



Webinar

Public health perseverance: Learning from past challenges to inform the future

April 21, 2026

countyhealthrankings.org



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Guidelines

1
Share
successes and
lessons learned

2
Offer
resources

3
Build
knowledge

4
Listen
for multiple
perspectives

2

 County Health Rankings & Roadmaps



Disclosures

- Views do not represent the University of Wisconsin Madison or the Robert Wood Johnson Foundation.
- Expertise of a CHR&R team of 30+ members is reflected and highly valued.
- Funding support from RWJF is appreciated.

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 County Health Rankings & Roadmaps

We value



University of Wisconsin
Population Health Institute
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

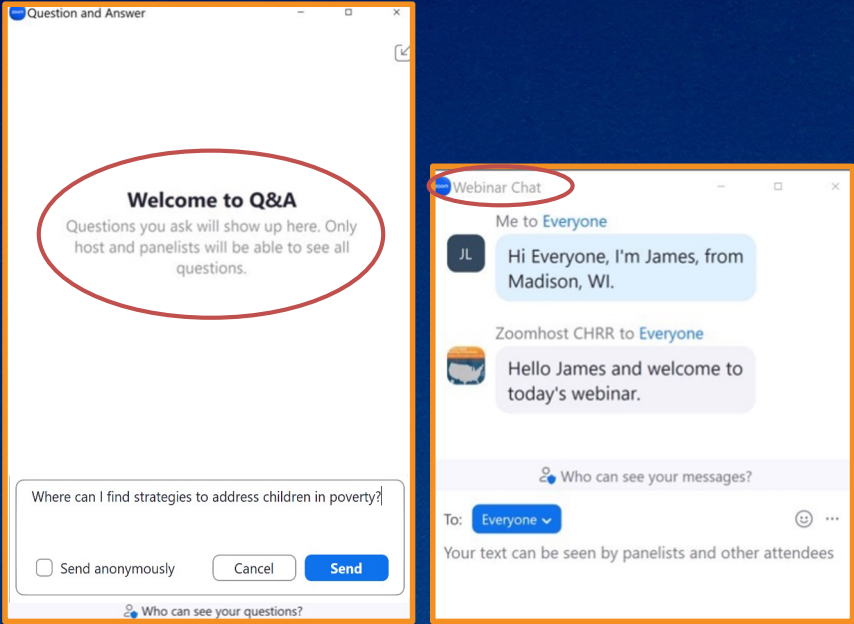


- Collaboration
- Innovation
- Integrity
- Courage
- Inclusion
- Excellence

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Join the conversation



The image shows two screenshots from a Zoom webinar interface. The left screenshot is titled "Question and Answer" and displays a "Welcome to Q&A" message. A red oval highlights the text: "Welcome to Q&A. Questions you ask will show up here. Only host and panelists will be able to see all questions." Below this is a text input field containing the question "Where can I find strategies to address children in poverty?". There are checkboxes for "Send anonymously" and buttons for "Cancel" and "Send". At the bottom, there is a link for "Who can see your questions?". The right screenshot is titled "Webinar Chat" and shows a chat window with messages from "Me to Everyone" and "Zoomhost CHRR to Everyone". The chat window also shows a dropdown menu for "Who can see your messages?" set to "Everyone" and a note: "Your text can be seen by panelists and other attendees".

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Group agreements

1. Listen actively
2. Participate fully
3. Speak from your experience
4. Lead with curiosity
5. Be conscious of body language
6. Expect ambiguity
7. Be accountable

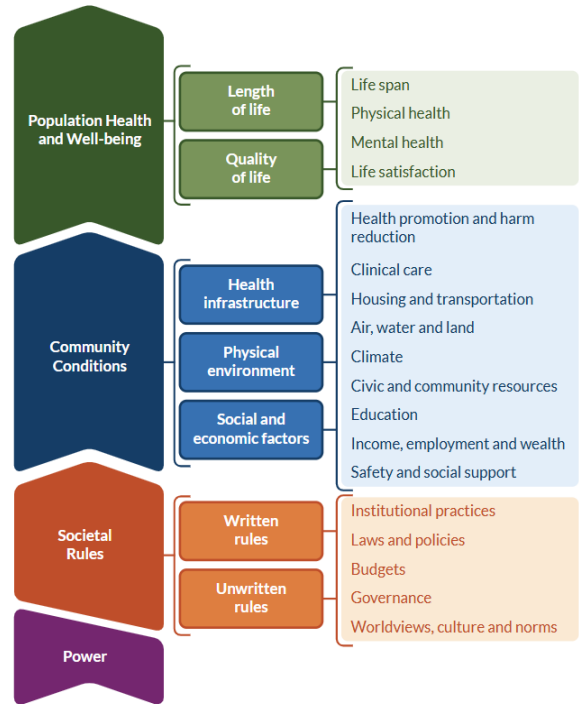
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Looking Back to Move Forward

- ✓ Shaped by systems, power, and structural inequities
- ✓ Communication influences trust and response
- ✓ Historical challenges reveal patterns to learn from
- ✓ Perseverance drives public health forward



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County Health Rankings & Roadmaps

Welcome



Aletha Maybank
Senior Public Health Advisor
Mitokhon



Sarah Gollust
Professor in the Division of Health Policy and Management
University of Minnesota School of Public Health

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Public Health, Power & Narrative

Public narrative is a form of social reproduction in all societies, invisibly woven into the fabric of everyday life. These **shared systems of meaning**, mostly taken for granted and unremarked, exist as themes or stories in our consciousness. They give coherence to group experience, particularly how the world works. **Expressed in legal codes, the arts, mass media, and corporate discourse**, core narratives provide the necessary **mental models, patterns, and beliefs to make sense of the world** and explore our place within it.



ALETHA MAYBANK, MD, MPH
SENIOR PUBLIC HEALTH ADVISOR



Key Moments of Resistance

Every major moment of resistance is the opposition never said 'we want people to die.' It always occupied the language of liberty, science, or economy.

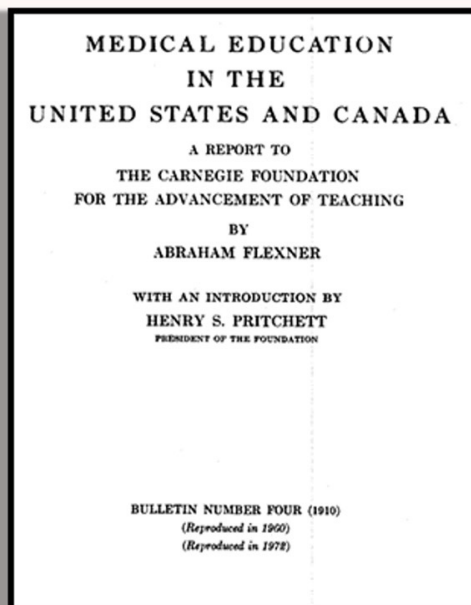


- 1830s-1850s — Cholera & miasma theory**
Sanitation reforms blocked as economic threat to trade, property
Framed as: "poverty is moral failure, not a public health matter"
- 1850s-1900s — Compulsory smallpox vaccination**
Anti-vaccination leagues grew across UK and US after mandates
Framed as: "bodily liberty vs. state tyranny"
- 1918 — Influenza pandemic & wartime suppression**
Governments suppressed death counts to maintain wartime morale
Framed as: "patriotic duty over public alarm"
- 1950s-1990s — Tobacco & manufactured doubt**
Industry-funded research sowed confusion about smoking harms
Framed as: "scientific uncertainty" and "personal choice"
- 1980s — HIV/AIDS and political abandonment**
Federal inaction under Reagan left a decade of preventable deaths
Framed as: "disease of deviance" — moral othering blocked response
Counter-framing: ACT UP recast this as a civil rights emergency
- 1990s-2010s — Opioid crisis & regulatory capture**
Pharma companies lobbied aggressively; FDA/DEA oversight weakened
Framed initially as: "pain relief access" and "undertreated suffering"
Later: addiction reframed as individual moral failure, not corporate harm
- 2020-2025 — COVID-19 & the politicization of science**
Masking, distancing, vaccines became partisan identity markers
Framed as: "freedom vs. control" — public health cast as authoritarian
2025: regulatory rollback dismantled infrastructure built over decades

One of the most consequential moments of resistance to public health was a report, the 1910 Flexner Report, that reorganized American medicine around disease treatment and systematically cut public health out of medical education. We are still living in the architecture that report created.



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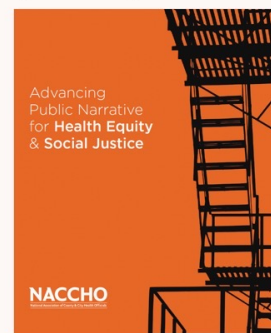
We told ourselves that public health succeeds in the shadows and we were right, technically. But we confused operational invisibility with strategic invisibility. We made ourselves easy to defund, easy to dismantle, and easy to misrepresent because we never built the public story that would have made those things politically costly.

THE CORE PARADOX

- CHOSEN INVISIBILITY: When it works, clean water, vaccines, tobacco regulations, it is perceived that nothing happens. And nothing happening is very hard to fund, celebrate, or defend.
- NARROW US AMERICAN HEALTH STORY: Pop culture inherited a script that equates health with healthcare only – hospitals, doctors, drugs. Public health was never given a compelling popular story. It served the interests of industries that profit from sick care.

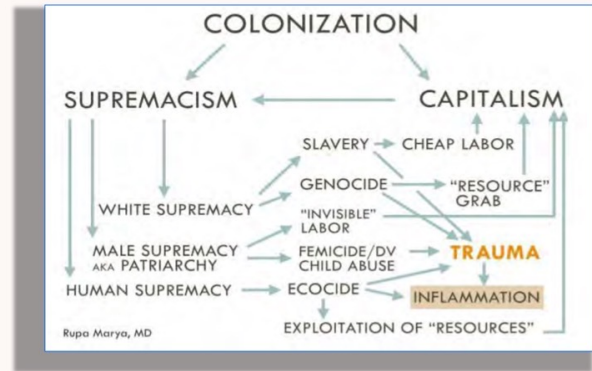


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The central forces are power, capitalism, and the accumulation of capital via colonizing mindsets and strategies. Race was constructed invented as a tool of that system. And structural racism is the architecture of a system built to protect capital and power. Race was the mechanism used to make that architecture feel natural, inevitable, and moral. Therefore, structural racism isn't a variable in the public health equation, it is in the design.



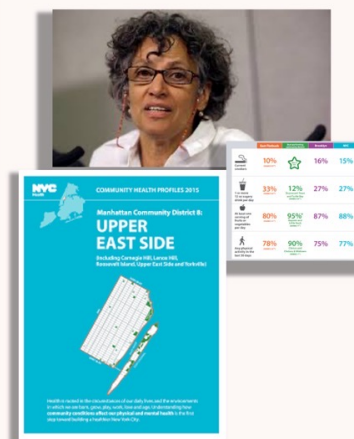
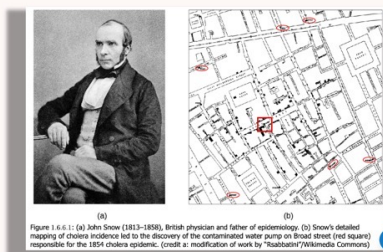
Dominant narratives, embedded in our institutions and culture, represent voices reinforcing social relations that generate social, political, and economic inequality and racial injustice marginalizing or silencing the voices of social groups with limited power. These narratives shape consciousness, meaning, and explanations of events.

Narrative

Their effect is to **obscure power (and responsibility)**, divide populations with common concerns, enforce compliance, and ensure that opposing visions of society's future do not become reality.



People organizing outside of institutions placing pressure on politicians and institutional leaders, working across sectors, and leveraging data as an organizing tool move public health forward.

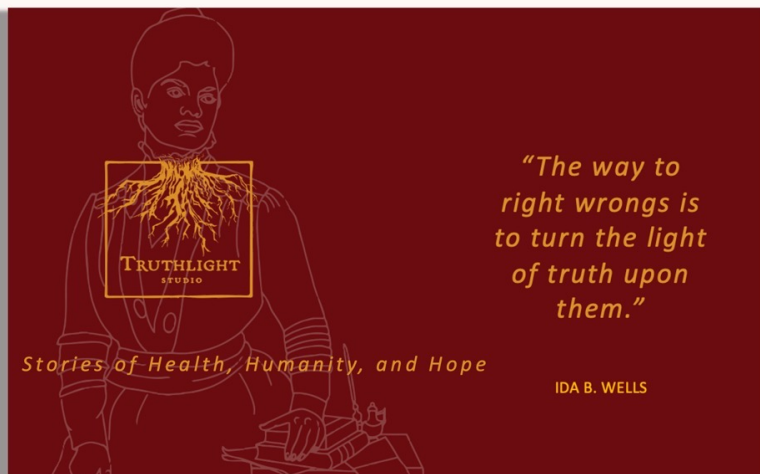


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'Every policy is health policy' is true. But as a slogan, it became a way to sound comprehensive while doing very little. Political will, courageous leadership, and accountability are key. Now we need the governance architecture to make it mean something.



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The field that gave us the germ theory, the Clean Air Act, and the tobacco settlement can absolutely meet this moment. But we must be willing to fight on the terrain where the fight actually is: narrative, power, and political will.



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We are not the first generation to face a coordinated effort to roll back public health. We will not be the last. What we owe the people who came before us and the ones who come after is to hold the line, name what's happening, and keep building.



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Thank you!



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COMM-HSP team in August 2023



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For Health and Social Policy



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Politics, Pushback, and Pandemics: Challenges to Public Health Orders in the 1918 Influenza Pandemic

AJPH 2021

J. Alexander Navarro, PhD, and Howard Markel, MD, PhD

Public Health Under Attack: Continuity, Discontinuity, and History

Merlin Chowkwanyun
Columbia University

JHPPL 2026

The Polarizing Effect of News Media Messages About the Social Determinants of Health

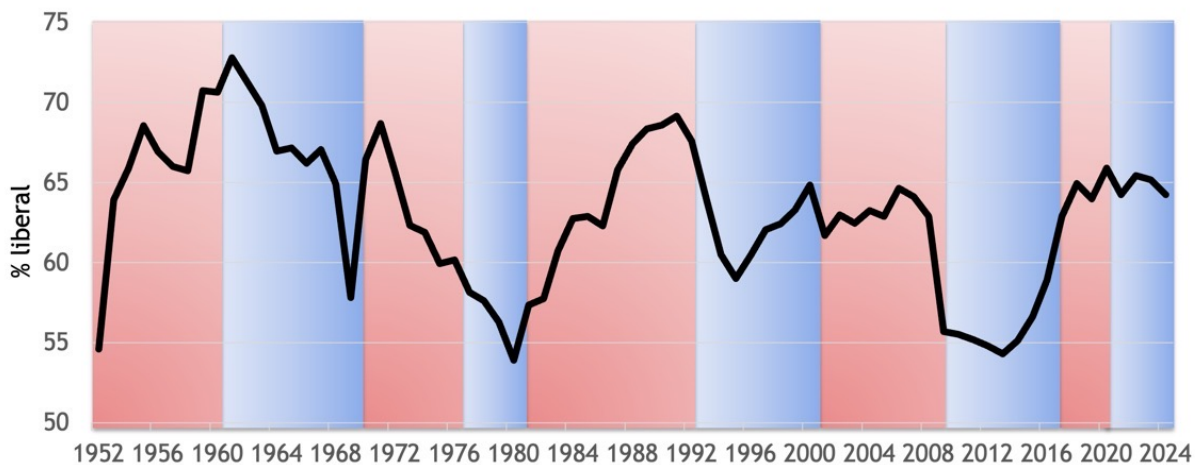
AJPH 2009

Sarah E. Gollust, PhD, Paula M. Lantz, PhD, and Peter A. Ubel, MD



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Public Opinion is Like a Thermostat



Source: Stimson policy mood data, available at: stimson.web.unc.edu/data



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But... We Face Considerable Challenges Today

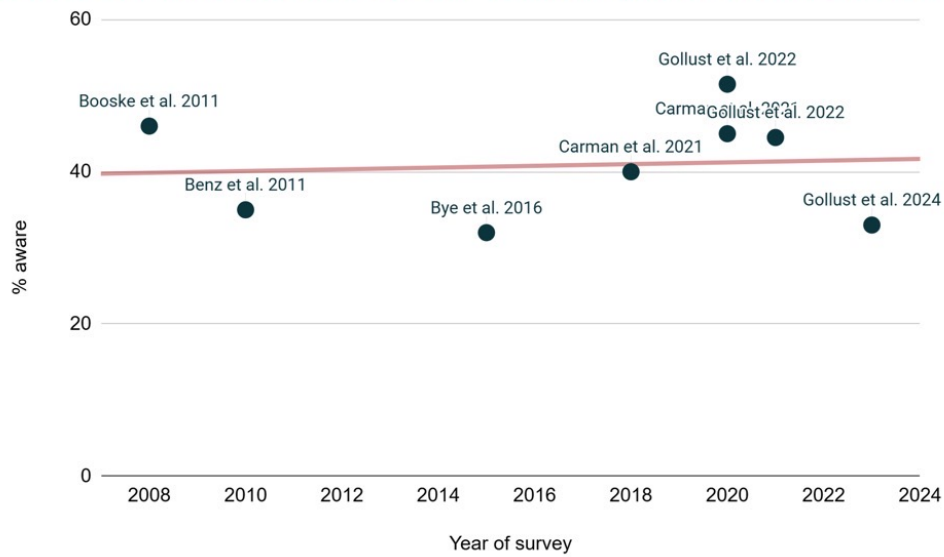


Image source: unsplash.com



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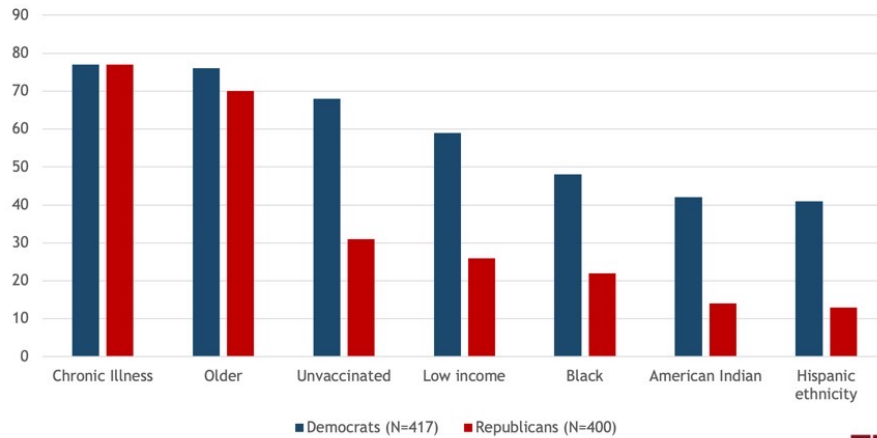
Little Increase in Public Awareness of Racial Disparities from 2008 to 2024



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Recognition of Racial, Social, and Ethnic Disparities is Highly Polarized

Percent agreement with disparities in mortality from COVID-19, by political party identification, March-April 2023

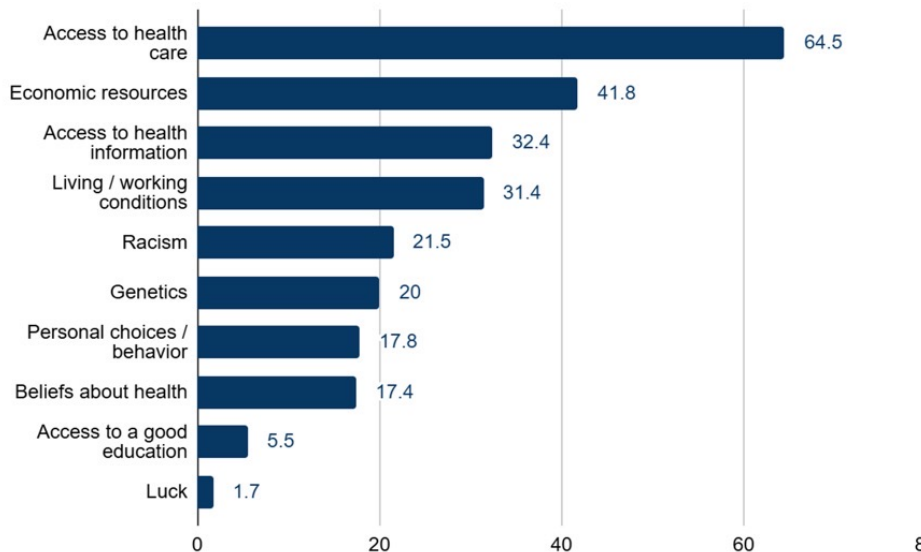


Gollust et al., *Journal of Health Politics, Policy, and Law* 2025



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Public Understanding of Social Causes of Disparities is Growing, but Individual Attributions Still Common



Gollust et al., *Journal of Health Politics, Policy, and Law* 2025



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Promising Communication Practices

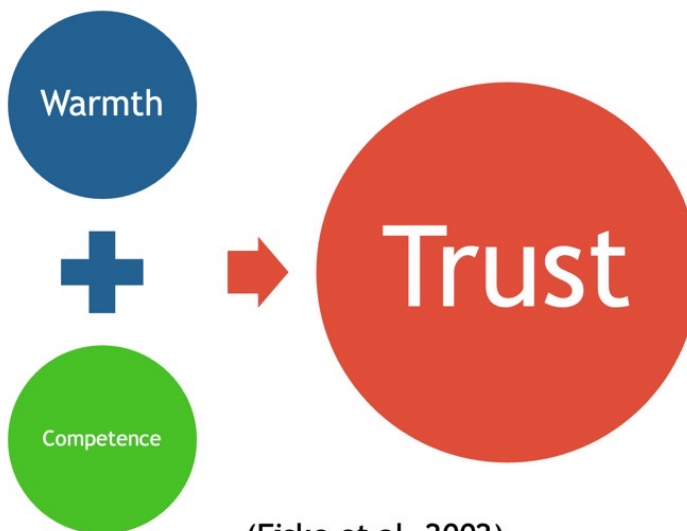


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- Use broadly-shared values
- Explain core concepts: do not rely on shortcuts (“equity” “systemic racism”)
- Don’t allow disparities data to “speak for itself”
- Emphasize policy solutions, how they work, and for whom
- Backlash is not inevitable

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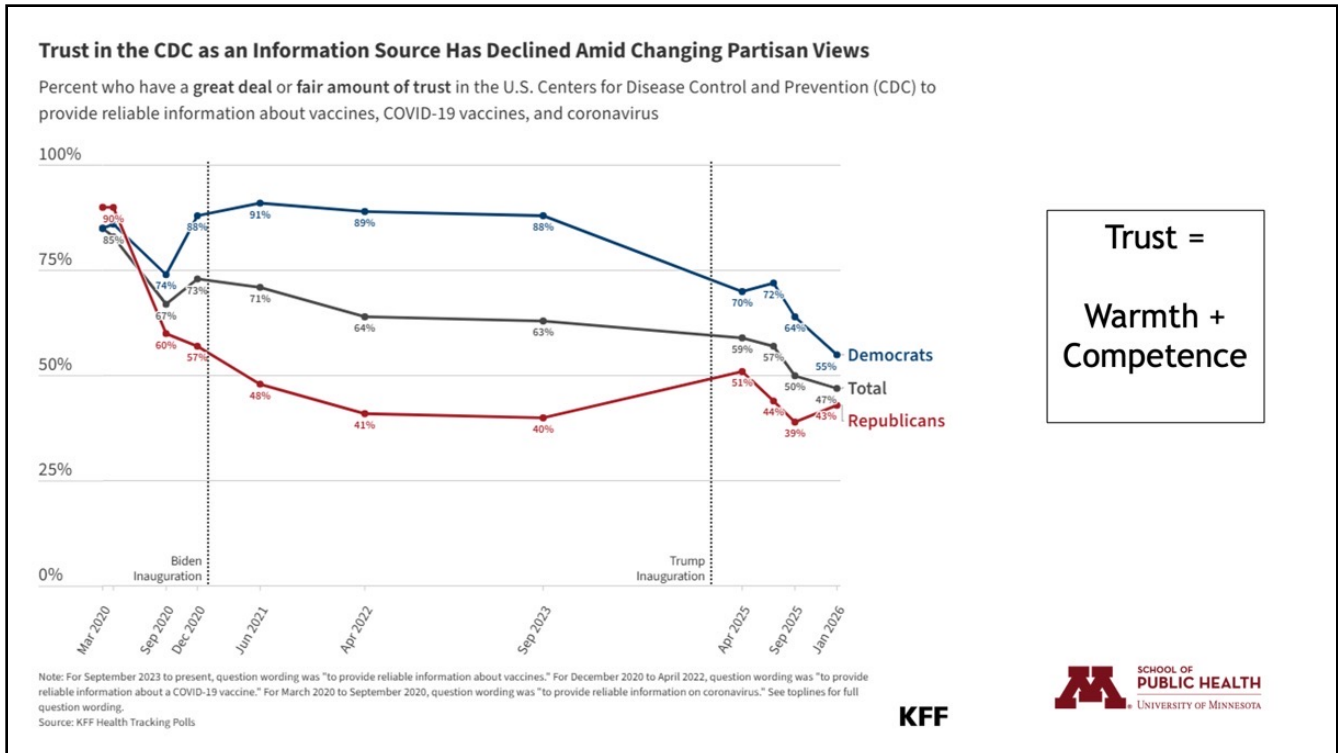
Trust in Public Health Institutions



(Fiske et al. 2002)



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Lessons for Practitioners

No silver bullets or one-size-fits-all strategies

- Know your (local) audience
- Listening and being engaged in the community is very important
- Remember the lessons of warmth + competence
- Explaining process, not relying on heuristics

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Acknowledgements and Contacts

Contact me! sgollust@umn.edu

Citation: Gollust, S. E., Gansen, C., Fowler, E. F., Moore, S. T., & Nagler, R. H. (2024). Polarized perspectives on health equity: results from a nationally representative survey on US public perceptions of COVID-19 disparities in 2023. *Journal of health politics, policy and law*, 49(3), 403-427.

Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.



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Questions?



Photo by [Jason Thompson](#) on Unsplash

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Upcoming webinar:

May 19, 2026

**The Future of Public Health:
Building a More Equitable,
Responsive, and Resilient
System**



Angela McGowan

Senior Director
Alliance for the
Public's Health
American Public
Health Association



Antonia Lewis-Reese

Senior Director for
Strategic Initiatives
UI Chicago School of
Public Health



Rishi Manchanda

CEO
HealthBegins

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Webinar

Thank You!

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