, read a lot of stuff and think about a lot of stuff that, you know, that to me is the best way to get that

really.

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It's not about law. It's not about one thing right, it's about caring about communities. Being curious about what affects communities, going about figuring that out in a systematic way and then being creative and passionate about trying to find solutions.

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To me, that's it. If you get there from any which way you know we'd be, we'd be happy to have you in the community so.

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Well, I want to thank everybody for for your great work that you're doing and the fact that you're willing to spend time to sort of open our minds to thinking a little bit more deeply about about the way that we think about public health in the law.

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I would also like to just point out to everybody that if you are interested, the National Leadership Academy for the public's health is open for applications for the 11th cohort.

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Now, this program today is brought to you by end laughs So just give you an idea of the kinds of things that we're interested in and the kinds of things and resources that we want to bring to you all.

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Next slide please.

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And as a final reminder. As a reminder, I think this is our last slide, we are about to open registration for the National overdose prevention. Leadership Summit, November, 9 and 10th.

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It's a virtual event, and we will be discussing a number of issues related to overdose overdose prevention and bringing in really a very trend, a very multidisciplinary group of folks to engage in this conversation you.

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engaging, lots of different disciplines so the conversation will be big and broad and I hope those of you that are working in any aspect of the field will consider coming participating in the, in the virtual event. any more slides.

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Thank you. Thank you to all of you.

