



Report Finds U.S. Bioterror, Bird Flu, and Health Disaster Preparedness Inadequate; Half of States Score 6 or Less Out of 10 Key Indicators

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WASHINGTON, December 12, 2006 – Trust for America’s Health (TFAH) today released the fourth annual “Ready or Not? Protecting the Public’s Health from Disease, Disasters, and Bioterrorism,” which found that five years after the September 11th and anthrax tragedies, emergency health preparedness is still inadequate in America.

The “Ready or Not?” report contains state-by-state health preparedness scores based on 10 key indicators to assess health emergency preparedness capabilities. All 50 U.S. states and the District of Columbia were evaluated. Half of states scored six or less on the scale of 10 indicators. Oklahoma scored the highest with 10 out of 10; California, Iowa, Maryland, and New Jersey scored the lowest with four out of 10. States with stronger surge capacity capabilities and immunization programs scored higher in this year’s report, since four of the measures focus on these areas.

“The nation is nowhere near as prepared as we should be for bioterrorism, bird flu, and other health disasters,” said Jeff Levi, PhD, Executive Director of TFAH. “We continue to make progress each year, but it is limited. As a whole, Americans face unnecessary and unacceptable levels of risk.”

For the state-by-state scoring, states received one point for achieving an indicator or zero points if they did not achieve the indicator, therefore zero is the lowest possible overall score and 10 the highest. The data for the public health indicators are from publicly available sources or public officials in 2006.

Among the key findings:

- Only 15 states are rated at the highest preparedness level to provide emergency vaccines, antidotes, and medical supplies from the **Strategic National Stockpile**.
- Twenty-five states would **run out of hospital beds** within two weeks of a **moderate pandemic flu outbreak**.
- Forty states face a **shortage of nurses**.
- Rates for **vaccinating seniors for the seasonal flu** decreased in 13 states.
- Eleven states and D.C. lack sufficient capabilities to **test for biological threats**.
- Four states do not **test year-round for the flu**, which is necessary to monitor for a pandemic outbreak.
- Six states cut their **public health budgets** from fiscal year (FY) 2005 to 2006; the median rate for state public health spending is \$31 per person per year.

“September 11, the anthrax attacks, and Hurricane Katrina were all wake up calls to the country, putting us on notice that the nation’s response capabilities were weak and that we needed to improve preparedness,” said Levi added. “But, across the board it is clear that we haven’t learned the lessons from these tragedies – we are still too vulnerable to what might come next.”

The report also examines the need to strengthen funding and accountability for public health preparedness. Preparedness is a shared responsibility among the federal, state, and local governments, with the Centers for Disease Control and Prevention (CDC) and Health Resource Services Administration (HRSA) at the U.S. Department of Health and Human Services (HHS) in charge for overseeing the use of federal funds devoted to health emergency readiness. Since 2004, over \$90 million have been cut from the CDC's preparedness funds that are allocated to states, and over \$23 million have been cut from HRSA funds allocated for state hospital preparedness. These cuts have occurred before many basic preparedness goals have been met, as can be seen in some of the state scores in this report. This threatens to halt or reverse progress that has been achieved. Additionally, the federal government currently does not consistently, objectively measure or provide state-by-state information to help Americans and policymakers assess how prepared their communities are to respond to health threats.

The report also offers a series of recommendations to help improve preparedness. Some key recommendations include:

- The federal government should establish improved **“optimally achievable” standards** that every state should be accountable for reaching to better protect the public, and the results should be made **publicly available**. Appropriate levels of funding should be provided to the states to achieve these standards.
- Establishment of **temporary health benefits for the uninsured or underinsured during states of emergency**. This benefit is necessary to ensure that sick people will stay home, and the uninsured and underinsured will seek treatment in times of emergency, helping to prevent the unnecessary spread of infectious diseases, including resulting from acts of bioterrorism or a pandemic flu outbreak.
- A **single senior official within the U.S. Department of Health and Human Services should be designated to be in charge of and accountable for all public health programs**. The senior official would streamline government efforts and be the **clear leader** during times of crisis.
- **Emergency surge capacity** capabilities should be improved by integrating all health resources and partnering with businesses and community groups in planning, and increasing stockpiles of needed equipment and medications.
- The **volunteer medical workforce** should be expanded and an investment must be made in the **recruitment** of the next generation of the public health workforce.
- **Technology and equipment** must be modernized and **research and development** must be strengthened.
- **The public** should be better included in **emergency planning**, and **risk communication** must be modernized.

TFAH's report was supported by grants from the Robert Wood Johnson Foundation and the Bauman Foundation. TFAH's report and state-by-state materials are available at: www.healthyamericans.org

Score Summary --

10 out of 10: Oklahoma

9 out of 10: Kansas

8 out of 10: Alabama, Kentucky, Michigan, Missouri, Montana, Nebraska, South Dakota, Texas, Virginia, Washington, West Virginia, Wyoming

7 out of 10: Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Minnesota, New Hampshire, New York, North Dakota, Tennessee

6 out of 10: Colorado, Indiana, Louisiana, Massachusetts, Mississippi, Nevada, New Mexico, North Carolina, Oregon, Rhode Island, Utah, Vermont, Wisconsin

5 out of 10: Alaska, Arizona, Arkansas, Connecticut, D.C., Maine, Ohio, Pennsylvania, South Carolina

4 out of 10: California, Iowa, Maryland, New Jersey

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.

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