

Ten Things I Wish Someone Had Told Me When I Became a Health Officer

Public health, like politics, is the art of the possible. To maximize effectiveness, public health officers in any jurisdiction should (1) get good data and ensure timely and effective dissemination; (2) prioritize and tackle more difficult initiatives first; (3) find, fight, and win winnable battles in areas where progress is possible but not ensured without focused, strategic effort; (4) support and hire great people and protect them so they can do their jobs; (5) address communicable diseases and environmental health effectively; (6) do not cede the clinical realm—public health programs depend on clinical care and on effective coordination between health care and public health; (7) learn and manage the budget cycle; (8) manage the context; (9) never surprise their boss; and (10) follow core principles. (*Am J Public Health*. Published online ahead of print May 19, 2016: e1–e5. doi:10.2105/AJPH.2016.303204)

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This article reflects on key lessons learned in the past 15 years as director of the US Centers for Disease Control and Prevention (CDC) and health commissioner of New York City. Health officers, many of whom are appointed by elected officials, inhabit a world where science and politics intersect.¹ The privilege of serving in this role may be brief. Health officers have a unique and often time-limited opportunity and a responsibility to improve health in their jurisdiction.

1. GET AND DISSEMINATE GOOD DATA

Good data are the lifeblood of public health. Accurate and timely collection and dissemination of data enable health officers to make data-driven decisions and give health departments the unique ability to inform policy and practice in their jurisdiction. Health officers should use data to highlight specific needs, focus resources, expand effective programs, and stop ineffective ones. When good data are not readily available, resources should be prioritized to obtain critically needed information. Data show what the major health problems are, which groups are affected, what can be done about these problems, and whether programs are succeeding. Data also can improve the quality and efficiency of health department services.

Data can be obtained from many sources: community needs assessments; management information systems; surveys and studies conducted by organizations, academia, and others; the federal census; and CDC's data repositories (e.g., National Center for Health Statistics,² Behavioral Risk Factor Surveillance System data for states and metropolitan areas,³ Sortable Stats,⁴ Prevention Status Reports,⁵ and Community Health Status Indicators⁶). The Guide to Community Preventive Services Web site is a valuable resource for evidence-based interventions.⁷

In New York City, the health department used data to build the public and political support needed to enact and defend a comprehensive smoke-free law,⁸ and when declines in smoking rates stalled, the department used data to implement additional tobacco control programs.⁹ In Indiana, documented lack of evidence of effectiveness prompted health officers to stop scoliosis screening in schools¹⁰ and ultrasound osteoporosis screening for women¹¹ and redirect resources to other areas proven to improve health.

Accurately interpreting data and turning it into compelling information is an art and

a science. With rapid information flow, being first, credible, and correct is both increasingly challenging and increasingly important.

2. PRIORITIZE AND TACKLE MORE DIFFICULT INITIATIVES

Health officers must prioritize their efforts based on health needs and an assessment of what is possible in a community. Although it is tempting to focus on issues that can be resolved relatively easily, it is important to tackle more difficult and potentially controversial initiatives first. In the first several months of a term, a new health officer has a degree of freedom that tends to evaporate with time. This window of opportunity when political and sometimes financial capital are high can facilitate accomplishments that might not be possible in the future.

Addressing the hard stuff is just that: hard. Success requires identifying aligned interests of partners, stakeholders, and the political and administrative leadership of a jurisdiction. New York City increased tobacco taxes and passed its smoke-free law early in Mayor Bloomberg's first term.⁸ Although controversial at the

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time, the smoke-free law was popular four years later and clearly successful in saving lives and money with no harm to business.¹² Passage was made possible by data, political leadership, and support from employees of bars and restaurants who wanted the right to work in smoke-free environments.

3. FIND, FIGHT, AND WIN WINNABLE BATTLES

Effective health officers focus on at least one priority issue on which they can show clear, measurable progress protecting and improving health. Accomplishing this requires that health officers find, fight, and win winnable battles—areas with a large health burden and for which progress is possible but not ensured without focused, strategic effort. The key is to set goals that are ambitious yet achievable; progress builds momentum for more progress. The CDC identified six winnable battles in 2010 and has made steady progress on most over the past five years (Table 1).¹³

Kentucky outlined an ambitious public health agenda with seven major health goals to be met by 2019, focusing on increasing health insurance coverage; reducing tobacco use; reducing the prevalence of obesity; preventing cancer deaths and cardiovascular disease; treating and reducing dental decay; and reducing drug overdose.¹⁴ In Florida, focused efforts cut the death rate from oxycodone overdose in half in just two years including through strict pain clinic laws and mandates that providers use

the state's new online prescription drug monitoring program.¹⁵

A health department's progress motivates staff and stakeholders. Focused actions show an agency's value to voters, politicians, leaders, and management.

4. SUPPORT AND HIRE GREAT PEOPLE

Success requires staff who have both technical and operational excellence in a range of public health disciplines. Hiring, developing, and retaining great staff who can work effectively in the jurisdiction is critical.¹⁶ Even in a small agency, health officers cannot always be where decisions need to be made and must rely on people who understand the issues, can take autonomous action, and involve agency and other leaders when needed. No matter how hard or how fast health officers work, most of an organization's work is done by the people who work for them. An effective health officer not only supports and hires great people but also empowers them to act and protects them from political or other pressures so that they can get the work done.

Success is not just about hiring—most people who work in a public health agency when a new health officer joins will still be there when that individual leaves. Leaders succeed by motivating people, identifying the top performers and promoting them, and finding people who know or can learn operational processes and can motivate others to accomplish critical work quickly.

5. COMMUNICABLE DISEASES AND ENVIRONMENT

Communicable disease control and environmental health are unique and essential responsibilities of public health agencies. Threats that are not well managed will dominate time and attention. Even if health departments reduce the provision of clinical care for infectious diseases, core and essential public health functions including case management, contact tracing, and enforcement of governmental powers to protect health must continue.

If a health officer cannot rapidly identify and stop a disease outbreak or address a pressing environmental health issue with a sensible and effective set of policies and practices, then that issue might become the only thing the press, the public, and health department staff deal with every day. This will make it impossible to achieve progress against other important health threats, which are the leading causes of disease, disability, and death.

6. DO NOT CEDE THE CLINICAL REALM

Public health agencies may be tempted to consider the health care system as complex, controversial, expensive, and not directly relevant to public health. In fact, understanding and improving clinical care are crucial to most areas of public health. Diagnosis, reporting, and treatment are essential components of public health problems ranging from controlling infectious disease outbreaks to vaccination to prevention of

heart attacks, strokes, and cancer.

It is critically important to work with clinicians, clinical systems, insurers, payors, and others to better prevent and manage chronic diseases such as cardiovascular disease, cancer, asthma, and diabetes, as well as to increase use of preventive services. Minimizing disease burden and disability is increasingly dependent on effective chronic disease management as a complement to community-wide approaches.

Encouraging and supporting clinicians and health care systems to test for HIV, rapidly report communicable diseases and environmental exposures, and improve prevention of health care-associated infections, cardiovascular disease, and cancer are vital to advance the public's health. Health departments can play a pivotal role in decreasing health care-acquired infections.¹⁷ Involving allied health workers, public health staff, and community volunteers can enable successful prevention and treatment.

At the federal level in the United States, the CDC and the Centers for Medicare and Medicaid Services (CMS) are working together in new and more effective ways. This has included action from CMS to encourage health facility participation in CDC's National Healthcare Safety Network,¹⁸ coordination on guidance to state Medicaid programs, placement of a CDC epidemic intelligence service officer at CMS, close coordination in programs from the CMS Center for Medicare and Medicaid Innovation,¹⁹ and encouraging adoption of a prioritized list of interventions

TABLE 1—Winnable Battles Identified by the Centers for Disease Control and Prevention

Indicator	Baseline	Current Status	Target (2015)	Status
Tobacco, %				
Decrease the percentage of adults who smoke cigarettes by 17.5%	20.6 (2008)	16.8 (2014)	17.0	≥
Decrease the percentage of youths who smoke cigarettes by 12%	20.0 (2007)	15.7 (2013)	17.6	≥
Increase the proportion of the US population covered by smoke-free laws by 59%	36.7 (2008)	49.3 (2014)	58.5	±
Nutrition, physical activity, obesity, and food safety, %				
Reduce the proportion of children and adolescents aged 2–19 years who are obese by 8%	16.8 (2007–2008)	17.2 (2014)	15.4	–
Increase the proportion of infants who are breast-fed at 6 mo by 35%	43.5 (2006)	51.4 (2012)	58.9	±
Reduce the rate of food-borne illness caused by <i>Salmonella</i> by 14.5%	15.2 (2006–2008)	15.5 (2014 preliminary)	13.0/100 000 cases	–
Reduce the rate of food-borne illness caused by Shiga toxin-producing <i>Escherichia coli</i> O157:H7 by 29%	1.2 (2006–2008)	0.9 (2014 preliminary)	0.9/100 000 cases	±
Health care–associated infections				
Reduce central line-associated bloodstream infections in hospitals by 60%, SIR	1.0 (2006–2008)	0.5 (2013)	0.4	+
Reduce health care–associated invasive methicillin-resistant <i>Staphylococcus aureus</i> by 60%	27.1 (2007–2008)	18.3 (2013)	10.8 infections/100 000	+
Reduce surgical site infections in hospitals by 30%, SIR	1.0 (2006–2008)	0.8 (2013)	0.7	+
Reduce catheter-associated urinary tract infections in hospitals by 30%, SIR	1.0 (2009)	1.1 (2013)	0.7	–
Motor vehicle safety: reduce fatalities from motor vehicle crashes by 31%	13.8 (2007)	10.4 (2013)	9.5 deaths/100 000	+
Teen pregnancy: decrease teenage birth rates by 20%	37.9 (2009)	24.2 (2014)	30.3/1000 live births	≥
HIV				
Reduce the number of new HIV infections by 25%	43 862 (2010)	39 977 (2014)	32 855	±
Increase the percentage of people living with HIV who know their status by 11%, %	80.9 (2006)	87.2 (2012)	90.0	+

Note. SIR = standardized infection ratio. ≥ = status meets or exceeds 2015 target; + = on track to meet 2015 target; ± = progress is being made, but overall progress is limited or slow; – = not on track to reach 2015 target.

for enhanced collaboration between health care and public health.²⁰ At the state level, health officers may be able to have analogously synergistic interactions with Medicaid programs.

Clinical care payment and delivery systems are increasingly recognizing the importance of denominators (i.e., entire patient panels or entire communities); this is a core public health approach. Many state health departments are working much more intensively with Medicaid

programs, government employee health benefit programs, private insurers, and health care systems to improve health through both clinical care and community-wide action.²¹

Globally, task sharing can engage a broad spectrum of frontline health care and public health staff in detection, care, and follow-up of patients with tuberculosis, HIV, and malaria, as well as in addressing maternal and child health, treatment of hypertension, and other areas. This approach provides cross-

functional coordination that is critically important to improve access to, quality of, and sustainability of effective clinical and public health services.

7. LEARN AND MANAGE THE BUDGET CYCLE

Public health, like politics, is the art of the possible. Budgets follow a seasonal rhythm that must be understood and

followed. Health officers must identify areas where cuts and additions are possible and understand which cuts are both politically feasible and least damaging to health and which additions will be practical and improve health the most. Timing of internal budget formulation, hearings, review, and final decisions will determine what actions should be taken and at what time by interested parties within and outside of government to best protect and advance the public's health.

Budgets guide much of a health agency's planning processes and are critical to enable leaders to maintain and improve surveillance systems, address winnable battles, keep pace with environmental and communicable disease threats, hire and retain great staff, and maximize health improvement. Fiscal, political, or health events can create risks and opportunities. An effective health officer will be alert to and prepared for opportunities to increase investment in programs that can save lives and promote health. Every well-conceptualized and well-written proposal will attract government or private funding when the timing and context are right.

8. MANAGE THE CONTEXT

Context determines the freedom to operate. Communication skills are critical for success. This is particularly apparent in an emergency, when a health officer must be first with accurate, credible information. When news is bad, it must be communicated, along with information on what is being done and what specific actions people can take to mitigate risk. In a rapidly evolving emergency, the constant need for communication is essential to maintain the public's trust but will tax even the most experienced health officer. Media training, cultivating respectful relationships with key reporters, frank review of past media appearances, and keeping communication simple, clear, and natural can all improve a leader's ability to communicate effectively in the media and in meetings with staff and critical decision-makers.

Managing the context requires active engagement with communities in order to understand their values and perceptions. In the West African Ebola epidemic, communities came to understand that traditional funeral practices could spread Ebola widely, and people responding to Ebola needed to develop culturally acceptable ways to reduce that risk.

Issues must be framed accurately. Several decades ago, artificial trans fat was introduced into the food supply. It is now clear that artificial trans fat is even more harmful than saturated fat: it increases bad cholesterol and lowers good cholesterol, increasing the risk of myocardial infarction.²² When New York City implemented a trans fat elimination program for restaurants and other food-service establishments, it noted that artificial trans fat is an industrially produced substance added to your food without your knowledge or consent and that it can kill you.²³ With this framing, the food industry made no attempt to counter the move to eliminate artificial trans fat but merely asked for a reasonable transition time. Eliminating artificial trans fat did not increase cost, make food taste different, or prevent any foods from being manufactured, and the food industry replaced it with healthier alternatives.^{24,25}

9. NEVER SURPRISE YOUR BOSS

If something is going to happen—especially something negative—it is critical that your boss or governing entity hears it directly from you before learning about it from the news media or others.

Most health officers are appointed by elected officials; in a good working relationship, elected officials will defer to the health officer on scientific and technical issues. Conversely, the health officer must not only respect that elected officials have the final say on policy issues but also recognize that they face pressures often invisible to the health officer; providing advance warning of events or breaking news is essential to maintain a relationship of mutual respect and trust.

10. FOLLOW CORE PRINCIPLES

Health officers should follow the five principles outlined by Walter Dowdle, a former deputy director of CDC, which form the agency's "Pledge to the American people"²⁶:

1. Be a diligent steward of the funds entrusted to your agency.
2. Provide an environment for intellectual and personal growth and integrity.
3. Base all public health decisions on the highest quality scientific data, openly and objectively derived.
4. Place the benefits to society above the benefits to the institution.
5. Treat all persons with dignity, honesty, and respect.

CONCLUSIONS

These are challenging and exciting times to run a public health agency. Medicine, health care, and public health practice are changing rapidly. There is a risk that public health will be marginalized, but by following

the approach outlined here, public health has an even greater, and unprecedented, opportunity to spearhead efforts to save millions of lives through a focus on data, strategic prioritization, and effective communication and action.

Each health officer has the privilege and responsibility of accepting the baton of health progress and carrying it as fast and as far as possible so that people live longer, healthier lives, then handing the baton to the next person so he or she can carry it even farther. **AJPH**

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