How Legal and Policy Levers Can Amplify Efforts to Reach Healthy People Goals

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I. Introduction to Healthy People and Opportunities to Leverage Law and Policy to Achieve National Health Goals
   - Carter Blakey, Deputy Director, ODPHP and Division Director of Division of Community Strategies

II. Legal and Policy Tools for the Public’s Health
   - Lindsay Wiley, JD, MPH, Director, Health Law and Policy Program, American University Washington School of Law

III. Making Public Health Legal and Policy Levers Accessible
   - Jennifer Ibrahim, PhD, MA, MPH, Associate Dean for Academic Affairs and Associate Professor for Temple College of Public Health and Associate Director, Center for Public Health Law Research

IV. Question and Answer Session
What Is Healthy People?

• Provides a strategic framework for a national prevention agenda that communicates a vision for improving health and achieving health equity

• Identifies science-based, measurable objectives with targets to be achieved by the end of the decade

• Requires tracking of data-driven outcomes to monitor progress and to motivate, guide, and focus action

• Offers a model for international, state, and local program planning
Law and Health Policy Project

Reports and Related Products
• Reports and community “Bright Spots”

Webinar Series
• Focused on specific HP2020 topics
• Shares community examples of innovative uses of law and policy to improve health outcomes

Supporting the Development of Healthy People 2030 (HP2030)
• HP2030 Listening Session: 2018 Public Health Law Conference

For more information: www.healthypeople.gov/2020/law-and-health-policy
Why Use Law and Policy to Help Meet Healthy People Goals?

Federal
Tribal
Local
State

Private Entities
Businesses
Non-Profits
Religious Groups

Law and Policy Actions
Statutes & Ordinances
Case Law
Licensure
Accreditation

Regulations
Handbooks
Contract Language
Budgets
Guidance Documents

Office of Disease Prevention and Health Promotion
Opportunities to Intervene in the Process

Development → Enactment → Implementation → Enforcement → Evaluation
Healthy People 2020 Objectives

- **Fruit intake:**
  - Goal: Increase from 0.53 cups to 0.93 cups per day
- **Vegetable intake:**
  - Goal: Increase from 0.76 cups to 1.14 cups per day
- Increase variety of fruits and vegetables consumed

2015–2020 Dietary Guidelines for Americans

- Recommendations for fruit intake for those consuming 2,000 calories per day:
  - Roughly 2 cups of fruit and juices daily
- Recommendations for vegetable intake for those consuming 2,000 calories per day:
  - 2.5 cups of vegetables daily

Sources:
Healthy U.S.-Style Eating Pattern: Recommended Amounts of Food From Each Food Group at 2000/day Calorie Level
https://health.gov/dietaryguidelines/2015/guidelines/appendix-3/#table-a3-1-healthy-us-style-eating-pattern-recommended-amounts-o
Healthy People Topics and Objectives, Nutrition and Weight Status
Legal and Policy Approaches to Promote Fruit and Vegetable Intake

Sources:
NYC Green Carts: How to get healthy food into the inner cities (walk in there, University of Michigan Epidemiological Student Association Blog (https://umicheso.wordpress.com/tag/green-carts/))
Georgia Growing Fit: Growing Fit Kit, Georgia Department of Public Health (https://dph.georgia.gov/early-care-providers)

### Childhood Lead Poisoning Prevention
- Mandating that schools test water for lead
- Requiring landlords to disclose if housing units have lead-based paint

### Occupational Safety
- Inspecting worksites to ensure they follow safety guidelines
- Creating data agreements to share workers’ compensation data with public health surveillance systems

### Tobacco Control
- Raising the minimum legal age of tobacco use to prevent youth initiation
- Enforcing smoke-free air laws and extending them to more places

### Cardiovascular Disease Prevention
- Implementing Complete Streets programs to encourage exercise
- Addressing liability issues to encourage schools to make playgrounds available after hours

### Emergency Preparedness and Response
- Joining mutual aid compacts, like the Emergency Medical Assistance Compact, to share resources across jurisdictions
- Issuing emergency declarations

### Vaccine-Preventable Diseases
- Requiring children who enter schools to have certain vaccinations
- Funding the Vaccines for Children Program

### Cancer Prevention
- Creating the Breast and Cervical Cancer Early Detection Program
- Requiring schools to provide information about HPV vaccines

### Prevention and Control of Infectious Diseases
- Requiring hospitals to report central line infection rates
- Creating MOUs among state agencies to respond to foodborne disease outbreaks

### Motor Vehicle Safety
- Enacting child restraint laws
- Establishing ignition interlock programs to address DUI offenses in the court system

### Maternal and Infant Health
- Adding new conditions to newborn screening programs
- Requiring that certain foods be fortified with folate

Source: [https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm)
Contact Information

- For the Law and Health Policy project:

- For any other questions, please contact:
  - Angie McGowan, Project Director (CDC Assignee), ODPHP: Angela.McGowan@hhs.gov
Legal and Policy Tools for the Public’s Health

Professor Lindsay F. Wiley
Director, Health Law & Policy Program
American University Washington College of Law
Law is a Social Determinant of Health!

• Law and policy tools can create favorable – or unfavorable – conditions for the public’s health and may contribute to – or help eliminate – health disparities.

• Law and policy tools can facilitate many public health interventions, such as:
  • Safe housing
  • Healthy food
  • Access to education and employment opportunities
  • Reducing environmental pollution
  • Creating health-promoting built environments
  • Reinforcing healthy social norms and practices
Public Health Law and Policy Tools

These basic tools:
  • Direct Regulation
  • Deregulation
  • Taxation
  • Spending
  • Tort Liability

Can be used to:
  • Alter the Built Environment
  • Alter the Information Environment
  • Alter the Socioeconomic Environment
Direct Regulation of Persons, Professionals, and Businesses

• Command-and-control style regulation
  • Public health standards are prescribed and enforced through licensing, permitting, zoning, etc. and associated penalties
  • Examples
    • Mandated signage to remind employees to wash their hands
    • Sneeze-guards in self-serve food areas
    • Nutrition labeling on packaged foods and menus

• “Nudge” style approaches
  • Attempts to influence individuals’ choices for her own benefit, while still allowing the individual to make her own decisions about her health
  • Examples
    • Opt out vs. opt-in approaches to sex education in schools
    • Changing the way items are listed on a menu or the way foods are displayed in a grocery store to make them more – or less – appealing.
Deregulation

• Deregulation can remove legal barriers to public health intervention.
  • Examples
    • Suspending regulations to allow health care providers to practice outside of their usual scope or jurisdiction of their license during a public health emergency
  • Closely tied to the principle of harm reduction
    • Examples
      • Safe consumption sites
      • Needle exchange programs
      • Naloxone access

• Important for protecting the health of groups who are vulnerable to criminal sanctions (e.g., sex workers, people who use drugs, and immigrants)
Taxation

- Taxes create a disincentive to engage in high-risk activities
- Examples of tax burdens on harmful products
  - Cigarettes
  - Alcohol
  - Firearms
  - “Sugar taxes”
  - Disposable grocery bags
- Tax relief can be offered to incentivize health-producing activities (e.g., medical services, childcare, and charitable contributions)
Spending

• Government spending supports a wide array of public health services, e.g., public health infrastructure, including:
  • Well-trained workforce
  • Electronic information & communications systems
  • Rapid disease surveillance
  • Response capability

• Government can also impose health-related conditions on recipients of funds

• Many social safety-net programs involve rely on conditional spending, e.g., Medicaid, nutrition assistance programs, education and housing programs
Tort Liability

• Attorneys general, public health authorities, and private citizens can seek redress for many public health harms through civil litigation

• Litigation may raise awareness about health and safety risks, make information available to the public via the discovery process, and increase political will to create/strengthen a regulatory regime

• Examples
  • Environmental damage (e.g., air and water contamination)
  • Exposure to toxic substances (e.g., pesticides, lead paint, and asbestos)
  • Badly designed or defective products (e.g., children’s toys, household goods)
  • Marketing and distribution practices for hazardous products (e.g., tobacco, firearms, prescription opioids)
Alter the Built Environment

• Law and policy tools can be used to reduce injury, infectious disease, and toxic exposures
  • Examples
    • Workplace safety, traffic calming, fire codes
    • Sanitation, zoning, housing codes
    • Regulations to reduce the use of lead paint and toxic emissions

• Local governments can use their zoning, licensing, and permitting authority to encourage healthier choices about harmful products and physical activity
  • Examples
    • Reducing density of tobacco, alcohol, or fast food retailers and increasing access to grocery stores
    • Increasing recreational space and promoting active forms of transportation (e.g., bike lanes)
Alter the Information Environment

- Government can alter the information environment to encourage people to make healthier choices through:
  - Health communication campaigns
  - Limiting harmful or misleading information for potentially harmful products
  - Mandating warning labels
- This can be controversial as economic and constitutional interests may be at stake
  - I.e., health communications about:
    - Smoking
    - Food and beverage consumption
    - Gun ownership and safe storage
    - Family planning
Alter the Socioeconomic Environment

• Taxation and spending may be used to redistribute resources and reduce inequality
• Regulation and tort litigation can also have distributional effects
• Redistributive policies are politically charged and controversial
  • Many public health advocates believe a reduction in health disparities to be a social imperative
  • Economic conservatives believe a free-market economy is indispensable to a prosperous society capable of producing good health
• Examples
  • Increasing access to educational, employment, and housing opportunities
  • Raising minimum wage
  • Increasing the Earned Income Tax Credit
Policymaking Process

Development → Enactment → Implementation → Enforcement → Evaluation

[Diagram showing the cycle of Policymaking Process with steps: Development, Enactment, Implementation, Enforcement, and Evaluation.]
Using the law...
But who knows the law?
How do I access the law?
Need for Information on Law

- Policy Inventory
  - What does the law say?
  - How does the law impact my authority to act?
Nebraska Public Health Laws

The Nebraska Department of Health and Human Services (NE DHHS) provides public health services to Nebraskans and promotes public health by implementing laws and regulations that address health issues, track health outcomes, and certify and license health professionals.

This section of LawAtlas tracks laws and regulations that relate to NE DHHS's core mission. Below are links to pages that provide contextual information and texts of relevant laws and regulations on key functions of the NE DHHS. Select one of these options below for more information on the specific topic area and to access the surveillance of key public health laws and regulations.

- Alcohol, Tobacco, and Other Drugs
- Chronic Disease and Injury
- Disabilities
- Disasters and Emergencies
- Environmental Health
- Foodborne Illnesses
- Health Professions Licensure
- Maternal Health, Children, and Families
- Mental and Behavioral Health
- Seniors and Aging
- Structure and Governance
- Vital Statistics

Available at: http://legacy.lawatlas.org/nebraska
State Level Levers to Address Tobacco Use

Nebraska: Alcohol, Tobacco, and Other Drugs - Clean Indoor Air Act

This page provides information on Nebraska's Clean Indoor Air Act. This page has been updated through October 1, 2014 to include laws currently in effect. To explore variation in these laws, click the "Start Here" button below or see the table for a default query displaying information on this topic.

1. Nebraska
2. Jurisdiction Found

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Where is smoking prohibited under the Nebraska Clean Indoor Air Act?

- Public place
- Child care program
- Place of employment

What is a place of employment restricted by the Nebraska Clean Indoor Air Act?

- An indoor area under the control of a proprietor that an employee accesses as part of his or her employment without regard to whether the employee is present or work is occurring at any given time


Sections 71-5716 to 71-5734 shall be known and may be cited as the Nebraska Clean Indoor Air Act.


The purpose of the Nebraska Clean Indoor Air Act is to protect the public health and welfare by prohibiting smoking in public places and places of employment. The act shall not be construed to prohibit or otherwise restrict smoking in outdoor areas. The act shall not be construed to permit smoking where it is prohibited or otherwise restricted by other applicable law, ordinance, or resolution. The act shall be liberally construed to further its purpose.

Neb. Rev. Stat. § 71-5718 Definitions, where found.

For purposes of the Nebraska Clean Indoor Air Act, the definitions found in Sections 71-5719 to 71-5723 apply.


Employed means hired, contracted, sub-contracted, or otherwise engaged to furnish goods or services.
Nebraska has enacted laws regulating over 42 different health professions such as nurses, pharmacists, dentists, and paramedics. These laws answer questions such as how old an individual must be to practice, what activities they can perform, and what license renewal requirements are. Although some health professions have similar titles, they can have varying levels of training and education which necessitate different rules on their scope of practice. For example, nurse practitioners must earn a master’s degree or higher, whereas a registered nurse requires an associate or bachelor’s degree.

The health professions datasets for Nebraska address issues such as scope of practice, continuing competency, minimum age, renewal requirements, exceptions to licensure, supervision, and others. To learn more about the laws that govern these issues for each profession, click the title below:
Stage Level Levers to Address Foodborne Illness

Food Safety

Omaha, Neb., has laws establishing local health department duties for enforcing food safety laws, particularly those that focus on general inspection and protection, sanitation requirements, labeling, and standards and enforcement. These datasets also provide details on specific permitting requirements for food stores and meat markets, frozen desserts, milk, and food service establishments.

Click on each topic to learn more about the law and the local health department's role:

- General Food Inspection and Protection
- Food Stores and Meat Markets - Permits and Inspections
- Food Stores and Meat Markets - Sanitation Requirements
- Frozen Desserts - Standards and Enforcement
- Frozen Desserts - Permits, Labeling, and Inspection
- Milk Control - Standards and Enforcement
- Milk Control - Permits, Labeling, and Inspection
- Food Service Establishments - Standards and Enforcement
- Food Service Establishments - Permits

Please email nebraska@temple.edu with comments, questions, or suggestions for this site.

Nebraska

Omaha

| 01/01/1995 - 04/30/2015 |

- Does the city have a law on general food inspection and protection practices?  Yes
- Is it unlawful to sell any food product for profit without complying with the food protection law?  Yes
- What kinds of facilities are covered by the food protection law?  Any place manufacturing food products
- What sanitary standards does the law require of the facilities it covers?  All applicable state laws
- Must running water be supplied in these facilities?  Yes
- For what purpose is running water supplied?  Hand-washing by employees handling food products
- Are toilet rooms required in all covered facilities?  Yes
- Must the toilet rooms be equipped with adequate hand-washing facilities?  Yes
- Does the law require a permit to manufacture food products?  Yes
- When do permits expire?  Nine months from the date the permit was issued
- Must permitted facilities be inspected?  Yes
Local Legal Levers to Promote Activity

Available at: http://lawatlas.org/
Questions and Discussion