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PHI- Equity through Public Health Law Event

address for panelists

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-- welcome to equity through public let law. My name is Murlean Tucker. With my colleague Casey deems. Thank you to our partners for today's event, the center for health, leadership and practice. The national leadership for public's health and the public health law program. Now it is my pleasure to introduce today's moderator Dr. Me the varies. Opioid safety network and the national overdose prevention network. She is a public health institute's vice-president of external relations and preventive medicine. Director of center for health leadership and practice and director of dialogue 4 health. Long standing voice for the public's health. Carmen is responsible for developing relationships with health and public -- advocating for public health and incubating new programs. Welcome back to the microphone, carmen.

>>: Thank you. Welcome to everybody. This is a really exciting opportunity for all of us

to hear a bit of an overview of how equity can be addressed through public health law. We are going to set the stage for everybody here to understand how law can support their access to opportunities. It was very intense interest in this topic. We have seen over a thousand registrants for this session. Procedural rules and other theory that will help to support all of you in your work with communities, trying to achieve equitable outcomes. This is a super rich agenda. I want to go ahead and get started and introduce our first speaker, who is Matthew Pennsylvania. Matthew is the director for center of disease -- state tribal local and territorial support office at -- their public health law program. He is -- in his role of director legal analyst, legal epidemiology and workforce development supporting understanding and the use of law as a public health tool. It is truly a pleasure to give the microphone over to Matthew. And I think I will also mention, I will go ahead and turn the microphone over to Matthew. Then we will have a short period of questions and then I will introduce our next speaker. So Matthew, the microphone is yours.

>>: Direct or -- here within the center for straight -- at the centers for disease control prevention here in Atlanta. So when we talk about public health law equity, legal epidemiology and really the title of the webinar equity through public health law, it really begs the question of why public health law? What does law have to do with public health in general, particularly what does law do with public equity. I think when we start to look at our communities in the history of public health, this relationship becomes a little bit clear. I am sure some of you have seen these Robert Wood Johnson foundation funded maps. Looking at life expectancy in some of our metropolitan areas. There are various maps for various jurisdictions around the country. What you are seeing some highways and interstates in is California. And the bubbles mark exits and associated life expectancies. And how those vary as you move along

the road. And in one particular instance here, you go from one exit to another exit that are relatively close in geographic proximity in the United States. In just one county over, life expectancy falls 12 years. You know, this is not caused by those things that we have traditionally looked at in public health. I like to say often, you know, this ain't the flu. This is not even something like COVID-19, that causes this level of health disparity. That causes us not to achieve health equity. There is something deeper going on here. In the process of developing, as a field, public health 3.0, we begin to look at some of the underlying factors of health. If we look at Dr. Frieden's health impact pyramid we can see the areas down at the bottom where we have increasing population impact through things like socioeconomic factors, changing the context of our communities to make individual default decisions easier. Easier to live healthier lives changing that context. It is hard to think of things that make up the lower level of this pyramid that are not impacted by law. Law defines our finance system, our banking system, our housing system, our transportation system, our educational system, our food system. All of these are built on laws that exist at the federal, state, tribal local territorial levels in this country.

And if we go back in time a bit, we can see the relationship between law and health in this idea of public health, even the idea of epidemiology. We can see the relationship between these ideas and these concepts, even back to what I think of as kind of our gospel story within public health and the story of John snow and the broad street. The story as it is usually told. John snow suspicious cold era deaths. Maybe it is not my asthma. Creates the dot map of the cases in relationship to the pumps in the area. The part of the story that is not told as often, is that John snow along with community partners took those findings to what amount Todd the local board of health and asked them to exercise their legal authority to have the handle taken off of the pump. There

are even images out there as John snow public health vigilante, going out there with a wrench and removing the handle. That is not what happened. He used legal levers, legal mechanisms and legal authorities to have that handle taken off. There is some suggestion that the outbreak was in decline at the time that happened. But it still points to the early, early, at our very creation of modern public health, the relationship between science and epidemiology, community engagement and law.

**As we have moved through even periods like that sanitation reform period, you can see this picture here on the slide. This is a street in New York before the sanitation reform period. In New York. This is -- to focus on that lamp post, right in the center above the icon on the trash can, you can see the garbage piling up. Just a few years later after New York City passed one of the first municipal sanitation laws and garbage disposal laws you can see a dramatic difference. The garbage is gone. When garbage goes away so do vectors. It is a form of disease control. Was achieved through the passage of a population based law that required implementation of public health measures.**

We see throughout the history, even into the 20th century with some of our achievements, vaccinations, motor vehicle safety laws, workplace safety laws, many of these have been achieved through the passage a of laws and policies that apply to entire populations. Back to the base of that pyramid, how did we change the context? One of the ways that we do that is bypassing laws that applies to all populations, with an intent toward improving the public's health.

So today in public health law field and public health law world, our point of view is very clearly that law is a social determinant of health. Laws can make us sick. Laws can make us healthy. In fact, it is my theory that law is, if not the most significant social determinant of health, it is one of the most significant. It underlies many of the others

that we traditionally think of as social determinance of health. Laws define housing, laws define manufacturing. Everything that surrounds you, your house, your office building, maybe not many folks out in about in cars these days. But our cars, our transportation systems. The way your money goes from your employer to you, how you get loans, how you get insurance, all of these things that define our community ultimately define law.

One of the recent developments in the public health law community is the idea of legal epidemiology. Legal epidemiology is the scientific study of law in the factor cause distribution and revenges of disease in a population. We can -- create data sets, compare laws to health data, examine impact and effectiveness and inform on best practices.

It is one of the ways that we can move forward in public health to really look at how is law determining our health. Are we having the intent that we want to have with laws? To further explore through the 21st century the relationship between law and health. So that is just a little bit of context for why public health law. I am happy to answer questions. I think carmen, you had a couple of questions?

>>: I do Matthew, thank you for opening up the door here. So we probably think of public health laws directly related to health like laws around quarantine, infectious disease control, motorcycle Hell muts, occupational safety, but as we continue as a public health community to deepen work on the social determinance of how and make connections with other fields whose work is rooted in social determinance, where are some of the areas of law that might not be public health law at first glance but that are critically important to consider including legal epidemiology research?

>>: Yeah. That is a great question. I think one of the starting points for thinking about law and health and determinance of health, we consider public health law to be a truly

trans disciplinary practice. We are not only looking across professions, we need lawyers, we need public health professionals, we need statisticians, we also look cross sector. As I mentioned earlier, when we think about those things that define our community and define how we live our lives, many of them do not have health as their center at all. Generally, don't think of zoning necessarily as a particularly health oriented thing. But it has impacts on our health. We don't think of the laws that define our transportation systems, as health related laws. But they definitely affect our health. If you look at something like complete streets ideas.

Our education system has huge impacts for the health. Positive in fact impacts for folks who go to well financed and well assisted schools. Negative impacts for folks who go to under-resourced schools. Those resource allocations are rooted in law. Housing, the stability in the adequacy and safety of housing has a major impact on health outcomes, well down someone's Lifespan. And much of our housing stock and the way we organize our housing in this country is define bid laws. We just don't normally think of them as health related laws. What legal epi and public health law allow us to do is look at the health impact those laws may be having, even if they were not necessarily passed with health impacts in mind.

>>: So let's think for a minute about change. Public health law has been a tool for positive tool, but not always. So would you talk a little bit about the need to address the negative consequences of public health law and how legal epidemiology can be used to study these negative consequences and then help us to turn them around.

>>: Sure. Yeah. That's a great question. And one of the exciting parts about legal epidemiology really is, it is scientifically based study of the impact of laws. Whether that impact is positive or negative. We know that laws can make us sick. We know that law consist have devastating impacts for current populations and generations to come. We

have seen laws really just for example, laws really at the root of systemic racism in the form of finance laws, red lining for insurance and mortgage purposes. Have devastating impacts on the lives of African-Americans. When those lives were passed because they prevented wealth accumulation over generations. Those laws are still having impacts on African-American communities today.

One of the things that legal epidemiology allows us to do is to turn those laws into quantitative data sets. We actually code them into variables, just like we do everything else in public health. All of the morbidity, mortality data points that we have, we turn those into quantitative data sets and study them. We have not really done that in law. One of the interesting developments and I think significant develops for public health currently is this idea of making laws look like data, turning them into data so that we can then compare to morbidity and mortality. We can look at the data that we have on health disparities and start to figure out what are the root causes of those disparities. What do those come from. Are those systemic legal based restrictions that are leading to some of these outcomes. Hopefully, cure ourselves of some of these aspects of systemic and structural racism that have plagued this country for now really from the beginning and through the present day.

That's a great start. I think that we have a lot to ask here. Lots of folks will be hopefully putting your questions into the Q and A. I am going to encourage the audience to do that. There is a Q and A panel on the right side, on the right panel. You have an opportunity should you think of something to please ask you whatever you think is important that would you like our panelists to address.

What I will do now is move over into Samantha Weber. And if you would advance the slide to Samantha. So Samantha is a staff attorney at health equity law the public health law program at centers for disease control and prevention. They a program

analyst through Cherokee Nation assurance. And she specializing as the lead researcher for public health law programs, on equity program. So please, Sam, would you like to takeover and start your presentation now?

I would like to begin our discussion, the story about a community that I think helps to add some clarity and some greater context to the idea of how public health and law are inter connected and how law operates as a determinant of health.

I would like you to begin imagining that you live in an unincorporated community just outside of a small city in the Appalachia region of Ohio. It is located in the Southeastern part of the state. The community in which you specifically reside is referred to by the name of the road on which most residents live which is Coal Run. Tiny, majority Black, located a few miles outside of central Zanesville. Next slide. Your home lacks running water. When you try retrieve water from your well, which has been on your property for some extended period of time, your water looks like this. City and county in which it is situated is the site of formally robust but long abandoned coal mining industry. So the specific community of Coal Run sits atop an abandoned coal mine that left behind a lot of pollution that contaminated the groundwater. You and your neighbors did not rely on your Wells for safe drinking water. That water erodes, clogs and destroys everything it touches. Next slide, please. To get by, you and your neighbors do things like collect rainwater and melted snow in buckets and cisterns and those apparatus become filled with vermin. The water is often unusable. You often save your dish water for use after multiple meals. You purchase water from a nearby treatment plant that is a mile or two away from your home. You have to spend up to 10 times more than others that have access to public water. One of your neighbors actually says that he only does water when it rains, only does his laundry when it rains. He wants to make sure he has a repository of water, once he does his laundry.

Next slide. Between 1954 and 2020 you and your neighbors began lobbying city and county official force access to public water. And you were not successful in those efforts. You spent, you spend upwards of close to 50 years trying to get access to public water by lobbying both the city of Zanesville and the couldn't which have separate water administration entities. And it is so bad that up until 2002, most of your neighbors still use outhouses.

Next slide, please. One of the county commissioners that one of your neighbors went to actually said that you would not get water until president Bush drops spiral bombs in the community and they hit good water. That same county commissioner said your great grandchildren were lucky to get access to running water. Next slide, please. One of the neighbors contacted the public health department. The department's representative said, well, I am sorry, you are going have to dig a well. Next slide, please. Of course, you and your neighbors shouldn't have had to dig a well. Your community is actually surrounded by public waterlines. If you take a look at this map, you will see all of these dark blue lines throughout this area are operating public waterlines. Your neighborhood of cold run is located in the little blue shaded area sort of at the center of the map in this also try angle to the left of that area is the water treatment plant that you actually, to drive to, to collect water.

Next slide, please. You and your neighbors are finally able to get plumbed water after filing a discrimination complaint with the Ohio Civil Rights commission. And I just want to take a moment to note that your neighborhood, the cold run neighborhood is one of the few and possibly the only majority Black community in the entire county. By 2020, the county was 94% white and 4% Black. The vast majority of Black residents were actually scattered throughout the county. Yours is really a unique kind of community. The other thing to note here is that one of the principal reasons why this community was

able to have a successful case for the Ohio Civil Rights commission was because if you take a look at this map, it is sort of literally evidenced the strength of their case is evidenced by the, by this sort of landscape that surround -- again, look at this water treatment plant on the left side of the screen. That water treatment plant provides water to all of the individuals living in the north side of this Coal Run and Adam stone road area. The majority of resident this is this area along addsville road are white. They have had access to water over an extended period of time. You live in the Coal Run area down at the bottom of the screen. You and most of your neighbors are Black. You will float are a couple of residents in the Adamsville area who are Black or nonwhite. Those individuals were actually able to purchase a home from former residents who were white. You will see the Civil Rights commission felt there was enough of an evidentiary basis for advancing the community members who complain odd the basis of a pattern and paragraph discrimination that violated federal fair housing laws, which actually for closed or protect individuals from being denied access to utility services on the basis of race and other factors.

Next slide, please. So the Coal Run stories is about two overlapping ideas. Much of what Matthew has covered. It is the idea that public health practice can and actually is working very hard to address the -- and the other principle is that law can facilitate public health efforts to advance population health and by extension health equity.

Next slide, please. Public health dimension of this coal mine story, those strict culture economic cultural and political factors that odder relationships and assign social status to members of different populations, here the Black community is in the Coal Run neighborhood. Those conditions, that distribute money and power and other resources and build in the communities. In the case of Coal Run, in addition to sort of the social determinance concerning their standing within the communities is Black residents. Also

draws attention to the complex infrastructure that AI indicated water cost communities throughout the community. Socioeconomic -- mining industry. Environmental degradation that resulted from coal mining. Water selfish highly relevant to Coal Run residents as the Black population within this area. 32,000 other individuals living within this -- lacked access to clean potable water. There is a large equity issue that spans a number of areas.

Next slide, please. The story also draws our attention to the idea of health equity. The principle that people should be able to have access to resource and conditions to make sure they can maximize their health. In the case of Coal Run, that community had a strong discrimination case. They were unable to access really important, really critical social good for their survival, which was water. Because of their race, the fact that they lived in a poor community, unincorporated part of the county, they experienced inequitable conditions that burdened their pockets, that stripped them of time, increased their stress levels and put them at risk.

>>: Next slide, please. I want to revisit the point that Matthew highlighted around the fact that law plays essential role in achieving two ends. In shaping the context in which people live, to increase their access to the things they need, and to make it easier for them to make good decisions about their health. Also the fact that law has the power and in fact does distribute resources and makes the things that people need to live accessible. We see how a legal intervention in the case of the Coal Run community here filing a discrimination complaint before the Civil Rights commission was necessary for the residents. We can imagine an, in a context for public health engages more with law, that -- no audio.

Don't necessarily involve litigation or filing complaints because they might take a long time or be money intensive or adverse serial -- next slide, please.

>>: I am sorry. Next slide, please. Can we -- no audio.

I don't want to take up too much time. I want to summarize by saying that law can inform public health efforts to shape the social conditions that affect the health of populations and advance health equity. The work that we do within public health law program, within public health practice involves research, which draws upon epidemiological methods that Matthew pointed to translating and disseminating that research. And as I have tried to do here story telling around what that research means, and also through policy making and partnerships law can help researchers and public health practitioners and enhance and strengthen strategic approaches to achieving better health outcomes and more equitable health outcomes and identifying partners to engage with to pursue those efforts.

I am going to stop there.

>>: Sam, those were some great, that was a really great story about Coal Run. And I want to just do a little bit of followup on that. So after 50 years of trying, this community was successful in getting access to clean water, by using a formal legal process that is filing a Civil Rights complaint. What are some other ways in addition to complaints and lawsuits for using the law to protect and promote health equity, and just health in general. I am wondering if you could maybe speak to what would you consider to be essential public health law services. And we are having a little bit of trouble with consistent sound. I am not sure if you need adjust your microphone. If you could answer that, that would be great.

>>: You might be on mute.

>>: Help to improve population health and actually achieve equity. There are a number of great examples of how public health practitioners and public health departments are doing that. I draw an example from California, where they have made a number of

efforts and number of strides to sort of use their position as a public health department to engage in law and policy making. That exist outside of the sort traditional litigation efforts. Some of those efforts include developing model laws and policies that can be used, that were used within the county and also elsewhere within the state, around sort of housing and foreclosure mechanisms employed by banks. Other examples include working with community based partners to develop specific laws and policy around housing ordinances, that were then presented to the Oakland city council for passage to protect the rights of renters within the jurisdiction. Other examples include partnering with the code enforcement department to strengthen the code system for protecting the rights of renters who were living conditions that experience blight and where residents are presenting housing complaints.

Another interesting example, their formation of sort of legislative and policy body that is housed within the health department, that body analyzes local and state level legislation. Comments, develops a set of comments for policy makers and how to laws maintain gaps and contain gaps that need to be mitigated to protect the rights of vulnerable populations. They use their analysis of laws and policies to support other organizations that are doing lobbying.

>>: That's very helpful. I wonder if you could also speak to the importance of multi-sector leadership in achieving health equity our center and through our programs. We work really hard to help lift up opportunities for engaging other partners. I wonder if you can speak about how partnering with other sectors to use law and policy can improve health equity?

>>: Sure. That's a great question. Thank you carmen. One of the things that has been a critical dimension of public health practice, particularly in the last 20 to 30 years, has been a recognition of public health practitioners and researchers have to sort of engage

in building relationships without side partners in other sectors in order to move the ball on public health initiatives. That is sort of a foundational principle within public health practice. The legal dimension of that sort of expands the scope of potential partners within the public health realm. So, for example, one of the things that we are seeing that we have begun to see more recently has been an investment in the interest in building partnerships between public health agencies and practitioners within them and community based organizations, including community based advocacy organizations, including social justice organizations to not only develop an understanding of what is happening within communities and to give Troys what is happening in communities but also to develop policy initiatives and to think about how the laws impacting people's lives and living conditions. Other ways, I have sort of alluded to this already. Public health departments are identifying policy makers and building relationships with policy makers and figuring out weighs to strengthen the information sharing and lobbying. They are building partnerships across government agencies to develop not just a set of practices, we see examples -- COVID-19. But also to develop strategic plans about how to change laws and policies that can improve health. We even see examples of this in the law enforcement context. Are thinking a little bit more critically about how to right public health strategies and method into law enforcement policies and practices to focus more on prevention, rather than pursuing punitive measures. We have a long way to go in that department. There is a lot of rich opportunity there. I think there is a recognition in the field and within public health law for that opportunity to flourish.

>>: So this was truly an excellent conversation. I want to move onto our third speaker. I want to thank the audience for putting forth some truly excellent questions. We are doing our best to consolidate the main themes. As we get into the Q and A session at the end, I will be bringing back the ideas that you would like our panel to address.

I want to introduce Jessica Breslin attorney at change lab solutions, where she is working on law and policy related to economic justice, health equity, tobacco and healthy communities. Her background also includes civil legal services coordination. Working with the county collaborative court. Serving disabled and delinquency involved foster youth. And also significant background in working with individuals of mental health when they are released from jail. With that very broad background, I want to ask Jessica to go ahead and start with her presentation.

>>: Thanks, carmen. Hi, every one. Jessica Breslin. Attorney at change law solutions. Talk more specifically about one aspect of public health laws that affect equity and can be an important topic for a legal epi study. That is how public health laws are enforced and how enforcement of those laws affect health and equity outcomes.

For any of you who are new to our organization, change lab solution works across nation to advance equitable laws and policies that ensure healthy lives for all. Prioritize communities whose residents who are at higher risk for poor health. Inter disciplinary team -- in order to best able help you work with neighborhoods, cities and states across the country in order to create thriving communities.

I wanted to start by sharing this graphic from our through print for change makers, which is available on our Web site. The blueprint is a framework we have developed. Health inequity. I am not going to spend too much time on this graphic or slide and Sam and Matthew did such a great job of covering some of these topics. We believe addressing these drivers is key to achieving health equity. That requires using law and policy to create long term change that addresses them. And where right now law and policy have been central to creating some of today's health disparities, the very same law and policy tools can and should be used in order to create positive change. And thinking about equitable enforcement is one way to start doing that and leveraging -- so what am

I talking about when I talk about equitable enforcement? First I want to back up and take a minute to recognize, there is a significant gap between the promise of our laws, public health laws and people's lived experiences. Gap exists because laws designed to keep people health and safe are often not enforced and when they are they are not enforced equitably for the most marginalized community. Can sometimes harm, discriminate against or otherwise undermine the health of -- in fact when enforcement is carried out inequitably it can create, maintain or exacerbate existing health inequities. I wanted to take a moment to acknowledge that inequitable enforcement has been at the top of my mind lately. I am sure for a lot of you, as we continue as a country to process and grapple with issues of police violence. Although over enforcement is not the primary focus of my discussion today, many of the themes and solutions I will talk about are certainly related to that topic. Back to equitable enforcement, to be the process of ensuring compliance with law and policy that considers and minimizes harms to underserved communities. So equitable enforcement can have the ability to hold wrong doers accountable while protecting --

So when we are talking about inequitable enforcement. That's both over enforcement of some laws and un enforcement of other laws. When I am talking about under enforcement, laws -- are often under enforced. We talked a it bit earlier about safe drinking water. Fair housing laws. So if we are thinking about fair housing laws, these are laws designed to protect the health and safety of the public by insuring safe and habitable housing. Systemic -- under force for a -- one for example, many housing codes work on a complaint based enforcement program. Meaning a tenant would have to complain about a problem in order for an inspection or any enforcement to take place. We also know that with complaint based code enforcement programs, vulnerable tenants are less likely to complain. That may be they are unaware of their rights to safe

and habitable housing. Putting your housing at risk. Or apprehension related to citizenship status or other issues. As a result of those barriers, the housing inhabited by the most vulnerable populations, is often the most likely to fall through cracks of the complaint based code due to under enforcement.

Another example of thinking through under enforcement of laws, Matthew touched a little bit on the idea that we are not just talking traditional public health laws. Thinking about wage and hour laws, of public health. But they still have the, they can impact health pretty greatly. Laws intended to prevent employers from denying employees wages that they are legally entitled to like over time paid. These laws are chronically under enforced and in 2009 national employment law project found that 26% of workers in certain low wage industries in Chicago, Los Angeles and New York reported making less than minimum wage. More than 60 percent were under paid by more than a dollar an hour many 67% were not paid for all of their over time. With employers failing to pay for an average 11 hours of over time per week. So if you think, if you play that out and you think you are already dealing with someone who is a low wage worker and needing money to account for housing stability or prevent food insecurity, and then there being denied the money that they are entitled to and then that law not being enforced against their employers.

And then the on the other side of that, we are also want to be thinking about laws that are being over enforced. Inequitable enforcement, more strictly in certain places or against certain people as compared to others. The existing data over enforcement can adversely impact health and compound existing health inequities by exposing the person at greater harm than what the law is trying to protect against. This could mean strict enforcement of laws, even if it doesn't necessarily further a public health goal. If you by the zero tolerance policies, it also may mean laws that are directed at individuals, rather

than the system or actors that have the power to make any full change. And then the enforcement of the laws themselves can adversely impact health. We are seeing interaction with law enforcement that maybe the not necessary.

And I will provide two quick examples of what I mean when I am talking about over enforcement. So many states and communities have what are called youth purchase use and possession laws which are laws that prevent minors and youth from having or using tobacco products. We know from the a lot of research that poor communities and communities of color are heavily targeted by the tobacco industry. These purchase youth possession laws are laws that are designed to protect children from starting smoking or keeping smoking. So the same kid who lives in this community that is being targeted by a very powerful industry, might then receive a ticket or a fine or something that makes them further involved in the school discipline system or juvenile justice system. Disproportionately impact poor youth or youth of color. Act actually is leading to more negative health consequences.

Another example of how over enforcement can snowball into something that can be much, much worse, think about Jay walking laws. Jay walking is a law that is designed to protect you. So that you don't get hit by a car. But if you think about someone who you know is maybe late for work and ends up getting a Jay walking ticket, maybe the fine starts to fall. It is only around \$25. If you are not able to pay that ticket. If you have to make choices about whether us pay the ticket or buy food or pay rent, a lot of times the fines will escalate. Then you have a \$50 ticket. And in some places, if you don't pathos tickets for long enough, you can get issued a notice to appear in court. If you don't appear in court for whatever reason, maybe you have to go to work or something like that, then they might issue a warrant out for you. So then or in some cases they might suspend your license which can affect your ability to keep working and to support

yourself and your family. Something that started as is a very simple Jay walking ticket that was designed to keep you from getting hit by a car has snowballed into something where you could have a warrant out for your arrest or have the potential to be put in jail or you are losing your driver's license which is a really important to you supporting yourself and your family. When we are thinking about how these laws are enforced, we want to make sure they are not being over enforced in a way that is causing more harm than what they are intended to prevent.

And when we are thinking about enforcement there is a few different aspects that we want to be looking at. The first is thinking about who can enforce the law. So for example, if it is an enforcement mechanism that relies on filing a lawsuit or a Civil Action by private litigants, that might be more likely to pose a barrier for individual with low income or less access to the legal system in order to enforce that law or have you designated the police as the main enforcement body. And does that further the public health goals of the law and what you are trying to do or has it been leading to increased harm. Those are things you want to think who is in charge of actually enforcing the law. Another is who is the target for enforcement. If you look at this picture on the screen, this is from our equitable enforcement guide, you are looking at two different. You can have someone getting arrested for selling lose cigarettes. Public health law. Designed to prevent, to decrease the use of cigarettes. But is that really having an impact. Whereas, the back part of the picture is a woman selling a kid cigarettes. So are you targeting retailer whose have more power and selling to more people, or are you focusing on individuals with a personal responsibility mindset behind it. That is something to think about, too. Also, it is important to think about the roles of victims in communities. Both in design and how you implement the enforcement measures. I am going to talk about that a it bit more later. Another aspect is the investigative and

adjudicatory processes. That is how are these processes actually playing out. That can be something like what I was talking about with the escalating fines. Compounding penalties. Is this a complaint based system where the people most hurt by the negative actors are the ones that are going to have to bring the case forward. That's one aspect of what you want to think about is who is responsible for these processes? Are they well funded in are the people responsible for them best situated to effectively implement laws.

The other is the range of sanctions. That the laws include. I have talked about fines, or the sanctions include criminalization. Are there non punitive options like education, things like that. Or does it include something to extreme like E Vicks that will negatively -- housing. So those are different aspects of enforcement that you want to think through and talk about when you are creating enforcement mechanisms to make sure it is an equitably enforced policy.

I also wanted to provide some overview of how traditionally we have thought of enforcement of public health laws. First is administrative enforcement. That is when a public health law authorizes particular requirement or some sort of law local administrative agencies would often be responsible for the entire enforcement process. Administrative agency might selffish a citation or notice of the violation. Might be administrative hearing to consider evidence. And then determine whether a violation occurred and what the penalty should be. Penalty is often a fine. In some cases, if it is a licensing situation, you might involve like a license suspense or revoking the license. One easy way to by the that is if you think about tobacco retailing licensing. That's administrative enforcement. Usually -- in charge of issuing the licenses. They might also be in charge of doing check toss make sure they are not selling to youth or things like that. Another traditional mechanism would be civil enforcement. In civil

enforcement usually a city or county can file a civil lawsuit to enforce a law or remedy a wrong or protect a right. If someone is violating the local law, the city or county can sue for injunction or impose civil penalties. That could be fines, fees, things like. That and while local public health agency or one of its code enforcement officers may be responsible for investigating an alleged violation or gathering agency, responsible for -- they might pass off to a city attorney. Or something like an eviction is used. That might be something where it is going into housing current you have two different. You might have two or more different bodies in charge of different parts of enforcement. That is something you want to keep in mind. That's where things can fall through the crack. Maybe the investigating agency doesn't have the same priorities as the city attorney. That's another twist of it that you want to think about. Then last, there is criminal enforcement. That would include fines or imprisonment. That would be, there is laws in California about how you can't consume cannabis in public. If a police officer saw you doing that, they can give you a ticket or sometimes it can include jail time or things like. That those are the three traditional base that we are looking at enforcing these laws generally.

Then, we recently, last month put out equitable enforcement guide which is available on our Web site. The guide covers a lot of these topics in greater detail. Providing a framework to think through these issues with some examples and case studies with local jurisdictions, that have been finding unique ways to address some of these problems. And also, includes some considerations for policy design and implementation. So some things to think about when you are designing your enforcement policy, is a graduated enforcement. So for example, not just automatically issuing a fine. But starting with education or having some sort of graduated penalty, where the person who violates the law is first subjected to less serious consequences.

So like a warning or mandatory education before more severe consequences will be imposed. What you want is compliance with the law. You don't want to have the penalty be worse than what you are trying to achieve in the first place. You also want to think through non punitive consequences. Thinking through restorative justice models or diversion programs in education.

Another important consideration for policy design is thinking through a range of sanctions. And so that can be, because we know that fines and fees have such a disproportionate impact on poor communities and communities of color is making sure that things like sliding scales or hardship waivers or proportional fines are worked into your enforcement scheme so that you can help mitigate some of these problems with fines and fees. Again, thinking through potential non punitive enforcement. What I think of what comes to my mind was quickly when I am thinking of non punitive, if you are thinking about all the mask orders across country to help prevent the spread of COVID-19 is your enforcement measure a fine or rust providing masks. There are different ways that you want to think through these enforcement measures to make sure they are not causing more harm than you are trying to prevent.

And then I touch odd this. Thinking through when you are designing whether it is a proactive or complaint based model. One thing I have seen this pop up a lot recently is more thinking about rental inspections. Does is a tenant have to complain about a problem, in order for there to be any inspection or enforcement. Or is there already in place where there is proactive investigation of these potential problems. And then also community involvement in the design and the evaluation of these policies. So that means involving community members. If you think about community members, they are usually the experts on their own home conditions and can provide valuable information to policy makers that your traditional research or data may not reveal. A good example

of this would be in Chicago right now, the mayor created a racial equity rapid response team in response to COVID-19 that was tasked with identifying strategies in collaboration with local community groups to address the disproportionate impact of the pandemic. Adopted thinking through the enforcements mechanisms. Communities can help flag whether something is going to be a problem or different strategies you might not have thought of to effectively enforce the laws. Another important thing is to make sure you work into your enforcement design a process for data collection and ongoing evaluation so that you can, if there is a problem with your enforcement strategy that you can be sure to identify that problem and help come up with solutions. And then not just when you are designing these policies. You also want to think about when you are implementing them. And that could include, that should included a quit funding for the enforcement. Making sure it is not just an after thought when you are designing your policy. And that might mean funding for training, for enforcement officers. Funning for evaluation. Thinking through that you have enough funding for the staff, which you would want to be doing this enforcement. And that you want -- implementing these policies, you want to make sure you have ongoing training for your enforcement officers. It is not just a training when they first start but the training is ongoing. Make sure every one is up-to-date. As you get more information, you are informing your officers of that information. Training can help teach how to limit bias and increase equitable enforcement. Lastly, not lastly. You want to make sure you can update your policy based on the ongoing evaluations. So, again, if you see a problem in the evaluation, you want to make sure that you have the system in place that you can make, amend your policy or make changes in order to address those issues.

And then another really important part of implementation is making sure that you have the careful and intentional designation of enforcement bodies. You want to think about

who is the best body to enforce this. Are you involving community based organizations to also help with enforcement? This is another reason why it would be really important to engage the community and other, in other partners both in design and implementation to make sure you are using the best enforcement officers and limiting any unintended negative outcomes or the creation of new equities. Around you don't want to just include the community and the victims in the design, but also an on going evaluation to make sure that it is effective.

And the lastly, when you are thinking about implementation, you want to make sure that you think, you are thinking about the discretion that enforcements officers have. It can be impossible to eliminate discretion or if you do eliminate discretion, that can lead to its own problems. Thinking about zero tolerance policies, mandatory minimums and how those can impact enforcement. So when there is discretion, you want to make sure that the enforcement officers have some guidance for that discretion. That might mean extensive training on how things should be enforced. Might be guidelines when a warning is issued. When should a citation be issued. Provide guardrails for discretion. Evaluate those tools to make sure they themselves are not biased. For example, there is a lot of risk assessment tools around bail. Some of those tools themselves have been identified as biased. So you also want to make sure that the guardrails that you are providing is, aren't bias themselves. These are all really important things to think through, when you are both designing and implementing your enforcement schemes. So thank you so much for your time. This is our Web site, Twitter and Facebook. Our footprint for change is on our Web site and so is our equitable enforcement.

>>: Perfect. Thank you so much Jessica. So many people think of development enforcement of laws as a task solely for government. I think you kind of set the stage here, but I would like for you to talk about the ways that non government partners can

partner with lawmakers and enforcers of law to incorporate principles of equitable -- new and existing laws and policies.

>>: Yeah. I think That's a great question.

It definitely is really important for governments to partner with community based organizations or fun those organizations to do certain aspects of the work. So one example of that would be in Greensboro North Carolina the city has partnered with the Greensboro housing coalition which is a nonprofit advocacy organization. Focused on housing code enforcement. Nonprofit provides multilingual educational requirements. Meet with residents and property owners in order to explain the enforcement process and refers potential code violations to the city. Also, the city's code enforcement to minimize tenant displacement and identify solution force complicated cases. I think that is a great example of bringing in a community based organization that -- they are already working with the people that you are trying to outreach. To they know the best ways to do outreach to communication these issues. I think that is a great example. Also, like I mentioned earlier, making sure you are really involving if community and victims in the development of enforce Mt. develop poses. Communities know themselves best. They can help unique approaches that are specific to their community which can make them more effective. Example, school discipline policy answer the use of tobacco products. Stakeholders. And that including teachers and school administrators and the students themselves. I think it is really important that you by the partnering with the people that are going to be most affected by the policy.

>>: Great. So my last specific question to you: We are in an unprecedented time, in a global pandemic that is disproportionately hitting poor communities, Black, LatinX communities. Also growing active movement call calling out -- racial just advertise in policing and every other area of life, education, house being, employment, healthcare.

What are some of the ways that you see states and localities around the country apply these principles of equitable enforcement to legal efforts to control COVID-19 and to promote health equity.?

>>: That's also a great question. I want to just start by acknowledging the negative of facts of enforcements around these orders that we are seeing play out in response to the pandemic. Who is being arrested or who is getting tickets for these types of violations of the orders. So some of the early numbers out of New York for example said that of the 125 people who were arrested for violating those orders, 113 of them were Black or Hispanic or of the 374 court summons that went out during the first couple of months of the pandemic, 300 of them were Black or Hispanic New Yorkers. I think it is really important to also acknowledge the negative effects that are coming out of enforcement around these health orders, in order to respond to the pandemic. That being said, there is definitely some positive things that we have seen in the way that governments have responded. For example, in San Diego county, they have issued -- that clarify their enforcement strategies and reduce the use ever criminal penalties of violation of stay at home orders. That might be one thing cities or counties want to consider doing, those guardrails of discretion. How are we enforcing this? What are the goals? What are the alternatives you can use? Instead of giving someone a ticket or arresting them. Another exciting thing, we are seeing courts reduce their court fees and fines in response to the pandemic. And seen that happen in Macon County Georgia and Buffalo New York and a few other jurisdictions. That can be particularly important. We are unless the middle of a pretty big economic crisis. Making sure we are not seeing that disproportionate impact of fines and fees on poor people and people of color. And then, I think another really important thing that you can think about when responding in a COVID-19 is making sure that the enforcement activities

are targeted at the people with the most power to change. Making sure, let's say for example, a business is supposed to close. They are non essential. But they are forcing their employees to come and partner, opening illegally. Making sure that the target of enforcement of that order is to the owners of the businesses and the people that have the power to close the business, rather than the employee whose might be violating a stay at home order to go to work that is non essential.

Those a few examples of positive things the we have seen and things you might want to think through as we are in this unprecedented time of crisis.

>>: Great. For the 10 minutes we have left, I want to get to a cup of the really good questions that audience member consist ask. I am going ask one of you to leap to the mic and tackle. Then we will go onto the next question. It is not going to give everybody a chance to answer all aspects of the question. It will help to get some thinking going the part of both the panelists and the audience members. Let me start with one that I think was, we didn't really touch on very well. How can you address equity to outdoor space, especially for children? It is particularly relevant right now when we start talking about using outdoor space as a way to return to schools and have outdoor learning, as a way to mitigate viral transfer. Would somebody like to take that one on?

>>: Sam, would you like to take that?

>>: Sure. In terms of thinking about how to take on access to outdoor space, with respect to children and public spaces, it is a really tricky one. You know, part of the difficulty is that when we can think about sort of what is equitable or what is fair being particularly for children in places that don't have a ton of access to outdoor space, then there needs -- I think this is a space where the relationship between public health and law is actually, the potential there is rich. Part of thinking about equitable approaches

means getting the public health messaging right. And figuring out sort of which public officials can make decisions about what kind of expectations we all should be needing when we are in public spaces, is a starting point. That sort of brings me to the tension here in Atlanta between the governor and mayor around sort of who has jurisdiction over mask requirements. You know, there is a question of what should the messaging be. And then, you know, in this sort of immediate short term, how do we sort of allocate use of public space or ensure that all kinds of people have access to public spaces. But I think the sort of starting point is resolution around the question of who has authority to sort ever decide what the public health requirements are, as a starting point. Over the longer term, thinking about a longer term vision for making public spaces more accessible and more equitable for more people, I think what is happened with COVID is drawing out that question as well. How we sort ever manage in difficult times and involves being able to be in places with parks and walkable streets that are safe. You know, open spaces that are accessible to all kinds of people. I think this is going to raise questions about the kinds of infrastructure that exist for a lot of people living in lower income communities and rural communities in underserved communities where parks and streets are just not as well invested in. I feel like this is kind of a softball answer to a really important question. But my starting point in sort of the immediate term is figuring out the contours around who has to make those public health impose public health requirements and impose requirements on where people go, how they use public space.

>>: Well, it is a good start. It is a deep question. We only had a couple of minutes. I want to thank you for taking it on.

Let me pitch this one to Matthew. Any peer review studies that are aware of that focus on how laws can be to look at law enforcement that further target Black indigenous and

people of color community members?

>>: So this is Matthew. Off the top of my head, my immediate answer is no, I don't know of any peer review. I am sure they are out there. One of the things we are starting to develop a plan on here at the public health law program, is number one, dwelling into that literature do. We have impact studies on unequitable inner enforcement and how can we address that and then also trying to develop probably some data sets on just policies that are out there, enforcement policies out there? What are their variables? What do they look like? To then equip the field to do more impact studies on both the language of those. How they are written. Of course, getting into more qualitative research on how they are enforced and whatnot. I know Jessica talked about so much about enforcement. Change solutions has an amazing resource out there that I highly encourage you to look at. I suspect. I could go and look at it again. I remember there being references in there to studies and things. I would point glue that direction. I would encourage you in your own thinking and in your own research, to start taking these questions up. You know legal epi studies is not solely the domain of attorneys. We actually find that public health professionals, folks with master's of public health, doctorates in public health, actually sort of resonate and take up legal epi methods faster than the attorneys do. I think there is more for the attorneys to unlearn than for other folks because we are taught to look at law in a certain way. Start asking and trying to answer these questions, on your own. I know next webinar is going to talk about intro to legal epi. We can certainly point folks in the right direction. We train folks on legal epi regularly. There is public health law being a difficulty that we have built with lab solution. And it has a three modules on legal epidemiology. We are going to continue looking at this, particularly Sam and I. These questions doing background research. She is already doing it. Hopefully get resources up soon. Feel free to reach

out to us and start a conversation. Our work and how we might be able to help you further your interest in this and your own work in this area. Thanks.

>>: Thank you Matthew. So Jessica, let me just end with this last question. Then I am going pitch to you. That is how during the pandemic do you think we can leverage the evidence emerging during COVID-19 and partnership with public health to make systemic policy change?

>>: That's a great question. I think one of the silver linings of COVID would be that it is amplifying and shining a light on all of these inequities that we already knew existed. When you look at something like the numbers out of New York on who is getting arrested and who has to go to court for these. Numbers are staggering. They aren't that different from what we know to be true about other types of laws that are enforced. I think it just, the examples from right now are going to provide like very powerful data to show that these problems already existed. But and that they need to be addressed. You know, I think a sometimes when I am thinking about it, I have done a lot of public benefits work in the past. When we are talking about things that are coming up now, I sort of think about it, I always knew this was a problem. But now this, it is going to be easier to show every one this is a problem and demonstrate that it is a problem. I think really important that we are collecting that data right now. And then using that data to illustrate something we already knew was a problem.

>>: That's a good reminder. I think it really underscores the fact that all of us are going to have quite a role to play in observing and documenting the kinds of inequities that we see in both the creation, the application, the enforcement of the various things that are happening as we go forward. It is truly a very unusual opportunity.

**As we finish up, what I wanted to let everybody know is that first of all, we will send a file later with all of your questions from the Q and A feed and do -- provide**

some resources or some thinking for each of you, who asked a question. And the next upcoming webinar, if I can, yes, thank you. The leaders introduction to leader, to legal epidemiology. I want to make E everybody aware we are going to be much more specific on the legal epidemiology field and give more examples and more opportunities for conversation around that. Around that topic. And the date for that is August 19th. Again, you can register here on the dialogue for health Web site. We look forward to seeing all of you in that audience. Questions that you all asked today are very useful. We will use them to help shape some of the discussion for our next web forum. Also, I think many of you were asking how you could be more involved, how you could get, how could you get more, be involved from wherever it is you are working in health and public health and healthcare. And we will keep that all in mind. Let me make one correction about the slide that you are looking at for the legal epidemiology upcoming web forum. It is 11:30 a.m. to 1:00 p.m. Pacific time. 2:30 p.m. to 4:00 p.m. eastern time. I have to thank every board who was a member of this web forum. All the really great work and thinking that went into putting together the slides and discussion points. Some excellent point were raised and really good points from the audience. Thank you to all of you who raised questions. We try our best to bundle those questions and to answer them more to incorporate the answers in the file take we send you or even more importantly to help set up, to help frame-up the discussion for web forums we have going into the future. Your participation is critical for us to know about what you need to hear about, what who you need have you bring to this forum.

From all of us to all of you, thank you very much for being part of this. And again, just for notification about the next web forum, sign up on our mailing list dialogue for

health.org slash mailing list. We will have everything available next week. Thank you to all of you for participating. Good bye.