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"Community Perspectives on Coronavirus Preparedness and Response"
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Good afternoon. My name is Dr. Nadine Gracia, and I am Executive Vice President and Chief Operating Officer of Trust for America's Health, or TFAH. Our organization is a nonprofit, nonpartisan public health policy, research and advocacy organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. For many years we have focused attention on the importance of a strong and effective public health emergency preparedness system.

I previously served as the Deputy Assistant Secretary for Minority Health at the U.S. Department of Health and Human Services (HHS) and Chief Medical Officer in the Office of the Assistant Secretary for Health. I was involved in the nation's responses to emergencies such as the 2010 earthquake in Haiti, the Flint water crisis, the Deepwater Horizon oil spill and the Ebola and Zika outbreaks.

I am here today to discuss TFAH's policy recommendations to build our nation's preparedness for public health emergencies and improve the national response to the novel coronavirus disease, or COVID-19.

TFAH's *Ready or Not* Report

Over the past nearly two decades, TFAH has published an annual report called *"Ready or Not: Protecting the Public's Health from Diseases, Disasters and Bioterrorism."* Our most recent report was published in February. In it, TFAH provides an assessment of states' level of readiness to respond to public health emergencies and recommends policy actions to ensure that everyone's health is protected during such events. The 2020 edition found unevenness in the nation's readiness for a major emergency. While there were indications of recent improvements in some components of preparedness, our report identified areas that needed attention.

Our report is not intended to be an exhaustive review of health security data, but instead serves as a checklist of priority issues and action items for states to address.

State Assessment

In our state assessment, some key findings relevant to the response to the novel coronavirus:

We do not have a ready system in place to vaccinate the entire population:

- **Less than half the population, on average, received the seasonal flu vaccine.**[1] That low rate is concerning for a number of reasons – (1) the spread of flu at the same time as COVID-19 makes it harder for clinicians to recognize COVID-19; (2) if people have the seasonal flu, they may be more likely to have severe illness if also infected with COVID-19 and (3) if a mass vaccination campaign is needed in the future, it is vital that we have systems in place that can administer vaccines and a population ready to receive them.
- There are barriers to the recommendation that workers should stay home when sick: **An average of 55 percent of employed workers have access to paid time off.**[2] Paid time off, especially paid sick days, are critical to ensure workers can stay home when sick, caring for a sick loved one, or if measures are taken such as school and workplace closures. Without paid sick time, a worker with flu symptoms might lose income that is essential to cover basic costs like rent or food.

The public health system has been weakened by budget cuts and fewer personnel:

- **More than 50,000 public health jobs have been eliminated in the nation and public health emergency preparedness funds have been cut by a third. In the last year alone, 11 states cut their public health funding.** Investing in the public health infrastructure and workforce before an outbreak or emergency hits is critical to having the systems in place ahead of time. Hiring in the middle of an outbreak is important but is no substitute for the training and experience in place ahead of time.

There are obstacles to cross-state cooperation during a major outbreak:

- **A third of the states lack a nurse licensure compact**, which allows nurses to practice across state lines. This can be relevant when additional clinical staff are needed in an emergency.[3] This is particularly useful if some states experience a greater impact than others.

More work is needed to ensure hospitals are fully prepared for emergencies:

- **Only 30 percent of hospitals achieved an A grade on patient safety measures,** according to The Leapfrog Group.[4] Hospitals that excel in safety are often better positioned to handle public health emergencies and protect the safety of patients and

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[1] https://www.cdc.gov/flu/fluvaxview/coverage-1819estimates.htm

[2] National Health Security Preparedness Index analysis of Annual Social and Economic Supplement of the Current Population Survey. www.nhspi.org.

[3] *Nurse Licensure Compact* in National Council of State Boards of Nursing, 2019. https://www.ncsbn.org/nurse-licensure-compact.htm

[4] Hospital Safety Grade State Rankings. Leapfrog Hospital Safety Grade. https://www.hospitalsafetygrade.org/your-hospitals-safety-grade/state-rankings

workers. Hospital preparedness has also been hampered by a 50% reduction in the federal Hospital Preparedness Program.

There was some good news as well in this year's report. We found that:

- **Most states were accredited in the areas of public health,[5] emergency management[6] or both.** Such accreditation helps ensure that necessary emergency prevention and response systems are in place and staffed by qualified personnel.

- **Public health laboratories** have long planned for the kinds of surge of testing capacity we might see during this response. However, their capacity in an outbreak with a novel virus like the novel coronavirus is dependent upon the availability of test kits and additional supplemental funding to handle the increased workload.

These data points are not intended to grade or shame any state but instead point to areas where policymakers, state agencies, the healthcare sector and even individuals could take steps to improve readiness.

All-hazards preparedness and response

TFAH's report also includes a review of emergencies of the past year. We point out how states and localities have responded to many incidents in the past year, including lung injuries associated with vaping, measles outbreaks, hepatitis A outbreaks, extreme flooding throughout the central part of the country, wildfires, and other disasters. Even with reduced funding and staffing, public health personnel have taken extraordinary steps to protect the public. However, what we are seeing with COVID-19 goes beyond what states and locals can respond to without additional federal assistance. Health departments have already begun adding staff, updating laboratory capacity, implementing isolation and quarantine policies, investigating cases, and conducting risk communications to the public and healthcare facilities.[7] We need to ensure our frontline public health departments have the resources they need – as quickly as possible – to mount a robust response to the virus. And we must remember that other emergencies as well as essential core public health activities are occurring at the same time as the novel coronavirus threat. This was tragically illustrated recently with the tornado in Tennessee. The same public health personnel who respond to COVID-19, were also responding to this emergency.

Report's Policy Recommendations

Finally, TFAH's report includes policy recommendations for Congress, federal agencies, state governments and other stakeholders. Many of our policy recommendations apply to the current

[5] Public Health Accreditation Board. https://phaboard.org/

[6] *EMAP Accredited Programs* in EMAP. https://emap.org/index.php/what-is-emap/who-is-accredited

[7] Governmental Public Health Leaders Request Emergency Supplemental Funding for COVID-19 Preparedness and Response Efforts (press release). Association of State and Territorial Health Officials, National Association of County and City Health Officials, Association of Public Health Laboratories and Council of State and territorial Epidemiologists. astho.org/Press-Room/Gov-Public-Health-Leaders-Request-Emergency-Supplemental-Funding-for-COVID-19/02-24-20/

outbreak. Today I will highlight a few of these and speak to our additional recommendations for the COVID-19 outbreak response.

- **Congress must prioritize ongoing investment in core public health as part of the annual appropriations process.** The nation's ability to respond to COVID-19 is rooted in our level of public health investment of the last decade. That is, being prepared starts well before the health emergency is upon us and is grounded in year-in and year-out investment in public health. The nation has been caught in a cycle of attention when an outbreak or emergency occurs, followed by complacency and disinvestment in public health preparedness, infrastructure and workforce. These are systems that cannot be established overnight, once an outbreak is underway. Programs like the Public Health Emergency Preparedness Cooperative Agreement, which supports frontline state and local public health preparedness, are underfunded compared to a decade ago and in terms of the increasing number of major crises public health is facing. PHEP funding has declined by over 20 percent since FY2010, adjusting for inflation,[8] on top of steady cuts since 2004.

  In addition, we have long neglected our public health infrastructure, so many health departments are reliant on 20th century methods of tracking diseases, such as paper, fax and telephone.[9] Congress should prioritize funding for data modernization to help with emergencies as well as ongoing disease tracking. Public health needs a highly skilled workforce, state-of-the-art data and information systems and the policies, plans and resources to meet the routine and unexpected threat's to Americans' health and well-being.

- **Accelerate crisis responses by funding standing emergency response funds,** such as the Infectious Disease Rapid Response Reserve Fund (IDRRRF). We applaud Congress for including $300 million in the supplemental to replenish the IDRRRF. As we have seen during this crisis, having a ready reserve fund to jumpstart the public health response can be critical in the early days of an outbreak, as the Secretary of HHS has tapped $105 million to support the early response. These funds serve as a bridge between underlying preparedness dollars and supplemental funding. Congress should continue to invest in the IDRRRF in the annual appropriations process.

- **Ready the healthcare system for outbreaks.** Hospitals, health centers and other clinical facilities across the nation are preparing to identify, isolate and care for patients with COVID-19. They must do so without interrupting the routine and necessary clinical services for those with other healthcare needs. This will require training for healthcare

[8] Funding for PHEP was $714.949 million in FY2010, or $851.16 million in 2020 dollars. https://www.cdc.gov/budget/documents/fy2011/fy-2011-cdc-congressional-justification.pdf

[9] Statement of Janet Hamilton, Council of State and Territorial Epidemiologists before House Labor-HHS-Education Appropriations Subcommittee, April 9, 2019. https://cdn.ymaws.com/www.cste.org/resource/resmgr/pdfs/pdfs2/20190409_lhhs-testimony-jjh.pdf

workers on the identification of COVID-19 cases, on appropriate infection control practices, and treatment. Healthcare must prioritize the protection of patients and healthcare workers. The healthcare sector needs resources for some of these activities and to ensure it has appropriate personal protective equipment, necessary clinical supplies and equipment, and surge capacity. Unfortunately, funding for the Hospital Preparedness Program (HPP), which provides funding and technical assistance to every state to prepare the healthcare system to respond to and recover from a disaster, has been cut nearly in half since 2003.[10] Congress should prioritize funding for healthcare preparedness even after this outbreak is under control.

- **Provide long-term funding for the end-to-end medical countermeasures enterprise, including the Biomedical Advanced Research & Development Authority (BARDA) and the Strategic National Stockpile (SNS).** Together, these programs help build the pipeline of countermeasures for diseases that do not have a natural marketplace. We are seeing this play out today, as companies were not previously researching novel coronavirus countermeasures, so government partnership is needed to incentivize participation.

- **Build the pipeline of public health workforce through training, loan repayment, and other incentives.** Modern biodefense requires a well-trained workforce before emergencies take place. Although supplemental funding will hopefully help with hiring at the state and local levels, this short-term funding does not allow for long-term recruitment and retention of workers. Emergency preparedness and response are personnel-intensive endeavors that require training, exercise, and coordination across sectors. This experience cannot be built overnight.

- **Provide job-protected paid sick leave to protect workers and customers from infectious disease outbreaks.** One of the recommendations we have heard over and over from public health leaders is to stay home when sick. For millions of Americans, that is not a realistic option – they risk losing paychecks and possibly their jobs if they stay home when sick or to care for a loved one. Paid sick days are even less available for low-wage workers and those who are in service industries, such as food service.[11] The public health evidence is clear: for example, when employees who did not have access are granted sick leave, rates of flu infections decreased by 10 percent.[12] Employers, especially in the healthcare sector, should be adjusting their paid sick days policies now

[10] Funding for HPP has declined from $515 million in FY2004 to $275.5 million in FY2020. http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2009/2009-04-16-hppreport.pdf

[11] *Serving While Sick: High Risks and Low Benefits for the Nation's Restaurant Workforce, and Their Impact on the Consumer.* New York: Restaurant Opportunities Centers United, September 30, 2010. http://rocunited.org/wp-content/uploads/2013/04/reports_serving-while-sick_full.pdf

[12] Pichler S and Ziebarth N. *The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Shirking Behavior.* Cambridge, MA: National Bureau of Economic Research, Working Paper 22530, August 2016. https://www.nber.org/papers/w22530

to help control the outbreak, and TFAH recommends Congress pass a federal law to require most employers to offer paid sick days as soon as possible.

The COVID-19 Response

It is clear that the nation has transitioned from planning phase to response and mitigation of COVID-19. In addition to TFAH's ongoing recommendations, we recommend some steps specific to this outbreak:

- **Implement emergency funding as quickly as possible.** We applaud Congress for quickly approving a robust emergency federal funding package, with significant investments in domestic and global public health, healthcare preparedness and research and development of medical countermeasures. Federal agencies should be preparing now to quickly distribute funds to states and other partners, as any delay could cost more lives. We must minimize administrative delays in getting money into the hands of health agencies that need to move quickly to respond.

- **Science is key to effective response and should drive policy decisions.** Science needs to govern the nation's COVID-19 response, led by federal public health experts – including leadership at the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) – who have years of experience in responding to infectious disease outbreaks. Policy decisions – from the federal to the local level – should also be based on the best available science. Communities that are considering school or business closures or similar measures should consider unintended consequences and take appropriate action steps. If closings are necessary, authorities should assist families for whom such action is especially problematic, such as low-income families and individuals without paid sick leave and children who rely on school meals for adequate nutrition. Nearly 100,000 schools and institutions serve free and reduced meals to 29.7 million students each day.[13] The U.S. Department of Agriculture should be implementing flexibility for schools to make grab-and-go meals and other options available if schools are to close.[14] Homebound individuals who need access to healthcare personnel, equipment and medications may also need additional assistance.

  Keeping the public and partners informed will be critical. CDC and other federal agencies are communicating frequently with public health departments and other sectors. We encourage elected officials and community leaders at all levels to make policy and communications decisions based on the best available science and public health guidance, understanding that the situation is evolving rapidly, and messages must change.

[13] National School Lunch Program. US Department of Agriculture Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program/

[14] School Nutrition Association Letter to USDA, March 5, 2020. SNA. https://schoolnutrition.org/uploadedFiles/News_and_Publications/SNA_News_Articles/Coronavirus-Options-Letter.pdf

- **Respond quickly and continue to address the spectrum of health needs in our communities.** We know that people with underlying health conditions are at higher risk for severe health outcomes from COVID-19. Unfortunately, six in ten adults in the U.S. have a chronic disease, and four in ten have two or more.[15] So it is vital, while Congress is supporting health departments to respond to this outbreak, that we also pay attention to the ongoing health threats public health is working to address—from obesity, to substance misuse and suicide, to tobacco and vaping. We need to support the ongoing public health activities that will make our communities healthier and reduce risk for COVID-19.

The full extent of the outbreak in terms of public health, healthcare and economic costs remains to be seen. We do know that taking immediate steps to mitigate the effects of the outbreak will save lives and prevent harm. Thank you for the invitation to participate today, and I look forward to your questions.

[15] Chronic Diseases in America. CDC National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm