

Ready or Not? Protecting the Public's Health from Disease, Disasters, and Bioterrorism

Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) released the eighth annual *Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism* report, which provides an independent analysis of the progress and vulnerabilities in how the nation prevents, identifies, and contains new disease outbreaks and bioterrorism threats and responds to the aftermath of natural disasters. This year's report found that 25 states and Washington, D.C. scored a 7 or higher on 10 key indicators of public health preparedness, with 14 of these states scoring a nine or higher. But this year's report also warned that nearly a decade in gains are in jeopardy due to severe budget cuts by federal, state, and local governments.

Key Points:

- The economic recession has led to cuts in public health staffing and eroded basic capabilities of state and local health departments, which are needed to successfully respond to crises. Thirty-three states and Washington, D.C. cut public health funding from fiscal years (FY) 2008-09 to 2009-10, with 18 of these states cutting funding for the second year in a row.
- Local public health departments report losing 23,000 jobs – totaling 15 percent of the local public health workforce – since January 2008. Meanwhile, federal support for public health preparedness has been cut by 27 percent since FY 2005.
- While the emergency supplemental funding to respond to H1N1 and other investments in preparedness over the past ten years led to major improvements, it was not sufficient to backfill long-standing gaps in the public health infrastructure.

Highlights of State-by-State Scores:

- Seven states cannot currently share data electronically with health care providers;
- 10 states do not have an electronic syndromic surveillance system that can report and exchange information to rapidly detect disease outbreaks;
- 21 states were not able to rapidly identify disease-causing *E.coli* O157:H7 and submit the lab results in 90 percent of cases within four days.

Federal Action:

TFAH recommends Congress and the Administration consider the following actions:

1. **Fully Fund Preparedness and Infrastructure:** The resources required to truly modernize public health systems must be made available to bring public health into 21st century and improve preparedness. Congress and the Administration should make a multi-year commitment of a defined portion of the Prevention and Public Health Fund to improving Public Health Infrastructure, which includes surveillance, epidemiologic and laboratory capacity, and workforce training. Without increased and sustained investments in core public health functions, the country will always be less than optimally ready for health emergencies – leaving Americans open to unnecessary risks. Congress should also update existing public health preparedness grants to allow greater flexibility during emergencies and multi-year grant cycles.

2. **Increase Workforce Capacity:** The United States has 50,000 fewer public health workers than it did 20 years ago - and one-third of current workers are eligible to retire within five years. The workforce-related provisions of the Affordable Care Act should be implemented and funded, including the Public Health Workforce Loan Repayment Program and Epidemiology-Laboratory Capacity Grants. This workforce should be cross-trained to prepare for and respond to public health emergencies.
3. **Modernize Biosurveillance:** The United States lacks an integrated, national approach to biosurveillance, and there are major variations in how quickly states collect and report data which hamper bioterrorism and disease outbreak response capabilities. The Federal government should establish a national biosurveillance strategy and enhance national disease surveillance systems to include uniform national standards and compatibility with emerging Health Information Technology and Electronic Health Records standards.
4. **Improve Vaccine and Pharmaceutical Research, Development, and Manufacturing:** The United States is falling behind in its research and development of medical countermeasures to fight public health threats. Congress can lead the charge on this national security imperative by funding and improving the efficiency of BARDA and other research programs, investing in scientific capacity at FDA, and developing end-to-end leadership to see products through from initial research through dispensing.
5. **Enhance Surge Capacity:** In the event of a major disease outbreak or attack, the public health and health care systems would be severely overstretched. Policymakers must address the ability of the health care system to quickly expand beyond normal services during a major emergency. Investments in research and development, stockpiling, and practice in drills and tabletop exercises will aid in the timely distribution of antivirals and other equipment during an outbreak. Congress should facilitate health care preparedness by enhancing the Hospital Preparedness Program through improving regional coordination between hospitals and other health facilities, providing incentives for recruiting a surge workforce, and clarifying legal frameworks to ease healthcare response during a disaster.
6. **Build Community Resilience:** The United States must close the existing day-to-day gaps in public health departments which make it difficult to identify and service the most vulnerable Americans, who often need the most help during emergencies. Congress should carry out recommendations of the National Commission on Children and Disasters and also leverage community health provisions in the Affordable Care Act to build coalitions between health departments and community-level organizations that represent vulnerable populations.

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