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Here's How CDC Can Put the

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'Public' Back in Public Health The new leader of the CDC should prioritize the people it serves, people in the agency itself and people who exert power over public health

By Dave A. Chokshi on June 30, 2023



But in my experience leading an agency under fire during the pandemic, the New York City (NYC) Health Department, those priorities all take a back seat to focusing on the people most important to public health. More specifically, I'd advise Cohen to orient her leadership around the people served by CDC, people in the agency itself and, finally, people who exert power over public health. Acting in these three domains

To start, the CDC should aim to serve everyday people first. The CDC has traditionally

seen its "customers" primarily as local, state and territorial health officials as well as

academics. Although the public has always been the ultimate customer, the pandemic

would renew trust in the CDC—and in public health more broadly.

Walensky, reflects most of them.

customer service for cumbersome birth and death certificate requests; enhanced tools to visualize data and release it closer to real time; and a more transparent open-access policy for our scientific publications. Through programs like these, our agency's leadership team recast each small interaction by a New Yorker with their Health Department as a chance to gain (or lose) trust. Public health must also have the humility to acknowledge that local groups, faith

leaders and neighborhood health centers are often more trusted by the people we

community health workers providing services in historically disinvested

serve. This was an animating idea for the NYC Public Health Corps, with hundreds of

neighborhoods. The CDC, which partially funded this effort, should do much more to

retool local and state public health efforts around community health workers. These

inequities, or differences in health outcomes that are avoidable, unjust and unfair. The

pandemic's unequal toll showed why health equity must top the agenda for the CDC's

next chapter. Even before COVID-19, mortality data showed shocking and persistent

lay workers operate as a trusted bridge between practitioners and the public.

Community health workers are a key part of broader efforts to address health

public health—it's the main event. (To her credit, Walensky kicked off a CDC-wide Serving the public also flows from taking care of people in the agency. Morale at the CDC is low after more than three years of brutal hours, painful traumas and a harsh spotlight. In my experience, that will not change overnight, and the best way to turn the tide is by racking up some visible successes. Our COVID-19 vaccination campaign, a New Family Home Visiting Program for first-time parents, and the nation's first overdose prevention centers were examples of such "wins" in New York City. Town

halls and staff appreciation events are important, but there's no substitute for that

Another key priority for our team was integrating public health and health care

delivery. As a primary care doctor, I always thought my patients must find it

maddening that health care and public health are siloed—isn't their health the

common goal?—but the schism is a reality. Cohen's North Carolina experience could

help the CDC bridge that gap. The state's Medicaid program leveraged health care

financing to pay for public health interventions such as healthy food delivery, home

Changing culture at the CDC, while coming from a place of respect for staff, will also

see a tangible impact in their lives—or in the health of their loved ones.

nurse visits and housing support.

feeling of palpable progress, particularly when the people benefiting from your work

require a sometimes-uncomfortable challenging of the status quo. I have found that this is often more about asking the right questions rather than having all the answers. Particularly when it came to making public health nimbler, it meant asking straightforward questions relentlessly: What is the timeline and who is in charge? How "Commissioner, you can have speed or excellence, but not both," a team member once Collapsing those false dichotomies is as much the role of the leader as enshrining core values, setting a strategy and inspiring action. And a commitment to speed resulted in,

that the unprecedented spending on our COVID-19 vaccination campaign—totaling billions of dollars—generated a return on investment of at least \$10 for every \$1 spent. Collaboration is not the same as kowtowing. The CDC should embrace outspoken opposition to the assault on prevention across the nation. Overturning of Affordable Care Act prevention provisions, laws restricting public health authorities, limits on mifepristone, and even rolling back smoking protections all share a common consequence: more illness and worsening health. Prevention is in the name of the CDC, if not its acronym; now is a time for the agency to step up and be worthy of that

Too often, we in public health find ourselves in a defensive crouch, rather than leading

invisible to everyday people—and to political leaders. We must return to our boots-on-

epidemiologists." If we do, the CDC, and public health as a whole, will earn the trust of

This is an opinion and analysis article, and the views expressed by the author or

the charge with a spirit of service and action. We must communicate not just during

crises but also about crises averted, making visible what has traditionally been

the-ground roots, which earned our forebears the moniker of "shoe-leather

ABOUT THE AUTHOR(S) Dave A. Chokshi is a physician at Bellevue Hospital, senior scholar at the CUNY School of Public Health and Health Policy and clinical professor at the NYU School of Medicine. He previously served as the 43rd health commissioner of New York City. Follow him on Twitter @davechokshi Recent Articles by Dave A. Chokshi Health Professionals Should Work Together on Policy The Patients We Do Not See **READ THIS NEXT** AGRICULTURE Lab-Grown Meat Approved for Sale: What You Need to Know

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With Cohen officially taking the reins next week, the conventional wisdom is that the CDC's reset should revolve around better communication, swifter science and a wellresourced and less-fragmented public health system. All of those matter, and indeed the CDC's own modernization plan, developed by outgoing CDC chief Rochelle

made public engagement with its recommendations much more direct. This is a positive shift, as it holds the CDC more accountable to the people it serves. But it requires new capabilities. In New York City we launched new initiatives like mystery shoppers to improve

inequities in life expectancy, sometimes a decade or more, for Native Americans, Black Americans and low-income Americans. Cohen's initial leadership appointments should demonstrate how addressing equity is not an add-on, or a "nice to have" in effort to integrate health equity into the fabric of the agency.)

are you evaluating progress? How do we sunset unsuccessful programs? told me in a charged conversation during our COVID-19 vaccination campaign. for instance, rapid responses to misinformation as well as dramatically narrowed inequities in vaccination rates within months. Sign up for *Scientific American*'s free newsletters. Sign Up

Finally, a stronger future for public health requires more stable political support.

While many have lamented the politicization of public health during the pandemic, the

truth is that public health leaders have always had to contend with politics. What is

different and concerning is the degree to which public health has become partisan.

Another of Cohen's charges will be to renew bipartisan support for the CDC. With

steady advocacy, a Republican legislature approved Medicaid expansion in North

Carolina earlier this year, after opposing it for almost a decade.

name.

the people we serve.

Joanna Thompson

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House Republicans holding hearings on "CDC's failures in fulfilling its mission," this

may seem a tall order—but she has navigated both aisles before. Thanks in part to her

Concern about health care costs helped break that gridlock, and that holds a broader

bipartisan lesson. The CDC should become a more full-throated evangelist for the

economic value of public health investments, in terms of health care savings and productivity gains (not to mention the lives saved). In NYC, for example, we showed

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