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Majority of States Score 6 or Lower Out of 10 Indicators in Report on Health Emergency Preparedness

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Washington, D.C., December 19, 2012 – In the 10th annual *Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism* report, 35 states and Washington, D.C. scored a six or lower on 10 key indicators of public health preparedness.

The report, issued by the Trust for America’s Health (TFAH) and Robert Wood Johnson Foundation (RWJF), found that while there has been significant progress toward improving public health preparedness over the past 10 years, particularly in core capabilities, there continue to be persistent gaps in the country’s ability to respond to health emergencies, ranging from bioterrorist threats to serious disease outbreaks to extreme weather events.

In the report, Kansas and Montana scored lowest—three out of 10—and Maryland, Mississippi, North Carolina, Vermont and Wisconsin scored highest—eight out of 10.

“In the past decade, there have been a series of significant health emergencies, including extreme weather events, a flu pandemic and foodborne outbreaks,” said Jeffrey Levi, PhD, executive director of TFAH. “But, for some reason, as a country, we haven’t learned that we need to bolster and maintain a consistent level of health emergency preparedness. Investments made after September 11th, the anthrax attacks and Hurricane Katrina led to dramatic improvements, but now budget cuts and complacency are the biggest threats we face.”

The *Ready or Not?* report provides a snapshot of our nation’s public health emergency preparedness. Its indicators are developed in consultation with leading public health experts based on data from publicly available sources, or information provided by public officials. Some key findings from the report include:

- 29 states cut public health funding from fiscal years (FY) 2010-11 to 2011-12, with 23 of these states cutting funds for a second year in a row and 14 for three consecutive years. In addition, federal funds for state and local preparedness have decreased 38 percent from FY 2005-2012 (Centers for Disease Control and Prevention (CDC) funds, adjusted for inflation). States are reporting that gains in public health preparedness achieved in the past decade since September 11, 2001 are eroding, and since 2008, budget cuts have resulted in more than 45,700 job losses at state and local health departments;
- Only two states have met the national goal of vaccinating 90 percent of young children, ages 19-36 months, against whooping cough (pertussis). This year Washington state has seen one of the most significant whooping cough outbreaks in recent history;

- 35 states and Washington, D.C. do not currently have complete climate change adaptation plans, which include planning for health threats posed by extreme weather events;
- 20 states do not mandate all licensed child care facilities to have a multi-hazard written evacuation plan; and
- 13 state public health laboratories report they do not have sufficient capacity to work five, 12-hour days for six to eight weeks in response to an infectious disease outbreak, such as novel influenza A H1N1.

“Public health preparedness has improved leaps and bounds from where we were 10 years ago,” said Paul Kuehnert, MS RN Director of the Public Health Team at the Robert Wood Johnson Foundation. “But severe budget cuts at the federal, state and local levels threaten to undermine that progress. We must establish a baseline of ‘better safe than sorry’ preparedness that should not be crossed.”

The *Ready or Not?* report provides a series of recommendations that address many of the major gaps in emergency health preparedness, including:

- Reauthorize the Pandemic and All-Hazards Preparedness Act (PAHPA), which expires at the end of this year;
- Assure sufficient, dedicated funds for public health preparedness to ensure basic capabilities to respond to threats public health departments face every day and also to have the trained experts and systems in place to act quickly in the face of major, unexpected emergencies;
- Provide ongoing support to communities so they better cope and recover from emergencies;
- Modernize biosurveillance to a real-time, interoperable system to better detect and respond to problems;
- Seriously address antibiotic resistance;
- Improve research, development and manufacturing of medical countermeasures;
- Increase readiness for extreme weather events; and
- Update the nation’s food safety system.

The report was supported by a grant from RWJF and is available on TFAH’s website at www.healthyamericans.org and RWJF’s website at www.rwjf.org.

Score Summary:

A full list of all of the indicators and scores and the full report are available on TFAH's website and RWJF's website. For the state-by-state scoring, states received one point for achieving an indicator or zero points if they did not achieve the indicator. Zero is the lowest possible overall score, 10 is the highest. The data for the indicators are from publicly available sources or were provided from public officials.

8 out of 10: Maryland, Mississippi, North Carolina, Vermont and Wisconsin

7 out of 10: Alabama, Arkansas, California, Delaware, Nebraska, New Hampshire, New Mexico, New York, North Dakota and Virginia

6 out of 10: Connecticut, Idaho, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Missouri, Ohio, Oklahoma, South Carolina, Tennessee, Utah, Washington and Wyoming
5 out of 10: Alaska, Arizona, Washington, D.C., Florida, Illinois, Indiana, Michigan, Minnesota, Oregon, Pennsylvania, Rhode Island, South Dakota, Texas and West Virginia
4 out of 10: Colorado, Georgia, Hawaii, Nevada and New Jersey
3 out of 10: Kansas and Montana

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. www.healthyamericans.org

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