

Public Health Law: Past and Present

Facilitator's Guide



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Who Should Use Our Facilitator’s Guides?

Our facilitator’s guides are intended for anyone who needs to provide training to public health practitioners about our legal system and its role in improving population outcomes. Public health practitioners may include health department staff, public health lawyers, public health nurses, public health educators, public health advocates, and public health faculty and students in graduate and undergraduate programs. To access facilitator’s guides for our other trainings, visit publichealthlawacademy.org.

Training Overview

About this Training

Public health practitioners who work in state, tribal, local, and territorial (STLT) health departments play a critical role in protecting and promoting public health. Two important yet often underutilized tools available to health departments are law and policy. Laws and policies can stop the spread of communicable disease, ensure that our food is safe for consumption, shape our transportation infrastructure, and establish guidelines and codes for safe housing. Yet public health officials and policymakers – who are responsible for designing, implementing, and enforcing these laws and policies – must also balance those actions with the rights of affected individuals.

How can health departments protect the public’s health and promote health equity without running into constitutional or other legal barriers? How can health departments use the tools of law and policy to address the social determinants of health and advance health equity? What are some important lessons that we can learn from historical events that helped shape how public health law is practiced today? By answering these questions, this training will help public health practitioners recognize how law affects public health practice and equip them with the ability to apply this knowledge to improve the practice of public health.

Target Audience

This training was developed for public health practitioners, including policy analysts, public health lawyers, educators, nurses, and students. No legal background is necessary.

Learning Objectives

- Define what public health is and explain why it is important.
- Examine how legal history has shaped today’s public health practice.
- Explore how law and policy affect health equity.
- Identify who holds the power to make public health law and policy.
- Discuss constitutional limitations on public health powers.

Materials

- Facilitator’s Guide: This document can be adapted to provide a training that is customized for your audience.
- Slide Presentation & Script: The slides and script are separate files that can be modified to reflect your audience, training content, and speakers.
- Facilitator’s Checklist: The checklist is a separate file that will help you prepare to deliver any training offered by the [Public Health Law Academy](https://www.publichealthlawacademy.org).

Equipment

- Computer
- Projector

Instructions for Facilitators

Before starting, we recommend that you download the [Facilitator's Checklist](#), which is intended to prepare you to deliver any training offered by the [Public Health Law Academy](#). In this section, we have identified options for tailoring this training, [Public Health Law: Past and Present](#), for your audience and venue.

Prepare for the Presentation

As the facilitator, you should first go through the materials to familiarize yourself with the content. We recommend that you watch the entire training: [Public Health Law: Past and Present](#). Once you are familiar with the material, you can modify the content and length to suit your audience, available time, and venue.

Before Starting the Presentation

We suggest that you have participants complete the following:

- *The Q&A handout found on pp. 15–16 of this guide.* The Q&A handout will help participants assess their knowledge before and after the training. An answer key is provided on pp. 17–18.
- *The pre-training survey included in this guide on page 20.* The pre-training survey will provide information to help you evaluate the overall quality of the session.

If you are not giving the presentation in person, you can distribute these handouts electronically prior to the training (and distribute the answer sheet electronically after the training).

During the Presentation

You'll want to decide how to use the Q&A handout to engage participants in the training, depending on the length of your presentation. Two options are outlined here. These approaches not only re-emphasize key points but also create a more interactive experience for participants.

- *Option 1: Poll the Room*
One approach is to weave the questions throughout the presentation. You can stop after each question and ask the audience to answer it before moving to the next slide. The slide deck is set up to support this option.
- *Option 2: Discussion Activity*
You can move all the question-and-answer slides to the end of the presentation and create an opportunity for a longer discussion after you've covered all of the content. Depending on the number of people attending your training, this discussion activity can be done as a full group or in small groups. The Training Agenda item "Q&A Discussion" provides additional details on when to include this activity if you select this option.

Lastly, our sample agenda suggests allowing 10 minutes at the end of the presentation for final remarks, acknowledgments, and general questions. Of course, this time can be adjusted to suit the needs of the presentation setting and your audience.

After the Presentation

When the presentation is complete, participants should fill out the post-training survey on pp. 21–22.

Finally, we are interested in your experience with using this curriculum. Please let us know at PHLAcademy@changelabsolutions.org if you have any questions or feedback on how to improve these materials.

Training Agenda

Pre-Training Survey and Q&A Handout

10 minutes*

Objectives

- Have participants complete the pre-training survey and answer the questions in the Q&A handout.

Resources

- Pre-training survey (p. 20 in this guide)
- Q&A handout (pp. 15–16 in this guide)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:3
-

Introduction & Presentation Overview

4 minutes*

Objectives

- Introduce presentation topic and presenter(s)
- Provide any necessary disclaimers and introductory comments
- Provide a roadmap for the rest of the presentation

Resource

- Slide presentation (slides 1–4)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) Domains 1 and 2
-

What is public health law?

9 minutes*

Objectives

- Define key terms
- Discuss the various factors that affect health outcomes and types of public health interventions
- Describe why law and policy are important vehicles for public health intervention because they operate at the societal rather than the individual level

Resource

- Slide presentation (slides 5–17)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 1:1

How does legal history shape public health practice today?

8 minutes*

Objectives

- Discuss several examples of historical events that helped shape the practice of public health law today (e.g., the Mayflower Compact and early public health efforts in London and New York City to stop the spread of disease)
- Present the landmark case *Jacobson v. Massachusetts*, which introduces the recurring theme of the presentation: balancing public health and the common good against individual freedoms

Resource

- Slide presentation (slides 18–27)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 1:1

How do law and policy relate to health equity?

15 minutes*

Objectives

- Define health equity
- Explore how law and policy can contribute to today's health inequities, yet, on the flip side, can be powerful tools for redressing the drivers of inequity

Resource

- Slide presentation (slides 28–38)
- Public Health Law Competency Addressed
- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:2

Who has the power to shape public policy to improve public health?

14 minutes*

Objectives

- Explore the US Constitution, which distributes power among the different levels of government (federal, state, and local), and discuss the ways each level of government uses its power to shape public health law and policy
- Highlight examples of state and local governments' police powers

Resource

- Slide presentation (slides 39–63)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 2:3

What limitations does the constitution place on public health powers?

30 minutes*

Objectives

- Discuss how the government's ability to enact public health regulations is subject to the right not to be deprived of life, liberty, or property without due process of the law (under the Fifth and Fourteenth Amendments), and the right not to be denied equal protection of the law (also under the Fifth and Fourteenth Amendments)
- Explain how the limitations on government authority are greater when the individual interest at stake is more significant

Resource

- Slide presentation (slides 64–96)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:2

Q&A Discussion (optional)

20 minutes*

Objectives

- If you chose not to weave the questions from the Q&A handout throughout the presentation, have participants discuss the answers to the questions as a full group or in small groups
- Provide the answers to the Q&A handout

Resource

- Q&A handout answer key (pp. 17–18 in this guide)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 1:1, 1:2, and 2:3

Final Takeaways & Acknowledgments

10 minutes

Objectives

- Summarize the topics discussed and provide concluding remarks
- Direct participants to more resources, should they wish to delve more deeply into the legal issues covered in the training
- Allow participants to ask general questions
- Have participants complete the post-training survey

Resources

- Slide presentation (slides 97–103)
- Post-training survey (pp. 21–22 in this guide)

**All times are approximate; total training time is about 2 hours, including time for Q&A and discussion.*

Additional Resources

As you prepare to tailor content from [Public Health Law: Past and Present](#), we recommend familiarizing yourself with the following list of resources. These resources informed the development of the content found in this training. They can provide additional background information as you prepare to tailor content for your presentation. Finally, as questions arise from the audience during and after the training, you can refer audience members to these resources for additional information.

Organizations

CDC, Public Health Law Program

www.cdc.gov/phlp

The Public Health Law Program (PHLP) – part of the CDC’s National Center for State, Tribal, Local and Territorial Public Health Infrastructure and Workforce – works to improve the health of the public by developing law-related tools and providing legal technical assistance to public health practitioners and policymakers.

ChangeLab Solutions

www.changelabsolutions.org

ChangeLab Solutions is a national organization whose mission is to create healthier communities for all through equitable laws and policies. Their multidisciplinary team of public health lawyers, policy analysts, planners, and other professionals works with state, tribal, local, and territorial health departments; other government agencies; public health organizations; and anchor institutions to create thriving communities.

Background reading

For additional information on the concepts discussed in this training, see the following resources:

- Armooh T, Barton T, Castillo G, et al. *Public Health Forward: Modernizing the U.S. Public Health System*. Bipartisan Policy Center; 2021. bipartisanpolicy.org/report/public-health-forward.
- *A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy*. Oakland, CA: ChangeLab Solutions; 2019. changelabsolutions.org/product/blueprint-changemakers.
- Braveman P, Arkin E, Orleans T, Proctor D, Acker J, Plough A. What is health equity? *Behavioral Science & Policy*. 2018;4(1):2.
- Braveman P, Arkin E, Orleans T, Proctor D, Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Robert Wood Johnson Foundation; 2017. rwjf.org/en/library/research/2017/05/what-is-health-equity.html.
- Brennan Ramirez LK, Baker EA, Metzler M. *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*. Centers for Disease Control and Prevention; 2008. stacks.cdc.gov/view/cdc/11130.
- Burris S, Berman ML, Penn M, Holiday TR. *The New Public Health Law: A Transdisciplinary Approach to Practice and Advocacy*. 2nd ed. Oxford University Press; 2022.

- Fairchild AL, Rosner D, Colgrove J, Bayer R, Fried LP. The exodus of public health: what history can tell us about the future. *Am J Public Health*. 2010;100(1):54–63. [ncbi.nlm.nih.gov/pmc/articles/PMC2791244](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC2791244).
- Frieden TR. A framework for public health action: the health impact pyramid. *Am J Public Health*. 2010;100(4), 590–595.
- Gostin LO, Wiley LF. *Public Health Law: Power, Duty, Restraint*. 3rd ed. University of California Press; 2016.
- Gostin LO, Monahan JT, Kaldor J, et al. The legal determinants of health: harnessing the power of law for global health and sustainable development. *Lancet*. 2019;393:1857–1910. [thelancet.com/commissions/legal-determinants-of-health](https://www.thelancet.com/commissions/legal-determinants-of-health).
- Gostin LO. A theory and definition of public health law. *J Health Care Law Policy*. 2007;10(1). digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1128&context=jhclp.
- Gostin LO. Public health law in a new century: Part I: law as a tool to advance the community's health. *JAMA*. 2000;283(21):2837–2841. jamanetwork.com/journals/jama/article-abstract/192753.
- Gostin LO. *Jacobson v Massachusetts* at 100 years: police power and civil liberties in tension. *Am J Public Health*. 2005;95(4):576–581. [ncbi.nlm.nih.gov/pmc/articles/PMC1449223](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC1449223).
- Holt JD, Ghosh SN, Black JR. Legal considerations. In: Rasmussen SA, Goodman RA, eds. *The CDC Field Epidemiology Manual*. Oxford University Press; 2018:chap.13. [cdc.gov/eis/field-epi-manual/chapters/Legal.html](https://www.cdc.gov/eis/field-epi-manual/chapters/Legal.html).
- Hunter EL. Politics and public health – engaging the third rail. *J Public Health Manag Pract*. 2016;22(5):436–441. [ncbi.nlm.nih.gov/pmc/articles/PMC4974059](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC4974059).
- Local Solutions Support Center. “Home Rule in the 50 States” memos examine the nature and scope of local authority. March 22, 2021. supportdemocracy.org/the-latest/home-rule-in-the-50-states-memos-examine-the-nature-and-scope-of-local-authority.
- National Network of Public Health Institutes and Texas Health Institute. *The Future of Public Health: A Synthesis Report for the Field*. 2021. nnphi.org/resource/the-future-of-public-health-a-synthesis-report-for-the-field.
- Public Health Law Academy. Preemption & Public Health. [training video]. Oakland, CA: ChangeLab Solutions; Centers for Disease Control and Prevention; 2019. changelabsolutions.org/product/preemption-public-health.
- Public Health Law Academy. Structure of Government: Exploring the fabric and framework of public health powers. [training video]. Oakland, CA: ChangeLab Solutions; Centers for Disease Control and Prevention; 2019. changelabsolutions.org/product/structure-government.
- WNYC Studios. *The Experiment Podcast*. The crime of refusing vaccination. March 25, 2021. wnycstudios.org/podcasts/experiment/episodes/jacobson-supreme-court-vaccination.
- Tulchinsky TH. John Snow, cholera, the Broad Street pump; waterborne diseases then and now. *Case Stud Public Health*. 2018;77–99. [ncbi.nlm.nih.gov/pmc/articles/PMC7150208](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC7150208).
- US Government Accountability Office. Tribal and Native American issues. n.d. Accessed February 7, 2023. [gao.gov/tribal-and-native-american-issues](https://www.gao.gov/tribal-and-native-american-issues).

Relevant Cases

PUBLIC HEALTH AUTHORITY

Jacobson v. Massachusetts, 197 U.S. 11 (1905)

SUMMARY: During an outbreak of smallpox in 1902, defendant Jacobson refused to comply with Massachusetts' mandatory vaccination law. He refused to pay the \$5 fine (approximately \$130 today) and challenged the constitutionality of the law in court. The US Supreme Court upheld the mandatory vaccination law, asserting that "there are manifold restraints to which every person is necessarily subject for the common good." It explained that police power embraces "reasonable regulations" to protect public health and safety.

TAKEAWAYS: *Jacobson* represents the balancing of collective actions for the common good with individual liberty rights. This was a landmark decision on the constitutionality of mandatory public health control measures. Although this is a mandatory vaccination case, it articulates the principles and authority behind the basic use of state police power in other public health control situations – such as quarantine, isolation, or closure of facilities – during emergency situations.

FEDERAL GOVERNMENT INCENTIVIZING LOCAL ACTION

South Dakota v. Dole, 483 U.S. 203 (1987)

SUMMARY: In 1984, Congress passed the National Minimum Drinking Age Act, which withheld 10% of federal highway funding from states that did not maintain a minimum drinking age of 21. The law was challenged by the state of South Dakota but upheld by the Supreme Court in 1987. The Court explained that Congress had validly exercised its authority – under the spending clause – and therefore did not infringe upon the rights of the states.

TAKEAWAY: The federal government may use its enumerated powers to shape public health in other indirect ways.

DUE PROCESS

Dobbs v. Jackson Women's Health Organization (2022)

SUMMARY: In 2018, Mississippi passed a law prohibiting most abortion procedures after the fifteenth week of pregnancy. Jackson Women's Health Organization, Mississippi's only licensed abortion facility, sued – challenging the law's constitutionality under the Fourteenth Amendment's due process clause. The US Supreme Court determined that abortion is not a protected right under the Constitution (overturning prior decisions in *Roe v. Wade* and *Planned Parenthood v. Casey*) and instead is something states have the power to regulate.

TAKEAWAYS: Although this decision focused on the right to abortion, it indicates that the Court's interpretation of due process rights is an evolving area. According to the majority opinion, fundamental liberties may only be found when they are explicitly mentioned in the text of the Constitution or deeply rooted in the nation's history and tradition and important to the concept of "ordered liberty."

Obergefell v. Hodges (2015)

SUMMARY: Fourteen same-sex couples from Ohio, Kentucky, Michigan, and Tennessee sued their relevant state agencies after those states had banned, or had refused to recognize the legality of, same-sex marriages lawfully performed and fully recognized outside their state. The plaintiffs argued that state officials, by banning or refusing to recognize same-sex marriages, violated the due process clause of the Fourteenth Amendment. The US Supreme Court held that the Fourteenth Amendment requires states to license same-sex marriages and to recognize lawfully licensed out-of-state, same-sex marriages.

TAKEAWAYS: The due process clause has long guaranteed the right to marry as a fundamental liberty, and in this case, the Court held that the fundamental liberty of marriage extends to same-sex couples and opposite-sex couples alike. The Court reasoned that it is the judiciary's duty to identify and protect fundamental rights, and that there is no formula in identifying such rights. Rather, the process of identifying fundamental liberties is a process that evolves over time based on the changing norms of the country and is not limited by history and tradition.

Loving v. Virginia (1965)

SUMMARY: The Lovings, an interracial couple, married in the District of Columbia. When they returned to Virginia, they were charged with violating the state's antimiscegenation law and sentenced to a year in jail. The Supreme Court invalidated Virginia's ban on interracial marriages because it violated the due process clause of the Fourteenth Amendment. As the Court explained: "The freedom to marry, or not marry, a person of another race resides with the individual, and cannot be infringed by the State."

TAKEAWAYS: The freedom to marry (along with the institution of marriage) is a basic civil right, "fundamental to our very existence and survival." Moreover, the Court reasoned that the Fourteenth Amendment requires that the freedom to marry may not be restricted "by invidious racial discriminations."

Griswold v. Connecticut (1965)

SUMMARY: Plaintiff Griswold was the executive director of the Planned Parenthood League of Connecticut. She and the medical director provided married couples with information and advice regarding birth control. They were convicted under a Connecticut law that criminalized providing birth control counseling to married couples. The Supreme Court declared that the Constitution contains a "penumbra" (or zones) of rights that includes a "marital right to privacy" and invalidated the Connecticut law for conflicting with this right.

TAKEAWAY: Although the Constitution does not explicitly contain a right to privacy provision, the Court held that the Bill of Rights, through the First, Third, Fourth, and Ninth Amendments, creates a right to privacy in marital relationships.

Pierce v. Society of Sisters (1923)

SUMMARY: After World War I, anti-immigrant sentiments led some states to control the education of children to ensure American values were taught. To do so, the state of Oregon required parents to send their children to public schools, thereby eliminating parochial and other private schools where the state did not control the curriculum. The Supreme Court, however, determined that this violated the Fourteenth Amendment and invalidated Oregon's law.

TAKEAWAY: The decision became known for its protection of the rights of parents to educate their children according to family values and priorities.

EQUAL PROTECTION

Jew Ho v. Williamson, 103 F.10 (C.C.N.D. Cal. 1900)

SUMMARY: In response to the bubonic plague outbreak (in 1900) in San Francisco, the City Board of Health issued a quarantine covering 12 city blocks in the Chinatown district, prohibiting movement into, or out of, the area. The federal district court overturned the quarantine on the grounds that (1) it was racially motivated and (2) not a reasonable regulation for preventing the spread of the disease.

TAKEAWAY: Government police power to control disease is not unlimited. Quarantines must be reasonable (effective in preventing the spread of disease) and cannot impinge on individual constitutional liberties.

Walgreen Co. v. City and County of San Francisco, 185 Cal. App. 4th 424, 443-44 (2010)

SUMMARY: San Francisco passed an ordinance in 2008 prohibiting the sale of tobacco products at most pharmacies in the city and county of San Francisco. The law initially exempted grocery stores and big box stores with pharmacies. The court held that, even under the deferential rational basis test, the ordinance's distinction between drugstores and other stores containing pharmacies could be unconstitutional. The court reasoned: "There is no rational basis to believe the supposed implied message conveyed by selling tobacco products at a Walgreens that has a licensed pharmacy in the back of the store is different in any meaningful way from the implied message conveyed by selling such products at a supermarket or big box store that contains a licensed pharmacy."

TAKEAWAY: Even though a law may be based on a legitimate government interest (e.g., discouraging smoking), it must have a rational justification if it applies only to some entities and not to others.

Safeway, Inc. v. City and County of San Francisco, 797 F. Supp. 2d 964, 973 (N.D. Cal. 2011)

SUMMARY: In response to the *Walgreen* case, San Francisco amended its law to remove the exemptions so it applied to all retailers that contained pharmacies. Safeway challenged the newly revised ban on the sale of tobacco in pharmacies, claiming that the law unfairly allows other retailers that don't have pharmacies to sell tobacco, whereas Safeway may not. Safeway argued that this distinction violated the equal protection guarantees of the US Constitution and California's constitution.

The court held the ordinance did not deny Safeway equal protection. The court reasoned that even if Safeway is similarly situated to other groceries, the city had shown that the amended ordinance is rationally related to a legitimate government interest – that rational interest being “to promote the public health by preventing people from becoming addicted to tobacco and by helping those already addicted to stop smoking.” Accordingly, the law was a reasonable and permissible use of San Francisco's regulatory power.

TAKEAWAY: Local governments in California have the legal authority to ban tobacco sales in pharmacies.

Welcome Activity: Q&A Handout

Expected time: 30 minutes total (approximately 10 minutes before the presentation and 20 minutes during or after the presentation)

Instructions for Facilitators

- Welcome the participants and introduce yourself
- Explain housekeeping items, such as estimated length of the training, break times, and restroom locations
- Ask participants to complete the Q&A handout
- Remind participants that they are not expected to know all of the answers
- Encourage participants to do their best, and explain that the answers to some of the questions will be addressed throughout the presentation
- Where applicable, the answer key (found on pp. 17–18) references the slides in the presentation where relevant concepts are expressly addressed or implied
- Review answers to the questions in the Q&A handout by either
 - Weaving the questions throughout the presentation (this is how the slide deck is currently structured) and stopping after each question to ask the audience for the answer before moving to the next slide; or
 - Moving all the questions in the slide deck to the end of the presentation and holding time then to have participants discuss the questions as a full group or in small groups

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Q&A Handout

Instructions: As an individual, answer the following questions.

1. A policy to increase the minimum wage is an example of what tier of the pyramid of public health interventions?
 - A. Long-lasting protective intervention
 - B. Counseling and education
 - C. Changing socioeconomic factors
 - D. Making the default decision healthy
2. **TRUE or FALSE?** The government can regulate individual behavior to protect health.
3. **TRUE or FALSE?** Structural discrimination is a fundamental driver of health inequity.
4. Which of the following are examples of the federal government's enumerated powers?
 - A. Taxing
 - B. Interstate commerce
 - C. Zoning
 - D. A and B
 - E. A and C
 - F. A, B, and C
5. **TRUE or FALSE?** If the federal government shares a power with the states, that is an exclusive power.
6. **TRUE or FALSE?** Local governments have legislative independence apart from states.
7. **TRUE or FALSE?** The federal government can control all aspects of state and local laws.
8. Based on what you've just learned, which of the following is required for the government to prohibit unvaccinated children from attending public school?
 - A. A compelling government interest
 - B. A public health emergency
 - C. Exceptions for personal beliefs
 - D. A and B
 - E. A, B, and C
9. Which of the following is needed for the government to require children to wear bicycle helmets?
 - A. A compelling government interest
 - B. A public health emergency
 - C. A legitimate government interest
 - D. A and B
 - E. A, B, and C

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Q&A Handout

ANSWER KEY

1. A policy to increase the minimum wage is an example of what tier of the pyramid of public health interventions?
 - A. Long-lasting protective intervention
 - B. Counseling and education
 - C. Changing socioeconomic factors – CORRECT ANSWER**
 - D. Making the default decision healthy

Answer: If you selected “C,” changing socioeconomic factors, you are correct. Increasing the minimum wage would affect levels of income and poverty. This type of change is in the bottom tier and has potential for significant impact on people’s health.

➤ This material is discussed on slide 17.

2. **TRUE or FALSE?** The government can regulate individual behavior to protect health.

Answer: True. While there are some important nuances, states generally have the authority to take reasonable actions to promote public health as part of their police powers, which we will discuss later in this training.

➤ This material is discussed on slide 27.

3. **TRUE or FALSE?** Structural discrimination is a fundamental driver of health inequity.

Answer: True. Achieving health equity will require laws and policies that address the fundamental drivers of health inequity, including structural discrimination.

➤ This material is discussed on slide 35.

4. Which of the following are examples of the federal government’s enumerated powers?

- A. Taxing
- B. Interstate commerce
- C. Zoning
- D. A and B – CORRECT ANSWER**
- E. A and C
- F. A, B, and C

Answer: If you selected “D,” you’re correct! The federal government has the power to levy taxes and to regulate interstate commerce.

➤ This material is discussed on slide 43.

5. **TRUE or FALSE?** If the federal government shares a power with the states, that is an exclusive power.

Answer: False. A power shared with the states is a concurrent power. A power that only the federal government has is called an exclusive power.

➤ This material is discussed on slide 45.

6. **TRUE or FALSE?** Local governments have legislative independence apart from states.

Answer: False. Local governments generally act within the authority delegated to them by states. While some states grant local governments extensive authority to act independently, others greatly limit those powers.

➤ This material is discussed on slide 54.

7. **TRUE or FALSE?** The federal government can control all aspects of state and local laws.

Answer: False. The Constitution divides control between the federal and state governments. The federal government may only exercise the authority specifically granted to it by the Constitution.

➤ This material is discussed on slide 56.

8. Based on what you've just learned, which of the following is required for the government to prohibit unvaccinated children from attending public school?

A. A compelling government interest – CORRECT ANSWER

B. A public health emergency

C. Exceptions for personal beliefs

D. A and B

E. A, B, and C

Answer: If you selected "A", you're correct! The government must have a compelling interest in order to prohibit unvaccinated children from attending public school.

➤ This material is discussed on slide 81.

9. Which of the following is needed for the government to require children to wear bicycle helmets?

A. A compelling government interest

B. A public health emergency

C. A legitimate government interest – CORRECT ANSWER

D. A and B

E. A, B, and C

Answer: If you selected "C", you're correct! If challenged in court, a government would just need to show that its action – requiring children to wear a bicycle helmet – is reasonably related to a legitimate government goal – here, protecting children's safety. Because fundamental liberties are not involved, the government would not need to demonstrate a compelling government interest (answer A), nor would it need a public health emergency to justify government action (answer B).

➤ This material is discussed on slide 83.

Pre- and Post-Training Surveys

Instructions for Facilitators

- Pages 20–22 contain two sample surveys (pre- and post-training evaluation tools) that you can use to gather feedback on the content and quality of your presentation.*
- Depending on the format of your presentation (in person or online), you can provide hard copies of the surveys at the presentation or make the surveys available electronically.

** Before asking participants to complete the pre- and post-training surveys, please note that the Paperwork Reduction Act has specific requirements for federal agencies in regard to collection and housing of data. You may need permission from the Office of Management and Budget if you are collecting information from 10 or more members of the public.*

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PRE-TRAINING SURVEY

Thank you for completing the following survey!

Learning Objectives

Please indicate your current confidence level for each of the following learning objectives:

1. I can define what public health is and explain why it is important.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident
2. I can examine how legal history has shaped today's public health practice.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident
3. I can explore how law and policy affect health equity.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident
4. I can identify who holds the power to make public health law and policy.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident
5. I can discuss constitutional limitations on public health powers.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

Additional Feedback

6. What questions do you have about the history or modern-day practice of public health law?

Thank you for your feedback!

Public Health Law: Past and Present

POST-TRAINING SURVEY

Thank you for completing the following survey!

Learning Objectives

As a result of attending the session, [Public Health Law: Past and Present](#), please indicate your current confidence level for each of the following learning objectives of the course:

1. I can define what public health is and explain why it is important.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

2. I can examine how legal history has shaped today's public health practice.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

3. I can explore how law and policy affect health equity.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

4. I can identify who holds the power to make public health law and policy.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

5. I can discuss constitutional limitations on public health powers.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

Overall Impression

Please rate your level of agreement with the following statements regarding the session, **Public Health Law: Past and Present**.

6. How would you rate the overall session?

- a. Poor
- b. Fair
- c. Good
- d. Very good
- e. Excellent

7. I would recommend this session to others.

- a. Disagree
- b. Somewhat disagree
- c. Neither agree nor disagree
- d. Somewhat agree
- e. Agree

Additional Feedback:

8. What was the most valuable part of the session?

9. How could this session be improved?

10. What topics would you like to see addressed in future sessions on public health law?

Thank you for your feedback!