

# Not Your Usual Flu:

## Preparing Communities for H1N1 and the Fall Flu Season

Each fall, influenza sickens millions of Americans and causes approximately 36,000 deaths (CDC 2009a). This year, however, could be much worse as scientists and public health experts anticipate that H1N1 influenza will reemerge, perhaps in a more virulent form.

Cases of H1N1, or swine flu, appeared in the United States in April 2009. The infection rate quickly mounted, proving how rapidly new strains of influenza, or other infectious diseases, can spread. In fact, the U.S. Department of Health and Human Services (HHS) estimates that since April, one million Americans have been infected (CDC 2009b). While most people experience relatively mild illness and recover quickly, more than 200 Americans have died.

On June 11, 2009, the World Health Organization declared a worldwide pandemic of H1N1 influenza. The disease has spread to almost every country, with the United States continuing to report the highest number of cases.

The emergence of H1N1 tested our nation's public health preparedness. While recent investments in pandemic flu planning have paid off and the ability to respond to large-scale infectious disease outbreaks is improving, H1N1 revealed how quickly the public health system could be overwhelmed if an outbreak was more widespread or severe. Despite working around the clock investigating and tracking new cases of H1N1 in the spring, the Centers for Disease Control and Prevention (CDC) and state laboratory testing was days, and in some cases more than a week, behind due to lack of resources (Trust for America's Health 2009).

The public health system's ongoing vulnerabilities largely stem from decades of underfunding, compounded by the current economic environment. A recent survey by the Association of State and Territorial Health Officials (2009) found that 64 percent of state health departments have reduced services, and one-third have eliminated entire programs due to budget cuts. Funding concerns have also led to loss of staff. Forty-seven percent of state health departments reported loss of staff through attrition, and 44 states report job vacancy rates of 10 percent or higher (ASTHO 2009).

A review of the H1N1 response by Trust for America's Health (2009) suggests that public health departments did not

have enough resources or personnel this spring to carry out pandemic plans already in place. This hindered agencies' capacity to track, investigate, and contain cases. Other key lessons learned from the spring outbreak include the need for better coordination among federal, state, and local governments and the private sector; improved communication between public health agencies and health care providers; and the importance of providing clear information to the public.

### COORDINATED EFFORTS UNDERWAY

In preparation for the reemergence of H1N1 this fall, HHS has invested more than \$1 billion for clinical studies and bulk production of a vaccine. On July 29, the CDC announced immunization recommendations. Because the vaccine will not be widely available at first, the CDC's Advisory Committee on Immunization Practices recommends that vaccination efforts focus on specific populations to help reduce the spread and impact of H1N1. Priority populations include: pregnant women, people who live with or care for children under six months of age, health care and emergency services personnel, persons between the ages of 6 months to 24 years of age, and people from ages 25 to 64 years who are at higher risk for infection because of chronic health conditions or compromised immune systems (CDC 2009c).

Federal agencies, including HHS, National Institutes of Health, Department of Homeland Security, and Department of Education, launched a national influenza campaign in early July. The campaign builds on states' existing pandemic plans and shares lessons learned and best practices from the spring

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*There have been no state or local pandemic preparedness funds appropriated by Congress since fiscal year 2006 (Trust for America's Health June 2009).*

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H1N1 wave. It also includes \$350 million in grants to help states and territories prepare for the H1N1 virus and the fall flu season (HHS 2009). Specifically, \$260 million in Public Health Emergency Response grants will go to state health departments to bolster preparedness efforts such as vaccine campaigns, influenza surveillance and investigations, and strategies to reduce the public's exposure to H1N1. Another \$90 million in Hospital Preparedness grants will help improve hospital surge capacity and help ensure that they are ready for future outbreaks.

## PREPARING COMMUNITIES TO RESPOND

While government health agencies are considered the core of our public health system, successful preparedness and response efforts require the participation of business, school systems, media, nonprofit organizations, faith-based groups, and others. Health grantmakers are in a strong position to support both government agencies and the communities they serve by convening stakeholders, brokering and building relationships within the community, supporting training and leadership programs, and helping disseminate timely and accurate information.

The importance of cross-sector leadership and community planning continues to be underscored by the threat of a flu crisis. The Meta-Leadership Summits for Preparedness, an initiative of the CDC Foundation, CDC, Harvard University's National Preparedness Leadership Initiative, and the Robert Wood Johnson Foundation, is honing leadership skills and strengthening the network of individuals and organizations

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*An effective public health system requires strong organizational capacity, including adequate physical facilities and financing mechanisms, workforce capacity and competency, and information and data systems.*

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ready to act cooperatively during public health emergencies. Summits are taking place throughout the country bringing government, business, and nonprofit leaders together to build cross-collaboration, exchange new ideas, and share resources. Participants practice skills needed for effective action during emergencies; learn how to reach decisions in uncertain and stressful situations; and identify partnerships that can be leveraged before, during, and after a crisis. State and local foundations have supported leadership summits in Baltimore, Boston, Chicago, Dallas, Denver, and Wichita.

At the regional level, the Paso del Norte Health Foundation has taken a proactive role in coordinating efforts in El Paso, Texas, and neighboring Ciudad Juarez, Mexico, to respond to the threat of H1N1. In April 2009, foundation staff called on key area stakeholders to verify that action plans were in place. As the largest U.S.-Mexico border community with thousands crossing to and from Mexico daily, the Paso del Norte region was at high risk for experiencing a major outbreak. Foundation staff also maintained an active role in communication, collaboration, and coordination of preventive interventions.

During this period, the foundation's goals have been to provide basic support for the prevention or spread of the flu to regional residents and to raise awareness of H1N1-related health and safety risks, as well as recommended actions to prevent the spread of the disease. For example, in collaboration with and at the request of the City of El Paso Department of Public Health, the foundation activated an overflow phone line to ensure that all calls with questions on H1N1 would receive factual, consistent, and helpful information on the current

status and the prevention of the virus spreading. Foundation staff members activated phone systems within 48 hours of the request. The foundation also supported the development and release of public service announcements. Foundation staff worked with a local advertising agency on scripting and design and were used as talent for the spots. The foundation also supported development of posters for dissemination to nonprofit organizations and banners that were placed on all local mass transit buses.

Collaborating with regional officials has also been a key strategy for the Paso del Norte Health Foundation. Foundation staff worked with public officials from the region's cities, counties, and states, as well as the World Health Organization's regional office, to develop goals and tactical plans for education and dissemination of information. As a result, the foundation supported educational convenings for lay health educators, childcare workers, and volunteer coordinators from the region. Presentations included instructions on how to download health information for dissemination to the

community, and participants had the opportunity to question health leaders on the flu. More recently, the foundation coordinated a gathering of regional stakeholders to reflect on the response to H1N1

during the spring and to identify areas for improvement in preparation for the upcoming flu season.

Foundations are uniquely positioned to assist communities as they prepare for the annual flu season and re-emergence of H1N1. From building the capacity of state and local public health agencies, to supporting a wide range of educational activities for the public, health care providers, teachers, and others, foundations can be proactive in efforts to prepare for and respond to the flu and broader public health emergencies.

## SOURCES

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