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Significant Progress Made in Nation's Preparedness to Respond to Public Health Emergencies; But Gaps in Critical Areas Threaten Overall Readiness

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WASHINGTON, December 18, 2007 – Trust for America's Health (TFAH) today released the fifth annual "Ready or Not? Protecting the Public's Health from Disease, Disasters, and Bioterrorism" report, which found that while important progress has been made, critical areas of the nation's emergency health preparedness effort still require attention. In addition, the continuing trend of annual cuts in federal funding for state and local preparedness activities threatens the nation's safety.

The "Ready or Not?" report contains state-by-state health preparedness scores based on 10 key indicators to assess health emergency preparedness capabilities. All 50 U.S. states and the District of Columbia (D.C.) were evaluated. Thirty-seven states and D.C. scored eight or higher on the scale of 10 indicators. Hawaii, Illinois, Kentucky, Nebraska, New Jersey, Pennsylvania, Tennessee, and Virginia scored the highest with 10 out of 10. Iowa, Mississippi, Nevada, Wisconsin, and Wyoming scored the lowest with six out of 10.

"The improvements in state preparedness are encouraging, but the job of preparing the United States for major health emergencies is not nearly done," said Jeff Levi, PhD, Executive Director of TFAH. "And, just when we are beginning to see a return on the federal investment in preparedness programs, the President and Congress have continued to cut these funds. These efforts may seem penny wise now, but could prove pound foolish later."

For the state-by-state scoring, states received one point for each indicator they achieved and zero points for each indicator they did not achieve, therefore zero is the lowest possible overall score and 10 the highest. Data for the public health indicators were collected from publicly available sources or public officials in 2007.

Among the key findings:

- Ten states do not have adequate plans to distribute emergency vaccines, antidotes, and medical supplies from the **Strategic National Stockpile**.
- Twenty-one states do not have statutes that allow for adequate **liability protection** for healthcare volunteers during emergencies.
- Twelve states do not have a **disease surveillance system** compatible with the Centers for Disease Control and Prevention's (CDC) National Electronic Disease Surveillance System.
- Seven states have not purchased any portion of their federally-subsidized or unsubsidized **antivirals to use during a pandemic flu**.
- Six states and D.C. lack sufficient capabilities to **test for biological threats**.

“There is little doubt that emergency health preparedness is on the national radar,” Levi added. “But until all states are equally well prepared, our country is not as safe as it can and should be.”

The report highlights two areas of particular concern with regard to state-level preparedness:

- Twenty-one states do not provide sufficient legal protection from liability for healthcare volunteers who respond to a call for assistance in an emergency. Lack of such protections has been identified as a key impediment to recruiting sufficient volunteers to respond to a major health emergency. TFAH recommends that states adopt the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), which has been approved by the National Conference of Commissioners on Uniform State Laws.
- Seven states have made no purchases toward their share of the stockpile of antivirals for pandemic influenza. States have been asked to purchase 31 million treatment courses of the 81 million course stockpile target set by the federal government. Containment of a pandemic must be a national priority. Any differences in capacity on a state-by-state basis place the entire nation at risk.

The report also evaluates federal progress in preparing the country for bioterrorism, disasters and disease. TFAH finds that the passage of the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, issuance of presidential directives, and start-up of the new Office of the Assistant Secretary for Preparedness and Response (ASPR) are significant steps forward. Major challenges that remain include assuring adequate funding for the ASPR’s key programs, such as the Biomedical Advanced Research and Development Authority (BARDA), and delivering on the requirements of PAHPA to increase transparency and accountability in all federally-funded preparedness programs.

“Ready or Not? 2007” also includes new information from a U.S. public opinion poll commissioned by TFAH. The poll finds that:

- Six years after the tragedies of September 11th, **54 percent of Americans believe that the United States is not as safe now as it was prior to September 11th, 2001.**
- Two years after Hurricane Katrina, **nearly 60 percent of Americans do not think their community would be prepared to respond to a natural disaster.**
- **Nearly 9 out of 10 Americans say they would abide by a voluntary quarantine and stay home in the case of an outbreak of a pandemic flu.** Willingness to accept this type of quarantine exists across the public at high levels. Among the 10 percent who say they would not adhere to the government’s request of a voluntary quarantine, most indicate that they could not stay at home due to fears of losing needed income (64 percent) or losing their jobs altogether (39 percent).

The survey was designed and conducted by Greenberg Quinlan Rosner Research, Inc. Interviewing was conducted by professional interviewers, and the survey reached 1,020 adults ages 18 and older.

TFAH’s report was supported by a grant from the Robert Wood Johnson Foundation. TFAH’s report and state-by-state materials are available at: www.healthyamericans.org.

(more)

Preparedness Indicators

1. **Mass Distribution – Strategic National Stockpile** – Does the state have an adequate plan to distribute emergency vaccines, antidotes, and medical supplies from the Strategic National Stockpile (SNS)?
2. **Mass Distribution – Antiviral Stockpiling** – Did the state purchase a portion of its share of federally subsidized or unsubsidized antiviral drugs to stockpile for use during an influenza pandemic?
3. **Public Health Laboratories – Bio-Threat Testing** – Does the state lab director report having sufficient laboratory capabilities to test for biological threats?
4. **Public Health Laboratories – Workforce Surge Preparedness** – If needed in an emergency, does the state public health laboratory have the capability to provide 24/7 coverage to analyze samples?
5. **Biosurveillance** – Does the state use a disease surveillance system that is compatible with CDC's national system, including integrating data from multiple sources, using electronic lab reporting, and using an Internet browser?
6. **Healthcare Volunteer Liability Protection** – Does the state have laws that reduce or limit the liability exposure for healthcare volunteers who serve in a public health emergency?
7. **Emergency Preparedness Drills** – Does the state health department engage the state National Guard in public health emergency preparedness drills or training exercises?
8. **Community Resiliency** – Does the state meet a minimum threshold of Medical Reserve Corps volunteers per 100,000 persons?
9. **Public Health Progress – Seniors' Seasonal Flu Vaccination** – Did the state increase its rates for immunizing adults aged 65 and older for the seasonal flu?
10. **Funding Commitment** – Did the state maintain or increase funding for public health programs for FY 2005-06 to FY 2006-07?

State Score Summary

10 out of 10: Hawaii, Illinois, Kentucky, Nebraska, New Jersey, Pennsylvania, Tennessee, Virginia

9 out of 10: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Michigan, Missouri, New Hampshire, New York, North Carolina, Ohio, Oregon, Utah, Vermont

8 out of 10: Alaska, Arizona, California, Connecticut, District of Columbia, Louisiana, Maine, Maryland, Minnesota, New Mexico, North Dakota, Oklahoma, South Carolina, Texas, West Virginia

7 out of 10: Arkansas, Florida, Idaho, Massachusetts, Montana, Rhode Island, South Dakota, Washington

6 out of 10: Iowa, Mississippi, Nevada, Wisconsin, Wyoming

Trust for America's Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

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