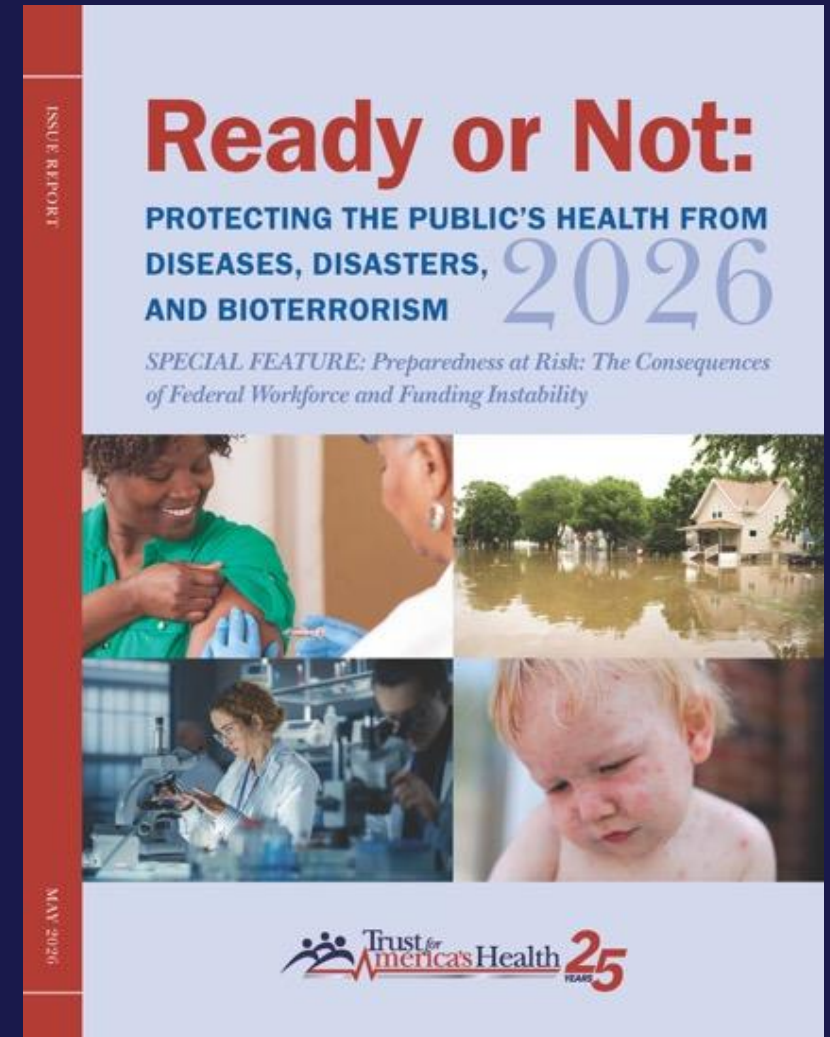




# Responding to Today's Gaps for Tomorrow's Health Emergencies: 2026 Ready or Not Report

Congressional Briefing and National Webinar

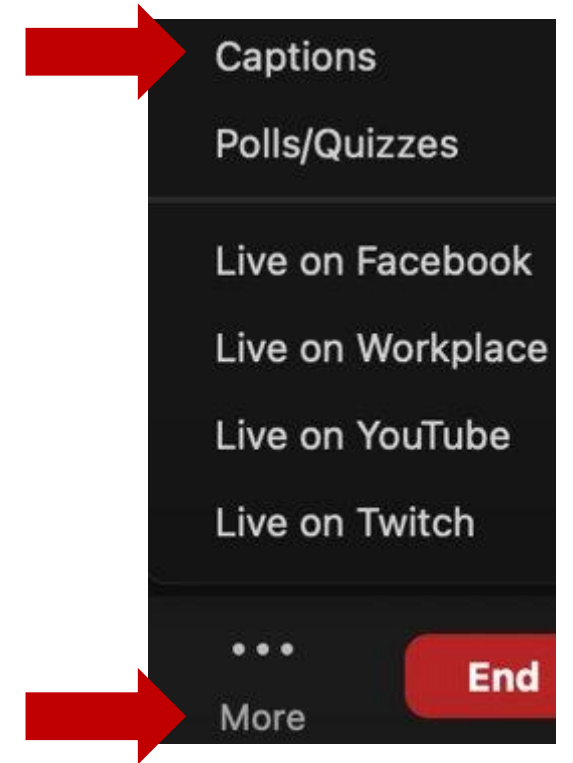
May 19, 2026 | 2:00 – 3:00 PM EDT



# Closed Captioning

To see real time captioning:

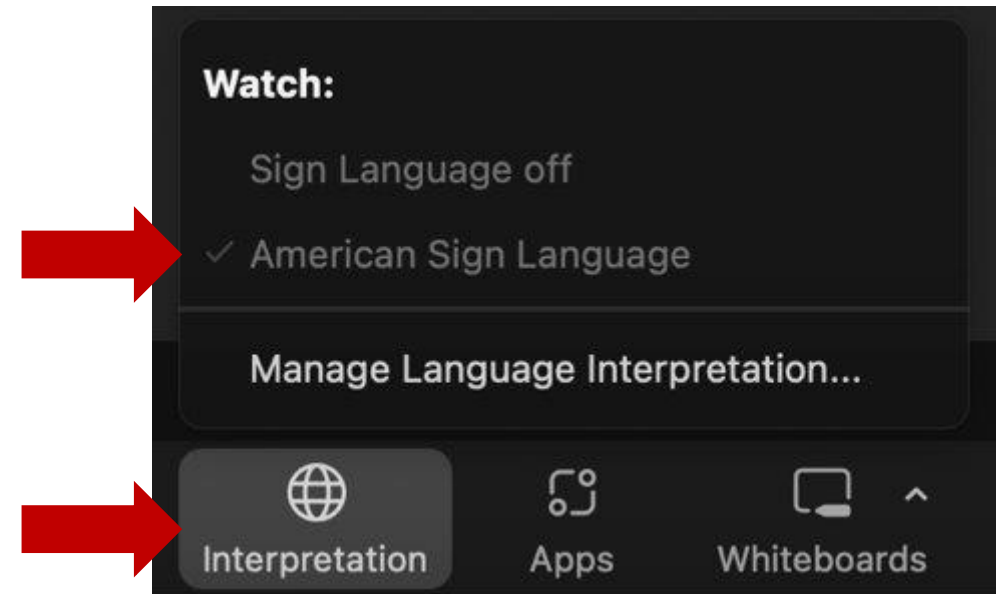
1. At the bottom of your screen, click to open **More**
2. Click **Closed Caption**



# ASL Interpreting

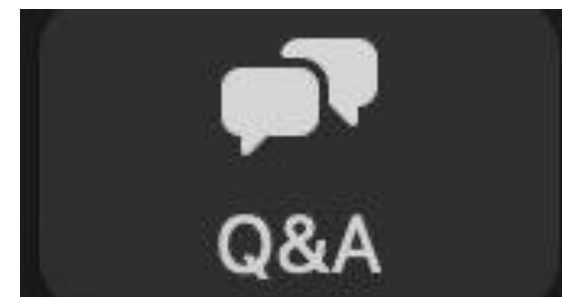
To see ASL Interpretation:

1. At the bottom of your screen, click to open **Interpretation**
2. Select **American Sign Language**



# Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the **Q&A box**
3. Hit **Enter**



# Moderator

**J. Nadine Gracia, M.D.,  
MSCE**

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President and CEO

Trust for America's Health

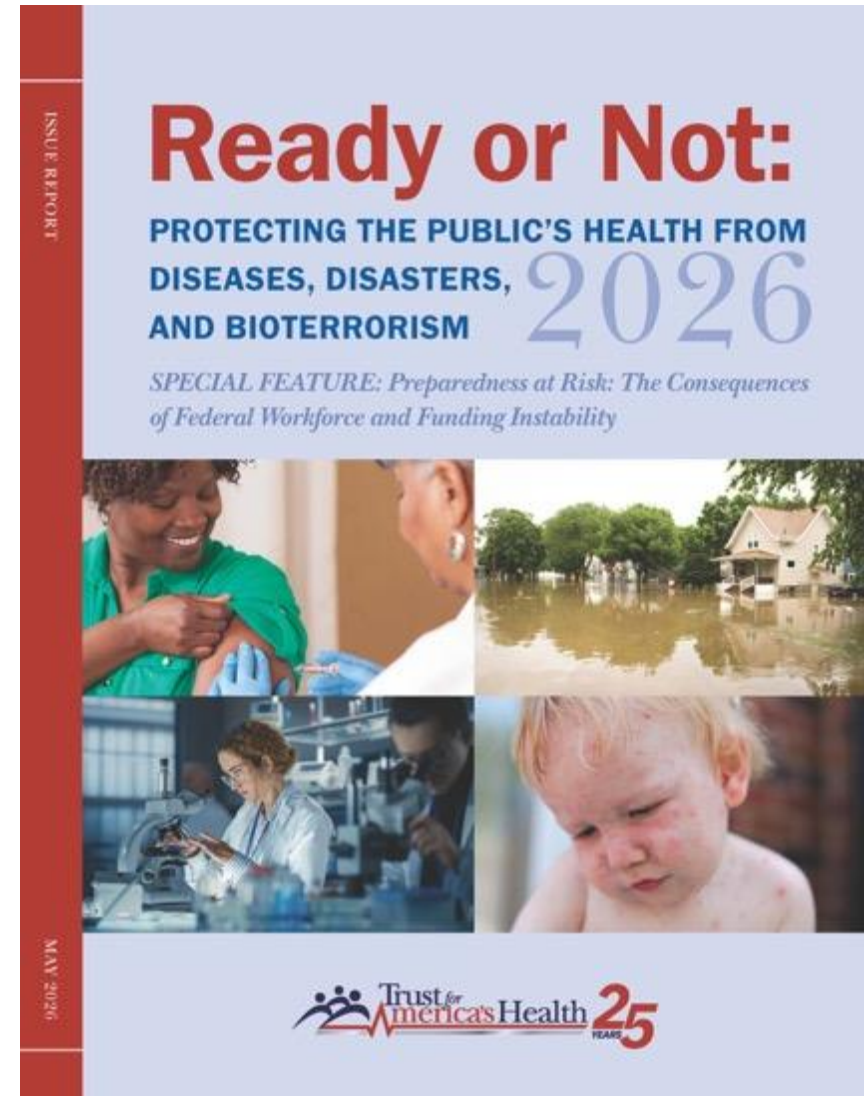


# Agenda

- **Welcome and Overview of *Ready or Not 2026: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism***
- **Panelist Presentations**
- **Q&A**
- **Closing**



# Ready or Not 2026: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism



# Report's Major Take-Aways



- A strong public health system protects health, economic security, and national security.
- The convergence of active health threats with significant federal policy uncertainty creates a defining moment for the nation's preparedness.
- Federal workforce reductions, grant terminations, and funding instability are straining state and local capacity.



# Background and Purpose



Evaluates the nation's readiness for public health emergencies through 10 indicators of state preparedness.



Provides benchmarks for federal, state, and local policymakers and health officials to measure and improve emergency readiness.



Includes a special feature on the consequences of federal workforce and funding instability.



Offers policy recommendations to strengthen health security.



# Topline finding:

30 states and DC placed in middle or low performance tiers.

State Public Health Emergency Preparedness State performance, by scoring tier, 2025		
Performance Tier	States	Number of States
High Tier	CA, CO, CT, DE, FL, IL, KS, MA, MD, ME, MT, NC, NH, NJ, PA, RI, UT, VA, VT, WI	20 states
Middle Tier	AR, AZ, DC, GA, HI, ID, IN, LA, MO, ND, NE, NV, NY, OH, OR, SC, TN, WA	17 states and DC
Low Tier	AL, AK, IA, KY, MI, MN, MS, NM, OK, SD, TX, WV, WY	13 states

Note: See "Appendix B: Methodology" for scoring details. Complete data were not available for U.S. territories.



# State Preparedness **Areas of Strong Performance**

## **Nurse Licensure Compact**

41 states adopted the NLC as of February 2026, enabling cross-state nursing mobilization during emergencies.

## **Public Health & Emergency Management Accreditation**

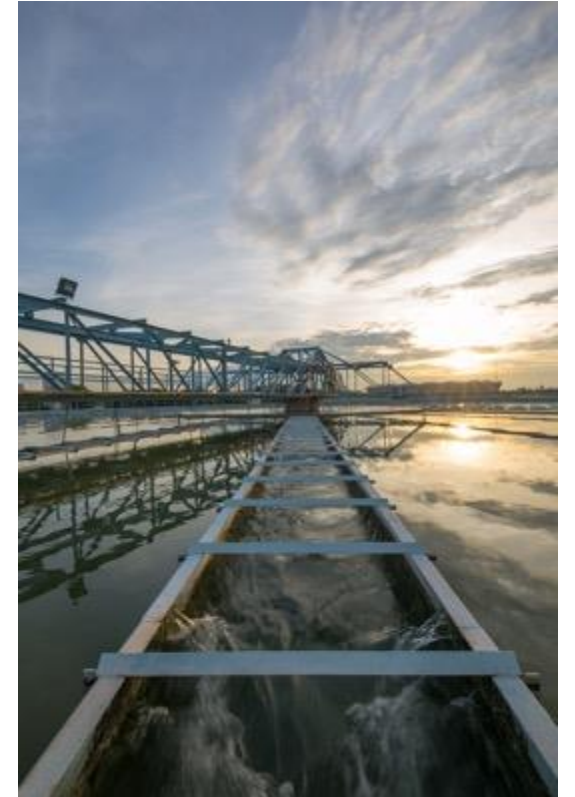
44 states and DC hold PHAB and/or EMAP accreditation; only 6 states lack either.

## **Public Health Laboratory Surge Capacity**

49 states and DC have written plans for 6- to 8-week testing surges.

## **Community Water System Safety**

Most states maintain high Safe Drinking Water Act compliance, though an average of 6% of residents per state are served by systems with health-based violations.



# State Preparedness **Areas Needing Improvement**



## **Access to Paid Sick Leave**

~82% of workers have access nationally, but coverage ranges from 98% (Pacific) to 67% (East South Central).

## **Seasonal Influenza Vaccination**

Only ~44% of U.S. residents ages 6 months and older were vaccinated during the high-severity 2024–2025 season, which saw 280 pediatric deaths.

## **Hospital Patient Safety**

Only 27% of graded hospitals earned an “A” from the Leapfrog Safety Grade, with wide state variation.

## **Avoidable Mortality**

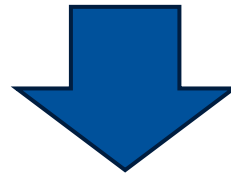
Declined to 278 per 100,000, but substantial state variation and racial/ethnic disparities persist.



## ***Special Feature***

### Preparedness at Risk: The Consequences of Federal Workforce and Funding Instability

- CDC lost ~25% of civilian workforce. Additional cuts at ASPR, FDA.
- Grant terminations, clawbacks, and funding delays
- Curtailed investment in health research and innovation
- Diminished global health security collaboration
- Reduced federal data sharing and disease surveillance



**Health and economic security at risk**



# Policy Recommendations

- Provide stable, flexible, and sufficient funding for CDC, ASPR health security programs.
- Ensure effective leadership and coordination, including reauthorizing Pandemic and All-Hazards Preparedness Act (PAHPA) and restoring federal workforce capacity.
- Prevent and respond to outbreaks and pandemics by supporting immunization, disease surveillance, and antimicrobial resistance efforts.
- Adopt strategies and accountability metrics to incorporate community resilience and health equity into preparedness at all levels of government.
- Accelerate development, stockpiling, and distribution of vaccines, therapeutics, and other medical countermeasures.
- Ready the healthcare system to respond and recover, including cross-state credentialing and surge capacity.
- Prepare for environmental threats and extreme weather through climate-health planning and infrastructure resilience.



# Speakers



**Stella Fogleman, RN, MSN, MPH,  
CNS**  
Director of Emergency  
Preparedness & Response Division  
LA County Department of Public  
Health



**Dave A. Chokshi, M.D. MSc**  
Chair  
Common Health Coalition  
Sternberg Family Professor,  
City College of New York



**Steven Levine**  
Co-CEO  
Health Action Alliance



**Stella Fogleman, RN, MSN,  
MPH, CNS**

---

Director of Emergency  
Preparedness & Response Division  
LA County Department of Public  
Health





# **Protecting the Public's Health from Diseases, Disasters, and Bioterrorism in Los Angeles County**

Stella Fogleman, RN, MSN/MPH, CNS

Director, Emergency Preparedness and Response Division

Los Angeles County Department of Public Health

# Outline

- Public Health in Los Angeles County
- PH Emergency Preparedness and Response Roles & Responsibilities
- Preparing for Mass Gathering and Global Sporting Events



# Los Angeles County

## Size & Systems

- 9.7 million residents (largest county population in US)
- 4,000+ square miles, 88 incorporated cities, 120+ unincorporated areas
- 47 law enforcement agencies, 26 fire agencies
- 80+ school districts, 100+ colleges and universities

## Demographics

- 220+ languages spoken
- 55.1% speak a language other than English at home
- 4.8M people of Hispanic/Latino Origin (48.8%)
- 13.3% of persons in poverty
- Some of the most extremes in SES for poverty and wealth -- wide gap in life expectancy depending on zip code.

## Public Health and Medical System

- 3 Public Health Departments, 5 Vector Control Districts
- 100 Hospitals (74 EDs, 15 Trauma, 3 Burn, 15 Peds, 1 RESPTC)
- 300 Community Health Centers, 400+ SNFs, hundreds of Long-Term Care and Congregate Living Facilities
- 180 Dialysis Centers, 250 Ambulatory Surgery Centers
- 37 Licensed Ambulance Companies



# Federal Support: PHEP & HPP

## Federal Cooperative Agreements

- **CDC** Public Health Emergency Preparedness (**PHEP**) Program
- **ASPR** Hospital Preparedness Program (**HPP**)
- **62 Awardees:** 50 States; 5 Territories; 3 Freely Associated States; 4 Directly Funded Localities: Chicago, DC, **LA County**, and NYC
  - LA County DPH gets \$21.4 million annually in PHEP.
    - Over 91% of LA County's PHEP budget supports personnel (82 FTEs) to perform this critical work.



# PH Emergency Preparedness and Response Responsibilities

- Perform public health threat assessments, analyses, and projections
- Develop plans, policies and procedures for protective actions
  - Including Medical Countermeasures
- Conduct trainings and exercises
- Respond to public health emergencies
- Engage and coordinate with community and agency partners
- Coordinate public health emergency response operations
- Develop and provide community preparedness education and training, including volunteers
- Manage emergency preparedness funding for public health
- Communicate health protective information to partners and the public



# Example PH Preparedness & Response Efforts

- Chemical, Biological, Radiological, Nuclear (CBRN) Readiness planning for special events
- Coordinate response to disease outbreaks, extreme heat, fires, floods
- 2009 H1N1 Pandemic
- 2014 Ebola Outbreak
- 2015 Aliso Canyon Methane Leak
- 2015 Zika Epidemic
- 2019 Measles Outbreak
- 2020+ COVID-19 Pandemic
- 2022+ Mpox Pandemic, Super Bowl, Summit of the Americas
- 2023 HPAI H5N1 Preparedness
- 2024 Dengue Local Transmission
- 2025 LA Wildfires
- 2026 FIFA World Cup
- 2027 NFL Super Bowl
- 2028 Olympic and Paralympic Games



# Core Public Health Responsibilities During Mass Gathering and Sporting Events

Disease  
Surveillance  
& Control

Environmental  
Health

WMD  
Preparedness

PH  
Emergency  
Management

Areas of focus during events while DPH continues to manage regular day-to-day operations.

# Disease Surveillance and Control

**Public Health Lab**

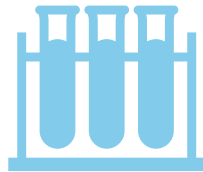
**Acute Communicable  
Disease Control Program**

**Community Field Services**



## Disease Surveillance

- Title 17 mandated reporting
- Detect unusual clusters/cases
- Wastewater surveillance
- Syndromic surveillance
- Internal program monitoring dashboard



## Communicable Disease Testing

- Support testing as needed
- Genomic surveillance
- Conduct Environmental Testing if needed



## Medical Liaison to Healthcare Community

- Communicate important updates via **LAHAN**
- Disseminate information through Infection Preventionists and community presentations



## Disease/Outbreak Management

- Case interviews
- Contact tracing
- Collaborations with EH
- Provide education, consultation, and technical assistance to internal and external stakeholders
- Coordination of OB Management with state, CDC, and other partners

## Field work

- Provide education and community outreach to prevent further disease spread
- Perform case/contact interviews



# Environmental Health

## Food Safety and Inspections

- Permitting and inspections of all planned community events (FIFA Sponsored and Others)
  - Includes mobile food facilities and temporary food facilities
- Proactive inspections of all permanent venues (SoFi/LA Stadium and LA Memorial Coliseum)

## Outbreak Response

- Assisting ACDC with environmental investigations as warranted (e.g., food, water)

## Hotel Inspections

- Conducting proactive inspections prior to the event

## EH Strike Team

- Supporting BioWatch and other emergency response activities

# WMD Preparedness

**Technical Advisory Group (TAG)** -DPH TAG conducts BioWatch operations and assesses threat information.

**Joint Regional Intelligence Center (JRIC)** - TAG will be linked with the JRIC (LA County's Fusion Center) for continuous flow of threat intelligence information

**FBI Collaboration**- DPH collaborates with the FBI to conduct any bioterrorism or WMD investigations

**WMD Incident Response Team**- Emergency Ops team will be strategically staged with FBI, LAPD, Sheriff, and Fire Hazmat partners in a Joint Hazard Assessment Team (JHAT) to respond to white powder letters, suspicious substances, and other WMD threats



# Emergency Management

**DPH Departmental Operations Center DOC** – Supports emergency management activation, communications within the department and with

**Emergency Operations Centers** – DPH Representative reports in to coordinate with City, County, and NGO partners

**Command Posts**- Technical Advisory Group (TAG) personnel provide Bioterrorism and WMD support to Command Post Operations.

**Joint Information Center** – Interagency communications hub to ensure cohesive “One Voice” messaging and collaboration



# Budget Impacts



- The President's FY27 Proposed Budget cuts our PHEP budget **by more than 50%** while significantly expanding the requirements of the program.
- It also eliminates the Hospital Preparedness Program (HPP), adding these responsibilities to the PHEP program.
- Given the significant work needed for the events in LA County and nationally and the need for maintaining national public health preparedness capabilities at the state and local level, LA County and other partners are advocating instead to increase funding to an annual appropriation: **\$307.055 million for HPP and \$1 billion for PHEP.**

Thank you!



# Dave A. Chokshi, M.D. MSc

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Chair

Common Health Coalition

Sternberg Family Professor,

City College of New York





**Common  
Health  
Coalition**



# **Regional Collaboration to Strengthen Preparedness**

**May 19, 2026**

# 400+ MEMBERS, AND GROWING



# Our Focus Areas



The Coalition's work is focused in four core areas that we call our **C.A.R.E. framework**:

**C** **Codified  
Coordination**

Between health care and public health with clearly delineated goals, roles, and responsibilities.

**A** **Always-on  
Preparedness**

Through shared plans that can be deployed and scaled quickly during a crisis.

**R** **Real-time  
Detection**

So disease threats are assessed and response can be mobilized more swiftly.

**E** **Exchange  
of Data**

In a way that is swift, consistent, and actionable to drive equity.

# The Challenges Before Us



Organizations can't shoulder growing fiscal challenges alone

Public needs to see health system being responsive to their needs and trust that we have their backs in an emergency

We must ensure that hyperlocal lessons learned from pandemic are deployed and scaled to better serve our communities

# Regional Action as an Antidote to Fragmentation



Northeast Public Health Collaborative

West Coast Health Alliance

National Emerging Special Pathogens  
Training and Education Center's  
(NETEC)

Emerging multi-state networks across  
the rest of the country

Smaller, existing state-based networks

# Regional Action Networks



**Regional Action Networks** – collaborations between health care and public health organizations working across geographic borders and sectors to tackle shared health priorities, improving outcomes for patients and communities.



## **Backbone:**

Sustained cross-sector coordination and shared strategy through a backbone organization



## **Funding:**

Build partnerships to unlock new, shared investments



## **Data:**

Establish regional data sharing infrastructure and shared equity goals



## **Community:**

Develop a strategy for meaningful engagement and bidirectional communications

# Regional Collaboration in Action



The **Northwest Healthcare Response Network (NWHRN)** directly coordinates health care, public health, and emergency response partners to prepare for and respond to emergencies affecting patient care and community wellbeing across 34 counties and 29 tribal nations in Washington state.



The **Minnesota Electronic Health Record (MN EHR) Consortium** unites health care systems and public health agencies across the state in a shared data-driven mission: informing policy and improving community health. It captures 95% of Minnesotans, providing timely insight for leaders.



Based in Cincinnati, **The Health Collaborative (THC)** is a nonprofit, nonpartisan convener uniting more than 20 health care systems, public health agencies, social service organizations, and emergency management partners across a 13-county region in Ohio.



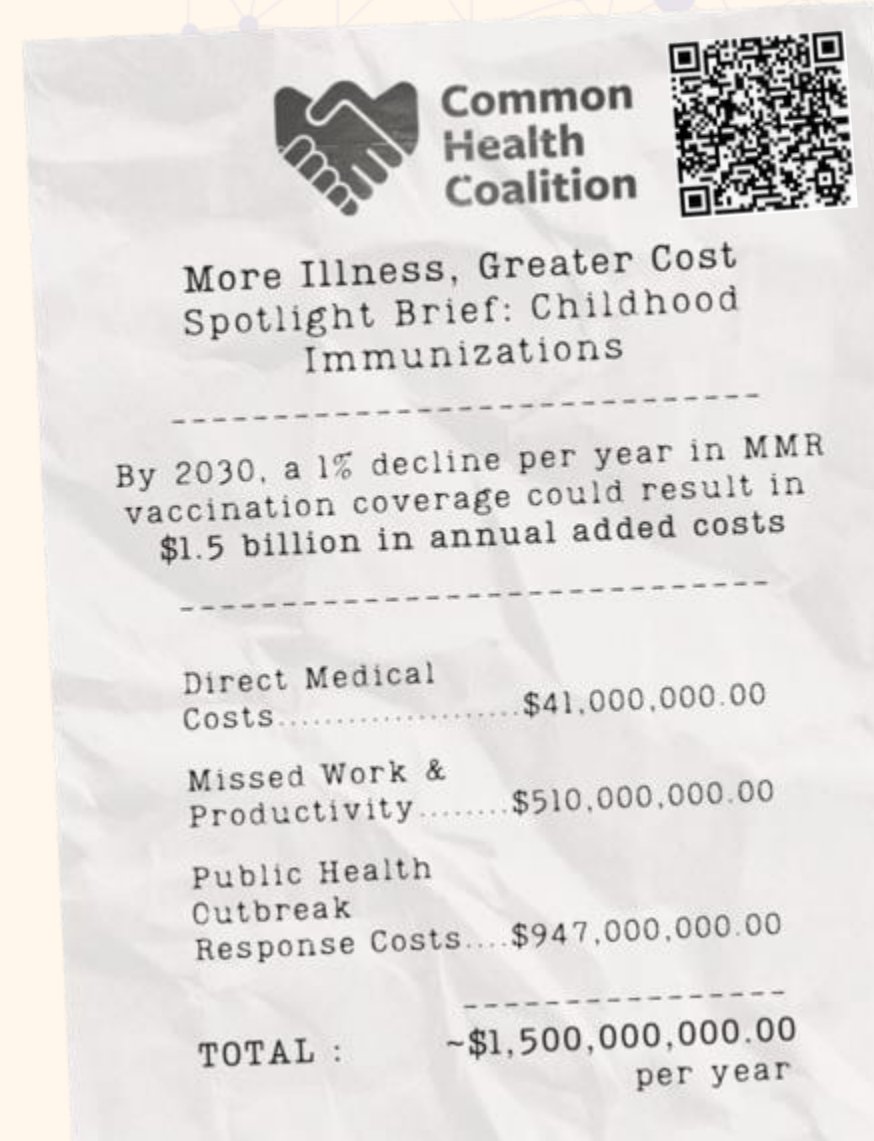
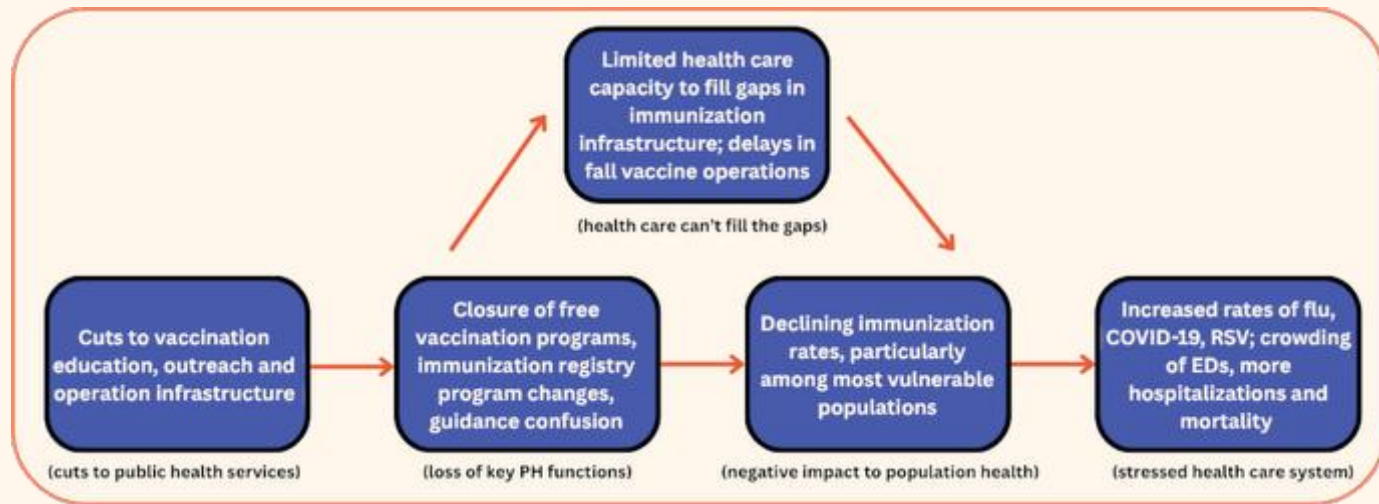
# Loss of Funding Leads to *More Illness, Greater Cost*



Developing shared languages to identify shared problems and shared solutions.

## More Illness, Greater Cost:

*The consequences of public health cuts for the health care system*



# Shared Financing & Investment for Regional Prevention



## Six Steps to Shared Financing



Transforming **Shared Risk** into **Shared Action**



# Stay in Touch!

Email us at: [info@commonhealthcoalition.org](mailto:info@commonhealthcoalition.org)

Visit us at [CommonHealthCoalition.org](http://CommonHealthCoalition.org)

Follow us on



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Instagram



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YouTube



**Steven Levine**

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**Co-CEO**

**Health Action Alliance**

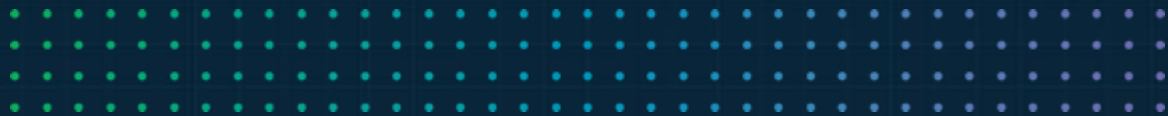




TFAH READY OR NOT 2026 WEBINAR

# Employers as a Critical Channel for Public Health Emergency Preparedness

May 19, 2026



**Steven Levine**

Co-Founder & Co-CEO, Health Action Alliance



# Translating Public Health Into Workplace Practice



**11,000+**

Employers in the network

**50M+**

Workers and their families reached

“

**Employers have become part of the public health system.**

If we want to be better prepared going forward, we really need to take advantage of the incredible authority, credibility, trust, power, capability, and capacity of our private-sector partners.

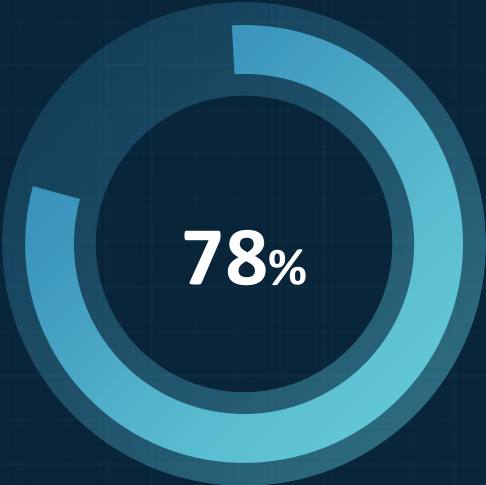
**Julie Gerberding, MD, MPH**

Former Director, U.S. Centers for Disease Control and Prevention

Founded during the COVID-19 pandemic.

Nonpartisan. National scope.

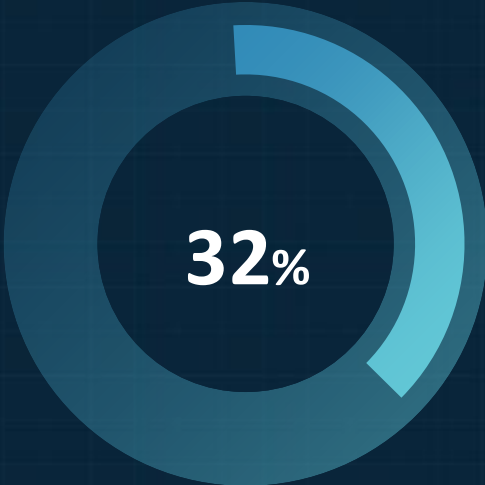
# Workers Trust Their Employer - and Expect Them to Act



**78%** of employees trust “my employer” —  
the most trusted institution in America.

14 points ahead of business overall (64%) and  
25 points ahead of government (53%).

Source: 2026 Edelman Trust Barometer

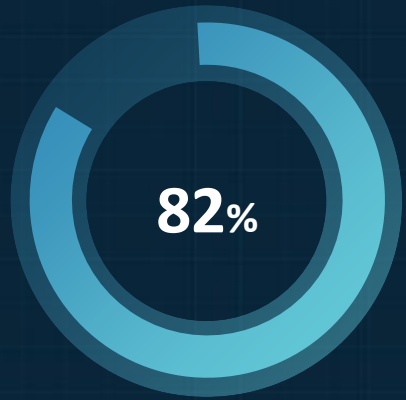


**32%** of U.S. workers say their employer is primarily responsible  
for protecting them from climate-related health risks.

More than federal government (20%),  
state and local government (21%), or  
workers themselves (17%).

Source: National Commission on Climate and Workforce Health polling w/ Switch 5, March 2026

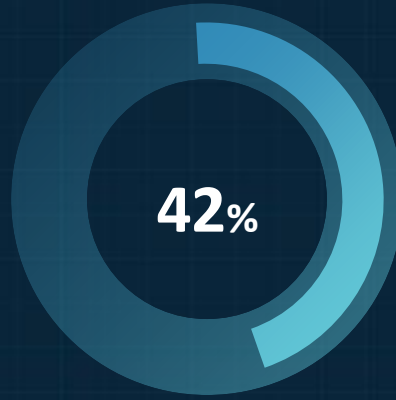
# Workers Know It's Here. Employers Haven't Caught Up.



**of workers - including 90% of Gen Z**  
faced an extreme-weather-related disruption at work in the past year.

## Climate is already a workplace health issue

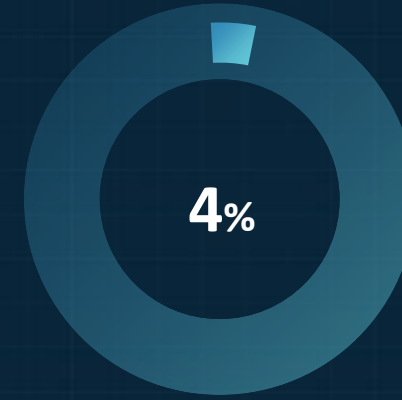
NCCWH polling w/ Switch 5, 2025–2026



**of employees feel confident**  
their employer has a plan to keep them safe during extreme weather.

## Employees want leadership and action

NCCWH polling w/ Switch 5, March 2026



**of employers**  
have assessed their workforce's vulnerability to weather impacts.

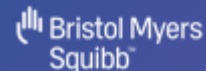
## Employer response is lagging

2025 Mercer Survey on Health & Benefit Strategies



Launched April 2026  
Founding members include:

NATIONAL COMMISSION ON  
**Climate and  
Workforce Health**



Co-chaired by Sen. Bill Frist (former U.S. Senate Majority Leader)  
and Susan Potter (President, Mercer U.S. & Canada)

# Help Employers Climb the Ladder

04

## Invest in Community Health

Partner with local public health departments and other employers on community-wide health.

03

## Build Public Health Relationships

Develop active, peacetime relationships with local public health officials and peer employers.

02

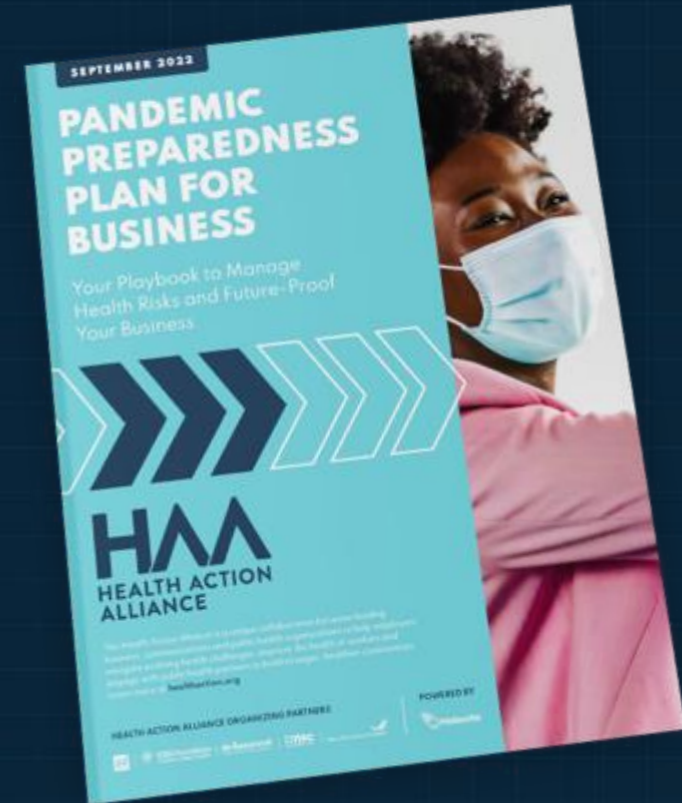
## Develop Response Plans

Establish ready-to-use emergency response plans and company health policies.

01

## Protect Employee Health

Workplace safeguards, paid sick leave, vaccination support, and care navigation.



# Free, Ready to Use, and Built For Partnership



## healthaction.org

Free resources for employers and public health partners across pandemic preparedness, climate, mental health, and more.



## Pandemic Preparedness Plan for Business

A four-level framework for employers — cited in Ready or Not 2026.



## Extreme Weather + Work

Workforce resilience playbooks, briefings during named storms, and regional Resilience Labs.



## Climate Health Cost Forecaster

Free Mercer + NCCWH tool quantifying workforce health-cost exposure from climate.

**The most powerful step you can take is the first conversation with a local employer.  
We hope these resources help you start.**

# Submit Questions for Our Moderator and Panelists



**J. Nadine Gracia, M.D., MSCE**  
President and CEO  
Trust for America's Health



**Stella Fogleman, RN, MSN, MPH,  
CNS**  
Director of Emergency  
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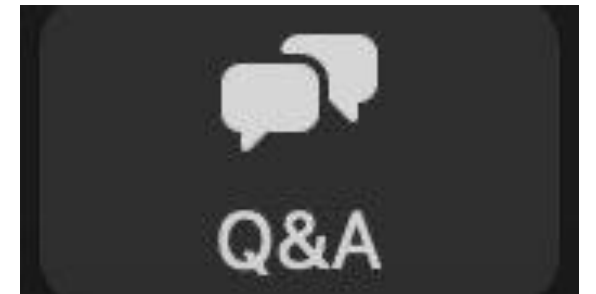


**Steven Levine**  
Co-CEO  
Health Action Alliance



# Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the **Q&A box**
3. Hit **Enter**



# The Path Forward



- Preparedness capabilities—detection systems, laboratory capacity, trained workforce, coordination mechanisms—cannot be assembled during crises.
- The choices made today will determine whether the nation enters the next emergency from a position of strength or vulnerability.
- Sustaining the infrastructure built over two decades, growing a skilled public health workforce, and ensuring federal–state–local partnerships function effectively are not optional—they are the foundation of national health security.





# For More Information

**TFAH Government Relations Contact**

**Dara Lieberman**

Director, Government Relations

[dliberman@tfah.org](mailto:dliberman@tfah.org)



Full report at [tfah.org](http://tfah.org)



# Thank You to Our Moderator and Panelists



**J. Nadine Gracia, M.D., MSCE**  
President and CEO  
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- Wellness and Prevention Digest
- Health Security and Preparedness Newsletter
- Well Being Working Group Write Up
- Age-Friendly Public Health Systems Newsletter



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info@tfah.org



**THANK YOU!**

**The recording and slides will be available at  
[tfah.org](http://tfah.org)**

