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Wendy Collins Perdue

University of Richmond, wperdue@richmond.edu

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Improving Legal Competencies for Obesity Prevention and Control

Sheila Fleischhacker, Alice Ammerman, Wendy Collins Perdue, Joan Miles, Sarah Roller, Lynn Silver, Lisa Soronen, and the Honorable Leticia Van de Putte

This paper is one of four interrelated papers resulting from the National Summit on Legal Preparedness for Obesity Prevention and Control (Summit) convened in June 2008 by the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, and the American Society of Law, Medicine, & Ethics. Each of the papers deals with one of the four core elements of legal preparedness: (1) laws and legal authorities for public health practitioners; (2) legal competencies public health practitioners and legal and policy decision makers need for use of these laws and authorities; (3) cross-disciplinary and cross-jurisdiction coordination of law-based public health actions; and (4) information on public health law best practices. Collectively, they are referenced as the “white papers.”

Our purpose is to offer action options that will help to improve the legal competencies of public health practitioners and policy decision makers with respect to drafting, interpreting, implementing, and enforcing laws and regulations that are relevant to the effective prevention and control of obesity. The accompa-

nying assessment paper provided a foundation for this agenda by first establishing that legal competence for obesity prevention and control is important for *both* health professionals, who with proper training can effectively interject health considerations into decision-making processes, *and* non-health professionals involved with relevant policy and legal work, who with proper training can effectively incorporate health considerations into their decisions.¹ The paper acknowledges apparent gaps in not only health professionals’ understanding of legal tools relevant to obesity but also policymakers’ recognition of how obesity relates to their decisions. In addition, this paper set forth specific competencies each of these two broad groups should have to strengthen their legal preparedness for obesity prevention and control.

To improve these competencies within and among the relevant professionals in these two broad groups, our framework identifies critical knowledge, skills, values, analytical approaches, and communication strategies. We also suggest mechanisms by which public health professionals can interact with professionals

Sheila Fleischhacker, Ph.D., J.D., is a National Institute of Health-University of North Carolina at Chapel Hill Interdisciplinary Obesity Post-Doctoral Fellow. She received a B.S. and J.D. with a Certificate in Health Law from Loyola University Chicago and Ph.D. in Integrative Biosciences/Nutritional Sciences from the Pennsylvania State University. Prior to her post-doc, Dr. Fleischhacker worked as a Food and Drug Associate at the Government Accountability Project in Washington, D.C. **Alice Ammerman, Dr.P.H., R.D.**, is the Director of the Center for Health Promotion and Disease Prevention, one of 33 CDC-funded Prevention Research Centers. She is also Professor of Nutrition, Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. Dr. Ammerman completed a B.A. at Duke University and Dr.P.H. at UNC Chapel Hill and has worked in both clinical and public health nutrition settings. **Wendy Collins Perdue, J.D.**, is the Associate Dean for Graduate Programs and Professor of Law at Georgetown University. She earned her B.A. from Wellesley College, Wellesley, MA, and J.D. from Duke Law School, Durham, N.C. She served for nine years as Vice Chair of the Montgomery County Planning Board, which oversees land use and transportation planning and development in Montgomery County, MD. **Joan Miles, J.D., M.S.**, is the Director of Grants and Program Development at Montana Hospital Association and was previously Director of the Montana Department of Public Health and Human Services. Prior to her appointment, Miles served for 18 years in the Lewis and Clark City-County Health Department in Helena, the last 11 as the director of the department. She has a bachelor’s degree from State University of New York at Albany, a master’s degree in environmental sciences from the University of Montana in Missoula, and a law degree from the University of the Pacific McGeorge School of Law in Sacramento, CA. **Sarah**

from other relevant areas and increase the capacity to address the obesity epidemic. Our framework involves four action items: (1) options to improve the identified competencies; (2) approaches to strengthen the training of current and future professionals to apply laws and authorities; (3) tools to increase legal competency; and (4) suggestions for the evaluation of the effectiveness of legal competency to address obesity.

Options to Improve the Identified Competencies

Table 1 sets forth tangible options to improve the legal competencies identified in the assessment paper for both obesity and public health professionals, as well as similar but distinct options for legal and policy decision makers. The options are by no means exhaustive. We focused on the critical knowledge, skills, values, analytical approaches, and communication strategies within and among the relevant professionals in both groups. These options should be feasible for trainers and educators in the relevant disciplines to implement.

The implementation of these options or other approaches should be evaluated. As a result of an evaluation process, the options to improve legal competencies within and among the relevant professionals in these two broad groups might be modified to highlight the most effective methods. Most likely, further discipline specificity, such as legal competencies for school boards or regional planners, will be necessary. Further collaboration between health professionals and decision makers may lead to more similar or, ideally, joint competency building options.

Approaches to Strengthen the Training of Current and Future Professionals to Apply Laws and Authorities

Training Today's Public Health Professionals

Today's obesity epidemic demands that public health practitioners quickly become better prepared at understanding and using law in ways that are effective

in supporting and promoting obesity prevention and control. They must also galvanize relevant non-health professionals to collaborate.

Historically, the focus of a local health department general counsel was to assist in applying legal authority to infectious disease control and environmental health activities, as well as protecting the department from legal liabilities. Likewise, in regards to public health laws such as tobacco control or emergency preparedness, the primary duty of legislative members and their counsel has been traditionally to draft and review potential statutory changes to avoid federal and state constitutional challenges. Schools of Public Health gradually have added faculty members with law degrees. Interestingly, these attorneys predominantly research and teach issues such as basic public health laws and authorities, health care, infectious disease control, and environmental policy. They are not primarily charged with researching or teaching the legal tools necessary to prevent chronic diseases. In response to the obesity epidemic and the predominance of chronic versus infectious disease, local health departments, legislative members, and public health schools have increasingly recognized the possible function of public health and environmental law to support the prevention of chronic diseases.

Today's public health practitioners from non-legal backgrounds have a wide range of legal competency. One public health department deputy may have decades of experience using law to improve infectious or chronic diseases. Another may have occasionally used law or relied heavily on the department's legal counsel. Additionally, one may have routinely been responsible for drafting or amending a local Health Code or regularly advocating for legislation. In contrast, another practitioner may have focused on community programming without much legal involvement. Some practitioners will be able to count on legal counsel with significant public health expertise, while

Roller, J.D., R.D., M.P.H., is a Partner and the Chair of the Food and Drug Law Practice at Kelley Drye & Warren, LLP. She earned her B.S. from the University of Wisconsin at Madison; M.P.H. from the University of Minnesota at Minneapolis; and J.D. from George Washington University, Washington, D.C. Prior to joining Kelley Drye, Ms. Roller served as Of Counsel with Covington & Burling LLP, where she was a member of their Food and Drug Law, Antitrust, and Government Affairs Practices. **Lynn Silver, M.D., M.P.H.**, is the Assistant Commissioner of the New York City Department of Health for Chronic Disease Prevention and Control, where she has led the Department's efforts to reduce obesity and chronic disease, including environmental measures, such as the NYC trans fat restrictions and calorie posting law. She received her M.D. and M.P.H. degrees and pediatric training from the Johns Hopkins University. Dr. Silver was previously a Visiting Scholar at the Division of International Health at the Karolinska Institute in Stockholm, and worked for 15 years on public health research, policy, and advocacy in Latin America. **Lisa Soronen, J.D.**, is the Senior Staff Attorney at the National School Boards Association (NSBA). Ms. Soronen joined NSBA in 2003 after working for the Wisconsin Association of School Boards. She earned a bachelor's degree in Business Administration from Central Michigan University in Mt. Pleasant Michigan and her law degree from the University of Wisconsin-Madison School of Law in Madison, Wisconsin. **The Honorable Leticia Van de Putte, R.Ph.**, a San Antonio, Texas native, has served in the legislature for 18 years. She has been a pharmacist for more than 30 years, graduating from the University of Texas at Austin, and served as a Kellogg Fellow at the JFK School of Government at Harvard University. She has been married to Pete Van de Putte for 31 years and has 6 children and 2 adorable grandchildren.

Table 1

Options for Improving Legal Competencies of Public Health and Legal Professionals for Legal Preparedness for Obesity Prevention and Control

OBESITY AND PUBLIC HEALTH PROFESSIONALS		LEGAL AND POLICY DECISION MAKERS	
<i>Legal Competencies</i>	<i>Options for Improving Legal Competencies</i>	<i>Legal Competencies</i>	<i>Options for Improving Legal Competencies</i>
Identify and understand relevant laws, policies, and government practices	<p>1. Collaborate with lawyers and other decision makers to research the laws and policies that have implications for obesity prevention and control. Special attention should be given to laws and policies that may disproportionately impact those who are overweight or exacerbate health disparities. Public health professionals should seek to create avenues of communications with the food industry and other sectors, including the production, manufacturing, marketing, and distribution of food products from “farmtofork” in order to learn about the effects of laws and policies on daytoday operations of companies in the relevant regulated industries in relation to determinants of obesity. Opportunities in other relevant disciplines such as education, transportation, insurance, and housing should be sought out too.</p> <p>2. Develop and disseminate “case studies” and other educational materials to enable health professionals to explore the role that current laws and public policies play in influencing the environment and related implications for obesity prevention and control.</p> <p>3. Develop legal and public policy “primers” and similar guidance documents addressing the basic substantive and procedural requirements of laws and regulations that are relevant to promote obesity prevention and control.</p> <p>4. Expand and strengthen legal and public policy training components of public health graduate school curricula and continuing education and professional development opportunities, including with respect to components addressing school, worksite, hospital, and community authority in enacting public health and safety laws, agriculture law, food and drug law, food advertising law, transportation and regional planning, and other relevant business, trade, and government regulation topics.</p>	Recognize the physical, environmental, and social conditions relevant to the development of evidence-based obesity prevention and control programs	<p>1. Include obesity presentations and discussions at conferences and professional gatherings of legal and policy makers, e.g., planners, school officials, and transportation engineers.</p> <p>2. Disseminate information about the link between policy and obesity in a variety of professional and lay formats.</p> <p>3. Collaborate with professional associations and schools outside healthrelated fields to review and enhance training in basic public health concepts.</p> <p>4. Create internship placement opportunities in public health offices and research projects for students in professional education programs training in relevant sectors, e.g., planning, architecture, engineering, education, public administration, and law.</p> <p>5. Create evidencebased public health and obesity assessment tools, such as “report cards,” that enable policy makers to evaluate and mark the progress their communities aremaking toward the achievement of obesity prevention and control.</p>

OBESITY AND PUBLIC HEALTH PROFESSIONALS		LEGAL AND POLICY DECISION MAKERS	
<i>Legal Competencies</i>	<i>Options for Improving Legal Competencies</i>	<i>Legal Competencies</i>	<i>Options for Improving Legal Competencies</i>
<p>Explain obesity-related consequences of policy options to decision makers and stakeholders</p>	<ol style="list-style-type: none"> 1. Provide educational and training opportunities with respect to public speaking and public relations to support legal and public policy related communication skills. 2. Create “tool kits” of power point slides and other materials that can be tailored and culturally adopted to a variety of public policy related issues and settings. 3. Develop internship placement opportunities for public health students within legal and policymaking agencies such as planning agencies, recreation departments, school boards, and transportation departments. Industry internships should also enable students to get hands on experience of the relevant regulated industries. In many cases, student internships are readily available with policy makers’ office such as state legislators, county boards or commissioners, and city councils or assemblies. 	<p>Identify and evaluate laws, policies, and government practices that are potentially relevant in the development and implementation of obesity prevention and control initiatives</p>	<ol style="list-style-type: none"> 1. Create case studies and other educational materials that help illustrate how laws and policies affect the environment and have implications for obesity prevention and control.
<p>Identify, encourage, and engage all relevant stakeholders in the development and implementation of research programs and evidence-based intervention strategies to promote obesity prevention and control</p>	<ol style="list-style-type: none"> 1. Create opportunities for representatives of different stakeholder groups to participate in public health conferences pertaining to the development of research, and of intervention strategies on obesity prevention and control. 2. Create opportunities for joint sponsorship of research and evidence-based public health invention initiatives that fully engage relevant government, public health, and industry stakeholders. 3. Develop jointly sponsored initiatives, partnerships, and coalitions that fully engage relevant government, public health, and industry stakeholders through the development and dissemination of educational materials, guidance, and best practices for identifying the range of relevant stakeholders and developing constructive working relationships among stakeholders with diverse expertise, experience, and perspectives (e.g., environmental groups, bicycle advocates, architects, parent-teacher organizations, food manufacturers and retailers). 	<p>Consider interests of and consult stakeholders</p>	<ol style="list-style-type: none"> 1. Create “tool kit” of contacts, sources, and techniques for outreach to relevant stakeholders. 2. Create training materials that highlight potential “winwin situations” and facilitate collaboration between public health officials and relevant stakeholders.

OBESITY AND PUBLIC HEALTH PROFESSIONALS		LEGAL AND POLICY DECISION MAKERS	
<i>Legal Competencies</i>	<i>Options for Improving Legal Competencies</i>	<i>Legal Competencies</i>	<i>Options for Improving Legal Competencies</i>
Engage legal or policy decision makers where appropriate	<ol style="list-style-type: none"> 1. Create opportunities prior to pending legislation or ordinance formation for policy makers and obesity experts to meet and discuss policies that can influence nutrition, physical activity, and ultimately obesity. Provide guidance on potential conflicts of interests for public health officials associated with legislative advocacy (i.e., how and to what extent can a public health department employee advocate for a specific piece of legislation). 2. Develop tools, such as a catalog of legal decisions, that help local authorities assess the extent of existing authority the government has in its public health or other laws and regulations to implement programs or regulations or enforce relevant provisions to address obesity. 3. Create mechanisms for regular input from health officials on important decisions or mandatory health impact assessments that require new development plans to be submitted to the relevant health office. 	Develop evidence-based public health training and outreach programs for policy decision makers to promote obesity prevention and control more effectively under existing laws and help prevent discrimination against persons based on body weight or composition	<ol style="list-style-type: none"> 1. Create training modules and materials targeted at different sectors and decision makers that highlight scope of existing authority and how it can be used to promote health. 2. Create training modules and materials that address the scope and nature of the authority that are granted to federal, tribal, state, and local governmental agencies under relevant statutes and constitutional and administrative law doctrines.
Identify and evaluate potential gaps and limitations of existing laws which may impede progress in the promotion of obesity prevention and control	<ol style="list-style-type: none"> 1. Identify key legislation that requires regular reauthorization and develop recommended provisions and supporting analytical material well in advance. 2. Create interdisciplinary and multisector working groups, coalitions, and partnerships to draft model legislation and share resources. 	Address gaps in current laws or legal processes	<ol style="list-style-type: none"> 1. Facilitate multisector planning groups to identify legislation subject to regular reauthorization and begin early planning on providing lawmakers with adequate background and model language. 2. Create research and monitoring projects that study and report to decision makers the effects of key decisions that have an impact on nutrition and physical activity.

most will continue to rely on local government counsel without specific public health knowledge.

In addition, current practitioners have a range of authority to prevent and control obesity. Some local jurisdictions, such as New York City, have fairly broad autonomy and authority to formulate public health law through their Boards of Health; others are largely limited to enforcing state law. But, at any level of government, avenues for legal action exist which are relevant and applicable to obesity prevention and control. These can encompass a range of approaches: regulation by executive agencies, Health Codes controlled by Boards of Health, local zoning and planning rules, and state or local laws.

Training strategies and materials for current practitioners will likely be a challenge to develop, implement, and evaluate. The methods, such as continuing education and technical assistance offered by universities and national, tribal, state, and local health departments, must be flexible to the practitioners' readiness to use law as a tool to prevent and control obesity. Professional associations should emerge as leaders by training their membership in relevant legal approaches. Furthermore, public health professional associations should take the lead in partnering on these training endeavors with other relevant professional associations, governmental entities, academic centers, and industry partners.

A “train the trainer” approach might have great utility in improving current practitioners’ legal competencies. That is, individuals who are “competent” in using a particular legal tool(s) to prevent and control obesity would train other practitioners. The trainees can provide feedback on their experiences in implementing the legal tool in their respective jurisdiction and together, the trainer and trainees, can go on to train other practitioners.

Educating Students

Training to achieve legal competencies for obesity prevention and control needs to be integrated into academic centers that are responsible for preparing the next generation of professionals. The need for the Summit illustrates that in spite of the longstanding use of law and legal authorities in other areas of public health only recently and in response to the obesity epidemic has law — from class actions to school-based policies — been considered a tool to prevent and control obesity. While not well studied, anecdotal evidence suggests that students in health and other fields may be introduced to these developments tangentially in their class discussions, course projects, or in non-academic activities, such as watching television or surfing the internet. Our aim is to provide a framework to ensure a broader familiarity.

Curricula within relevant disciplines vary greatly in the extent to which they build legal competency. In public health, students generally are introduced to how law and policy have been used successfully for critical health issues, e.g., quarantine, emergency response to man-made or natural disasters, patient rights, food safety, tobacco control, vaccine-preventable diseases, automobile safety, or human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). Students may have the option to take public health law or policy-based courses, but they are generally not required. Nutrition students generally learn how the Child Nutrition Act of 1966 was enacted to safeguard the health and well-being of American children. Medical students may learn about the 2004 announcement from the U.S. Department of Health and Human Services that the Agency would remove from the Centers for Medicare and Medicaid Services coverage manual language that obesity is not an illness.

Public health law is not offered at all law schools. When available, the course is generally a sparsely attended elective that may or may not cover obesity and other chronic diseases. School administration type programs are likely to only offer one class on education law, which is unlikely to cover anything related to school authority to address obesity. Urban planning, architecture, and architectural engineering students

are now just starting to see courses that address how their decisions may impact chronic diseases.

Students may be allowed to take electives in other disciplines. However, law schools typically do not allow non-law students to register for law classes. Even if a student, such as a public health student, takes an urban planning course or an education student takes a basic nutrition course, these survey courses may not provide a framework by which cross-disciplinary connections can be made. In other words, a public health student may learn the fundamentals of planning in a survey course but not understand the planning variables that directly relate to health. Likewise, this public health student or a planner taking a basic nutrition course will probably not walk away from the course with the necessary tools to properly impact their own discipline. The lack of routine, cross-disciplinary exchange in academic centers means future leaders are not systematically being prepared to develop, implement, or evaluate policies which consider the health implications or apply legal principles to public health invention.

To accomplish the action options identified in the papers, universities may need to enable more cross-disciplinary and innovative teaching and learning approaches in a manner that is integrated with a student’s graduation requirements. These may include the development of curriculum components, training materials, and conferences on the interaction of health and law. Trainers may be faculty from the university or guest lecturers that come to the university to conduct a seminar, workshop, or lecture.

Selected Disciplines Training & Education Suggestions

Table 2 provides example approaches to improve the legal competencies for obesity prevention and control in selected disciplines. Understanding the potential regulated industry or at least an awareness of how laws influence a business’ practices, policies, and products is an important, often neglected, component of becoming competent in using law as a tool to prevent and control obesity. We suggest current practitioners and students partner with industry in order to better understand how to work with industry to promote health rather than work without them, or, as is more often the case against them. Our desire is for modification of approaches after evaluations are conducted and further cross-disciplinary training methods, modules, and mediums emerge.

Tools to Increase Legal Competency

The “Improving Information on Public Health Law Best Practices” paper identifies methods to improve the information and best practices for obesity preven-

tion and control.² The paper explores the following: who needs this information; types of information needed; what content should be included; and who should develop, fund, disseminate, and evaluate the delivery of this information.

Table 3 expands and highlights key criteria to assess whether a sample policy, best practice, or case study will be an effective learning instrument to improve legal competencies for obesity prevention and control. We note useful features to assess before using a particular model policy, best practice, or case study to teach or learn from. We also emphasize the use of evidence-based legal strategies, where possible. The strategies do not necessarily need to be obesity specific because legal approaches to other public health problems can serve as useful learning instruments.

Studying both successful and unsuccessful policy development cases can provide useful learning opportunities. While diverse views concerning the evidence evaluating the public health implications of mandatory nutrition labeling requirements exist, studying policy development procedures and outcomes in nutrition labeling case studies can be useful in promoting legal competencies among public health professionals and decision makers. In this regard, a case study concerning the legislative process and litigation record concerning the mandatory calorie-labeling ordinance enacted in 2006 in New York City may be instructive with respect to federal preemption and other crosscutting legal considerations.³ For example, a study of the record in the New York City case would show that the ordinance requiring certain restaurants to make the calorie content of menu items publicly available was successfully challenged on federal preemption grounds in an action brought by city restaurateurs. The court's decision striking down the 2006 ordinance included legal analyses concerning the scope and limits of the City's authority to require nutrition labeling of restaurant foods, which provided a framework for the City's subsequent initiative to adopt an ordinance that would satisfy the governing legal standards.⁴

We also suggest important components to include in developing future model policies, best practices, and case studies, particularly for teaching and learning purposes. These suggestions stress how to use models or cases to develop knowledge, skills, values, analytical approaches, and communication strategies. Ideally, the person, team, or entity that wrote the actual policy or implemented the best practice would compile these learning pieces.

Alternatively, the model policy, best practice, or case study used in learning situations may be developed by a combination of a representative sample of public health, law, and other professionals who will ultimately

use the policy, practice, or case to teach professionals and students. Having relevant disciplines assess these learning tools prior to use as an educational resource may help limit the amount of technical assistance professionals in that discipline need later in understanding or using the resource.

Developing a dissemination plan to ensure that relevant disciplines have access to these tools is essential. Federal, tribal, state, and local governmental entities could partner with professional associations, as well as foundations to create an online collection of model policies, best practices, and case studies for educational purposes. Since the internet allows for rapid, wide, and easily accessible access to a collection of model policies, best practices, and case studies, each individual piece should be user-friendly for maximum reach. That is, for online education, the user may have no connection or context of where the best practice took place, so the model or case must help the user distinguish possible gaps, obstacles, or enablers of the policy in different jurisdictions.

The development of industry case studies highlighting successes and failures of obesity prevention and control policies, practices, and products can enhance public health, health care, and other professionals' understanding of the challenges to business and their practices.

Taken together, sample policies and programs, best practices, and case studies should be developed and used as a key tool to improving professional and student legal competencies in all relevant disciplines. Cross-disciplinary tools will also serve to bridge communication challenges and learning environments, along with facilitating more effective bridges between public health, law, and other key disciplines.

Suggestions for the Evaluation of the Effectiveness of Legal Competency to Address Obesity

The ultimate test of legal competency to address obesity prevention and control is three-fold: (1) were obesity and public health professionals able to interject health considerations into decision-making processes? (2) were legal and policy decision makers able to incorporate health considerations into their decisions? and (3) was this action effective in addressing obesity prevention and control?

These evaluations may focus on either the process of legal action or on its outcomes in terms of behavior change or health benefit. For instance, how did public health professionals assist in identifying and addressing gaps in current laws to prevent and control obesity? What evidence is available or needed to establish the nature and extent of the actual public health effects of such laws with respect to the adoption and/or main-

Table 2

Examples of Practitioner Training Approaches and Academic Curriculum to Improve Legal Competencies for Obesity Prevention and Control by Selected Sectors

SECTOR	PRACTITIONER TRAINING APPROACHES	ACADEMIC CURRICULUM
<p>Health Professionals Public Health Dietitians Nurses Medical Doctors Pharmacy</p>	<p><i>Professional Associations:</i> American Public Health Association, American Dietetic Association, American Nurses Association, American Medical Association, and American Pharmacists Association should consider strengthening or offering programs on policy and legal aspects of obesity:</p> <ul style="list-style-type: none"> • At their annual conferences; • At workshops during the year on general or more advanced legal preparedness for obesity prevention and control; • Through professional development resources; • Through continuing education opportunities; • In their respective Journals; • Through the creation of obesity legal and policy action groups; • Through the creation of a list_serv within each Association; and • Through the provision of training resources, model policies, best practices, and evaluations of legal strategies that aim to prevent and control obesity. <p><i>Local & State Government Health Agencies & the Center for Disease Control and Prevention (CDC) should consider:</i></p> <ul style="list-style-type: none"> • Providing resources, workshops, online training, and “how to” suggestions for professionals to improve obesity prevention and control legal and policy competencies; • Incorporating legal preparedness for obesity prevention and control in all relevant positions’ orientation and training programs; and • Developing resources that are broad for all health professionals, but also tailored to specific health professions such as public health, dietetics, nursing, medicine, and pharmacy. 	<p><i>Target:</i></p> <p>Public Health: Masters or Doctoral Public Health programs</p> <p>Dietetics: Undergraduate Dietetics programs and Registered Dietitian Internships</p> <p>Nursing: Undergraduate Bachelor of Nursing Programs</p> <p>Medicine: Medical Schools</p> <p>Pharmacy: Undergraduate and Graduate Pharmacy Programs</p> <p><i>Courses:</i></p> <p>Public Health: Public Health Law and policy relevant skillsbased practicum</p> <p>Dietetics: Integrate into American Dietetic Association Accreditation Curriculum emphasis on relevant policy and legal components of nutrition.</p> <p>Nursing: Integrate legal and policy components of treatment plans and reimbursement aspects of obesity.</p> <p>Medicine: Integrate legal and policy components of treatment plans and reimbursement aspects of obesity.</p> <p>Pharmacy: Integrate legal and policy components of treatment plans and reimbursement aspects of obesity, along with the environmental and legal aspects of the prevention and treatment of obesity.</p> <p><i>Seminars:</i></p> <p>Public Health: Invite local attorneys or law professors to present on obesity and legal connections, such as Medicare reimbursement and obesity related doctor visits.</p> <p>Dietetics: Invite local attorneys or law professors to present on legal aspects of nutrition issues, such as the First Amendment and food marketing to children.</p> <p>Nursing: Include hands on workshops on the legal aspects of obesity, particularly privacy issues of Body Mass Index (BMI) measures in schools and insurance coverage of obesity related conditions.</p> <p>Medicine: Invite local attorneys or legal professionals to discuss during medical rounds or seminars the role of legal preparedness for obesity prevention and control.</p>

SECTOR	PRACTITIONER TRAINING APPROACHES	ACADEMIC CURRICULUM
<p>Health Professionals continued</p>		<p><i>Internships:</i></p> <p>Public Health: Arrange opportunities in legal or policy venues. Students should also seek out opportunities to get “hands on” experience in relevant, regulated industries (e.g., food, beverage, farming, and transportation) to better understand the industry’s operations, standards, and practices.</p> <p>Dietetics: Design rotations in Registered Dietitian Internships to work with local policy makers on antiobesity policies. Students should also seek out opportunities to get “hands on” experience in relevant, regulated industry (e.g., food, beverage, farming, and transportation) to better understand the industry’s operations, standards, and practices.</p> <p>Nursing: Create policy internships with government agencies or clerkships with health law firms for nursing students to work in while in school or during the summers.</p> <p>Medicine: Design first year summer opportunities with obesity policy or legal aspects, in addition design fourth year rotations to work on obesity legal and policy reports and projects.</p> <p>Pharmacy: Design summer and part-time clinical rotations to work with attorneys and policy makers working on legal advocacy for the pharmacological, as well as nonpharmacological prevention and treatment strategies for obesity.</p>
<p>Educators (includes teachers, school administrators, day care administrators, and school board members)</p>	<p><i>Professional Associations:</i> National Education Association, American Federation of Teachers, National School Boards Association, American Association of School Administrators, National Association of Secondary School Principals, National Association of Elementary School Principals, School Nutrition Association, National Head Start Association, and relevant state and local education and childcare associations should consider strengthening or offering programs on policy and legal aspects of obesity:</p> <ul style="list-style-type: none"> • At their annual conferences; • At workshops during the year covering general or more advanced legal and policy topics; • Through professional development resources; • Through continuing education opportunities; • In their respective member publications and online resources; • Through the creation of obesity legal and policy action group; • Through the creation of an email group or list_serv within each Association; and • Through the provision of training resources, model policies, best practices, and evaluations of legal strategies that aim to prevent and control obesity. 	<p><i>Target:</i> Undergraduate education programs and graduate education administration</p> <p><i>Courses:</i> School nutrition, physical education and activity, and education law</p> <p><i>Seminars:</i> Invite nutrition, physical activity, and policy experts to discuss a variety of measures school districts can take to reduce childhood obesity — and the districts authority to do so.</p> <p><i>Internships:</i> Provide opportunities for education students to work on issues like school meals or physical activity in school with government agencies or advocacy groups. Students should also seek out opportunities to work in relevant, regulated industries (e.g., school meal providers and food or beverage companies that vend in schools).</p>

SECTOR	PRACTITIONER TRAINING APPROACHES	ACADEMIC CURRICULUM
Educators, continued	<p><i>Local, State, and National Government Education Agencies</i> should consider:</p> <ul style="list-style-type: none"> • Providing resources, education programs and workshops, and “how to” suggestions for professionals to improve obesity legal and policy competencies; • Requiring school board members to be trained in education law, particularly school authority relating to antiobesity initiatives; and • Evaluating childcare regulations to assure appropriate physical activity and nutrition. 	
Lawyers	<p><i>Professional Associations:</i> American Bar Association, National Association of Attorney Generals, American Health Lawyers Association, and the Council of School Attorneys should consider:</p> <ul style="list-style-type: none"> • Offering sessions to train membership on policy and legal aspects of obesity; and • Creating an obesity legal and policy action group. <p><i>State Bar Associations</i> should consider:</p> <ul style="list-style-type: none"> • Offering continuing education credit to obesity related workshops like the Summit; and • Adding legal competencies for obesity prevention and control sessions and resources in its annual conferences, workshops, and online resources. 	<p><i>Target:</i> Law students in health law programs or considering public interest, education, planning, or government policy.</p> <p><i>Courses:</i> Public Health Law, with increased options to take the course during summer school or alternative winter programs.</p> <p><i>Seminars:</i> Work with the American Bar Association and health relevant bar associations to host at least one obesity-focused seminar a year at a law school. Allow for a web cast option.</p> <p><i>Internships:</i> Utilize one or two credit externships to team law students with federal, tribal, state, or local government health agencies or with public health researchers. Law students should also seek out opportunities to learn “hands on” about the relevant, regulated industries, including the legal underpinnings of the industry such as: business/ trade regulation, the Federal Food, Drug, and Cosmetic Act (FDCA), the Federal Trade Commission Act (FTC), and related federal and state laws and constitutional doctrines (e.g., First Amendment, specifically commercial speech).</p>
Planners, Architects, Architectural Engineers, Civil Engineers, and Construction Managers	<p><i>Professional Associations:</i> American Planners Association, American Institute of Architects, Architectural Engineering Management Association, the Associated General Contractors of America, Associated Builders and Contractors, Inc., American Society of Civil Engineers, American Society of Mechanical Engineers, Illuminating Engineering Society, Institute of Electrical and Electronics Engineers, Inc., and the U.S. Green Building Council should consider:</p> <ul style="list-style-type: none"> • Offering sessions and continuing education opportunities to train membership on policy and legal aspects of obesity; • Creating an obesity legal and policy action group; • [For AIA, specifically] Extending its successful FitCity collaboration with the New York City Health Department to other cities to encourage the incorporation of physical activity promoting design into construction; and 	<p><i>Target:</i> Undergraduate and graduate planning, geography, architect, and architectural engineering students.</p> <p><i>Courses:</i> Offer mandatory one to two credit course on the health aspects related to planning, designing, and building. Design team-taught elective courses with public health faculty.</p> <p><i>Seminars:</i> Aim to offer at least one seminar a year related to the built environment and obesity outcomes.</p> <p><i>Internships:</i> Provide opportunities for students to work with local public health faculty on built environment research endeavors.</p>

SECTOR	PRACTITIONER TRAINING APPROACHES	ACADEMIC CURRICULUM
Planners, Architects, Architectural Engineers, Civil Engineers, and Construction Managers, continued	<ul style="list-style-type: none"> • [For the U.S. Green Building Council, specifically] Training health professionals on the Leadership in Energy and Environmental Design (LEED) Green Building Rating System as a way to establish benchmarks for the design, construction, and operation of healthy buildings and spaces. 	
Health Insurance	<p><i>Professional Associations, Insurance Companies, & Employers:</i> National Association of Insurance Commissioners, Blue Cross Blue Shield Association, America's Health Insurance Plans, along with other health insurance companies and groups should consider:</p> <ul style="list-style-type: none"> • Providing opportunities to improve legal competencies for obesity prevention and control in health insurance professionals; and • Developing workshops and educational resources that train insurance professionals, as well as non-insurance professionals about the role of reimbursement in preventing and controlling obesity. <p><i>State Insurance Regulators</i> should consider:</p> <ul style="list-style-type: none"> • Providing trainings and educational resources to improve legal competencies in obesity prevention and control; and • Creating venues to link the insurance industry with public health professionals, policymakers, and other stakeholders to explore reimbursement structures that promote health. 	<p><i>Target:</i> Undergraduate and graduate students in business and health policy and administration</p> <p><i>Courses:</i> Incorporate preventive medicine into insurance students curriculum; offer near and long-term costeffectiveness methodology coursework; and integrate more cross-collaboration opportunities for students to learn how to conduct their healthcare assessments and other economic and social benefits.</p> <p><i>Seminars:</i> Invite health professionals to discuss the costeffectiveness and suggested reforms for current reimbursement structure. Create opportunities for policymakers to come and discuss the role of law in financing health care, particularly in governmentfunded programs such as Medicare and Medicaid, and the obstacles they face in creating a more preventive approach to health care.</p> <p><i>Internships:</i> Create opportunities for students to observe firsthand the current insurance framework's strengths and weaknesses and design internships that allow students to examine the legal and legislative underpinnings of the insurance industry.</p>
Public Policy, Public Administration, and Political Science	<p><i>Professional Associations:</i> National Governors Association, National Conference of State Legislatures, National Caucus of Black State Legislators, National Caucus of Hispanic State Legislators, National AsianPacific Caucus of State Legislators, Council of State Governments, National Foundation of Women Legislators, American Legislative Exchange, U.S. Conference of Mayors, State associations of elected officials, International City/County Management Association, and National Association of State Departments of Agriculture should consider providing financial support for educational opportunities to learn about the science and evidence underlying health policy decisions and the role health should play in developing policy and programs.</p> <p><i>Employers:</i> Should encourage employees to understand the impact their policies and regulations have on obesity prevention and control.</p>	<p><i>Target:</i> Undergraduate and graduate political science, public policy, and public administration students.</p> <p><i>Courses:</i> Provide mandatory survey course on health-related policies and design team taught advanced courses on health policy, with an emphasis on preventive measures for obesity.</p> <p><i>Seminars:</i> Host workshops with local public health professionals working on improving a particular local, state, tribal, or federal policy.</p> <p><i>Internships:</i> Provide research opportunities with local public health faculty working on policy relevant studies or initiatives. Create opportunities for public policy students to work with public health professionals in the government, private, and non-for-profit sector.</p>

SECTOR	PRACTITIONER TRAINING APPROACHES	ACADEMIC CURRICULUM
Business	<p><i>Professional Associations and Labor-Oriented Organizations:</i> American Marketing Association, U.S. Chamber of Commerce, National Federation of Independent Business, National, state, and metropolitan associations and chapters that serve minority and women-owned businesses, National Business Group of Health, and American Farm Bureau (and state chapters), American Federation of Labor and Congress of Industrial Organizations, American Federation of State, County, and Municipal Employees, and Service Employees International Union should consider offering sessions and continuing education opportunities to train membership on policy and legal aspects of obesity.</p> <p><i>Employers:</i> Should consider encouraging legal counsel, along with other employees to understand the role their business policies and products play in obesity prevention and control.</p>	<p><i>Target:</i> Undergraduate and graduate students</p> <p><i>Courses:</i> Integrate into undergraduate and graduate programs health aspects of business, including the ethics of marketing “junk food,” designing health-care infrastructures that facilitate an equitable and healthy workforce, and considering ways to create a “healthy” work environment.</p> <p><i>Seminars:</i> Feature businesses that are marketing healthy products or working on innovative approaches to create a healthy workforce.</p> <p><i>Internships:</i> Support students to work on marketing lessfunded or profitable products, like fruits and vegetables, along with healthy lifestyles and physical activity.</p>

The selected sectors aim to include professionals within the four specific settings: (1) school (e.g. schoolteachers and administrators), (2) worksite (e.g. business), (3) community (e.g., planners), and (4) medical/clinical (e.g. doctors, nurses, and insurance). All of the selected sectors impact multiple settings; most selected sectors can influence at some level all settings. Training and education efforts should strive to improve the learner’s legal competencies for obesity prevention and control by focusing on changing the learner’s knowledge, skills, values, analytical approaches, and communication strategies.

tenance of healthy eating and physical activity behaviors? What impact do such laws have on dietary and physical activity behaviors, as well as obesity rates? To what extent were public health professionals effective in establishing the public health need for the particular obesity prevention invention strategy that would be implemented under the advocated legislation or regulation? What strategies did public health professionals employ to advocate and justify the legislation or regulation advocated? What stakeholders, if any, did public health professionals engage in the development and advocacy of the legislation or regulation? To what extent were public health professionals successful in accurately characterizing the public health outcomes that would result from the legislation or regulation advocated? To what extent were public health professionals successful in engaging stakeholders legally responsible for implementing the requirements of the obesity intervention strategy under the legislation or regulation advocated?

These types of empirical questions frame the evaluation of legal competency. To answer these questions will require innovative and more collaborative evaluation design approaches, including a variety of qualitative and quantitative methods. Caution must be given to purely quantitative assessments. That is, the use, itself, of any specific legal tool does not automatically indicate legal competency since competence requires both the ability to use law effectively and the ability

to discern when a potential legal approach is *not* warranted or appropriate. The evaluation focus should never lose sight of the holistic competency approach of knowledge, skills, values, analysis, and communication. Assessments will require assistance from evaluators skilled in measuring competencies.

Evaluation activities should take place concurrently with implementation. More importantly, the team will need to disseminate lessons learned along the way. Sharing lessons learned is essential since not all local governments will have the resources and capabilities to carry out optimal evaluation exercises. Furthermore, cross-disciplinary funding sources will be needed to not only develop strong evaluation capacity for legal competency, but also, reliable and valid instruments that can be easily tailored and implemented.

Progress in education and technical assistance in legal competency itself should be monitored. To what extent do current professionals and students have access to training and support in legal competency for obesity prevention and control?

At the *individual level* — professional or student, an assessment of legal competencies can occur through academic evaluation, workforce hiring, job performance appraisals, and promotion evaluations.⁵

At the *public health, law, and other discipline level*, measurement of discipline specific competencies and the use of example action items should be examined. A more meaningful evaluation might distinguish dis-

ciplines further by specifically assessing school board decision makers separate from local planning board members apart from state legislators. Evaluation should also assess the level of engagement and collaboration across disciplines. Who is and is not connecting? Who is resisting versus who is helping facilitate connections?

At the *federal, tribal, state, and local level*, legal competencies can be assessed by the pertinent jurisdiction's appropriate use of legal tools to prevent or control obesity and the relationship between the jurisdiction's legal framework and its obesity rates and trends.

The tools to build competency in this field should be revisited on a periodic basis to ensure continued reflection upon necessary knowledge, skills, values, analytical approaches, and communication strategies imperative to prevent and control obesity.

Conclusion

Legal competence is critical to the successful prevention and control of obesity. To ensure legal preparedness for obesity prevention and control amongst public health, law, and other relevant professionals, we must help build the necessary knowledge, skills, values, analytical approaches, and communication abilities. We must also build the capacity to evaluate the effectiveness of measures once implemented. By providing tangible and measurable examples, this framework should strengthen competencies among public health, law, and other relevant professionals. A key ingredi-

ent to success will be the ability of all relevant disciplines to work together to use law and public policy to prevent and control obesity. Collaboration can occur through sharing resources, creating joint programs and policies, and/or developing multidisciplinary evaluation tools. For those seeking to respond to the obesity epidemic, this agenda can serve as a starting template to: assess cross-disciplinary capacity in their particular context, including learning the legal tools or the health implications; take action to strengthen it; and develop specific plans for their implementation and evaluation. Each team should aim to share their findings — both the exciting triumphs and the disappointing trials — with the larger community.

References

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Table 3

Criteria for Selecting Model or Sample Policies, Best Practices, and Case Studies as Educational Tools for Improving Legal Competencies in Public Health, Law, and Other Professionals

EDUCATIONAL TOOL	PURPOSE	CRITERIA
Model or Sample Policies	Model or sample policies provide tangible, obesity related examples that can assist users in creating similar policies to fit their particular needs. A model or sample can help to improve legal competencies by providing practitioners and students an example policy to analyze and use in relevant learning exercises such as how to communicate this policy to relevant decision makers or what stakeholders have a stake in this policy and what approaches can public health officials use to engage these other stakeholders in this policy.	<ul style="list-style-type: none"> • Meets the relevant legal requirements. • Based on the best available evidence, when possible, and provides the rationale and references in supporting documents, links, or footnotes. • Provides resources to assist in the development, implementation, and evaluation of the policy. • Includes individuals or organizations that could provide technical assistance or support. • Documented political success (i.e., was introduced, enacted, or is backed by a critical mass of relevant stakeholders). • Emerges from existing policies from exemplary states and local governments around the country. • Has a strong likelihood of enactment in multiple jurisdictions. • Can be flexibly implemented.

EDUCATIONAL TOOL	PURPOSE	CRITERIA
Model or Sample Policies, continued		<ul style="list-style-type: none"> • Accounts for diverse socioeconomic contexts and/or significant cultural differences. • Provides supplemental information on how it should be used and discusses any foreseeable modifications a user might need to make based on a different jurisdiction's governance, political ideology, geography, or socioeconomic status. • Emphasizes that the user can modify the language to meet the user's unique circumstances, challenges, and opportunities. • Includes an assessment tool that will enable the user to assess their readiness to use the model policy and the appropriateness for the model in their circumstances. • Discusses possible strategies for getting the model enacted, implemented, and evaluated. • Includes alternative policies and cost-effectiveness analyses.
Best Practices	<p>Best practices identify a way or method of successfully accomplishing a legal strategy to obesity prevention and control. Best, as well as least effective or problematic practices, can help to improve legal competencies by providing practitioners and students an example practice that has emerged as a "gold standard" to analyze and use in relevant learning exercises such as what are the necessary knowledge, skills, and values necessary to effectively develop, implement, and evaluate this particular practice.</p>	<ul style="list-style-type: none"> • Highlights the legal and policy components and rationale, not just an explanation of the practice or program. • Based on the best available evidence, when possible. • Represents a diverse national sample. • Notes how local and state variation might effect implementation or evaluation. • Identifies less effective or problematic practices. • Shares legislative hurdles to why a law did or did not pass.
Case Studies	<p>A case study is a method of learning about a complex instance by using a comprehensive process of explaining and describing the instance. A case study or a series of case studies can help to improve legal competencies by providing practitioners and students an extensive assessment of one or more examples and explaining the relevant legal strengths and weaknesses of the approach. As more case studies emerge explaining a successful or unsuccessful legal approach to obesity prevention and control, a casebook might develop as a key tool in legal competency for obesity prevention and control education. This book might be tweaked depending on the intended user. In other words, law students might have a casebook that includes more statutory analysis and hypotheticals whereas a public health book might include more references to program implications and potential research questions.</p>	<ul style="list-style-type: none"> • Highlights one or a variety of legal and policy approaches used throughout the country. • Represents diverse geographical, socioeconomical, cultural, and political contexts. • Provides a series of questions that an instructor or the reader can consider when analyzing the case study, individually or as part of a collection of case studies. • Points out reference legal analogies, such as an approach used in quarantine, automobile safety, or food safety, and explains the similarities and differences. • Includes relevant legal issues and possible research studies or questions that would relate to the case study for further critical thinking. • Evidence-based, when possible.