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Building Infrastructure to Protect the Public's Health

Good morning. I'd like to start by thanking the Association of State and Territorial Health Officials for setting up this broadcast and inviting me to participate. And I want to say a special thank you to Dr. Richard Melton, the Immediate Past President of ASTHO; Dr. Georges Benjamin, the current President and today's program moderator; and Dr. George Hardy, ASTHO's Executive Director, for their tireless efforts to build-up the nation's public health system. They have served as individual experts, always available for CDC's consultation. They have also exhibited tremendous leadership in gaining support in Congress for federal public health legislation. Their efforts will have a lasting impact on our nation's ability to respond to public health threats and emergencies, which is what I'm here to talk with you about today.

In public health, we all act to be prepared for a range of disasters and emergencies and have done so admirably over many decades. The events of last week were devastating. They have caused all of us to look at "preparedness" in a new way, and the nature and scope of threats in a new way, as well. These events started in a city where we have one of the strongest public health systems in the country. Let's take a look at what makes this system effective:

- New York City and New York State have seasoned, committed leadership in Dr. Neal Cohen at the city level and Antonia Novello at the state level. They both have strong management teams, including people like Dr. Marci Layton and Dr. Joel Ackelsberg of

theNewYorkCityHealthDepartment.Bothoftheseorganizationshaveproven experiencewithhealthdisasters,havingmostrecentlydealtwiththeoutbreakofWest NileVirusthathitNewYorkjusttw oyearsago.

- AttheStateandlocallevel,theybenefitfrompoliticalleadershipthatpaysattentionto healthandsupportsit.MayorGuilianiandGovernorPatakihavebeenactiveand interestedleadersinWestNileVirusissuesandtheirleadership inthismostrecentcrisis isobvious.

- Andmostimportantly,theyaremakingtremendousprogressinbuilding -upallthe elementsofastrongpublichealthsystem.

Iwanttotalkwithyoutodayabouttheseimportantelementsorcapacitiesthatarenee dedin ordertobe“prepared.”I’mnotmakingacaseforallpublichealthsystemsinthecountrytolook likeormirrorNewYork’s --I’musingthemasanexample.Granted,theyhaveaccesstoa wealthoftalentthatmaynotexistineverycornerofour country.Butthatisbalancedby unusuallycomplicatedanddiversepublichealthchallenges.Tofacethesechallenges,NYtakes advantageofCDCandotherfederalprograms,stateresources,andothertypesofresources -- andleveragesthesefundstobui ldastrongsystem.Theirstrengthliesnotonlyininfectious diseases,butintobaccocontrol,nutrition,injuryprevention,chronicdiseases,andthelistgoes on.Wecan’treplicateNY’ssystemandplansforgrowthnationwide.But,wecanteaseout certainelementsorcapacitiesthatallsystemsneedforpreparedness.

MytopriorityasCDC’sDirectorcontinuestobetobuildasolidpublichealthinfrastructure –
bothhereatCDC,aswellastheinfrastructureyouneedtoprotectthehealthofy ourcitizens.
We’vebeenworkingwithmanyofyouandyournationalorganizations,suchasASTHO,the
NationalAssociationofCountyandCityHealthOfficials,theAssociationforSchoolsofPublic
Healthandotherstodevelopalistofthecorecapacitie sthateverypublichealthsystemneeds.
Infact,MarySelecky,SecretaryoftheWashingtonStateDepartmentofHealthandASTHO
President-elect,headsoursteeringcommitteeforthiseffort.And,asmanyofyouknow,
Congressrecentlytaskeduswithide ntifyingthesecapacitiesinthePublicHealthImprovement
Actof2000,sponsoredbySenatorFristandSenatorKennedy.Wearealreadyworkingwitha
numberofyoutoplanforthegrantprogramauthorizedinthissamelegislation.Thefirstpartof
theg rantprogramwillprovideresourcesforyoutoconductanassessmentofyourpublichealth
systeminsevenprioritycapacity -buildingareas.Wehaveworkedwithmanyofyoutodevelop
andfieldteststateandlocalassessmenttoolsthatwillbereadyto implementwiththisgrant
program.Thesecondpartwillprovideresourcesforcapacitybuilding,basedongapsyou
identifyintheassessmentprocess.Wedon’tknowhowmuchmoney —ifany --willbeavailable
intheupcomingfiscalyear.However,wewant tobereadytogetthemoneyouttoyouassoon
aspossibleshouldthesefundsbecomeavailable.

Wewillbepublishingtheseinmoredetailin November,buttoday,Iampleasedtobrieflyshare
withyouwhatwecollectivelyhavedecidedaresevenpriori tyareasforcapacity -building:

- Ourfirstpriorityisthepublichealth **workforce**.Ican'toveremphasizetheneedfora welltrained,wellstaffed,fullypreparedpublichealthworkforce.Theyarethebasisfor ourpublichealthsystem.

- Second,wenee d**laboratory** capacitytoproducetimelyandaccurateresultsfor diagnosisandinvestigation.

- Thirdis **epidemiologyandsurveillance** ,whichwillgiveyou theabilitytorapidlydetect heaththreats.

- Fourth,secure,accessible **informationsystems** areesse ntialforustocommunicate rapidly,analyzeandinterprethealthdata,andprovidepublicaccesstohealth information.

- Fifth,weneedsolid **communication --** aswift,secure,two -wayflowofinformation. Thisincludestheabilitytoprovidetimely,accur ateinformationtothepublicandadvice topolicy -makersinpublichealthemergencies.Wealsoneedtheabilitytoroutinely translatescientificinformationandprovidehealthinformation.

- Next,weneedeffective **policyandevaluation** capability –We needtoroutinely evaluateandimprovetheeffectivenessofpublichealthprograms.Wealsoneedawayto assesswhereweareinordertoestablishprioritiesforhealthimprovement.Thenwecan developlogicalplanstoaddressthesepriorities.

- Finally,weneeda **preparednessandresponse** capability.Thisincludesresponseplans, aswellastestingandmaintainingahigh -levelofpreparedness.

So --whatwillhappenifwedon’tmakeinvestmentsintheseareasandfailtoestablishthese capacitiesn ationwide?InAtlanta,ourneighboringcountiesaren’tjustGwinnett,Douglasand ForsythbutalsoAlamedainCalifornia,HillsboroughinFloridaandDutchessinNewYork. Indeed,ourneighborsareLagos,Calcutta,ShanghaiandLima,aswell.

Eitherwe are *allprotected* orweare *allatrisk* .Wemustensurethateveryhealthagencyisfully preparedandthateverycommunityisservedbyaneffectivepublichealthsystem.Thatmeans weneedtorapidlyaddressdeficiencies,including:

- Inadequatelytraine dpublichealthstaff
- Limitedinformationandcommunicationssystems,and
- Limitedpublichealthlaboratorycapacity

IwanttopauseforjustamomentandthankASTHO,NACCHOandallofourpartners –and thatincludesallofyouwatchingthisbroadcast --foryourleadershipanddedicationtobuilding supportfortheseprograms.Wordslikeinfrastructureandcapacityarenoteasytoexplainto policy-makers –Thewordsaloneareahardsell,butyouhavebeenimmenselyeffectiveat bringingthesewordst olifeandconvincingpolicymakersthattheyarecriticaltoournation’s health.IalsowanttocommendASTHOandNACCHOontheirPrinciplesofCollaboration.

Buildingpartnershipsamongnational,state,andlocalhealthagencieswillmakeatremendous contributiontoastrongpublichealthinfrastructure.

Thelegislationcallsfor“assessment”asthefirstpartofthisprocess,andIknowthatwordmay raisesomeeyebrows.Yes,wearetalkingaboutlayingoutexpectationsandassessingor measuringwhereweareinordertoprovidesolidjustificationforfutureplansandinvestmentsin publichealth.Thisisnotareportcardforcomparingstatesandlocalitiestofindoutwhoisgood andwhoisbad.WhatwearesayingandwhatCongresshassaidi nlayingouttheseprogramsis thatassessmentiscriticalforidentifyinggaps.ItalsoprovidesthejustificationCDCneedsto requestresourcesandthatyouwillneedtoseekresourcesatthestatelevel.

Ourcommongoalistoconsiderablybuild -up thepublichealthsystem.Todothatweneedto clearlycommunicatethethreatsandemergenciesweneedtopreparefor.And –weneedto worktogethertomakethebestuseofexistingandnewresources.However,alloftheresources youneedforcapacit ybuildingwillnotcomefromCDCorotherfederalsources.Nebraskaand Texasaretwogreatexamplesofhowcombinationsoffederal,state,andotherfundingcanbe leveragedtobuildcapacity:

Nebraska wasabletogetspecificlegislationpassedfor publichealthinfrastructure.They fundedthisprogrambydirectingsixmilliondollarsoftheirtobaccosettlementfundstobuild corecapacity.

Texas was able to leverage funding received from CDC's Health Alert Network program to obtain several million dollars from the Texas Telecommunications Infrastructure Fund. Prior to this success, health agencies had not been able to obtain money from this fund. However, Health Alert Network funding from CDC gave the public health leaders a viable platform to build on. The Texas public health leadership also obtained specific legislative authority for non-categorical, infrastructure programs.

We should all be proud of what we've already accomplished through critical capacity-building programs, such as the National Electronic Disease Surveillance System, the Health Alert Network, and your state-specific efforts to build on these investments.

I am also impressed with the progress all of you have made with CDC funds and other resources to deliver effective public health programs. We recognize how important it is to establish program-specific capacity in areas, such as infectious disease, environmental health, chronic disease, immunization, injury, and occupational safety & health. One of my greatest pleasures as CDC Director has been visiting 1-2 state or local health departments every month and seeing firsthand your efforts to improve our nation's public health system. I want to share some of what I've seen in some of these visits that exemplify the range of capabilities I'm talking about:

Ohio: When I visited with Dr. Nick Baird and his staff in Ohio, I was impressed with the way they have leveraged federal and state resources, including CDC's Health Alert Network funding and other bioterrorism funds, to gain Internet access for every local health department in the state in a very short period of time.

RhodeIsland :DuringmytriptoRhodeIsland,Dr.PatriciaNolanandherstaffbriefedmeon anoutstandingcommunity -basedprogramfortroubledyoutha ndadolescenthealthandconcrete stepstopromotephysicalactivitystatewideforallpopulations.

Connecticut: Dr.JoxelGarciasharedwithmeaseriesofveryinnovativewomen'shealth initiativesandoutstandingworkforcedevelopmentprogramsinConn ecticut.Hehastakena leadershiproleinmakingworkforcedevelopmentahighpriority.

NewJerseyWhenImetwithstafffromtheNewJerseyDepartmentofHealthandSenior Services,Iwasveryimpressedbytheirprogramsonvectorcontrol,aswellas averyinnovative approachtoHIV&STDrelatedoutreachthroughaculturallysensitive,community -based program.

Thepartnershipswehavewithyouatboththestateandlocallevelarecritical.These partnershipshaveenabledustowork *with*youtof acilitateyouraccesstoalloftheavailable federalresources.Further,throughthesepartnerships,whatcomesfromthefederalagenciesto thestateandlocalheathdepartmentsisdesignedtoaddressrealneedsthatyouhaveidentifiedat thestateand locallevel.Asanindicationofthis,IpersonallybriefedtheCDCteamofEIS officersandotherspecialistsastheyleftlastweektoflytoNewYorkCityandremindedthem thattheyweregoingtheretowork *for*thelocalhealthdepartment –notforC DCorthe DepartmentofHealthandHumanServicesorotherpartsofthefederalgovernment --butto

workdirectlyforDr.NeilCohen’sagency.Inthisandanyothertimeofneed,andinourdaily non-emergencypublichealthprograms,weareheretoserve youandarehonoredbythat opportunity.