

Defining Roles for Schools and Programs of Public Health in the Age of Trump

The election of Donald Trump and a conservative Congress calls for the public health community to prepare for and respond to a new wave of potential threats. In the first months of his term, President Trump and Congress have moved to reduce food benefits, cut health care programs, deregulate health and environmental laws, prohibit aid to organizations that discuss abortion, and increase arrests and deportation of immigrants (lat.ms/2n2FGRX).¹

Essential public health protections are in jeopardy. Schools and programs in public health (SPPH), an essential foundation of this country's health infrastructure, must decide how to counter these threats. As SPPH incorporate new competencies identified by the Council on Education for Public Health (CEPH) into their curricula (bit.ly/2qGDY7c), they have an opportunity to reconsider how best to prepare students for the challenges of the 21st century, including developing student capacity to document and educate policymakers and the public on the consequences of harmful policy changes and advocate for healthier alternatives. In this editorial, we explore how SPPH can integrate the mandate to revise public health curricula with the ethical obligation to protect the public against policies that undermine public health.

PUBLIC HEALTH STUDENT–FACULTY COMPETENCIES

By engaging in activities that develop the competencies outlined in the following paragraphs, SPPH can contribute to a robust defense of the public health enterprise. Table 1 provides examples of activities that can challenge some of the harmful health policies being proposed in Washington while also preparing students to master the new CEPH competencies.

Document Issues and Communicate Findings

SPPH prepare students to document health problems, summarize evidence, analyze policy options, and frame health messages that can enlist support for health-promoting programs. For example, faculty can teach students how to document the impact of losing health insurance coverage or the health consequences of cuts to reproductive health services and then share these findings in scientific articles, legislative testimony, and the media. For better or worse, the administration's multiple health and environmental initiatives provide an opportunity for SPPH faculty and students to use experiential learning to develop essential skills.

Use Tested Strategies to Convey Policy Impact

The 2016 campaign demonstrated that politicians across the ideological spectrum have recognized the growing importance

of communications: framing messages, appealing to emotions, and applying informatics and social media for a more sophisticated reach.² In the age of Trump, public health students must learn how to engage a wider cross-section of the American people in health policy conversations. By learning how to translate policy debates from the “first American language” of individualism into the second language of community,³ public health professionals can better connect with voters' fundamental values, such as opportunity, democracy, fairness, and responsibility. Because people are more likely to agree on the problems than on the solutions,⁴ public health professionals need to find ways to engage diverse constituencies in using their own experiences and values to guide their responses to, for example, environmental or occupational health threats or the growing problem of addiction. By conducting more collaborative research on communication effectiveness and launching community-generated campaigns to build public health literacy, SPPH could better capture

the imagination of Americans on public health issues and generate more credible strategies to guide and influence policy.

Support New Voices in the Policy Arena

Throughout the 2016 campaign, the voices of millions of immigrants, young people, people of color, and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people—all populations who suffer disproportionately from poor health outcomes in this country—were excluded from the national dialogue.⁵ Amplifying the voices of those whose health is most adversely affected by harmful policies should be a priority for SPPH—and is now more imperative than ever.

Developing new leadership is another key competency for public health professionals. Through interactions with citizen and advocacy groups, public health students and faculty can partner with emerging leaders and support their skill development in public health. Promising leaders may be recruited to become public health students or faculty. Service learning and continuing education can be useful platforms for developing skills sets for new leaders.

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TABLE 1—How Schools and Programs in Public Health Can Act to Counter Harmful Health Policies

Policy Domain	EOs, Presidential Memoranda, and Other Executive Actions	Potential Health Consequences	Possible Activities for Public Health Faculty and Students
Regulatory reform	EO 13771, Reducing Regulation and Controlling Regulatory Costs; EO 13777, Enforcing the Regulatory Reform Agenda	Gridlocking the regulatory system; requiring arbitrary removal of regulations designed to protect public health and safety	Draft comments to submit to federal agencies documenting the importance and success of regulatory programs; cite and attach copies of peer-reviewed literature as evidence of need for public health regulations; support efforts challenging the requirement to remove two federal regulations for every one created
Immigration	EO 13769, Protecting the Nation From Foreign Terrorist Entry Into the United States; EO 13773, Enforcing Federal Law With Respect to Transnational Criminal Organizations and Preventing International Trafficking; and EO 13776, Task Force on Crime Reduction and Public Safety	Increased deportations and discrimination against immigrant families, leading to stress and poor health outcomes	Document implementation across jurisdictions and link quantitative and qualitative assessments of impact on health and mental health; join legal efforts to reverse discriminatory policies
Environmental protection and climate change	EO 13783, Promoting Energy Independence and Economic Growth; EO 13778, Restoring the Rule of Law, Federalism, and Economic Growth by Reviewing the “Waters of the United States” Rule; and EO 13790, Promoting Agriculture and Rural Prosperity in America	Myriad health effects resulting from air pollution, water pollution, and climate change, including increased respiratory, cardiovascular, and other disease resulting from pollution associated with coal-fired power use	Assess beliefs about climate change and clean water regulation among various constituencies and then test impact of various stories and data visualizations on these beliefs; present scientific data regarding public health impacts of pollution control
Labor and workers’ safety and health	EO 13788, Buy American and Hire American; revokes Obama order to comply with fair labor laws	Occupational and safety violations, increased accidents and injuries	Partner with labor unions to assess state-level action on occupational safety and health and advocate for stronger state-level enforcement
Health care access	EO 13765, Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal	Potential loss of health insurance coverage by 23 million people, resulting in as many as 40 000 deaths	Organize community forums and town hall meetings to tell stories of consequences of loss of health insurance coverage and assist candidates for office to develop and publicize proposals for improving scope and quality of coverage
Reproductive and sexual health	January 23 Presidential Memorandum prohibiting foreign aid to overseas health providers that discuss family planning, particularly abortion	Increased number of unsafe abortions, increased maternal deaths	Provide evidence to the public and policymakers about the role that restrictive abortion policies and withholding of support for family planning organizations plays in the health of women in this country and around the world
Public safety and criminal justice	Attorney General’s reversal of Obama’s order to phase out private prisons	Increased incarceration, especially for low-income people of color; less public oversight of operations, including medical care; and health problems associated with overcrowding	Document health problems of incarceration, including in local private prisons, and partner with advocates to disseminate findings, such as policy briefs and op eds

Note. EO = executive order.

Source: Harrington H. Trump has already signed 90 executive actions—here’s what each one does. *Business Insider*. May 3, 2017 (<http://www.businessinsider.com/trump-executive-orders-memorandum-proclamations-presidential-action-guide-2017-1>); Task Force on Crime Reduction and Public Safety, *Fed. Regist.* 2017;82(29):10699–10700.

Ally With Social Justice Movements

In the first decades of the last century, social movements, health reformers, and progressive officials

joined forces to improve sanitation, housing, and working conditions in ways that led to substantial improvements in population health.⁶ Today,

movements to protect immigrants’ rights, expand access to affordable health care, end mass incarceration, and address discrimination against LGBTQ populations have the

potential to mobilize communities to resist harmful policies in these areas. SPPH can volunteer to synthesize relevant research evidence and offer space for

community forums, as well as educate, organize, and advocate. These activities also develop student competencies in advocacy and community organizing, better preparing graduates for effective participation in the social justice movements that have long driven public health advances.

Challenge the Status Quo to Effect Change

SPPH have struggled to find the right balance between taking action to improve health and protecting their professional status. Too often, public health professionals are constrained by the many silos that limit their capacity to bring together the expertise, coalitions, and political power needed to overcome harmful policies. To meet emerging challenges, SPPH can model an alternative approach by working across disciplinary, sectoral, and other borders to respond to attacks on public health. SPPH can convene experts from different sectors (e.g., housing, education, criminal justice, community development, environmental science) and

activists from social justice movements who are fighting to improve health conditions. SPPH can become the crucible for interdisciplinary analysis and action to protect public health. Improvements in population health have often been led by individuals with the backbone and skills to stand up to and overcome special interests. Public health faculty need to model these attributes for their students, even if it may jeopardize federal or corporate funding or the approval of established authorities.

CONCLUSIONS

In closing, we suggest three essential changes in SPPH. First, schools must recognize that evidence alone will not win over the public or policymakers; effective professionals also need to tell stories that connect to people's deeply held values and beliefs. Second, SPPH may need to let go of the academic timetables, professional jargon, and disciplinary silos that impede their being credible partners with advocates, communities, and social movements, historically

the most effective actors in changing harmful policies. Finally, if SPPH want to be judged by their impact on health, they must fully engage in the political processes that shape health and disease.

The policies enacted and proposed by President Trump and certain congressional leaders could jeopardize the public health successes of recent decades and exacerbate previous increases in premature mortality and persistent health inequalities.⁷ To contribute to the effort to avoid those outcomes, SPPH must embrace the task of preparing public health professionals who are ready, willing, and able to take on these challenges. By preparing their students to apply the new CEPH competencies, which are fairly generic as proposed, to the concrete realities facing public health in the United States today, SPPH can ready the workforce to meet these challenges. The precautionary principle, that basic tenet of public health practice, suggests that the time to act is now. **AJPH**

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Ideologically Motivated Violence: A Public Health Approach to Prevention

Early on June 12, 2016, an armed man walked into a nightclub in Orlando, Florida, and began shooting. Two minutes into the rampage, he called 9-1-1, pledged allegiance to ISIS, and told the dispatcher, "You have to tell America to stop bombing Syria and Iraq. They are killing a lot of innocent people. What am I to do here when my people are getting killed over there?" He killed 49 people before being shot dead by police. His actions seemed driven by

a toxic confluence of social isolation, romantic troubles, access to weapons, bigotry, and, perhaps, mental illness and radical religious beliefs.

Multiple killings in US cities including Orlando; Charleston, South Carolina; Portland, Oregon; San Bernardino, California; Colorado Springs, Colorado; and elsewhere have been driven, at least in part, by ideological extremism. These heinous acts, in concert with other social forces, have prompted large

investments by the US Department of Homeland Security,

State Department, and law enforcement to understand and prevent ideologically motivated violence (IMV). Dubbed "countering violent extremism" (CVE) under the Obama

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