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New Report Finds Nation’s Public Health Emergencies Are Increasing While State Emergency Preparedness Levels Are Mixed; 17 States Score in Top Readiness Tier, 20 States and DC in Middle Tier, 13 States in Lower Tier

Report provides action steps for states to improve emergency preparedness; progress will require action by public health agencies, elected officials and state residents

(Washington, DC) – Seventeen states place in the top tier of a three-tiered measure of performance on 10 indicators of public health and emergency readiness, according to a new report [Ready or Not: Protecting the Public’s Health from Diseases, Disasters and Bioterrorism](#), released today by the Trust for America’s Health (TFAH). Twenty states and the District of Columbia score in the middle tier and 13 states score in the lower tier.

State public health and emergency preparedness, by scoring tier:

Performance Tier	States	Number of States
Top Tier	AL, CO, CT, FL, ID, KS, MA, MD, MO, MS, NC, NE, NJ, RI, VA, WA, WI	17 states
Middle Tier	CA, DC, GA, HI, IA, IL, LA, ME, MI, MN, MT, ND, NH, NM, NV, OK, OR, SC, TX, VT, WV	20 states and DC
Lower Tier	AK, AR, AZ, DE, IN, KY, NY, OH, PA, SD, TN, UT, WY	13 states

The report takes an annual snapshot of states’ public health and emergency readiness. Authored by TFAH since 2003, it documents that all states have made progress in preparedness since 9/11, but, also highlights pressing needs for additional action particularly as weather-related and other public health emergencies become more frequent.

The report, although not a comprehensive evaluation of any state’s overall emergency readiness or response, focuses on key indicators of states’ level of emergency preparedness. It identifies specific action-steps that if taken would improve the jurisdiction’s overall level of

emergency preparedness, including dedicated funding for health security initiatives, modernizing and supporting technologies and innovations within public health programs, and building multisectoral collaboration and leadership.

The report’s 10 key indicators of state public health preparedness are:

Indicators			
1	Incident Management: Adoption of the Nurse Licensure Compact.	6	Water Security: Percentage of the population who used a community water system that failed to meet all applicable health-based standards.
2	Cross-Sector Community Collaboration: Percentage of hospitals participating in healthcare coalitions.	7	Workforce Resiliency and Infection Control: Percentage of employed population with paid time off.
3	Institutional Quality: Accreditation by the Public Health Accreditation Board.	8	Countermeasure Utilization: Percentage of people ages 6 months or older who received a seasonal flu vaccination.
4	Institutional Quality: Accreditation by the Emergency Management Accreditation Program.	9	Patient Safety: Percentage of hospitals with a top-quality ranking (Grade A) on the Leapfrog Hospital Safety Grade.
5	Institutional Quality: Size of the state public health budget, compared with the past year.	10	Health Security Surveillance: The public health laboratory has a plan for a six- to eight-week surge in testing capacity.

Key report findings include:

- A majority of states (31) have made preparations to expand public health and healthcare capabilities in an emergency, often through inter-state collaboration and compacts.
- A strong majority of Americans (96%) who access water from a community water system, have access to water that meets all applicable health-based standards. Ninety percent of all Americans get their water from a community water system.
- Most states are accredited in the areas of public health and emergency management, many in both. These accreditations are one measure of a state’s capacity to effectively respond to health threats.

However, areas of concern include:

- Seasonal flu vaccination rates, already below 50 percent, fell last year. The flu vaccination rate for Americans ages 6 months and older dropped from 47 percent in the 2016 - 2017 season to 42 percent during the 2017- 2018 season.

- In 2018, 45 percent of employed state residents did not have access to paid time-off, meaning they were more likely to go to work if ill, increasing the potential for infections to spread.
- Only 28 percent of U.S. hospitals, on average, earned top-quality patient safety grades. Hospital safety scores measure performance on such issues as infection control, intensive-care capacity, nursing staff volume and an overall culture of error prevention.

“Preparedness is key to preventing harm when public health emergencies and natural disasters occur, but, being prepared requires dedicated funding and multi-sector planning and collaboration,” said John Auerbach, President and CEO of the Trust for America’s Health. “The risks to America’s health security are very real, and in the headlines - from wildfires to floods to food borne illnesses. These events are wake-up calls. To stay safe, we need to devote more time and money to emergency preparedness.”

TFAH’s report also includes a number of recommendations across 11 high priority areas. Among the top priorities:

- Congress should fund public health and health system preparedness and response as well as global health security.
- Congress should pass the Pandemic and All-Hazards Preparedness and Advancing Innovation Act.
- Investment in disease surveillance and data infrastructure needs to be significantly increased.
- The “last mile” of medical countermeasure distribution, meaning ensuring that important medications or other needed supplies get to the right person at the right time, needs to be strengthened.

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Trust for America’s Health is a nonprofit, nonpartisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. WWW.tfah.org