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

State Health Emergency Preparedness Performance, by Scoring Tier

- High tier (17 states & DC)
- Middle tier (20 states)
- Low tier (13 states)

Preparedness indicators

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

Fast Facts

- Only **28%** of hospitals, on average, earned a top-quality patient safety grade, down slightly from **31% in 2020**
- Nearly every state had a plan for surging public health laboratory capacity
- Only **about half** of the U.S. population is served by a comprehensive local public health system
- The seasonal flu vaccination rate among Americans ages 6 months and older rose to **52% during the 2020-2021 season**, still short of the Healthy People 2030 target of **70% annually**

For more information go to [https://www.tfah.org/report-details/ready-or-not-2022/](https://www.tfah.org/report-details/ready-or-not-2022/)
Recommendations for Congress

Congress and states should provide **stable, flexible, and sufficient funding for public health**, including for public health infrastructure, data modernization, and the public health workforce.

Create a **COVID-19 Commission** to review and make recommendations to address gaps in the pandemic response.

Take steps to prevent disease outbreaks by **investing in vaccination infrastructure, antibiotic resistance programs, and by providing paid leave** for all workers.

Prioritize investments in **healthy equity and social determinants of health** to help build resilient communities, including incorporating equity leadership into preparedness and response and ensuring funding is reaching communities that experience disproportionate impact.

Invest in the development and distribution of medical countermeasures to **enable rapid development and effective deployment of life-saving products during emergencies**, and federal and state policymakers and healthcare systems leaders should work together to prioritize effective **coordination and communication during emergencies**.

Strengthen the healthcare system’s ability to respond and recover from emergencies, including through the **Hospital Preparedness Program**.