

Report Finds Economic Crisis Hurting U.S. Preparedness for Health Emergencies; More Than Half of States Score 7 or Lower Out of 10 in Readiness Rankings

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WASHINGTON, DC, December 9, 2008 – Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) today released the sixth annual *Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism* report, which finds that progress made to better protect the country from disease outbreaks, natural disasters, and bioterrorism is now at risk, due to budget cuts and the economic crisis. In addition, the report concludes that major gaps remain in many critical areas of preparedness, including surge capacity, rapid disease detection, and food safety.

The report contains state-by-state health preparedness scores based on 10 key indicators to assess health emergency preparedness capabilities. More than half of states and D.C. achieved a score of seven or less out of 10 key indicators. Louisiana, New Hampshire, North Carolina, Virginia, and Wisconsin scored the highest with 10 out of 10. Arizona, Connecticut, Florida, Maryland, Montana, and Nebraska tied for the lowest score with five out of 10.

Over the past six years, the *Ready or Not?* report has documented steady progress toward improved public health preparedness. This year however, TFAH found that cuts in federal funding for state and local preparedness since 2005, coupled with the cuts states are making to their budgets in response to the economic crisis, put that progress at risk.

“The economic crisis could result in a serious rollback of the progress we’ve made since September 11, 2001 and Hurricane Katrina to better prepare the nation for emergencies,” said Jeff Levi, PhD, Executive Director of TFAH. “The 25 percent cut in federal support to protect Americans from diseases, disasters, and bioterrorism is already hurting state response capabilities. The cuts to state budgets in the next few years could lead to a disaster for the nation’s disaster preparedness.”

Some serious 2008 health emergencies include a *Salmonella* outbreak in jalapeño and Serrano peppers that sickened 1,442 people in 43 states, the largest beef recall in history in February, Hurricanes Gustav and Ike, severe flooding in the Midwest, major wildfires in California in June and November, and a ricin scare in Las Vegas.

Among the key findings:

Budget Cuts: Federal funding for state and local preparedness has been cut more than 25 percent from fiscal year (FY) 2005, and states are no longer receiving any supplemental funding for pandemic flu preparedness, despite increased responsibilities.

- In addition to the federal decreases, 11 states and D.C. cut their public health budgets in the past year. In the coming year, according to the Center on Budget and Policy and

Priorities, 33 states are facing shortfalls in their 2009 budgets and 16 states are already projecting shortfalls to their 2010 budgets.

Rapid Disease Detection: Since September 11, 2001, the country has made significant progress in improving disease detection capabilities, but major gaps still remain.

- Only six states do not have a disease surveillance system compatible with the U.S. Centers for Disease Control and Prevention's (CDC) National Electronic Disease Surveillance System.
- Twenty-four states and D.C. lack the capacity to deliver and receive lab specimens, such as suspected bioterror agents or new disease outbreak samples, on a 24/7 basis.
- Only three state public health laboratories are not able to meet the expectations of their state's pandemic flu plans.

Food Safety: America's food safety system has not been fundamentally modernized in more than 100 years.

- Twenty states and D.C. did not meet or exceed the national average rate for being able to identify the pathogens responsible for foodborne disease outbreaks in their states.

Surge Capacity: Many states do not have mechanisms in place to support and protect the community assistance that is often required during a major emergency.

- Twenty-six states do not have laws that reduce or limit liability for businesses and non-profit organizations that help during a public health emergency.
- Only eight states do not have laws that limit or reduce liability exposure for health care workers who volunteer during a public health emergency.
- Seventeen states do not have State Medical Reserve Corps Coordinators.

Vaccine and Medication Supplies and Distribution: Ensuring the public can quickly and safely receive medications during a major health emergency is one of the most serious challenges facing public health officials.

- Sixteen states have purchased less than half of their share of federally-subsidized antivirals to use during a pandemic flu outbreak.
- Every state now has an adequate plan for distributing emergency vaccines, antidotes, and medical supplies from the Strategic National Stockpile, according to the CDC. In 2005, only seven states had adequate plans. The CDC changed to a different grading system in 2007. However, questions still remain about the contents of the federal stockpile.

“States are being asked to do more with less, jeopardizing our safety, security, and health,” said Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation. “We all have a stake in strengthening America's public health system, because it is our first line of defense against health emergencies.”

The report also offers a series of recommendations for improving preparedness, including:

- **Restoring Full Funding.** At a minimum, federal, state, and local funding for public health emergency preparedness capabilities should be restored to FY 2005 levels.

- **Strengthening Leadership and Accountability.** The next administration must clarify the public health emergency preparedness roles and responsibilities at the U.S. Department of Health and Human Services and U.S. Department of Homeland Security.
- **Enhancing Surge Capacity and the Public Health Workforce.** Federal, state, and local governments and health care providers must better address altered standards of care, alternative care sites, legal concerns to protect community assistance, and surge workforce issues.
- **Modernizing Technology and Equipment.** Communications and surveillance systems and laboratories need increased resources for modernization.
- **Improving Community Engagement.** Additional measures must be taken to engage communities in emergency planning and to improve protections for at-risk communities.
- **Incorporating Preparedness into Health Care Reform and Creating an Emergency Health Benefit.** This is needed to contain the spread of disease by providing care to the uninsured and underinsured Americans during major disasters and disease outbreaks.

Score Summary:

For the state-by-state scoring, states received one point for achieving an indicator or zero points if they did not achieve the indicator. Zero is the lowest possible overall score, 10 is the highest. The data for the indicators are from publicly available sources or were provided from public officials. More information on each indicator is available in the full report on TFAH's Web site at www.healthyamericans.org and RWJF's Web site at www.rwjf.org. The report was supported by a grant from RWJF.

10 out of 10: Louisiana, New Hampshire, North Carolina, Virginia, Wisconsin

9 out of 10: Alabama, Indiana, Michigan, Pennsylvania, South Carolina, Tennessee, Vermont,

8 out of 10: Arkansas, Delaware, Georgia, Hawaii, Iowa, Minnesota, North Dakota, Ohio, South Dakota, Washington

7 out of 10: California, Colorado, D.C. Illinois, Kentucky, Missouri, New Jersey, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Utah, West Virginia, Wyoming

6 out of 10: Alaska, Idaho, Kansas, Maine, Massachusetts, Mississippi, Nevada, Texas

5 out of 10: Arizona, Connecticut, Florida, Maryland, Nebraska, Montana

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. www.healthyamericans.org

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