Policy Surveillance and Legal Epidemiology: Tools for Public Health Advocacy

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Phoebe Kulik (PK): Hello. My name is Phoebe Kulik, and I am happy to welcome you to this podcast on behalf of Region V Public Health Training Center. Our mission is to advance the skills of the current and future public health workforce to improve population health outcomes. We encourage you to check out our available programs at www.rvphtc.org. Today, we are looking forward to a discussion on the topic of policy surveillance, legal epidemiology, and what these fields have to do with policy and advocacy work on the ground. Here to share some expertise in this area is Lindsay Cloud from the Center for Public Health Law Research. Welcome, Lindsay. Could you share with listeners a little bit about yourself and your organization to get us started?

Lindsay Cloud (LC): Hi everyone, I am Lindsey Cloud, and I am the Director of the Policy Surveillance Program at the Center for Public Health Law Research and we are based at Temple University's Beasley School of Law. I grew up in Philadelphia, and I'm still here. On a day-to-day basis, I lead a really innovative team of lawyers and social scientists, communications directors, and finance managers, and we work together on large scale public health law research projects using legal epidemiology, which I will touch on in a bit. And we do that to scientifically analyze and track laws at multiple levels. So state level laws, local ordinances, national level laws across countries. We do a few global projects. We also work in a wide variety of public health law domains from reproductive health to tobacco control. We were founded in 2009 from the Robert Wood Johnson Foundation and our mission was to basically make the case for laws that improve health, so looking at law as an intervention. Over the past 10 years, we just celebrated our 10th birthday last fall. We've been creating methods, tools and standards for the field. We've been field building through publishing, sharing our work, and training other researchers and public health practitioners kind of on the methods and tools that we use here. And of course, our bread and butter is we create these legal data that can be used for evaluation, which I'm sure will touch on a bit later in our conversation. Really as I reflect on the past decade, I've been here a little over seven years, it makes me proud and excited for the future of what's to come.

PK: Thank you. So to get us on the same page, what exactly are legal epidemiology and policy surveillance?

LC: Yeah, sure. So legal epidemiology, the definition is that it's the scientific study and deployment of law as a factor in the cause, distribution and prevention of disease and injury in a population. Essentially, it's the study of the impact of laws and policies on health. So if this concept is brand new to you, I think the single most important takeaway is simply that laws and legal practices can be studied in the same general manner, with the same general scientific methods as any other social phenomenon of importance to population health. And using these methods of legal epi and legal epi studies, provide us with empirical evidence about what laws and policies work to improve health and sometimes more importantly, which ones do not. Building from that, policy surveillance is one method of legal epi and putting legal epi into practice.

LC: The definition of policy surveillance is it's the systematic collection analysis and dissemination of laws and policies across jurisdictions and over time. It captures laws at multiple levels. So we look at state statutes and regulations, local ordinances, sub-local ordinances, such as hospital policies or school district policies, etcetera. So you can really apply these methods to laws and policies at varying levels. The methods also allow researchers to not only capture whether or not a law or policy exists, which is a finding in and of itself, but it also captures key provisions of the law, which really helps to drill down into the nuance. And I think this is important, because sometimes these nuances are the most important piece of the puzzle when you're trying to understand the impact of a law.

PK: How do these ideas and approaches relate to public health?

LC: So in thinking of an example to kind of frame this out, I would say think about state laws that regulate vaccinations. If you're capturing whether or not a state mandates vaccines, that's important, that's a binary yes, no. Does the state have a vaccination law? That is important, but maybe the piece of the law that really has an impact is whether the state has certain exemptions, religious exemptions, for instance, or what level of schooling does the law mandate? So some states regulate students that attend private schools and daycare facilities in addition to public schools, for instance. Basically being able to identify the variety and intricacies within these laws across jurisdictions can truly be invaluable, not just for researchers studying the law, but also for policymakers, advocates and others who use the law in their work.

PK: And so it sounds like these methods can really be a tool or resource for people who are considering different policy changes in their own communities, and maybe the supporting evidence for communicating with their own stakeholders about what works or what doesn't. What would you say are some benefits of the legal epidemiology approach to policy work?

LC: Yeah, I think that there are some kind of key takeaways. The methods can... We always say these methods can lead to better health faster. And that's because there's really a focus on creating reliable, legal data that can be used for evaluation, measuring the law. It also fills the need for accessible non-partisan information, which I think is really important about the status and trends in the law. So the process that we follow really strips interpretation. So as I know, lawyers are trained to interpret the law, but following these methods, we focus on the observable features of the law. So what the law says, not what we wanna argue the law is trying to say.

LC: It also tracks change, over time, which really helps us measure progress, it leads to a diffusion of innovative policy ideas because you can see what other jurisdictions are doing and how it's working for them. And I think the last big takeaway is that it builds workforce capacity here at the center, we focus on publishing Open Source legal data. It can be freely used it can be replicated and updated due to the transparency of the methods.

PK: I think what you mentioned about this work being non-partisan is really important. When we talk about advocacy, we talk about educating on an issue and needing to reach out to people across sectors, across party, lines to successfully collaborate and look at what's evidence-based. You've mentioned how these approaches can be used to evaluate policy – why is that so important?

LC: Sure, I think that's a great question. Laws we know shape behaviors and environments, if you take tobacco for instance, and the regulations of clean indoor air and regulating it on airplanes and etcetera. Since the '60s, it's really shaped the social norms and laws were a big part of that. And we like to think of laws and policies like any other intervention that could impact health, as I said. Unfortunately unlike pills which undergo years of testing and clinical trials before landing in your local pharmacy. Laws that affect millions of people are rarely evaluated after they go into effect, let alone before they're passed. So, although law is not developed, implemented and evaluated strategically or systematically, as a whole, it really could be using these methods. And legal epi is rooted in a transdisciplinary approach. We emphasize a true integration of disciplines at the level of theory, methods, and conceptual tools. So being able to work across discipline is really important to the success in implementation, and evaluation of this work. For example, at our center we partner with collaborators, constantly to work on legal evaluations, we build the legal data and they will run evaluations. So an example, we partnered with close colleagues at Emory University, an epidemiologist with the team of statisticians and etcetera, and we were trying to understand the relationship between state minimum wage laws and low birth weight and infant mortality in the United States. So, after we created the longitudinal legal data looking at 30 years of legislation across all the states, their team found that a dollar increase in the minimum wage above the federal level was associated with a 1-2% decrease in low birth weights. So, studies like this, and collaborations like this, really make it all worth it.

PK: Okay, thank you.

PK: Thinking about communicating with decision-makers, how can policy surveillance inform public health advocacy work?

LC: I think it really can lead to a rapid diffusion of innovative policy ideas. Not only do these methods then allow you to turn the text of the law into data, but the process also enables an easy and digestible question and answer format for your audience. So turning complex legal domains and sub-domains into quick yes or no question and answers. So you can easily see what jurisdictions are doing what, you can see kind of, again, the nuance of the law. What is the penalty, felony, prison time, $100 fine, etcetera. I think that our latest and greatest kind of use case of advocacy efforts using policy surveillance is cityhealth.org. If you're unfamiliar with this site, definitely go and check it out. Basically policy surveillance data was created, and we put it into an algorithm to rank 40 of the largest cities and we assigned them a medal. So gold, silver, bronze or none based on their policies across nine public health topics including affordable housing, and earned sick leave. This work really led to tangible policy changes. As policymakers and legislatures were easily able to see and compare their jurisdiction to others and hunt for good ideas. In fact, there have been 59 I think, new policies put into place across the 40 cities from 2017 when we launched City Health to 2019. And the good news is that this project may be coming to your city next. We're expanding in 2020. This is a Kaiser Permanente and a de Beaumont Foundation product that we here at the center do the policy surveillance creation on the back end for. So I think seeing that 59 new policies were enacted in just a span of two years was very impactful and insightful. We also get calls from senators, policymakers, on certain topics. They want to really get down to the brass tax. One of the conversations was about tobacco pricing and vaping and thinking through what helped with the decline in smoking in some areas and cannot be applied to new vaping legislation. So having that evidence handy to then translate into quick facts for people that don't have a lot of time is essential.

PK: These are great public health examples. What are some ways that you've seen local health departments specifically use legal epidemiology?

LC: Okay, so there's a few ways that local health departments have been using these methods. Some were early adopters, so we worked really closely with Seattle King County years ago. They were certainly an early adopter and collaborator on the methods. They mapped school districts parks and municipalities across many issues, including marijuana, tobacco, and also active transportation.

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LC: So for example, the active transportation data set that they create captured all 39 King County cities' land use policies, which enabled the practitioners in the Health Department to see whether their cities were compliant with the Washington State law, and that state law basically required comprehensive land use plans for built environment.

PK: That's a great example.

LC: Another example, over the past few years we worked really closely with the public health law program at the CDC along with ChangeLab Solutions, and this was in order to train one cohort of health departments each year to institutionalize and customize our methods as they see fit. So some use the methods to understand policy that was passed in other jurisdictions that they themselves may not have yet to see the success or problems or barriers that these other jurisdictions may have faced as they were implementing these policies. Other health departments have used these methods to help with inventorying their public health laws within their county as an accreditation measure.

PK: Yeah, so it sounds like legal epidemiology and policy surveillance can really support the three core functions and ten essential services of public health.

LC: One thing I should note that is really important for those who may be interested in working at a health department one day or those that are already there is that we have just ramped up an on the road training program in partnership with the Network for Public Health on the five essential public health law services. And if these are new to you, the five essential public health law services define the observable, improvable services required for health agencies and systems to basically develop and enforce laws to improve public health. The framework that we're teaching is kind of customized per health department, and it's basically to show them this framework provides a pathway for team collaboration, including the skills of policy developers, epidemiologists, public health practitioners and researchers, but as well as community coalition builders, and advocates, and those that are not in the health sector, housing, education, transportation, but still impact health. So I think, and some health departments really have used these methods, and tailored them to their needs.

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LC: And we are fully cognizant that this process does take time and effort and finding that time and effort in a resource stricken environment can be really difficult. So we provide technical assistance in training based on the level of need and want throughout the country.

PK: You mentioned a little bit ago how health departments can use policy surveillance to support their accreditation work. Can you elaborate on that?

LC: We've actually been working with PHAB who's currently considering integrating the five essential public health law services that I had mentioned across the standards and measures for their version, 2.0. So health departments have to evaluate their laws for these... For accreditation. And these methods allow for just that. So they'll then be about to generate data to evaluate their laws and policies, measure progress of legal campaigns, and also provide the public access to necessary legal information by publishing their data to either our site or their own site. The use of these coding procedures combined with the technology that we use here allows for really efficient publication of typically information that would just be stored on one person's computer in one local health department. And consistently, or not consistently updated over time. The technology and the ability to publish and track trends I think is also really important. Years ago, as an example, we worked with the Nebraska Department of Health and Human Services to basically inventory all of their laws, all of their public health laws and regulations within their state to not only facilitate easy access for their communities, but also for their own practitioners that worked in-house that were constantly on the phone providing technical assistance on vital statistic records, or etcetera. We actually analyzed over 2000 points of law in that project.

PK: I'd like to go back to something that we were talking about earlier. You described how evaluation of policy has often been lacking, especially after policies have been implemented. Why do you think that's been the case?

LC: Yeah, I think that the methods are still in their adolescence. And prior to these methods, their access to legal data wasn't in the format that evaluators were used to working with. So we as lawyers how to meet evaluators on their playing field. So turning the text of the law into data, I think, is really the paradigm shift here. And without that legal data, the way that evaluators would have had to make determinations is unstructured legal texts and states that are passing laws may be coming to the same conclusion but using different words. So semantics get in the way and stuff like that.

LC: We have a really structured process that we follow to ensure not only accuracy because we built in a lot of redundancy with our process and our work, where two researchers are independently doing research, and then the supervisor's comparing that work. So not only accuracy, but consistency as well as being able to produce the kind of ancillary documents needed for evaluation. So this work also produces a protocol which is basically an outline of the entire process, so how the law was coded, decisions that were made, the scope of the data set, the quality control measures that were implemented. The protocol allows the work to be fully transparent and reproduced. So if I go on another project, and another lawyer takes my place on say, vaccinations they should be able to pick up the project exactly where I left off. Along with the protocol that I think helps evaluators, we also publish and include a code book with all of our projects. So variables are listed so they can be used in conjunction with the data, labels, values, etcetera. So I think, it's definitely still an emerging field, so I think that has a lot to do with it, and I also think the lack of working across disciplines has inhibited the amount of evaluation that has happened with law. So lawyers are used to passing laws, I wouldn't say in a bubble whatsoever, but without empirical evidence, so it just hasn't been done which is a stark comparison to the medical field where like as I said, that nothing's gonna go through without evidence, regulation, testing.

PK: So your center offers a lot of resources that can be used to support legal epidemiology and policy surveillance work. Can you tell us a bit about what resources are available?

LC: We have a lot of freely available and accessible tools on our website that I would encourage everyone to check out. Our website is phlr.org. We have an evidence library there and you can also gain access to all of our datasets. Basically, it contains more than 250 resources that span over 20 public health topics. So through phlr.org, our dataset website is lawatlas.org and that is the one that contains all of our freely downloadable datasets. Or if you're someone or in a team of researchers, advocates, or whomever, and you're interested in learning these methods, maybe at your own pace, we also have a learning library which contains eight modules that teaches every step of the policy surveillance process at your own pace. So they are also accessible on our website. In addition to that, we have live monthly webinars that we host. They're interactive and we have one a month throughout the year. And then the most hands-on training that we offer, aside from one-on-one relationships or hopping on a webinar with someone, we host a Summer Institute each year. It's two days, it's in Philadelphia.

LC: We go through the entire methodology, we work with individuals, we keep it intimate, so we keep registration to like 60 participants. It will be June 2nd and 3rd of this year. So that's the most hands-on experience to learn these methods. Aside from that, we're also developing a public health law certificate. Right now, it's only offered to Temple University students, but we are launching fall 2020, so soon enough, for other matriculating or non-matriculating students to take these courses that will be fully web-based. So if you're interested in that or learning anything else about our site, I would definitely encourage you to sign up for our newsletter which is also at phlr.org. There are certainly other resources across the country. We work closely with a few collaborators. Again, the Public Health Law Program at the CDC, they are innovators in this area as well, Change Lab Solutions, The Network for Public Health, The Public Health Law Center. One resource off the top of my head is the Public Health Law Academy. They have three great trainings. One is kind of an introduction to legal epidemiology, a high overview. The second training is a legal mapping training that really takes you through different types of legal mapping. One of those legal mapping areas being policy surveillance. And then the third training available, is legal evaluation. So, okay, you have a team, you create legal data, what's next? That third module on legal evaluation shows a consumer of that training how to do that. So there's certainly other leaders in this this space.

PK: Great, thank you. Is there anything more you'd like to say about how individuals, organizations, or coalitions can leverage your center's resources to meet their advocacy goals?

LC: Yeah, I think first and foremost, feel free to reach out and get in touch with us. Not only do we want other people institutionalizing these methods, using the methods, letting us know what they think, building from our current methods, creating new ones with collaborators. We also collaborate with others on projects and trainings, and we provide technical assistance, and we are definitely open to collaborating across disciplines, across jurisdictions. Okay. I think that I'd like everyone listening to know how open we are to collaborating with researchers, policy makers, practitioners, students. We collaborate in a variety of ways. You can just reach out directly and I could provide my email address or you can again sign up for our newsletter. We are willing to partner on this work all the time. We like to explore new methods and new projects, new topics and new organizations, and our staff here we have social scientists, and lawyers, communications and finance. They're really top of the line researchers with training in law and public health and we would love to work with you to apply legal epi and policy surveillance to your own practices.

PK: Lindsay, thank you so much for sharing this information with us today. Listeners, we encourage you to explore some of the resources that were mentioned, as well as related training available through our website at www.rvphtc.org. Thanks for listening.