Three Reports Identify Weaknesses in the Public Health System

Building sustainable advocacy capacity for improving the nation's public health system

**SUMMARY**

In 2003, the nonprofit advocacy group Trust for America's Health, Washington, developed three reports to highlight the gaps in the nation's public health infrastructure and to build support to strengthen the public health system.

The reports addressed the following public health issues:

- The capacity of state public health laboratories to respond to a chemical attack.
- The effectiveness of state cancer registries and cancer tracking efforts.
- The preparedness of states to respond to bioterrorism and other public health emergencies.

Project staff used the reports in education and outreach to key constituencies and organizations, congressional members and policy-makers.

**Key Findings**

Trust for America's Health reported the following findings in its three reports:

- In *Public Health Laboratories, Unprepared and Overwhelmed*, Trust for America's Health reports that most measures taken since the September 11, 2001, attack have focused on bioterrorism, leaving America's public health laboratories "dangerously unprepared for a chemical attack."

- In *Improving Cancer Tracking Today Saves Lives Tomorrow: Do States Make the Grade?* Trust for America's Health reports that states are missing opportunities to reduce cancer rates.

- In *Ready or Not? Protecting the Public's Health in the Age of Bioterrorism*, Trust for America's Health reports that, after nearly $2 billion of federal bioterrorism preparedness funding, states are only modestly better prepared to respond to public health emergencies than they were prior to September 11th.
Funding

The Robert Wood Johnson Foundation (RWJF) provided a grant of $500,000 to support the project from December 2002 through November 2003.

THE PROBLEM

In a 2001 report titled "Public Health's Infrastructure," the Centers for Disease Control and Prevention (CDC) concluded that "... the U.S. public health infrastructure, which protects the nation against the spread of disease and environmental and occupational hazards, is still structurally weak in nearly every area."

Since the destruction of the World Trade Center on September 11, 2001, the public and policy-makers have demonstrated greater recognition of the role played by the public health system and the need to improve and modernize the public health infrastructure, according to Trust for America's Health, a nonprofit, nonpartisan advocacy group that works to make public health and disease prevention a national priority.

However, even with an initial $1 billion investment in public health by the federal government beginning in 2002, it remained unclear how effectively the money would be distributed (with departments serving the most people receiving the most funding) and to what extent the funds would be used to strengthen the public health infrastructure.

THE PROJECT

The primary objective of the project was to highlight the gaps in the nation's public health infrastructure further and to continue building support for strengthening the public health system. The core of the project involved the preparation of three reports examining key sectors of the public health infrastructure:

- **Preparedness of State Public Health Laboratories.** Project staff collaborated with the Association of Public Health Laboratories in a two-part study of state public health laboratories and their ability to respond to a terrorist chemical attack.

- **State Efforts to Track, Control and Prevent Cancer.** To examine how well state health agencies are doing in their efforts to track, control and prevent cancer, project staff analyzed data from completed surveys from 34 states and the District of Columbia.

- **State Preparedness Against Bioterrorism.** Project staff established and worked with an advisory committee of state and local officials and public health experts to develop a series of 10 indicators of state public health capabilities and preparedness. (See the Appendix for members of the advisory committee.)
With publication of each report, project staff conducted education and outreach to key constituencies, congressional members and administration policy-makers. The project also included media campaigns to secure coverage of each report, but this RWJF grant did not cover these activities.

Burness Communications assisted in "pitching" the report to the media under an RWJF contract (ID# 045388); RWJF also funded an Alliance for Health Reform briefing (ID# 040202) on bioterrorism; and the bioterrorism report was included in the RWJF-funded TV Health Series, produced under a contract with Burness Communications (ID#s 046203, 049986). In addition to support from RWJF, the Pew Charitable Trusts and the Benjamin Spencer Fund provided $500,000 each in support of the project. The Bauman Foundation ($75,000) and the Palmer Foundation ($20,000) contributed funds as well.

**FINDINGS**

Trust for America's Health reported the following findings in its three reports:

- **In Public Health Laboratories, Unprepared and Overwhelmed**, Trust for America's Health reports that most measures taken since the September 11, 2001, attack have focused on bioterrorism, leaving America's public health laboratories "dangerously unprepared for a chemical attack." Only eight state public health laboratories have a chemical terrorism response plan in place, for example, and labs generally lack the ability to test for exposure to common chemicals. Among the recommendations: the CDC and the Association of Public Health Laboratories must develop minimum requirements and standards for the laboratories, and federal funding must increase. The full report is available online.

- **In Improving Cancer Tracking Today Saves Lives Tomorrow: Do States Make the Grade?** Trust for America's Health reports that states are missing opportunities to reduce cancer rates. Most states maintain high-quality information about cancer rates, but they can and should routinely do more to connect existing cancer-rate data with other sources of health information, such as occupational, environmental and lifestyle studies. Most states also do not adequately address questions from the public about disparities in cancer rates among different locations and ethnicities. The full report is available online.

- **In Ready or Not? Protecting the Public's Health in the Age of Bioterrorism**, Trust for America's Health reports that, after nearly $2 billion of federal bioterrorism preparedness funding, states are only modestly better prepared to respond to public health emergencies than they were prior to September 11th. Nearly 75 percent of states earned positive marks for only half or fewer of 10 indicators of preparedness. Nearly two-thirds of states had cut funding for public health services, and much of the federal bioterrorism aid was not being distributed and/or spent. Among the recommendations: the president should convene a national summit on the future of public health, and the CDC should track expenditures and institute
measurable preparedness standards for states and locales to ensure accountability. The full report is available online.

**Communications**

The three reports were distributed to U.S. senators and representatives, state and community groups, individuals and foundations. With the release of each report, project staff held one-on-one meetings with policy-makers and/or their staffs to educate them on findings and recommendations. Project staff also disseminated each report to several hundred reporters.

The reports generated more than 300 stories and editorials in newspapers and over 170 television and radio stories across the country. Coverage included the *Washington Post*, "NBC Nightly News," the *San Francisco Chronicle* and the *Chicago Tribune*.

Project staff also created two new sections on the Trust for America’s Health website to help facilitate public access to information about cancer tracking and bioterrorism preparedness. In 2004, the project director twice presented testimony on public health preparedness. (See the Bibliography for details.)

**LESSONS LEARNED**

1. **Public health organizations must persist in their data-collection efforts until there is better standardization of basic health data on a state-by-state basis.** Project staff found it difficult to access data for its cancer and preparedness reports. They had to work with and piece together data from a variety of sources, such as state health departments, the CDC and the National Conference of State Legislatures. Organizations should be creative in collecting data, but at the same time they should "let it be known" that the federal and state governments need to better collect and standardize health data. (Project Director)

2. **There is a vacuum in public health advocacy, and it can best be filled with other campaigns that combine research, education and communications.** Project staff found that the response from policy-makers and the media to their reports and outreach/education efforts was "overwhelming." Organizations could maximize their advocacy efforts through similar coordinated campaigns. (Project Director)

**AFTERWARD**

Trust for America's Health continues to use the reports to educate and conduct outreach to policy-makers, key organizations and the media. RWJF awarded the organization five subsequent grants (ID#s 049850, 052160, 052412, 052525 and 061977) totaling $12.8 million to build sustainable public health advocacy and further focus attention on public health accountability and the need for increased, sustained funding for public health.
According to the project director, the Association of Public Health Laboratories and One Voice Against Cancer, a coalition of cancer organizations, have incorporated the project's reports into their own advocacy work.

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APPENDIX

Preparedness Report Advisory Committee

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Reports


**Grantee Websites**


**Sponsored Conferences**


**Presentations and Testimony**

