



MEMORANDUM

Wednesday, May 15, 2002

TO: Reporters covering bioterrorism and public health policy

FR: Shelley Hearne, DrPH, Executive Director, Trust for America's Health

RE: As CDC Prepares to Release \$800M to States for Public Health Protection, New Survey Shows Public More Concerned with Chronic Disease than Bioterrorism

According to a new poll (see attached), 80% of Americans believe another biological or chemical terrorist attack is likely in the US within the next five years, but only 40% believe their local health system would be prepared to handle such a crisis. Fifty-four percent say their community would be unprepared.

The survey comes as the Centers for Disease Control and Prevention (CDC) is gearing up to release \$800 million to the states for public health system improvements. Congress approved the funds last year in response to the September 11 terrorist attacks and the anthrax crisis.

The survey shows a strong majority in favor of increased spending on public health protection. But while concern about biological and chemical terrorism runs high, concern about chronic diseases like cancer and heart disease is as high or higher – a clear indication that the public is demanding greater protection from all kinds of health threats.

Guidelines recently issued by the CDC are designed to help states develop their public health preparedness plans, but they emphasize bioterrorism planning.

The new funding is a good start, but much more is needed. It's important to note that the CDC guidelines do not help us prepare for the number one killer of Americans today -- chronic diseases like cancer, asthma and Parkinson's. Instead of creating a system that plays "man-to-man defense" -- as this funding would -- we need to give states an opportunity to create a "zone defense" so they can cover a full range of health threats, from biological and chemical terrorist threats to serious, ongoing crises of chronic diseases. Even if the states' plans meet all of the CDC criteria, public health officials won't have the tools they need to uncover the cause of a cancer cluster or a state's asthma epidemic – which are certainly seen as health emergencies in any affected communities.

Public health is more than a one-shot deal. We need sustained investments to adequately protect the public's health from illnesses that threaten us all. And the public agrees.

Strong Support for Greater Public Health Spending and Coordination

The survey, conducted on behalf of Trust for America's Health by the bipartisan team of The Mellman Group and Public Opinion Strategies, is the first to examine the public's perceptions of health risks and public health policy priorities since last September.

According to the poll, a strong majority of voters (66%) thinks the United States should spend more than it does today on protecting the public's health, with 41% saying the US should spend *much* more. Support for increased spending crosses partisan, gender, and geographic lines.

By a margin of 50% to 36%, voters believe state, local and federal public health officials do not have the equipment and facilities they need to do their jobs well. Voters see disease tracking, laboratories, education, training, and early-warning and communications systems as important priorities for protecting our health.

But in an important twist, when it comes to their health, Americans are more concerned about traditional health threats like cancer and heart disease than they are about health threats from biological and chemical terrorism. In fact, voters display the greatest concern about cancer, with 77% saying it is the health problem that concerns them the most (41%) or a great deal (36%). Heart disease came in second with a combined score of 66%, and "disease caused by environmental factors like pollution" came in third at 60%. Fifty-four percent said biological terrorism is one of the issues that concerns them the most or a great deal, and 51% ranked chemical terrorism this highly.

Voters also expressed concern about a lack of coordination in public health protection. After hearing that more than 50 separate federal offices handle public health protection, with no one agency or official in charge, 57% said this was an inadequate level of coordination. Moreover, when asked how important it was for a single agency to be in charge of coordinating public health efforts, voters were nearly unanimous in saying it was important (93% important, 67% very important).

Broad Investment Needed for Public Health Fundamentals

The states have already received the first 20% of the CDC bioterrorism funding. But to receive the remaining 80%, each state must develop a public health preparedness plan that meets the CDC's approval. The state plans are currently under review at the CDC, with at least some decisions expected within the next few weeks.

Although Congress approved the funding in response to the terrorist attacks, states need funding to develop broad public health protection, not just protection from terrorism. In fact, the majority of the necessary investments outlined by CDC, if expanded, could protect our families and communities from all kinds of risks, whether it's from biological or chemical terrorism or serious ongoing chronic diseases like cancer and asthma.

Some state health officials recognize this money is an important step toward improving their ability to fight all health threats. For example, in announcing the submission of North Carolina's plan to CDC, Acting State Health Director Dr. Leah Devlin said, "This represents the most significant new money for public health infrastructure in more than 50 years. The thing that most people don't realize is, that by preparing for a potential

biological attack, we are also strengthening the entire public health system. The benefits go far beyond bioterrorism preparedness.”

The CDC suggested that states allocate their funding as follows:

- **Preparedness Planning and Readiness Assessment (20%):** States should build the capacity to respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats by ensuring adequate leadership, assessing readiness of hospitals and emergency medical services, and developing the capacity to handle items from the National Pharmaceutical Stockpile and other sources of antibiotics, vaccines, and medical supplies.
- **Surveillance and Epidemiology Capacity (20%):** States must develop a system to receive and evaluate urgent disease reports from all parts of the state 24-7, and must provide at least one epidemiologist for each metropolitan area with a population greater than 500,000.
- **Laboratory Capacity – Biologic Agents (13%):** States must improve working relationships and communications between clinical laboratories and higher-level laboratories that may be involved in testing biological terrorism agents. Plans also must develop an integrated response plan among all laboratories within the state.
- **Laboratory Capacity – Chemical Agents (0%):** This area is not funded under the current agreements, although CDC and other public health leaders acknowledge the critical need to include chemical terrorism preparedness among “other public health emergencies.” TFAH believes laboratory capacity for chemical agents is imperative and should be funded immediately.
- **Health Alert Network/Communications and Information Technology (12%):** States must develop an around-the-clock communications system among local and state public health departments, health care organizations, hospital emergency departments, law enforcement organizations, public officials and others, evidenced by continuous Internet connections, routine use of e-mail alerts; and a directory of public health personnel with contact information. States must also develop a timeline to ensure that 90% of their population is eventually covered by the Health Alert Network, a nationwide program that provides electronic links among federal, state and local health departments.
- **Public Information and Communication (5%):** States must identify current communications needs and barriers within individual communities and identify effective channels to reach the general public and special populations during public health threats and emergencies.
- **Education and Training (10%):** Key public health officials, infectious disease specialists, emergency department personnel, and other healthcare providers must receive appropriate education and training. States must assess training needs and identify sources of training, such as schools of public health and medicine, academic health centers, CDC training networks, and other groups.
- **The initial 20 percent of the funding already received by states could be spent on immediate preparedness needs.**

Next Steps

Improving the long-neglected public health system is more than a one-shot deal. With this first installment of funding and the guidelines on how to spend it, states will be better prepared for bioterrorism threats. In the year ahead, Trust for America's Health will use the CDC guidelines to evaluate whether states are spending their grants effectively. TFAH will also call for Congress to follow this funding with a broader commitment this year to the fundamentals of protecting Americans from all health threats, not just bioterrorism.

In the meantime, I encourage you to peruse our new public opinion survey and give us a call or visit our Web site (www.healthyamericans.org) if you need more information.

Thank you.