EXPLORING POLICY SURVEILLANCE

Part 1: Policy Surveillance Methods and Standards

January 15, 2019, 1:00-2:30 p.m. ET
How to use WebEx Q&A

1. Open the Q&A panel by clicking the “…” button on the bottom of the screen and selecting “Q&A”
2. Select “All Panelists”
3. Type your question
4. Click “Send”
Moderator

Scott Burris, JD
Director, Center for Public Health Law Research
Professor, Temple University Beasley School of Law
Presenters

Lara Cartwright-Smith, JD, MPH
Associate Professor, Department of Health Policy and Management, George Washington University

Jane Thorpe, JD
Associate Professor, Director of the Healthcare Corporate Compliance Program, George Washington University
Presenters

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Co-Director, Center for Public Health Law Research at Temple University
Director, Institute for Survey Research at Temple University
You Should Know…

I am a founder and board member of Legal Science LLC, a private company that provides MonQcle℠ software for collection and coding of legal data for policy surveillance.
Law Is Essential to Public Health, but…

• How do we know the impact of law?
• How do we ensure the widespread adoption of laws that support health?
• How do we engage public health systems in public health law evaluation, implementation and diffusion?
But big challenges to effectively using law in public health…

• How do we know the impact of law?
• How do we ensure the widespread adoption of laws that support health?
• How do we engage public health systems in public health law evaluation, implementation and diffusion?
It All Begins with Measuring Law

Referenced in > 100 peer-reviewed studies and analyses
Legal Epidemiology
(Public Health Law Research)

“The scientific study of the relation of law and legal practices to population health.”
Legal Epidemiology

“The scientific study of the relation of law and legal practices to population health.”
Major Point 1

• Policy surveillance is rooted in observation of the apparent features of legal texts.

• We can accommodate a broad definition of legal texts, BUT
  – We are observing text, not implementation – that is an important part of legal epi but is not PS
  – Not observing policy as settled practice – must have a text
  – Not interpreting what the law means – reporting what it says
Observation, Not Interpretation

• Policy surveillance is rooted in observation of the apparent features of legal texts.
• We can accommodate a broad definition of legal texts, BUT
  – We are observing text, not implementation – that is an important part of legal epi but is not PS
  – Not observing policy as settled practice – must have a text
  – Not interpreting what the law means – reporting what it says
The Paradigm Shift: Transforming Text of Law into Numerical data

<table>
<thead>
<tr>
<th>Jurisdictions</th>
<th>Effective Date</th>
<th>Valid Through</th>
</tr>
</thead>
<tbody>
<tr>
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Law as Data:
Changing the Value Equation

Three Pillars of Greater Efficiency:
1. Use transparent, reproducible and credible methods to turn text of law into quantitative data
2. Reduce costs and increase productivity through technology
3. Produce data with multiple uses

Policy Surveillance
- Creates legal data for evaluation
- Builds and supports workforce legal capacity
- Allows stakeholders to track progress

Supports diffusion of innovation
Technology: Software Designed for Legal Mapping

[Image of MonQcle website]

Track policy changes, 

Start Now! See More Maps
Technology: Software Designed for Legal Mapping

International Tobacco Control Laws

(country) New Zealand

Questions

3/3

- Long-term healthcare facilities
- Restaurants
- Bars
- Other

Smoke-free Environments Act 1990

(c) since last giving the employer notice to that effect, none of the employees and volunteers who use it regularly or from time to time has given the employer written notice that he or she—
(i) no longer wishes the employer to permit smoking in it; or
(ii) now objects to other employees and volunteers smoking in it.

6 Dedicated smoking rooms in hospital care institutions, residential disability care institutions, and rest homes

4. An employer may permit smoking by patients or residents of a workplace that is, or is part of, a hospital care institution, a residential disability care institution, or a rest home if—

(a) the smoking takes place only in 1 or more dedicated smoking rooms; and
(b) each dedicated smoking room is equipped with or connected to a mechanical ventilation system to which subsection

(2) applies; and
(c) the employer has taken all reasonably practicable steps to minimise the escape of smoke from the dedicated smoking rooms into any part of the workplace that is not a dedicated smoking room; and
(d) for each dedicated smoking room, there is available for patients or residents who wish to

Center for Public Health Law Research
Global Abortion Policies Database

The Global Abortion Policies Database is designed to strengthen global efforts to eliminate unsafe abortion by producing an interactive open-access database and repository of current abortion laws, policies, and national standards and guidelines. This tool builds upon the UNPD’s previous work in this area, resulting in a more comprehensive information resource on abortion policies in the 21st century. The database will facilitate analyses of countries’ abortion laws and policies when they are placed in the context of WHO guidelines and human rights norms and standards. It is intended to help states identify and eliminate the barriers that women encounter in accessing safe abortion services. It is also intended to increase both the transparency of abortion laws and policies and to ensure accountability for the protection of women’s health and their human rights. Please cite the GAPD as - Global Abortion Policies Database [online database]. Geneva: World Health Organization: 2018 (https://srhr.org/abortion-policies/, access date [day/month/year]).
Policy Surveillance Methods and Standards

Lindsay K. Cloud, JD
Center for Public Health Law Research
Temple University Beasley School of Law
Legal Mapping Methods…

get lost in the right direction
LEGAL EPIDEMIOLOGY

The scientific study and deployment of law as a factor in the cause, distribution, and prevention of disease and injury in a population.

PUBLIC HEALTH LAW PRACTICE

The application of professional legal skills in the development of health policy and the practice of public health.
Three Pillars of Greater Efficiency

1. Use transparent, reproducible and credible methods to turn text of law into quantitative data

2. Reduce costs and increase productivity through technology

3. Produce data with multiple uses
The Policy Surveillance Process

1. Defining the scope
2. Conducting background research
3. Tracking and updating the law
4. Developing coding questions
5. Collecting the law and creating the legal text
6. Coding the law
7. Publication and dissemination
8. Quality control
Scoping

Identifying the topic and parameters for your project
Background Research

1. Identify reliable secondary sources
2. Draft a background memorandum
3. Draft a policy memorandum
4. Develop a search strategy
5. Compile a sample of laws relevant to your project

Keep your methods flexible enough in order to refine the scope throughout
Utilize your networks and consult a subject matter expert.
## Drafting Coding Questions

<table>
<thead>
<tr>
<th></th>
<th>Definition</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td><strong>Observation</strong></td>
<td>Things we measure (facts)</td>
<td>What is the initial duration of involuntary outpatient commitment?</td>
</tr>
<tr>
<td><strong>Interpretation</strong></td>
<td>Conclusions we derive from those observations (opinions)</td>
<td>Is the initial duration of involuntary outpatient commitment long?</td>
</tr>
</tbody>
</table>
Redundant research

Researcher 1

Record citations

Researcher 2

Record citations

R1 divergences

Identical laws

R2 divergences
Collecting the law

Find and collect important information about laws relevant to the topic being studied in each jurisdiction

Important Info:
- Citations
- Effective dates
- Statutory history
- Text of the law
Coding the law

The goal is to read, observe, and record the law, rather than reading and interpreting the law!

Develop Questions → Collect laws → Code answers to questions based on collected law
Redundant coding

Researcher 1

Code law

Researcher 2

Code law

R1 divergences

Identical responses

R2 divergences
Statistical Quality Control

Legal data from project
- Identify coding instances to compare
- Code matching coding instances
- Legal data divergences
  - Identical responses
  - Redundant coder divergences

Supervisor compares and reviews responses
- Accurate responses are coded
Coding turns TEXT to DATA… allowing for rigorous evaluation research!


In this chapter:

(1) “Abortion” means the use of any means to terminate the pregnancy of a female known by the attending physician to be pregnant with the intention that the termination of the pregnancy by those means will, with reasonable likelihood, cause the death of the fetus.

(2) “Abortion provider” means a facility where an abortion is performed, including the office of a physician and a facility licensed under Chapter 245.

(3) “Medical emergency” means a life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed.

(4) “Sonogram” means the use of ultrasonic waves for diagnostic or therapeutic purposes, specifically to monitor an unborn child.

Tex. Health & Safety Code § 171.0031. Requirements of Physician; Offense

(a) A physician performing or inducing an abortion:

(1) must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:

(A) is located not further than 30 miles from the location at which the abortion is performed or induced; and

(B) provides obstetrical or gynecological health care services; and

(2) shall provide the pregnant woman with:

(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman’s relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion, and

(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

(b) A physician who violates Subsection (a) commits an offense. An offense under this section is a Class A misdemeanor punishable by a fine only, not to exceed $4,000.
A Codebook...

*increases usability and feasibility!*

- A complete list of all the questions coded in a legal dataset
- Question types
- Variable names, values and labels
A Research Protocol…

*Benefits:*

*ensures your project is replicable and transparent!*

Outlines the entire methodology and process of the project, including:

<table>
<thead>
<tr>
<th>Scope of the Project</th>
<th>Data Collection Methods</th>
<th>Coding Methods</th>
<th>Quality Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dates of the project</td>
<td>• Search strategy</td>
<td>• Coding scheme</td>
<td>• Description of methods or processes used</td>
</tr>
<tr>
<td>• Team involved</td>
<td>• Databases used</td>
<td>• Definitions of terms of art</td>
<td></td>
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<tr>
<td>• Jurisdictions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Purpose of the project</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Variables</td>
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</tr>
</tbody>
</table>
Key Takeaways

✓ Choose a credible method
✓ Apply it systematically
✓ Incorporate quality control
THANK YOU!

KEEP IN TOUCH

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Call: 215.204.9504
Twitter: @LawAtlas
Youtube: YouTube.com/LawAtlasorgTemple
Policy Surveillance: Focus on State Law

Jane Hyatt Thorpe, JD
Lara Cartwright-Smith, JD, MPH

January 15, 2019
Overview

• Getting Started
• Research Methodology
• Role of the Taxonomy
• Role of Audience/User
• Quality Assurance
• Points of Interest
• Examples
Getting Started

• Goal: Analysis and categorization of legal texts based on pre-selected categories and/or topics

• Selecting an area of focus

• Scoping
  – Narrow vs. broad
  – Longitudinal vs. point in time
  – Comparative vs. descriptive

• Developing a taxonomy
Role of Taxonomy

- Define research parameters
- Define terminology/variants
- Define categories/topics
- Define variables, if any
- Guide research
- Inform audience/user
General Research Methodology

- Based on taxonomy, identify keywords for topic(s) and subtopic(s) if any
- Use keywords to search legal texts for topic specific statutes and regulations using specific state sample (pilot testing); Refine and revise keywords as needed
- Document methodology for keyword selection and state statute/regulation identification
- Scale out to other topics and states
  - Identify keywords
  - Using keywords, identify topic-specific statutes and regulations within time parameters
  - Remove or explain outliers
- Extract identified statutes and regulations from primary source
- Define variables (if any) and apply to statutes and regulations
- Draft summaries and/or additional explanatory texts or graphics
- Populate research template/database with key elements of identified statutes and regulations, including variable analysis (if any), additional analysis (if any), and link to primary text
Example: SHPDR Research Methodology

Data Extraction Method Process Flow – State Health Practices Database for Research (SHPDR)

GW Legal Team

Part 1: Identify Statutes and Regulations
1.1 Identify keywords
1.2 Identify relevant statutes and regulations
1.3 Catalog state statutes and regulations

Part 2: Variable analysis
2.1 Read the text of the statute/and or regulation
2.2 Analyze according to relevant Variable
2.3 Draft the justification
2.4 Add Statute/Regulation, Variable, Justification, and other elements to the data collection template.

SHPDR Project Funded by NIH.
Output

• Database of state statutes and regulations organized by topics and subtopics defined in the taxonomy

• May also include:
  – Federal law
  – Summaries of legal texts
  – Analyses of legal texts
  – Links directly to relevant federal and state law
  – Additional tools and resources
### Example from SHPDR: Licensing laws, nurse practitioner prescriptive authority

User Note: Subvariables were derived from the narrative text of the justifications and are state-specific. Users should review the legal source material associated with the primary variable to ensure accuracy and completeness. Variable values of “not identified” mean that the review of statutes and regulations based on the keywords in the User Guide did not return any information. Subvariable values of “not identified” mean that the parent variable’s justification did not have material pertinent to the subvariable.

<table>
<thead>
<tr>
<th>Year</th>
<th>State</th>
<th>Variable</th>
<th>Variable Value</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>AR</td>
<td>Parent Variable: State regulates scope of practice for nurse professionals</td>
<td>Yes</td>
<td>Establishes authority of the Arkansas State Board of Nursing and Prescriptive Authority Advisory Committee to implement regulations relating to prescriptive authority of nurses.</td>
</tr>
<tr>
<td>2010</td>
<td>DC</td>
<td>Parent Variable: State regulates scope of practice for nurse professionals</td>
<td>Yes</td>
<td>Education and certification requirements for certified nurse-anesthetists; Scope of practice of nurse-anesthetists; Standards of conduct; Prescriptive authority. Note: Scope of practice set out specifically in CDNR 17-5775.</td>
</tr>
<tr>
<td>2010</td>
<td>DC</td>
<td>Parent Variable: State regulates scope of practice for nurse professionals</td>
<td>Yes</td>
<td>Education and licensure requirements for certified nurse-midwives; Scope of practice of certified nurse-midwives; Standards of conduct; Prescriptive authority. Note: Scope of practice set out specifically in CDNR 17-5838.</td>
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<tr>
<td>2010</td>
<td>DC</td>
<td>Parent Variable: State regulates scope of practice for nurse professionals</td>
<td>Yes</td>
<td>Education and certification requirements for nurse-practitioners; Scope of practice of nurse-practitioner; Standards of conduct, Prescriptive authority.</td>
</tr>
<tr>
<td>2010</td>
<td>DC</td>
<td>Parent Variable: State regulates scope of practice for nurse professionals</td>
<td>Yes</td>
<td>Education and certification requirements for clinical nurse specialists; Scope of practice of clinical nurse specialists; Standards of conduct; Prescriptive authority. Note: Scope of practice set out specifically in CDNR 17-6088.</td>
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<td>2010</td>
<td>AK</td>
<td>Parent variable: State regulates scope of practice for nurse professionals</td>
<td>Yes</td>
<td>Prescriptive authority for advanced nurse practitioners.</td>
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<tr>
<td>2010</td>
<td>DC</td>
<td>Parent Variable: State regulates scope of practice for physician assistants</td>
<td>Yes</td>
<td>Definitions for all health occupations; “Physician assistant” means the performance, in collaboration with a licensed physician or osteopath, of acts of medical diagnosis and treatment.</td>
</tr>
</tbody>
</table>
Who Owns Medical Records: 50 State Comparison

This map and table show laws that confer ownership of a medical record to a health care provider, hospital, or patient. We did not include laws that only apply to specific providers other than physicians (such as chiropractors and optometrists) or facilities other than hospitals (such as ambulatory surgery centers, birth centers, abortion clinics, nursing homes, prisons, and schools). Note that there may be court decisions regarding record ownership that apply to providers in a particular state under common law even where there is no statute or regulation (e.g., McGarry v. J.A. Marine, 272 Mich. 301, 262 N.W. 296 (1934) [holding that x-ray negatives were the property of the physician who made them, not the patient]; Holkamp Trucking Co. v. David J. Fletcher, M.D., L.L.C., 402 Ill. App. 3d 1106, 932 N.E.2d 34 (2010) [holding that medical records were physician’s property]). Many states have specific laws addressing how providers must maintain, protect, and dispose of records, as well as laws giving patients, providers, and others access to medical records, regardless of ownership status. In addition, patients in all states have many rights with respect to their medical records under the HIPAA Privacy and Security Rules.

Notes:
- Provider ownership of medical record is referenced in language of law
- Ownership is of the physical conveyance for the medical information
- Ownership is of the information contained in the record

<table>
<thead>
<tr>
<th>State</th>
<th>Medical Record Ownership Laws</th>
<th>Details</th>
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<tbody>
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<td>No law identified conferring specific ownership or property right to medical record</td>
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</tr>
<tr>
<td>Alaska</td>
<td>Hospital and/or physician owns medical record</td>
<td>Alaska Admin. Code §§ 7.1-1277: The medical records, including x-ray films, are the property of the facility (applies to hospitals and other specified health care facilities).</td>
</tr>
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<td>Arizona</td>
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<td>Arkansas</td>
<td>No law identified conferring specific ownership or property right to medical record</td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>Hospital and/or physician owns medical record</td>
<td>Cal. Code Regs. §§ 36, 50795: Medical records are the property of the hospital.</td>
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<tr>
<td>Colorado</td>
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<td>Connecticut</td>
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<td>District of Columbia</td>
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<tr>
<td>Florida</td>
<td>Hospital and/or physician owns medical record</td>
<td>Fla. Stat. § 560.007: Defines “records owner” as any health care practitioner who generates a medical record after treating patient, any health care practitioner to whom records are transferred by a previous owner, or any health care practitioner’s employee.</td>
</tr>
<tr>
<td>Georgia</td>
<td>Hospital and/or physician owns medical record</td>
<td>Ga. Code Ann. § 31-32-3: All records are owned by and are property of provider.</td>
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<tr>
<td>Hawaii</td>
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[Last Updated 08/20/15]
Role of Audience/User

- Who is your audience(s)?
- What data/information do they need?
- For what purpose(s) will the data be used?
- Disclaimers
- Role of the User Guide
Quality Assurance

• Pre-defined QA methodology
  – Must be understandable, replicable, and scalable
  – Role of primary researchers and secondary reviewers
  – Full oversight review for accuracy and consistency post data extraction
  – Final review of entire dataset prior to launch

• User confidence - Accuracy and accountability

• Describe in User Guide
Points of Interest

• Variation in state statutes and regulations
  – Terminology
  – Organization, including state code changes over time

• Interpretation/communication of data

• Limitations:
  – Other sources of law (e.g., executive orders, case law, Federal)
  – Law in practice
  – Funding

• Statutes/regulations may not reflect policy and neither may reflect practice

• Working with other disciplines
Examples

• State Health Practice Database for Research: Broad, Comparative and Descriptive, Longitudinal (funded by NIH, formerly available at shpdr.org)

• Healthinfolaw.org: Narrow, Comparative and Descriptive, Point in time (initial funding from RWJF)
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Going a Step Further with Data

Center for Public Health Law Research

Presented by: Heidi E. Grunwald, PhD
Agenda

• Data, codebooks, protocols
• A brief note about statistical quality control
• Types of data
• What more can be done with empirical legal (EL) data besides mapping and comparative analyses?
  • Evaluation of legal interventions
  • Policy ratings/rankings
  • Interactive data systems
Coding turns legal TEXT into DATA

Texas legal text
Effective: 8/1/16 - Through: 8/31/17


In this chapter:

(1) “Abortion” means the use of any means to terminate the pregnancy of a female known by the attending physician to be pregnant with the intention that the termination of the pregnancy by those means will, with reasonable likelihood, cause the death of the fetus.

(2) “Abortion provider” means a facility where an abortion is performed, including the office of a physician and a facility licensed under Chapter 245.

(3) “Medical emergency” means a life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed.

(4) “Sonogram” means the use of ultrasonic waves for diagnostic or therapeutic purposes, specifically to monitor an unborn child.

Tex. Health & Safety Code § 171.0031. Requirements of Physician; Offense

(a) A physician performing or inducing an abortion:

(1) must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:

(A) is located not further than 30 miles from the location at which the abortion is performed or induced; and

(B) provides obstetrical or gynecological health care services; and

(2) shall provide the pregnant woman with:

(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman’s relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion, and

(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

(b) A physician who violates Subsection (a) commits an offense. An offense under this section is a Class A misdemeanor punishable by a fine only, not to exceed $4,000.
We produce data products for epidemiologists / statisticians

• Protocol - step-by-step methods used to create dataset
• Codebook - variable names, types, values & labels
• Downloadable Excel or csv data files easily uploaded to various statistical programs
Statistical Quality Control: Recall the Initial Build Process

1. Supervisor Assigns a Sample of Coding Instances

2. Two Researchers Redundantly Code Independently

3. Supervisor Reviews and Calculates Divergence Rate

4. Team Resolve Divergences

Currently a simple random sample of state/time instances?

# divergent records / total records coded
How is the SQC process done?

- Once a dataset is completed, a simple random sample is selected from all state / time instances in a dataset. This can be a very large number, some of our longitudinal datasets have more than 11,000,000 records.

- We calculate the needed sample size

\[
n = \frac{(Z^2 p^* (1-p))}{E^2}
\]

Where:
- Z = Z value (1.96 for 95% confidence level)
- p = probability that we detect an error (.1 used)
- E = Margin of Error (.05 = ±5)
Final set of redundant coding

- A set of two coders redundantly code the sampled units and a divergence rate is calculated. If the divergence rate is below 5%, then we have reached our acceptable level of scientific validity and reliability.
## Types of Data

### Cross Sectional

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### Longitudinal

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The end game: Legal Evaluation
Research Questions Can Span the Spectrum of the Logic Model

Legal Drivers
- Legal Provision
- Administrative Law
- Administrative Structure
- Appropriations

Implementation
- Authority
- Responsibilities
- Incentivize Behavior
- Organizational Capacity
- Budgeting

Mediators
- Enforcement
- Moral Force of Law
- Resource Distribution
- Process Capacity

Causal
- Program Changes
- Behavior Changes
- Organizational Changes
- Costs

Outcomes
- Health Outcomes
- Organizational Outcomes

Culture, Values, and Socio-Historical Context
Legal Evaluation Analysis

• Legal Evaluation is no different than evaluating any other intervention

• Basic courses on quantitative analysis or statistics would provide the guidance for first two steps (descriptive and bivariate analyses)

• Team with an epidemiologist or quantitative methodologist to carry-out the causal analyses, interpretations
Intervention study

• For an intervention study we need:
  • A clear intervention (a law)
  • Outcome data (what changed)
  • Variation in time (law wasn’t always there)
  • Variation in space (law isn’t everywhere)

• Statistically control for socio-political differences in treatment and comparison states
Review Designs for Evaluating law

- Research design elements can produce strong evidence of whether a law caused an effect and the magnitude of effect:
  - Incorporate many repeated observations before and after a law is implemented
  - Use highest time resolution possible to examine expected pattern of effects
  - Include multiple comparisons (multiple jurisdictions, groups, or outcomes)
  - Include different types, and (nested) levels of comparisons
  - Replicate the study (across jurisdictions, over time)
  - Examine whether the dose of the law is related to the size of the effect
Analytics for Causal Models

• Causal Analyses (not exhaustive):
  • Random Coefficient Models
  • Difference-in Difference
  • Interrupted Time Series
  • Regression Discontinuity
  • Hierarchical Linear Modelling
  • (M)ANCOVA
Legal Evaluations Makes Headlines

Why a Study on Opioids Ignited a Twitter Firestorm

The Stricter a State’s Gun Laws, the Fewer Children Die From Guns, Study Finds

How Increasing The Minimum Wage Could Lead To Healthier Babies

TRAP Laws Have Ensured ‘Separate and Unequal Treatment’ for Abortion Care

Marijuana legalization could help offset opioid epidemic, studies find
Goals of Policy Ratings

1. Provide a systematic, replicable and transparent method for evaluating policies

2. Characterize, summarize and synthesize policy landscapes across multiple contexts

3. Highlight progress and show policy makers where more work is needed to improve public health impacts
Review the Evidence Base

- Review evidence related to your policy’s impact:
  - Empirical studies
  - Meta-analyses
  - Systematic reviews
  - Expert consensus & Model Policies
Computational Indices (Ratings)

• Ways to compute ratings/rankings from the empirical legal data that the policy surveillance program builds
  • Summative index
  • Weighted summative index
  • Regression coefficients
  • Factor scores resulting from principal components analysis or principal axis factoring
Policy Ratings

• Systematically measures and evaluates a policy based on its observable features and/or impacts on health

Comprehensiveness PAD Law Rating Overall Scores,

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Map Comprehensiveness Rating

- Very High Comprehensive (n=8)
- High Comprehensive (n=27)
- Moderate Comprehensive (n=10)
- Low Comprehensive (n=6)
Data through APIs

- Cityhealth.org
- Pdaps.org
- Data to other modern data science systems that mesh data
Learning Resources

• Policy Surveillance Program’s Learning Library
  • http://LawAtlas.org/Learn

• PHLR.org Theory & Methods Section
  • http://phlr.org/theory-methods

• Public Health Law Academy (ChangeLab Solutions and CDC)
  • https://www.changelabsolutions.org/public-health-law-academy
How to use WebEx Q&A

1. Open the Q&A panel by clicking the “…” button on the bottom of the screen and selecting “Q&A”
2. Select “All Panelists”
3. Type your question
4. Click “Send”
Thank You!

Join us February 11 at 11:00 a.m. ET for our next webinar:

Global Policy Surveillance: Challenges and Opportunities

Register at bit.ly/ExplorePS19