

SOCIAL WORK AS AN IMPORTANT COLLABORATOR IN TRANSDISCIPLINARY PUBLIC HEALTH LAW: WHY DOES IT MATTER AND WHERE DOES IT FIT?

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ABSTRACT

Public health law has been a growing field over the last few decades. From the early days of its initial recognition as an academic and professional field to its more recent texts and treatises, public health law is continuing to define itself. To that end, Burris et al. recently published two works describing a transdisciplinary model of public health law and five essential services of public health law.

This article examines how the inclusion of social work in the model can be instrumental in forming better public health laws. The intentional inclusion of social work collaborators would supplement legal and public health expertise with expertise to meaningfully engage the community in law and policy development, implementation, and enforcement. Three areas specifically can be impacted by this engagement: (1) giving the community a voice in designing public health interventions in a way that increases buy-in; (2) using community organizing expertise to assist in getting evidence-based legal interventions with realistic enforcement mechanisms enacted into law at the local, state, or federal level; and (3) assisting in data collection for policy surveillance components by bringing in on-the-ground experts.

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I. INTRODUCTION

Public health law has been a growing field over the last few decades. From the early days of its initial recognition as an academic and professional field to its more recent texts and treatises,¹ public health law is continuing to define itself. To that end, Burris et al. recently published two works.² The first describes a transdisciplinary model of public health law (transdisciplinary model).³ The other describes the five essential services of public health law and how they elucidate the legal components contained in the ten essential services of public health.⁴ The model describes a workforce that is cross-trained and able to speak the languages of public health and law in order to ensure appropriate enactment and enforcement of laws that positively impact the public's health.⁵

Though the transdisciplinary model describes two distinct branches—public health law practice and legal epidemiology—it suggests work across a wider array of disciplines.⁶ This article examines the model and takes a deeper dive into how the inclusion of social work can be instrumental in forming better public health laws. The intentional inclusion of social work collaborators would supplement the legal and public health expertise with expertise to meaningfully engage the community in law and policy development, implementation, and enforcement. Three areas specifically can be impacted by this engagement: (1) giving the community a voice in designing public health interventions in a way that increases buy-in; (2) using community organizing expertise to assist in getting evidence-based legal interventions with realistic enforcement mechanisms enacted into law at the local, state, or federal level; and (3) assisting in data collection for policy surveillance components by bringing in on-the-ground experts.⁷

This article will first describe the transdisciplinary model of public health law and the five essential services of public health law as described by Burris et al. The next section will examine some of the specific skills and theories used in social work to illustrate how social work might interact with the other disciplines outlined in the transdisciplinary model. The last section recommends placing

1. Scott Burris et al., *A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology*, 37 ANN. REV. PUB. HEALTH 135, 135 (2016) [hereinafter Burris et al., *A Transdisciplinary Approach to Public Health Law*].

2. See generally *id.*; Scott Burris et al., *Better Health Faster: The 5 Essential Public Health Law Services*, 131 PUB. HEALTH REP. 747, 747–48 (2016) [hereinafter Burris et al., *Better Health Faster*].

3. Burris et al., *A Transdisciplinary Approach to Public Health Law*, *supra* note 1, at 141–42.

4. Burris et al., *Better Health Faster*, *supra* note 2, at 748.

5. See *id.*

6. *Id.*; Burris et al., *A Transdisciplinary Approach to Public Health Law*, *supra* note 1, at 136–37.

7. Burris et al., *Better Health Faster*, *supra* note 2, at 749–51.

social work within the current model in a way that further elucidates its utility of this social science component in transdisciplinary public health law.

II. THE FIVE ESSENTIAL PUBLIC HEALTH LAW SERVICES AND TRANSDISCIPLINARY PUBLIC HEALTH LAW MODEL: AN OVERVIEW

A. *Transdisciplinary Public Health Law Model*

The transdisciplinary public health law model envisions two overlapping arenas of work: public health law practice and legal epidemiology.⁸ Public health law practice as envisioned and defined by the transdisciplinary model is broad in scope. Both representation and counseling go beyond the traditional lawyer-client relationship.⁹ Under the model, practitioners provide counseling for and represent health agencies, provide technical legal assistance, interpret laws and ordinances, and draft policies. They may also engage in community advocacy and organizing alongside more traditional work such as litigation.¹⁰ In some circumstances, they may not be representing a specific client, but may advocate for causes by filing amicus briefs in order to support the health of the public more broadly.¹¹ Even research under this model takes a broad focus. Public health law research can range from working to define public health norms to analyzing laws and the conduct they allow or prohibit.¹²

Under the model, legal epidemiology focuses on the rigorous scientific study of evidence-based policies and their efficacy.¹³ Burris et al. define legal epidemiology for purposes of the model as: “the scientific study and deployment of law as a factor in the cause, distribution, and prevention of disease and injury in a population.”¹⁴ The model proposes legal epidemiology as a methodology for legal prevention and control, where laws are interventions that prevent disease and injury.¹⁵ Additionally, the model anticipates research on laws as causes of disease and injury. As a part of this model, surveillance of laws with quantitative and longitudinal coding allows public health researchers to use legal data to investigate how the law interacts with public health outcomes.¹⁶

The transdisciplinary model, as provided below, recommends that rather than silos where public health professionals and legal professionals work alongside each other, there be training that immerses both in the language and

8. Burris et al., *A Transdisciplinary Approach to Public Health Law*, *supra* note 1, at 136–37.

9. *See id.* at 138.

10. *Id.*

11. *Id.*

12. *See id.* at 139.

13. Burris et al., *A Transdisciplinary Approach to Public Health Law*, *supra* note 1, at 139.

14. *Id.*

15. *Id.*

16. *Id.* at 141.

culture of the other field's profession. The model asserts that this cross-training can provide a more seamless flow of research, advocacy, and practice aimed at better public health outcomes.¹⁷ This model is proposed in the medical field to also recognize the need to have interprofessional collaboration in practice.¹⁸

THE TRANSDISCIPLINARY MODEL OF PUBLIC HEALTH LAW¹⁹



Figure 1

Transdisciplinary public health law.

B. *The Five Essential Public Health Law Services*

In addition to the transdisciplinary model of public health law, Burris et al. created a model explicating the five essential public health law services.²⁰ The model, from its inception, assumes that the services are not simply the purview of lawyers, but of all those who are engaged in “developing, enacting, evaluating, and spreading health laws.”²¹ The collaboratory nature of the work done by multiple professions is highlighted by and fits well under the transdisciplinary model. Burris et al. distinguishes between traditional legal functions that often need a lawyer, such as advising on legal opinion, and law-related activities, which may be performed with or without legal support.²² The five essential services concentrate on the law-related activities with which many public health-related professionals will interact or perform.²³

The five services themselves are defined as: (1) access to evidence and expertise; (2) expertise in designing legal solutions; (3) help engaging

17. *Id.* at 141, 143.

18. *See, e.g.*, PATRICIA A. CUFF, INST. OF MED. OF THE NAT'L ACADS., INTERPROFESSIONAL EDUCATION FOR COLLABORATION: LEARNING HOW TO IMPROVE HEALTH FROM INTERPROFESSIONAL MODELS ACROSS THE CONTINUUM OF EDUCATION TO PRACTICE: WORKSHOP SUMMARY 97–108 (2013).

19. Burris et al., *A Transdisciplinary Approach to Public Health Law*, *supra* note 1, at 142 fig.

20. Burris et al., *Better Health Faster*, *supra* note 2, at 748.

21. *Id.* at 747.

22. *Id.* at 748.

23. *Id.*

communities and building political will; (4) support for enforcing and defending legal solutions; and (5) policy surveillance and evaluation.²⁴ Importantly, the Burris et al. model embeds collaboration and expertise outside the legal profession within the model itself.²⁵ The model recognizes the societal influences that can be somewhat unpredictable and leave openings for specific policies available for only a period of time.²⁶ It also recognizes the need for community or public buy-in.²⁷

Access to evidence and expertise, the first of the essential services, involves building relationships to ensure that expertise in legal, political, and epidemiological areas are available in an ongoing manner.²⁸ This step includes not only the importance of appropriate scientific evidence, but it also emphasizes the importance of understanding the needs of the community so that they are able to support the proposed public health intervention. The support is not simply proposed after the intervention is introduced, but the essential services model includes the community and their needs as a piece to consider when the interventions are contemplated or designed.²⁹ Burris et al. propose that ongoing relationships are needed in order to allow the public health system to respond in a timely manner to short-term windows of opportunity for sound public health policy.³⁰

Expertise in designing legal solutions remains in the purview of lawyers; however, as noted by Burris et al., many public health departments still do not have access to lawyers.³¹ Despite a national push to provide technical support for public health practitioners, not all of those working for public health policy solutions yet have access.³² The five essential services anticipate a need to expand access to these services.

Engaging communities and developing political will is a complex step. Burris et al. describe with nuance the interactions of on-the-ground community relationships, grass roots advocacy, large well-funded special interest groups,

24. *Id.* fig.

25. Burris et al., *Better Health Faster*, *supra* note 2, at 748.

26. *Id.*

27. *Id.* at 749.

28. *Id.* at 748.

29. *See id.* at 749.

30. Burris et al., *Better Health Faster*, *supra* note 2, at 748.

31. *Id.* at 749.

32. *See id.* Although gaps remain, “[t]he Network for Public Health Law, a national program funded by the Robert Wood Johnson Foundation, provides legal technical assistance and resources on public health law to people and organizations concerned about public health. The Centers for Disease Control and Prevention’s Public Health Law Program provides similar assistance to its health officials and those at the state, tribal, local, and territorial levels. Organizations such as ChangeLab Solutions, the Public Health Law Center, and the Public Health Advocacy Institute provide individualized assistance and training and craft generic templates or model text of law and legal instruments, such as joint use agreements.” *Id.*

and both large and small non-profits with education and/or advocacy as a part of their mission.³³ The limitations on non-profit lobbying, the diverse array of skills needed, and the sheer scope of the work requires collaboration and a variety of individuals and organizations to provide support for the needed activities.³⁴ This step once again envisions a diverse set of partners and collaborators for success.

Enforcing and defending legal solutions, though the fourth of the five essential law services, must be contemplated from the beginning. As Burris et al. describe, if public health laws and policies fail to include appropriate and effective enforcement mechanisms, or if those mechanisms are not implemented, the purpose and effectiveness of the policy may be undermined.³⁵ Enforcement may need direct intervention or may be more influenced by changing social norms through education.³⁶ When public health interventions face legal challenges, the public health and legal communities must have the tools and skills to defend such attacks with data. Good public relations are important not only in keeping the challenge from harming the attacked intervention, but also from eroding the public's trust in the public health systems themselves.³⁷ Working with all involved stakeholders from the beginning of the policy design process to understand and promote the most effective and impactful enforcement mechanisms is a key piece of the public health law services process.

Monitoring and evaluating policy are imperative if public health laws are to be understood as a true mechanism for impacting public health. Burris, Hitchcock, Ibrahim, Penn, and Ramanathan explain that “[p]olicy surveillance is the ongoing systematic, scientific collection and analysis of laws of public health significance.”³⁸ This data, if collected appropriately, can be used to scientifically examine the impact on the public's health. Public health has long provided expertise in epidemiology, examining “how often diseases occurs in different groups of people and why.” But if combined with policy surveillance, the field of public health can be used to explore the impact of policy on health outcomes.³⁹

The five essential services are, at their core, transdisciplinary in nature and further the work of Burris et al. in encouraging a public health workforce that

33. *See id.* at 750.

34. Burris et al., *Better Health Faster*, *supra* note 2, at 750.

35. *Id.*

36. *Id.* (using the examples of lead-based paint abatement laws to illustrate direct enforcement and of smoking bans to illustrate influence by changing social norms through education).

37. *See id.* at 749–50.

38. Scott Burris et al., *Policy Surveillance: A Vital Public Health Practice Comes of Age*, 41 J. HEALTH POL., POL'Y & L. 1151, 1152 (2016) [hereinafter Burris et al., *Policy Surveillance*].

39. *Id.* at 1155. D. COGGON ET AL., *What is Epidemiology?*, in EPIDEMIOLOGY FOR THE UNINITIATED (4th ed. 1997) (ebook). *See* Tara Ramanathan et al., *Legal Epidemiology: The Science of Law*, 45 J.L., MED. & ETHICS 69, 69 (Supp. 2017).

routinely includes legal and policy expertise and relationships to allow such work when legal services are not readily available to the public health systems currently in place.⁴⁰ The transdisciplinary work described envisions more than traditional public health and legal partnerships. The remainder of the article will use social work as an example of the way a social science can be explicitly added to the transdisciplinary public health law model to enhance the five essential public health law services and encourage the inclusion of such as a routine part of public health law.

III. SOCIAL WORK AS A CRUCIAL PUBLIC HEALTH LAW COLLABORATOR

A. *Why Social Work?*

Social workers have been involved with social issues impacting public health nearly since its inception.⁴¹ For example, Ruth and Marshall point out in a 2017 work that social workers have been involved in social determinants of health for over a century.⁴² They further describe the “early characteristics of public health social work: willingness to investigate social factors as causes of poor health, combined use of epidemiologically informed casework and community-level interventions, and policy advocacy and change efforts to bring about structural change.”⁴³ While some view social workers as those who work at the micro-level with individual patients in health care systems, social workers are also involved at the “macro-level” with communities, organizations, society, and policies.⁴⁴ Social work models and frameworks in the areas of community organizing, advocacy, and mental health, as well as the profession’s grounding in systems theory, all contribute to the field’s ability to add value in furtherance of public health laws.

B. *Social Work Theories*

Social work as a profession covers a broad array of activities. While some may view social workers as therapists or child protective service workers, which many are, social work also involves macro work with communities, organizations, and policies.⁴⁵ Social workers at all levels receive training in systems theory, community organizing, and interpersonal skills.⁴⁶

40. Burris et al., *Better Health Faster*, *supra* note 2, at 748–49.

41. Betty J. Ruth & Jamie Wyatt Marshall, *A History of Social Work in Public Health*, 107 AM. J. PUB. HEALTH S236, S236 (Supp. 3 2017).

42. *Id.*

43. *Id.* at S238.

44. *Id.* at S236.

45. *Id.*

46. See Teri Browne et al., *Advancing Social Work Education for Health Impact*, 107 AM. J. PUB. HEALTH S229, S233 (2017).

Social work as a profession operates from a “person-in-environment” perspective.⁴⁷ This perspective requires social workers to work not just with the client, but also to consider the family, community, and organizational systems within which the client exists.⁴⁸ Social workers learn about systems theory, a broad organizational framework within which to consider the client and their needs. While systems theory can be interpreted in multiple contexts, many theorists in social work pull most strongly from the ecological systems theory.⁴⁹ As described by Friedman and Allen, this perspective “provides a framework that permits users to draw on theories from different disciplines in order to analyze the complex nature of human interactions within a social environment.”⁵⁰ Working from this framework requires social workers to develop skills in understanding the different systems with which their clients interact, including the political and social systems impacting them.

One set of skills taught to social workers is community organizing.⁵¹ Social workers concentrate in this area to varying degrees, but those who work in this arena learn a variety of techniques. Jack Rothman’s approach, which incorporates the modes of locality development, social planning and policy, social action, or some combination thereof, is the most frequently noted approach. Rothman’s model is currently used and promulgated by the United Nations.⁵² Other theorists and practitioners include John McKnight and John Kretzmann (techniques for mapping community assets from a capacity-focused perspective under the consensus model of organizing),⁵³ Barry Checkoway (six strategies of community change),⁵⁴ and Michael Reisch (writings on ethics in a community organizing setting),⁵⁵ among others. Social workers also learn about some of the classic (sometimes characterized as more radical) methods such as

47. BRUCE D. FRIEDMAN & KAREN NEUMAN ALLEN, *Systems Theory, in THEORY & PRACTICE IN CLINICAL SOCIAL WORK* 3 (Jerrold R. Brandell ed., 2nd ed. 2011).

48. *Id.*

49. *See id.* at 3, 10.

50. *Id.* at 3.

51. JACK ROTHMAN ET AL., *STRATEGIES OF COMMUNITY INTERVENTION* 35 (6th ed. 2001).

52. *Id.* at 29.

53. JOHN L. MCKNIGHT & JOHN P. KRETZMANN, *MAPPING COMMUNITY CAPACITY* 2 (1996).

54. *See generally* Barry Checkoway, *Six Strategies of Community Change*, 30 *COMMUNITY DEV. J.* 2, 2, 5–16 (1995) (identifying six strategies that empower communities, namely: “mass mobilization, social action, citizen participation, public advocacy, popular education, and local services development”).

55. *See generally* Michael Reisch & Jane Isaacs Lowe, “*Of Means and Ends*” *Revisited: Teaching Ethical Community Organizing in an Unethical Society*, 7 *J. COMMUNITY PRAC.* 19, 19–38 (2000); Michael Reisch & Stanley Wenocur, *The Future of Community Organization in Social Work: Social Activism and the Politics of Profession Building*, 60 *SOC. SERV. REV.* 70, 70–93 (1986) (describing the development of community organization as an instrumental field in social work).

those outlined by Saul Alinski⁵⁶ and Paulo Freire.⁵⁷ Each of these tools could be useful in building community consensus and support around needed public health policies. Additionally, relationships built with communities would be useful in defining public health policies that would be well received and enacted by communities before the process of change begins.

Among the other skillsets social workers bring, they are taught methods for dealing with a variety of personalities and other professionals.⁵⁸ Social workers learn to start where the person is in their life and learn to understand and value their perspectives, even when different from the social worker's own perspectives. These interpersonal skills can be extremely useful when working with communities or interprofessional teams. Being able to articulate and process multiple, divergent points of view on difficult public health issues can bring a much-needed perspective to collaborating on public health law services. As noted by McCabe et al., "Including social scientists at the table in the policy making process will bring another set of skills and perspectives [to] ensure that the policies work on the ground and with already existing structures which may be outside the expertise of those already involved."⁵⁹

C. *Social Work Applied to the Model*

This article envisions three specific ways that explicitly including social work in the work envisioned by the model of transdisciplinary public health law could enhance the provision of the five essential public health law services: (1) facilitating the community having a voice in the design of public health interventions in a way that increases buy-in; (2) using community organizing expertise to assist in getting the evidence-based legal interventions with realistic enforcement mechanisms enacted into law at the local, state, or federal level; and (3) assisting in data collection for the policy surveillance components by bringing in expertise from on-the-ground, implementing professionals.

Social workers involved in community work generally have the ongoing relationships in the community described in the five essential services model. They will know the key players in communities impacted by public health

56. See generally SAUL D. ALINSKY, RULES FOR RADICALS 4 (1971) (a social workers' primer that begins with "*The Prince* was written by Machiavelli for the Haves on how to hold power. *Rules for Radicals* is written for the Have-Nots on how to take it away").

57. See generally Julie Carroll & Meredith Minkler, *Freire's Message for Social Workers: Looking Back, Looking Ahead*, 8 J. COMMUNITY PRAC. 21, 21–36 (2008) (describing Paulo Freire's philosophy on education, social work, and community practice); PAULO FREIRE, PEDAGOGY OF THE OPPRESSED 28, 121 (1981) (explaining how freedom from human oppression can be achieved).

58. *What Skills Are Required To Be a Social Worker?*, SIMMONS U., <https://socialwork.simmons.edu/skills-required-social-worker/> (last visited Sept. 24, 2019); *Why Social Work?*, SIMMONS U., <https://socialwork.simmons.edu/careers/social-work/> (last visited Sept. 24, 2019).

59. Heather A. McCabe et al., *Expanding the Base: A Case for Increased Interprofessional Collaboration in Public Health Law and Policy*, 14 IND. HEALTH L. REV. 97, 101 (2017).

interventions and can bring them to the table as interventions are considered so that community voice, concerns, and buy-in can be considered from inception.⁶⁰ Community input can potentially minimize community resistance as interventions are proposed. Community members can often bring expertise in understanding what roadblocks may appear in a way those outside the community would not recognize without their assistance. Social work involvement in this way can assist in the essential services of ensuring access to evidence and expertise, the political acceptability of designing legal solutions, and engaging communities and building political will.

The community organizing expertise of social workers can be essential in step three of the essential services. Social workers with this expertise can not only provide assistance with grass roots organizing of impacted communities, but they also often have relationships with power structures outside the community that can assist the community in achieving its goals, including goals related to public health policy. They can assist public health collaborations in anticipating who stakeholders and opposition might be and how to engage with both groups.⁶¹

Lastly, social workers with community relationships can be partners in assisting with data collection. Social work as a profession has worked with hard-to-reach and vulnerable populations since its inception. The ways that data can be collected are many. Non-traditional data collection techniques and avenues to reach hard to find or difficult to engage communities (often for their own protection) are areas where collaboration with social workers would enhance public health law efforts.⁶²

The social work profession is merely one additional social science partner who could engage with public health law. The effectiveness of public health law and public health law services will be expanded by the continued exploration of collaborations with other disciplines anticipated by the transdisciplinary model and other ideas described by Burris et al.

IV. SOCIAL WORK PARTNERSHIPS IN TRANSDISCIPLINARY PUBLIC HEALTH LAW

The transdisciplinary model of public health law and the five essential public health law services build on a body of work by Burris et al. that envisions more collaborative work.⁶³ This article highlights ways that work in both legal

60. See Burris et al., *Better Health Faster*, *supra* note 2, at 749–50.

61. See Browne et al., *supra* note 46, at S230–31.

62. See Burris et al., *supra* note 38, at 1155–56.

63. Scott Burris, *From Health Care Law to the Social Determinants of Health: A Public Health Law Research Perspective*, 159 U. PA. L. REV. 1649, 1666 (2011) [hereinafter Burris, *From Health Care Law to the Social Determinants of Health*]; Scott Burris et al., *Integrating Law and Social Epidemiology*, 30 J. L., MED., ETHICS 510, 511 (2002) [hereinafter Burris et al., *Integrating Law and Social Epidemiology*]; Scott Burris et al., *Moving from Intersection to Integration: Public*

epidemiology and public health legal practice can be enhanced through collaboration with social workers. Inclusion of social work can assist public health law in achieving its goals of being more inclusive of the voices of impacted communities in the public health law process. Transdisciplinary practice creates an expectation of and helps to create professional norms around collaborative practice. Providing specific examples of how and why this is important can contribute to an understanding of its value. Transdisciplinary public health law fits with a growing trend not simply in public health, but also in medicine, to work in a collaborative manner where all are working at the top of their professional skills.⁶⁴ Collaboration assists in expanding the capacity of others to access services when working on the five essential services of public health law. The example of social work is intended to continue the conversation of how to best facilitate and enhance the profession's willingness and ability to form these ongoing and important collaborations. It is hoped that the conversation will also involve data collection to determine the efficacy of such collaborations.

Health Law Research and Public Health Systems and Services Research, 90 MILBANK Q. 375, 380 (2012) [hereinafter Burris et al., *Moving from Intersection to Integration*]. Auke J. van Dijk et al., *Law Enforcement and Public Health: Recognition and Enhancement of Joined-Up Solutions*, 393 LANCET 287, 287–89 (2019).

64. CUFF, *supra* note 18, at 25. See Lynn M. VanderWielen et al., *Improving Public Health Through Student-led Interprofessional Extracurricular Education and Collaboration: A Conceptual Framework*, 7 J. MULTIDISCIPLINARY HEALTHCARE 105, 109 (2014).