ChangeLab Solutions

Public Health Legal Authority for Good

Examples & Evidence for Practitioners & Policy Partners

Contents

Introduction

Public Health Legal Authority & Why It Matters

Governmental public health refers to the public servants — elected officials and agency staff, such as program managers, educators, epidemiologists, community health workers, and nurses — tasked with promoting the health and well-being of communities across the United States. *Public health authority* refers to the legal powers that legislatures delegate to enable governmental public health to take actions to protect and promote public health, safety, and welfare. Public health practitioners are granted authority from laws and policies, which they use to implement their mission.[1] The public health system also includes a broad range of non-governmental actors, organizations, and institutions who take on a similar mission, albeit without the formal legal authority addressed in this resource.

Public health authority at the state and local levels stems from the inherent and broad power to protect public health and safety reserved to the states under the 10th Amendment of the U.S. Constitution.[2] Through laws, regulations, and other policies, states share their authority with local governments using a variety of collaborative approaches. In the courts, judges interpret the meaning, scope, and application of public health legal authority when it is contested, and their decisions influence its broader interpretation. These laws, regulations, policies, guidance, and other decisions ensure that governmental public health actions serve the public's health, safety, and well-being.[3] This guide focuses on governmental public health at the state and local levels and highlights key considerations and examples for practitioners, elected officials, other decision-makers, and community members who may influence how public health authority is defined and exercised in their jurisdictions.

Public health legal authority often functions in the background to facilitate activities that save lives and improve well-being across communities. While not always perfect, for decades governmental public health has improved access to clean water and healthy foods, championed seat belt laws, and led prevention efforts focused on measles, tuberculosis, and tobacco use. The nature of their work requires that they adapt to respond to evolving and emerging community health

priorities, always striving to balance immediate community needs and long-term impacts of their decisions. Legal authority can and must establish guidance and guardrails to help governmental public health do its best work.

Good Public Health Authority Is More Relevant Than Ever

The turn of the 21st century brought public health legal authority into the spotlight. Increasing research about **community-based drivers of health**, also known as social determinants of health, supported public health interventions to address the **root causes** of poor health outcomes. Rather than responding to individual community health issues like the drinking water quality in one school, a root cause approach would address unequal infrastructure funding across all a community's schools. These community-level interventions proved more effective and **equitable** than addressing health concerns on a case-by-case basis.[4] These findings also prompted governmental public health to acknowledge the failures of some interventions to consider, mitigate, and prevent unintended harms related to these root causes.

Then, the COVID-19 pandemic highlighted the current system's unfair distribution of resources and services — inequities rooted in longstanding influences and structures that have eroded public trust for generations. This stress test and the need for modernization[5] coincided with the rise of a political agenda[6] aimed at deregulating industry, including those known to compromise health for profit, and reducing government influence more broadly. As these pressures mounted, government agencies were working to save lives and respond to public health emergencies like the COVID-19 pandemic and natural disasters. When mistakes were made, public participation, independent judicial oversight, and other accountability mechanisms worked to ensure that public health decisions were based on thorough analysis and sound evidence.

Against this backdrop, rebuilding community trust in public health authority is more important than ever. The time is ripe to reexamine the laws that shape public health authority and ensure they provide adequate guardrails to guide the exercise of that authority. At the same time, it is imperative not to create barriers to beneficial activities, such as supporting community health goals, addressing urgent public health challenges, expanding community-based opportunities for healthy living, and honoring the diverse experiences and expertise of residents and public institutions.

A NOTE ON THE PUBLIC'S HEALTH

Everyone deserves an equal opportunity to live their healthiest life, yet every community has different health-related goals and needs. One promising approach to meeting these varied needs is to prioritize public health investments in places where people face the biggest barriers to healthy living. These investments will be less likely to leave anyone behind. Some practitioners use terms like "**health equity**" or "health justice" when discussing the public's health. Even when people use different terms, they reflect evolving efforts to express complicated topics more meaningfully. In many places across the United States, we **share values** like the following, which are reflected in foundational governmental promises:

- Life, liberty, and the pursuit of happiness
- Safety, health, and welfare
- Equal opportunity and protection
- Equality, fairness, and justice

How to Use This Guide

This guide's primary audience is governmental public health and its partners. Perhaps you are a **state or local health department employee** seeking to understand or make the most of your own authority to improve health in your community. Perhaps you are an **advocate or community member** exploring how governmental public health knowledge, resources, and power might better support upstream investments and interventions. Or perhaps you are an **elected official or other decision-maker** looking to ensure that public health is responding to local needs and is not pursuing activities that inadvertently harm the public's health.

This guide compiles laws and policies from various jurisdictions focused on establishing and exercising state and local public health authority effectively and fairly. It also includes links to research supporting these legal strategies. This collection is an effort to bridge the research between high-level calls for systemic improvement and on-the-ground examples of public health investments from around the country. It's where practice meets evidence-backed theory, and we hope the examples are ripe for uptake and adaptation.

These examples and resources are structured in the following Roles & Priorities Rubric. The row headers identify three roles that governmental public health plays:

- **Providing** core public health services to all people
- **Serving and partnering with communities**[7] by listening and responding to their concerns and values
- **Coordinating across sectors and systems**[8,9] to address the wide array of factors that influence health outcomes and contribute to complex public health challenges

The column headers propose three priorities for public health legal authority across each of these roles:

- **Processes** to determine how and with whom decisions must be made, who is responsible for taking public health actions, and how those powers can be used
- **Accountability measures** to ensure that exercises of public health authority are justified, guided by experts and experience, and evaluated accordingly over time
- **Goals** to guide agency decision-making and implementation, with explicit outcome measures aimed at improving people's health and reducing disparities between population groups

Roles & Priorities Rubric

This rubric is provided as a roadmap to the guide. It appears at the top of each priority section and includes links to jump directly to each subsection.

	Processes	Accountability	Goals
Providing Core Services	Sustainability and workforce supports	Data tools and protections	Foundational public health services for all
Serving Communities	Community trust	Accountability to community	Community-based drivers of health
Coordinating Systems	Cross-sector partnerships	Good governance	Systems-based health solutions

The rubric is populated with activities to embed in public health legal authority, based on findings collected and synthesized from the following sources:

- Conversations with staff and advocates nationwide, including jurisdictions across the political spectrum and advocacy groups focused on health, community health, and equal access to health-supporting opportunities and services
- Reports and calls to invest in an improved public health system, after COVID-19 response efforts exposed the current system's great potential and shortcomings[10,11,12,13,14,15,16,17,18,19,20,21]
- Research on trends in legislative and judicial changes to public health authority, which have accelerated since 2020 as part of a coordinated, decades-long deregulatory agenda
- Research highlighting successful legal and policy strategies for improving public health systems and services[22]
- Studies showing that: (1) rollbacks and limitations of public health authority can worsen community health outcomes,[23,24] and (2) community investments that embrace public health authority and collaborative decision-making can lead to improved outcomes[25]

Note that this guide is not endorsing any particular law or its implementation generally. The laws and policies highlighted are meant to provide helpful examples; however, the full implications of any particular law may be unknown or may vary by jurisdiction.

Finally, while compiling our research and engaging in conversations with our growing network, we've connected with new partners. For example, we've connected with journalists and researchers from other disciplines seeking to learn about the range of community-specific legal and policy levers used to advance public health across the country. We've also connected with practitioners and advocates from tribal public health offices, institutions, and organizations. Although the public health authority of each sovereign tribal government[26] — established through

related laws and treaties — is outside the scope of this guide, we have highlighted some related resources throughout. Furthermore, we have deeply valued our conversations with tribal leaders and their partners who have asked questions, shared learnings, and provided critical reflections on this research. We support calls for deeper coordination and understanding between all governmental bodies and tribal sovereign nations in pursuing public health and well-being for all. This includes improving processes for collaboration, data sharing and accountability, goal alignment, and more with tribal entities. To the extent that the examples in this guide can inform — and be informed by — tribal partnerships, we are eager to learn of those efforts.

ENGAGEMENT WITH TRIBAL NATIONS, HEALTH AUTHORITIES, & RELATED COMMUNITY PARTNERS

Tribes are sovereign governments with their own governing bodies, policies, and funding structures. They also have diverse, traumatic histories of engaging with other U.S. governmental bodies (federal, state, and local).[27] Though the mechanisms of tribal public health authority are outside the scope of this guide, non-tribal governmental public health legal authority can establish how state[28] and local[29] public health practitioners and decision-makers should consult and partner with tribal leaders and organizations like the National Indian Health Board.[30] The processes, accountability measures, and goals in this resource can be adapted and adopted to support Tribal partnerships.

Processes

Roles & Priorities Rubric

	Processes	Accountability	Goals
Providing Core Services	Sustainability and workforce supports	Data tools and protections	Foundational public health services for all
Serving Communities	Community trust	Accountability to community	Community-based drivers of health
Coordinating Systems	Cross-sector partnerships	Good governance	Systems-based health solutions

Public health legal authority can facilitate, guide, and even require that all governmental actions use processes shown to improve public health outcomes, by:

- **Allocating resources to sustain services and the workforce over time**, so that issues of underfunding, understaffing, and turnover don't undo public health wins,
- **Embedding engagement methods that deepen community trust**, to rebuild transparency and partnership between governments and residents, and
- **Facilitating cross-sector partnerships to share resources and lean into existing expertise**, so that the full community implications of an issue are addressed.

Sustainability & Workforce Supports

Good legal authority for core public health services includes processes that ensure the effectiveness and sustainability of the work and the workforce. Public health professionals are highly trained and dedicated to using science and proven techniques to achieve better health for all. Ensuring they can work effectively and efficiently requires both financial sustainability — since legal authority tools do not necessarily provide funding — and supports for the workforce that will implement authorized activities.

We recommend establishing processes that embed sustained financial support into any exercises of public health authority that implicate the public health workforce. This could include adopting the following legal mechanisms:

- Stable funding streams and practices
- Ongoing investments in technology and other essential infrastructure[31] tools
- Dedicated time and resources for continued training
- Network supports to connect public health workers with other practitioners (governmental and non-governmental, within and beyond jurisdictions)
- Tools and skills to support emergency preparedness, response, and recovery
- Revised hiring and employment practices to improve workforce attraction, recruitment, and retention

The evidence for sustainability and workforce investments show that increased public health spending is associated with improved health outcomes, a reduction in preventable deaths, and economic growth.[32,33,34] Workforce investments support public health services and emergency response and, more recently, have been shown to recoup costs associated with departures of public health employees.[35,36] A public health workforce that is representative of the population it serves is better equipped to address the unique needs of their community.[37] These health and economic benefits are tied to the sustained financial health of state and local public health agencies and the support of people charged with carrying out public health duties.[38]

Examples of legal authority for sustainability & workforce supports

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact ChangeLab Solutions.

State statutes have:

- Outlined funding levels for core public health services[39,40,41]
- Invested in improving state and local public health data-related technologies[42]
- Established emergency funding and other critical public health resources, like personal protective equipment[43]
- Directed targeted funding toward addressing public health issues impacting specific communities[44]

- Provided technical assistance to local health departments and community-based organizations to help build capacity and support the range of people and backgrounds present in the workforce[45]
- Increased salaries for new and existing employees[46,47,48]
- Adopted other measures to drive recruitment and retention (e.g., streamlined hiring processes, scholarship programs, local education partnerships, certifications)[49,50,51,52,53,54] and employment practices such as providing a flexible work schedule, ongoing training,[55] and parental leave[56]
- Protected employees from harassment and intimidation,[57] including anti-retaliation protections for whistleblowers[58]

Many of these statutory provisions could be adapted for local applications through municipal ordinances and other local legal mechanisms.

Executive orders have provided funding for emergency preparedness[59] and additional staffing.[60]

Rules and regulations have instituted training requirements for public health departments and local boards of health.[61]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Funding for public health services

- An Indiana statute (IC 16-46-10-2.2) creates a state funding program with formulas to determine annual funding amounts for core public health services delivered by local health departments.
- A Colorado statute (C.R.S. § 25-4-2203) creates a health disparities and community grant program "to provide financial support for statewide initiatives that address prevention, early detection, and treatment of cancer and cardiovascular and pulmonary diseases in underrepresented populations, and to positively affect social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations."

Funding for emergency response and resources

- A Colorado statute (C.R.S. § 24-33.5-1621) provides cash funds and resource stockpiles as needed for public health emergencies and authorizes the Colorado Division of Homeland Security and Emergency Management to accept gifts, grants, and donations from public and private sources during emergencies.

Funding for workforce supports

- A Massachusetts statute (Mass. Gen. Laws ch. 111, § 27D) establishes a public health excellence program to provide resources for local boards of health, including education and training standards for municipal and regional public health employees and expanded access to professional development. The statute also directs the state public health department, subject to appropriation, to "provide comprehensive core public health educational and training opportunities to municipal and regional public health officials and staff." These trainings must be held at least four times per year, offered in diverse geographic locations, and provided free of charge.

Community Trust

While trust is a subjective phenomenon, it matters especially to the extent that it shapes behavior.[62] Public trust and trust in government each represents citizens' confidence in the actions of a "government to do what is right and perceived fair."[63] It depends on the congruence between citizens' interpretations of what is right and fair and their perceptions of government actions.[64] Key components of trustworthiness include credibility, reliability, and connectedness, which government entities can foster through meaningful and sustained engagements with communities.[65,66,67]

Good legal authority for public health includes processes for meaningfully engaging communities in decision-making that affects their lives, in order to build or repair community trust. A community is generally defined as a group of people who live or work in a particular geographic area, or who share a common identity or characteristic. However, a community may also be defined by historical and structural factors that have resulted in disproportionate exposure to risks and barriers that harm health (e.g., geography, race,[68] nationality, sex, sexual orientation, age, **poverty**, limited political power or **representation**). Engaging and listening to communities while exercising public health authority should include processes to build, repair, and activate community trust, while leaning into the existing experiences and expertise that community organizations and residents may bring to an issue.

Authorizing legal mechanisms can facilitate or require that public health practitioners seek input from, partner with, or share decision-making power with community members most affected by an issue. Legal tools can also require transparent processes that integrate community members' goals and priorities during decision-making and **implementation**. They can also require the use of evidence that helps counteract instances of public **misinformation and disinformation**, in order to rebuild trust in health and public health systems.

The evidence for community-centered investments shows that trust is a powerful force in communities to improve public health outcomes. Meaningful community engagement — built on respectful and honest collaboration — strengthens partnerships, expands knowledge, and builds trust. Relevant partners should be involved in decision-making processes, especially those who have lived experience[69] with the issue at hand and who have been historically excluded from these processes.[70,71,72] Trust improves the effectiveness of public health policies and interventions, in part by influencing people's risk calculations to strengthen prevention efforts (like vaccine uptake), encourage behavior change (like using contact-tracing applications during the pandemic), and ultimately improve health outcomes.[73,74,75,76] It also increases the use of public health data tools, leading to more accurate data findings, and over time, greater trust.[77] More broadly, trust fosters the type of day-to-day community interactions that improve cooperation and economic prosperity.[78,79]

Examples of legal authority for processes promoting community trust

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact ChangeLab Solutions.

State statutes have:

- Established balanced public participation requirements for agency decisions[80,81,82] that support improved decision-making without creating barriers to action or becoming a tool for powerful interests to exploit
- Set requirements and procedures for including affected communities and those that have been marginalized in decision-making bodies and processes[83]
- Required agencies to create and implement community engagement and public participation plans[84]
- Established a framework for compensating community members for participating in public engagement processes[85]
- Created programs that facilitate funding and sustained long-term relationships with community-based organizations[86]
- Codified and funded language access and other accessibility requirements[87]
- Established frameworks to ensure community access to information on proposed policies and projects[88]

Local ordinances and resolutions have:

- Required that local agencies and departments include community engagement as part of policy development and proposals[89,90]
- Specified that departments develop community engagement plans and policies, establish community advisory groups, hold public meetings, and maintain open records[91,92]
- Established advisory councils that identify and address the needs of communities and involve and actively recruit community members[93]
- Adopted fair and just principles for public participation and community engagement processes that incorporate the experiences of those most affected by decisions[94,95,96]

Executive orders have required meaningful public engagement opportunities, including addressing topics such as language access.[97]

Rules and regulations have required and facilitated community participation and engagement with affected populations.[98,99,100]

Agency policies and programs have provided additional vehicles for formalizing and implementing meaningful engagement practices — helping build community trust by making it more likely that communities are included and heard during decision-making.[101,102,103]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Requiring or encouraging agencies to engage meaningfully with the public

- A Massachusetts statute (Mass. Gen. Laws ch. 30, § 62J) requires that "opportunities for meaningful public involvement" be provided for proposed projects affecting the environment, public health, and safety. The statute specifically addresses providing information in languages other than English, having accessible meeting locations near public transit, and establishing local repositories for document review.
- Illinois' special education rules include a rule (511 IAC 7-36-1) that encourages education agencies to establish advisory councils, committees, task forces, or groups that facilitate community engagement with parents and students, including students with disabilities.
- A New Mexico executive order requires that all cabinet-level departments, boards, and commissions involved in decisions that may impact public health and environmental quality provide meaningful opportunities for all people to participate. The order requires annual review to ensure program implementation meets the needs of low-income communities and communities of color and addresses inequitable impacts. It also requires that information be disseminated

in English and Spanish, as well as other languages as appropriate. Lastly, the order requires that all departments use appropriate public health and environmental data to assess impacts to communities that have been marginalized, and establishes a multi-agency task force to expand membership to other community members.

Requiring agency community engagement plans

- A Washington statute (RCW 70A.02.050) requires that the state health department and other covered agencies develop and implement community engagement plans that specifically address working with overburdened communities. Another state law (RCW 43.03.220) provides a framework for compensating community members for participating in public engagement efforts.

Promoting equality and fairness in representation

- An Arlington, Texas ordinance (codified at Art. III, § 3.09 of the Administration Chapter of the city code) establishes a Unity Council whose composition reflects the city's demographic diversity and whose duties include making recommendations to the city council on ways to promote equality.
- A Thurston County, Washington ordinance (codified in Chapter 2.114 of Title 2 of the county code) establishes a council related to human rights across the range of cultures represented in the county.

Facilitating community engagement through agency programs

- The Virginia Department of Medical Assistance Services has used the Medicaid program to hire community outreach coordinators to help facilitate community engagement through approaches like culturally connected partners and flexible hours for individuals who cannot meet during standard work hours. The department also established a Medicaid member advisory council that has both formal and informal meetings to discuss recommendations with the state director and other agency officials.

Cross-Sector Partnerships

The legal authority mechanisms below require that a jurisdiction's public health practitioners partner with, fund, and/or incorporate key agencies, organizations, and trusted community bodies into decision-making processes to address core public health issues through collaboration and shared power:

- Facilitating collaboration between state and local governments and agencies
- Creating cross-agency task forces and committees to encourage collaboration across sectors, such as **health in all policies** efforts, on issues that impact public health
- Requiring that committees and advisory groups establish data sharing and other agreements to facilitate the use of health data in decision-making processes
- Forming cross-sector, cross-agency groups to address health issues affecting communities, and supporting collaboration by asking for ideas and feedback on proposed legislation and policy changes
- Requiring that every department account for health impacts across all policies

The evidence for investments in cross-sector partnerships in public health shows that they improve health and well-being by leveraging shared resources and different types of expertise.[104] When governmental departments connected to a public health issue in different ways coordinate their efforts and consider the health implications of possible responses, it improves health outcomes, reduces costs and the strain on other resources, and creates more lasting change.[105,106] These benefits apply when cross-sector partnerships approach complex public health challenges from a community-level perspective and address the goals of affected groups of community members.[107,108,109,110]

Examples of legal authority for cross-sector partnerships

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact **ChangeLab Solutions**.

State statutes have:

- Created advisory committees, working groups, or task forces that include multiple state agencies, as well as outside experts[111,112,113,114,115]
- Set requirements and established processes related to committee composition (including **representation** of diverse communities, sectors, and disciplines) and agency leadership participation,[116,117] meeting frequency or locations,[118] and community accountability[119]

- Established specialized bodies to address the goals of populations that have been marginalized[120,121,122]
- Required and facilitated the involvement of public health officials in partnerships and advisory groups[123]
- Provided funding, office space, staff, and other resources to ensure that partnerships are properly supported[124]

Local ordinances and resolutions have:

- Established interdepartmental teams, task forces, and parameters for data collection, sharing, and reporting to address health-related issues and to encourage other departments to consider health implications in their own decision-making,[125,126,127]
- Facilitated cross-agency partnerships and information exchange[128]
- Provided guidance on committee, task force, and workgroup composition and meeting frequency and accessibility to ensure consistent representation and engagement with communities that have been marginalized[129,130]

Executive orders have required that agencies use appropriate public health and environmental data to assess impacts to communities and established a cross-agency task force.[131]

Rules and regulations have created cross-sector committees to address public health issues and provide input, data analysis, and recommendations.[132]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Establishing inter-governmental and cross-sector bodies

- A Michigan statute (MCL 388.1009a) establishes a special education advisory committee made up of 33 members that represent various departments, agencies, and four-year colleges and universities.
- An Illinois statute (410 ILCS 155/10) establishes a working group, which includes the University of Illinois at Chicago School of Public Health and the Illinois Department of Public Health, to review legislation and provide policy recommendations on how the legislation may impact the health of state residents. The statute also requires cross-department and cross-sector representation in the working group, including members that represent minority populations.
- Another Illinois statute (20 ILCS 5/5-565) establishes an advisory board of health composed of physicians and practitioners across a range of disciplines as well as representatives from key sectors such as business, nonprofits, and the general public. In addition to requiring a diverse membership across multiple interests and disciplines, the

law also requires public hearings in a variety of geographic areas, cross-sector partnerships, and the use of a wide range of data sources when determining needs and priorities.

Specialized inter-governmental and cross-sector bodies can also be created to facilitate partnership on health disparities. Using terms like "**health equity**" or "health justice" may be complicated under certain federal grants or partnerships; however, many jurisdictions have effectively developed laws or policies that further these ends using a range of terminology. For examples, contact **ChangeLab Solutions**.

Accountability

Roles & Priorities Rubric

	Processes	Accountability	Goals
Providing Core Services	Sustainability and workforce supports	Data tools and protections	Foundational public health services for all
Serving Communities	Community trust	Accountability to community	Community-based drivers of health
Coordinating Systems	Cross-sector partnerships	Good governance	Systems-based health solutions

Public health legal authority can embed accountability mechanisms to ensure public health actions achieve intended goals, mitigate unintended consequences, and continually improve, by:

- **Facilitating and requiring responsible data collection, use, and protection**, so that evidence drives public health efforts and improvements, rather than politics or other non-public-health-centered justifications,
- **Centering community roles during policy assessment, planning, implementation, evaluation, and improvement** so that government actions are held accountable to those whose lives are most affected by the issues, and
- **Implementing good governance methods** to ensure transparency and shared values drive community collaboration.

Data Tools & Protections

Public health legal authority can embed guidance and requirements for the collection, protection, maintenance, use, and sharing of data aimed at assessing the need for and impacts of public health activities. This authority can cover both quantitative data and qualitative data. Legal mechanisms can address best practices for public health data collection, privacy (balancing identifiability and disaggregation), data sharing among key partners (including non-governmental partners), and the reporting tools through which data can flow into relevant conversations with community members and decision-makers.

A NOTE ON TRIBAL DATA

While tribal public health legal authority is outside the scope of this guide, we honor and echo the call for governmental partners to commit to a principled approach to their partnerships with sovereign tribal leaders and communities, especially when it comes to the quality, stewardship, uses, sovereignty, and protections of tribal data.[133,134,135] Experts in data and epidemiology focused on tribal partnerships, such as the twelve Tribal Epidemiology Centers,[136] the Council of State and Territorial Epidemiologists,[137] and our Act for Public Health partners at the Network for Public Health Law, offer resources on related topics, such as data governance[138] and data privacy.[139]

As with most public health laws and policies, those affecting data accountability reflect an exercise in balancing clarity, flexibility, and privacy and other individual protections. For example, defining applicable types and uses of data can help ensure that public health collects relevant information, like disease and other illness trends, and responds to it appropriately. Clear and explicit authority helps encourage and guide action. On the other hand, too much specificity could inadvertently tie authority to specific situations and contexts, limiting governmental public health's ability to respond to changing circumstances (as demonstrated by COVID-19 response efforts).

A note on community-centered data: Data can help tell stories; however, it can also oversimplify issues and the people experiencing them. Structural and institutional discrimination and violence against people of color — particularly Black Americans and Native Americans — can make data collection feel like surveillance. Such distrust often stems from knowledge of historical harms perpetrated in the name of data collection. Community-centered data can help rebuild trust, through practices such as partnering with community-based organizations and groups on data collection and use, gathering qualitative data, and disaggregating data to better recognize different populations.[140]

The evidence for investments in public health data tools and protections illustrates how data enables foundational public health activities, such as identifying urgent public health threats, scaling response efforts, allocating resources, and monitoring health impacts to assess the effectiveness of public health interventions.[141,142,143,144] These activities are all building blocks for healthier communities. As noted in the community trust section of this guide, trust and good data are mutually reinforcing. Data management, governance, sharing, and reporting are all tied to community trust, and in turn, to the quality and usefulness of the data collected.[145,146] Particularly given the immense potential (and risks) associated with new data technologies, data tools are more important than ever as we work to improve the effectiveness and efficiency of public health interventions.

Examples of legal authority for data tools & protections

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact ChangeLab Solutions.

State statutes have:

- Required the collection of specific types of public health data,[147] defined[148] or set guidelines[149] for how public health data can or should be used, and set[150] or required the development[151] of security standards
- Specified which data elements should be collected,[152] by whom,[153] and for what purpose[154,155]
- Required the creation of data sharing agreements,[156] or data systems[157]

Executive orders have encouraged certain data priorities or policies for specific issues when supported by local context or broader trends.[158]

Rules and regulations (when agencies have been delegated authority or given discretion by a statute) have provided greater detail about data collection,[159] including specific data elements,[160] and provided guidance on data use,[161] data systems,[162] and data security.[163]

Agency policies have provided the greatest level of detail on data practices, including collection[164] and security.[165]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Requiring or encouraging data collection and delegating authority

- An Oregon statute (ORS 413.161) requires that the Oregon Health Authority and Oregon Department of Human Services collaborate on a rule to provide uniform standards, based on best practices, "for the collection of data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity." The agencies are then required to use those standards "to the greatest extent practicable, in surveys conducted and in all programs in which the authority or the department collects, records or reports the data." The final rule is provided in OAR 943-070.
- A Kansas regulation (K.A.R. 28-1-2) requires the collection of sociodemographic data, such as sex, race, ethnicity, and pregnancy status, in reports of communicable disease, where the department has been given authority by statute (K.S.A. 65-101) to require health-related reporting and make rules for its implementation.

Balancing specificity and breadth for purposes of data collection and use

- A Washington statute (RCW 70.58A.520) provides examples of "public health purposes" for which vital statistics data can be disclosed, including health surveillance, education, trends, needs assessments, planning, response and implementation, and evaluation.

A Virginia statute (Virginia Code 32.1-272) permits vital statistics data to be shared with federal agencies for "research and medical investigations of public health importance." The statute goes on to ensure careful stewardship of data by affirming that "no other use of such data shall be made by the federal agency unless authorized by the State Registrar."

A Utah administrative code (Utah Admin Code R386-702) requires that health care providers and laboratories report negative test results for an extensive list of diseases.

California law is less specific about negative test results, so the state health department used its public health authority to issue a policy statement confirming that local health departments can collect them under its interpretation of the law.

Accountability to Community

The examples below describe ways that public health legal authority can be used to ensure that public health practices are accountable to the communities they serve, and that the people affected by public health decisions have the opportunity to inform, review, evaluate, and update those decisions and resulting policies. Culturally competent[166] measures can also be embedded in public health legal mechanisms as a way to center community and make data processes more accountable to community needs.[167,168] Working with community members to keep public health accountable improves information-gathering and analysis, ensuring the consideration of all relevant experiences and the generation of solutions that address the real issues.

The evidence for holding governmental public health accountable to affected communities shows that transparency, power sharing, and other community-centered practices have many benefits.[169] They help demonstrate the impacts of public health activities, assess progress on shared priorities, and document the contributions of community partners.[170,171] This type of accountability also builds trust and capacity, fostering coordinated actions to improve community well-being.[172,173] Over time, community-centered practices also result in fairer strategies, more accurate results, and increased likelihood that community members will have the tools to self-advocate.[174,175] Technology provides new, cost-effective ways to engage communities in data processes and findings, opening this area of practice up to new considerations and possibilities.

Examples of legal authority for supporting accountability to community

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact ChangeLab Solutions.

State statutes have embedded community-centered measures into public health data use,[176] ensured that data is available in community-supportive ways,[177] and required the involvement of community members and partners in decision-making and other processes.[178,179]

Local ordinances have embedded community-centered data collection requirements into local public health laws.[180]

Rules and regulations have provided greater detail about how community members should be involved in data-related processes, prescribing protocols to apply to data collection, privacy, disaggregation, and training activities.[181]

Agency policies have demonstrated commitment to accountability by outlining practical strategies to hold the agency accountable to the community.[182]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Ensuring data collaborations with the people whose lives are affected

- An Illinois firearm violence prevention act (430 ILCS 69) takes "[a] public health approach to ending Illinois' firearm violence epidemic" based on the review of "timely data" in order to empower "residents and community-based organizations within impacted neighborhoods to provide culturally competent care based on lived experience in these areas and long-term relationships of mutual interest that promote safety and stability." Violence prevention organizations are to foster relationships with community members and community organizations to ensure their data-backed proposals are accountable to the people they will affect.

Partnering with affected communities on evaluations

- A Cleveland, Ohio ordinance (Cleveland, OH Mun. Code § 141.25) establishes a commissioner role tasked with administering the city's health code by conducting data assessments using "systems to identify the behavioral, cultural, social, environmental, and organizational determinants that promote or compromise health in disadvantaged groups."

Good Governance

Public health legal authority can embed ongoing and iterative processes for evidence-based decision-making and evaluation throughout all public health policy and governance processes. Evaluation — including rigorous outcomes analyses like legal epidemiology — is crucial for ensuring that people understand how public health interventions play out over time. Legal mechanisms can be reviewed or evaluated at a specific cadence (e.g., annually), or they can be measured against standards that require the law or policy to align with the latest best practices[183] or best available evidence.[184] Embedding public health and evidentiary considerations into authorizing laws helps ensure that their applications keep pace with scientific developments and limit discretionary interpretations that could inadvertently harm health. Finally, good governance and accountability make it easier to scale and adapt successful interventions to new contexts and open a path for correcting missteps or changes in the effectiveness of public health interventions over time.

The evidence for investing in good governance shows that a deeper commitment to transparency and self-reflection supports evidence-based policy change across jurisdictions and issues.[185,186] Long-term evaluation can support accountability to community as well as policy goals, helping to improve both policies and policymaker–community interactions.[187] Community involvement and qualitative evaluation methods can also improve community interactions by deepening policymakers' understanding of the nuances and realities of policy implementation.[188,189,190]

Examples of legal authority for good governance

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact ChangeLab Solutions.

State statutes have:

- Required that legal mechanisms be reviewed or evaluated based on specific standards[191] or timeframes[192] to keep them up to date
- Embedded public health measures into law[193] and shifted enforcement decision-making toward a health-promotion lens, versus a criminalization lens, when evaluating behaviors that may fall under related provisions[194]

Local ordinances have required continual review of related data and standards to ensure that local legal mechanisms are up to date.[195]

Agency policies have outlined practical strategies to ensure processes are kept up to date over the course of implementation.[196]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Embedding public health evidence into legal standards and procedures

- Nevada's state legislature passed a modernized HIV criminalization law (NRS 441A.180) embedding public health evidence into legal standards and procedures. The law includes tiered implementation levels, medical and epidemiological evidentiary requirements, guidelines for joint decision-making among agencies with related data, and an underlying goal rooted in advancing public health above all.

Ensuring ongoing timely updates

- The Administrative Policy & Procedure Manual for the Taney County Health Department in Missouri confirms that "[t]he Health Department will complete a community health assessment every three years with annual updates" with "information focusing on community and demographic data…and social issues that may affect public health." The manual further explains the department will work with community partners to use an evidence-based health assessment, collect data, and analyze health status, disease trends, risks, and resources.

Goals

Roles & Priorities Rubric

	Processes	Accountability	Goals
Providing Core Services	Sustainability and workforce supports	Data tools and protections	Foundational public health services for all
Serving Communities	Community trust	Accountability to community	Community-based drivers of health
Coordinating Systems	Cross-sector partnerships	Good governance	Systems-based health solutions

Public health legal authority generally allows governmental public health to engage in activities that promote and protect health and well-being. Defining those activities more explicitly can provide many benefits, including motivating and facilitating funding, gathering more relevant and precise data, and ensuring accountability. Laws and policies can define public health goals such as:

- **Providing essential[197] or** foundational public health services[198] to all community members, such as monitoring and response to protect against the spread of illnesses, preventing chronic diseases and injuries, preparing for and responding to emergencies, and making connections between community and clinical health settings,
- **Prioritizing fairer access to community-based drivers of health**, such as safe and stable housing, clean and healthy foods, and accessible places to work, learn, and play, and
- **Engaging in systems-based health solutions** to improve upstream influences[199] on health, which are increasingly shown to have the greatest influence on outcomes.

Foundational Public Health Services for All

Public health legal authority can explicitly include the power to pursue the goal of providing foundational public health services to all residents, beginning in communities with the greatest gaps in access. It can also specify services, such as environmental public health regulation, communicable disease control, and chronic disease and injury prevention.

Including these goals can pave the way for funding, infrastructure, and workforce supports and outline incentives or requirements around how these activities may be pursued. Broad language to provide these types of services to all residents can help move conversations to support public health efforts as a package of activities, saving specific issues for conversations down the line and closer to the communities affected by them.

The evidence shows that legal authority is an effective tool to require and support the provision of core public health services.[200,201] Foundational public health services save lives and promote healthier communities.[202,203] Legal requirements can increase local health department activity and delivery of these services,[204] as well as strengthen emergency preparedness.[205]

Examples of legal authority for foundational public health services

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact ChangeLab Solutions.

State statutes have authorized or required state health agencies to provide public health services[206,207] and required or incentivized localities to provide them.[208,209,210]

Local ordinances have required that localities provide public health services.[211]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Requiring that public health services be provided

- A North Carolina statute (NC Gen. Stat. 130A-1) requires that local health departments provide ten "essential public health services," including "preventing health risks and diseases," "promoting healthy lifestyles," and "promoting a safe and healthful environment."[212]
- An Indiana law (IC 16-46-10) requires local boards of health to provide core public health services, such as communicable disease prevention and control, lead exposure and poisoning case management, and food protection, to be eligible for state funding.[213]
- An Oregon statute (ORS 431.131) establishes the Oregon Health Authority (state health agency) and requires the agency to, at minimum, develop capabilities in assessment and epidemiology, emergency preparedness and response, and cultural responsiveness.[214]

- The Miami-Dade County, Florida code (Miami-Dade Code Sec. 2-77) requires that the local department of health plan, develop, and supervise a program to prevent, control, and cure diseases among county inhabitants and educate the public on health and sanitation.[215]

Community-Based Drivers of Health

Public health legal authority can explicitly establish a goal of improving community-based drivers of health, such as healthy stable housing, healthy local food systems, access to quality care and schools, or safe and supportive jobs. It can also support fairer access to community resources and social services[216] associated with improved health outcomes.

The evidence for improving community-based drivers of health illustrates how these upstream social and economic factors are inextricably linked to health outcomes.[217,218] Research indicates that living conditions — such as where we are born, grow, live, learn, and work — have a greater impact on health than clinical factors.[219] Interventions that target these factors can yield improved health outcomes, reduced health disparities, as well as other societal benefits, such as medical cost-savings and increased workforce productivity due to prevented premature deaths and disability.[220,221,222]

Examples of legal authority to improve community-based drivers of health

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact ChangeLab Solutions.

While many communities interpret public health authority to include community-based drivers of health, based on strong and ever-increasing evidence of the effectiveness of these strategies to improve public health, some communities have made these goals more explicit, often using the terminology of social determinants of health.

State statutes have:

- Directed state agencies, including public health departments, to consider and improve social determinants of health[223,224]
- Created offices, task forces, centers, or advisory committees within state health departments to specifically focus on improving non-medical determinants of health[225]
- Required that local public health entities consider and address the social determinants of health[226]

- Delegated authority to localities (in states where local governments have limited inherent authority, such as Dillon's Rule states) to create offices, task forces, centers, or advisory committees to specifically focus on addressing social determinants of health[227]

Local ordinances have authorized local public health agencies to address non-medical determinants of health.[228]

Rules and regulations have directed state agencies (including public health departments) to consider and improve non-medical determinants of health.[229]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Directing localities and/or agencies to consider community-based drivers of health

- A Minnesota statute (Minn. Stat. Ann. § 145A.04) requires community boards of health to promote "healthy communities and healthy behavior through activities" such as addressing the social determinants of health.
- A Hawaii statute (Haw. Rev. Stat. Ann. § 321-1) requires that the state public health agency consider "social determinants of health" in the assessment of state health needs.
- A Louisiana administrative regulation (La. Rev. Stat. Ann. § 40:1262) requires that the state's department of health improve health outcomes for women through activities such as "performing a comprehensive evidence-based analysis of the determinants" of their health differences.

Creating bodies dedicated to addressing the complex causes of health disparities

- A Colorado statute (Colo. Rev. Stat. Ann. § 25-4-2205) creates an office within the state's department of health that implements "strategies tailored to address the varying complex causes of health disparities, including the economic, physical, and social environment."
- Washington State law (Wash. Rev. Code. Ann. § 43.20.270) establishes an interagency coordinating council to provide health impact reviews, including social determinants of health, health literacy, physical activity, and nutrition.
- State laws have delegated authority (or more authority) to localities to create task forces. For example, a Maryland statute (Md. Code Ann., Health-Gen § 13-3803) allows the City of Baltimore to create a task force to develop and implement solutions to "improve the social, material, economic, and physical circumstances in which residents of [Baltimore] live, work, play, and worship."

Systems-Based Health Solutions

Public health legal authority can embed **upstream** goals that focus on systems-based health solutions. These structural influences underlie all aspects of health — from individual behaviors to care and treatment, to **community-based drivers** and how accessible they are to different people. These **root causes** may include systemic factors such as income inequality and **poverty** (at the individual and community levels), disparate access to education and fairly compensated jobs, discrimination, disparities in political voice and **representation**, and governance that limits meaningful participation.[230]

The evidence for systems-based health solutions demonstrates how interventions targeting these drivers can rectify persistent health disparities across populations.[231,232,233] Legal authority can be — and has been — used to address systemic influences on health, for example, by requiring actions and processes that empower communities and ensure their engagement in policy and decision-making.[234,235,236,237]

Examples of legal authority to pursue systems-based health solutions

These examples are categorized by type or level of law (e.g., state statutes, local ordinances, agency rules and regulations), but the actions they facilitate or require may be achieved through a variety of legal mechanisms. For support adapting these examples to new contexts, contact **ChangeLab Solutions**.

Embedding specific requirements and guidance, as well as a clearer case for authority in the event of a legal challenge, can help practitioners prioritize and implement work on upstream health factors and root causes.

State statutes have:

- Created offices, task forces, centers, or advisory committees within state health departments to specifically focus on addressing root causes[238,239,240]
- Directed state agencies (including public health agencies) to address root causes[241,242]
- Created programming that addresses root causes[243]
- Created political insulation for government entities to work independently on root causes[244]
- Delegated authority to localities to create offices, task forces, centers, or advisory committees to specifically focus on addressing root causes[245]

Local ordinances have created offices, task forces, centers, or advisory committees to specifically focus on addressing root causes within the locality. For specific examples, please contact **ChangeLab Solutions**.

Executive orders and agency rules and regulations have directed state agencies (including public health agencies) to address root causes. For specific examples, please contact ChangeLab Solutions.

Public declarations identifying racism as a public health crisis have included actionable requirements or activities to address root causes.[246,247]

In addition to the examples cited above, the following are structured thematically to illustrate how laws and policies can allow, promote, or require recommended public health activities.

Prioritizing communities facing the greatest health barriers

A Utah statute (Utah Code Ann. § 26-7-2) creates an office within the state health department to "promote and coordinate the research, data production, dissemination, education, and health promotion activities" of the state health department, local health departments, and other organizations within the state; and "assist in the development and implementation" of programs oriented toward multicultural health issues. Such interagency entities may also exist outside of state health departments, working across all state government entities.[248,249]

An Austin, Texas code (Austin, TX Mun. Code § 2-1-174) requires that the Austin/Travis County Public Health Department create a public health commission to provide recommendations and develop strategies to address the health needs of underserved populations.

Executive orders and public declarations have created offices, task forces, and other bodies that specifically focus on addressing root causes or other issues that result in observable health disparities. These bodies can work within or across various agencies or departments. For specific examples, contact ChangeLab Solutions.

Facilitating work on root causes or upstream factors

Laws have also directed public health agencies to focus on improving systems and institutions that create or perpetuate the root causes of socioeconomic and political disadvantage so that all people in the jurisdiction can achieve the highest level of health possible. From attaining economic independence to increasing political voice and representation, when people have more agency to make and influence decisions that affect their lives, there are improvements in multiple types of health outcomes at the individual and community levels.[250] For specific examples, contact ChangeLab Solutions.

Conclusion: Authority, Advocacy, & Action

Public health authority is rooted in and exercised through laws and policies. Laws and policies are **tools** for creating solutions that are broadly applicable and enduring, whether in establishing authority or in exercising and implementing it. Beyond addressing specific issues, policies create opportunities for residents and their governmental representatives and offices to engage with one another. When communities can shape those interactions to be more collaborative, respectful, and rooted in shared goals, the interactions themselves can improve health outcomes.

Amid all this legal and policy action, advocacy skills — such as relationship building, education, and sometimes lobbying — are essential to effective public health practice and community involvement. There are many organizations that support advocacy skills for residents, organizations, and practitioners working to harness governmental public health to improve communities. For more information, see the Act for Public Health website at **www.ActforPublicHealth.org** and the Advocating for Public Health Learning Series via the Public Health and Equity Resource Navigator.[251]

Glossary

Community-based drivers of health: Community-based drivers of health are the non-medical factors that influence health outcomes. These include the conditions in which people are born, grow, work, live, and age — for example, education, income, food security, housing, and access to public amenities and services. Related terms include non-medical or social determinants of health.[252,253]

Data Identifiability: Public health practitioners need identifiable data to carry out some activities; however, individually identifiable data is sensitive and needs strong confidentiality and privacy protections. Fortunately, many activities allow practitioners to use data that does not identify specific individuals or capture identifiable characteristics, such as nonidentifiable data, de-identified data, limited data sets, redacted data, aggregate data, and summary data.[254] Legal mechanisms can be used to define identifiability,[255] specify certain de-identification methods,[256] or leave identifiability broadly defined as a policy choice for the public health agency to make.

Dillon's Rule: Dillon's Rule is the legal principle that localities (including cities, counties, and any agency or department within them) can generally only exercise powers that are granted to them by the state. Localities in Dillon's Rule states may not have authority to pursue some actions without an express grant of power from the state legislature, though many actions that address community-based drivers of health are likely already allowed as an exercise of typical local public health powers.

Enforcement and implementation, equitable: Equitable enforcement is the process of ensuring compliance with law and policy in a way that considers and minimizes harms to people affected by health inequities.[257] Such principles can be applied throughout the policy development and implementation processes.[258] Otherwise, well-intended laws could be applied in ways that harm health.[259] Underenforcement occurs when laws or policies are enforced in a manner that affords inconsistent or inadequate protections, particularly for communities that have been marginalized.[260] Overenforcement occurs when laws or policies are enforced in a manner that produces disproportionate harms, particularly for communities that already faced higher barriers to health.[261] Implementation and enforcement priorities can also shift over time and across administrations, so embedding community-centered implementation processes can help ensure they remain focused on improving health outcomes.

Equity, health equity: Health equity is "the state in which everyone has a fair and just opportunity to attain their highest level of health."[262] Legal authority that prioritizes equality may allow for work that addresses the root causes of health differences among population groups, but discussions of equity may directly and more quickly lead to considerations of the historical and structural systems that perpetuate unfair and unjust differences in health access and health outcomes. For more information on systemically addressing health equity, see Prevention Institute's *Countering the Production of Health Inequities through Systems and Sectors*.[263]

Foundational, core, or essential public health services: The minimum set of capabilities, activities, and services that public health agencies and departments should undertake to promote and ensure community health. These often include communicable disease control, emergency preparedness and response, workforce development and management, community health assessments, public education and outreach, health policy and plan development, enforcement of health laws and regulations, and evaluation of health service effectiveness.[264,265]

Health in All Policies: Health in All Policies is a collaborative approach to improving a community by incorporating health and sustainability considerations into decision-making across government agencies and policy areas.[266] Whole-of-government similarly refers to approaches that incorporate coordination, collaboration, and cooperation across all areas and levels of government,[267] as well as parts of communities,[268] to foster meaningful engagement that promotes more community-driven policies, more efficient use of resources, and more effective laws and policies.

Marginalized or marginalization: Marginalization occurs when members of a dominant group relegate another group to the edge of society by not allowing them an active voice, identity, or place for the purpose of maintaining power.[269] Individuals and communities are marginalized by systems, live in marginalized conditions, or are forced into marginalization — they should not be reduced to labels like "marginalized people" or "marginalized populations."[270]

Misinformation, disinformation: These are umbrella terms for information that is false or misleading and can result in harm.[271] Misinformation is shared by people who do not intend to mislead others, whereas disinformation is deliberately created and disseminated with malicious intent.[272]

Oppression: Oppression is a system of supremacy and discrimination for the benefit of a limited dominant class that perpetuates itself through differential treatment, ideological domination, and institutional control. Oppression reflects the inequitable distribution of current and historical structural and institutional power, where a socially constructed binary of a "dominant group" hoards power, wealth, and resources at the detriment of the many. This creates a lack of access, opportunity, safety, security, and resources for non-dominant populations.[273]

Poverty, including cyclical and intergenerational poverty: Cyclical poverty is a self-reinforcing process in which poverty persists across generations because the conditions of poverty make it difficult to obtain upward social mobility. In this cycle, individuals and families face obstacles that limit their access to opportunities, such as education, health care, and employment, which are necessary to improve their socioeconomic status. Poverty is associated with worse health outcomes.[274]

Representation versus power sharing: Representation in government involves embedding processes to ensure that community priorities, opinions, and perspectives are reflected in decision-making.[275] Power sharing, on the other hand, is when the government shares responsibility for decision-making with those most affected by the issue at hand.[276]

Research versus other public health activities: Data can be used for a variety of public health purposes, including identifying and controlling disease, improving the delivery of programs, and responding to emergencies. However, public health data can also be useful for "research" in a more strictly scientific sense when it is used to contribute to generalizable knowledge that can be applied across populations and settings.[277] Public health activities are generally distinguishable from research;[278] however, legal mechanisms can permit sharing public health data with researchers or the use of public health data for research purposes under certain circumstances or with specific protections in place.[279]

Root causes, fundamental drivers: Root causes are the fundamental, underlying factors that contribute to or create a health or social issue. These causes are so deeply seated in institutional, governmental, and societal systems that individual policies that focus on a single domain are unlikely to create far-reaching, lasting change on their own. Systemic factors — such as structural discrimination, income inequality, unequal opportunities for meaningful schooling and work, disparities in political power, and exclusionary governments — shape people's physical and social surroundings in ways that create barriers to health.[280] Authorizing work on root causes should take an expansive view of systems to address the underlying causes of oppression, as the fundamental drivers of health inequity.[281]

Shared values: Values are "conceptions of the desirable that guide the way social actors (e.g., organizational leaders, policymakers, individual persons) select actions, evaluate people and events, and explain their actions and evaluations."[282] A core expectation of democracy is that government policies reflect citizens' values.[283] Some commonly resonant, or "shared," values that have been identified by researchers include care, fairness, loyalty, authority, sanctity, and liberty.[284,285]

Upstream interventions: Public health and health care interventions that address the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making are called upstream interventions.[286,287] By contrast, Downstream interventions are public health and health care interventions that address the immediate health needs of individuals (e.g., providing clinical care).[288] Public health and health care interventions that target intermediate factors that directly influence individuals' behaviors and conditions, such as environments and material conditions, are considered midstream interventions.[289] Examples include implementing informational campaigns to encourage healthy behaviors or requiring certain workplace health and safety standards. Upstream interventions can also be described as addressing the root causes of health inequities, such as structural discrimination in housing or health care.

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177 *See, e.g.,* Or. Rev. Stat. Ann. § 413.163 (requiring that "The data system established under this section must include…functionality that allows a patient, member or client to directly submit to the data system their data"); 410 Ill. Comp. Stat. Ann. 501/10 (requiring that the Department of Public Health "at the request of a certified local health department in this State, make any and all public health data related to residents of that certified local health department's jurisdiction available to that certified local health department for the purposes of preventing or controlling disease, injury, or disability").

178 See, e.g., Or. Rev. Stat. Ann. § 413.161 (requiring that the "[Public health department] shall adopt by rule uniform standards, based on local, statewide and national best practices, for the collection of data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity…The authority shall appoint an advisory committee in accordance with ORS 183.333 (Policy statement) composed of individuals likely to be affected by the standards and advocates for individuals likely to be affected by the standards"); Or. Rev. Stat. Ann. § 183.333 (establishing that "The Legislative Assembly finds and declares that it is the policy of this state that whenever possible the public be involved in the development of public policy by agencies and in the drafting of rules…encourages agencies to seek public input to the maximum extent possible").

179 The Oregon law (ORS 413.161) discussed above, which requires the development of uniform standards for sociodemographic data collection, also requires the appointment of "an advisory committee…composed of individuals likely to be affected by the standards and advocates for individuals likely to be affected by the standards." This stems from a broad legislative policy statement (ORS 183.333) declaring "that whenever possible the public be involved in the development of public policy by agencies and in the drafting of rules [and] encourage[ing] agencies to seek public input to the maximum extent possible."

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192 *See, e.g.,* Or. Rev. Stat. Ann. § 413.161 (requiring that "The authority and the department shall review and update the [sociodemographic data collection] standards at least once every two years").

193 *See, e.g.,* Va. Code Ann. § 32.1-45.4 (stating provisions of certain criminal laws do not apply to people connected with a comprehensive harm reduction site); Wash. Rev. Code Ann. § 7.105.900 (establishing that "The legislature further finds the surrender of firearms in civil protection orders is critical to public health. In keeping with the harm reduction approach of this lifesaving tool, the legislature finds that it is appropriate to allow for immunity from prosecution for certain offenses when appropriate to create a safe harbor from prosecution for certain offenses to increase compliance with orders to surrender and prohibit firearms").

194 *See, e.g.,* Nev. Rev. Stat. Ann. § 441A.180 (establishing the requirement that the "health authority who has reason to believe that a person is [conducting themselves in any manner that has a high probability of transmitting a communicable disease to another person] shall issue a warning to that person, in writing, informing the person of the behavior which constitutes the violation and of the precautions that the person must take" if the person ignores the warning, or acts intentionally, then to court for a potential misdemeanor, but "court must consider all alternative means to advance public health." Additionally, requiring that "likelihood of transmitting a communicable disease to another person must be determined using current medical or epidemiological evidence [as determined by State Board of Health]").

195 *See, e.g.,* Los Angeles County Mun. Code § 11.22.650 (establishing that "It shall be the policy of the department of public health to continuously review new data concerning toxic substances and to keep [legal mechanisms] up to date").

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207 *See, e.g.,* Va. Code Ann. § 32.1-2 (requiring the State Board of Health, State Health Commissioner, and the State Department of Health to "administer and provide a comprehensive program of preventive, curative, restorative and environmental health services…" to "[improve] the quality of life in the Commonwealth").

208 *See, e.g.,* Wisc. Stat. Ann. § 140.04 (establishing "Required services. A level I local health department shall provide leadership for developing and maintaining the public health system within its jurisdiction by conducting all of the following:…surveillance and investigation…communicable disease control…other disease prevention…emergency preparedness and response…health promotion…human health hazard control…policy and planning…leadership and organization competencies…public health nursing services.").

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224 *See, e.g.,* Wash. Rev. Code. Ann. § 43.20.270 (creating "the governor's interagency coordinating council on health disparities" which shall "create an action plan and statewide policy to include health impact reviews that measure and address other social determinants of health that lead to disparities as well as the contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition").

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227 *See, e.g.,* Md. Code Ann., Health-Gen § 13-3802 (establishing the duties of the Task Force on the Social Determinants of Health in Baltimore City).

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240 *See, e.g.,* Ind. Code § 16-46-11-1(creating the Office of Minority Health within state health department that monitors minority health, funds minority health programs, provides research and technical assistance, develops recruitment programs for increasing minorities in health professions, creating culturally appropriate outreach and education programs, coordinate with counties to provide community planning and needs assessment assistance, among other activities).

241 *See, e.g.,* Wash. Rev. Code §70A.02.005 (requiring the state department of health (among other agencies) to administer ongoing and new environmental programs to remedy the effects of past disparate treatment of overburdened communities and vulnerable populations).

242 *See, e.g.,* Mich. Comp. Laws § 333.2227 (requiring that the state health department develop structure and plan to reduce racial and ethnic health disparities including creating culturally specific programs, increase number of minorities in public health roles, and supporting minority community health coalitions).

243 *See, e.g.,* Mich. Comp. Laws § 333.2227 (requiring that the state health department develop structure and plan to reduce racial and ethnic health disparities including creating culturally specific programs, increase number of minorities in public health roles, and supporting minority community health coalitions).

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