# Course Number – Course Title: Public Health Law: Addressing the Legal Determinants of Health

Spring 2021

Instructor Name: Marice Ashe and [Steve Sugarman](https://www.law.berkeley.edu/our-faculty/faculty-profiles/stephen-sugarman/)

Instructor Information: **Marice Ashe** is the Founder of [ChangeLab Solutions](http://www.changelabsolutions.org) where she served as CEO for nearly 25 years. She pioneered the use of law and policy to solve complex problems related to institutionalized inequities and poor community health outcomes. Leading a staff of 60 lawyers and other public health experts and working in all 50 states, she drove major health equity successes across a broad range of public health challenges. Under her direction, ChangeLab Solutions consulted with leadership from every level of government, health system and community health practice, and created a vast library of “how to” guides and model laws and policies that promote multi-disciplinary partnerships to empower leaders, mobilize resources and improve outcomes. Marice is currently a public health law and policy consultant. She serves on the national advisory boards for the Center for the Redress of Inequity Through Community-Engaged Scholarship at the University of Virginia and the Institute for Health Policy and Leadership at Loma Linda University. She consults with public health leaders throughout the world. She is a graduate of the University of Notre Dame and graduate degrees in public health and law from the University of California at Berkeley.

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Zoom Meeting Room ID: TBD.

Virtual Office Hours: TBD depending on what day/time the course will be offered.

## Course Information

Meetings: TBD

Zoom ID: TBD

Prerequisites or Co-requisites: None

Units: 3

## Textbook/Course Materials

The textbook is Scott Burris et al., The New Public Health Law: A Transdisciplinary Approach to Practice and Advocacy (2018). Unless otherwise noted, all additional course materials will be on bCourses or via a direct web link.

## bCourses

Our class bCourse site is [add a link to your bCourse site]. Students should use the site (e.g., checking for relevant announcements, assignments, or updates, participation, etc.).

## Course Description

COVID-19 and the failure of government agencies to coordinate a national response has shocked the nation and the world. We now see so clearly how health is inextricably linked to the legal authority of federal, state and local governments – including legal and civic structures embedded in structural racism and historic discrimination. We are learning in real-time how global economics and transportation systems, workplace policies and employee benefits, food systems and retail environments, schools, playgrounds and every aspect of civic life influence health outcomes.

Constitutional law is central to fighting disease from pandemics to chronic diseases like cancer, diabetes and heart disease. Over the past few months, the authority of state and federal governments to protect the public’s health at the expense of individual liberties has never been on greater display: religious services are cancelled, access to family planning is deemed non-essential, extensive restrictions are placed on the right to freely travel and assemble, the ability to earn a living is aggressively curtailed..

The strengths and limits of cooperative federalism are daily headlines from the Army and National Guard both providing staffing services to homes for the elderly and disbanding peaceful protests for presidential photo ops, to states competing against each other for basic PPE supplies, and worse. The President of the United States has claimed “total power” and urges protesters to force states and localities to “liberate” their economies. Most critically, we are seeing how systemic inequities create diseases of poverty and vast disparities in health outcomes based on race/ethnicity, income inequality, and political marginalization.

This extraordinary list of issues touches on everyday constitutional rights while simultaneously entering largely uncharted legal territory that will be the subject of litigation and legislation for years to come.

The purpose of this course is to provide students with an understanding of how constitutional and administrative law is integrated with science, systems thinking, community organizing and organizational leadership to ensure everyone has the ability to live a healthy and prosperous life. Students interested in social justice lawyering will be exposed to a broad array of legal and scientific concepts and resources that will be central to their legal career regardless of future venue: legal aid offices and other community-based organizations, policy think tanks and government agencies that touch all aspects of civic life, and law firms dedicated to public interest lawyering.

Students will learn how to integrate core legal theory with fundamental public health principles and will understand how to shape laws and policies to further the public’s health. They will be immersed in legal and policy strategies to redress inequalities and promote health equity. Students will study legal and public health theory, simulate responses to real world problems, and practice proactive legal and policy leadership to prevent and manage both emergent pathogens and ubiquitous chronic diseases resulting from systemic racism and historic discrimination that result in preventable death and disability.

Class meetings will be offered online via web conference with Zoom at [insert]. We will record each meeting and post it on bCourses. You are strongly encouraged to attend classes live on Zoom, which will provide the most engaging and enriching experience. If you are unable to attend in real-time, you should provide the instructors with timely advance notice (or subsequent notice of an unanticipated emergency). As a substitute for real-time attendance and participation, you will be required to answer a series of questions that are responsive to the readings and the recorded class content.

Regardless of your mode of attendance and participation, you are responsible for all content covered in each class meeting. This class combines lecture, exercises, polls, small-group discussions on Zoom, and discussion forums on bCourses.

## Learning Outcomes

Students in the course will be expected to achieve the following Berkeley Law Learning Outcomes:

1. Knowledge and understanding of substantive and procedural law;
2. Legal analysis and reasoning, problem-solving, and written communication in the legal context;
3. Other professional skills needed for competent and ethical participation as a member of the legal profession; and
4. Using the law to solve real-world problems and to create a more just society.

## Course-Specific Learning Outcomes

By the end of the class, students will:

1. Understand core theories and practices of public health law.
2. Apply and critique these theories and practices to solve every day public health challenges.
3. Explore and critique strategies for using public health law to promote racial and health equity.
4. Practice statutory analysis across a range of public health issues.
5. Work in cross-disciplinary teams to analyze and address complex social problems.

## Remote Instruction Guidelines

The relevant skills to participate in remote instruction are not only technology skills. You also need to exercise good communication, judgment, and professionalism. To that end, please follow these recommendations for conduct in remote classes on Zoom:

* Your ability to engage meaningfully with your instructor and classmates, exercising the full range of your communication skills, will be enhanced if you can talk to each other and see each other. I realize that this will not always be possible for a variety of reasons. But please use video when it is possible, unless I give other instructions.
* The benefits of video will be compromised if your background is distracting. If you can’t avoid being in a place with distractions in the background, consider using a [virtual background](https://support.zoom.us/hc/en-us/articles/210707503-Virtual-Background).
* Along the same lines, try to present yourself with the same professionalism you bring to in-person classes. In other words: wear appropriate clothes and sit upright facing your screen as you would face the instructor in class.
* Note that recordings of Zoom classes typically capture images of participants, screen-shared material, and a transcript of all chats that are displayed to the meeting host. So (1) all of your participation should be class-appropriate (i.e. avoid snarky comments in the chat); (2) you must not distribute class recordings (including video, audio, or screenshots).
* Do not share your screen with the class unless instructed to do so by me.
* Keep yourself on “mute” when you are not speaking. This will help to minimize background noise for everyone.
* When you would like to speak in class, use the “raise hand” function in the “participants” pane. Then, wait for me to call on you before speaking.

## Student Technology Help

If technical difficulties prevent you from completing course work, please alert me immediately. However, understand that I cannot assist you with technical problems. Please use the technical support resources described below. Be sure to document (save emails and transaction numbers) for all interactions with tech support.

Berkeley Law students are entitled to general software support for their computers from the law school, and certain free software downloads from UC Berkeley, while enrolled.  If you have issues with internet access or computer equipment required to participate in classes remotely, they should contact [studentcomputing@law.berkeley.edu](mailto:studentcomputing@law.berkeley.edu). Information, links, and instructions for many common computer/technical questions can be found in the [law library's online computing guide](http://libguides.law.berkeley.edu/computing/home).

For bCourses, Zoom, and technical support questions, please email [studentcomputing@law.berkeley.edu](mailto:studentcomputing@law.berkeley.edu) or you can use the [Student Computing chat](https://www.law.berkeley.edu/library/dynamic/internal/techChat.php). In both cases, someone will respond to you during our regular business hours.

If you have research-related questions, please contact the reference librarians by filling out the [reference request form](https://www.law.berkeley.edu/library/dynamic/students/researchRequest.php). You can also reach reference librarians during business hours by using the [law library’s chat service](https://www.law.berkeley.edu/library/dynamic/internal/chat.php).

## Assignments/Exams/Experiential Exercises/Papers/Projects

Students will be evaluated in the following areas:

Each student will be evaluated based on his/her/their written assignments and on class participation. Written assignments include one memo due on week x and a final paper that builds on the analysis developed in the memo due on Wednesday, May 19th. The memo and final paper are described more fully below and together they satisfy the Option 1 writing requirement. Class participation includes attendance at every class, and active engagement in class discussions and in small group activities.

The memo should be no more than 5 pages (not including endnotes), double spaced, 12-point font, 1-inch margins. It can be on any public health topic of your choice that is preapproved by the instructor. First, select a geographic area that you want to study that corresponds to a specific political jurisdiction (state, tribe, county, city/town). Second, select a specific preventable disease such as COVID-19, heart disease, diabetes, asthma, lead poisoning, etc. Third, identify one or more social determinants of health such as housing, transportation, income inequality, education, voting rights, etc. that, if addressed, will help to prevent that disease. This [list from Salud America!](https://salud-america.org/19-ways-to-ensure-health-equity-for-latinos-during-and-after-coronavirus/) gives a sense of possible topics, but you are not limited to those ideas.

The memo will be addressed to a policy maker (e.g., elected official or government agency director) or the executive director of a community-based advocacy organization (e.g., legal aid, community development finance institution, a local chapter of a national civil rights organization, grassroots neighborhood group, etc.) who wants to use legal and policy tools to address health inequities in the jurisdiction.

The memo should define the problem and identify one or more policy solutions by:

* Using one or more sources of online public health data to describe and define the health inequities based on race, ethnicity, gender, income, etc. in the jurisdiction you have chosen.
* Tying those health inequities to the preventable disease you have identified.
* Making the case for one or more policy strategies that can be used to address the inequities and thereby prevent disease.

The final paper will be 10-12 pages (not including endnotes), double spaced, 12point font, 1-inch margins. The paper will build on, but not duplicate, the data and policy strategies elucidated in the shorter memo. The paper should discuss:

* At least three legal challenges (e.g., any combination of constitutional challenges, administrative law hurdles, enforcement problems, other issues) that can be anticipated as the policy strategies are politically advanced in the jurisdiction.
* How political success in enacting the policy(ies) will have a synergistic effect (either positive or negative) on other social determinants of health.
* Recommendations to build the political will needed to ensure enactment of the policy strategy(ies).

Give date of exam and date/time of review session.  The memo will be due on [date] and the final paper will be due on the final day of the exam period, May 19th.

## Grading/Evaluation

Grades will be based on:

* Memo (30%)
* Final paper (50%)
* Class participation (20%)

Describe grading details here. The minimum expectations for the memo and final paper are described above. If a student is unable to attend a class due to exigent circumstances prompted by COVID-19, he/she/they should inform the instructors. For those students only, class participation will be assessed via these asynchronous learning strategies that must be emailed to the instructors within 24-hours after the class:

* How would you explain what today's class session/video was about to a classmate?
* How did the ideas of today's class/video relate to previous class sessions?
* What was confusing or something that you are unsure about?
* What did you find most interesting or surprising about class today/the video?

In addition, the student will complete and send to the instructors results of all in-class activities that the student must complete on his/her/their own without the benefit of small group discussion.

## School-wide Policies

1) A “credit hour” at Berkeley Law is an amount of work that reasonably approximates three to four hours of work per week for 15 weeks, including a) classroom time, b) time spent preparing for class, c) time spent studying for, and taking, final exams, d) time spent researching, writing, and revising papers and other written work, and e) time spent preparing for and completing any other final project, presentation, or performance. For the purposes of these calculations, 50 minutes of classroom instruction counts as one hour, and the 15 weeks includes the exam period. You can expect to spend this amount of time per unit per week on in-class and out-of-class, course-related work as described above.

2) Students who need classroom accommodations or want to discuss implementation of their accommodations, including accommodated exams, in this class are advised to contact Kyle Valenti, Associate Director of Student Services ([kvalenti@law.berkeley.edu](mailto:kvalenti@law.berkeley.edu)) or Kyle Kate Dudley, Assistant Director of Student Services, Accessible Education ([kylekatedudley@law.berkeley.edu](mailto:kylekatedudley@law.berkeley.edu)) as soon as possible.

Student Services schedules all exams, including accommodated exams, as the law school is committed to anonymous grading. PROFESSORS DO NOT HAVE THE AUTHORITY TO RESCHEDULE EXAMS.

3) The [Academic Honor Code](https://www.law.berkeley.edu/academics/registrar/academic-rules/academic-honor-code/) governs the conduct of all students during examinations and in all other academic and pre-professional activities at Berkeley Law. We expect students to adhere to this code scrupulously. If you have any question about whether your conduct may violate the code, please contact your professor or the Dean of Students before you act. You may face severe consequences, including a failing grade in this class or removal from the program, and the Bar will receive notification of your conduct.

As of Fall 2020, Rule 7 of the Academic Rules has been updated to include this restriction on distribution of class content:

*During emergencies and disasters, class recordings may be created and provided to students to allow asynchronous attendance. Recordings may also be made available under other circumstances to augment instruction. Students shall not distribute video or audio recordings or screenshots for any reason unless authorized in connection with a disability accommodation.*

4) If you are in need of economic, food, or housing support, you can find help at our [basic needs center](http://basicneeds.berkeley.edu/resources?by_tags%5b%5d=2). You may be eligible for money to buy groceries via [CalFresh](http://calfresh.berkeley.edu/) or our Food Assistance Program. If you need food immediately, please visit our [UC Berkeley Food Pantry](https://pantry.berkeley.edu/).

5) The University of California is committed to creating and maintaining a community dedicated to the advancement, application and transmission of knowledge and creative endeavors through academic excellence, where all individuals who participate in University programs and activities can work and learn together in an atmosphere free of harassment, exploitation, or intimidation. Every member of the community should be aware that the University prohibits sexual violence and sexual harassment, retaliation, and other prohibited behavior (“Prohibited Conduct”) that violates law and/or University policy. The University will respond promptly and effectively to reports of Prohibited Conduct and will take appropriate action to prevent, to correct, and when necessary, to discipline behavior that violates this policy. For the complete UC Policy, definitions, compliance and procedures, please access the [Sexual Violence and Sexual Harassment Policy](https://policy.ucop.edu/doc/4000385/SVSH).

Resources: If you have further questions or concerns about reporting behavior related to sexual harassment, sexual violence, and/or protected category discrimination, please contact the Office for the Prevention of Harassment and Discrimination (OPHD) by phone 510-643-7985 or email [ask\_ophd@berkeley.edu](mailto:ask_ophd@berkeley.edu).

[Path to Care Center](http://sa.berkeley.edu/dean/confidential-care-advocate) Confidential Advocates provide affirming, empowering, and confidential support for those that have experienced gendered violence, including: sexual harassment, emotional abuse, dating and intimate partner violence, sexual assault, stalking, and sexual exploitation. Advocates bring a non-judgmental, caring approach to exploring all options, rights, and resources. They can be reached by phone at (510) 642-1988.

## Course Schedule

**Week 1: Race, Class, And Unequal Health:** **Social Drivers of Health and the Law**

Introduction

By now we all know that COVID-19 is a public health crisis, but what exactly is *public health*? We start the course with an introduction to basic concepts about the fields of public health. We will explore the focus on population-level data (rather than individual-level information) as the primary lens of public health. We will define health disparities, the social/economic/political drivers of health, and the importance of protecting children from violence, poverty and other toxic stressors. Together, these factors exemplify the power of prevention and social justice – more than medical care delivery – for addressing the systemic causes of illness and disease.

We also will define the role of law in shaping behaviors and environments at all levels — federal, state, local, tribal, and international — and introduce examples for how law impacts the public’s health. We will learn about the structure of government and the public health system as a whole, including the organizations, activities, and people who promote public health in the United States.  We will describe the separation of powers in our constitutional system and the agencies at the federal, state, tribal, local, and territorial levels that have been granted legal authority to act on behalf of public health.

Learning Objectives

* Define the terms public health, law, public health law, health disparities, and social determinants of health, and provide examples of how they interrelate.
* Provide examples of different types of public health laws.
* Define the public health system and understand its structure and the basic services it provides.
* Describe the differing roles of federal, state, and local public health agencies in the public health system.

Reading Assignment

* Chapters 1 and 2.
* Michael Marmot, *Economic and Social Determinants of Disease and* Geoffrey Rose, *Sick Individuals and Sick Populations*, 14 Int’l J. Epidemiology32 (1985). <https://apps.who.int/iris/bitstream/handle/10665/70950/bu1409.pdf?sequence=1&isAllowed=y>
* B. G. Link & JO Phelan, *Social Conditions As Fundamental Causes Of Disease*, J. Health & Social Behavior (1995) (special issue). <https://www.jstor.org/stable/2626958?seq=1#metadata_info_tab_contents>
* Paula Braveman, Susan Egerter and David R. Williams. The Social Determinants of Health: Coming of Age. 32 Annu Rev. Public Health 381-98. (2011). <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031210-101218> (last visited August 19, 2020).

Websites - **Be prepared for a class activity integrating the information in the websites below with the reading assignments.**

* Scroll through the [CDC resources related to ACEs](https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html) (last visited April 28, 2020).
* *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*, Centers for Disease Control and Prevention (2019). <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf/>

Optional (but helpful) Quick Reads – these short articles illuminate public health and racial equity issues during COVID-19.

* Yaryna Serkez. Who Is Most Likely to Die From the Coronavirus? NYT Opinion. June 4, 2020. <https://www.nytimes.com/interactive/2020/06/04/opinion/coronavirus-health-race-inequality.html?referringSource=articleShare>
* Monica W. Hooper, Anna M Napolés and Eliseo J. Peréz-Stable. COVID-19 and Racial/Ethnic Disparities. JAMA Viewpoint. May 11, 2020. <https://jamanetwork.com/journals/jama/fullarticle/2766098?utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=051120>
* David R. Williams and Lisa Cooper. COVID-19 and Health Equity – A New Kind of “Herd Immunity”. JAMA Viewpoint. May 11, 2020. <https://jamanetwork.com/journals/jama/fullarticle/2766096?utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=051120>
* Jeanne Interlandi, [*The US Approach to Public Health: Neglect, Panic, Repeat*](https://www.nytimes.com/2020/04/09/opinion/coronavirus-public-health-system-us.html?referringSource=articleShare), NYT, April 9, 2020.

Optional reading:

* Ruqaiijah Yearby & Seema Mohapatra, [*Law, Structural Racism, and the COVID-19 Pandemic*](https://academic.oup.com/jlb/article/doi/10.1093/jlb/lsaa036/5849058), by (Journal of Law and the Biosciences, forthcoming).
* Optional: David R. Williams, Miles to go before we sleep: racial inequities in health. 53(3) J. Health Soc. Behav. 279–295 (2012). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3712789/pdf/nihms-491963.pdf> (last visited Apr. 28, 2020).

Webinars: Optional but highly recommended for straightforward learning.

* ChangeLab Solutions & CDC Public Health Law Program, Public Health Law Academy: Public Health Law – Past & Present, <https://www.changelabsolutions.org/good-governance/phla/intro-public-health-law> (last visited Apr. 28, 2020).
* ChangeLab Solutions & CDC Public Health Law Program, Public Health Law Academy: Structure of Government, <https://www.changelabsolutions.org/good-governance/phla/intro-public-health-law> (last visited Apr. 28, 2020).

**Week 2: Identifying Public Health Problems and Identifying a Legal Response**

Introduction

Leadership from all aspects of civic life shape the health of a community. We will learn how to identify public health priorities including research about economic and educational inequalities, maternal and child health outcomes, trends in preventable diseases, voting patterns, years of potential life lost, measures of lifetime impacts and the social drivers of health. We’ll practice using interactive data bases that help identify public health problems across regions and populations to inform policymaking.

We also will explore legal approaches that can be used to promote public health and address specific health problems including restricting or mandating conduct, creating and enforcing licensing schemes, increasing the costs of unhealthy conduct and incentivizing healthy conduct, changing the informational environment, or modifying the built environment. We will identify potential constitutional and practical limitations to each approach.

Finally, we will discuss the role of community-based participatory research to engage the residents most directly affected by public health problems and to build the political will for policy change throughout governmental structures.

Learning Objectives

* Understand basic concepts and methods used in epidemiology to define, describe and investigate population health problems.
* Grasp the fundamentals of policy surveillance.
* Apply the concept of mechanisms of legal effect to develop hypotheses about how laws influence health.

Reading Assignment

* Chapters 5, 6 and 7.
* Thomas R. Frieden, *A Framework for Public Health Action: The Health Impact Pyramid*, 100 Am. J. Public Health 590 (2010). <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.185652> (last visited Apr. 28, 2020) **Be prepared for a class activity on this reading.**
* Richard A. Goodman et al. *Law and Public Health at CDC*. 55 Suppl 2 MMWR Morb. Mortal.Wkly. Rep.*,* 29-33 (2006). <https://www.cdc.gov/mmwr/preview/mmwrhtml/su5502a11.htm> (last visited on April 28, 2020).
* Tara Ramanathan et al. *Legal Epidemiology: The Science of Law*,45 (1 Supp) J. Law, Med. & Eth.*,* 69-72 (2017).
* David Satcher, The Initiative to Eliminate Racial and Ethnic Health Disparities Is Moving Forward. 114 Public Health Reports 283, May/June (1999). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1308482/pdf/pubhealthrep00027-0085.pdf> (last visited on April 28, 2020).

Websites: **Be prepared for a class activity related to data from these websites:**

* Centers for Disease Control and Prevention. *Introduction to Epidemiology.* In: Public Health 101 Series. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2014. Available at: <https://www.cdc.gov/publichealth101/e-learning/epidemiology/>
* Centers for Disease Control, *Ten great public health achievements--United States, 1900-1999*. MMWR Morb Mortal Wkly Rep*, 48*(12), 241-243 (1999). <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm> (last visited on April 28, 2020).
* Centers for Disease Control, *500 Cities: Local Data for Better Health*, <https://www.cdc.gov/500cities/>.
* CDC data on race and ethnicity during COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
* County Health Rankings Action Learning Guides <https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides/what-are-data#/1/0>.
* City Health Dashboard <https://www.cityhealthdashboard.com/>
* Law Atlas <https://lawatlas.org/>

Optional (but helpful) Quick Reads – these short articles illuminate public health and racial equity issues during COVID-19.

* Osagie Obasogie, Police killing black people is a pandemic, too. Wash Post, Perspective. June 5, 2020. <https://www.washingtonpost.com/outlook/police-violence-pandemic/2020/06/05/e1a2a1b0-a669-11ea-b619-3f9133bbb482_story.html>
* Sandro Galea and Salma Abdalla, COVID-19 Pandemic, Unemployment, and Civil Unrest: Underlying Deep Racial and Socioeconomic Divides, JAMA Viewpoint, June 12, 2020. [file:///C:/Users/maric/Downloads/jama\_galea\_2020\_vp\_200136.pdf](file:///C:\Users\maric\Downloads\jama_galea_2020_vp_200136.pdf)

Optional video:

* Given the importance of good science and critical reading of science, this [clip](https://www.youtube.com/watch?v=0Rnq1NpHdmw) from Last Week Tonight with John Oliver provides a funny but pointed overview of ways science can go bad: John Oliver, on critically reading scientific studies (last visited on April 28, 2020).

**Week 3: Legal Authority and Duty (or not) to Protect the Public’s Health – Part 1**

Introduction

As schools and businesses closed and we all stayed home for months on end, we learned first-hand that the government has the *authority* to protect public health. But does it have a *duty* to protect public health? We will delve into the legal authority and legal duty (or not) of government to protect our health. We will examine the role of the Constitution and federalism, and figure out different ways that cooperative federalism can best address public health challenges. We will explore the enumerated powers of the federal government, the plenary or “police powers” of state and local governments and dig into *Jacobson v. Massachusetts –* the powerful U.S. Supreme Court decision supporting public health.

Learning Objectives

* Understand the range of ways law can be used to influence behavior and environments for better health.
* Understand that Congress can only exercise the powers enumerated in the Constitution, and the implications of this limitation.
* Explore the growing role of the 10th Amendment to enhance the power of state and local governments to protect public health.

Reading Assignment

* Chapters 8, 9, 10
* Jacobson v. Massachusetts, 197 U.S. 11 (1905). Excerpts.
* South Dakota v. Dole, 483 U.S. 203 (1987). Excerpts.
* National Federation of Independent Business v. Sebelius, 567 U.S. 519 (2012). Excerpts.
* [DeShaney v. Winnebago Cty. Dep't of Soc. Servs](https://www.law.cornell.edu/supremecourt/text/489/189), 489 U.S. 189 (1989). Excerpts.
* New York v. U.S., 505 U.S. 144 (1992). Excerpts.
* ChangeLab Solutions*,* Blueprint for Changemakers: Achieving Health Equity through Law and Policy (2019). <https://www.changelabsolutions.org/product/blueprint-changemakers>. (last visited on April 28, 2020). **Be prepared to use this reading for inspiration for a class activity.**

Optional (but helpful) Quick Reads

* Lawrence Gostin & Lindsay Wiley. Governmental Public Health Powers During the COVID-19 Pandemic: Stay-at-home Orders, Business Closures, and Travel Restrictions, JAMA Network, April 2, 2020. <https://jamanetwork.com/journals/jama/fullarticle/2764283?resultClick=1>
* Rebecca Haffajee & Michelle Mello*,* *Thinking Globally, Acting Locally – The US Response to Covid-19* NEJM April 2, 2020. <https://www.nejm.org/doi/full/10.1056/NEJMp2006740> (last visited on April 28, 2020).

**Week 4: Legal Authority and Duty – Part 2 – Preemption and Paternalism**

Introduction

Public health agencies have been declared the quintessence of the [Nanny State](https://www.cato.org/research/nanny-state). Is this either true or fair? How do we know? We will expand our discussion of the authority and duty (or not) of governments to regulate public health by delving into the doctrine of preemption and the risk of paternalism.   We start by contrasting two rules that set the scope of local public health authority in different states: Dillon’s rule and home rule. We will take a deep dive into preemption and how it has been used to thwart important public health laws and how it impacts the goals of health equity. We conclude with a discussion of paternalism, coercion and choice in relation to achieving public health goals.

Learning Objectives

* Explain the difference between express preemption and implied preemption, and understand the role that preemption plays in public health policy and furthering health equity.
* Understand the source of local public health authority and the difference between “Dillon’s Rule” and “home rule” jurisdictions.
* Apply a critical analysis to the role of paternalism in furthering public health goals.
* Recognize the potential for innovation and complementary action in the United States’ system of cooperative federalism.
* Understand the drawbacks and limitations of the main tools of public health law.

Reading Assignments

* Reread Chapters 8, 9 and 10
* New York Statewide Coalition of Hispanic Chambers of Commerce v. New York City Department of Health & Mental Hygiene, 23 N.Y.3d 945 (2014). Excerpts.
* Lawrence Gostin, Jacobson v Massachusetts at 100 Years: Police Power and Civil Liberties in Tension. 95 Am. J. Public Health, 576-581 (2005) <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2004.055152> (last visited April 28, 2020).
* Kim Haddow, Derek Carr et al. Preemption, Public Health, and Equity in the Time of COVID-19 in Assessing the Legal Response to COVID-19. 2020. <https://static1.squarespace.com/static/5956e16e6b8f5b8c45f1c216/t/5f34361a7fb7f23c7a92c116/1597257242329/Chp9_COVIDPolicyPlaybook-Aug2020.pdf>
* Cass Sunstein and Richard Thaler, [Libertarian Paternalism is Not an Oxymoron](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=405940) AEI-Brookings Joint Center for Regulatory Studies Working Paper No. 03-2 (2003). <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=405940> (last visited on April 28, 2020).

Websites: please review:

* Partnership for Working Families: <http://www.forworkingfamilies.org/preemptionmap>
* Grassroots Change: <https://grassrootschange.net/preemption-watch>
* Local Solutions Support Center: <https://www.supportdemocracy.org/>

Optional readings.

* Derek Carr et al. Equity First: Conceptualizing a Normative Framework to Assess the Role of Preemption in Public Health, 98 The Milbank Quarterly x (2020). <https://www.milbank.org/quarterly/articles/equity-first-conceptualizing-a-normative-framework-to-assess-the-role-of-preemption-in-public-health/> (last visited on April 28, 2020).
* Rick Su, Have Cities Abandoned Home Rule? 44 Fordham Urb. L. J. 181-216 (2017). Focus on the concise history of Dillon's Rule vs. Home Rule on pp. 189-195. <https://ir.lawnet.fordham.edu/ulj/vol44/iss1/6/> (last visited on April 28, 2020).
* Richard A. Epstein, Let the shoemaker stick to his last: a defense of the "old" public health, 46(3 Suppl), Perspectives in Biology & Medicine S138-159 (2003). <https://muse.jhu.edu/article/168971/pdf> (last visited on April 28, 2020).

Optional website: great for straightforward learning about preemption:

* Public Health Law Academy: Preemption. <https://www.changelabsolutions.org/good-governance/phla/intro-public-health-law>

**Week 5: Limits on Government Power and Authority: Substantive and Procedural Due Process**

Introduction

The ink was barely dry on the Constitution when the first ten amendments – known as the Bill of Rights – were enacted to protect citizens from government over-reach. After the Civil War, the 14th Amendment applied all the protections of the Bill of Rights to over-reach from state governments, too. Then came COVID-19. Does the President really have “total power”? How do we square the protections of civil liberties with protecting the health of the public? We will explore the Due Process Clause of the 5th and 14th in the context of public health protections.

Substantive and procedural due process rights have evolved over the centuries and specific legal tests help decide whether individuals’ due process rights have been violated. We will discuss Supreme Court cases that have defined due process in the context of public health and examine cases where public health principles were raised as a justification for governmental action: one about involuntary sterilization and one about Ebola.  We conclude with discussion of the “state action doctrine” that defines which public health actors may be challenged on due process grounds.

Learning Objectives

* Differentiate substantive from procedural due process.
* Provide examples of “fundamental rights” and explain why determining whether or not a right is “fundamental” is critical to any substantive due process analysis.
* Understand how the state action doctrine limits who can be held responsible for due process violations.

Reading Assignment

* Chapter 11.
* Buck v. Bell, [274 U.S. 200 (1927)](https://supreme.justia.com/cases/federal/us/274/200). Excerpts.
* Goldberg v. Kelly, 397 U.S. 254 (1970). Excerpts.
* City of New York v. St. Mark’s Baths, 130 Misc.2d 911 (N.Y. Sup. Ct. 1986). Excerpts.
* School Board of Nassau County, FL v. Arline, [480 U.S. 273 (1987)](https://supreme.justia.com/cases/federal/us/480/273). Excerpts.
* City of Newark v. J.S., 652 A.2d 265 (N.J. Super. Ct. 1993). Excerpts.
* Wong Wai v. Williamson, 103 F.1 (C.C.N.D. California 1900). Excerpts
* Lawrence v. Texas, 123 S.Ct. 2472 (2003). Excerpts.
* Burwell v. Hobby Lobby Stores, Inc. 573 U.S. 682 (2014). Excerpts.
* South Bay United Pentecostal Church v. Newsom, 590 U.S. \_\_ (2020).

Short readings:

* Lindsay Wiley & Stephen Vladeck, *COVID-19 Reinforces the Argument for “Regular” Judicial Review – Not Suspension of Civil Liberties – In Times of Crisis*, Harvard L.Rev. Blog, April 9, 2020. <https://blog.harvardlawreview.org/covid-19-reinforces-the-argument-for-regular-judicial-review-not-suspension-of-civil-liberties-in-times-of-crisis/>. (Last visited on April 28, 2020).

Optional reading and video on Ebola:

* ACLU-Yale Law School, *FEAR, POLITICS, AND EBOLA: How Quarantines Hurt the Fight Against Ebola and Violate the Constitution* (2015). <https://www.aclu.org/sites/default/files/field_document/aclu-ebolareport.pdf> (last visited on April 28, 2020). Pages 25-42 are most important.
* Frontline: Outbreak [Ebola] <http://www.pbs.org/wgbh/frontline/film/outbreak/>.

**Week 6: Equal Protection and Civil Rights**

Introduction

The death rates for COVID-19 – just like for most other preventable diseases – were disproportionately high for people of color all throughout the United States. What’s going on? How does this align with constitutional guarantees of equal protection under the law?

We will explore the Equal Protection Clause of the 14th Amendment which guarantees the equal protection under the law for all citizens. Federal, state or local governments are forbidden from discriminating based on immutable characteristics (also known as protected classifications) such as race, ethnicity, gender, religion. How do these guarantees align with government sanctioned red-lining, tax policies that enhance school funds in wealthy neighborhoods, forbidding transgender persons from serving in the military, and so many other historic and current government policies?

Learning Objectives

* Understand the origins of the Fourteenth Amendment’s Equal Protection Clause.
* Identify suspect and quasi-suspect classes and explain the levels of scrutiny courts apply in equal protection review.
* Recognize factors that have historically led to equal protection violations by public health officials.

**Special Assignment:** Find a COVID-19-related case that argues violations of the Equal Protection doctrine.  **Be prepared to discuss it in class.**

Reading Assignment

* Chapter 12.
* Jew Ho v. Williamson, 103 F. 10 (C.C.N.D. California 1900).
* Buck v. Bell, [**274 U.S. 200 (1927)**](https://supreme.justia.com/cases/federal/us/274/200). Excerpts. Reread.
* Craig v. Boren, 429 U.S. 190 (1976). Excerpts.
* Lawrence v. Texas, 123 S.Ct. 2472 (2003). Excerpts.
* Bostoc v. Clayton County, 590 U.S. \_\_ (2020). Excerpts.
* Angela Harris and Aysha Pamukcu, Fostering the Civil Rights of Health in Assessing the Legal Responses to COVID-19, Chapter 35. <https://static1.squarespace.com/static/5956e16e6b8f5b8c45f1c216/t/5f343aa58431c434c75ee02c/1597258406741/Chp35_COVIDPolicyPlaybook-Aug2020.pdf>
* Osagie Obasogie et al. Race, Law, and Health Disparities: Toward a Critical Race Intervention, 13 Annu. Rev. Law Soc. Sci.313–29 (2017). <https://www.annualreviews.org/doi/pdf/10.1146/annurev-lawsocsci-110615-085002>

Optional reading:

Angela Harris and Aysha Pamukcu. UCLA L Rev. CITATION. The Civil Rights of Health: A New Approach to Challenging Structural Inequality. [**file:///C:/Users/maric/Downloads/SSRN-id3350597.pdf**](file:///C:\Users\maric\Downloads\SSRN-id3350597.pdf)

**Week 7: 1st Amendment – Ted Mermin, guest lecturer**

Introduction

We will explore the 1st Amendment to the US Constitution and how courts have applied the free speech clause to regulate commercial speech. The First Amendment governs not only what the government can do to restrict speech in theaters or Sproul Plaza, but also what Congress or state legislatures or city health departments can tell tobacco companies or soft drink businesses to say or not say. (You’ll never look at a warning label in quite the same way.)

We will also examine the 1st Amendment’s free exercise clause as it impacts the government’s ability to restrict religious liberties in the interest of public health, a conflict illustrated recently in resistance by some religious communities to vaccination requirements.

Learning Goals

* Understand how the courts have applied the First Amendment’s free speech clause to the regulation of commercial speech.
* Identify the standards courts use to assess whether public health laws unconstitutionally burden religious practice.

Reading Assignment

* Chapter 13
* Micah Berman, *The Commercial Speech Doctrine in the United States: False Promise and Promising Approaches for Protecting Public Health* (2014). <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2479886>
* Lorillard Tobacco Co. v. Reilly, 533 U.S. 525 (2001). Excerpts.
* Discount Tobacco City v. United States, 674 F.3d 509 (2012). Excerpts.
* NIFLA v. Becerra, 138 S.Ct. 2361 (2018). Excerpts.
* James G. Hodge, Jr., *Respecting Religious Freedoms and Protecting the Public’s Health*, 130(5) Public Health Rep. 546 (2015). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4529841/>
* Prince v. Massachusetts, 321 U.S. 158, 166 (1944). Excerpts.
* F.F. v State of New York (2019 NY Slip Op 29261). Excerpts.

**Week 8: Administrative Law and Regulations**–

Introduction

This class introduces the basic elements of administrative law, and some key related legal doctrines including how agencies make or promulgate regulations, and the rights of the public to have input. We will connect regulatory action with the substantive and procedural due process doctrines, and explore how notice and comment rulemaking can engage the broader public or risk agency capture.

Learning Objectives

* Understand the law governing how administrative agencies make and enforce rules.
* Explain how the public can participate in the rulemaking process and how individuals can directly challenge public health agency actions and decisions.
* Describe the legal standards that courts apply to determine the validity of agency regulations.
* Recognize the role of the writ of habeas corpus as a mechanism for challenging administrative actions that result in confinement.
* Understand the theory of responsive regulation.
* Grasp the practical challenges to effective regulation.

Reading Assignment

* Chapters 14 and 18
* Valerie Braithwaite. Closing the gap between regulation and the community. Regulatory Theory: Foundations and Applications (Peter Drahos ed. 2017). Chapter 2.
* Something about Chevron deference and strong science.
* New York Statewide Coalition of Hispanic Chambers of Commerce v. New York City Department of Health & Mental Hygiene, 23 N.Y.3d 945 (2014). Excerpts.
* Barnett K, Boyd CL, and Walker CJ, "Judge Kavanaugh, Chevron Deference, and the Supreme Court" (2018). Popular Media. 291. <https://digitalcommons.law.uga.edu/fac_pm/291>
* S. Shapiro, “The Complexity of Regulatory Capture: Diagnosis, Causality, and Remediation.” Roger Williams University Law Review Vo. 102, No. (2012). <http://ssrn.com/abstract=2004521>
* Public Health Law Academy, The ABC’s of Administrative Law [Part 1](https://www.changelabsolutions.org/product/abcs-administrative-law-public-health-practice) and Part 2.
* Harry Snyder, Advocating for Change: Using the Administrative Petition to Serve Community Health, The California Endowment (2010). <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-3.pdf>
* The National Archives, Making Regulations Readable (2017). Available at: <https://www.archives.gov/federal-register/write/plain-language/readable-regulations.html>. The National Archives has a number of resources available regarding legislative/regulatory drafting and the use of plain language. Other resources include this guide to [drafting legal documents](https://www.archives.gov/federal-register/write/legal-docs).

**Week 9:** **Environmental Health and Environmental Justice – Claudia Polsky, guest lecturer**

Introduction

Is the prevalence of childhood asthma in America a public health issue, or an environmental issue? Is the preferential siting of polluting facilities in poor communities of color addressable with existing legal tools? Is the hazard of lead paint exposure best addressed as a technical issue, a social justice issue, a criminal justice issue . . . or all three? This class explores the overlapping but non-identical domains of environmental health and environmental justice, and the statutory/regulatory/policy frameworks that shape advocacy in both spheres.

Learning Objectives

* Introduction to environmental health, as a subfield of public health
* Exploration of the relationship between environmental health and environmental justice
* Understanding of the role of lawyers in relation to community organizers and technical experts.
* Understanding the possibilities and the limits of the law to address environmental exposures (pollution/toxic chemicals/radiation) that harm human health.

Reading Assignment

**Lead poisoning**

* *People v. ConAgra Grocery Products Co*., 17 Cal.App.5th 51 (2017) (establishing market share liability for lead paint public nuisance) (excerpts)
* *In re A Community Voice*, 878 F.3d 779 (9th Cir. 2017) (EPA standard-setting for lead paint/dust)
* Mother Jones, *Lead: America’s Real Criminal Element* (Jan./Feb. 2013) (lead exposure and criminality)

**Pesticide exposure**

* UC Berkeley’s longitudinal CHAMACOS community-based participatory research study of Central Valley farmworkers’ exposure to pesticides

**Integrated advocacy strategy & advice for environmental justice lawyers**

* Luke Cole, *Empowerment As the Key to Environmental Protection,* 19 Ecology L. Quarterly 619 (1992)
* Candice Younglood, *Put Your Money Where Their Mouth Is: Actualizing Environmental Justice by Amplifying Community Voices,* 46 Ecology L. Quarterly 455 (2019)

**Week 10: Enforcement Strategies**

Introduction

Enforcing the law ideally results in meaningful sanctions for the wrong-doer and justice for the harmed. How do we design laws to achieve such results rather than exacerbated inequities for the overly regulated? We will introduce the various actors within and outside of government who may practice the elements of regulation and review the theory of responsive regulation and enforcement.

Using the *R.J. Reynolds Tobacco Company v. FDA* case to walk through the steps of a legal challenge to a public health law, we will explore the strategic reasons why entities may challenge public health laws. We will identify the attorneys and public health practitioners involved in defending public health laws on behalf of local, state, and federal government entities, and explain how legal technical assistance from public health organizations can support their efforts. Finally, we will discuss the role of amicus curiae briefs and how they may effectively contribute to the defense of public health laws and regulations.

We will review the scope of activities that comprise a comprehensive enforcement system including the design and drafting of the law, appropriations and budgeting, community outreach and education, and licensing and compliance assistance. We also will identify the variety of enforcement approaches, including investigations and inspections and sanctions for violations, and provides examples of enforcement in action.

Learning Objectives

* Understand that enforcement is critical to the success of public health laws.
* Identify the scope of activities that comprise a comprehensive enforcement system.
* Explain the variety of enforcement approaches and see some examples of enforcement in action.
* Understand the strategic reasons why entities may challenge public health laws, and the typical steps involved in such litigation.
* Identify the attorneys involved in defending public health laws on behalf of local, state, and federal government entities, and explain how “legal technical assistance” from public health organizations can support their efforts.
* Understand what an *amicus curiae* brief is and how it can most effectively contribute to the defense of public health laws and regulations.

Reading Assignment

* Chapters 18, 19 and 20.
* Ayres I, Braithwaite, J (1992) *Responsive Regulation: Transcending the Deregulation Debate*. Oxford University Press, New York. Chapters 1 and 2 only. <http://johnbraithwaite.com/wp-content/uploads/2016/06/Responsive-Regulation-Transce.pdf>
* Lawrence Gostin, *Health of the People: The Highest Law?*, 32 J.L. Med. & Eth. 509 (2004). <https://scholarship.law.georgetown.edu/cgi/viewcontent.cgi?article=2826&context=facpub>

Optional Readings:

* David Ray Papke and Mary Elise Papke, *A Foe More than a Friend: Law and the Health of the American Urban Poor*, 44 Fordham Urb. L.J. 1 (2017). <https://ir.lawnet.fordham.edu/ulj/vol44/iss1/1> (last visited April 28, 2020).
* Regulation and governance are largely ignored in U.S. law teaching, though the budding compliance field is helping to change that in part. Fortunately, the regulatory scholars at the Australian University have built a fantastic [free textbook](https://press.anu.edu.au/publications/regulatory-theory) covering a huge range of topics. These three chapters are particularly useful:
* John Braithwaite, *Types of Responsiveness,* in Regulatory Theory: Foundations and Applications (Peter Drahos ed. 2017)
* Neil Gunningham and Darren Sinclair, *Smart regulation,* in Regulatory Theory: Foundations and Applications (Peter Drahos ed. 2017)
* Sharon Friel, *Governance, regulation and health equity,* in Regulatory Theory: Foundations and Applications (Peter Drahos ed. 2017)
* Kimberly Barsamian Hahn and Karin D. Martin, Policing and Race: Disparate Treatment, Perceptions and Policy Responses. Social Issues and Policy Review, Vol. 10, No. 1, 2016, pp 82 – 121 (2016). <http://www.thenewpublichealthlaw.org/uploads/1/1/8/2/118289720/kahn___martin_-_policing_and_race.pdf>
* Palmer B. Amicus curious: Will a Republican friend-of-the-court brief tip the Supreme Court in favor of gay marriage? Slate. Feb. 28, 2013. Available at <http://www.slate.com/articles/news_and_politics/explainer/2013/02/ken_mehlman_s_gay_marriage_signatures_do_amicus_curiae_briefs_influence.html>.  *This is a brief, reader-friendly summary of the influence of amicus briefs on the Supreme Court. The supplemental reading suggested in the book provides a much more in-depth analysis, as does* [*this article*](https://onlinelibrary.wiley.com/doi/abs/10.1111/lasr.12166)*.*

**Week 11: Vaccination Law and the 4th Amendment – Lauren Dunning, guest lecturer**

* New York v. Burger, 482 U.S. 691 (1987). Excerpts. *Setting forth the administrative search doctrine under the Fourth Amendment.*

**Week 12: Systems Thinking and Health in All Policies Strategies**

Introduction

Public health challenges are “wicked problems.” At this point in the course, we realize how public health challenges are inter-twined with other complex systems across civic life. We will start to unpack “systems theory” and apply it to public health problems. Practical tools related to *Health in All Policies* will be introduced for discussion and critique.

Learning Objectives

* Understand back systems theory
* Apply systems theory to public health problems
* Understand and apply the concept of Health in All Policies

Reading Assignment

* Australian Public Service Commission, [*"Tackling Wicked Problems: A Public Policy Perspective"*](http://www.apsc.gov.au/publications-and-media/archive/publications-archive/tackling-wicked-problems)*.* October 25, 2007/ Last reviewed 2018. (Visited on April 28, 2020).
* C. West Churchman, (December 1967). *Wicked Problems,* 14(4) Management Science. B-141–B-146. Read pages B-141- B-142 only. [doi](https://en.wikipedia.org/wiki/Digital_object_identifier):[10.1287/mnsc.14.4.B141](https://doi.org/10.1287%2Fmnsc.14.4.B141) (last visited on April 28, 2020).
* Douglas Luke and Katherine A. Stamatakis; Systems Science Methods in Public Health: Dynamics, Networks, and Agents, Annu. Rev. Public Health 2012. 33:357–76 (2012), This article’s doi: 10.1146/annurev-publhealth-031210-101222.
* Chris S. Kochtitzky et al, *Urban Planning and Public Health at CDC*. 55(Sup02) MMWR Morbidity & Mortality Weekly Report 34-38 (2006). <https://www.cdc.gov/mmwr/preview/mmwrhtml/su5502a12.htm>
* Pan-American Health Organization,*Roadmap for a Plan of Action for Health in All Policies* (2016). <https://iris.paho.org/bitstream/handle/10665.2/31313/9789275074541-eng.pdf>
* Bobby Milstein & Jack Homer, *Which Priorities for Health and Well-Being Stand Out After Accounting for Tangled Threats and Costs? Simulating Potential Intervention Portfolios in Large Urban Counties*, xx The Milbank Quarterly, 1-27 (2020). <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1468-0009.12448>
* Dawn Pepin et al, *Collaborating for Health: Health in All Policies and the Law*, 45 (S1) J. Law, Med & Ethics, 60 (2017).
* California Strategic Growth Council, *Health in All Policies Resources* (2020). <http://sgc.ca.gov/programs/hiap/resources/>
* ChangeLab Solutions, *Health in All Policies* (2020). <https://www.changelabsolutions.org/health-all-policies>
* CityHealth. <https://www.cityhealth.org/>.
* Tackling Obesities: Future Choices Report (2007). <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf>

**Week 13: Community Organizing, Advocacy and Policy Change Strategies –** invited guests:

* [Lili Farhang](https://humanimpact.org/about-us/staff/), Co-Director, Human Impact Partners
* [Ted Mermin](https://www.law.berkeley.edu/our-faculty/faculty-profiles/ted-mermin/), Director, California Low-Income Consumer Coalition
* [Harry Snyder](https://publichealth.berkeley.edu/people/harry-snyder/), Advocacy Leader in Residence, UCB School of Public Health
* [Robert Ogilvie](https://www.spur.org/about/staff/robert-ogilvie), Oakland Director, SPUR

Introduction

Advocacy to create the political will for social justice and policy change is the core of effective public health actions. In this class we will explore the many ways that individuals and organizations introduce their policy preferences into law and practice. We will describe the basic steps in creating data, developing and implementing a program of advocacy, how to work with the private sector, and strategies for moving legislation at state and local governments.

Learning Objectives

* Identify the basic components of successful advocacy efforts.
* Describe the tension between expert-led advocacy and community-empowered advocacy.

Reading Assignment

* Chapter 15
* Public Health Advocacy in the Courts: Opportunities for Public Health Professionals <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2773956/>
* Something on Health Impact Assessments.
* Rutkow, L., & Teret, S. P. (2010). Role of state attorneys general in health policy. [Research Support, Non-U.S. Gov't]. JAMA, 304(12), 1377-1378. doi: 10.1001/jama.2010.1377
* Marice Ashe, *Ensuring Policy Impact through Strong Legal Practice*, Public Health Under Siege: Improving Policy in Turbulent Times*.* (forthcoming 2020).
* ChangeLab Solutions, *Tobacco Retailer Licensing Playbook* (2015). <https://www.changelabsolutions.org/sites/default/files/TRL_Playbook_FINAL_20150511.pdf>
* ChangeLab Solutions, *California Comprehensive Tobacco Retailer Licensing Ordinance* (2019). <https://www.changelabsolutions.org/sites/default/files/ComprehensiveTRL_ModelOrdinance_FINAL_20190213_1.docx>. *This is an example of a model ordinance, particularly useful because it includes explanatory text and advice about how it should be modified for use by local communities.*
* <https://www.vox.com/podcasts/2020/3/17/21182149/jane-mcalevey-the-ezra-klein-show-labor-organizing>
* Tom [Wolff](https://nonprofitquarterly.org/author/tom-wolff/) et al, *Collaborating for Equity and Justice: Moving Beyond Collective Impact,* Nonprofit Quarterly, January 9, 2017. <https://nonprofitquarterly.org/collaborating-equity-justice-moving-beyond-collective-impact/>
* Skim: International Accountability Project, A Community Action Guide on Community-led Research (2018). <https://accountabilityproject.org/wp-content/uploads/2018/11/IAP-Comm-Act-Guide-web.pdf>

**Week 14: Leadership and Careers in Public Health Law:** Invited speakers:

* [Sara de Guia](https://www.changelabsolutions.org/person/sarah-de-guia-jd), CEO, ChangeLab Solutions
* [Ray Leung](https://www.linkedin.com/in/raymond-leung-5396833/), Deputy County Counsel, Alameda County
* [Lisa Hernandez](https://www.cityofberkeley.info/Health_Human_Services/Public_Health/City_of_Berkeley_Health_Officer.aspx), Public Health Officer, City of Berkeley
* [Chuck McKetney](http://www.acphd.org/social-and-health-equity/contact-information.aspx), Director, Community Assessment, Planning and Evaluation (CAPE), Alameda County

Introduction

Throughout this course, we have focused on the practical applications of public health law and explored how leaders use the law to promote health equity. In this final class, we will hear from local public health leaders – lawyers, physicians and epidemiologists – who use law and policy to improve the health of our communities. It will be a capstone event as we see law in action in our backyards.

Learning Goals

* Create a new cadre of public health leaders!
* Learn how local leaders function inside and outside of government to improve population health
* Explore our own potential as advocates and leaders

Reading Assignment

* Audacious Future: Commitment Required. University of Virginia, Racial Equity Task Force (2020). <https://racialequity.virginia.edu/sites/g/files/jsddwu356/files/2020-08/RETFFinalSigned.pdf>
* Larry Gostin et al. Universal Masking in the United States: The Role of Mandates, Health Education, and the CDC. JAMA Viewpoint, August 10, 2020. <https://jamanetwork.com/journals/jama/fullarticle/2769440> – Focus on the new powers needed by the CDC to ensure future effectiveness,