

After a sweeping review, CDC looks to rebuild public trust

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In April, the U.S. Centers for Disease Control and Prevention launched a new center to better forecast infectious disease outbreaks. It also

underwent a month-long review to examine their current systems and inform future strategies.

Together, these announcements paint a picture of an agency at a crossroads, in the wake of enormous public scrutiny during the COVID-19 pandemic.

Most recently, the CDC came under fire for paying a controversial data storage company for [location data](#) from the phones of tens of millions of Americans to study their adherence to [public health measures](#), according to documents obtained by [Vice](#). More broadly, the criticisms have centered around inconsistent messaging and the unsophisticated data collection systems that inform the agency's guidance.

CDC leadership has suggested that the agency's overhaul is partly in response to these criticisms. In a statement announcing that the CDC would be undergoing a comprehensive review, CDC Director Dr. Rochelle Walensky said, "Never in its 75-year history has [the] CDC had to make decisions so quickly, based on often limited, [real-time](#) and evolving science... As we've challenged our state and local partners, we know that now is the time for CDC to integrate the lessons learned into a strategy for the future."

According to Kyle McGowan, a former chief of staff at the CDC, many of the agency's difficulties have been exacerbated by political interference.

"This is what it looks like when you run a public health response or any type of emergency response out of the White House," McGowan said during a *HealthDay Now* interview. "It takes a very complicated process and response and makes it 10 times or 100 times more complicated than it needs to be. And every time that a guidance document is put out, or every time an interview is requested, there are 10 or 15 different people

from [the Department of Health and Human Services] on up to the White House that has to confirm or sign off on those documents."

McGowan was tapped to join the CDC by the Trump administration in 2018, where he served for two years before resigning. He shared his experiences in [a 2021 interview with *The New York Times*](#), citing political meddling from the White House and the U.S. Department of Health and Human Services as one of the reasons for his departure. The Trump administration's efforts to downplay the pandemic and control the CDC's messaging have been widely reported.

But despite promises to the contrary, the Biden administration hasn't seemed to loosen the political grip. In fact, there were [far fewer CDC briefings on COVID-19](#) in 2021 than there were in 2020, when Trump was in office. "We're asking the CDC to be nimble and flexible and communicate faster. Yet we put all of these burdens in their way of being able to do that," McGowan said.

The fallout over messaging has cost the agency some public trust: In an [NBC poll from January](#), only 44% of Americans said they trust the CDC's information about COVID-19. According to Dr. Natasha Bagdasarian, Michigan's chief medical executive, dwindling public trust in the CDC has a trickle-down effect, jeopardizing the authority of public health messaging across the board.

"When the public doesn't trust what the CDC is saying, that also affects the public trust that we have at the state level and that our local health departments have with their communities," Bagdasarian told *HealthDay News*. "And I'm also hearing from medical providers, from my colleagues who are practicing clinically, that it's affected their clinical relationships with patients. It becomes just a lack of [public trust](#) in health care recommendations."

As the evaluation of the CDC wraps up and the agency looks to improve its communication strategy in the future, Bagdasarian emphasized the importance of finding better ways to communicate uncertainty. She said public health authorities should clarify that recommendations will evolve with the science and change over time. "So far, I think that hasn't been done. Guidance has been issued as 'this is the new guidance,' when instead it should be, 'this is the guidance for where we are right now, but we expect things to change,'" she added.

The systems for collecting and analyzing data are another weak point for the agency. "The CDC is only as good as the entities that provide the information to them," McGowan said. "And I think it's important to understand that the CDC really owns no data of its own."

Managing infectious disease outbreaks properly requires massive amounts of data. On the most basic level, data allows the CDC to track the number of infections, infection severity, where infections are occurring, and who is affected. There is no comprehensive or standardized system for collecting this information. Instead, the CDC gathers data from a patchwork of sources, including private sector companies, academic institutions, and state health departments. States relay regional case numbers to the CDC on their own timetable and with varying levels of precision as part of a voluntary reporting system.

With more extensive data, the CDC can run better analyses to help predict future trends or outbreaks. "We now need to be preemptive, proactive, and look ahead and provide this type of information very much like a [weather forecast](#), and then also provide instructions for how we want people to prepare," Bagdasarian said.

The CDC is trying to do that with the new forecasting center, which will focus on modeling the path of outbreaks to inform more timely recommendations. These forecasts will allow public health authorities to

"start messaging when we know that there are surges expected," according to Bagdasarian. "So, now is the time to get ready. Make sure you've got over-the-counter tests at home. Make sure that if you are eligible for a booster, that you have a plan to get a booster."

However, the CDC is limited in the data it can collect. In an interview with "60 Minutes," Walensky explained that the agency is the "compiler of the data, but we do not have the authority to collect it," according to [CBS](#). With a public health emergency in effect due to COVID-19, the CDC has benefited from looser restrictions, allowing the agency to receive more direct reports from laboratories and hospitals. The CDC could lose access to this data when the COVID-19 emergency declaration expires, which, barring another renewal, is scheduled to occur in July.

How the agency will go about enacting the goals they've signaled in recent months remains uncertain. Obstacles include limitations on data collection and a lack of flexible funding.

"The CDC needs to have congressional funding that is sustainable and flexible. It also needs the data authorities to truly do its job," McGowan said. "And if we wait until Congress temporarily gives funding or temporarily gives authorities during the next public [health](#) emergency, we've already failed as a country because the people are already sick, and we need the CDC to have those authorities and that funding now and during peacetime so that we can better prepare so that we never have to live through something like COVID again."

More information: Find out more about the CDC's [disease forecasting center](#).

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