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Big Cities Health Coalition Urges Policymakers to Restore Public Health Funding: “Local Emergency Preparedness At Risk”

Health Leaders from Atlanta, Dallas, Chicago, and Los Angeles Bring Front Line Experiences Fighting Ebola and Measles To Policymakers

(Washington, DC) Four public health officials from the Big Cities Health Coalition (BCHC) are on Capitol Hill today to urge policymakers to restore funding for the Public Health Emergency Preparedness (PHEP) program and the Hospital Preparedness Program (HPP) to FY 2010 levels. In an effort to improve transparency and accountability, they are also asking federal health agencies like the Centers for Disease Control and Prevention (CDC) to publicly report how much money reaches local health departments.

Additionally, the BCHC opposes the proposed cut by President Obama in funding for CDC’s Immunization Program (Section 317). Section 317 supports our robust national immunization infrastructure, which ensures the right vaccines get to the right people at the right time. The BCHC is composed of the leaders from 27 urban health departments. Collectively, BCHC members directly impact the health and well being of 1 in 6 Americans.

Traveling from Fulton County in Atlanta, Chicago, and Los Angeles County respectively, Drs. Patrice Harris, Julie Morita, and Jeff Gunzenhauser are briefing policymakers on the risks posed by ongoing cuts to an already-strained emergency preparedness system. All of these public health leaders have been on the front lines of combating Ebola, measles, and other infectious disease outbreaks in the past year and are speaking out against short-sighted funding decisions that can significantly impede the country’s ability to respond to these and other crises. Chief Epidemiologist Wendy Chung of Dallas County Health and Human Services will provide insights into the on-the-ground challenges that the public health department faced in confronting Ebola.

This briefing comes in the wake of several Ebola cases in the U.S., as well as ongoing measles outbreaks across the country. Both diseases posed significant budgetary challenges to urban health departments as they worked to respond quickly and effectively in the midst of public hysteria.

“We dodged a bullet last fall when Ebola made it to the United States,” said Shelley Hearne, DrPH, Director of the Big Cities Health Coalition. “Ebola revealed weaknesses within all levels of our public health system, and unless serious changes are made to the proposed budget for financial year 2015, we can expect to be caught off-guard in the next crisis as well.”

The two largest BCHC member public health departments, New York City and Los Angeles County, report spending $6.65 million and $1.8 million each on Ebola-related activities. In Los Angeles County, which did not have an Ebola case, money was spent to prepare public health workers, primary care providers, and the community as well as to screen potential cases of the disease.
Of the BCHC member health departments responding to the internal survey, only 1/3 said that federal funding “significantly” supported their Ebola efforts, while 2/3 said that they either had not received federal funding or that the funding received fell short of what they needed in terms of supplies, staff costs, and other expenditures. Some jurisdictions are still anticipating Federal reimbursement, but need to apply through their state, a bureaucratic hurdle causing even longer delays.

Costs also mounted quickly during the measles outbreak. Many BCHC members report quickly exceeding their annual budgets to conduct resource-intensive activities including monitoring disease cases and contacting potentially infected individuals; providing vaccinations; and educating health care providers and child care/school staff about the disease. In Maricopa County (Phoenix), for example, where just two cases were confirmed, the health department reports spending $50,000 in the early phases of the outbreak.

“When disaster strikes in the form of a deadly virus, such as Ebola or measles, or an extreme weather event, like Superstorm Sandy, the cities are on the front lines protecting their residents,” said Patrice Harris, MD, Director of Health Services, Fulton County, GA and Chair of the Big Cities Health Coalition. “When it comes time to fund emergency preparedness, however, the cities are often last in a long line to receive the financial support that translates into personal protective equipment, extra staff hours for contact tracing, and continued education for emerging threats.”

The BCHC emphasizes that emergency preparedness demands a long-term approach with sustained and consistent funding rather than myriad and piecemeal funding streams that reduce efficiencies. In an era of shifting threats and diminishing dollars, public health departments can only be nimble and effective in response to crises if they are able to prepare and prevent rather than being forced to play catch up with dollars and resources after disasters occur.

“The way we fund public health emergency preparedness is completely at odds with best practices or even common sense,” said Chrissie Juliano, MPP, Deputy Director of the Big Cities Health Coalition. “Public health workers are as critical to our everyday health and safety as fire fighters and police officers, and yet we are asking them to respond to life-threatening diseases without ongoing training, consistent workforce support, and sometimes even without the proper equipment.”

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America’s largest metropolitan health departments. Members exchange strategies and jointly promote and protect the nation’s health and safety. Together, these public health officials serve one in six Americans. For more information about BCHC, please visit www.bigcitieshealth.org.

The BCHC is a project of the National Association of County and City Health Officials (NACCHO). NACCHO represents the nation’s 2,800 local governmental health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well being for all people in their communities.

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