

Ready or Not?

Using Data for Public Health Advocacy

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Who We Are

- Trust for America's Health (TFAH) 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.

What We Do

- TFAH advocates for a strong public health system
- Prevention
 - Prevent illness in the first place, particularly for those most at risk.
- Protection
 - Hold officials accountable for their performance on public health issues and activities.
- Healthy Communities
 - Improving people's health begins with strong, well-prepared, connected communities.

Preparing for Public Health Emergencies

ISSUE REPORT

Ready or Not?
PROTECTING THE PUBLIC'S HEALTH FROM
DISEASES, DISASTERS,
AND BIOTERRORISM

DECEMBER 2003
PREVENTING EPIDemics,
PROTECTING PEOPLE.

DECEMBER 2004
PREVENTING EPIDemics,
PROTECTING PEOPLE.

DECEMBER 2005
PREVENTING EPIDemics,
PROTECTING PEOPLE.

DECEMBER 2006
PREVENTING EPIDemics,
PROTECTING PEOPLE.

DECEMBER 2007
PREVENTING EPIDemics,
PROTECTING PEOPLE.

DECEMBER 2008
PREVENTING EPIDemics,
PROTECTING PEOPLE.

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Robert Wood Johnson Foundation

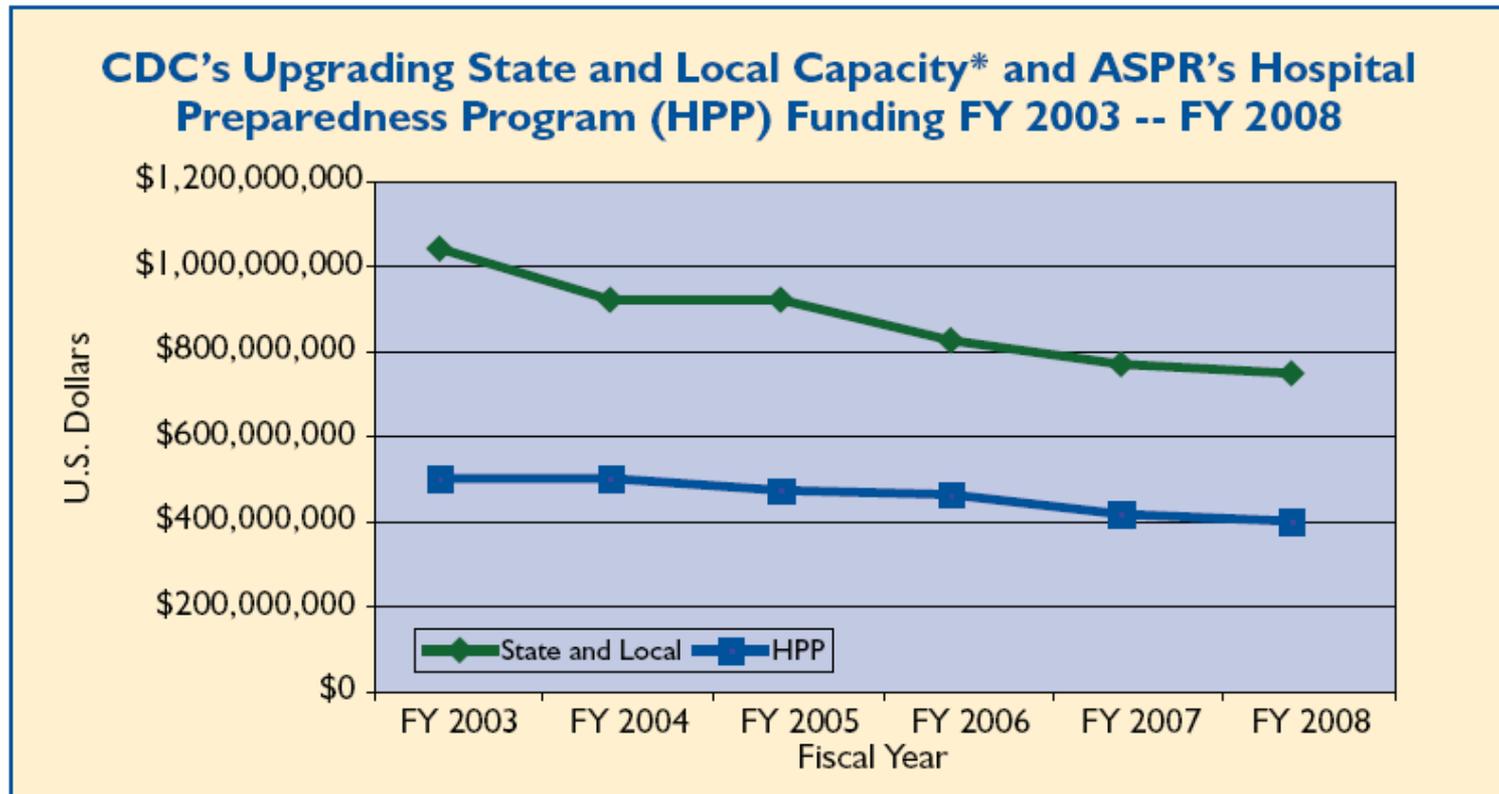
2008 Report State Indicators

- Mass Distribution – Strategic National Stockpile
- Mass Distribution – Antivirals
- Public Health Labs – Pickup and Delivery
- Public Health Labs – Pandemic Planning
- Biosurveillance
- Healthcare Volunteer Liability Protection
- Entity Liability Protection
- Medical Reserve Corps
- Food Safety – Detection & Diagnosis
- Funding Commitment

State Results

- Areas of progress:
 - Lab capacity; pandemic and all-hazards plans; plans for distributing countermeasures; workforce; emergency communications.
- Areas of vulnerability:
 - Surge capacity (liability protections and Medical Reserve Corps coordination); 24 hour lab response; antiviral stockpiling; food safety capacity varies widely; cuts in public health funding.

Federal Funding Decline



Progress at Risk

- State budget crises combined with federal cuts threatens tremendous progress since 2001.
- The Center on Budget and Policy Priorities reports that 48 states face shortfalls in their budgets for the upcoming year totaling \$166 billion or 24 percent of state budgets.
- More than 11,000 state and local public health jobs have already been cut, and another 10,000 may be cut, according to surveys conducted by state and local health departments.

So What Can Data Do to Help?

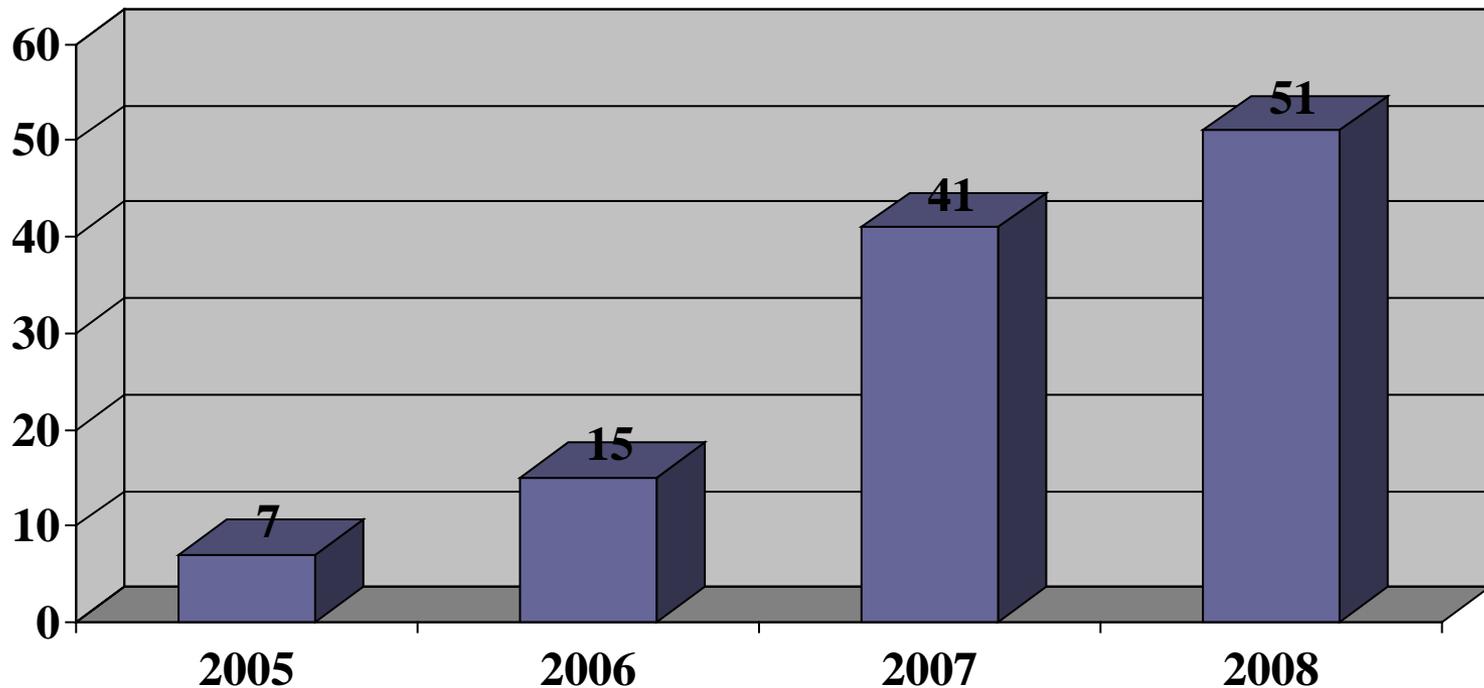
- Trends over time
- Communicate with elected officials
- Media attention

Trend Analysis Of Select Ready Or Not? Indicators

- What has the huge investment in public health emergency preparedness bought us?

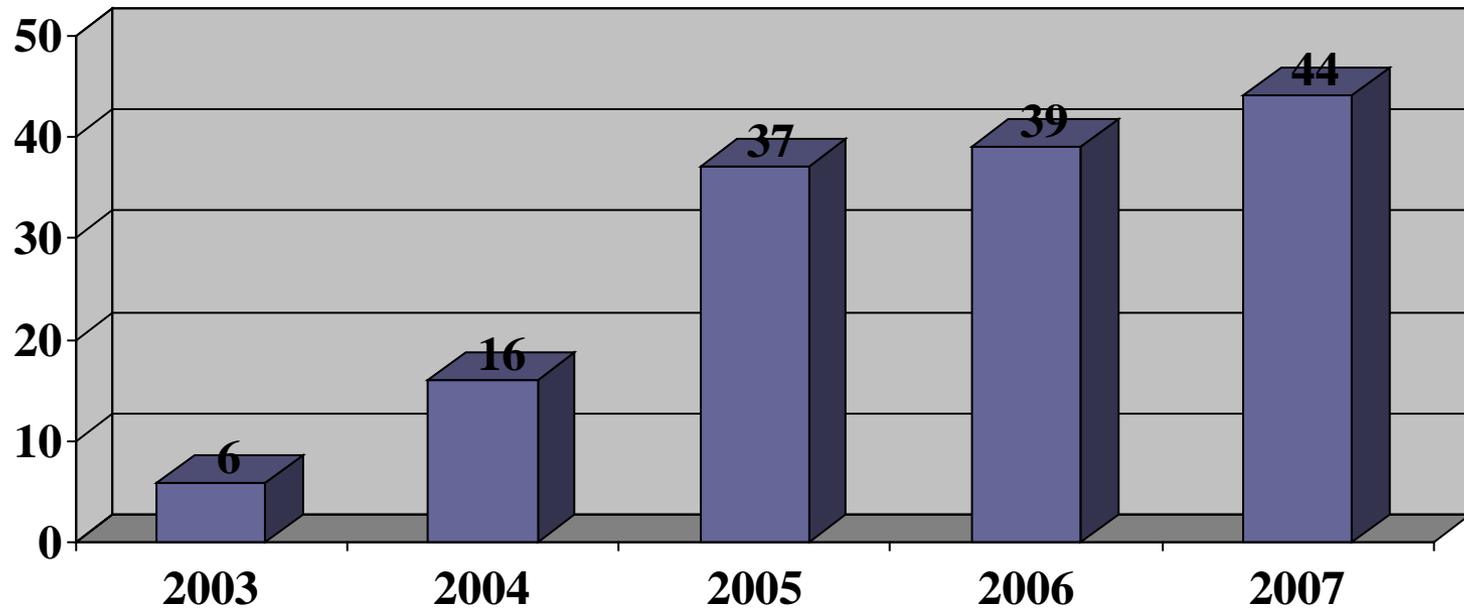
Mass Distribution – Strategic National Stockpile

Does the state have an adequate SNS plan?



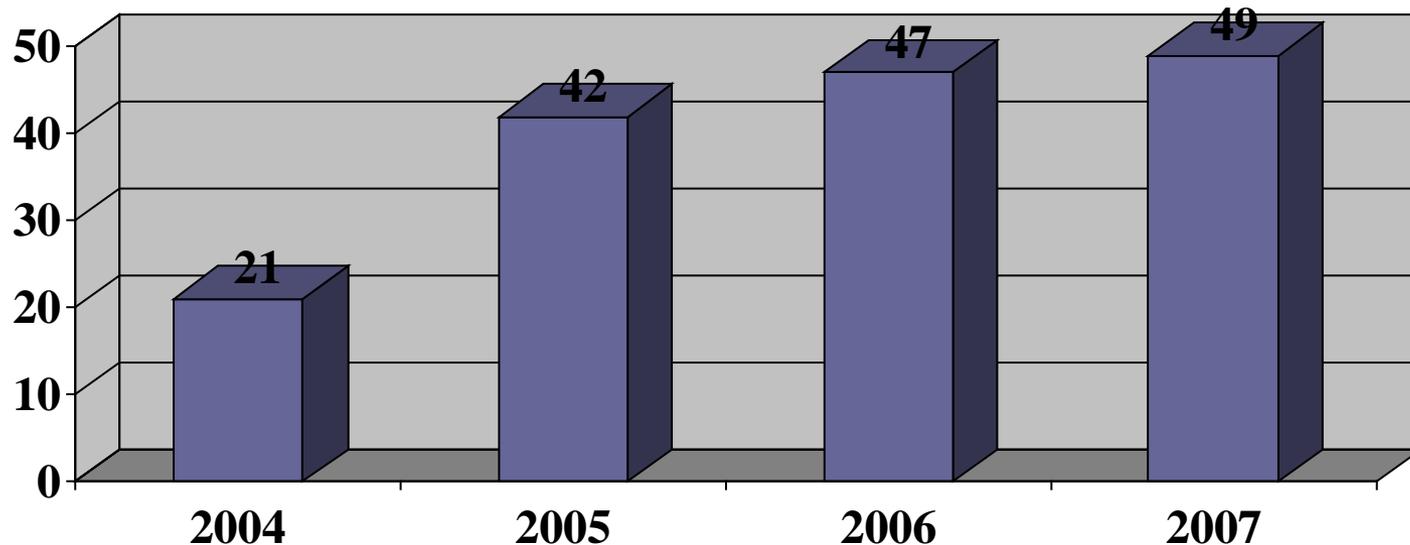
Public Health Labs – Bio-Threat Testing

Does the state have sufficient lab capabilities to test for bio-threats?



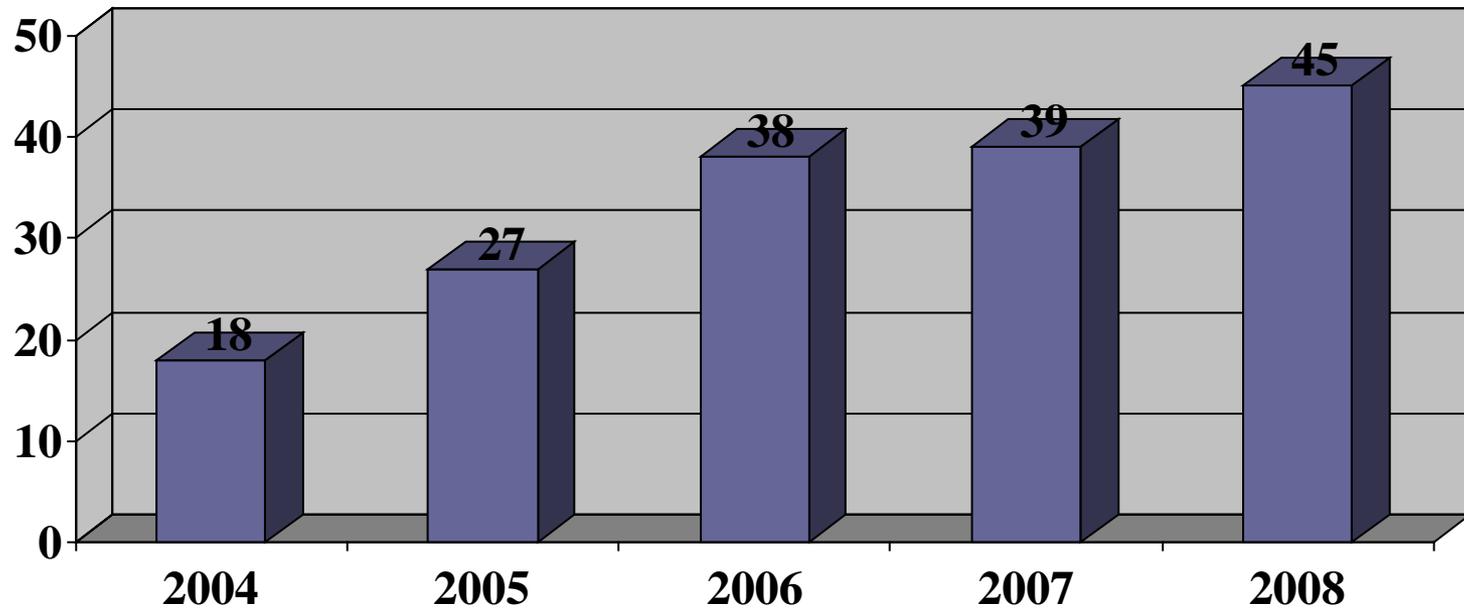
Public Health Labs -- Workforce

Does the state public health lab have adequate staffing to provide 24/7 coverage to analyze samples in an emergency?

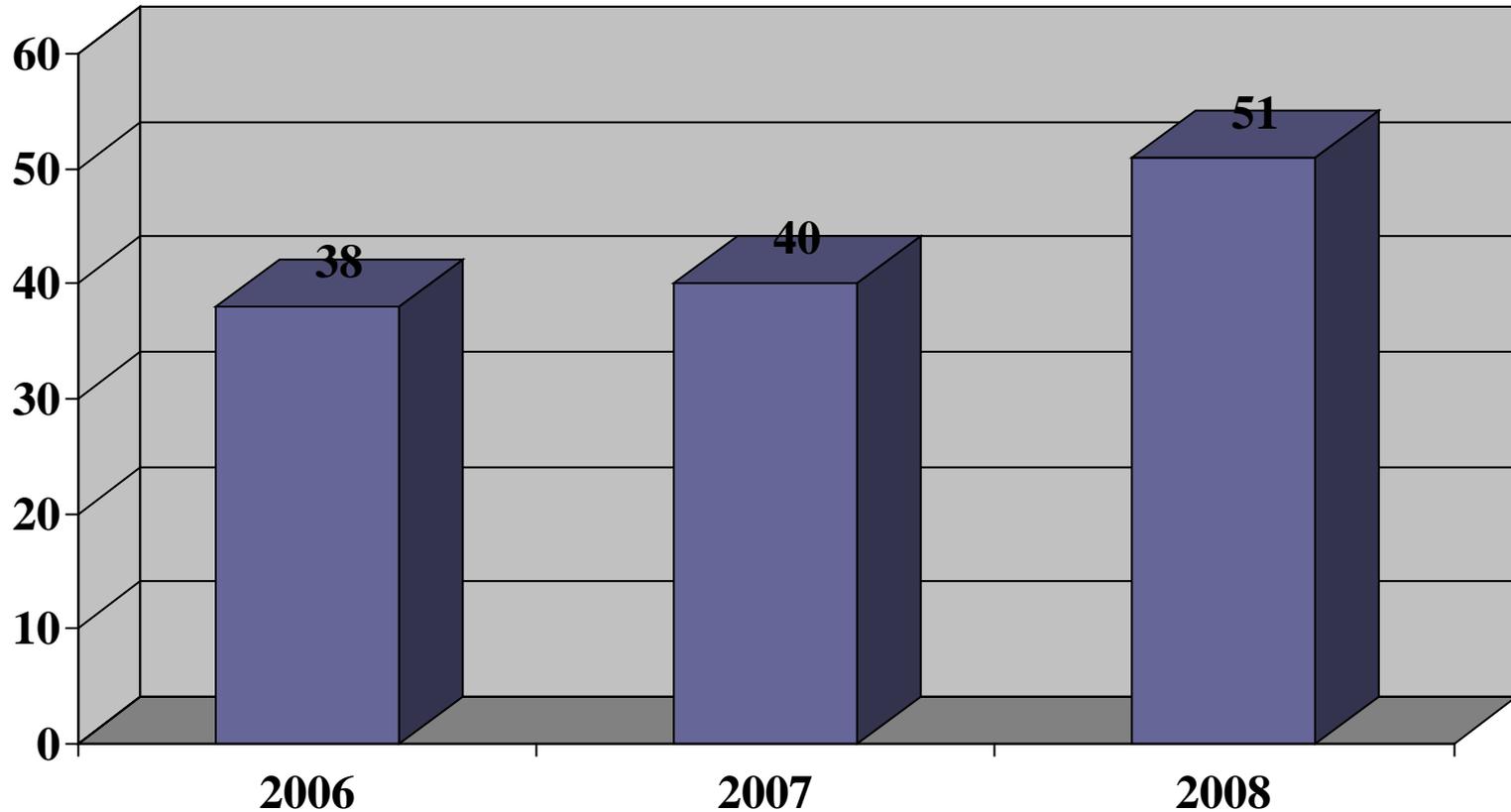


Biosurveillance -- NEDSS

Does the state use a disease surveillance system that is NEDSS-compliant?



Mass Vaccination – Seasonal Flu



Using Data to Persuade Policy Makers

- It's easier to advocate for public health emergency preparedness when you can show a Senator or Representative how his/her state is doing.
- Savvy public health officials use this data to lobby their governor or state legislature for more resources.
- Shows that the investment is paying off.
- The more data available the more helpful for advocacy.

Media Attention

- Media are more willing to report on these issues when they can frame them for their target audience.
 - “N.C. is ready for health emergencies” – *The News & Observer*
 - “Utah gets average score on preparedness” – *Deseret News*
 - “Study: Arizona ties for last in disaster preparation” – *Tucson Citizen*

Challenges with Data

- Availability
 - Lots of data is being collected – willingness to share this data lacking, especially in non-aggregate form.
- Development of outcome measures
 - How can we measure outcomes of rare events? We need to rely on real-world scenarios, such as vaccination clinics or food-borne disease outbreaks.
- Burdensome reporting requirements
 - Speaks to need for health IT that automates data collection, or at a minimum, only requires input once.

What's Next?

- H1N1 Re-emergence
 - We are in a pandemic, with potential for the virus to mutate and become more virulent.
 - Presents opportunities to evaluate public health and medical preparedness.
- American Recovery and Reinvestment Act
 - \$20B in stimulus funds for health IT.

Questions?

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■ Visit TFAH online at www.healthyamericans.org