



IN SOLIDARITY INSIGHT

Public health and the new administration

Featuring Dr. Vincent Lafronza, president and CEO of NNPHI

Transcript

[00:00:00.00] [MUSIC PLAYING]

[00:00:05.81] This is In Solidarity, a podcast where we draw connections between power, place, and health, and discuss how our lives, our fates, are all interconnected.

[00:00:17.78] Hi, everyone, and welcome to In Solidarity. I'm your host, Beth Silver. For anyone tuning in for the first time, this is a podcast from County Health Rankings and Roadmaps, a national program at the University of Wisconsin Population Health Institute.

[00:00:33.24] I'm talking to you from the home of the Population Health Institute here in Madison, Wisconsin. We're trying something new in 2025, looking to bring as many diverse perspectives to the program as possible. In some shorter episodes, we're calling In Solidarity Insights.

[00:00:50.46] Basically, the insights are quick interviews with public health leaders on a range of trending topics in the field. We're starting with a story that will have public health implications well into the future, that of a second Trump administration and what President Donald Trump's return to power means for public health over the next four years, and for the health and well-being of all Americans.

[00:01:14.01] We already have some signals. Trump has named Robert F. Kennedy Jr as his pick for health and Human Services Secretary. And he stated that he'd let Kennedy, quote, "go wild" on health, food, and medicine. There are a lot of unknowns and questions to explore, namely, how politics is relevant to public health work and how Trump's policies and a GOP controlled Congress could impact community conditions and the public's health.

[00:01:41.67] To start things off, we're checking in with Dr. Vincent Lafronza. He's the president and CEO of the National Network of Public Health Institutes. NNPHI is committed to helping public health institutes promote and sustain health and wellness for all. Dr. Lafronza has a background in gerontology, behavioral health, and community environmental health intervention, and he's held health policy and programming roles in government, nonprofit and university sectors.

[00:02:12.02] [MUSIC PLAYING]



[00:02:16.27] Dr. Laforza, thank you so much for joining us today.

[00:02:19.82] Good morning, Beth. It's so great to be here. And first, let me just say, thank you for inviting me on this great podcast series. I've listened to some Solidarity podcasts, and I appreciate all you're doing to encourage all of us in the field to expand our perspectives as we work to improve and protect the public's health and well-being.

[00:02:36.98] And I also want to congratulate you and all of your colleagues at the Population Health Institute at the University. You have been a Public Health Institute member with NNPHI now as of this year, for 20 years, and we are deeply appreciative of our partnership and all the work that your team does across Wisconsin and the nation.

[00:02:54.70] Well, thank you on behalf of the Institute as well. We so value the work that you do at NNPHI. Dr. Laforza, we have just a few questions for you on a topic that I know we're all thinking about these days. Donald Trump, of course, was just elected to a second term. What does his return to Washington mean for the public's health, and what are the biggest challenges facing public health in this context?

[00:03:21.49] Well, that's a great question. I wish I had a clear answer to multi-million dollar question. Probably have a higher chance at winning the HGTV dream house lottery than hitting an accurate prediction, but I will do my best, given, I think, our listeners may actually want some response here.

[00:03:37.81] I would think, as just a general hunch, that this administration will have a higher probability of pushing public health, including CDC, but all of public health, really to streamline our focus on preventing pandemics, and monitoring infectious and chronic diseases, and maybe a little bit less resources being invested towards broader public health issues, like health policy and the general capacity building efforts across various areas of public health.

[00:04:12.80] I think we can see the signaling coming off of the pandemic, that people want, and this administration, just want more clarity, non-duplicative efforts across HHS agencies, as an example, and more clarity on what CDC is actually doing to focus on pandemics and maybe a more narrow scope of public health practice.

[00:04:36.29] That doesn't mean all of that will happen. Because, as you know, the way Congress works, the Congress holds the purse strings. They make decisions on where we invest. But I do think there is going to be pressure on all of those dollars.

[00:04:49.78] That will, of course, have impact on states and localities, who depend on federal programs. And if some of those dollars are reduced and streamlined to more specific, almost silos, more silos, then it might be a little bit challenging for governmental practice of public health.

[00:05:08.68] I sincerely hope that we continue our investments in the public health infrastructure grant efforts. And hopefully, this administration will see the value of those. As you know, we made



congressional investments enormous in the billions of dollars on the public health infrastructure grant so that states and localities can actually replace public health workers who left during the pandemic.

[00:05:34.10] We lost more than 45% of the workforce through the pandemic. This remains to be seen how Congress will actually do it. But I hope that they will not take risks and cut that particular funding. I also hope there will be continued investments in behavioral health.

[00:05:51.56] I think we can see that in the Trump administration. But they may be rooted a little bit on more heavily on the treatment side for SAMHSA. So we have to take a good look at that in public health. Treatment, of course, is important, but we have to stay true to our prevention side of the work in terms of that.

[00:06:11.29] And we have seen, when you invest large dollars, which we did during the pandemic, we put a lot of money into the opioid epidemic. As an example, we see statistically significant decreases in opioid related deaths as an example. So we hope this new administration will understand some of those data points.

[00:06:33.33] When you talk about funding, and streamlining, and reducing duplicative efforts, are you talking about the RFK Jr. potential as HHS secretary, or are you talking about the Vivek Ramaswamy, Elon Musk wing of what's to come?

[00:06:52.84] Well, I think it's both. I think both of those individuals have clearly signaled, number one, trimming our budget. Obviously, we have a huge budget deficit. So everyone's going to be looking at, how do we trim-- how do we trim those expenditures.

[00:07:11.17] But also, in terms of just where are we invested in public health during the pandemic, it was historic. And so it's not easy to continue that level of funding. And so they're probably going to make CDC and other HHS agencies answer to some very specific outcomes.

[00:07:34.63] What are these funds actually doing, and are they duplicative? There's some questions in Congress about duplicative funding. I'm not saying we have that going on. But in terms of just the way HHS agencies are arranged, for example, if you look at the injury center at CDC versus some of the work that SAMHSA does, there's some question marks about people not necessarily understanding elected officials, not necessarily understanding the differences between treatment and prevention interventions and dollars going to state and local governments.

[00:08:05.11] That's where we have a lot of education to do with newly. It's not just about, who's in the White House, but it's also about who's in Congress, right. And we've got a lot of newly elected officials in Congress, who may not understand the general approach that HHS agencies take.

[00:08:23.04] Interesting. So what do you think are the most important public health topics and conversations of 2025 and beyond that, even?



[00:08:31.78] I always believe it's important to talk about all things public health. But being realistic, we do need to focus this on some strategy, right? And so this will require picking some priorities for public discourse.

[00:08:43.57] I think, number one, child and adolescent health issues are super important. Our young folks are struggling in many ways, and we need to support our families, and schools, and communities to help them improve health outcomes. Here, of course, I'm referring both to physical and mental health.

[00:08:59.59] And we know this is a huge priority in the country. This isn't a red or blue priority. It's a priority for everyone. I think women's health issues are also very important. And we cannot allow any political agenda from any party to result in women losing access to primary care, health services, period.

[00:09:19.82] This isn't the Middle Ages. We can, and we must do better as a society to balance all of the needs that we need to balance And we certainly can do that. It's within our reach.

[00:09:29.66] I think older adult health is also super important, given the wonderful prevention opportunities that are in front of our noses if we get serious about helping those over 60. And this is a broad agenda. It's not just public health.

[00:09:44.03] The needs that folks have range from fall prevention, to brain health, to housing insecurity and food insecurity. So it's a very broad agenda for better protecting our seniors. I also think it's important to talk about health issues affecting individuals and communities in rural areas.

[00:10:05.79] This isn't a new challenge, but it's certainly a growing one. These are unique challenges that have many great opportunities to leverage prevention-based approaches. I would imagine, if I had to guess, there are going to be people in the new administration, who want to see more work done in rural areas, which is important. I mean, we've got to serve-- public health has to do it all. We have to serve everyone.

[00:10:28.65] Yeah, absolutely. How does Trump's election change work for those in public health? And what can public health do to make communities healthier during this administration?

[00:10:39.71] It's a great question. I've got several thoughts here. So it's no secret that there is a backlash among many of our critics in the health equity space. This is a real shame, in my opinion, because it's just being misunderstood.

[00:10:53.85] And the DEI work, at least in some political circles, got a bad rap. For those of us in public health for the long game, though, addressing equity or set a better way, eliminating health inequities that are preventable, has and always will be part of our public health work and our approach.

[00:11:12.48] If we stay the course on data driven approaches and practice, it's not about taking a political stance, it's about taking a stance about objective data, showing us where the needs are in



communities and in populations. It's paramount we have good quality data that can uncover all of these systemic drivers of poor health outcomes.

[00:11:34.02] And if we sustain our integrity on being objective stewards of tax dollars, which public health does, we can spend our efforts on addressing the public health needs. Then data will point us in the right directions.

[00:11:46.98] Whether health risks occur in rural areas, big cities, or communities in between, we can, and we must continue our push to reduce inequities in health status. Public health must serve every community and every part of the US, and we must continue to support the most vulnerable groups so that we achieve our mission of ensuring the conditions in which all people can be healthy.

[00:12:07.16] I also believe that it will not be realistic for the nation to sustain public health funding at the pandemic era level. And this is where it's going to be hard. No matter who won the White House, the budget deficit is real.

[00:12:21.09] So we will see some reductions, likely in tax dollar investments, which will result in a reduction in personnel throughout the public health system. And I think this will happen both in government and private sector as. Well, of course, I don't want to see this. I think it's going to happen.

[00:12:36.75] And just based on our exploding deficit and the serious demands on the federal budget and shifting priorities, COVID-19 has really become another infectious disease that we're learning to live with. And so there's world events underway with respect to geopolitical challenges, immigration pressures, infrastructure needs.

[00:12:55.71] These things will probably hit our public health investments to some degree, given the pandemic level was so high in terms of our investments. So I think we need to connect even more with a broader public and better ways, and have serious conversations about things like the decline in life expectancy we're seeing in the US as compared to other nations.

[00:13:19.28] This issue should be more up front and center than it currently is. It's not a red or blue issue, like most public health issues. It's about entire populations of our human society. I also think it's worth highlighting what I believe is an important opportunity.

[00:13:36.17] We've neglected public health investments for so many decades. And then, of course, during the pandemic, we invested almost too much too quickly. So our governmental systems didn't necessarily absorb all the benefits that they could have, even though we did some really good work.

[00:13:52.60] And so, so many in Congress aren't really aware of how it really works when all of these federal dollars hit state and local governments. And sometimes, they don't use all the funds in the time period provided, so they get returned to the US Treasury. Our private sector organizations, though, folks like you, and our network, and our NNPHI network, and there are many networks across the country that are very effective public health institutes being part of that list.



[00:14:22.61] And many of their partners can actively and efficiently support governmental work. So the new administration would be wise, I think, to make investments in public health infrastructure that prioritize public private partnerships. The government doesn't have to do everything by itself, and those dollars can go further when they share them with nonprofit organizations.

[00:14:46.90] We need to keep some appropriate roles, of course, for government sector work. Obviously, things like restaurant inspections and all of the core services, essential services of public health need to be done by government. But there are a lot of important programmatic work that we could be doing in the nonprofit sector to relieve the pressure on governmental hiring, as an example.

[00:15:12.13] It seems like you're really talking a lot about keeping politics, not partisan politics, but politics in general in the public health world, that it's so relevant to public health. Is that accurate?

[00:15:24.89] It is. And I mean, every four years, our nation has the opportunity to change administration. Sometimes, a president is reelected, making the term eight years, of course. But even then, there are always newly elected leaders in Congress.

[00:15:39.26] It's a very normal process. I've been in public health and human services my entire career. And when I think about over 35 years, you start to gain some perspective, and you think, what's required to weather any storm that may come from a change in administration?

[00:15:56.78] As a general rule, I believe it's never as bad or as good as we may anticipate. Because in DC, there is a sausage making process for funding legislation. And it always contains interesting and somewhat unpredictable seasonings in the recipe.

[00:16:12.93] So I have a couple of points I'd like to share. For starters, I think we can think about the following concepts. Point one, elections have consequences. No one should ever forget this, nor should we assume that our work in public health will move forward uninterrupted, unchanged, or unmodified. It's just not realistic.

[00:16:33.36] Point two, rarely, is public policy fully predictable. This year, I've been in DC. I was just thinking about this morning for 30 years. When I think back across the different administrations, what unfolded in public health was largely unpredictable.

[00:16:48.85] This is because life happens here and around the world. World events shape our work and public health very quickly. Take, for instance, emergence of HIV or events like 9/11, H1N1, which is what now, H5N1.

[00:17:02.85] COVID-19, MPOX. Now, dangerous impacts of climate change, fires and floods. All of these things were not fully predictable. Some more than others. We can predict will have outbreaks, and that we may have more climate related events, and even world events, sure.



[00:17:19.82] And we can predict chronic disease, challenges will remain, and they will require our best efforts to build multi-sector approaches in all communities. And I hope this new administration will support us doing that. But we cannot predict all issues with precision.

[00:17:35.83] And we also have to do everything in public health. And that's one of the challenges of our field. We have an increasingly aging population. I mentioned before, very unique needs.

[00:17:47.04] So working in public health, well, it's a tall order. Congress holds the purse strings. And so in the end, they will decide what our taxpayer investments will be. The president, naturally, has influence, of course.

[00:17:59.56] But in the end, he or she does not select all the priorities we invest in. On the appointment front, on this administration, there are early signs that do point to some chaos and disagreement about qualifications of nominees.

[00:18:13.15] So we'll have to wait and see how the Senate handles this. And it's important to remember, this is the first time in US history that the Senate must appoint a CDC director, given the recent law changes as a result of the pandemic.

[00:18:27.21] Point three, I'd like to just note the pandemic both helped and hurt public health in terms of public support. On one hand, large segments of our society learned a great deal very quickly about what public health was about and how services helped protect everyone. At the same time, the mask mandate, social distancing, closing facilities and school systems, and other actions we took as public health leaders trying to do the right thing, well, these actions rarely go over well in modern societies.

[00:18:58.15] So not just here in the US, but we see similar impacts around the globe. All of these influences have an impact on the next administration and what they will prioritize. And quite frankly, I think there will be more pressure for public health to find new approaches to balance health protections with other important developmental and survival needs, like keeping schools open, for instance, or keeping businesses open, for instance.

[00:19:22.58] During COVID, we made great strides with increased federal investments in public health interventions from our vaccine equity work, which truly saved millions of lives, to investments in behavioral health, where we can see meaningful decreases in opioid related deaths. I mentioned that before.

[00:19:37.80] I'm lifting up two of these areas because I do believe both are at some risk as funding is reduced if that is to happen. Additionally, and quite alarmingly, we see statistically significant decreases in childhood immunizations across the nation.

[00:19:52.50] And this may result in impacts beyond youth health. For instance, a young child dying from whooping cough in this decade would otherwise be unimaginable, but it just happened in the US. This is



telling us something very important about what we in public health must do better to address this challenge with vaccines.

[00:20:11.90] Finally, what are the lessons public health learned during the first Trump administration that the field can use going forward?

[00:20:20.18] Great question. I think the first Trump administration, there were increased scrutiny. There was increased scrutiny on tax dollars, on how we were going to go forward and streamlining public health work. But what interfered in that was the pandemic.

[00:20:41.90] That was obviously something that I'm sure that administration did not necessarily predict. So I think what we saw was some things didn't change that much as we might have predicted. And then we had all this new investment and things like the vaccine equity work that we did, which was actually critical.

[00:21:01.37] And still is, by the way. But that probably won't continue. But I think we learned the lesson that Congress still ended up acting based on the need. Now that the pandemic is seen as more of a rear view mirror experience as an ongoing infectious disease now, as we're treating it, then I think we're going to have to take some of those lessons from the past administration and say what didn't change and why didn't it change, Probably because of the Congressional action.

[00:21:34.77] We're going to have to work with the Congress more broadly on sharing really good, real time data. I hope they continue to invest in the data modernization investments that are part of the public health infrastructure grant, as an example. Because every nation has to have an ability to tell a real live story about how we're doing with our health status.

[00:21:59.07] And that's an important and lesson. We didn't have the luxury in the last administration of investing, as much for the data modernization, because we were really just front and center focusing on the pandemic.

[00:22:12.09] But the pandemic shed light on the fact that we didn't have real time data where we needed it. And so that was actually a good thing for Congress to see. Because it made them realize, we've got to invest more in this.

[00:22:24.90] And I do think for any administration, I think we're going to see more investments in that. But we've got to keep that going, and we have to keep the communication and the learning open in Congress too.

[00:22:35.82] Well, thank you so much, Dr. Lafronza. Do you have anything else you wanted to add before we wrap up this conversation?

[00:22:42.36] I think we need to stay the course and follow our data driven needs. I think it's a paramount mission in public health. And the more we communicate with folks on what we're doing and



listening to them on what their needs are within their constituencies, I think we can get through this next administration with some new opportunities that we may not even predict.

[00:23:05.80] Great. Well, thank you so much.

[00:23:08.30] [MUSIC PLAYING]

[00:23:13.24] I really appreciated getting the chance to hear from Dr. Lafronza. Questions remain, of course, on how this will shake out, what to expect in President Trump 2.0. Please stay tuned as we continue to bring you new episodes. As always, Thank you for joining us on In Solidarity.

[00:23:33.10] The views expressed by guests of In Solidarity are their own. Their appearance on In Solidarity does not necessarily reflect the views of County Health Rankings and Roadmaps, nor the Robert Wood Johnson Foundation. To learn more about our guests work, to discover additional resources on the topics we've discussed, or to find out how healthy your community is, visit us at countyhealthrankings.org.