

Ready or Not: Protecting the Public's Health from Diseases, Disasters and Bioterrorism

In recent years, the nation has experienced devastating hurricanes, wildfires, measles outbreaks and a particularly severe flu season. Each of these emergencies requires robust and coordinated health responses – systems and capabilities that cannot be built overnight. Trust for America's Health's [Ready or Not report](#) examines preparedness in states and makes recommendations to improve the nation's readiness. The nation's health security infrastructure has made tremendous strides since 2001 by building modern laboratories, maintaining a pipeline of medical countermeasures, and recruiting and retaining a workforce trained in emergency operations. Yet, unstable and insufficient funding puts this progress at risk.

Key Findings:

- Federal funds to support state and local public health preparedness have been cut by about 28 percent (from \$940 million in fiscal year 2002 to \$675 million in FY 2019), and funding for healthcare emergency preparedness has been cut nearly in half (from \$515 million in fiscal 2004 to \$265 million in fiscal 2019).
- A majority of states have made preparations to expand capabilities in an emergency, often through collaboration. For example, hospitals in most states have a high degree of participation in healthcare coalitions, supported by the [Hospital Preparedness Program](#), and 31 states participated in the [Nurse Licensure Compact](#), which allows registered nurses and licensed practical or vocational nurses to practice in multiple jurisdictions with a single license.
- Seasonal flu vaccination rates for Americans ages 6 months or older dropped from 47 percent in the 2016-2017 season to [42 percent during the 2017-2018 season](#). The 2017–2018 flu season in the United States was the deadliest in nearly 40 years—tragically underscoring the importance of annual vaccination.
- 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.
- In 2018, 55 percent of workers in states, on average, had some type of paid time off. [Paid time off](#), especially dedicated sick leave, strengthens infection control and resilience in communities by reducing the spread of contagious diseases and bolstering workers' financial security.

Recommendations for Policymakers

- **Provide stable, sufficient funding for preparedness and response activities in public health through the Public Health Emergency Preparedness (PHEP) cooperative agreement:** CDC's PHEP program supports the foundational capabilities of preparedness within state, local, tribal and territorial health departments. These investments build public health capacity to prevent, detect and respond to a range of health threats and reduce the need for federal intervention in local emergencies. TFAH recommends \$824 million in FY20.
- **Build on investments in a public health emergency response fund to accelerate crisis responses:** Congress should place sufficient money into a public health emergency response fund to serve as a temporary bridge between preparedness and supplemental emergency funds. It should be used for acute emergencies that require a rapid response to save lives and protect the public and eliminate delays in responding to rapidly spreading health risks. This fund should not come from existing emergency preparedness or response resources.
- **Strengthen and fund the Hospital Preparedness Program (HPP) to build regional collaboration for healthcare emergency preparedness:** The HPP, administered by the Assistant Secretary for Preparedness and Response, seeks to improve patient outcomes and medical surge capacity by building healthcare system preparedness for various health crises. HPP needs robust annual funding, beginning with \$474 million in FY20, to ensure every state has strong regional coalitions to provide resources, situational awareness and other support during health emergencies.
- **Maintain a long-term investment in global health security:** According to CDC, a pathogen can travel from a remote village to major cities on all continents in just 36 hours. The Global Health Security Agenda (GHSA) is an international commitment to building capacity in targeted regions to prevent, detect and respond to infectious disease threats before they become crises. The U.S. is a key partner in the GHSA and must maintain its leadership in the effort, which requires sustained annual funding to maintain and improve these programs.
- **Promote antibiotic stewardship in medicine and agriculture, stronger surveillance and innovation to tackle drug-resistant superbugs:** CDC's Antibiotic Resistance Solutions Initiative supports innovative programs across the country to address the growing threat of antibiotic resistance. New incentives for innovation are needed to grow the pipeline of new antibiotic drugs and diagnostics.
- **Prepare for and prevent environmental threats and extreme weather:** Congress should work to mitigate the public health impacts of environmental threats such as extreme weather. CDC needs additional funding to support programs to help states adapt to climate-related risks, such as flooding, drought, and infectious disease. Infrastructure as well as disaster recovery investments should help communities become more resilient to extreme weather, such as flood-resistant building.
- **Support modern disease surveillance and data infrastructure:** Congress should support CDC, state and local public health to modernize the systems used to detect and contain outbreaks with a new investment in public health data infrastructure.