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Public Health Equity Law: Considering Law as a Tool in Achieving Health Equity

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PUBLIC HEALTH EQUITY LAW: CONSIDERING LAW AS A TOOL IN ACHIEVING HEALTH EQUITY

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I. INTRODUCTION

Health equity is achieved when each person attains their "highest level of health . . ."[1] However, recent research published in the Journal of the American Medical Association (JAMA) by Frederick Zimmerman and Nathaniel Anderson, found that although there have been some promising developments, there has been an overall lack of improvement in health equity over the last twenty-five years.[2] In response, as Samantha Bent Weber highlights "[p]ublic health departments and practitioners are expanding the scope of their responsibilities by considering the systemic and structural arrangements that constitute root causes of inequities."[3] Consequently, considering interventions beyond the scope of traditional health care and public health practice may be important.[4]

Policy Development, including creating and utilizing laws and regulations, is considered one of the pillars of the 10 Essential Public Health Services and is recognized as an important tool in achieving

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1. *Disparities*, OFF. DISEASE PREVENTION & HEALTH PROMOTION (ODPHP), https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities (last updated Feb. 28, 2020).

2. Frederick J. Zimmerman & Nathaniel W. Anderson, *Trends in Health Equity in the United States by Race/Ethnicity, Sex, and Income, 1993-2017*, 2 JAMA NETWORK OPEN 1, 7 (2019).

3. Samantha Bent Weber and Matthew Penn, *Public Health Strategies: A Framework for Law and Public Health to Pursue Health Equity*, CTR. DISEASE CONTROL & PREVENTION (CDC) (forthcoming 2021).

4. Zimmerman & Anderson, *supra* note 2, at 8.

better health outcomes.[5] Health equity and health disparities are recognized as important within the fields of public health and health care.[6] However, the role of law as it relates to health equity is still an area of growing research in the field of public health.[7] This Essay will describe one way to analyze the role that law can play in achieving equitable health outcomes.

II. DEFINITIONS

The following definitions of health equity and health disparities help to frame this discussion. As may be expected given the complexity of this field, the development of definitions surrounding health equity and health disparities is also complex.[8] These terms are defined to reflect their usage in this Essay, but there are numerous iterations and valuable discussions in both the legal literature and public health literature about what these terms mean in practice.[9]

- *Health equity* is achieving one's highest level of health and requires "valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary

5. *The Public Health System & the 10 Essential Public Health Services*, CDC, https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html (last reviewed Sept. 18, 2020) (listing policy development as an essential health service); *see generally* SCOTT BURRIS ET AL., THE NEW PUBLIC HEALTH LAW: A TRANSDISCIPLINARY APPROACH TO PRACTICE AND ADVOCACY (2018) (highlighting research in public health law outcomes).

6. *Health Equity*, AM. PUB. HEALTH ASS'N (APHA), https://www.apha.org/topics-and-issues/health-equity (last visited Feb. 29, 2020) (The APHA lists health equity as guiding priority and key value.); *AMA Announces First Chief Health Equity Officer*, AM. MED. ASS'N (AMA) (May 14, 2019), https://www.ama-assn.org/press-center/press-releases/ama-announces-first-chief-health-equity-officer. In 2019, the AMA hired their first chief health equity officer. *Id.*

7. *But see* Scott Burris, *Law in a Social Determinants Strategy: A Public Health Law Research Perspective*, 126 (Suppl. 3) PUB. HEALTH REP. 22 (2011); *A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy*, CHANGELAB SOLUTIONS 1, 11 (Apr. 2019), https://www.changelabsolutions.org/sites/default/files/2019-04/Blueprint-Executive_Summary_FINAL_201904.pdf; Emily Whelan Parento, *Health Equity, Healthy People 2020, and Coercive Legal Mechanisms as Necessary for the Achievement of Both*, 58 LOY. L. REV. 655 (2012); Susan R. Weisman et al., *Changing Hearts, Minds, and Structures: Advancing Equity and Health Equity in State Government Policies, Operations, and Practices in Minnesota and Other States*, 44 MITCHELL HAMLINE L. REV. 1230 (2018); Amy T. Campbell, *What Hope for Health in All Policies' Addition and Multiplication of Equity in an Age of Subtraction and Division at the Federal Level?: The Memphis Experience*, 12 ST. LOUIS U. J. HEALTH L. & POL'Y 59 (2018).

8. Leann R. Johnson, *Health Equity and Health Disparities: Defining and Addressing the Equity Deficit*, 51 WILLAMETTE L. REV. 573, 574–75 (2015).

9. Paula Braveman, *What Are Health Disparities and Health Equity? We Need to Be Clear*, 129 PUB. HEALTH REP. 5 (2014) (discussing the importance of the definition of health equity); Johnson, *supra* note 8 (discussing the importance of the definition of health equity).

injustices, and the elimination of health and health care disparities."[10]

- *Health disparities* are those differences in health outcomes among people "who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[11]
- *Health equity law* refers to laws that prevent or reduce health disparities and promote equitable health outcomes, regardless of whether the laws were created with the intent to do so.[12]

III. PUBLIC HEALTH LAW AND HEALTH EQUITY LAW

Laws can play an important role in improving public health outcomes, including equitable health outcomes. In order to identify the ways that law contributes to equitable health outcomes lessons can be drawn from the analysis of how laws are tied to health outcomes in other areas of public health. For example, there is ample research that links law to specific improvements in health outcomes, one such example is seat belt laws and traffic fatalities.[13] A simplified theoretical analysis shows how seat belt laws could be linked to health outcomes: seat belt use is closely tied to improved health outcomes including reductions in motor vehicle crash related injuries and death.[14] Thus, the analysis required to connect seat belt laws to improved health out-

10. *Glossary of Terms*, DEP'T HEALTH & HUMAN SERV. (HHS), NAT'L P'SHIP FOR ACTION TO END HEALTH DISPARITIES, https://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34 (last modified Feb. 22, 2018) (last visited Feb. 28, 2020) (citing *National Stakeholder Strategy for Achieving Health Equity*, HHS (Apr. 8, 2011), https://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf).

11. *Disparities*, *supra* note 1.

12. *Health Equity Law*, CDC, https://www.cdc.gov/phlp/publications/topic/healthequity.html (last reviewed Mar. 2, 2017). The research that contributed to this tool can be found on this webpage.

13. *See generally* Alma Cohen & Liran Einav, *The Effects of Mandatory Seat Belt Laws on Driving Behavior and Traffic Fatalities*, 85 REV. ECON. & STAT. 828 (2003); Lois K. Lee et al., *Motor Vehicle Crash Fatalities in States With Primary Versus Secondary Seat Belt Laws. A Time-Series Analysis*, 163 ANNALS INTERNAL MED. 184 (2015); Laurie F. Beck et al., *Rural and Urban Differences in Passenger-Vehicle-Occupant Deaths and Seat Belt Use Among Adults — United States, 2014*, 66 CDC MORBIDITY & MORTALITY WKLY. REP. 1 (2017), https://www.cdc.gov/mmwr/volumes/66/ss/ss6617a1.htm; MONTRECE MCNEILL RANSOM & LAURA MAGAÑA VALLADARES, PUBLIC HEALTH LAW: CONCEPTS AND CASE STUDIES (1st ed. 2020).

14. *See generally* Cohen & Einav, *supra* note 13; Lee et al., *supra* note 13; Beck et al., *supra* note 13 (demonstrating the impact of seat belt laws on health outcomes); *Policy Impact: Seat Belts*, CDC (Jan. 2011), https://www.cdc.gov/motorvehiclesafety/seatbeltbrief/index.html (demonstrating the impact of seat belt laws on health outcomes).

comes is relatively straightforward: appropriate seat belt and child restraint use results in lives saved, therefore laws that require and enforce seat belt and child restraint use can result in more people using seat belts, and therefore more lives could be saved (Table 1).[15]

TABLE 1. THEORETICAL ANALYSIS OF SEAT BELT AND CHILD RESTRAINT LAWS IMPACT ON FATAL AUTOMOBILE MOTOR VEHICLE CRASHES

Possible Laws[16]		Actions from Laws		Result from Actions
- Mandatory seat belt laws with primary enforcement - Laws requiring seat belt check points - Child restraint laws (requirements appropriate for weight, height, and age e.g. rear facing age requirements, booster seats age requirements)	>	Increased seat belt use and appropriate child restraint use	>	More lives saved

Although lessons can be drawn for other areas of public health, health equity is a distinct concept in public health for several reasons, including the breadth of both historical and contemporary factors that contribute to inequitable health outcomes. Health inequities in the United States are tied to a history of policy interventions the purpose or result of which was to marginalize particular groups resulting in inequitable health outcomes.[17] As Leann Johnson describes, "[t]he equity deficit in health care, housing, education, and other social institu-

15. *Id.*; *see generally* Cohen & Einav, *supra* note 13 (finding that "mandatory seat belt laws significantly increase the seat belt usage rate, and primary enforcement does this more effectively than secondary enforcement."); Laurie F. Beck et al., *Belief about seat belt use and seat belt wearing behavior among front and rear seat passengers in the United States*, 68 J. SAFETY RES. 81 (2018) (finding that media combined with enforcement of laws significantly increased the usage).

16. This table provides a simplified example for analytical purposes only; there are numerous additional legal provisions relevant to seat belt and child restraint that would be important in a comprehensive review. *See, e.g.*, *What Works: Strategies to Increase Restraint Use*, CDC, https://www.cdc.gov/transportationsafety/seatbelts/strategies.html (last reviewed October 7, 2020); *Seat belts*, INS. INST. FOR HIGHWAY SAFETY, https://www.iihs.org/topics/seat-belts (last updated Feb. 2020).

17. *See generally* NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE, COMMUNITIES IN ACTION: PATHWAYS TO HEALTH EQUITY (2017).

tions exists today because of inequities that have been created over generations."[18] The current COVID-19 pandemic has further revealed how racism and health inequities in the United States continue to result in disparate health outcomes.[19]

There are also numerous contemporary factors that influence inequitable health outcomes.[20] The National Institute on Minority Health and Health Disparities Research Framework presents a comprehensive framework demonstrating how different levels of influence (individual, interpersonal, community, societal) intersect with the domains of influence (biological, behavioral, physical environment, sociocultural, health care system) to impact health outcomes among "health disparity populations."[21]

Ultimately multiple interactions or interventions contribute to an individual's ability to achieve their highest standard of health (*see, e.g.*, examples in Table 2) and these interventions will vary based upon the health outcomes targeted and the groups impacted.[22] For some, equitable health outcomes could be the result of getting access to health insurance or prenatal care or having the ability to utilize that access to care through transportation services. For others, it might be living in safe housing or having enough money to buy food. In most cases, it is likely a number of these and other factors. In all cases, reaching one's highest level of health is going to require multiple inputs—all of which are shaped by the legal environment in which an individual lives.[23]

18. Johnson, *supra* note 8.

19. Jennifer Abbasi, *Taking a Closer Look at COVID-19, Health Inequities, and Racism*, 324 JAMA NETWORK 427.

20. LAURA K. BRENNAN RAMIREZ ET AL., PROMOTING HEALTH EQUITY: A RESOURCE TO HELP COMMUNITIES ADDRESS SOCIAL DETERMINANTS OF HEALTH (2008), https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf (indicating that there are various inputs and outputs with regards to health equity); Lee et al., *supra* note 13, at 186–87.

21. Jennifer Alvidrez et al., *The National Institute on Minority Health and Health Disparities Research Framework*, 109 AM. J. PUB. HEALTH 316, 317 (2018).

22. *Achieving Health Equity Through Law & Policy*, *supra* note 7, at 18.

23. *Id.*; Burris, *supra* note 7.

TABLE 2. THEORETICAL ANALYSIS OF LAWS IMPACT ON HEALTH EQUITY

Possible Laws		Actions from Laws		Result from Actions
- Expanded health insurance - Vaccination requirements for schools - Zoning reducing alcohol outlet density and increasing parks - Laws improving access to high quality affordable housing - Laws increasing public safety	>	• Access to preventive care • Diseases prevented • Lower rates of substance abuse • Increase physical activity and decreased stress • Decreased exposure to violence	>	• Lives saved • Longer lives • Better quality of life

So, while it may be comparatively straightforward to see how laws requiring seat belt use can improve health outcomes by reducing motor vehicle deaths (Table 1), the analysis connecting law and health equity is very likely more complex given the number and variety of inputs (*see, e.g.*, Table 2). This complex web of factors contributing to equitable health outcomes in turn makes the necessary legal interventions more varied and potentially more difficult to identify. Consequently, there is potential value in considering different ways of conceptualizing the role of law when considering equitable health outcomes.

IV. HEALTH EQUITY LAW AND THE ORGANIZING MATRIX

The remainder of this Essay provides one way to conceptualize how law can be understood as a tool, or a compilation of tools, to support work to reduce health disparities and improve equitable population health outcomes. This organizing matrix may be used to help better identify, understand, and communicate the various ways that law can play a role in health disparities and health equity. This matrix could be used to support the identification of which laws are currently related to health outcomes in a community, it could also be used to help identify possible legal interventions. Ideally both current laws and future interventions are considered, as relevant interventions are likely to be connected to the current legal landscape. For the purposes of this Es-

say a couple of examples will demonstrate how the matrix might be helpful when beginning to consider the role of law in health equity, but many additional factors in each of these domains may be relevant to the examples below.

TABLE 3A. HEALTH EQUITY LAW ORGANIZING MATRIX

		Legal Domains*	
Health Domains*		[A] *Rights-Based Laws, Civil Rights Laws, and Human Rights Laws*: Using antidiscrimination laws to reduce disparities by reducing discrimination	[B] *Proactive Laws*: Using laws to improve the determinants to reduce health disparities
	[1] *Public Health and Health Care*	[A][1] Rights-Based Laws/Civil and Human Rights Laws on Public Health and Health Care	[B][1] Proactive Public Health Laws or Proactive Health Care Laws
	[2] *Determinants of Health*	[A][2] Rights-Based Laws/Civil and Human Rights Laws on the Determinants of Health	[B][2] Proactive Laws on the Determinants of Health
Follow up questions[24]: - What are the structural components to the development or implementation of this law? - What is missing? If there are laws that are seemingly targeting the outcome, then: o Does the law need to be studied to better understand the impacts? o Is there something else missing? - What needs to be studied about these laws to better understand their impact on health outcomes?			
*Please note that there are likely other relevant domains.			

The organizing matrix includes legal and health domains, both components of which can be important in achieving equitable outcomes. Under the broader category of legal there are at least two domains: [A] Rights-Based/Civil and Human Rights Laws and [B] Proactive Laws.[25] These two types of domains are complementary, and both may be important when working towards the goal of health equity. Rights-based including civil and human rights law, refers to laws that

24. *See A Blueprint for Changemakers*, *supra* note 7 (discussing the fundamental drivers of health equity, as well as resources on steps for communities interested in taking actions).

25. *See generally Health Equity Law*, *supra* note 12. For examples of rights-based laws, see the "Antidiscrimination Law" resources and for examples of Proactive Laws see "Housing, Environment, Economics" resources.

can be utilized to prevent discrimination, thus reducing or eliminating barriers to health care or other programs or activities important to health outcomes.[26] Proactive laws in public health or health care refers to laws that improve the health of those groups who have "systematically experienced greater obstacles to health" by encouraging better health outcomes through public health prevention and health care as well as by targeting the determinants of health.[27] The language, "*at least* two legal domains," acknowledges that this field of public health equity legal research is evolving. As more research evaluating the role of law in reducing health disparities and improving health equity is completed, it will be important to conduct analyses of additional legal components and subcomponents that are important to equitable health outcomes.

In addition to legal domains, the organizing matrix includes health domains relevant to health equity law including: [1] Public Health and Health Care and [2] Determinants of Health.[28] Improved health outcomes may be the result of not only access to public health and health care—such as preventive services like insurance coverage. It may also be the result of other determinants of health which include social and structural components—such as access to safe housing, quality education, and socioeconomic outcomes.[29] Taken together, the four domains set forth in Table 3a can help to frame and encourage thinking around the different legal inputs that may need to be evaluated to support work to achieve equitable health outcomes. The follow up questions are examples of questions that could also be considered to encourage discussion around gaps and next steps.

V. HEALTH EQUITY LAW ORGANIZING MATRIX EXAMPLES

The following examples demonstrate how the organizing matrix could be used to help frame thinking about, and to identify the laws relevant to health equity including both the current landscape, as well as evidence-informed and promising future interventions. With a better understanding of which current laws are contributing to both equitable and inequitable health outcomes, there is an opportunity for better utilization of current laws, new or better coordination between

26. *Id.*; *see generally* Dawn Pepin & Samantha Bent Weber, *Civil Rights Law and the Determinants of Health: How Some States Have Utilized Civil Rights Laws to Increase Protections Against Discrimination*, 47 J.L. MED. & ETHICS 76 (2019).

27. *Disparities*, *supra* note 1.

28. *See supra* tbl.3a & tbl.3b.

29. *Id.*; Burris, *supra* note 7, at 22.

existing legal approaches, and for highlighting areas where changes or additions could be important for equitable health outcomes.

For example, a community, a policy maker, or a researcher might be seeking to better understand barriers to safe and affordable housing, housing being an important determinant of health.[30] It might be helpful to start by determining how laws are involved in the current environment in each of the domains in the matrix. In thinking about [A][2] Rights-Based Laws/Civil and Human Rights Laws on the Determinants of Health, it could be that for example, the state's civil rights laws prohibit discrimination in access to housing based on race, disability, sex, and gender.[31] At the same time, with regards to [B][2] Proactive Laws on the Determinants of Health, a state may have a law encouraging the increase of affordable housing through low income tax credits.[32] This thinking can continue until all current legal inputs are identified, the matrix encouraging thinking about how different domains may contribute equitable and inequitable outcomes (*see, e.g.*, Table 3b for general examples). Then, once there is an understanding of what laws are in place, these findings can help to frame further thinking, discussions, and actions around what else is needed. Continuing the housing example, given that gaps in safe affordable housing continue to exist, questions might include: is more enforcement neces-

30. *See, e.g.*, CHANGELAB SOLUTIONS, THE HEALTH & HOUSING STARTER KIT: A GUIDE FOR PUBLIC HEALTH DEPARTMENTS, HOUSING AUTHORITIES, AND HOSPITALS WORKING AT THE INTERSECTION OF HEALTH AND HOUSING 1, 4 (2018), https://www.changelabsolutions.org/sites/default/files/HealthHousingStarterKit-CompleteGuide-FINAL-20180531-updated_20181130.pdf ("Discriminatory housing and development policies continue to undergird a number of social determinants of health beyond housing and remain a major issue for institutions and communities as they seek to create more equitable health outcomes."); David Streim, *A Coordinated Response to Homelessness in Los Angeles—Reforming the System to Deliver Better Outcomes*, 25 J. AFFORDABLE HOUS. & CMTY. DEV. L. 319 (2017); Dayna Bowen Matthew, *Medical-Legal Partnerships and Mental Health: Qualitative Evidence that Integrating Legal Services and Health Care Improves Family Well-Being*, 17 HOUS. J. HEALTH L. & POL'Y 339, 344 (2017).

31. Angela K. McGowan et al., *Civil Rights Laws as Tools to Advance Health in the Twenty-First Century*, 37 ANN. REV. PUB. HEALTH 185, 195 (2016). ("The Fair Housing Act of 1968 (TFHA) {Title VIII of the Civil Rights Act of 1968 [42 U.S.C. §§ 3601-3619 (2012)]} prohibits discrimination in the sale, rental, and financing of housing based on race, religion, national origin, sex, disability (added by amendment in 1988), and family status. It addresses both explicit discrimination and disparate-impact claims covering less blatant discrimination . . . State and local laws may also prevent landlords from discriminating against people who pay rent using housing choice vouchers, Social Security, Supplemental Security Income, unemployment insurance, or veteran's benefits. Discrimination against housing choice voucher holders is often a guise for discrimination based on race, national origin, or familial status [ ]. These laws coupled with new governmental initiatives and strong community grassroots efforts are working to combat decades of discriminatory laws and policies.").

32. *See generally* Marc Shi et al., *Low-Income Housing Tax Credit: Optimizing Its Impact on Health*, 107 AM. J. PUB. HEALTH 1586 (2017) (demonstrating how low-income tax credits can impact health outcomes).

sary for the civil rights law? Is additional programmatic support needed for awareness around the tax benefits? Are changes to the current laws necessary or are new provisions needed?

TABLE 3B. HEALTH EQUITY LAW ORGANIZING MATRIX EXAMPLES

		Legal Domains*	
Health Domains*		[A] *Rights-Based Laws, Civil Rights Laws, and Human Rights Laws:*	[B] *Proactive Laws:*
	[1] *Public Health and Health Care*	[A][1] Rights-Based Laws/Civil and Human Rights Laws on Public Health and Health Care *E.g.*, Laws preventing discrimination by public health or health care providers or programs (Providing medical interpreters[33])	B][1] Proactive Public Health Laws or Proactive Health Care Laws *E.g.*, Laws improving access to health care (Federally Qualified Health Centers[34] and Patient navigators[35]) or public health services (Syringe services programs[36])
	[2] *Determinants of Health*	[A][2] Rights-Based Laws/Civil and Human Rights Laws on the Determinants of Health *E.g.*, Laws preventing discrimination housing (Housing Vouchers[37])	[B][2] Proactive Laws on the Determinants of Health *E.g.*, Laws promoting housing options (Inclusionary zoning[38]), laws promoting access to work (Paid family leave[39])

33. *Professionally trained medical interpreters*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/professionally-trained-medical-interpreters (last updated Apr. 25, 2017), (Strategy is categorized as "scientifically supported.").

34. *Federally qualified health centers (FQHCs)*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/federally-qualified-health-centers-fqhcs (last updated Nov. 15, 2016) (CHRR provides the results of systematic reviews on various topics related to health outcomes, this is an example of a scientifically supported intervention, the highest level of evidence, "[s]trategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.").

35. *Patient navigators*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/patient-navigators (last updated June 2, 2016) (Strategy is categorized as "scientifically supported.").

36. *Syringe services programs*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/syringe-services-programs (last updated July 8, 2020) (Strategy is categorized as "scientifically supported.").

37. *Housing Choice Voucher Program (Section 8)*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/housing-choice-voucher-program-section-8 (last updated Sept. 23, 2019) (Strategy is

This organizing matrix may also help to identify a potential suite of legal interventions that could contribute to solutions for more equitable health outcomes. In the following example, a researcher or policy maker is interested in beginning to understand and target dental health disparities. Dental health disparities, which include disparities in access to dental health care, are known to vary "with gender, age, education level, income, race and ethnicity, access to medical insurance, and geographic location."[40] County Health Rankings & Roadmaps reports that dental scope of practice laws, when modified to increase the scope for allied dental professionals, are likely to promote increased access to oral health care and to reduce health disparities ([B][1]).[41] There may also be determinants outside of health care and public health tied to disparate oral health outcomes. For instance, food insecurity is associated with higher rates of cavities,[42] and interventions that increase access to healthy food could also be a positive input with regards to oral health equity. Examples of evidence-informed interventions aimed to increase access to healthy food include fruit and vegetable incentive programs and school breakfast programs; several states have expanded access to both of these interventions through state law ([B][2]).[43]

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categorized as having "some evidence" meaning "[s]trategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.").

38. *Inclusionary zoning & housing policies*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/inclusionary-zoning-housing-policies (last updated Aug 14, 2019) (Strategy is categorized as having "some evidence" meaning "[s]trategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.").

39. *Paid family leave*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/paid-family-leave (last updated Aug. 6, 2018) (Strategy is categorized as "scientifically supported.").

40. *Oral Health*, OFF. DISEASE PREVENTION & HEALTH PROMOTION (ODPHP), https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health/determinants#:~:text=determinants%20of%20Oral%20Health,the%20health%20of%20all%20Americans (last updated Oct. 8, 2020). *See also* Susan E. Kelly et al., *Barriers to Care-Seeking for Children's Oral Health Among Low-Income Caregivers*, 95 AM. J. PUB. HEALTH 1345 (2005).

41. *Allied dental professional scope of practice*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/allied-dental-professional-scope-of-practice (last updated June 1, 2016).

42. Dominique H. Como et al., *The Persistence of Oral Health Disparities for African American Children: A Scoping Review*, 16 INT'L J. ENVTL. RES. & PUB. HEALTH 710 (2019); Donald L. Chi et al., *Socioeconomic Status, Food Security, and Dental Caries in US Children: Mediation Analyses of Data From the National Health and Nutrition Examination Survey, 2007–2008*, 104 AM. J. PUB. HEALTH 860 (2014).

43. *Fruit & vegetable incentive programs*, CTY. HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/fruit-vegetable-incentive-programs (last updated Dec. 4, 2020); *School breakfast programs*, CTY.

If a researcher or policy maker is using the matrix to organize thinking around both existing laws and evidence-informed legal interventions, they may also be interested in considering legal innovations where parallels can be drawn from other areas of public health. Continuing with the dental health disparities example, racism and implicit biases have been shown to impact access to medical care including dental care.[44] In fact, one reason why many individuals reported avoiding preventive dental care is a past racist or discriminatory experience with office staff.[45] To provide one hypothetical, when considering legal innovations in [A][1] Rights-Based Laws/Civil and Human Rights Laws on Public Health and Health Care, a researcher might find that in 2020 California passed a law requiring evidence-based implicit bias training for all health care providers at facilities that provide perinatal care, with the goal of reducing "the effects of implicit bias in pregnancy, childbirth, and postnatal care . . ."[46] Upon identifying this new law, it might be that the researcher then decides to consider studying the potential for a similar type of training requirement in dental care.

Once evidence-informed and innovative legal interventions are identified, there is now a potential suite of legal interventions that could be considered in an effort to achieve an equitable health outcome in a community. Once these interventions are identified, it is then possible to consider how these laws could work together. It may be helpful to also consider which laws might be feasible in a particular community or which laws might align with other laws in place and thus may not require new legislation. These ideas could also be shared with researchers to seek support in identifying which combination of laws and policies might be necessary in order to see improvements in health or economic outcomes.

This matrix reflects the understanding that public health, health care, and the determinants all play a role. It encourages consideration of laws that both aim to reduce discriminatory outcomes and those

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HEALTH RANKINGS & ROADMAPS, https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-breakfast-programs (last updated Sept. 25, 2019).

44. Wael Sabbah et al., *Racial Discrimination and Uptake of Dental Services among American Adults*, 16 INT'L J. ENVTL. RES. & PUB. HEALTH 1558 (2019); Sarah McAfee, *Racism Hurts Our Teeth*, CTR. FOR HEALTH PROGRESS (Sept. 16, 2019), https://centerforhealthprogress.org/blog/racism-hurts-our-teeth/.

45. *Id.*; N. Patel et al., *Unconscious Racial Bias May Affect Dentists' Clinical Decisions on Tooth Restorability: A Randomized Clinical Trial*, 4 JDR CLINICAL & TRANSLATIONAL RES. 19 (2019).

46. CAL. HEALTH & SAFETY CODE §§ 123630.1–3 (West 2020).

that proactively encourage change both within public health and health care as well as within the determinants of health.

VI. CONCLUSION

Ultimately, this Essay presents one way to begin thinking about health equity law including how law may be utilized in achieving equitable health outcomes. In their article, Zimmerman and Anderson indicate that "improving health equity will require greater effort from public health policy makers, along with their partners in medicine and the sectors that contribute to the social determinants of health."[47] Continued research around the implications of the legal mechanisms on equitable health outcomes may help to encourage a comprehensive and cross-sectoral perspective in seeking to advance evidence-informed policy making surrounding health equity.

47. Zimmerman & Anderson, *supra* note 2.