I. Introduction
The Public Health Law Association’s (PHLA) grant proposal described the problem of accessing public health law information, and the charge for this paper, as follows:

The last decade has witnessed a renaissance in public health law. An array of forces have given rise to new model acts, important litigation developments and a growing body of academic research in the field. While there have been some initial attempts to collate important materials, practitioners in the field lack access to “real world” documents and practice guides. If public health law is to remain an organic and growing field and, more importantly, if the fruits of this renaissance are to have lasting practical effect, practitioners in multiple fields must have access to this body of knowledge.

The focus of this document, as commissioned by the PHLA, will be “to analyze means of gathering and disseminating public health law materials to local practitioners.” As stated in the original project description,

Certain materials are in the public domain and the key issue will be to find means of making the right documents accessible to a diverse readership. Other materials are potentially confidential or “buried” in a local practitioner’s office. This represents a mother load of public health law analysis and practical knowledge. This paper will address means of identifying, gathering and disseminating a broad range of relevant material.

The types of materials upon which a public health law practitioner might draw are widely varied and both topically and jurisdictionally dependent. These may include the following:

1. Federal and state constitutions, statutes, regulations, as well as local ordinances;
2. Case law (federal, state and administrative decisions, both published and unpublished);
3. Legal forms and other model documents and contracts;
4. Bench books;
5. Studies, reports, articles, Model Acts;
6. Educational sessions — e.g., presentations, workshops, conference proceedings, etc.;
7. News and news analysis; and
8. Informal “curbside” consults with professional colleagues.

A survey undertaken by PHLA offers insight into the sources of information (both materials and human) relied upon by public health law professionals in conducting their legal research. In response to the question of source materials relied upon when first encountering a legal issue about which additional guidance may be needed, the survey respondents indicated the following results:

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Ross D. Silverman, J.D., M.P.H., is a Professor and Chair of the Department of Medical Humanities and a Professor of Psychiatry at Southern Illinois University School of Medicine in Springfield, Illinois. He is also a Professor of Medical Jurisprudence at Southern Illinois University School of Law in Carbondale, Illinois.
A high likelihood of reliance upon locally held files (53.5% rated this source a 4 or 5 on a 5-point scale, with 1=never use and 5=essential to my work), free Internet search engines such as Google (69.2%), and subscription-based research services such as Lexis and Westlaw (58.1%).

Occasional to regular reliance upon subscription-based professional articles, newsletters, journals, texts, etc. (63.4% rated this source as a 3 or 4 on a 5-point scale); papers and materials acquired from professional conferences they themselves have attended (64.3%); and papers and materials acquired from professional conferences, seminars, etc., that they discovered via online searches (53.7%).

Rare, if any, use of free Internet general encyclopedias such as Wikipedia (68.3% rated this source a 1 or 2 on the 5-point scale) or free law-related Web resources, such as Law.com (65.8%).

When asked about seeking out human resources for guidance, survey respondents were most comfortable seeking guidance from already established relationships over those who might be available via electronic connection only:

- The surveyed population indicated a high reliance upon local colleagues (69.1% rated this source a 4 or 5 on the 5-point scale) and colleagues known through professional associations (59.5%);
- Conversely, survey respondents indicated little to no reliance upon professional e-mail listservs (63.4% rated this source a 1 or 2 on the 5-point scale), topic or profession-specific Internet message boards (76.2%) or topic or profession-specific weblogs (80.5%).

At this time, it is unclear whether the lack of reliance on the electronic media for guidance is due to the respondents’ distrust of such sources, their lack of knowledge of any available quality sources, or the actual lack of quality resources. Another general reason public health professionals may not rely upon electronic sources is lack of available local technological capacity as many public health departments do not have high speed internet connections, or may only have limited access to internet services.

What follows is an analysis of several approaches PHLA and/or other public health law-related organizations might undertake to serve as a conduit for the identification, gathering, and dissemination of extant public health law information, as well as the development of new public health law-related content.

Because most of those who will be reviewing this report are familiar with the benefits and challenges of in-person training, the report primarily will focus on the use of electronic means as a medium through which to improve the access of end users of public health law information to the types of information that could improve their practices. It is hoped that this, in turn, will improve the public’s health. In addition, this report will examine some of the challenges which may arise with attempting to provide such access. At the conclusion of each section are recommendations concerning the use of such modalities in furthering the education of public health professionals, and the report concludes with further analysis of the June 2007 PHLA survey results, and overall recommendations for how to use electronic means to improve access to public health law education.

This report has greatly benefited from input from participants at a summit convened by the Public Health Law Association on November 4, 2007.

II. Online Lectures: PowerPoints, Webinars, Podcasts, and the Supercourse

One of the most straightforward transitions to the digital milieu which can be made from the traditional classroom lecture or live conference presentation is to convert such events into online form.

The benefits of offering public health law seminars, workshops, and lectures online are clear: they allow for the dissemination of expert-led discussion of current or critical issues to those in the field without the need for spacial or temporal proximity of the viewer/end-user. The memorialization of conference presentations online through the provision of Internet access to abstracts, papers, PowerPoint presentations, and video of sessions has become a regular occurrence in continuing legal education. The concept of “podcasts” — i.e., digital audio broadcasts of speeches, lectures, or pre-prepared audio content — has also been utilized in legal education efforts, such as those offered by the American Bar Association. Respondents to the PHLA survey also look favorably upon the use of Internet-based educational efforts, with 69% of respondents indicating that Internet-based public health seminars and live chats could be somewhat helpful, very helpful, or essential to their professional lives.

However, in many cases, online efforts currently are secondary offerings to the “live” delivery of a session, and therefore may be of widely variable technical quality, or of limited educational benefit. For example, a frequently observed technique for making conference presentations available is to offer access to a PowerPoint presentation, but not the valuable accompanying discussion by the presenter. Efforts to utilize
electronic means to provide comprehensive education also relies upon full buy-in and cooperation of the content providers (i.e., those delivering the lectures or leading the educational sessions). For example, a speaker's unwillingness to allow his or her handouts or PowerPoint presentations to be shared or saved by the conference sponsors, or refusal to allow audio or video recording of their session, would undermine such educational efforts and limit the improvement in public health education to those few able to shoulder the costs of attending "in person."

A. Example: The Supercourse
One initiative that has attempted to utilize the Internet to improve health-related education is the Supercourse. The Supercourse, which has been directed by epidemiologist Ronald E. LaPorte, is a Web compendium of presentations on epidemiology, prevention, and other public health-related concepts. The program began with the goal to develop a library of scientific lectures which could be used by health professionals and public health students around the world, with particular attention to making accessible the latest in public health knowledge to those living in underdeveloped and educationally underserved areas. It was initially funded by NASA and the National Institutes of Health (receiving approximately $250,000 a year annually), but over the past five years has received about $5,000 a year in funding, with in-kind contributions from a large number of volunteers.

The concept behind the Supercourse is straightforward — lectures are solicited from public health experts from around the world, who agree to share their “best” lectures for open use via the Web site. Many of the lectures are in PowerPoint format (often with written explanatory text beyond those appearing on the slides), while others may be podcasts and video presentations accessible via YouTube. This helps to create a lasting resource from which educators may develop or improve their own teaching materials, and upon which those seeking public health education can freely draw. Furthermore, because the content is Web-based, it is available at any time and from any location where the Internet could be accessed. Thus far, the Supercourse has received contributions of nearly 3,400 lectures from more than 43,000 faculty from around the world, including 20 Nobel Prize winners, 60 Institute of Medicine members, and other leading public health figures. In an effort to reduce the strain of providing the materials all on one computer system, the Supercourse has secured the use of 45 mirrored servers located across the globe, and they have distributed more than 20,000 CDs containing Supercourse content. The Supercourse director states that the Web site receives 75-100 million hits per year, and claims to have taught more than one million students in about 170 countries over the past two years alone.

B. Limitations of the Supercourse: Quality Assurance and Coverage
While the speed with which new and cutting edge materials may be made available on the Web site, and the amount of content on the Web site and reach of the course’s educational efforts are impressive, one of the significant remaining questions about the Supercourse concerns the quality of this materials. As far as the report writer can tell, lectures are not pre-screened for accuracy, timeliness, or completeness prior to upload to the Web site, nor are lectures regularly removed for becoming out of date. The Supercourse developers have described their planned approach to quality assurance/continuous quality improvement as “a blend between that used [by the well known Web sites] Amazon and Wikipedia,” in which users would submit ratings and comments at the end of each lecture. The Supercourse director plans annual administrative review of each of the lecture’s ratings and comments, and also plans to incorporate a system in which other “faculty” members (those who have contributed content to the site) can suggest updates to materials. It would then be up to the instructor to determine whether to incorporate such suggestions into the course.

Furthermore, because the Supercourse builds its “curriculum” from totally independent individual lectures donated by public health educators from around the world, there is a high likelihood that there may be significant overlap (or contradiction) of materials on certain topic areas from lecture to lecture, and critical areas of education may be left unaddressed. The course may serve as a strong resource for those lacking access to public health educational materials; however, it may be less useful for those with a working knowledge of the subject matter seeking to gain a refined understanding of any particular topic area.

C. Recommendations: Coordinate Public Health Law Presentations Online
It is strongly recommended that any educational effort in the field must include the development of online educational resources, and the approach used by the Supercourse — publishing PowerPoint lecture materials along with the associated lecture notes of the speaker — is an excellent way to begin this effort. While use of the term “Supercourse” may be a misnomer — it is not a course in the manner of a professional school curriculum, and there are too many local
concerns to ensure comprehensiveness — the development and coordination of a public health law lecture databank, offering a centralized means through which to access extant and original materials, is worth pursuing. Ideally, such a resource must possess the following characteristics:

1. Early, enthusiastic, and active commitment by leading public health law agencies, associations, and thought leaders to the solicitation, collection, collation, promotion, and publication of online lectures and webinars. Web initiatives tend to falter without promotion by such benefactors, and these efforts would require sustained commitment over time to ensure continued growth and development.

2. Identification of resources to support costs associated with the development and maintainence of a Web site and secure storage of electronic course materials. These resources must grow over time as the scope and reach of the Web site expands.

3. Direction and oversight of the project by experts, who also must ensure that all the necessary permissions have been gathered from the content providers.

4. Donations of materials and expertise by a significant number and range of content experts. These expert contributors must be challenged to provide interesting, well-developed webinars and presentations, and must be willing to do so on a wide range of topics.

5. Sustained, consistent development of new materials, rather than merely adding content on “special occasions.” Donors of educational material must be identified and cultivated so that content is added to the Web site consistently over time. Such a sustained development of resources is necessary to entice the potential audience of students not only to utilize the Web site materials, but also to return frequently in the future either as “students” or “experts.”

6. Continuous review of source materials for completeness and accuracy, and regular replacement or phase out of outdated materials with new content.

7. Development of an interface which is optimized for user-friendliness and accessibility. The limited amount of time and/or technological capacity audience members have to commit to the identification of quality online resources must be taken into account when developing a Web site. Thus, the site must offer a clean user interface with a robust search capacity to ensure that users can find what they need quickly, and must not be so large to load onto one’s computer as to become useless to those with dial-up internet access. One alternative might be to make available CDs or DVDs of online lectures for those with limited internet capacity.

8. Clear commitment to the provision of public health law education, not legal advice. As in any other public health law educational endeavor, content providers would have to address the challenge of providing legal information and education, as opposed to legal advice. As public health law is by its nature highly jurisdiction specific, educators frequently rely upon examples of how a particular jurisdiction has addressed a legal concern, rather than attempt to provide “answers” or legal advice for every jurisdiction in which their audience might practice. This is generally understood by public health law practitioners, but it could reduce trust or reliance upon the site for accurate guidance, and would demand that materials be offered “for educational purposes only” and not as a substitution for local legal advice and analysis.

9. Offer continuing legal education credit for participation as either a presenter or end-user. Use of webinars likely would increase if such educational experiences could fulfill mandatory continuing legal education (MCLE) requirements for their local jurisdiction. Many states now have procedures in place to permit teleconferencing or live audio broadcasts to be used to accrue MCLE credits. The American Bar Association offers a robust catalogue of teleconference and webinar continuing legal education experiences, including a July 2007 webinar on legal issues arising out of the containment of extensively drug-resistant tuberculosis. Some states, such as Indiana, also have effectively offered online seminars to provide continuing legal education on public health law topics.

10. Offer two tracks of public health law educational materials: one introductory track, and one advanced track. Interest could be expanded in the use of electronic resources offered by a public health law Web site if a range of program types are offered. For example, one track might offer basic public health law course materials, where students, health department administrators, public health professionals and others might be able to gain education on a “Public Health Law 101” level. A second track might feature an advanced or emerging issues array of educational materials, such as an analysis or discussion of a current event
with public health law components (Pandemic Flu, XTB containment, Hurricane Katrina, etc.), or other, more emergent content which might normally be delivered at an annual conference or continuing legal education seminar.

III. Case Conferences: The AHRQ Web M&M and PSNet

Case-based discussions are an effective way of examining the application of legal principles to real-world situations, and are a cornerstone of legal education. Such discussions are also used to great effect in the educational processes of other professional disciplines, most notably medicine. As is evidenced by the development of the Agency of Healthcare Research and Quality’s Web M&M site, the medical profession offers examples of how such educational methods might be translated to the electronic domain.

Following the publication of the seminal Institute of Medicine report To Err Is Human, efforts were undertaken by the federal government and patient safety organizations and thought leaders to expand health professionals’ understanding of patient safety concerns, with specific focus on how medical errors arose not out of the fault of any one individual’s carelessness or malfeasance, but rather through the use of systems which fostered unsafe conditions for delivering health services. A series of expert-written, case-based discussions were published in the internal medicine journal Annals of Medicine under the heading Quality Grand Rounds, which focused on examination of system-based, rather than patient-based, problems. The cases would begin with an overview of the case facts (anonymized to protect those directly involved in the case), and then provide a rich analysis of how the system failed to deliver the proper results. For example, in the case The Wrong Patient, medical and health system experts explored how myriad problems with the health delivery system lead to a woman receiving a cardiac procedure which should have been given to another patient at the hospital with a similar name. The Quality Grand Rounds program also fostered live conferences where a similar process of dissecting and discussing cases of system-based errors was undertaken by content experts. Many of these live presentations were, in turn, developed into articles published as part of the series.

In 2003, the Agency for Healthcare Research & Quality (AHRQ), an agency of the U.S. Department of Health and Human Services, unveiled a Web site built on the same case-based discussion model to foster more widespread examination and understanding of patient safety concepts. Named “Web M&M,” the Web site is meant to offer an online morbidity and mortality report, where cases of adverse medical events could be dissected and discussed to gain greater understanding of both the human and systemic errors which contributed to the injuries. According to Robert M. Wachter, M.D., of the University of California, San Francisco, the Web M&M program director,

We reasoned that clinicians would respond more strongly to case studies of single, particularly dramatic, adverse events than to statistics. Such cases, if presented skillfully and accompanied by accessible expert commentaries, would resonate with practitioners, allow them to learn the new analytical skills of patient safety while using many of the same neural pathways they used to learn clinical medicine. At least, this was our hope.21

Another of the underlying principles driving this Web site22 is to offer an educational resource to health professionals that will steadily grow over time, through regular contributions by a wide array of expert participants, rather than to treat the Web site as an online conference that would be populated with new information only on very periodic or special occasions, or as a vanity project for a few select experts.

A. Promotion, Buy-In, and Building Content

Promotion of the Web M&M Web site, and solicitation for potential cases, began in the professional societies to which the editorial staff belonged. All of the cases are received through submissions made through the Web M&M Web site. To ensure as high a number of submissions as possible, frank disclosure of case information, and protection of the potentially “guilty” hospitals and/or health systems, the anonymity of the case submitters is guaranteed. Those submitting cases register on the Web M&M site, and, should the submission end up published as a case on the Web site, they would receive a small stipend for their submission, delivered through a PayPal account.23 Because all of the cases are submitted anonymously, it is impossible to determine the provenance of any particular case; however, Dr. Wachter estimates that between 10-20% of the cases are submitted anonymously, so it is still possible to determine the provenance of any particular case; however, Dr. Wachter estimates that between 10-20% of the cases are submitted anonymously, so it is still possible to determine the provenance of any particular case; however, Dr. Wachter estimates that between 10-20% of the cases are submitted anonymously, so it is still possible to determine the provenance of any particular case; however, Dr. Wachter estimates that between 10-20% of the cases are submitted anonymously, so it is still possible to determine the provenance of any particular case; however, Dr. Wachter estimates that between 10-20% of the cases are submitted anonymously, so it is still possible to determine the provenance of any particular case.

B. Web M&M Administration and Case Editorial Process

The Web M&M program is unique, in that it is fully funded through a competitive contract with AHRQ.

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While this demands a high level of accountability for project expenditures, it also dramatically reduces the financial pressures of starting up and maintaining a new initiative.

The Web M&M program has hired dedicated staff to aid in the running of the project, including a full-time managing editor (Erin Hartman) hired specifically for her experience with oversight and editing of professional manuscripts as well as her grant management skills, as well as a full-time administrative assistant. Furthermore, to design and maintain the program's Web site, Web M&M has contracted with an outside Web developer and Web site hosting service. The grant has set aside dedicated funds to pay honoraria to case contributors ($250 per submission) and case commentary writers ($500 per writeup).

In addition to a managing editor, the Web M&M project team includes several physician associate editors, who hold editorial meetings to cull through the submitted cases, choose those to develop into published discussions, and determine the case's desired "spin" (e.g., a case involving a surgical or dentistry issue which might offer a different perspective than a similar type of case previously published concerning internal medicine) and "angle" (e.g., discussing hierarchies within the health care delivery system). One of the associate editors will then undertake an abbreviated literature search to identify and solicit an expert case commentator, who is then approached by the project manager or director. An expert willing to provide a case commentary (Wachter estimates that approximately 75-80% of those approached to write a commentary accept) is given 8-12 weeks to submit a 1,000-word analysis of the case, and paid an honorarium for his or her work. The case commentaries then undergo a vigorous editorial process, during which time the editors add cross references and Web links to the content, minimize the appearance of professional jargon, and ensure a short, pithy, lively and consistent tone for the articles.

The Web M&M project began with an understanding that 5 case commentaries would be published every month, and this was done for the first two years of the project. However, the program managers determined that this tended to lead to a high degree of repetition in cases, and have now agreed to publish three monthly case commentaries. The new cases appear on the Web M&M Web site, Web M&M has contracted with an outside Web developer and Web site hosting service. The grant has set aside dedicated funds to pay honoraria to case contributors ($250 per submission) and case commentary writers ($500 per writeup).

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Through its publication of these case commentaries, and additional original content, such as solicited commentaries on current events in the field and expert interviews and profiles, the Web M&M Web site has the look and content of an online patient safety journal. Contributors who have their commentaries published on the site also see their contributions as the equivalent of a professional publication, and Dr. Wachter reports there has been a high degree of satisfaction of commentary contributors with the editorial process.

C. Benefits to Web M&M Users
In addition to providing free access to case discussions led by renowned content experts, Web M&M offers health professionals the opportunity to gain free continuing medical education credits for reviewing case writeups and answering a series of questions at the conclusion of the cases. The CME credits are distributed by the University of California, San Francisco, School of Medicine, and the contract with AHRQ includes funding to cover the costs of providing CME credits (the program has contracted to pay a discounted rate for each hour of credit they provide through the program). Dr. Wachter estimates that the program distributes between 400-1,200 hours of continuing education every month although readers of Web M&M are limited to receive 12 continuing education credit hours per year through the site. Furthermore, to ensure that only the most up-to-date patient safety-related information is used to grant continuing education credit, the program limits the availability of continuing education credit to only the cases published in the last several months.

D. PSNet: Expanding Beyond Case Studies
In 2004, the Web M&M team and AHRQ expanded the scope of its patient safety education project to develop a Patient Safety Information Portal. The goal of the project was to create a place where readers could find the most up-to-date resources, articles, and tools on the field. This Web site, known as PSNet, includes but goes well beyond the Web M&M content, and features weekly updates on the latest news, announcements, and publications concerning patient safety (as well as cross-references from these current events to relevant past Web M&M cases). The PSNet project has led to a contract with a "cybrarian" — a professional librarian located in Evanston, Illinois with expertise in online content management — who culls through the relevant news articles, publications, etc., and selects the contents to highlight in the weekly newsletter. After agreed upon by the project editorial staff, the information is loaded onto the Web site using a tool created by the Web site developers, which will ensure that the content is appropriately and consistently catalogued and cross referenced.
Together, the Web M&M and PSNet programs have been a great success. Thus far, the Web M&M program has published more than 150 case commentaries on its Web site. As of July 2007, Web M&M was receiving 75-80,000 unique visits per month to its Web site (approximately 80% of the readership were from domestic locations; the other 20% were international), while the broader PSNet web portal was receiving between 130-140,000 visitors/month. In total, the patient safety educational program developed by Wachter and his associates receives 2.5 million unique visitors per year, and this number continues to grow. Surveys undertaken by the project indicate that approximately one-third of the visitors to the Web site are physicians, one-third are nurses, and the balance are a combination of other allied health professionals and “a wide range of nonproviders interested in safety, including administrators, risk managers, policy analysts, systems engineers, and ethicists.”

Some collaborative structures also have been added or are considering being added to the program. The Web site now offers readers the capability to e-mail colleagues links to the case commentaries, and every case has hyperlinks embedded into the text with information pertaining to key terminology, as well as links to related case commentaries and the three most important published articles related to that particular case. The PSNet/Web M&M administrators have begun to make available podcasts of some of their patient safety-related content, and the creation of a letters to the editor feature on the site is seen as a growing source of valuable feedback from content users.

E. Web M&M Missteps
However, not all of the Web M&M program’s efforts have been successful. One of the most disappointing performers on the Web site has been the development of message boards where readers could discuss the cases online. These have received very little traffic and likely will not continue to be available as a feature of the Web site. Web M&M also has not yet successfully had its case commentaries linked into the National Library of Medicine’s MedLine medical publication database.

F. Recommendations for an Online, Cased-Based Public Health Law Journal
While the public health law education system may not envision quite as broad a potential audience as the patient safety system, the educational model offered by Web M&M offers great promise as a translatable tool for expanding access to quality public health law education. This type of training is already taking place at “live” public health law conferences — for example, at the 2004-2006 American Public Health Association’s Continuing Education Institutes on Public Health Law, Public Health Law Association past president Daniel O’Brien offered case discussions of public health law interventions for consideration and discussion by institute attendees. Recently, Marilyn Thomas, legal counsel of the Illinois Department of Public Health, successfully delivered a public health law summit directed at legal counselors to local health departments in association with the Illinois Department of Public Health’s annual Bioterrorism Preparedness conference.

However, in both cases, geography appeared to be a significant limiting factor on the ability to disseminate quality public health law training. The educational efforts at the former were limited to those willing to take on the significant expense of committing to attend the larger American Public Health Association Annual Meeting, and the efforts at the latter were limited by those who could commit to spending two business days at a conference venue in the Chicago suburbs (a locale almost 400 miles from some of the program’s target audience).

Efforts to educate audiences about public health law issues through case conferences also have been undertaken by educators, such as Cliff Rees of the University of New Mexico, who has used such an approach in his course on public health law. Attorneys in other health law disciplines, such as those who attend the National Association of State Mental Health Directors’ conference, use the case conference format in their “New Developments in Mental Health Law” panels at their annual meeting. Public health law case studies also could be supplemented with original source documents, such as pleadings, laws, and forms, which would further enhance the activity’s capacity for information exchange.

While there may be some region-to-region differences in health care delivery systems, overcoming such differences in educating health professionals about patient safety appears to be a far smaller hurdle to clear than overcoming jurisdictional differences in the public health law system. As in the Supercourse section discussed above, this may limit the ability to create a resource which could achieve universal education or acceptance of public health law materials.

One way a case conference format might address the local nature of public health law is to use case fact patterns to generate responses from local experts sited in jurisdictions across the country as to how that set of facts might be addressed in light of the unique legal and regulatory environment in their particular locale. This system could also accommodate multiple responses from a particular jurisdiction which differ
based on alternative theories or philosophies concerning public health law. However, this, too has its obstacles: for example, legal counsel for a particular health department or other public health entity may not wish to “tip the hand” of their agency, and cite instead confidentiality or privilege as a rationale for not sharing on a widely accessible site their response to a particular hypothetical public health problem.

An online public health law journal could move beyond exclusively providing case conference write-ups, and provide such services as updates on recent court opinions. The ability to provide such services might be enhanced if an academic institution were to be the location for such a journal.

While the above obstacles must be addressed, and the translation of efforts such as those listed above to the Internet domain will take some editorial and Web design expertise, the development of online, case-based public health law education should be an attainable goal and a primary focus for further exploration by those interested in expanding public health law education.

G. Recommendations for the Creation of a Public Health Law Portal

The development of a public health law portal — a centralized “hub” on the Internet where people interested in public health law can turn to find both original and submitted content and links out to “spokes” with additional materials — should be a top priority for those seeking to improve communication in the field of public health law. While the local nature of the application of public health and public health law may be an obstacle to providing public health law education or advice that can directly be applied in every locale, it should not pose a similar barrier to the creation of a public health law portal. In fact, the creation of a public health law portal might improve information exchange between public health law practitioners, increase collaboration, and enhance the nature of interventions and solutions developed at the local level. To ensure widespread contribution and participation, the hub should be independent and practically oriented. Furthermore, participation from major contributors (both individuals and entities) should be pursued.

IV. Lower Tech Options: Listservs

A less formal means of exchanging information between content experts is the use of listservs. Listservs are e-mail lists to which people with similar interests sign up and through which they exchange professionally relevant information. For example, an attorney for a county health department might send an e-mail to a public health law listserv asking for examples of how an ordinance to restrict smoking in public places might be written. Those reading the listserv could then e-mail responses back to the entire readership of the listserv, or directly to the person asking the question. Listservs could also be used as a way to announce upcoming conferences and presentations which might be of interest to the target audience. Content of listserv communications are generally archived much as one’s e-mail inbox might be archived (both by the end users and the listserv manager), and may be monitored by the listserv manager for appropriateness of content.

The benefits of such a service are clear: they can offer a low-cost, low-maintenance way to create professional communication links and provide a limited but useful compendium of otherwise “buried” public health law information. However, the usefulness of a listserv is only as great as the number of quality contributors and degree to which they are willing to contribute. It has been the experience of the author that many health law listservs are all but inactive, whereas other listservs, such as the bioethics listserv run by the Medical College of Wisconsin since the early 1990s, provide robust networks through which emerging issues are analyzed and debated, and critical collegial assistance is offered in a timely manner.

V. Online Collaboration: Web 2.0 and Wikis

One of the latest approaches to using the Internet to develop and exchange information is to rely upon the collective intelligence and collaborative activity of dedicated Web users. This is a fundamental component of what has come to be known as “Web 2.0.” A few of the more widely recognized iterations of the Web 2.0 approach to using the Internet include eBay selling, Amazon.com ratings and recommendations, MySpace, FaceBook, YouTube, and blogging. However, arguably the most dynamic use of the Web 2.0 collective action approach to marshal and disseminate knowledge is the advent of the online encyclopedia Wikipedia. A “wiki” is a software application used to “harness the collective intelligence” of its users to develop and manage the content of a Web site. The type of content which might be developed through such a platform is limited only by the knowledge, creativity, and level of effort of the Web site’s contributors. In addition to the millions of contributors to the general knowledge encyclopedia Wikipedia, the wiki platform has been used to develop robust Web sites in fields ranging from biology to pandemic flu preparedness to Homeland and international security.

There also are numerous efforts underway to develop robust wiki-based Web sites for law topics. While the above obstacles must be addressed, and the translation of efforts such as those listed above to the Internet domain will take some editorial and Web design expertise, the development of online, case-based public health law education should be an attainable goal and a primary focus for further exploration by those interested in expanding public health law education.

G. Recommendations for the Creation of a Public Health Law Portal

The development of a public health law portal — a centralized “hub” on the Internet where people interested in public health law can turn to find both original and submitted content and links out to “spokes” with additional materials — should be a top priority for those seeking to improve communication in the field of public health law. While the local nature of the application of public health and public health law may be an obstacle to providing public health law education or advice that can directly be applied in every locale, it should not pose a similar barrier to the creation of a public health law portal. In fact, the creation of a public health law portal might improve information exchange between public health law practitioners, increase collaboration, and enhance the nature of interventions and solutions developed at the local level. To ensure widespread contribution and participation, the hub should be independent and practically oriented. Furthermore, participation from major contributors (both individuals and entities) should be pursued.
Open Congress, for example, combines publicly available government contributions with news and opinion-based contributions to examine the legislative process. A wiki-based approach also has been used in patent law, to develop police procedures, and to overhaul a book on the law of cyberspace. The Seventh Circuit Court of Appeals has developed a wiki; however, it is limited only to procedural issues, and not to discussion of particular components of specific cases before the court.

Two of the central questions in the debate over the utilization of wikis to develop web content are: who contributes and who should contribute? This debate centers around the question of whether expert leadership or supervision is needed to develop accurate and useful web content. Many proponents of the use of wikis favor universal access to contribute, championing the power of the masses to overcome any limits in academically or professionally derived "expertise," and citing to recent articles demonstrating the accuracy of information contained in sources such as Wikipedia, when compared to that found in "old media" encyclopedias. Proponents of wikis also cite to the usefulness of the wiki platform to allow access to new information and analysis more quickly than in a paper-based approach.

Others believe that wiki-developed knowledge bases must be led by content experts, especially when attempting to capture the nuances of the application of knowledge, as opposed to the provision of expositions on the content of the underlying material itself. For example, providing a description of the language contained in a public health ordinance on a Web site may be relatively straightforward, but accurately relaying how that ordinance is applied by local public health officials, or how ambiguities in that ordinance have been interpreted by the courts, or providing an exposition on conflicting ethical responsibilities that might arise when attempting to enforce such a provision, may be more difficult to capture absent the contribution of someone with deep understanding of the field. Respondents to the PHLA survey showed great skepticism about the value of either contributing to or gaining information from a public health law wiki, and such feelings were even more pronounced if expert oversight was not available. Furthermore, reliance upon the charitable donation of a significant amount of time and effort of many volunteer contributors also raises concerns about whether efforts borne out of flashes of inspiration and enthusiasm can be sustained.

A. Recommendations

At this time, wikis and other collaborative media appear to hold promise, but likely would offer augmentation to, rather than the foundation for, an online public health law network. Absent a public health law scholar offering up his or her public health law text as a building block for a comprehensive Web site that could be actively edited and manipulated by public health law professionals (à la the cyberlaw book, Code: Version 2.0), the effort needed to start up an encyclopedia-type resource, in terms of time, data acquisition and quality control, is monumental. Starting from a blank slate would likely have little chance of success, as such an effort would need to rely upon an ever-growing number of willing (likely volunteer) contributors. Many potential contributors likely would decline to get involved based on an “empty restaurant”-type concern: if there is no one participating when they see the Web page, then that fosters a belief that it must not be very good and does not merit investment.

That is not to say that wikis and other Web collaboration methods may not be of some use in improving public health law communication linkages. From the perspective of collaborations to develop model acts, universal forms, amici briefs, comments on proposed regulations, reports and the like, wikis do show great promise as a means through which geographically distant parties can work together on a common project. Wikis also could be useful in developing a means through which to collect an online public health law bibliography or searchable database of useful articles, texts, syllabi, and the like, rather than attempt to use the wiki approach to provide in-depth analysis of particular public health law issues.

VI. PHLA Survey Results: What Does the Public Health Law Public Want?

The Public Health Law Association (PHLA) survey data indicates both areas of opportunity for the organization to explore in the electronic domain, and also raises many questions about whether the membership of the organization is willing to support the development of robust in-house Web-based services. Because the online survey may have only reached a limited subset of PHLA’s potential market, questions remain about how wholeheartedly the survey results should be embraced. What follows is an analysis of the online survey results and recommendations for how PHLA might develop a short-term and longer-term approach to establishing its electronic presence.

The population surveyed by PHLA expressed enthusiasm for some commonly used electronic methods for communication and dissemination of information. When asked, "Which current PHLA member-
ship services are most important to you?” a significant majority of respondents indicated the importance of the association’s newsletter and meetings (77.3% and 68.2%, respectively). Web site and association teleconferences received lower ratings; however, such a response may be the result of there having been few updates in recent months to the PHLA Web site and few to no PHLA-related teleconferences reported.

Those surveyed believe that it is important to increase access to others working in the public health field, with nearly 80% of those surveyed rating that statement as either a 4 or a 5 on a 5-point scale of agreement. However, based on the limited data available from the PHLA online survey, when it comes to collaborating online, the membership seems to be saying, “If you build it, we may come. If you ask us to build it, we probably will not.”

The population surveyed appears far more comfortable with receiving their public health law information and education via traditional models of professional information exchange — in person regional or national conferences — than they are with online information modalities. Survey question #35 asked, “On a scale of 1-5 (1=not useful at all, 5= essential), how useful do you believe the following types of resources might be in your professional life?” More than 78% of those surveyed rated annual national conferences either a 4 or 5 (52.4% rated them a 5), and more than 60% rated national conferences held every other year either a 4 or 5. Annual regional conferences also ranked very highly, with 62% of those surveyed rating them either a 4 or 5. Regional meetings held every other also were strongly supported by those surveyed (55% rating it either a 4 or 5).

Those responding to the survey seemed more skeptical about the usefulness of electronic means to exchange or disseminate public health law information. Most of those surveyed rated the following services either a 2, 3, or 4 on a 5-point scale of professional usefulness: Internet-based public health law seminars/live chats (73%), public health law practitioner message boards (75%), and a wiki/database/encyclopedia developed by public health professionals (78%). Those surveyed were extremely skeptical of a Wikipedia-type service that could be contributed to by nonprofessionals, with more than 71% rating such a service as either a 1 or 2.

A higher level of the surveyed population’s greater comfort with in-person educational modalities than online approaches also could be found in their responses to the question, “On a scale of 1-5 (1=never, 5=frequently), how often do you feel you would be likely to contribute to the following activities?” The following electronic means of contributing to public health law education found few willing to contribute more than infrequently, rating their willingness to contribute either a 1, 2, or 3: e-mailing locally used or generated materials to an Internet-based public health law database (74%, with 52.4% rating it a 1 or 2); contributing (83%/57%) or editing (79%/69%) text or content in a live public health law database/wiki/encyclopedia; participating in live discussions/Q&A sessions via a public health law message board (74%/48%); or participate as a presenter for live public health law webinars/conferences or live chats (76%, 40.5%).

In contrast, 50% of those surveyed rated their interest in contributing as a presenter for an in-person conference or seminar as a 4 or 5, and nearly 70% rated their interest as either a 3, 4, or 5. Furthermore, almost 60% of those surveyed expressed willingness to contribute as a presenter in online seminars/conferences or live chats on public health law topics (rating their interest a 3, 4, or 5 on the 5-point scale).

Responses by the surveyed to an open call for suggestions about what Internet-based information would be useful to have access to from a professional organization were widely varied; however, they seemed to confirm a preference for the less complex electronic exchanges such as listservs, e-mail updates, prepackaged webinars, reports, and podcasts, and making available model forms and laws. A few suggestions made by those surveyed include the following:

- “A legal debrief post-events from those actually on the ground: what worked, what didn’t. A compilation of best practices, with an explanation of the local circumstances so that context can inform why that is a best practice there and whether it will work in another jurisdiction with different circumstances.”
- “Web/pod casts would be very useful. Also, tapping in to on-line Internet schools of public health and on-line classes. List-serv would probably be most valuable.”
- “A resources clearinghouse and various continuing education opportunities such as webinars.”
- “Listserv, Webinars.”
- “Online webinars would be a great place to start.”
- “Email updates, resource information and links to useful information, guidance for how to address public health law questions.”

Another frank assessment of the situation highlights the question of whether a broad enough population of public health law information users responded to the survey, and whether people would be willing to embrace new means of information exchange:
I think moving towards Internet communication makes lots of sense, but it may be more difficult for older practitioners (like me!) who aren’t as proficient or culturally in-tune with electronic communication. I would miss the in-person networking.

VII. Recommendations
In addition to the specific recommendations outlined in the sections above, the following general recommendations about improving public health law communication linkages are offered:

A. In Person Conferences: Costly but Necessary and Must “Go Digital”
The comforts and benefits of in-person networking should not be underestimated, especially for a small and growing professional organization such as the Public Health Law Association. However, the nature of the field of public health law creates its own set of challenges to using an in-person conference approach to ensure widespread education on critical issues in the field. The core constituency of the organization is comprised of professionals working in a field plagued by tight local and state budgets and limited funds available for travel and/or professional education. Moreover, the nature of the work being done — i.e., applying law to address local public health problems — may result in widely divergent answers to legal problems depending on the jurisdiction in which a question is posed.

Furthermore, the financial expense and administrative complications faced when attempting to coordinate the development and execution of a regularly scheduled national conference also cannot be overlooked. For example, in addition to the recruitment and retention of conference faculty, there are the “bricks and mortar” costs associated with such endeavors (securing appropriate conference facilities, hotel and food arrangements, insurance, etc.).

There are some who believe the next generation to enter the professional workforce — sometimes referred to as the millennials or net generation — will demonstrate a great deal of comfort with (if not an outright preference for) working collaboratively and receiving education in digital media. However, in choosing to adopt new methods of collecting and disseminating information, PHLA must guard against alienating less technologically “wired” members of the field, and losing access to the invaluable relationships, insights, expertise, and contributions gained through face-to-face interactions.

Therefore, any efforts undertaken by PHLA should be coupled with the development of very user-friendly approaches to inquire about and collect public health law information from members (for example, easy to navigate web forms such as those used to gather our initial survey data) and training sessions and support to help the less familiar to gain enough comfort with the new technology to participate. Also, because many public health departments and academic institutions may not have access to high speed internet connections or other forms of the latest and greatest in computer technology, it will be important that any electronic efforts undertaken by PHLA not be too cutting edge in its use of technology so as to prevent many of its potential end users from accessing the service due to their lack of opportunity to load certain pieces of software or marshal enough bandwidth to expediently download the information. A number of organizations have overcome this situation in their use of webinars, for example, by making them available via DVD, as well as for download online.

The many benefits of an in-person conference — e.g., networking opportunities for members, development of collaborative relationships between professional organizations with similar missions, revenue for the sponsoring organization, presentation opportunities for faculty — must be balanced not only against the costs of running such a complicated endeavor, but also against the many challenges faced in using such undertakings as a means through which to educate its members. It has been this author’s experience that one of the challenges in the traditional delivery of public health law materials through such venues at an annual conference is that of timeliness. To secure faculty and undertake marketing campaigns, agendas and topics must be finalized so far in advance of the conference that the topics may no longer be of significant educational value to the proposed end users by the time the conference actually happens. Or, sessions must be couched as addressing amorphous “Emerging Issues.” Such sessions may be adequately attended, but likely cannot be marketed in advance as something of significant value (aside from any value which might be imputed to the scheduled presenter and/or the reputation of the organization). These types of sessions also do little to drive interest in a conference, or new interest in an organization. Furthermore, public health law education efforts will consistently struggle with how to advance education of universal principles of public health law — for example, the concepts of isolation or surveillance as public health powers — with the ability to enable effective application of those powers in the context of any particular legal jurisdiction or in concert with a particular philosophical approach.
Should an organization seek to offer an in-person conference as a central approach to its educational mission, it is critical that such efforts be coupled with the use of electronic means to archive and further disseminate the valuable information shared at that conference. Such efforts should include, at a minimum, the archiving and posting online of PowerPoint presentations, as well as the concomitant video or audio recording of the session presentations themselves.

B. Digital Champions and Consistent Support and Growth over Time Needed

Any new undertaking in public health law education must be coupled with enthusiastic support and promotion by key experts and organizations in the field. These efforts should include not only public health law experts and organizations, but larger, more general public health organizations, such as the American Public Health Association, the National Association of County and City Health Officials, and the Association of State and Territorial Health Officials, and the Association of Schools of Public Health, as well as other nongovernmental organizations with interest in the field, such as the Robert Wood Johnson Foundation and Trust for America’s Health. Such efforts also must secure predictable and consistent organizational, administrative, and financial support.

As the experiences of the leaders of professional education efforts, such as Web M&M and the Supercourse, also seem to indicate, slow and steady growth and expansion seem to work far better in generating users and contributors to such educational efforts than attempting to pique interest through the occasional special occasion “information dump” which might be more commonly associated with a conference-style approach. At a minimum, new offerings should be made available monthly and promoted through e-mail alerts to members as well as other counterparts in the field.

C. Creating a Public Health Law Portal: Collaboration with/Compilation of Extant Digital Offerings by Like-Minded Colleagues

There are a number of different public health law and policy organizations providing useful and interesting (and free) electronic public health law information. For example, the CDC Public Health Law News weekly newsletter, the Robert Wood Johnson Foundation’s Public Health weekly news digest, and the Legal Scholarship Network, Social Science Research Network, Public Health Law & Policy Abstract Database and e-mail alert are outstanding resources for information on current public health law events, announcements, and many of the latest theoretical and analytical treatises in the field. University public health law programs have developed strong online resources as well. States also have developed networks to assist their local health departments share and distribute information, such as the private intranet developed by the Texas Association of Local Health Officials, which has been used since 1999 to connect independent health departments for disease reporting and, since 2001, has been expanded to allow access to all public health entities and hospitals in the state.

The Public Health Law Association should not feel compelled to develop products which replicate these services. However, PHLA should collaborate with such entities and individuals, who hold similar missions of striving to improve the public’s health, and pursue the necessary steps and permissions needed to serve as a portal through which access to all of this information might be more easily routed. These might include, for example:

- Compiling the feeds offered by these and other public health law-related Web sites and making them accessible through one web page (via RSS feeds, customized Google News searches and/or Yahoo! Pipes);
- Development of a master list of links to critical and trusted sources for public health law information, laws, regulations, decisions, reports, etc.; or
- It also might consider establishing a PHLA blog, written by select public health law association members, which could offer commentaries on current public health law news, plus direct links to the primary sources.

This site also should serve as the location for any other original or submitted public health law content developed by the organization (e.g., webinars, journals, and conference presentations).

D. New Offerings: Online Case Study Journal, Webinars, and Messaging Systems

PHLA should strongly consider developing electronic offerings for its members which would enable the PHLA membership to access information and insights generated by its membership, and should pursue funding streams to develop such resources as needed. These should include the following:

- The establishment of an online journal featuring expert-drafted case studies of important and emerging public health law problems (à la Web M&M for patient safety). Ideally, such a journal would be published monthly; however, at a minimum, to ensure consistent contribution to the
journal and use of and interest in the materials by organization membership, it should be published no less than four times a year.

• Regular webinars on public health law issues, and memorialization of “live” public health law presentations online. Two tracks of educational materials should be created: an “advanced” track, focusing on emerging issues and complex challenges, which is directed at public health law practitioners working in the field, and an “introductory” track on more basic public health law topics, directed at students of the field and others who may want to get a grounding in public health powers and policy.

• Listservs or specialty-specific message boards where urgent questions from members could be answered by other professionals in the field.

• Databases of forms and model statutes and regulations.

• Public Health Law education and training materials directed toward local judges through organizations such as the National Center for State Courts in Williamsburg, Virginia.

If the June 2007 survey data is to be relied upon, however, it does not appear, at this time, that public health law information users are ready to embrace development of, or reliance upon, a user-generated public health law encyclopedia through collaborative tools such as a wiki.

PHLA also may not be able to directly tap the motherlode of rich information available at the local jurisdictional level of public health law practice, as clear solutions, which overcome the legal and logistical challenges posed in attempting to do so, have not yet presented themselves. However, it is possible that, through the development of case commentaries (and, perhaps, allowing for reactions to such case commentaries to be collected through message boards or e-mail feedback), cataloguing of listserv questions and responses, and the development of a database of forms and regulations, PHLA can increase local practitioners’ access to vital sources.

E. Continuing Education Credit to Encourage Participation and Contribution

Efforts to develop public health law educational materials online, and interest in online public health law offerings, should be coupled with the granting of continuing legal education credits, where available. Such an initiative will require staff support to ensure compliance with what often can be complex and varied application procedures; however, lessons may be learned from efforts undertaken by other health law organizations (such as the American Society of Law, Medicine & Ethics). Furthermore, to encourage participation in robust information sharing, honoraria should be given for the development of online case presentations. Such incentives likely would increase participation of presenters, content contributors, and end users, improve the quality of online offerings, and would increase confidence in both the underlying content and the organization providing such content.

Appendix A: Survey Questions and Answers on Communication Linkages

Draft Survey Questions on Communication Linkages

A. For the following questions, please respond using the 5-point scale below:
1=never, 2=rarely, 3=occasionally, 4=regularly, 5=essential to my work

When faced with a legal issue about which you feel you need additional guidance, where are you likely to turn early in your search?

Information sources
i. Locally-held files/hard copies of texts, materials, practice guides
ii. Subscription-based professional articles, newsletters, journals, texts
iii. Free Internet search engines (e.g., Google)
iv. Free Internet general encyclopedia (e.g., Wikipedia)
v. Free law-related web resources (e.g., Law.com, Cornell’s Legal Information Institute, Topic-specific web sites)
vi. Subscription-based electronic resources (e.g., Lexis, Westlaw)
vii. Professional/Membership-only Web site (e.g., AHLA, ABA)
viii. Papers/materials acquired at professional conferences, seminars, etc., you personally have attended
ix. Papers/materials from professional conferences, seminars, etc., you have discovered via online searches
x. Other?

People
i. Local colleague (e.g., someone in the same office or community)
ii. Colleagues known through a professional association (e.g., State Bar, ABA, ASTHO, NACCHO)
iii. Professional e-mail list-serv
iv. Topic/profession-specific Internet message board
v. Topic/profession-specific blog
Other?

B. On a 1-5 scale (1=not useful at all, 5=essential), how useful do you believe the following types of resources might be in your professional life?

i. A national conference on current/emerging public health law topics held annually
ii. A national conference on current/emerging public health law topics held every other year
iii. Regional conferences on current/emerging public health law topics held annually
iv. Regional conferences on current/emerging public health law topics held every other year
v. Internet-based public health law seminars/live chats on current/emerging public health law topics
vi. A public health law practitioner Internet message board, where colleagues could post inquiries and discuss profession-related topics
vii. An Internet-based public health law wiki/database/encyclopedia, to which only professionals/educators can contribute
viii. An Internet-based public health law wiki/database/encyclopedia, to which anyone can contribute

C. On a 1-5 scale (1=never, 5=frequently), how often do you feel you would be likely to contribute to the following activities?

i. E-mailing locally-used or locally-generated forms/documents/practice guides to be compiled as part of an Internet-based public health law database/wiki/encyclopedia
ii. Contributing text in an online public health law database/wiki/encyclopedia
iii. Editing text/content in an online public health law database/wiki/encyclopedia
iv. Participate in online discussions/Q&A sessions via a public health law message board
v. Participate as a presenter for online seminars/conferences/live chats on public health law topics
vi. Participate as a presenter for in-person conferences/seminars on public health law topics

D. On a 1-5 scale (1=totally disagree, 5=totally agree), respond to the following statements:

i. Increasing access to others working in the public health law field is an important goal for the profession

E. What types of services would you like to see an organization for public health law professionals provide via the Internet?

F. Are there professional organizations you feel offer strong examples of using electronic means to effectively gather and disseminate professional information?

Appendix B: Public Health Emergency Preparedness Legal Resources Online
Compiled by Clifford M. Rees, J.D., Research Assistant Professor, Center for Disaster Medicine, Department of Emergency Medicine, University of New Mexico Health Sciences Center, Albuquerque, New Mexico

I. PUBLIC HEALTH LAW/EMERGENCY PREPAREDNESS — GENERAL

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (CDC) — Public Health Law Program
http://www2a.cdc.gov/phlp (Home Page)
http://www2a.cdc.gov/phlp/sub_menu.asp (Legal Materials Related to Public Health Legal Preparedness)
Weekly CDC Public Health Law News (Listserv)
http://www2.cdc.gov/phlp/weeklynews.asp
Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr
Federal Legal Authorities — HHS Pandemic Influenza Plan — Appendix E.
www.pandemicflu.gov
U.S. Department of Health and Human Services/Health Resources and Services Administration National Bioterrorism Hospital Preparedness Program
www.hrsa.gov/bioterrorism
U.S. Department of Health and Human Services/Agency for Healthcare Research and Quality (AHRQ)
www.ahrq.gov
Bioterrorism Planning and Response
www.ahrq.gov/browse/bioterbr.htm (Listserv)
White House (e.g., list of Presidential Orders re: quarantinable conditions)
www.whitehouse.gov
U.S. Department of Justice
www.ojp.usdoj.gov/BJA/pandemic/pandemic_main.html

Other Federal Agencies — DHS/FEMA, DOD, USDA, DOI

Congressional Research Service
www.opencrs.com

Centers for Public Health Preparedness (CPHP — 27 Centers funded by CDC)
www.bt.cdc.gov/training/cphp/centers.asp

Examples:
Johns Hopkins Center for Public Health Preparedness
www.jhsphs.edu/cphp

Southwest Center for Public Health Preparedness — University of Oklahoma Health Sciences Center
www.swcpphp.ouhsc.edu

University of Albany, School of Public Health, SUNY Center for PH Preparedness
www.ualbanycphp.org

Centers for Public Health Preparedness Resource Center (CDC)/ Association of Schools of Public Health
www.asph.org/acphp/phpc.cfm

Center for Law and the Public’s Health at Georgetown and Johns Hopkins Universities
www.publichealthlaw.net

Types of Information Available: Model Acts, ESAR-VHP, Ethics, Training Modules, General Public Health Law

Checklists:
1. American Bar Association Draft Checklist for State and Local Government Attorneys to Prepare for Possible Disasters
2. Legal Preparedness for Bioterrorism and Other Public Health Emergencies
www.publichealthlaw.net/Resources/BTlaw.htm

www.ahla.org

Louisiana State University Center for Public Health
www.biotech.lsu.edu

University of New Mexico — Center for Disaster Medicine
http://hsc.unm.edu/som/cdm/

Center for Biosecurity – University of Pittsburgh Medical Center
www.upmc-biosecurity.org/website (Listserv)

Public Health Law Association
www.phla.info

American Public Health Association
www.apha.org

American Health Lawyers Association
www.healthlawyers.org

National Association of County and City Health Officials
www.naccho.org

Association of State and Territorial Health Officials
www.astho.org

Council of State and Territorial Epidemiologists
www.cste.org

American Bar Association/Health Law Section
www.abanet.org/health

National Association of Attorneys General
www.naag.org

National Conference of State Legislatures
www.ncsl.org

Council of State Governments
www.csg.org

National Governors Association
www.nga.org

The Robert Wood Johnson Foundation
www.rwjf.org

Milbank Memorial Fund
www.milbank.org

American Society of Law, Medicine & Ethics
www.aslme.org
II. FEDERAL LAW

U.S. Constitution
www.law.cornell.edu/constitution

U.S. Supreme Court Cases
www.supremecourtus.gov
www.findlaw.com/casecode/supreme.html
www.law.cornell.edu
www.medill.northwestern.edu

Federal Statutes (US Code)
www.gpoaccess.gov/uscode/index.html
www.findlaw.com

Federal Bills Introduced in Congress
http://thomas.loc.gov

U.S. Senate
www.senate.gov

U.S. House of Representatives
www.house.gov

Code of Federal Regulations
www.gpoaccess.gov/cfr/index.html

Federal Register
www.gpoaccess.gov/fr/index.html

Specific Federal Laws
Health Insurance Portability and Accountability Act
www.hhs.gov/ocr/hipaa

Emergency Medical Treatment and Active Labor Act
www.aaem.org/emtala/index.shtml

III. STATE LAW

State Legislatures – Internet Links – National Conference of State Legislatures
www.ncsl.org/public/leglinks.cfm

National Conference of Commissioners on Uniform State Laws
www.nccusl.org

Example of Uniform Act
Uniform Emergency Volunteer Health Practitioners Act
www.uevhpa.org

Examples of Model Acts
Model State Emergency Health Powers Act
www.publichealthlaw.net/MSEHPA/MSEHPA2.pdf

Model State Public Health Act
www.turningpointprogram.org

Model State Public Health Privacy Act
www.critpath.org/msphpa/privacy.htm

Public/Private Legal Preparedness Initiative – Good Samaritan Liability Preparedness for Business and Non-Profits Assisting in Community Emergencies
www.sph.unc.edu/nciph/law

New Mexico State Law (Each State customizes for its own Web sites)

New Mexico Supreme Court Cases
http://supremecourt.nm.org

New Mexico Court of Appeals Cases
http://coa.nmcourts.com

New Mexico Legislature
www.legis.state.nm.us

New Mexico Statutes Unannotated 1978
www.conwaygreene.com

New Mexico Compilation Commission
www.nmcompcomm.us

New Mexico Administrative Code (State Agency Rules/Regulations)
www.nmcrpr.state.nm.us/nmac

New Mexico Register
www.nmcrpr.state.us/nmregister

New Mexico Governor’s Executive Orders
http://governor.state.nm.us/index2.php
Click on “Newsroom,” then “Speeches and Executive Orders.”
New Mexico Attorney General Opinions and Advisory Letters
http://www.ago.state.nm.us/divs/civil_opinions.htm

New Mexico Department of Health — Bureau of Health Emergency Management
www.health.state.nm.us/ohem

Other State Resources
California Public Health Law Program
www.phlaw.org/programs.html

Interstate Compacts
National Center for Interstate Compacts – Council of State Governments
www.csg.org/programs/ncic/default.aspx

National Emergency Management Association/EMAC
www.nemaweb.org

Mid-America Alliance (Non-Emergency Mutual Aid)
www.midamericaalliance.org

IV. INTERNATIONAL LAW

ABA Section of International Law – International Health Law Committee
www.abanet.org/dch/committee.cfm?com=IC945000

World Health Organization

International Digest of Health Legislation – Click on “WHO Sites” then click on “International Digest of Health Legislation (IDHL).”

WHO Website on Ethics and Pandemic Planning
www.who.int/ethics/influenza_project/print.html

National Health Ministries (WHO Link)

Pan American Health Organization
www.paho.org

U.S.–Mexico Border Health Commission
www.borderhealth.org

Border Health Information and Education Network (Funded by the New Mexico Outreach Office, U.S.-Mexico Border Health Commission, NM Department of Health and the Border Epidemiology & Environmental Health Center at New Mexico State University)
www.bienhealth.org

U.S.–Canadian Public Health Mutual Aid Agreements
International Emergency Management Assistance MOU — New England States and Canadian Maritime Provinces
www.iemg-gigu.org

Great Lakes Border Health Initiative
www.michigan.gov/mdch

Foreign Law Examples

Mexican Health Law
Electronic Guide to Mexican Law by Francisco Avalos and Elisa Donnadieu
http://www.llrx.com/features/mexican.htm

Introduction to the Mexican Legal System by Francisco Avalos

Mexican Legal Materials in English, Southern Methodist University Underwood Law Library
http://library.law.smu.edu/resguide/mexico.htm

InterAm Database — National Center for Inter-American Free Trade — University of Arizona
http://natlaw.com/interam/mx/md/st (for Mexican Health Laws, including the Ley General de Salud)

Mexican Legal Information Sources by Allison Ewing — Arizona State University College of Law
www.law.asu.edu/library/mexicanlaw

University of San Diego School of Law, Legal Research Center, Broader Borders
http://www.sandiego.edu/lrc/broaderborders
Jorge A. Vargas, Professor of Law, University of San Diego School of Law — Web site on Mexican Law http://www.mexlaw.com

“Civil Law Systems and the Mexican Legal System,” PowerPoint by Lee Peoples, Associate Director for Faculty Research and Instructional Services, Oklahoma City University Law Library
www.okcu.edu/law/lawlib.pdfs/guide_civil.pdf

Canadian Health and Emergency Response Law
Emergency Management and Civil Protection Act, R.S.O. 1990, Chapter E.9 (Province of Ontario)
www.e-laws.gov.on.ca

Manitoba Public Health Act, C.C.S.M. c. P210

Canadian SARS Commission/Campbell Commission
www.sarscommission.ca

Federal Government’s Revised Quarantine Act/Centre for Emergency Preparedness and Response

Russian Federation Law in English
www.nyulawglobal.org/globalex/Russia.htm

V. TRIBAL LAW

National Indian Law Library
http://narf.org/nill

Tribal Court Clearinghouse
http://www.tribal-institute.org/index.htm

Navajo Nation Tribal Code (Index to the 26 Titles that comprise the Code)
http://www.21native.com/speaker.navajo.org/nncode.html

References
1. It has been pointed out during discussions of earlier versions of this draft that not all public health practitioners lack access; some, in fact, may have access to a surfeit of information which complicates the process of quickly and easily identifying quality, timely materials.
2. It is assumed by the author that it is not the goal of the Public Health Law Association (or any other public health law initiative) to attempt to compete as a content provider with such commercial legal research services as Lexis, Westlaw, and free legal compendia such as Law.com, AtLaw.org, or the Cornell University Legal Information Institute (http://www.law.cornell.edu/). Furthermore, this report will not discuss which content areas of public health law PHLA might or should cover through its own educational or research endeavors, nor will it recommend how the Public Health Law Association can generate comprehensive new knowledge bases (such as jurisdiction-specific public health law bench books), or become the ultimate arbiter of what constitutes public health law.
3. The term “public health practitioner” generally refers to those utilizing public health law materials in efforts to improve the public’s health, and is not limited to those working directly for federal, state or local public health government agencies.
4. As the Public Health Law Association is the primary professional organization engaged in the study of this question, this report may, at times, specifically consider the capacity of PHLA to undertake such professional educational efforts. Most of this report’s findings, however, could be applied by any professional organization. Therefore, any specific reference to PHLA should also be understood to mean “organizations interested in expanding access to public health law knowledge.”
5. Special thanks to Donald Benken, Cindy Burbach, Anthony Iton, Wilfredo Lopez, Myles Lynk, Michele Simon, and Amy Winterfield for their guidance during a work group session convened by the Public Health Law Association; also to Marilyn Thomas, Lee Lane, and Heather McCabe for their input concerning the paper during an October 2007 conference call; and especially to Patricia Davidson, Dianne Hoffman, Daniel O’Brien, Clifford Rees, Virginia Rowthorn, Jason Smith, and Marty Wasserman for sharing their suggestions and enthusiasm throughout the project.
7. In fact, it is often recommended that presenters wishing to make an effective PowerPoint presentation minimize the amount of information appearing on their slides, creating a paradoxical situation so that the worst live presentations — those bogged down in slides filled with data tables and bullet points that essentially are read aloud by the presenter — become the most valuable for uploading online without also uploading audio or video of the presenter’s remarks.
9. The following section is based upon e-mail communications between the author and Dr. LaPorte in July 2007.
10. The source of the $5,000 in annual funding appears to be personal donations by the Web site creators. Even this funding, however, appears to have dried up: on September 27, 2007, the founder of the Supercourse announced that, absent identification of new funding streams or development of a new business plan, the Supercourse would cease collecting new lectures and offering additional educational activities on January 1, 2008. E-mail correspondence from Ronald E. LaPorte, September 27, 2007 (on file with author).
11. There are a number of different ways that content experts may make their materials freely available to be shared for educational or entertainment purposes without having to get bogged down in the significant legal and procedural roadblocks created by the U.S. Copyright system, including the use of Creative Commons agreements, which allows for more open use of materials by the public while protecting the ownership rights of the content creators.

12. Google recently announced the development of a Web-based presentation feature in its Google Docs software suite (http://docs.google.com). Other online presentation software options include Zoho Show (http://show.zoho.com), Freezzo (http://www.freezzo.com), and SlideShare (http://slideshare.net) (all last visited June 26, 2008).

13. However, the amount of public health law and ethics content is minimal. A review of the titles of the available lectures on the Supercourse site indicated that less than 10 of the lectures highlighted legal, political, or ethics-related issues in public health law.


16. The Indiana Continuing Legal Education Forum offers a public health and the law online seminar that can be used to acquire six hours of MCLE. See Indiana Continuing Legal Education Forum, available at <http://www.iclef.org/> (last visited June 26, 2008).

17. On the issue of what constitutes “proper” results: it should be noted that patient safety experts like to say that the health care system delivers exactly the type of results they were built to deliver; however, in this case, “proper” means the results the health care providers ideally would have like to have seen delivered to the patient, given the patient’s care needs.


22. What follows are insights gained by the author through conversation with Dr. Wachter and Erin Hartman, Web M&M and PSNet Project Manager.

23. “PayPal” is a Web site which coordinates the payment of funds online without allowing for the sharing of personally identifiable information between the two contracting parties. It is available at <http://www.paypal.com> (last visited July 17, 2008). This is one of the most popular ways for transactions to be conducted between bidders and item sellers on eBay, for example.

24. Dr. Wachter estimated that it would cost “between $100,000 and $200,000” to develop a high quality Web presence. Dr. Wachter stated he believed the “feel” of the Web site was almost as important for buy-in by readers and contributors as the content the site itself provided. However, it is the opinion of this report writer that such services may be desirable, but should not be seen as a barrier to the development of similar efforts for the public health law field.

25. Wachter credits the short turn-around time and short length of requested submissions as key to their successful solicitation and receipt of expert commentaries, although the availability of an honorarium for such a brief contribution also must be considered as a useful recruitment tool.

26. It is the opinion of the author that the opportunity for an author to work with a professional editorial team as part of the publication process is both a dying art in the field of law publication, and a strong selling point for establishing credibility and enthusiasm in the market.

27. Access to cases published at earlier dates is still open; however, CME credit cannot be received for their review.

28. See Wachter and Shojania, supra note 21, at 668.


30. Id.

31. Even if such a conference or presentation were invitation-only or jurisdiction-specific, alerting the public health law community that such an event were taking place, and who might be reached to gain further information about the event, would be valuable to improving connections between public health law professionals. Id.

32. See Y. Steinert, F. J. McLeod, L. Conochie, and L. Nasmith, “An Online Discussion for Medical Faculty: An Experiment that Failed,” *Academic Medicine* 77, no. 9 (2002): 939-940 (citing concerns about confidentiality, time, competing demands, a lack of perceived needs by the potential users, and comfort with the technology as obstacles to implementation of an online discussion board).


36. See O'Reilly, supra note 34.


47. See, e.g., D. Tapscott and A. D. Williams, Wikinomics (New York: Portfolio, 2006); Y. Benkler, The Wealth of Networks: How Social Production Transforms Markets and Freedom (New Haven: Yale University Press, 2006). However, even within such successful wiki-based endeavors such as Wikipedia, there is interest in gaining the insights of content experts on subject matter. See, e.g., the Wikipedia entry for Ear Candling (http://en.wikipedia.org/wiki/Ear_candling) (last visited June 26, 2008), which includes the following disclaimer on its content: “This article requires authentication or verification by an expert. Please assist in recruiting an expert or improve this article yourself. See the talk page for details. This article has been tagged since March 2007.”

48. J. Giles, “Internet Encyclopaedias Go Head To Head,” Nature, 438 (2005): 900-901 (examining the accuracy of science entries in Wikipedia and the Encyclopaedia Britannica). In fact, the publishers of the Encyclopaedia Britannica recently announced that they are beginning a redesign of their Web site which will include additional collaborative opportunities. However, they also distinguish between their expert-driven collaborative process and the more freely manipulated Wikipedia approach, stating their position that “the creation and documentation of knowledge is a collaborative process but not a democratic one.” “Collaboration and the Voices of Experts,” available at <http://britannicamain.com/?p=88> (last viewed July 16, 2008).


52. See Lessig, supra note 44.

53. Results received concerning contribution to online message board discussions or webinars did show a slightly higher interest than any activities associated with an online database.


20, 2007, there were 1,006 articles listed in this topic area on the web site.


See the blog created by the American Journal of Bioethics available at <http://bioethics.net> (last visited June 26, 2008) for an example of how this might be approached.