

Moving Towards Community-Centered Legal Epidemiology: A Crosswalk of Frameworks

Introduction

Public health aims to achieve optimal health for all. Yet, across the country, some communities consistently flourish while others consistently experience protracted and worsened health outcomes. This is in large part due to historic and still present laws and policies that act as facilitators or barriers for health and well-being.

Legal epidemiology is the study of law as a factor in the cause, distribution, and prevention of disease and injury, helping us understand how laws and policies work, and whether they are having the effects intended.¹ **Community-centered legal epidemiology provides a framework for bringing decision makers into authentic partnership with communities impacted by adverse outcomes.** When legal epidemiology takes on a “Power-With” approach that both leverages the capacity of those with institutional influence and those most impacted by it, practitioners can deepen their analysis of barriers to health and build community capacity to address these challenges, thereby improving the effectiveness and fairness of public health laws and policies.

1 Temple University Center for Public Health Law Research. (<https://phlr.temple.edu/defining-legal-epidemiology>)



Community power building

Community power is the ability of communities most impacted by harmful policies and practices to develop and sustain an organized base of people and influence laws and decisions that promote or prevent healthy outcomes.

WHEN BUILDING COMMUNITY POWER, IT IS CRITICAL TO:

- 1 Act collectively** to foster shared purpose and collaboration among stakeholders to improve the effectiveness of public health laws and policies. 
- 2 Shift narratives** to get at the root of why some communities experience worse health outcomes than others. 
- 3 Engage communities authentically** to ensure inclusive, meaningful, and transparent involvement of stakeholders in the public health and policy decision-making processes. 
- 4 Cultivate ongoing relationships** to build sustained, trust-based relationships to ensure the long-term success of public health initiatives.² 

² Definition adapted by Health Resources in Action, from Lead Local (<https://www.lead-local.org/glossary>)

The Crosswalk: Legal Epidemiology and Community Power Building

How can these 4 principles of community power building – Act Collectively, Shift Narratives, Engage Communities Authentically, and Cultivate Ongoing Relationships – be integrated into the phases of legal epidemiology? How can practitioners intentionally ensure that impacted communities are engaged from start to end?





When progressing through the legal epidemiology process, reflect on key community power building questions (in the right-hand columns on the following pages) to consider how community power can be built upon and/or strengthened through the legal epidemiology process.

Note that these questions are intended for ongoing reflection throughout the legal epidemiology process, it is not meant to be a one-time use tool. As work progresses, new or ongoing partners are engaged, meaning is made, and findings are translated into action, continuously revisit these questions to intentionally center community perspectives, build community power, and advance policy and systems change that supports all communities to flourish.

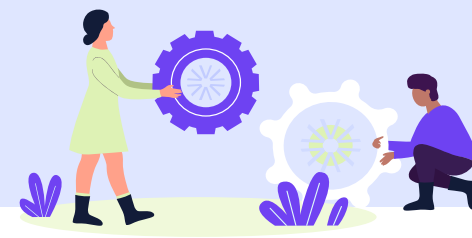






Phase 1: Planning



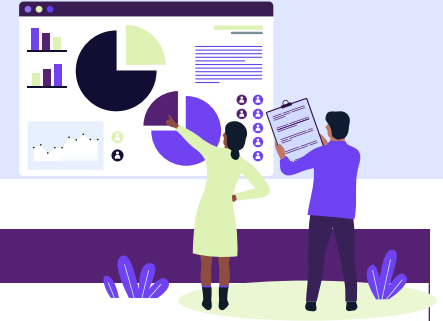
LEGAL EPIDEMIOLOGY	COMMUNITY POWER BUILDING
<p>Step 1: Scoping and background research</p> <ul style="list-style-type: none"> ▶ Create an environmental scan (<i>What do sites want to know about their laws or policies? How do the laws or policies contribute to, the health outcomes of specific communities?</i>) ▶ Identify jurisdictions of focus and points for comparison ▶ Identify laws and legal mechanisms that are observable and measurable (features of the law that vary across jurisdictions and/or over time) ▶ Identify relevant health outcomes data ▶ Identify a body of law or policy focus (e.g., <i>local/county ordinances, state laws, agency policies, etc.</i>) ▶ Develop a logic model ▶ Write a policy memo summarizing the law or policy focus, including specific references <p>Step 2: Draft research/coding questions</p> <ul style="list-style-type: none"> ▶ Develop a clear research question that connects the law or policy to the outcome of focus - consider PICOT format: Population, (Legal) Intervention, Comparison, Outcome, Time ▶ Identify legal constructs (features of the law that vary across jurisdictions of comparison) ▶ Develop a coding scheme using a question-and-response format <p>Step 3: Select a research design and analytical plan</p> <ul style="list-style-type: none"> ▶ Determine if you are conducting: 1) Legal mapping by comparing laws or policies from multiple jurisdictions at a point in time, or 2) Policy surveillance by looking at jurisdictional changes in one or more places over time ▶ Aligned with research design, develop a plan for analyzing laws and policies 	<p>For each step in Phase 1, how can you:</p> <p> Act Collectively</p> <ul style="list-style-type: none"> • Key Question: How are we fostering a shared purpose for the work? <i>Who are we engaging in setting agendas (and who is missing)? Who determines what evidence is prioritized, which research questions are pursued, and what research design is selected? How do we ensure we are authentically seeking community perspectives, and listening and learning deeply?</i> <p> Shift Narratives</p> <ul style="list-style-type: none"> • Key Question: What narratives do historic and existing laws uphold, and how might they be shifted to help us better understand why such laws prevent some communities from flourishing? <i>What is community understanding of the reasons a law or policy promote or prevent healthy outcomes? What narratives inform what evidence we review, which laws and policies we prioritize, our analysis of what keeps communities from being healthy, and our research question? Who needs to be engaged to deepen our analysis? What narratives inform our selected data and codes?</i> <p> Engage Communities Authentically</p> <ul style="list-style-type: none"> • Key Question: Who is most impacted by the adverse outcomes you are trying to address and how can we create context and space to meaningfully engage those most affected? <i>Who has the institutional influence? Who has power or a position of influence in the community? Whose interest do we want to foster? Whose influence do we want to build?</i> <p> Cultivate relationships</p> <ul style="list-style-type: none"> • Key Question: How are we engaging partners and building ongoing trust with those most affected by the outcomes of focus? <i>How do we ensure partnerships are relational and not transactional? How can we foster bidirectional ideation and communication between project leads and those most affected by the outcomes we are trying to address? How do we cultivate relationships that can be sustained both in the short- and long-term?</i>

Phase 2: Operationalization



LEGAL EPIDEMIOLOGY	COMMUNITY POWER BUILDING
<p>Step 1: Build legal data</p> <ul style="list-style-type: none"> ▶ Collect the laws and policies that fall within the identified legal constructs ▶ Code the laws and policies – this may require updates to coding scheme and/or research question <p>Step 2: Merge data for analysis</p> <ul style="list-style-type: none"> ▶ Engage a team to combine legal data with health outcome data for analysis. This might include a statistician to support the evaluation. 	<p>For each step in Phase 1, how can you:</p> <p> Act Collectively</p> <ul style="list-style-type: none"> • Key Question: How are we seeking culturally appropriate methods that combine qualitative and quantitative approaches? <i>Who are we engaging to prioritize what data is looked at and how those feed into our research question and approach? At what points can non-technical partners be engaged in operationalization and analysis, and how can we transparently communicate about that? How are we fostering a shared purpose for the work? How are we ensuring authentic and fair ways of interacting with each other?</i> <p> Shift Narratives</p> <ul style="list-style-type: none"> • Key Question: Who is engaged in making meaning of collected and selected data and how are we engaging cultural guides/interpreters to provide nuances of meaning in our analysis? <i>As laws and policies are measured, where will we explore community narratives surrounding these policies? Do the causal pathways represent our emerging narratives, and the narratives held by community and partners? How do we consider the cultural context in our analysis as a key component of accurate interpretation?</i> <p> Engage Communities Authentically</p> <ul style="list-style-type: none"> • Key Question: How do we build the capacity of community to understand and authentically engage them in making meaning of the technical process of coding and analysis? <i>Who are the doers and decision-makers during this phase? Where are opportunities to amplify community voice and center those most affected by outcomes we are trying to address?</i> <p> Cultivate relationships</p> <ul style="list-style-type: none"> • Key Question: How are we engaging partners and ensuring partnerships are relational and not transactional? <i>How do we communicate about the technical aspects of the operationalization phase in clear and compelling ways to cultivate and sustain community interest?</i>

Phase 3: Analyze and Disseminate



LEGAL EPIDEMIOLOGY

[Steps 1-3 will apply if health outcomes data is being used in the analysis.]

Step 1: Run descriptive statistics

Step 2: Run bivariate explanatory analysis

Step 3: Run predictive/causal analysis

Step 4: Interpret results

Step 5: Discuss results

Step 6: Translate into practice

Step 7: Dissemination

- ▶ Develop a translation and dissemination plan (Questions include, but are not limited to: How do they want to use this research? Do they want it to inform their own future advocacy? Do they want to publish it? Do they want to develop white paper? Do they want data points for sharing with policy makers?)

COMMUNITY POWER BUILDING

For each step in Phase 1, how can you:

Act Collectively

- **Key Question: Where can community own and influence the translation phase?**
Who are we engaging to interpret data and make meaning of it? How does it resonate with our evolving understanding of the health outcomes we are trying to address? How can the dissemination plan and related documents or resources be co-created with community?

Shift Narratives

- **Key Question: How can community own and share the emerging narratives?**
How does our analysis resonate with our emerging narratives, and the narratives held by community and partners? Where does it differ? Where are there opportunities to explore and make meaning of differences? Who holds specific narratives that might be shifted by this analysis and how should they be engaged?

Engage Communities Authentically

- **Key Question: How can results translate into meaningful, community-held practice?**
Who influences and makes decisions during this phase? Where are opportunities to shift power to amplify community voice? Who will own the community-level changes? How will the community benefit from this analysis? How do we inform a wide range of stakeholders using culturally responsive mechanisms?

Cultivate relationships

- **Key Question: How are we engaging partners and how can we create shared accountability for long-term partnership and action?**
How do we ensure partnerships are relational and not transactional? Upon completion of the legal epidemiology process, how will relationships and partnerships continue in the long-term? How can we build upon the trust and progress made?

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