The Politicization of Public Health and the Impact on Health Officials and the Workforce: Charting a Path Forward

Valerie A. Yeager, DrPH, MPhil

ABOUT THE AUTHOR

Valerie A. Yeager with the Indiana University Richard M. Fairbanks School of Public Health, Indianapolis.

See also Kapadia, p. 706, and Ward et al., p. 736.

AJPH May 2022, Vol 112, No. 5

Before the COVID-19 pandemic, few Americans had a clear understanding of what public health is or what it does for society because many of its activities and protections take place behind the scenes. In the absence of a crisis, public health does not receive much attention. As it turns out, this creates ongoing challenges for public health. Over a 100-year period, public health measures have improved life expectancy by 25 years[1]; however, as recent public dialogue has indicated, these benefits and public health's credibility can easily be forgotten.[2]

THE NEW VISIBILITY OF PUBLIC HEALTH

Two years into the pandemic, nearly every American seemingly has a strong opinion about public health. Public health is now regularly discussed at dinner tables, and previously unknown agency acronyms and their public health leaders are household names. In fact, in many instances, state or local health officials have become the scapegoats for many of the COVID-19 restrictions society has experienced.[3] The distaste for mask requirements and stay-at-home orders as well as other limits on individual liberty have been used as reasons to threaten health officials with violence, attack them on social media, and stage protests at their homes and workplaces. In some cases, they have also been the targets of "doxing," where their personal information is distributed so that others can join in on the harassment.

THE REALITY OF WORKPLACE VIOLENCE

Harassment of health officials has made national headlines, particularly because it was often coupled with news of their firing or resignation. It was also newsworthy because it occurred during the longest public health emergency response the United States has seen since the 1918 influenza pandemic. Not only is this a time when public health leaders are essential to leading their agencies and their staff, but it also occurred at a point when public health is dually challenged by ongoing staff shortages and the impending retirement of a large portion of the existing workforce.[4,5] One might say that losing valued experts from the field could not come at a worse time.

In their article in this issue, Ward et al. (p. 736) explore the role of harassment in health official turnover during the first 10 months of the pandemic. The authors reviewed and cataloged media reports of the harassment of US public health officials and linked these data with health official turnover records. The authors also used data collected by the National Association of County and City Health Officials in late 2020 and early 2021. Completed by local health department officials or their designee, the survey collected information about harassment targeting either the health official or the agency as well as health official turnover. These various data were merged and analyzed collectively by the authors.

Ward et al. found that approximately half of the local health departments reported at least one type of harassment of their health official, which was similar to the findings of their media analysis. They also found that one in three health officials who left their positions during those first 10 months of the pandemic (222 health officials in total) had experienced harassment. However, perhaps more important, they found that a substantial portion of health officials who experienced harassment, including personal threats, did not voluntarily leave their positions. These public health officials stayed on and endured.

News reports about the harassment and turnover of health officials bring attention to societal changes and happenings. The study by Ward et al. helps put these news reports into context and provides qualitative insights that are incredibly telling. The researchers grouped the challenges that health officials experienced into five categories: underrecognized expertise,

an underresourced infrastructure, villainization, politicization, or disillusionment with their roles. Along with explanations of each of these categories, the authors discuss the overarching implications of these issues for the field and offer suggestions for ways to address these issues.

CHARTING A PATH FORWARD

Perhaps one of the biggest take-aways from this work is that the backlash against public health and ongoing politicization of public health mean that the path forward for both public health leaders and the workforce is complex. It will require navigating widespread burnout, posttraumatic stress and other mental health issues, and disillusionment with their contributions to the greater good. Thankfully, the authors' thoughtful discussion and recommendations provide a starting place for action.

One of the authors' recommendations is to train health officials to respond to political conflict and improve colleague support networks. This suggestion aligns with recent findings from studies of current and former state health officials who reported that the skills they needed the most included navigating political processes and working with governmental leaders.[6] The Association of State and Territorial Health Officials has a leadership institute that offers training for state public health leaders on how to navigate politics and work with lawmakers. A similar program could be valuable for local health officials. Recent Health Resources and Services Administration guidance for the Regional Public Health Training Center Program requires that each training region have a leadership institute, which may eventually provide similar trainings and networking among local health officials. In addition, leadership institutes should also provide trainings in health policy and advocacy, public health science, and media management. Ward et al. note that these skills may be particularly useful for countering the public health backlash to mitigation efforts of protracted emergencies.[7]

In the context of the public health worker disillusionment that Ward et al. identified, they recommend providing trauma-informed worker support and establishing workplace violence reporting systems and legal protections for public health. The authors poignantly remind us that "no public health employee should be made to feel unsafe or devalued in their effort to protect the health and safety of the public." Another essential component to prioritizing worker well-being and addressing burnout is ensuring long-term public health staffing and infrastructure investments. Requests for public health infrastructure funds are not new,[8] and, yet, a declining infrastructure and staffing losses directly limited public health's ability to respond to the current pandemic and will do so in the future if it is not addressed.[2]

One upside to the pandemic is that it put a spotlight on the nation's public health needs. Unfortunately, the pandemic also more firmly placed public health leaders and public health science into political discourse. The pandemic will eventually subside, and traditional public health activities will continue to be needed. Foodborne outbreaks, multidrug-resistant tuberculosis, lead contamination, and other such "routine" public health challenges will still require the types of actions by public health officials that are today placing them in harm's way. For the sake of society at large, I hope we can find a path to ensuring the safety and stability of the public health workforce, despite the recent politicization of public health protections. AJPH

CORRESPONDENCE

Correspondence should be sent to Valerie A. Yeager, Indiana University Richard M. Fairbanks School of Public Health, 1050 Wishard Blvd, RG 6144, Indianapolis, IN 46202 (e-mail: vyeager@iu.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

PUBLICATION INFORMATION

Full Citation: Yeager VA. The politicization of public health and the impact on health officials and the workforce: charting a path forward. *Am J Public Health*. 2022;112(5):734–735.

Acceptance Date: January 16, 2022.

DOI: https://doi.org/10.2105/AJPH.2022.306744

CONFLICTS OF INTEREST

The author has no conflicts of interest.

REFERENCES

1. Bunker JP, Frazier HS, Mosteller F. Improving health: measuring effects of medical care. *Milbank Q.* 1994; 72(2):225–258. https://doi.org/10.2307/3350295
2. Baker M, Ivory D. Why public health faces a crisis across the US. *New York Times*. October 18, 2021. Available at: https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html. Accessed January 8, 2022.
3. Mello MM, Greene JA, Sharfstein JM. Attacks on public health officials during COVID-19. *JAMA.* 2020;324(8):741–742. https://doi.org/10.1001/jama.2020.14423
4. Sellers K, Leider JP, Gould E, et al. The state of the US governmental public health workforce, 2014–2017. *Am J Public Health.* 2019;109(5): 674–680. https://doi.org/10.2105/AJPH.2019.305011
5. Staffing up. Workforce levels needed to provide basic public health services for all Americans. De Beaumont Foundation, Public Health National Center for Innovations. 2021. Available at: https://phnci.org/uploads/resource-files/Staffing-Up-Research-Brief.pdf. Accessed January 8, 2022.
6. Halverson P, Castrucci BC, Moffatt S, Hancock SE, Boedigheimer SF, Baker EL. State health officials—defining success and identifying critical success factors. *J Public Health Manag Pract.* 2017;23(2): 192–194. https://doi.org/10.1097/PHH.0000000000000535
7. Yeager VA, Menachemi N, Jacinto CM, Chapple-McGruder T, Danielson EC, Halverson PK. State health officials: backgrounds and qualifications. *J Public Health Manag Pract.* 2020;26(1):9–15. https://doi.org/10.1097/PHH.0000000000000937
8. DeSalvo K, Parekh A, Hoagland GW, et al. Developing a financing system to support public health infrastructure. *Am J Public Health.* 2019;109(10): 1358–1361. https://doi.org/10.2105/AJPH.2019.305214