Combining Accreditation and Education: An Interdisciplinary Public Health Law Course

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Introduction
Ohio is the only state in the country that requires local health departments to seek accreditation from the Public Health Accreditation Board (PHAB), a "non-profit organization dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments." PHAB’s accreditation requirements are built around the ten essential public health services, one of which is to "enforce public health laws that protect health and ensure safety." With respect to this topic, PHAB’s requirements innovatively look beyond the mere enforcement of existing laws and require local health departments to (1) carefully evaluate how well current law is aligned with evidence-based public health recommendations, and (2) proactively consider how local or state laws could be modified and strengthened. Specifically, local health departments are asked to "review existing laws and work with governing entities and elected/appointed officials to update as needed" (Domain 6/Standard 6.1). They must produce extensive documentation, including “evaluations of laws for consistency with public health evidence-based and/or promising practices...and consideration of the impact on health equity.” While local health departments in Ohio are working diligently to meet all of PHAB’s accreditation requirements, their staff members have indicated to me that the law-related portions of the accreditation process are particularly challenging because health departments typically have limited legal capacity and are not accustomed to conducting reviews of legal materials.

As part of the 2014-2015 Future of Public Health Law Education faculty fellowship program, I developed and taught a public health law course at Ohio State University in which the students supported a local health department in Ohio, Franklin County Public Health (FCPH), in preparing for the law-related aspects of PHAB accreditation. In addition to this experiential component, the course was also interdisciplinary. Enrollment was open to both law students and public health students, and the course centered on collaborative group projects that required law and public health students to work closely together. The design of this course was based in part on lessons learned from my previous experience teaching a “multi-collaborative” public health law course that included student interaction with a state health department.

Course Design
Learning Objectives
The fellowship program was designed to foster better teaching, and it helped me to focus on developing sound learning objectives (for the course overall and for each individual class session), and to hold myself accountable for meeting them. The objectives included both substantive knowledge and practical skills. By my own assessment and according to the students’ self-evaluations, the students were successful in achieving these learning objectives:

• Recognize that the development of public health law (and all law) is a dynamic and ongoing pro-
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work, professional communication, and public speaking;
• Strengthen writing and legal drafting skills; and
• Understand the structure, function, and processes of public health entities — particularly local health departments.

Course Enrollment and Topics
Twelve students were enrolled in the course: eight law students, three public health students (including one who already held a law degree), and one joint-degree law/public health student. The students were divided up into four groups of three students, and each group was assigned a different topic area (after students ranked their preferences).

The topic areas were developed in consultation with FCPH leadership, and the final topics were: (1) bicycle and motorcycle safety; (2) school wellness policies; (3) infectious disease preparedness; and (4) complete streets (policies to make streets “safe, comfortable, and convenient for people walking, bicycling, riding public transportation, and driving”).

Group Projects
There were two primary group assignments, which mirrored the types of documentation FCPH needed to assemble for the law-related aspects of PHAB accreditation. The first assignment required each group to conduct an assessment of Franklin County’s current laws on its assigned topic, and then compare the laws in Franklin County to model laws/best practices. For this analysis, students used the LawAtlas web-based software developed by Public Health Law Research (PHLR), a program funded by the Robert Wood Johnson Foundation (RWJF) and based at Temple University’s Beasley School of Law.

The LawAtlas program allowed students to systematically collect local laws from the 14 cities within FCPH’s jurisdiction and then code them for the presence or absence of features identified in best practices guidance. For example, the complete streets group reviewed codified ordinances and systematically coded them for the presence or absence of recommended features such as:

• Does the city’s code require bicycle lanes? If so, does it specify a width for the bicycle lanes? Does it require signage explaining their use? Does it provide a buffer separating the bicycle lanes from traffic?
• Does the code require crosswalks for pedestrians? If so, what types (signalized/unsignalized; at intersections/mid-block, etc.)?
• Does the code include a connectivity plan for pedestrians, ensuring that pedestrian routes connect with one another? A connectivity plan for bicyclists?

The student group assigned to this topic collected and coded laws from all 14 jurisdictions under FCPH’s purview and found that while most cities’ codes included a few elements of complete streets policies, no city had codified a comprehensive complete streets plan, and all cities had considerable room for improvement in making their streets safer and more accessible. Each group presented its findings to leadership from FCPH during a class visit to the health department’s offices, and each group also produced a detailed written report.

For the second group project, the students developed a recommendation for an update (a revision, addition, or deletion) to Franklin County’s public health laws. The recommendations were based on the findings in Project 1 and evidence-based best practices. Each group again presented its recommendation to FCPH leadership and wrote a report that included (1) a summary of the proposed change to a law or regulation; (2) policy arguments and public health evidence relating to the proposed measure; (3) how the impact of the law may vary across different populations, depending on gender, race, socioeconomic status, or other relevant population characteristics; (4) the legal authority to adopt the proposed law/regulation; and (5) potential legal challenges to the law/regulation. Each group also drafted proposed legislative or administrative language to effectuate the proposed legal change.

Overall, in addition to supporting FCPH’s PHAB accreditation, these two projects were designed to reap the benefits of interdisciplinary education. They successfully combined the different capabilities and expertise of law students (locating and reviewing current law; understanding the interaction between different levels of government; drafting policy/legislative language) and public health students (identifying public health challenges; reviewing available evidence and best practices; analyzing potential interventions).

Other Course Components
The partnership with FCPH included presentations from FCPH leadership to the students about the
In addition to the learning objectives described above, my overall intent was for the two key components of the course — the interdisciplinary aspect and the partnership with FCPH — to work synergistically to heighten student engagement and provide students with a learning experience that would enhance their preparation for practice. In both informal and formal student evaluations, students indicated that this course design was successful in achieving these goals. For example, several students wrote that the real-world application of the project, i.e., the fact that their projects would be used to support FCPH’s PHAB accreditation application, provided strong motivation for them to produce high-quality work, and set this course apart from most courses where the professor is the only audience for student projects.

The course also included classroom instruction and discussion on a wide range of public health law issues, additional guest speakers, and several in-class simulation exercises (including one developed for this course focusing on responding to an infectious disease outbreak). I sought to select reading materials for the course that would be challenging yet accessible to both law and public health students; this consisted primarily of journal articles, although some key legal cases were assigned as well. Student grades were based on class preparation and participation, three individual written assignments (including a response paper following the ride-alongs), and the two group projects. For the group projects, a peer-assessment and self-assessment were factored into the grades.

Benefits
Student Engagement
In addition to the learning objectives described above, my overall intent was for the two key components of the course — the interdisciplinary aspect and the partnership with FCPH — to work synergistically to heighten student engagement and provide students with a learning experience that would enhance their preparation for practice. In both informal and formal student evaluations, students indicated that this course design was successful in achieving these goals. For example, several students wrote that the real-world application of the project, i.e., the fact that their projects would be used to support FCPH’s PHAB accreditation application, provided strong motivation for them to produce high-quality work, and set this course apart from most courses where the professor is the only audience for student projects.

Likewise, students felt that the combining law students and public health students in the same classroom worked very well and enhanced both class discussions and the group project work. In particular, the public health students were able to mentor the law students in research methods and the underlying public health issues, while the law students could explain the relevant legal concerns and legislative drafting considerations to the public health students. For both types of students, the written assignments and the presentations to FCPH provided numerous opportunities to work on their research, writing, and public speaking skills.

The use of LawAtlas, and exposure to the field of public health law research, was extremely beneficial to both the law and public health students. For law students, it exposed them to a new way of thinking about law. In law school, legal statutes (and cases) are typically studied in isolation. They are only rarely conceptualized as inputs for empirical research or compared to evidence-based best practices, and their impact on health is rarely examined.

Although this student project provided only a cross-sectional view of the current state of the public health law in Franklin County, we frequently discussed how LawAtlas (or other similar programs) could be used
over time to track changes in the law and, potentially, to evaluate whether such laws were having the anticipated impacts on public health. For the public health students, exposure to the field of “legal epidemiology” allowed them the opportunity to examine the critical role of law in shaping social norms, health behaviors, and ultimately health outcomes — and how, working with attorneys, they can use policy change as a tool to improve public health. These lessons that, unfortunately, are often absent from public health curricula.

University Benefit
For the university, this course helped to deepen connections between the College of Law and College of Public Health, and it catalyzed further conversations about developing a robust and sustainable health law/public health law program that would encompass the two colleges (and perhaps others as well). It has also helped to further develop the culture of experiential learning and community engagement at the two colleges, and established what will hopefully be a continuing relationship with FCPH. Maintaining ongoing ties to FCPH (and potentially other local health departments, as discussed below) will create additional opportunities for experiential learning, applied research, and creative, multi-disciplinary problem solving that addresses local public health needs.

Community Benefit
The obvious benefit for FCPH is that the student projects can be used, after further review and refinement, as material to support its PHAB accreditation application. Beyond that, the student projects provided clear evidence and recommendations regarding how local public health laws can be updated and strengthened. For the most part, FCPH lacks the legal authority to implement these changes directly; rather, it must work with local city councils to implement the changes recommended by the students. I am hopeful that FCPH will use the information provided by the class to encourage local governments to adopt some of the students’ proposals. Indeed, PHAB requires local health departments not only to collect information about how public health laws could be updated, but also to communicate this information to elected or appointed officials who have the legal authority to act on it. I plan to continue working with FCPH as it engages in this process.

Challenges
The challenges in implementing this course were primarily logistical. My hope was to have equal enrollment of law and public health students, but there was limited enrollment from the public health side. Some public health students were unable to take the course because of scheduling conflicts, while others had few elective credits in their program and had already used them up on other courses. Locating the course at the law school (about a 10-15 minute walk from College of Public Health) may have also presented a barrier to enrollment. Leadership at both colleges are fully aware of these logistical challenges and are committed to addressing them the next time this course (or a similar course) is offered.

FCPH was an ideal partner to work with on this project. Their leadership, including the commissioner and the legal counsel, was very responsive, willing to commit a significant amount of time to the partnership, and highly interested in the outcome of the students’ research. The major challenge was in identifying research topics that were of interest to FCPH and also fit with the research design for the course. In order to allow the students to investigate city-by-city differences, we needed to identify public health law issues that were addressed primarily by the local jurisdictions in Franklin County. Because FCPH does not have the primary legal authority for these types of issues, they are not typically their areas of focus. Thus, with the exception of infectious disease preparedness, the topics areas addressed by the students were not the core areas of FCPH’s expertise. Nonetheless, FCPH was extremely flexible and accommodating; it was interested in learning more about the other areas (complete streets, bicycle/motorcycle safety, and school wellness) and saw them as areas in which it would like to become more educated and engaged.

In terms of teaching, it was a challenge to combine so many different elements — intensive group projects, interactions with FCPH staff, guest speakers, simulation exercises, and classroom discussion/instruction — into a coherent whole. Often times a discussion would have to be put on hold for a week or more and then wrapped up at a later date. I tried to address this challenge by structuring the doctrinal material in the course syllabus in a logical way and providing frequent reminders of where we were in the syllabus. I am confident that the many benefits of the diverse class components outweighed the occasional feeling of disjointedness.

Lessons Learned
Putting together and teaching this course took considerable time and effort. In order to make it feasible, I had to plan ahead and rely on resources and support provided by others. Ohio State provided support for a teaching assistant, who did preliminary research on potential project topics and helped to collect and develop course materials. This support, particularly in the semester before the course was taught, was critical.
Likewise, it was important to meet and coordinate with FCPH, finalize student research topics, and schedule interactions with FCPH staff before the semester began. The buy-in and commitment from FCPH leadership was crucial to making this project run smoothly. For others considering a similar project, I would recommend establishing early contact with a local health department to gauge the level of support and interest. Framing the project around PHAB accreditation helped to build high-level support for the project and also made it relatively easy to design student projects that would be of practical value to the department.

I also sought and received support from other sources, including PHLR and the other fellows. PHLR was generous in providing access to LawAtlas and technical support to the students. PHLR staff presented a training session to the class by videoconference, in which they explained how to use LawAtlas, and they responded to numerous e-mail queries from students. As LawAtlas was nonetheless challenging for students to use, in the future I might design a brief practice exercise so they could better familiarize themselves with the software before starting data collection. The other fellows were another important source of resources and support. One served as a guest speaker for my class on a topic of her expertise, and others generously shared simulation exercises, readings, and other teaching materials.

As for the interdisciplinary aspect of the class, I learned to trust that the students would be able to navigate the disciplinary divide if given enough time and space. I tried to let the students take the lead in class discussions and the simulation exercises, and I let the groups work through the difficulties they encountered without always trying to solve their problems for them. This strategy of “doing more by doing less” was a challenging adjustment for me, but aligns with best practices for adult learning, and the students were more than willing to engage with the material, challenge one another, and share their varied perspectives.

Impact
When the FCPH leadership visited our class for the students’ final presentations, one of the FCPH staff members asked the students what the key lessons were that they had learned over the course of the semester. Several students mentioned that they had come into the class without much awareness of the difference between health law and public health law, but that over the course of the semester, they had learned that public health law focuses on populations and preventions, while health law tends to focus on treatment for people who are already sick. They expressed amazement that they had not been exposed to public health law’s perspective before, given the importance of public health and the potential for public health law interventions to make a tremendous impact on the community’s health. It was gratifying to me to hear that the students had internalized some of the central themes of the course and, further, that several students were interested pursuing further opportunities relating to public health law.

As I have written previously, I believe that because it offers a distinct and important perspective, public health law should be an integral element of the curriculum in both law schools and public health programs. However, a considerable amount of academic infrastructural development — expanded course offerings, programs, journals, conferences, and the like — is needed before public health law will be fully recognized as a significant field of study. Along with the courses and programs developed by the other fellows, hopefully this course — and the template it provides for community-engaged, interdisciplinary learning — will help lay the foundation for further growth of the field.

At the local level, I will continue to work with FCPH to ensure that it is ready for the law-related aspects of accreditation and to see that the students’ research is shared with local jurisdictions that can act upon it. Central Ohio is an area in which many of the suburban cities market themselves as healthy places to live and work. I am optimistic that the information collected by the students will help spark some friendly competition between cities that will lead to positive changes in local public health laws.

Future
Looking forward, I hope to offer an interdisciplinary, community-engaged public health law course similar to this one again. The PHAB accreditation process requires ongoing review of public health laws, meaning that a similar course structure could be used in the future, even in partnership with a local health department that was not currently in the midst of an accreditation application. Partnering with FCPH in the future would give students the opportunity to track how public health laws change over time, but as every local health department in Ohio is required to undergo PHAB accreditation, it would also be possible to partner with other departments to avoid overburdening FCPH staff. Working with local health departments that are not in the immediate area of Ohio State would present new logistical challenges, but it could also provide an opportunity to explore the use of distance learning technologies and to work with underserved regions of the state. Over time, working
with different local health departments would help to establish connections that could be further developed in other ways, e.g., through externship placements and dissertation projects. Although other states do not have the accreditation mandate that Ohio has, many local and state health departments around the country are in the process of preparing for PHAB accreditation, and I hope the general outline of this course will be adapted and improved upon by others.

Personally, this fellowship program has helped me to focus more explicitly on outcome-based learning. Rather than focus solely on what I am communicating to students, I have shifted my efforts toward ensuring that my course designs and evaluations are structured to achieve and then assess the course objectives. In the short term at least, this shift has also improved student satisfaction with my teaching (as measured by the very imprecise metric of student evaluations) in both this public health law course and my other courses.

Finally, the community of public health law teachers and scholars connected by this fellowship program has been a source of support, encouragement, and inspiration to me throughout the past year. I am grateful to RWJF for funding this program, and I look forward to collaborating with this talented and creative cohort of educators on future projects that will help to further build the field of public health law.

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References


3. Public Health Accreditation Board, Standards and Measures, supra note 2, at 158.

4. Id., at 160.


6. The syllabus for this course is available online through the fellowship program’s teaching resources library. See Network for Public Health Law, “Public Health Law Faculty Teaching Resources,” available at https://www.networkforphl.org/faculty_teaching_resources/ (last visited August 5, 2015) (this site is password protected; faculty may request a password from the Network on the site) (see “Public Health Law” in the Syllabi section of this website).


11. The case study may be found through Network for Public Health Law, “Public Health Law Faculty Teaching Resources,” available at https://www.networkforphl.org/faculty_teaching_resources/ (last visited January 5, 2016) (this site is password protected; faculty may request a password from the Network on the site) (see “Public Health Law” in the Case Study section of this website).


14. Public Health Accreditation Board, Standards and Measures, supra note 2, at 162.
