Background and Purpose

Harassment and bullying among local public health professionals (LPHPs) is becoming commonplace, concurrent to a shortage of public health staff in the US. This study explores the relationship between individual experience of harassment with mental or emotional health and intent to leave one’s local health department (LHD). Responding to the COVID-19 pandemic has taken a toll on governmental public health workers (GPHWs):

- Staffing shortages and adaptation through reassignment
- Self-rated mental health decreases as hours worked increases
- 3 in 5 LHDs reported leadership, staff, or agencies have experienced harassment from public or political leaders due to their COVID-19 response
- Increasing numbers of local public health professionals (LPHPs) report an intention to leave the workforce in the coming years

No study to date has examined the role of harassment in mental or emotional health (MEH), nor its relationship with intention to leave an LHD.

Methods

We examined a nationally representative sample of nearly 27,000 LPHPs from the 2021 Public Health Workforce Interests and Needs Survey (PHWINS), fielded by the de Beaumont Foundation in 2021. The survey included questions about experiences with harassment, threats, and bullying; self-rated mental and emotional well-being; and intentions to leave an organization. In addition to basic descriptive statistics, computed using national balanced replication weights to match the geographic region and jurisdiction sizes of LHDs in the United States, we conducted a logistic regression predicting well-being from experiences of harassment, and a multinomial logistic regression to predict intent to leave from experiences of harassment.

Discussion

Self-reported agreement that one experienced harassment was associated with poorer mental or emotional well-being, as well as with intentions to take a non-public health job or leave the workforce. LPHP decisions to leave the public health workforce affect the quality of our nation’s population health services. By identifying these relationships, one opportunity to mitigate these risks emerges—protesting against the harassment of LPHPs and responding to harassment with mental health support.

Practice Implications

- While COVID-19 escalated experiences of harassment among LPHPs, long-term and flexible federal funding specific to LHDs is needed to reduce turnover, to mitigate the loss of institutional knowledge, and to build a resilient workforce prepared for future emergencies.
- Training for LPHPs that teaches practical ways to respond to harassment and cope with the associated stressors may mitigate negative mental health impacts.
- Federal, state, and local protections in response to harassment against LPHPs are necessary to mitigate threats.

Future Directions

The National Association of County and City Health Officials is currently conducting further nationally representative screening as well as focus groups with local health officials from across the country to further understand the nature and extent of harassment experienced by agencies, and to develop recommendations moving forward related to policy solutions.