

How Does the Law, Past and Present, Affect Health Equity?

Part 1 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.

Training Overview

About This Training

This training is Part 1 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.

Health departments and organizations play many roles: employers, regulators, data collectors, service providers, educators, and funders – to name a few. All of these roles and everything that a health department does, can – and should – be used to advance health equity.

However, in order to promote health equity, it is important to first understand how laws drive structural discrimination and, more specifically, structural racism, which creates and reinforces health inequities. Then we can use this knowledge to address laws and policies within public health that have contributed to multigenerational harm.

This two-part series is meant to serve as a foundation for all Public Health Law Academy trainings, including our module “Public Health Law: Past and Present,” which illustrates some of the important ways that public health law can have a positive impact on health. This series of trainings focuses on how many of our laws have also harmed communities and explores how we can use public health to remedy those harms and improve health equity. We encourage you to engage in this material and think about where, in your practice, you can use the tools of law and policy to promote 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

- Define health equity.
- Explore how structural racism is rooted in our country's legal legacy and history.
- Examine how laws, both past and present, contribute to health inequities.
- Explore how inequities can be repaired.

Materials

- Facilitator's Guide: This document can be adapted to provide a training 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 Does the Law, Past and Present, 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 Does the Law, Past and Present, 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 p. 12 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. 13–14.
- *The pre-training survey included in this guide on page 16.* 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. 17-18.

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. 16 in this guide)
- Q&A handout (p. 12 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
-

What is health equity?

20 minutes*

Objectives

- Define health equity and why it matters to public health practice.
- Describe law as a determinant of health and review the ten essential public health services.

Resources

- Slide presentation (slides 7–31)

Public Health Law Competency Addressed

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

What can history teach us about structural discrimination?

25 minutes*

Objectives

- Describe how laws that perpetuate structural discrimination contribute to health outcomes today.
- Explore ways health departments and their partners can address structural discrimination.

Resources

- Slide presentation (slides 32–73)

Public Health Law Competency Addressed

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

How does the law contribute to health equity?

15 minutes*

Objectives

- Illustrate how law contributes to multigenerational harm across key determinants of health. Describe what structural racism is and how it drives health inequity today.

Resources

- Slide presentation (slides 74–89)

Public Health Law Competency Addressed

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

How can inequities be repaired?

25 minutes*

Objectives

- Explore examples of health equity in practice.
- Identify guiding principles that can help address or repair inequity.

Resources

- Slide presentation (slides 90–105)

Public Health Law Competency Addressed

- [Public Health Law Competency Model](#) 2:1, 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. 13–14 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 106–111)
- Post-training survey (pp. 17–18 of 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 [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

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:

- Calloway E, Hanley C. *Place-Based Health Disparities*. ChangeLab Solutions. Aug 6, 2018. changelabsolutions.org/blog/place-based-health-disparities.
- Carpenter Z. What’s killing America’s Black infants? *Nation*. February 15, 2017. thenation.com/article/archive/whats-killing-americas-black-infants.
- Centers for Disease Control and Prevention, Public Health Professionals Gateway: *10 Essential Health Services*. Updated May 16, 2024. cdc.gov/public-health-gateway/php/about.
- ChangeLab Solutions. *A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy*. 2019. changelabsolutions.org/product/blueprint-changemakers.
- ChangeLab Solutions. *Equitable Enforcement to Achieve Health Equity: An Introductory Guide for Policymakers and Practitioners*. 2020. changelabsolutions.org/product/equitable-enforcement-achieve-health-equity.
- Gostin L, et al. The legal determinants of health: Harnessing the power of law for global health and sustainable development. *Lancet Commissions*. 2019;393:1857–910. [dx.doi.org/10.1016/S0140-6736\(19\)30233-8](https://doi.org/10.1016/S0140-6736(19)30233-8).
- Hannah-Jones N. Living Apart: How the Government Betrayed a Landmark Civil Rights Law. *ProPublica*. Updated June 25, 2015. propublica.org/article/living-apart-how-the-government-betrayed-a-landmark-civil-rights-law.

- Hannah-Jones N. What is owed: It is time for reparations. *New York Times*. June 30, 2020. [nytimes.com/interactive/2020/06/24/magazine/reparations-slavery.html](https://www.nytimes.com/interactive/2020/06/24/magazine/reparations-slavery.html).
- Library of Congress. Indian Removal Act: Primary Documents in American History. guides.loc.gov/indian-removal-act.
- Rothstein R. The Color of Law: A Forgotten History of How Our Government Segregated America. Updated 2017. epi.org/publication/the-color-of-law-a-forgotten-history-of-how-our-government-segregated-america.
- Semuels A. Good school, rich school; bad school, poor school. *Atlantic*. Aug 25, 2016. theatlantic.com/business/archive/2016/08/property-taxes-and-unequal-schools/497333.
- Thebalt R. Fresno's Mason-Dixon Line: More than 50 years after redlining was outlawed. *Atlantic*. August 20, 2018. theatlantic.com/politics/archive/2018/08/fresno-segregation/567299.
- US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social determinants of health. In: *Healthy People 2030*. Last visited July 18, 2024. health.gov/healthypeople/priority-areas/social-determinants-health.
- Yearby R, et al. Racism is a public health crisis. Here's how to respond. Accessed October 8, 2020. Updated September 3, 2020. tjcinstitute.com/wp-content/uploads/2020/09/Racism-is-a-Public-Health-Crisis.pdf.

Relevant Case

RESIDENTIAL SEGREGATION

Buchanan v. Warley, 245 U.S. 60 (1917)

SUMMARY: *Buchanan* is a U.S. Supreme Court case in which the Court overturned a Louisville, Kentucky, ordinance that prohibited Black people from living on a block if the majority of residents on the block were white. The case arose when Charles H. Buchanan, a white man, tried to sell his house to William Warley, a Black man. The house was on a block where eight of the ten houses were occupied by white residents, and therefore Warley could not live on the block. Buchanan argued that Louisville's ordinance violated the Due Process clause of the 14th Amendment. On appeal to the U.S. Supreme Court, the Court agreed with Buchanan in a unanimous decision, as the ordinance afforded lesser rights to Black persons than white persons.

TAKEAWAYS: Although a state and local government may exercise its police power to regulate the disposition and use of property in many ways, this power is not greater than the Constitution. The Constitution is the supreme law of the land.

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. 13–14) 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 Does the Law, Past and Present, Affect Health Equity?

Q&A Handout

Instructions: As an individual, answer the following questions.

1. **TRUE or FALSE?** Individual choices determine our health outcomes far less than we think.
2. **TRUE or FALSE?** Adopting an equal approach to health benefits everyone equally.
3. **TRUE or FALSE?** While understanding the legal legacy of structural discrimination is important, it is not directly related to public health practice today.
4. **TRUE or FALSE?** The legacy of unfair and unjust laws and policies is still with us today and contributes to growing health inequity.
5. Which of the following are examples of structural discrimination?
 - A. American Indian boarding schools
 - B. Jim Crow laws
 - C. New Deal loan programs
 - D. A and B
 - E. A, B, and C
6. Which of the following are important elements in repairing inequity?
 - A. Addressing the root causes of poor health
 - B. Supporting community resilience
 - C. Acknowledging past harms
 - D. A and C
 - E. A, B, and C

How Does the Law, Past and Present, Affect Health Equity?

Q&A Handout

ANSWER KEY

1. **TRUE or FALSE?** Individual choices determine our health outcomes far less than we think.

Answer: True. Differences in health outcomes across populations are the result of many factors beyond any one individual's or population's control that compound over time. Consider differences in smoking rates, for example, which are not entirely the result of individual choices to smoke. It is not by coincidence that tobacco retailers are disproportionately concentrated in low-income neighborhoods or that the tobacco industry intentionally targets people of color in marketing campaigns.

➤ See slides 8-18 for discussion and more examples of how multiple factors drive health outcomes.

2. **TRUE or FALSE?** Adopting an equal approach to health benefits everyone equally.

Answer: False. Remember the example of bicycles for different people. An intervention focused on equality would apply the same, one-size-fits-all solution to everyone in the image regardless of need. An equitable approach means a focus on ensuring that people have what they need to thrive. Beyond that, it acknowledges the reality that not everyone starts off at the same place. What one person or population needs might be different from what another needs.

➤ See slides 21–27 for discussion of health disparities, health inequities, and designing interventions.

3. **TRUE or FALSE?** While understanding the legal legacy of structural discrimination is important, it is not directly related to public health practice today.

Answer: False. Understanding the history of unjust laws and policies is very important to the practice of public health today. The legal legacy of structural discrimination contributes to growing health inequity. Many health departments work with communities that face deep challenges connected to structural discrimination. Understanding and acknowledging history is essential to redressing structural discrimination and achieving health equity.

➤ This question and answer are discussed on slides 35 and 36.

4. **TRUE or FALSE?** The legacy of unfair and unjust laws and policies is still with us today and contributes to growing health inequity.

Answer: True. Research by Dr. Donald Warne and Dr. Denise Lajimodiere documents the psychosocial influences of American Indian health inequity and how a history of genocide, unfair treatment under the law, and intergenerational trauma have contributed to the chronic disease inequity among American Indian and Alaska Native communities today.

➤ See slides 40–49 for discussion of this research.

5. Which of the following are examples of structural discrimination?

- A. American Indian boarding schools
- B. Jim Crow laws
- C. New Deal loan programs
- D. A and B

E. A, B, and C – CORRECT ANSWER

Answer: The American Indian boarding school experience, Jim Crow laws, and New Deal loan programs are all examples of structural discrimination.

➤ See slides 40–68 for discussion and more examples of structural discrimination.

6. Which of the following are important elements in repairing inequity?

- A. Addressing the root causes of poor health
- B. Supporting community resilience
- C. Acknowledging past harms
- D. A and C

E. A, B, and C – CORRECT ANSWER

Answer: Addressing the root causes of poor health, supporting community resilience, and acknowledging past harm are all important elements in developing and implementing laws and policies that repair inequity.

➤ See slides 90–103 for discussion and examples of repairing inequities.

Pre- and Post-Training Surveys

Instructions for Facilitators

- Pages 16–18 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.*

How Does the Law, Past and Present, 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 course learning objectives.

1. I can define health equity.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

2. I can describe how structural discrimination is rooted in our country's history.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

3. I can examine how laws contribute to health inequities.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

4. I can identify ways health inequities can be repaired.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

Additional Feedback

5. What questions do you have about how laws, past and present, affect health equity?

Thank you for your feedback!

How Does the Law, Past and Present, Affect Health Equity?

POST-TRAINING SURVEY

Thank you for completing the following survey!

Learning Objectives

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

1. I can define health equity.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

2. I can describe how structural discrimination is rooted in our country's history.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

3. I can examine how laws contribute to health inequities.
 - a. Not confident
 - b. Somewhat confident
 - c. Confident
 - d. Very confident

4. I can identify ways health inequities can be repaired.
 - 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 Does the Law, Past and Present, 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!