

## How to Use Law & Policy to Affect Health Equity

### Part 2 of Exploring the Social Determinants of Health, Health Equity, and the Law

#### 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](http://publichealthlawacademy.org).

## Training Overview

### About This Training

This module is Part 2 in a two-part series exploring the social determinants of health, health equity, and the law and is brought to you by ChangeLab Solutions and the Centers for Disease Control and Prevention's Public Health Law Program.

Adopting an equity-focused approach to address widening health disparities is critical to achieving the primary purpose of public health: improving health outcomes at a population level. From an evaluation perspective, populations with worse health outcomes also stand to benefit the most from public health interventions that are done equitably. Moreover, many preventable health problems share the same root causes, so identifying intersections, sharing expertise, and joining forces with community members and other cross-sector partners is critical, particularly when resources are limited and health department capacity is stretched thin.

This module explores concrete steps that health departments can take to close gaps in health outcomes and seeks to build health departments' capacity to use the tools of law and policy to address the social determinants of health and advance health equity.

### Target Audience

This training has been developed with state and local mid-tier public health professionals in mind. No legal background is necessary.

### Learning Objectives

- Describe how law affects health and health equity.
- Examine the fundamental drivers of health inequity.
- Explore the role health departments play in supporting equity-centered policies.
- Illustrate how the concepts of health and health inequity can be applied in practice.

### Materials

- Facilitator's Guide: This document can be adapted to provide a training that is customized for your audience.
- Slide Presentation and 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](http://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, [How to Use Law & Policy to Affect Health Equity](#), 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 [How to Use Law & Policy to Affect Health Equity](#) video. Once you are familiar with it, 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. 12-13 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. 14–15.
- *The pre-training survey included in this guide on page 17.* 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 reemphasize 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.

Finally, 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. 18-19.

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

## Training Agenda

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### 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. 17 in this guide)
- Q&A handout (pp. 12–13 in this guide)

#### Public Health Law Competency Addressed

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

### Introduction & Presentation Overview

10 minutes\*

#### Objectives

- Describe the goals for the session and road map.
- Provide any additional high-level introductory comments.

#### Resources

- Slide presentation (slides 1–6)

#### Public Health Law Competency Addressed

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

### How does the law affect health and health equity?

10 minutes\*

#### Objectives

- Review the social determinants of health and how they are shaped by laws and policies.
- Discuss opportunities to improve the social determinants of health and advance health equity.

#### Resources

- Slide presentation (slides 7–24)

#### Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 1.2

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## What are the fundamental drivers of inequity?

20 minutes\*

### Objectives

- Define the fundamental drivers of inequity.
- Discuss examples of health inequities and how to effectively address them in public health practice.

### Resources

- Slide presentation (slides 25–45)

### Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 1.2, 2.1, 2.2
- 

## How can health departments support equity-centered policies?

15 minutes\*

### Objectives

- Explore action steps health departments can take to address the fundamental drivers of inequity.
- Review the guiding principles for cross-sector collaboration and community engagement.
- Discuss examples of work in state, territorial, local, and tribal health departments.

### Resources

- Slide presentation (slides 46–62)

### Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 2.1, 2.2
- 

## How can these concepts be applied in practice?

10 minutes\*

### Objectives

- Illustrate the training concepts using hypothetical examples in public health practice.

### Resources

- Slide presentation (slides 63–72)

### Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 2.1, 2.2

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**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. 00–00 in this guide)

**Public Health Law Competency Addressed**

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

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**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 73–78)
- Post-training survey (pp. 18–19 of this guide)

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*\*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 [How Does the Law, Past and Present, Affect Health Equity?](#), 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](http://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](http://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:

- Bernstein J, Winship S, Center on Budget and Policy Priorities & Manhattan Institute for Policy Research. *Policy Options for Improving Economic Opportunity and Mobility*. 2015. [pgpf.org/sites/default/files/grant\\_cbpp\\_manhattaninst\\_economic\\_mobility.pdf](http://pgpf.org/sites/default/files/grant_cbpp_manhattaninst_economic_mobility.pdf).
- Calloway E, Hanley C. *Place-Based Health Disparities*. ChangeLab Solutions. August 6, 2018. [changelabsolutions.org/blog/place-based-health-disparities](http://changelabsolutions.org/blog/place-based-health-disparities).
- Centers for Disease Control and Prevention. 10 Essential Public Health Services. Updated December 1, 2022. Accessed October 26, 2023. [cdc.gov/public-health-gateway/php/about](http://cdc.gov/public-health-gateway/php/about).
- Centers for Disease Control and Prevention. *Improving Health Through Transportation Policy*. Updated August 14, 2023. [cdc.gov/transportation](http://cdc.gov/transportation).
- ChangeLab Solutions. *A Blueprint for Changemakers: Achieving Health Equity through Law & Policy*. 2019. [changelabsolutions.org/product/blueprint-changemakers](http://changelabsolutions.org/product/blueprint-changemakers).
- ChangeLab Solutions. *Equitable Enforcement to Achieve Health Equity*. 2020. [changelabsolutions.org/product/equitable-enforcement-achieve-health-equity](http://changelabsolutions.org/product/equitable-enforcement-achieve-health-equity).
- ChangeLab Solutions. *Legal Epidemiology Cohort Workbook*. Manuscript in preparation. Available upon request from ChangeLab Solutions.

- ChangeLab Solutions. *Preserving, Protecting, and Expanding Affordable Housing: A Policy Toolkit for Public Health*. Updated April 2015. [changelabsolutions.org/product/preserving-protecting-expanding-affordable-housing](https://changelabsolutions.org/product/preserving-protecting-expanding-affordable-housing).
- ChangeLab Solutions. *Strategies for Equitable Policymaking*. 2020. [changelabsolutions.org/product/blueprint-changemakers](https://changelabsolutions.org/product/blueprint-changemakers).
- ChangeLab Solutions and Bay Area Regional Health Inequities Initiative. *Partners for Public Health: Working with Local, State, and Federal Agencies to Create Healthier Communities*. 2010. [changelabsolutions.org/publications/partners-public-health](https://changelabsolutions.org/publications/partners-public-health).
- Commission on Social Determinants of Health, World Health Organization. *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health: Final Report of the Commission on Social Determinants of Health*; 2008. [iris.who.int/bitstream/handle/10665/69832/WHO\\_IER\\_CSDH\\_08.1\\_eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/69832/WHO_IER_CSDH_08.1_eng.pdf?sequence=1).
- Craven J. How menthol cigarettes became black Americans' preferred smoke. Updated July 21, 2021. [slate.com/technology/2021/05/menthol-cigarette-ban-fda-public-health-black-americans.html](https://slate.com/technology/2021/05/menthol-cigarette-ban-fda-public-health-black-americans.html).
- Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan L Rev*, 1991;43(6):1241–99.
- Dankwa-Mullan I, Pérez-Stable EJ. Addressing health disparities is a place-based issue. *Am Public Health*. 2016;106(4):637–39.
- Institute of Medicine. *For the Public's Health: Revitalizing Law and Policy to Meet New Challenges*. National Academies Press. Updated 2011. [nap.edu/catalog/13093/for-the-publics-health-revitalizing-law-and-policy-to-meet](https://nap.edu/catalog/13093/for-the-publics-health-revitalizing-law-and-policy-to-meet).
- Office of Disease Prevention and Health Promotion, Healthy People 2030. *Social Determinants of Health*. Accessed October 2, 2020. [health.gov/healthypeople/objectives-and-data/social-determinants-health](https://health.gov/healthypeople/objectives-and-data/social-determinants-health).
- Yearby, R. Structural racism and health disparities: Reconfiguring the social determinants of health framework to include the root cause. *J Law Med & Ethics*. 2020;48(3),518–26. [doi.org/10.1177/1073110520958876](https://doi.org/10.1177/1073110520958876).
- The Aspen Institute. 11 terms you should know to better understand structural racism. Updated July 11, 2016. [aspeninstitute.org/blog-posts/structural-racism-definition](https://aspeninstitute.org/blog-posts/structural-racism-definition).

## 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. 14–15) 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

# How to Use Law & Policy to Affect Health Equity

## Q&A Handout

Instructions: As an individual, answer the following questions.

1. **TRUE or FALSE?** The social determinants of health account for about 50% of a person's health outcomes.
2. San Antonio's universal pre-K policy is an example of what tier of the pyramid of public health interventions?
  - A. Counseling and education
  - B. Long-lasting protective interventions
  - C. Making the default decisions healthy
  - D. Changing socioeconomic factors
3. What is health equity?
  - A. A state where everyone has a fair and just opportunity to be as healthy as possible
  - B. Applying public health interventions to everyone in the same way, irrespective of need
4. **TRUE or FALSE?** Improving the social determinants of health is critical to advancing health equity.
5. Using redlining as an example, how could public health practitioners address structural discrimination through law and policy?
  - A. Conduct a legal epidemiology assessment evaluating connections between laws and policies that perpetuate structural discrimination and disparate health outcomes.
  - B. Examine the linkages between local policies that create more racially and economically mixed neighborhoods and health effects.
  - C. Identify indicators of racial disparities that could inform a racial equity analysis necessary for supporting equity-centered policies.
  - D. All of the above.
6. Which drivers of inequity are addressed by Jackie's policy proposal?
  - A. Income inequality and poverty
  - B. Disparities in political power
  - C. Governance that limits participation
  - D. All of the above
7. Which of the following is not a reason to engage community members in developing strategies to advance health equity?
  - A. Address the root causes on inequity
  - B. Prevent resources from being spread too thin
  - C. Develop local leadership, knowledge, and skills
  - D. Align actions across sectors
  - E. None of the above

8. What are some important lessons from Elena's example about advancing health equity?
- A. Having data on an issue is enough to advance health equity.
  - B. Identifying champions within the community and in leadership is important.
  - C. Conducting a preemption analysis can inform solutions.
  - D. B and C
  - E. None of the above

# How to Use Law & Policy to Affect Health Equity

## Q&A Handout

### ANSWER KEY

1. **TRUE or FALSE?** The social determinants of health account for about 50% of a person's health outcomes.

**Answer: True.** As you may recall from Part 1, many factors affect health. Chief among them are environmental factors – including those in the physical environment and the social and economic environments in which a person lives – which account for about 50% of a person's health status. They influence all the other factors on the continuum, including health behaviors.

➤ See slides 10–11 for discussion and examples of social determinants of health.

2. San Antonio's universal pre-K policy is an example of what tier of the pyramid of public health interventions?

- A. Counseling and education
- B. Long-lasting protective interventions
- C. Making the default decisions healthy

**D. Changing socioeconomic factors – CORRECT ANSWER**

**Answer:** Ensuring all 4-year-olds in San Antonio have access to early childhood education is an example of an intervention focused on improving access to education, a key socioeconomic factor. This type of change is at the foundational tier of Dr. Frieden's health impact pyramid and has potential for the greatest impact on people's health.

➤ See slides 12–13 for discussion on the factors that affect health.

3. What is health equity?

**A. A state where everyone has a fair and just opportunity to be as healthy as possible – CORRECT ANSWER**

- B. Applying public health interventions to everyone in the same way, irrespective of need

**Answer:** In Part 1, we discussed the distinction between equality and equity. An intervention focused on equality would apply the same, one-size-fits-all solution to everyone, regardless of need. An equitable approach means we're focused on ensuring that people have what they need to thrive. And beyond that, it acknowledges the reality that not everyone starts off at the same place. As Dr. Paula Braveman, one of the nation's leading experts on health equity and health disparities, explains, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible."

➤ See slide 19 for discussion on health equity.

4. **TRUE or FALSE?** Improving the social determinants of health is critical to advancing health equity.

**Answer: True.** Again, we refer to Dr. Paula Braveman's definition of health equity: "that everyone has a fair and just opportunity to be as healthy as possible." She goes on to explain that "this requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." These are all social determinants of health.

➤ See slides 20–22 for discussion on improving health equity.

5. Using redlining as an example, how could public health practitioners address structural discrimination through law and policy?
- A. Conduct a legal epidemiology assessment evaluating connections between laws and policies that perpetuate structural discrimination and disparate health outcomes.
  - B. Examine the linkages between local policies that create more racially and economically mixed neighborhoods and health effects.
  - C. Identify indicators of racial disparities that could inform a racial equity analysis necessary for supporting equity-centered policies.

**D. All of the above – CORRECT ANSWER**

**Answer:** A, B, and C are all examples of how public health practitioners might address inequity created by structural discrimination embedded in housing policies (e.g., redlining).

➤ See slide 30 for discussion on redlining.

6. Which drivers of inequity are addressed by Jackie’s policy proposal?
- A. Income inequality and poverty
  - B. Disparities in political power
  - C. Governance that limits participation

**D. All of the above – CORRECT ANSWER**

**Answer:** A, B, and C are all drivers of inequity that Jackie’s policy proposal addresses.

➤ See slides 36–39 for examples of hypothetical policy interventions.

7. Which of the following is not a reason to engage community members in developing strategies to advance health equity?
- A. Address the root causes on inequity.
  - B. Prevent resources from being spread too thin.
  - C. Develop local leadership, knowledge, and skills.
  - D. Align actions across sectors.

**E. None of the above – CORRECT ANSWER**

**Answer:** None of the factors listed are reasons to avoid engaging with community members. Rather, they are all reasons that it IS important to engage community member in developing strategies to advance health equity.

➤ See slides 50–60 for discussion and examples of community engagement.

8. What are some important lessons from Elena’s example about advancing health equity?
- A. Having data on an issue is enough to advance health equity.
  - B. Identifying champions within the community and in leadership is important.
  - C. Conducting a preemption analysis can inform solutions.

**D. B and C – CORRECT ANSWER**

E. None of the above.

**Answer:** Identifying champions within the community and in leadership and conducting a preemption analysis were important lessons Elena learned about advancing health equity in the community.

➤ See slides 64–70 for discussion and examples of advancing health equity.

## Pre- and Post-Training Surveys

### Instructions for Facilitators

- Pages 17–19 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.

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*\* 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.*



# How to Use Law & Policy to Affect Health Equity

## 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 describe how law affects health and health equity.
  - a. Not confident
  - b. Somewhat confident
  - c. Confident
  - d. Very confident
  
2. I can examine the fundamental drivers of health inequity.
  - a. Not confident
  - b. Somewhat confident
  - c. Confident
  - d. Very confident
  
3. I can explore the role health departments play in supporting equity-centered policies.
  - a. Not confident
  - b. Somewhat confident
  - c. Confident
  - d. Very confident
  
4. I can illustrate how the concepts of health and health inequity can be applied in practice.
  - a. Not confident
  - b. Somewhat confident
  - c. Confident
  - d. Very confident

### Additional Feedback

5. What questions do you have about how to use law and policy to affect health equity?

**Thank you for your feedback!**

# How to Use Law & Policy to Affect Health Equity

## POST-TRAINING SURVEY

Thank you for completing the following survey!

### Learning Objectives

As a result of attending the session, [How to Use Law & Policy to Affect Health Equity](#), please indicate your current confidence level for each of the following course learning objectives:

1. I can describe how law affects health and health equity.
  - a. Not confident
  - b. Somewhat confident
  - c. Confident
  - d. Very confident
2. I can examine the fundamental drivers of health inequity.
  - a. Not confident
  - b. Somewhat confident
  - c. Confident
  - d. Very confident
3. I can explore the role health departments play in supporting equity-centered policies.
  - a. Not confident
  - b. Somewhat confident
  - c. Confident
  - d. Very confident
4. I can illustrate how the concepts of health and health inequity can be applied in practice.
  - 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 [How to Use Law & Policy to Affect Health Equity](#).

5. How would you rate the overall session?
  - a. Poor
  - b. Fair
  - c. Good
  - d. Very good
  - e. Excellent

6. I would recommend this session to others.

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

### Additional Feedback

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

8. How could this session be improved?

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

**Thank you for your feedback!**