



IDAHO SCORES 3 OUT OF 10 IN NEW BIOTERROR PREPAREDNESS STUDY; REPORT FINDS FEDERAL FUNDS HAVE YIELDED ONLY MODEST IMPROVEMENTS IN STATE

Budget Cuts, Bureaucratic Red Tape and Interagency Wrangling Hurting Preparedness Efforts

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WASHINGTON, December 11, 2003 – A report released today by Trust for America's Health (TFAH) finds that after two years and nearly \$2 billion of federal bioterrorism preparedness funding, states are only modestly better prepared to respond to health emergencies than they were prior to September 11, 2001.

The TFAH report, "Ready or Not? Protecting the Public's Health in the Age of Bioterrorism," examines how each state performs on 10 key indicators, which assess areas of improvement and areas of ongoing vulnerability in our nation's effort to prepare against bioterrorism and other large-scale health emergencies.

Idaho was one of twelve states and the District of Columbia to receive a score of three out of 10 possible indicators. A majority of states, 38, earned marks for only half (five) or fewer of the possible 10 indicators. Florida, Maryland and Tennessee scored the highest, with scores of seven out of 10. Arkansas, Kentucky, Mississippi, New Mexico and Wisconsin scored the lowest, meeting just two of the indicators.

Idaho has made progress to expand the health emergency communications network, upgrade public health laboratories and to develop initial bioterrorism response plans.

However, the report found that Idaho and the rest of the nation face major concerns including: cuts to public health programs in nearly two-thirds of the states; an impending shortage of trained professionals in the public health workforce; disagreements between state and local health agencies over resource allocation; and tie-ups of much of the federal bioterrorism funding due to bureaucratic obstacles. The report also found that only Florida and Illinois are prepared to distribute and administer emergency vaccinations or antidotes from the national stockpile. It also showed that states' readiness for other health emergencies, such as a major infectious disease outbreak like severe acute respiratory syndrome (SARS), is seriously inadequate.

"Are we ready or not? The answer is not. Now is the time to get serious about developing an all-hazards approach to public health to ensure we are ready for the range of possible threats we face," said Shelley A. Hearne, Dr.P.H. executive director of TFAH. "The federal bioterrorism funds were an important first step. However, two years of increased funding cannot make up for two decades of underinvestment."

“With bioterrorism, chemical terrorism, SARS, and West Nile virus representing only a handful of today’s health threats, federal, state and local health agencies are being pushed and pulled beyond their limits,” said Lowell Weicker, Jr., TFAH Board President and former three-term U.S. Senator and Governor of Connecticut. “The federal funding influx has created a perception that America’s long-neglected public health system is undergoing rapid and substantial improvements. Instead of public health preparedness becoming a national priority, this report shows that it’s become tied up in red tape.”

TFAH’s report examined every state’s preparedness level in three general categories:

1. Funding, including state budgets for public health programs;
2. Public health infrastructure, including an examination of workforce, laboratories and communications preparedness; and
3. “Double duty” indicators that reflect how recent public health bioterrorism funding has affected traditional public health functions.

To ensure that sufficient preparedness measures are in place, TFAH recommends the following actions:

- New federal measures should be established to ensure that state and local public health agencies are battle-ready for all hazards, not just biological terrorism;
- CDC should track expenditures and institute measurable preparedness standards for state and local health departments to ensure accountability and efficient distribution of funding; and
- The White House, in consultation with Congress, should convene a national summit on the future of public health to develop a cohesive, national approach to public health protection.

The report was supported by grants from The Robert Wood Johnson Foundation and the Bauman Foundation. It is available on TFAH’s Web site at www.healthyamericans.org.

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.