

PRESERVING GAINS FROM PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENTS

FROM FY2001 to FY2008, THE federal government awarded approximately \$6 billion to support state and local preparedness activities through the Public Health Emergency Preparedness (PHEP) Cooperative Agreement grant program. This infusion of funds has enabled critical improvements in national readiness:

- A total of 150 laboratories—at least one in each state—are now capable of detecting the top biological weapons agents. Only 83 labs had this ability in 2002.
- The number of epidemiologists in public health departments working in emergency response has doubled from 115 in 2001 to 232 in 2006.
- All state health departments have staff on call 24 hours a day, 7 days a week, 365 days a year to evaluate urgent disease reports. By comparison, only 12 states had this capability in 1999.
- All 50 states and the District of Columbia now have staff trained in their roles and responsibilities during an emergency. In 1999, only 12 states had this capability.

These and other important gains are threatened by the current trend to cut federal support for preparedness activities. As states continue to struggle financially, they will be less able to meet the increasing requirements of federal public health preparedness programs.

Recommendations

- ▶ **Congress and HHS should reverse the trend of cuts to funding of the Public Health Cooperative Agreements.**

A rollback of federal funding and declines in state budgets threaten to reverse critical improvements in state and local public health preparedness. Despite increases in federal requirements for emergency preparedness, annual federal grant support for preparedness planning has decreased sig-

nificantly since 2005. The Center for Biosecurity estimates that federal support for public health preparedness decreased by 20% between FY2005 and FY2008.

At the same time, state and local governments are facing drastic shortfalls in their own budgets that will limit their ability to support preparedness programs. Following sizeable cuts in federal public health preparedness funds in 2006, states reported having to reduce staff time spent on preparedness and delay completion of preparedness plans and training staff. According to the Association of State and Territorial Health Officials (ASTHO), 27% of states have eliminated entire public health programs and a minimum of one-third of all states will lay off or cut staff in FY2009. These reductions in federal and state funding for public health emergency programs, combined with the overall economic downturn, jeopardize the many substantial and hard-won gains in readiness that the past 8 years of investment and planning have produced.

- ▶ **Given states' current economic troubles, the President should urge Congress to lift the requirement that states match federal public health preparedness funds and allow states more flexibility in hiring practices associated with emergency preparedness activities.**

The Pandemic and All-Hazards Preparedness Act (PAHPA), which reauthorized the PHEP cooperative agreement program, requires that grantees match a portion of federal funding received. States that are unable to identify funds required for the state match will lose funding. In the current economic climate, many states are unable to comply with this requirement and face the loss of many public health officials and the erosion of key emergency preparedness programs.

The Administration should also seek to eliminate requirements that prohibit states from receiving federal funds for allowing staff to work on public health programs not re-

lated to preparedness. These requirements restrict the states' ability to hire a flexible workforce and develop programs that "do more with less."

► **The Administration should ensure that federal preparedness funds are strategically awarded to areas that are at greatest risk.**

Particularly in a time of strict budgetary constraints, the nation would be better served by awarding funds to ensure that areas of greatest risk are adequately covered. The absence of risk-based funding in federal grant awards leaves the nation's most vulnerable areas with insufficient resources to prepare for threats. In 2008, Cheyenne, Wyoming, received 3 times more funds per capita for preparing for a biological attack than New York City. If funds are not available to adequately protect the whole nation, Congress and HHS should ensure that those areas that are most vulnerable are priorities for funding.

► **The Administration should work with Congress to stabilize support for federal, state, and local public health emergency preparedness activities and to reduce the administrative burdens imposed on resource-starved state and local health departments.**

States will not be able to plan strategic emergency preparedness program enhancements without some assurance from the Administration and from Congress and HHS that they will stabilize federal preparedness funding. Unpredictable fluctuations in year-to-year federal preparedness support hinder the ability of state and local health departments to hire and retain staff and to engage in multiyear program planning, resulting in huge inefficiencies. If public preparedness for catastrophic emergencies and mass casualty situations is truly a matter of national security, then preparedness programs at all levels of government should be subjected to a coherent 3- to 5-year planning and budget process, comparable to that applied to other defense expenditures.

Progress toward state and local preparedness is also slowed by the unnecessarily burdensome, uncoordinated, and repetitive administrative requirements of the panoply of federal emergency preparedness grant programs. DHS, CDC, and HHS all administer separate grant programs that support preparedness programs at the state and local levels; however, the submission cycles and reporting requirements of these grants are not coordinated or streamlined. Consequently, precious state and local public health resources are spent on administrative paperwork resulting

from these separate federal preparedness funding streams. A common format and timeline for submitting these grants would alleviate a great deal of the strain induced by the requirements of the individual grants. Additionally, federal agencies could reduce the unnecessary administrative burden of these grants by synchronizing the funding and reporting cycles of preparedness grants in coordination with state fiscal years.

► **The Administration and Congress should create provisions to ensure that public health agencies are able to recruit and retain adequately trained personnel.**

The nation's ability to respond to health emergencies hinges on maintaining a competent public health workforce. But the workforce in state public health agencies is graying at a higher rate than the rest of the American workforce. According to a recent survey, nearly half of all states have 25% or more of their public health workforce eligible to retire in the next 5 years. Despite public health associations' best efforts to recruit and train new workers, state budget deficits and declining federal support for public health preparedness programs make it difficult for public health agencies to hire new personnel. Unless this trend is reversed, state and local agencies will be unable to recruit the talented workers needed to replace a graying public health workforce.

There is evidence that interest in public health careers is growing. Between 1995 and 2005, the number of students enrolled in accredited schools of public health increased 35% (in the same period, medical school applications decreased by 20%). The country should try to make use of this appetite for public service. The Administration should press Congress to appropriate funds to implement the public health workforce loan repayment program authorized by the 2006 Pandemic and All-Hazards Preparedness Act. This repayment-for-service program will encourage trained public health professionals to pursue employment at federal, state, or local public health agencies.

The Administration should take steps to enable mid-career professionals to spend time in federal government posts—for example, by offering 1- to 3-year Intergovernmental Personnel Act assignments (IPAs). The federal agencies should also move immediately to increase the speed and transparency of federal hiring practices, allowing applicants with appropriate technical and professional credentials to serve.

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