AMERICAN PUBLIC HEALTH ASSSOCIATION – BUILDING ACCESS AND UNDERSTANDING OF PUBLIC HEALTH LAW IN NEBRASKA

Moderator: Jason Coates
January 21, 2016
1:30 p.m. ET

Operator: This is Conference #11246462.

Jason Coates: Hello, everyone. I am Jason Coates, Policy Analyst at the American Public Health Association. Thank you for joining today's webinar, Building Access and Understanding of Public Health Law in Nebraska. Today's webinar is sponsored by the Partnership for Public Health Law, a coalition consistent of APHA, the Association of State and Territorial Health Officials, the National Association of County and City Health Official, and the National Association of Local Boards of Health.

Before we begin, I have a few reminders. You can listen to the webinar through your computer speakers and close captioning is also available. To access it, copy and paste the link in the chat box on the side into a second browser window. So the webinar is also being recorded and will be posted on APHA's website. If you have any questions for the Q&A portion of the event or if you experience technical difficulties, please use the chat function. And thank you in advance for completing the evaluation at the conclusion of the webinar.

And now please join me in welcoming our speakers, Dr. Jennifer Ibrahim is Associate Professor in the Department of Health Services Administration and Policy and the Associate Dean for Academic Affairs for the College of Public Health at Temple University. She is also the Associate Director of the National Program Office for Public Health Law Research. Darrell Klein is a

Public Health Attorney at the Nebraska Department of Health and Human Services.

So, now let's hear from, Jen.

Jennifer Ibrahim: Great, thank you so much, Jason. And I just want to give the disclosure first for any of you who have been following Public Health Law Research. We're in the process of transition right now; so much like (Prince) years ago went through the process of becoming the artist formally known as. Public Health Law Research is still funded through Robert Wood Johnson Foundation. But we're changing our name and a new look to Policies for Action. So if you start to see things that says Policies for Action, we're still the same people.

So thank you every one for being on today. I'm looking forward to a great presentation and look forward to your questions at the end. So let's dive right in.

I want to first make sure to acknowledge the team that worked with us on this project for the last two years, both the team that was based here at Temple University in Philadelphia and the team that was based out of the Department of Health and Human Services in Nebraska, and certainly the generous support that was provided by the Public Health Systems and Services Research Program at the University of Kentucky.

So just a quick overview of some of the things that we're going to go through today, and I'm really couching this as a much more a 5,000-foot view of what's going on. But as folks are interested and have questions, both Darrell and I are happy to get into the more nitty-gritty questions either at the end of this session, or offline, we can also follow up and our contract information will be available.

So the main things we want to do is first to talk a little bit about the way we develop this Policy Surveillance system to track public health laws at the state and local levels specifically in Nebraska; to talk about the assessment that we did with regards to knowledge, awareness, and understanding of public health law within the state and local workforce in Nebraska; and then to talk more

about what are the potential opportunities that this project has shown us in terms of additional training and educational initiatives.

So I think one of the big challenges is when we're talking about public health practitioners we are aware of the law. But how do you go about accessing the law in a way that's understandable? So if you do have access to Westlaw or Lexis or another way in which to get the text of the law, you may have physical access. But in terms of understanding what it is you're reading that can also often be very confusing and you're not really sure what you're reading. And even when you do think, you know, what you're reading you second guess yourself because of the way in which the laws are written. So we were really trying to make this project something that we made the law much more accessible both physically and intellectually that people could use the law instead of trying to avoid the law or take on the idea that law was something just for attorneys.

And the reason that this is so important is law is a critical piece of public health practice. We see it every single day whether we recognize it or not ranging from, you know, enforcing food sanitation laws to ensure that we have a safe source of food for our nation; emergency crises like Ebola, prescription drug monitoring to ensure that individuals who need pain management are getting in a way to (be) safe and to avoid forms of addiction; and for children, day to day things like vaccinations to try to prevent the spread of disease. And there are laws that govern all of these entities. And in some situations, we think we know what the laws are. In some situations, we may know what the laws are in terms of the text of the law. But really there's a huge area for interpretation and for truly understanding what that means. And we're really trying to promote being able to use the law in a proactive manner rather than being something that is restricting public health practice.

And, Darrell, before we go on, I just want to give you an opportunity to comment on this from the practitioner's perspective.

Darrell Klein: Sure. Thanks, Jen. I want to echo a lot of what Jen said. A lot of what I'm going to say today may strike people as redundant or maybe even repetitive. And I may say it again. And this serves – this is a clever educational tool I

use that also helps mask my short-term memory deficit. But the structure, the taxonomy of state statutes can split the location of the laws. If you're using a physical resource like the statute books or even if you're using a legal research tool and you're cruising through them chapter by chapter, subject matter can be spread out and split up amongst the agencies or the political subdivisions that are assigned the task. So you'll frequently find that it's organized by the entity that has the responsibility. So somebody coming in who's just looking for the law might think they've discovered all there is to be said about it when they see something on topic and they might miss other statutory grants of authority. And secondly, there can be outliers where you might look and see that, believe that you have the subject matter completely covered in a particular chapter or article of the statutes. But there can outlying statutes elsewhere and could tend to lead you astray.

So the law is, it's set up in a manner that the statutory law and the regulatory law is set up in a manner that lawyers are used to dealing with but it can be real counterintuitive sometimes for lay folks. And the other aspect that can come up is that there are – sometimes there is very similar but not precisely identical terminology used. So a search might – you might think that you found everything that there is and then by using a slightly different search term, you might find additional things that you missed in the first place. So the approach that's been used by the LawAtlas tool, that Jen and her associates have come up with, is kind of a comprehensive look at this that kind of takes care of those dead ends and adjust because they've already done the looking and it's way more intuitive.

And another important thing about not just accessing the law but in terms of understanding it, most public health practitioners are aware that laws do come into play. But some may not be adequately aware that basically there's some sort of state or federal law and it might be included in the grant, the authorizing grant or the regulations or even an appropriations bill that really provides the basis for the existence of their program. So it's important to get people to understand that they're out there.

Jen?

Jennifer Ibrahim: Great, thank you. And so, very similar to the way that we would approach a health issue. If we see, if we have concerns about a particular spread of a disease, we turn to epidemiology and we look to do surveillance to see what are the trends in the spread of disease over time and across populations and across geographies. And that's really the same type of idea that we're using here, the idea of surveillance to track laws over time across jurisdictions. And instead of simply looking at law as a dichotomous measure, is there a law or is there not a law, really being able to get down and to pull apart to the point that we're looking at legal provisions. So instead of just talking about is there a Clean Indoor Air law, we're actually getting down to the details to talk about, well, what are the restrictions and what are the exemptions and what are the fines and the penalties, and to really pull that apart, to be able to more clearly understand what is the intent of that law and how could that be used to promote population health.

What's a little bit different about this project, and as Darrel mentioned LawAtlas, if you go to lawatlas.org, that is a site that we have been working on a whole range of health topics to do 50-state analyses to be able to map the laws across all 50 states and over time to be able to say what is the state of the law in this particular issue if we're talking about prescription drug monitoring, if we're talking about scope of practice. Looking at what is the state of the law. And it's focused – each data set is focused on one particular health topic. And I just want to make the plug that if go there, all the data that's on that site is free to download.

So you can go in there and I see a few of my former students are on the webinar today. But this is something that I've said before that it's a great resource for folks who are trying to get a sense of what's going on across the nation or even for students who might be interested in doing a legal evaluation. Here's a really nice free resource that you can work with.

What was different with the project that we did here in Nebraska was we were not focusing on one particular health topic. We were taking more of an inventory approach where we were looking at everything across the state, every law that was going to govern authority to act. So you'll see just in a moment the range of topics that were included here. So we were going for a

much more of the breadth within the depth of one particular state. So we wanted to able to display in a consumer-friendly way what is it that the law says and how is this law going to have an impact on my authority to act. So being able to understand if I need to quarantine an individual, what is the full scope of my authority, what is it that I can do within the letter of the law.

And so, this was a project that's been in the work for a number of years. There was a study that I was conducting, I guess, five or six years ago that I had the opportunity to meet Darrell. We were doing interviews with state health officials and their legal counterparts. And at that time, Dr. (Katherine Schafer) was the state health official. And in my conversations with both Darrel and Dr. (Schafer), it was really clear that Nebraska was doing something unique, that Nebraska had already been starting to pull together these laws. But these were all laws that were text on a page. So it was very difficult for, you know, somebody in Lincoln or in a more rural area to be able to figure that out because it was sitting on a piece of paper in the state capitol.

And so, what we really wanted to do was work with Nebraska to really as a proof of concept to see, is this possible, can we go through this process to take the laws that they had already collected to go through a systematic search process where we can, to figure out are we collecting all of the laws and to have an iterative process where we keep going back and looking to see what have we missed, and then to be able to code those laws in such a way that you can, any one can go online and see those laws and be able to understand what's being said.

So the key elements of the study was, as I mentioned, we wanted to systematically collect and code all the state and local laws that govern the authority of a public health official to act to perform the essential health services, to then take all that information, to put it into an online database that any one can go and access on a computer, on a phone, on a tablet, and then to able to look and see if we put this in place, is this a way that we can improve access and understanding to public health laws. And so this is where we went through and the system that we created within the Public Health Law Research program is a system called LawAtlas. And I mentioned the URL for

it is lawatlas.org. And for this specific projects -- and you'll see the URL in just a moment -- the website is lawatlas.org/nebraska, all in low case letters.

And so, the first step was that we had to go through similar to any research project and collect the data. And so, this is where it was very critical that this was not a purely academic program, a research program, and it was not purely a practitioner researcher program. But the beauty and really to be honest the fun of this project was working collaboratively with Darrell, with Colleen Svoboda in the health department to think through what is it that we should be collecting both from the systematic perspective. But then as Darrell mentioned, sometimes even going through it systematically, there are other things that are written or hidden away in different parts of the code that really need to be included because that's part of public health practice. We went through and again looked at the laws across the State of Nebraska and then worked on the local laws, anything related to the authority to act. We in no way shape or form limited to particular topic areas.

Initially, what we had try to set up was actually having our team at Temple serve more as the technical assistant side and to have a staff position within the health department to be on the ground. And we were really looking at this in terms of long-term sustainability rather than the Temple folks doing the work we wanted to try to, and again as a proof of concept, to try to do this within the health department so that this is something that could live on beyond the life of the grant.

We had a little bit of change of pace due to some staffing changes. We ended up working collaboratively where Darrell and Colleen were advising. But the folks at Temple were going through and doing the coding. I think as we move forward this is something were going to try again to see about working with having someone in the health department as supposed to stepping out and having folks external at Temple University.

So what you see here on the right side of the page as we went through and collected the laws, we were taking the actual text of the law that we had in front of us. So everything that you see here, these are the actual statutes, the

verbatim language that is included in the laws that we were collecting from Nebraska.

The next step was to take those words on a page and to go through and to actually pull them all apart to get to the point of looking at the provisions, to ask some very basic questions. And really, if you look on the website, that's what you'll see, asking questions of each of these laws. So you'll just see a couple of examples up here when we're looking at the Clean Indoor Air law, where's smoking prohibited, and you check these in different places; where is it restricted; what are the exemptions; and going through and asking the series of questions for every single law that we picked up.

One of the key things that we wanted to think about was generalizability. So our long-term game plan would be that it would be fabulous if we could do this in all 50 states. We wanted to make sure that we were asking our questions in such a way that they could be generalizable so that if we go and work with the next state, the same set of questions could be used so that, you know, let's say long-term we were able to create a similar kind of inventory across all 50 states, then you could also compare across the states. So we were trying to be mindful of what we want to do down the road.

We also wanted to be mindful of what the common terminology might be and so there maybe a particular taxonomy that we could come up from an academic perspective. But if that means that taxonomy isn't going to work and the folks in Nebraska don't use that terminology or they wouldn't recognize that word, we wanted to make sure that it was still user friendly to the folks in Nebraska. So it allowed – the coding and the background allows us to have this generalizable question, this generalizable question. But we can also have tags so that we can make those comparisons across states behind the scenes. And the whole system that we did all this coding in is called Workbench. That's part of the lawatlas.org system. It's just not the side that the consumer sees. But if somebody was interested in creating a legal data set, I'd be more than happy to put you in touch with the staff person who manages the Workbench for us. And this is – what you see on the screen is essentially the series of questions that you would work with us to develop and

then go through and answer those questions and, wa-lah, a beautiful data set will come out.

So, as I mentioned, this was the body of logs that we covered in the data sets that we created. And, Darrell, can you remember – I know there was one particular terminology that we were going back and forth with. Was it food safety versus food borne illness?

Darrell Klein: You know, I was knocking my head here because I was trying to remember that exact example. And I do not remember it. But I'll just – I'll go further on what Jen is saying. There might be – I'll use something common to almost every state. You might refer to your vital statistics as vital statistics. You might refer to them as vital records. Now that one's easy because there's that common you're going to glance at vital statistics either way and you're going to know it. But there might be a particular state that refers to something by a term that isn't used commonly in the other states.

And so that was acknowledged and programmed. The project was decided to use common language so that everybody from other states would instantly understand as well. And I'll jump ahead here because I know Jen's going to talk about this later. You might – in the course of this study, too, we found some outdated language which probably needs to be addressed, too. But I'll leave that to you, Jen.

Sorry, I don't remember the exact thing. But we had something that – we tweaked it because the people in Nebraska wouldn't know what it meant if we used a different term. And that's the one they were familiar with. So back to you, Jen.

Jennifer Ibrahim: I'm sure in a slide or two we'll remember what it was.

Darrell Klein: Yes.

Jennifer Ibrahim: But if you go to the lawatlas.org/nebraska website, this is what you'll see. And if you go through and click on any of the words here, it will open a page for you that is specific to that topic area. So the first one being alcohol, tobacco, and other drugs. If we were to click on that, it would open a page

that looks like this. I clicked into the Clean Indoor Air Act, which is one of the first laws that's listed on the page. And what you'll see here is you have access to the actual text of the law. So if you are someone who has legal training or if you have an attorney who says I don't want to just know yes/no answers, I want to see the language of the law, the LawAtlas site pulls that up in a PDF format. You could print it to share it with somebody or you could view on the site itself.

You'll also see – here it just goes through and it's a series of answering questions. So if you want to know where is smoking prohibited under the Nebraska Clean Indoor Air Act, this tells you right here. These are the places of employment, public places, childcare programs, and again clicking right here on the icon will give you access to that actual letter of the law.

For folks who are interested in it from a data perspective, you can also click up here at the top. This will give you the protocol that we use for actually going through and collecting the laws. It will give you the code book for how we went through and coded each of the laws. And it will give you the actual data itself as well. So if you wanted to take this legal data set, merge it with health department information, and to be able to do a legal analysis, this is something – that's part of the purpose of doing this is to facilitate that type of evaluation.

Now we also did this at the local level. And initially we had hoped to be able to do all the local laws. Because of the volume of laws and the time, what we were able to do was to code all the laws at the local level in Omaha and Lincoln, which covers about 50 percent of the population. More long-term, we're looking at being able to go back to work on coding the remainder of the state, the local laws in the state Nebraska. But this is what's up right now is the laws for Omaha and for Lincoln.

And this was interesting, being able to see some of the things that I personally, my public health training, would have not thought that part of the authority to act or the responsibility for public health employees is beekeeping in apiaries; things like catteries. And so, it makes sense that it falls under animal control, but these are areas that maybe less well-known. Also, looking at things being

able to assess scope of practice, licensure issues, all of those various elements are included there.

Darrell Klein: You know, Jen I wanted to interject that if you look at local ordinances, you might still find an ordinance on the book that assigns the responsibility for removal of dead horses from city right of way. So, that's probably something that people could look at and determine whether they still need that ordinance or not to so back to you.

Jennifer Ibrahim: And that's a great point and we were going to make that later on. But being able to use this as a way to gather all the laws and in a much easier way to flip through to see where other places that we need to update the laws in terms of the terminology being used or other laws on the books that really, no longer have a purpose and nobody's ever systemically gone through to do a purge of those laws. So, it's also a nice tool for policymakers or for legislative researchers to go through and think about where do we need to do some house cleaning.

As I mentioned to you, if you click on the tab or the three tabs at the top that say Data Codebook, and Protocol, you have access to all of the same information that we have; the behind-the-scenes data set that is driving all the information that's here. So, it's just quick snippets. The animation isn't going to work for me. But you can see the codebook comes up as one PDF and then here is all the coding that you would see. And certainly if you have any other questions with regards to the information, my contact information is at the end of the presentation, and we're more than happy to talk with you and answer questions that you might have. The second piece of this was to look at the work force assessment. And I will say that the whole coding, collecting, coding, and building piece was a monumental piece of it. But we were also equally interested in trying to understand, is there a need for this?

And so, we conducted a baseline assessment before we released the LawAtlas Program. We had 155 individuals respond, I think even – and this was something that was sent out to a convenient sample across the state of Nebraska through the Public Health Association of Nebraska, the connection of all the local health departments. And I think the fact that we had a

relatively low response, 155 individuals, sort of speaks to what our concern was that they're might not be as much of an interest in public health law is what we would hope for. You can see the breakdown there in terms of the type of individuals who responded in terms of their positions in the health department and their tenure in the health department. And what we found was – and this was a little bit frightening that if somebody is looking for information about public health law, Google is the top place to go. And we all know that just because it's on the Internet it's not necessarily true. So, it was encouraging that folks were going to the state legislative website.

But, again, if you look at the language and the way things are being displayed on the state legislative website, it may not be (terribly) user-friendly, not the easiest to access the laws, and to navigate through to find the information that you want. The most frequent public health law issues that folks cited that they were looking for information on -- alcohol, tobacco, and other drugs; information with regarding the practice of various health professions; vital statistics and surveillance; and chronic disease and injury.

We also wanted to get an understanding of how do people thing about law, do they think about law, and if so, how often are they thinking about it. And so, what you'll see in the lighter colored boxes on the left-hand side, those are for individuals who had been in their position in the health department for less than five years; the darker red boxes, for individuals who had been in their position for greater than five years. So, we see that folks who are in the position for less time are more likely to think about public health law less, and the longer you work in the health department, I think it speaks to the more your in practice, the more you begin to recognize and see that the role of public health law on a regular basis in practice.

We also wanted to get a sense of how confident folks felt, that if you do have to deal with an issue of public health law, do you feel prepared? Do you feel confident in dealing with this issue? And, again, the same breakdown in terms of being in the position for greater, for less than five years, again individuals – this was sort of interesting to see individuals who had been there longer felt more confident – or you can see this is actually the flip, individuals who do not feel confident, they felt – confidence was not an issue in terms of

contacting the proper individual to discuss the public health law issue, confidence was not an issue in terms of discussing a public health issue, a public health law issue with a lawyer.

But the place where we saw folks who are not feeling confident was conducting a meeting related to public health law. And some of this can be a matter of not having full information and understanding, and this was encouraging to see that this LawAtlas tool could be something that was helpful to help provide the information to increase confidence for people to engage. And so, really, level the playing field, if you will, so that a public health practitioner could look at the LawAtlas website, understand what is going on, understand the provisions of a law related to a particular health area, and then feel confident to go in and engage in a dialogue with their attorney; so really to bring this to much more of a partnership rather than in an equity when you're discussing an issue of public health law.

Also, there were a number of request for additional resources. So, if you were looking for more information to help you become more confident on public health law, what we're you looking for? And when we conducted this baseline assessment, it was completely blinded. There was no knowledge that the LawAtlas system was rolling out. This was just to say we're going to talk about public health law, what do you think you need.

It was greatly encouraging to see that one of the highest things that was being asked for was an online directory of public health laws. Folks were also asking for in-person workshops, webinars to be able to go through and talk about issues in public health law, and even having some form of certification like an online program in public health law. Again to increase confidence for folks and understanding of what's going on.

And – oh, I think we're – I must be missing a slide here. So, I'll just tell you – so we – what happened was this was a baseline assessment. We put the survey out or we put the LawAtlas system out for a period of about eight months, and then we conducted a follow-up assessment. This was a mixed blessing. We only had about 75 individuals respond to the survey which was a little bit disheartening. But what we did find was we looked at the Google

Analytics, there were a lot more people who were going to the website and folks just weren't completing the follow-up assessment. So, a lot of what we saw in the follow-up assessment even though it was only 75 individuals, a lot of what we were seeing was that folks were still saying the same kind of things, that they were looking for more resources, that they were going to the LawAtlas website. But in terms of additional resources, they were still seeking at eight months was that they were looking for more training on how to use the LawAtlas website. So, I think that was a great message for us that if you build it, they will come but the really critical next pieces that we need do more to show folks in Nebraska how this could be useful, ways that we could be conducting legal evaluations using this. So that's really something that we're going to continue to follow up with. And I will let Darrell talk about some of our opportunities and next steps.

Darrell Klein: Great. Thank you very much, Jen. And I've been busy here trying to answer a couple of questions. I'll just – and I'll wait on further comment on that until later. For the next steps, as I determine whether I can advance the slide, let's look and see. There we go, yes. One of the main objectives, of course, is to improve the understanding of law as a tool to advance health. And one of the things that I've seen in my practice and I suspect any of the folks in the audience that dealt with, too, it, and Jen talked about this early on, is that law can be seen as a litigation tool or as something that's only in the province of lawyers. And so there maybe a tendency for folks who are not trained in the law to kind of default and to (punt) that off to their lawyers. And more on that later.

But the other part of that is that if folks understand that the law just isn't an impediment to what they want to do, that can be a tool and form the very basis for their program, you're going to be better, better versed and armed to advance public health agenda if you run into a lawyer who's risk averse, and you're able to understand and know what laws apply to the program and the thing that you want to do, you're going to be able to try to frame the issue in an area where you can help the lawyer find a way to yes. And I'm going to – I know I'm going to be repeating myself a bit here, but I'm not going to worry about it. The fact of the matter is lawyers – people who go to law school are probably a subset of the general population that may or may not fall into the

characterization of being normal. And by the time you get out of law school, you're certainly not normal because all you see are the horrible consequences of taking any action. So you end up with a large group – large number of lawyers are very risk averse, and they may just be identifying the risk. Instead of saying no, they may just say we'll understand that these are the risk and that's totally valid. But if you run in to somebody who's saying no you can't do that, the better your knowledge of the law is, the more useful the tool is so that the access to it is fabulous under LawAtlas because it's not – as Jen mentioned, we in Nebraska had some reason of public health law that we're prepared using word processing equipment and they were printed and they were in the notebook, and they were originally prepared as kind of a briefing document as we got a new director of health each time around. And they were also available to management but you kind of have to know that they existed to ask to see it, and that wasn't widely shared. It's not like they were publicized.

So, the access aspect of LawAtlas is just absolutely fabulous because if you got a computer with Internet access, you can get there, and the number of the people on the call today have already gone to the Nebraska LawAtlas site; and actually Jen pointing out that maybe we need to move some things from place to place.

But, anyway, so, public health practitioners who can, who know where the law is can look at it. And then with the interactive, the way the laws and issues presented or coded, it's going to give you a greater understanding of where you're starting from if you want to do something new. And I did want to point out if you go to the LawAtlas site and Jen has mentioned this, too, there's that little section symbol in blue. And if you click on that, you can see the actual law that's applicable. And we have both the statutes and then relevant regulations are accessible there, too. So, as Jen has noted before in the time of shrinking budgets, this is a tool that may help you do more with less.

The next aspect of the LawAtlas Policy Surveillance, in general, is that, that's one of the criteria, I believe, for – I'm going to go back to the slide here, sorry. Policy Surveillance, if your organization is undergoing the accreditation

process for (FAB), this dovetails very nicely there. And the idea of actually looking objectively at the law to make a determination of whether existing laws are effective and what is the impact on public health over time is just, it's fabulous compared to what I would characterize in the past that's people basically using intuition or maybe copying other states to determine what they think is a good idea.

Critical thinking about updating the law, when you're looking at the laws on the books, you're going to stumble across things that are outdated, references to health conditions that maybe determined to be offensive or references in the law that may no longer be necessary because of advancements in both population health and in general delivery of individual health care. And it's a tool, as Jen mentioned, for both public health and maybe for legislators and legislatures to look at and see what they might clean up and make their laws more succinct to the problems that they need to address.

And the evaluation, again, to generate evidence to support or refute laws and to find out what's going on, do Clean Indoor Air Acts reduce the exposure to second-hand smoke over time? And if so, how much? Does a change – now we haven't done this in Nebraska but this is something that it could be done broadly. If you've got a seatbelt or a helmet use law as a secondary law but not a primary offense and your state moves that then to a primary offense so that if officer see someone driving without a seatbelt, they can pull them over and stop them. If that change in the way the tool has been structured gives different evidence over time on a reduction of injury, then that would be, that would be a major tool to show other states or jurisdictions that they could make that change and have a direct impact on public health, too.

So working here to the next slide, if I can get there, here we go. The integration of the legal data set with existing surveillance data within the health department, this kind of fits in. This is an area where this is less law and more science. But the bottom line is if you look at when the Clean Indoor Air Act went in to effect and then you match that up with data on the exposure and then the tools not just has that reduced second-hand smoke exposure but what has been the use of the law, a lot of the direct interventions that advanced public health do come through the criminal code. And it might be,

you know, traffic where you don't think of somebody as being branded forever a criminal, but still we make it a punishment under the law for violation. And you can also, in an objective evaluation of the laws, you can see basically whether they're being enforced and how the method of enforcement impacts the actual public health outcomes.

So, the objective evaluation of the effectiveness of those laws -- this is just basically my thoughts after we've worked with this -- is that the increase in access and understanding of law is totally vital. We have – we've over time – it's helpful if you can overcome the concept that the law is the lawyer's purview. It's really what public health is all about.

And then a tool like LawAtlas increases the understanding. And I know I'm repeating myself, but it's just way better, more user-friendly and intuitive in my opinion than either looking at the codifications of the law in statute books or in regulation sets or even using the online research because that's going to be impacted by the use of the term that you plugged in and have the computer look for it. And converting people from viewing the laws and obstacle in to a tool is also vital. And sometimes you may come to the conclusion that your law is an obstacle, in which case – you know, there's two things you can do, you can conform your behavior to the law or you can conform the law to your behavior. So, if you something that is an obstacle and there is no workable way to accommodate the law and achieve your results, then you have evidence that maybe the law needs to be changed.

And I've mentioned this before public health practitioners really do need to be informed to work with their lawyers. And I maybe repeating myself from something that I've got in a minute or two, but I will just say this in terms of – at the state level, some health departments have in-house public health counsel and they're directly working in the agency that is in charge of public health responsibility. So I'm citing the slides here as you can see.

Some states have an attorney general who is assigned to support the public health agency. And this attorney general may have additional assignments. The assistant attorney general may be supporting a number of executive agencies. And as we know, practice makes perfect. So if you have a situation

where you're lawyer isn't working full time on public health then you're going to be needing to do a bit of education. Some of our local public health departments have dedicated counsel to work with their programs and support them. And some of them will be working with county attorneys sporadically. And some of those county attorneys have some good real world experience. They've worked with (TB) commitments, so they've looked at quarantine and isolation in terms of preparedness. But some of them are work in support of public health or even the county work on a part-time basis. And so, practice makes perfect, and these folks are just not going to be fully conversant in the laws that apply. So the smarter and more informed the practitioner is the better the result is going to be.

Finally, some public health departments work with private counsel on a basically question by question basis. And my experience and observation there is that the legal advice that the local public health department gets is as apt to be wrong as it is to be correct. So, the smarter the public health practitioner is, the more informed, the better the result is going to be.

And at public health at all levels, folks can end up being siloed by basically funding stream-driven work. You're going to be judged by the outcome whether you're a grantor or a grantee or a sub recipient. You need to show that you've complied with the terms of the grant. And there are going to be – there are a lot of people who really don't know much about what the people in the cubicle three or four or down are doing. And LawAtlas can help overcome that because basically you can just click on that thing and you can look around, you can kind of – it's almost like play. At least compared to traditional legal researches, it's like play. And folks can find out what other people are doing.

In the area of preparedness which has been receiving increased attention, maybe decreasing a little bit but everybody has been funded to be prepared. I've had as many ICS courses as I think there are available. And preparedness, for instance, basically touches on almost everything that public health does. And as we're working on our preparedness efforts, you find people in different silos who really may not even be aware in other functions being carried on. So something like the LawAtlas can give a broad picture.

As Jen said, this is a 5,000-foot view of LawAtlas. LawAtlas itself starts out at a very high level. And then some of the questions have come up here looks like we've got communicable disease tucked under chronic disease and some, of course, communicable diseases could be chronic but some are also acute. But if you play along and drill down in to that, you can click on these things and you can learn about what you're agency is doing.

Another example I'll give is you might be one of the states to get a CDC grant to upgrade your prescription drug monitoring program. Well, clearly that's an area that maybe carried out under injury epidemiology, injury or poisoning, but it severely impacts pharmacy. And if you're part of a public health agency that also does the regulatory work for health care professionals, both sides have to be conversant with everything they're doing, and this sort of tool really helps that. And then, I think I've said it's a lot more fun than normal legal research. And that's true whether it's a web-based or something that's been made out of dead trees mashed into a book.

So next steps, develop additional public health law state surveillance sites. They're – Jen and I, and mostly Jen, I mean I'm kind of a tag-along in every respect here, but we've participated in working with the ASTHO public health lawyers workgroup. And there are – this is a small sample of state public health lawyers, but also this has been brought up in a combined call with NACCHO, which is the city-county health officials and the lawyers group there, and pushing the ideas of what has been done with Nebraska, what might be possible for other state, and I believe that there are other states that are getting interested in doing this. So the collaboration with these existing public health groups can help spread this out to not only other states that might be interested but local governments, too, and there's collaboration with the association of local boards of health there. There is an opportunity then of sharing this methodology of looking at the laws and the outcome in a particular area. This is something that researchers, public health practitioners who had worked with in advance and to just see what else they can do it.

And with that, Jen, have I missed anything?

Jennifer Ibrahim: No, I think you covered it. And the only thing that I would add is just with regards to developing the additional state surveillance sites. I think the – as I mentioned in the beginning and I know Darrell is saying that he tagged along, but it was really critical. And this project would not have been possible if it had not been the partnership between the two entities. Even though the team that we have at Temple is a top-notch, they're fabulous, we could not go through secure grant and just pick a state and do this on our own because there's so much that really has to do with presenting this in such a way that it's reflective of what the law is like in practice. Not that we were going through interpreting the law but really working with Darrell very closely as we mentioned to make sure that we were using the right terminology that we were displaying it so that people could find it in the right places. The question about infectious disease, it does fall under chronic disease. And we went back and forth, back and forth where it was located in the code versus where people were going to look for it.

I will say that you can also find anything on the page by just using the search tab that you could type in what it is that you're looking for. But I really – that's been a critical piece so that we're really looking for new partnerships with other states. And I have twisted Darrell's arm and he's going to stay on in an advisory role to share the lessons that we've learned from this project as we move forward in to the next state.

So, with that, I just want to make sure that we have time for any questions that you have. So, Jason, I guess I will turn it back to you.

Jason Coates: All right, thanks. Thanks, Jen, and thanks, Darrell. So anyone in the audience who has a question, please type it in the chat function and, you know, we can ask our presenters. And just to get us started off, we've got a question. So, do you see other fields, state and local government like transportation departments or planning departments being interested in the tool or partnering with health departments to use the tool in a Health in All policies approach?

Jennifer Ibrahim: I'll take this one. I think particularly now that we're moving towards the Health in All policies approach and a lot of the work that the Robert Wood Johnson foundation is doing in the area of culture of health, thinking about

health outside of what was traditionally thought of as public health and getting to understand more clearly the way transportation laws, so, what is the impact of, you know, things like speed limits or even the way roads are constructed to be more safe for folks, I think there's, this is really just the tip of the iceberg. And the background, the coding, and the display system is very flexible that we could do anything.

If you look on the LawAtlas website, you'll see there's a whole section on environmental laws ranging from copper piping to we're working on some stuff with fracking. So, it's amenable to any type of topic. But I think being able to think outside of what traditionally was thought as public health, I think there are some great opportunities for transportation. Even some of the stuff with animal science, particularly the whole initiative now, the one health initiative thinking about the connection between zoonotic disease and human disease, I think there's a lot of potential here. And we're really looking for partners to really push us and say can it do this, can it do this, and for us to be able to explore that together.

Jason Coates: Yes, thanks. So, will you please discuss how you're going to continue to update the LawAtlas? So some public health laws change more than others?

Jennifer Ibrahim: Sure, that's a great …

Darrell Klein: Jen – go ahead.

Jennifer Ibrahim: No, go ahead, Darrell.

Darrell Klein: OK, I – Jen is going to be more eloquent on this because she's actually done this in the real world. But, yes, keeping the laws current is an important aspect. Some of the surveys of the various states' laws that have been done in the past, you get an accurate snapshot at the researches done for the given year, and that's the state of the law in the state for that period of time.

However, the laws evolve. We are legislatures in session right now. And some of the laws that have been coded into LawAtlas may change. But the great news is once it's put together the folks at Temple have completed this monumental task. And just the updates are relatively easy. You're going to

know from the session which sections of your law change and then it would be a lot less work than creating this in the first place to go through the sections that were changed and to check out the LawAtlas.

And a logical sort of approach to do this, the directors of health in Nebraska in the past -- and I see Mark Horton's on the call here; so, hi Mark -- have been very supportive of the public health lawyers here. And one of the things that we kicked around is an idea of trying to create some sort of a pipeline either internship or externship as the academic institutions increase their colleges of public health as that major becomes more common and then the joint JD/MPH degrees are awarded. This is the sort of work that could be done in concert with that sort of educational track. And the idea then to is that hopefully we could trick the people that have worked with us in this interface into coming down and working in public health. And that all we need is somebody with the unlimited funds and then approval for the FTEs. So those are the next things, too.

But keeping it up to date seems to me to be kind of a no-brainer for a public health student or a JD/MPH student. And then, Jen, I know you've talked about stuff that the how-tos with the staff that you have at Temple so I'll turn that to you.

Jennifer Ibrahim: Sure. And I think for me, part of the beauty of this project was I get to wear both my hats, my researcher hat and my teaching hat. One of the big things that in my spare time we're also looking to do with also to try increase the number of individuals who are trained how to do this, and so there's an educational component as well. And so my team at Temple, we're looking actually to partner with the JD/MPH students at the University of Nebraska that we would work with them to do the training and the technical assistance piece for free so that then in return the service that they would be doing is to work with the health department that as Darrell mentioned at the end of the session when there are laws, new laws that have been enacted, it's a matter of going in and updating just those laws that have been enacted.

Just to give you a little bit I know some folks are posting questions about logistics on doing this. We received a grant for $200,000 from the public

health systems and services research program. It took us about a year to go through the process of collecting and coding the laws, and I could pull the exact numbers of what the FTEs were in terms of doing the project. It was more labor-intensive and it took longer this first go-around because this was really a learning process. I think it would be safe to say that in working with another state, this could definitely be done in the course of a year.

As I mentioned, it would be really important to us that we work with the state that we could secure funding so that there was a staff person that was being paid within the health department. It would not have to be a full time person, could be part time, but having somebody there on the ground in the health department who was the point person not only so that we're getting that contextual information but also to work on the sustainability piece that there's someone there who's continuing to think about it and has ownership over it.

Some questions are being posted up about the software. So this is software that we developed in-house. The Workbench that I mentioned, which is where we did all the coding, that's a behind the scenes thing that links up with the what you see on the front end at lawatlas.org. And if somebody is interested in working with it, you know, you can contact me, and I'd be happy to follow up with you on that.

Jason Coates: All right. We've got another question. So, someone asked about whether LawAtlas has the capability to look at changes in the law over time. So, for example, from 2008 to 2009 or from that time period to today, does LawAtlas have that capability?

Jennifer Ibrahim: Yes. And if you look at the – if you go to the lawatlas.org, the 50 state site, that's where you'll see a bunch of different data sets where there is a longitudinal component to it. Right now, what you'll see with the LawAtlas Nebraska site is that this is a cross-sectional cut. I have some MPH students that are coming to work with me that we may work on doing the longitudinal look is actually making this a panel data set. We've already done that with some of the laws that we're working on doing the evaluation to be able to determine how individual legal provisions have changed over the course of time and what we're the consequences on those changes in terms of carrying

out the essential health services and in some instance looking at behavioral or health outcomes.

So, Nebraska is cross-sectional. But if you look at the others that's where you can see – and I used the example the distracted driving laws, restrictions on mobile communications while you're driving across the 50 states, that's a good example of a longitudinal data set. The lock zone is another one but those are some that you could take a look to get and see what it looks like when it's longitudinal and not just cross sectional.

Jason Coates: Thanks. So, we have a question about asking – she described a little bit more about how LawAtlas could be useful for a state that's going through the accreditation process.

Darrell Klein: Yes. And I am not, far from an expert in this. This is something that Colleen Svoboda, who worked with the us on LawAtlas, is actually responsible for this. And I see that question came from Dr. Horton; so I appreciate it.

I believe Policy Surveillance is one of the areas. And I don't have my (FAB) materials in front of me so I don't know whether that's called a benchmark deliverable or what have you. But it's one of the domains probably that needs to be addressed is to show what you have in place.

And my broad and perhaps inaccurate understanding of Policy Surveillance, though, is exactly what LawAtlas is designed to facilitate, that instead of relying on intuition or just copycatting states that you're actually some sort of methodical approach to look at what you're doing and whether it's working. And the data is all there, it's just linking it, linking the data to the law. And I think this is clearly the same way to advance public health and probably many, many other areas of law.

The law is basically just a construct that we set up so that we all understand what the rules are. We theoretically all agree to abide by them. And it just helps us order our lives. And therefore, the law needs to be changed to meet our needs and that frequently it lags behind by it's very nature.

So, Policy Surveillance in determining what do we really want to do and is what we're doing working, and particularly when the tool used to advance the policy is the law often with penal consequences, I mean it just makes sense to look and see if it's really working. And so I think that if you would participate in this sort of LawAtlas project, it would dovetail nicely with the accreditation standards. And as I said, I'm not really an expert on that, but it's a valid point, it's a key part of accreditation, and it's a great way to achieve that.

Jennifer Ibrahim: And just as a quick follow-up to that, we have been in conversation with a number of local jurisdictions around this issue. And it is something that we've had the conversation with (FAB) about. (FAB) doesn't want to recommend to anyone there is one way to do this. But it is definitely – this would – going through and documenting the laws in this way is definitely one way that would meet, you know, the requirements of what they're looking for to be able to map what you have and to look more closely at where there are gaps that might need to be addressed.

Jason Coates: Well, thanks. So, we're now all out of time. So if you have any questions, please feel free to reach out to both of our speakers and the APHA. Thanks for joining today's webinar and thank you to both of our speakers. This concludes today's webinar.

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