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2006 Annual Report

Trust for America’s Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.
At Trust for America’s Health (TFAH), we believe that people’s health should not be determined by where they live. Every American deserves and should expect basic health protections.

That’s why TFAH examines every link. Our nonpartisan, nonprofit advocacy offers not only evidence-based information but also an independent voice and a track record for bringing people together from disparate experiences to find ways to keep people well and help protect communities from threats to the public health.

This past year, TFAH continued to fight for a healthier America, to push for improvements in our nation’s public health system. We issued ground-breaking research in our series of reports on pandemic flu and public health preparedness, the obesity crisis, and on how the nation funds our public health system. These reports help inform Americans about the progress and vulnerabilities in our public health system, bringing important issues and innovative community and statewide efforts to national attention and providing an important mechanism for accountability.

Traditionally people have viewed public health as the responsibility of health departments. However, today TFAH, along with many leaders in the field, believes public health is a shared challenge and responsibility for all who live within the system. The role of public health is to provide resources to help people and communities help themselves.

With that concept in mind, TFAH convened events in California and North Carolina to bring leaders from business, community and faith-based organizations, education, and critical infrastructure together with public health officials to increase the understanding of each group’s role in keeping the country healthier. In North Carolina, we tackled the health crisis of obesity, addressing how policy decisions and community action can help encourage people to make healthier choices. In Los Angeles, we held a tabletop exercise on pandemic flu demonstrating how every sector will have important decisions to make. Planning and practicing these roles and responsibilities is critical for how well the nation will respond to this potential threat. Our best strategy is to be prepared, not scared.

2006 marked five years after 9/11 and the one-year anniversary of Hurricane Katrina, two events that tragically challenged our system in ways we did not expect, but for which we could have and should have been better prepared.

TFAH and public health officials around the country are constantly worried about the next new threat. What will be the next emerging infectious disease? What threats are posed by bioterrorism? What health problems will the youth of America face tomorrow?

We have a vision for a modernized public health system, so we will be as prepared as possible for all of these challenges, so that people are protected.

We are extremely thankful to all of our partners, funders, and supporters who are an integral part of working toward this vision. Together, we will continue to work to improve the health and lives of all Americans.

Jeffrey Levi, PhD
Incoming Executive Director
F rom anthrax to asthma, from chemical terrorism to cancer, America is facing a crisis of health risks and disease epidemics.

As a nation, we are often stuck in a “disease du jour” mentality, which means we lose sight of the bigger picture: building a public health defense that is strong enough to protect us from all points of attack -- whether the threats are from bioterrorists or Mother Nature.

By focusing on PREVENTION, PROTECTION, and strengthening COMMUNITIES, Trust for America’s Health (TFAH) is leading the fight to make disease prevention a national priority, from Capitol Hill to Main Street. We know what works. Now we need to build the resolve to get it done.

Preventing Epidemics. Protecting People.

PREVENTION: ACCOUNTABILITY AND ACTION
More than 90 million Americans live with chronic disease, which accounts for 7 out of 10 deaths in this country. Amazingly, the majority of these deaths are preventable, yet America continues to accept that people will inevitably become sick. Rather than concentrating primarily on treatment, we need to prevent illnesses in the first place, particularly for those most at risk. TFAH believes that preventing disease and protecting communities from epidemics every day requires a strong, effective, and responsive public health system.

PROTECTION: A VITAL PRESCRIPTION
It is important to hold officials accountable for their performance on public health issues and activities. TFAH provides real leadership in ensuring that systems are constantly being evaluated, assessed, and enhanced. By motivating officials to improve and by advocating for increased resources and support for public health, TFAH is the non-profit, independent voice advocating to improve the health of our families, our communities, and our country.

COMMUNITY: A PRIORITY FOR EVERY STATE, EVERY TOWN, EVERY NEIGHBORHOOD
Your health should not be determined by where you live. Americans across the country deserve and should expect basic health protections. But currently, many disease rates vary significantly from city-to-city and region-to-region. And fundamental public health services and funding of these programs often vary dramatically from state-to-state and among communities within states.

Improving people’s health begins with strong, well-prepared, connected communities. We will not succeed until people move their neighbors from apathy to action. By conducting science-based research, issuing meaningful reports and sharing best practices, TFAH provides information that sparks change. But we all have to demand that our public health system works to fight current and emerging threats of all kinds. If we all work together, we can practically and effectively improve and modernize our public health system every day, everywhere, for everyone.
Making Public Health a National Priority

In 2006, TFAH issued its annual Critical Care List of vital public health priorities. TFAH advocated for these crucial issues while providing important and timely research and information to Congress, state governments, public health partners, the media, and the American people throughout the year.

Top TFAH priorities for 2006 included:

- Bolstering preparedness for diseases, disasters, and bioterrorism;
- Managing the Pandemic Influenza Preparedness Initiative; and
- Combating the obesity epidemic and related chronic diseases.

TFAH HAS ANSWERS...

During the 109th Congress, TFAH continued to be a “go to” resource for Capitol Hill and the Administration. TFAH provided policymakers with information on a regular basis through dissemination of reports, letters, and other written communications and conducted over 215 educational visits with Congressional offices and federal departments and agencies, including the White House and the Office of Management and Budget, along with the U.S. Departments of Health and Human Services, Homeland Security, Labor, and Transportation.

TFAH Critical Care List

As part of TFAH’s ongoing mission to strengthen the nation’s public health infrastructure and ensure Americans a strong defense against today’s health threats, TFAH identified a number of crucial programs in need of Congressional attention. The Critical Care List stressed funding needs for global disease detection systems, immunization programs, obesity prevention, integration of health tracking and disease registries, enhancing laboratory facilities, biomonitoring, and cancer and birth defects prevention. TFAH helped raise the profile of these important programs and educated legislators about their value.
In early 2006, TFAH convened a Public Health Leadership Initiative (PHLI) to bring together a broad group of public health leaders and other stakeholders to help envision a robust and effective 21st century public health system.

The PHLI project identified key public health functions, including:

■ Tracking outbreaks of new disease and working to prevent or contain the spread of major infectious diseases such as a flu pandemic;
■ Being among the first on the scene in natural disasters or acts of terrorism;
■ Working to identify environmental factors contributing to a high incidence of cancer, heart disease, asthma, and other illness;
■ Protecting the quality of the air we breathe and the water we drink;
■ Monitoring health trends and conditions throughout communities; and,
■ Developing communications, outreach, and intervention strategies to help Americans make healthier choices.

The PHLI project identified important barriers and obstacles to achieving a modernized public health system. Recommendations from the group focused on the areas of:

■ Leadership and Governance;
■ Funding;
■ Accountability;
■ Workforce and Education;
■ Information Systems; and
■ Science and Research.

The following individuals signed onto the PHLI Action Plan:

Rachel Block, United Hospital Fund; Dr. Georges Benjamin, American Public Health Association; Dr. Jo Ivey Boufford, New York University Wagner; Shannon Brownlee, New America Foundation; Maureen Byrnes, Human Rights First (Formerly with The Pew Charitable Trusts); Dr. Lawrence Deyton, Veterans Health Administration; Dr. Jonathan Fielding, Los Angeles County Department of Health Services; Dr. David Fleming, Bill & Melinda Gates Foundation; Dr. C. Earl Fox, University of Miami (Formerly with Johns Hopkins School of Public Health); Professor Lawrence Gostin, Georgetown University Law Center; Dr. Peggy Hamburg, NTI; Dr. James J. James, American Medical Association; Dr. James Marks, Robert Wood Johnson Foundation; Dr. Dennis O’Leary, The Joint Commission; Dr. Alonzo Plough, The California Endowment; Dr. Kathleen Toomey, Emory University; Dr. Kenneth Warner, University of Michigan
TFAH Budget, National Health Priorities Expertise

In February, TFAH provided policymakers, media, and the public with detailed information about the proposed federal budget for public health programs. TFAH also commissioned Greenberg, Quinlan, Rosner Research, Inc. to conduct a national survey about America’s health priorities.

In Bush’s Budget Plan, Shifting Priorities
by Robert Pear, New York Times
February 5, 2006: “Kim A. Elliott, deputy director of the Trust for America’s Health, a nonprofit advocacy group, praised the president’s commitment to bird flu preparations. ‘The president and his political appointees listened to the professional judgment of scientists and the medical and public health experts,’ Ms. Elliott said. But in response to a question about the budget, she said, ‘We are not spending enough on efforts to prevent chronic diseases and to find cures.’”

Bush Budget Would Cut Popular Health Programs
by Ceci Connolly, Washington Post
February 14, 2006: “The public health component of a governor’s budget is discretionary,” said Kim Elliott, deputy director of the Trust for America’s Health, a nonpartisan advocacy group .... ‘It’s always the public health dollars that get squeezed.’”

Concerns About Health Risks
(Percent responding, concerns most/great deal/some)

<table>
<thead>
<tr>
<th>Health Risk</th>
<th>Concerns</th>
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<tbody>
<tr>
<td>Cancer</td>
<td>82</td>
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<tr>
<td>Heart Disease</td>
<td>78</td>
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<tr>
<td>A worldwide flu pandemic</td>
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<tr>
<td>Obesity</td>
<td>53</td>
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<tr>
<td>Chemical Terrorism</td>
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<tr>
<td>Shortage of Vaccines</td>
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<tr>
<td>Food contamination</td>
<td>51</td>
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<tr>
<td>Biological Terrorist Attack</td>
<td>50</td>
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<tr>
<td>Infectious diseases like AIDS</td>
<td>49</td>
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TFAH Executive Director Jeff Levi Provides Testimony to the U.S. House Committee on Appropriations and Subcommittee on Labor, Health and Human Services, Education and Related Agencies, March 2006

“At a time when CDC [U.S. Centers for Disease Control and Prevention] and HRSA [Health Resources and Services Administration] need increased support to fight against a range of rising risks, from anthrax to ricin, from skyrocketing rates of obesity to the risk of an influenza pandemic, TFAH is troubled by the proposed cuts to discretionary health programs at these agencies, as contained in the President’s FY 2007 budget.”
In June 2006, TFAH released its second edition of the *Shortchanging America’s Health* report reviewing key public health statistics and funding at a state-by-state level. The report documented that funding levels for programs intended to protect the health of U.S. citizens vary dramatically across states. For example, the report found Alaska received the highest level of funding from CDC per person at $53.36, while Florida received the least, at only $11.38 per person. State funding for public health also varied widely, from $123.10 per person in Hawaii to $3.76 in Nevada. The report demonstrates that there is currently no systematic approach to ensure a minimum level of health services for all Americans or a rationale for how much should be spent on public health to adequately protect the nation’s health. The study emphasized that the country is falling short on achieving federally established goals for reducing disease and improving health, and there has not been sufficient funding to result in wide-scale change.

The report was covered in over 30 media outlets including the *Kansas City Star, Denver Post, Scripps Howard News Service, American Health Line, Orlando Sentinel, Miami Herald,* and an *Associated Press* story in Colorado. The U.S. Department of Health and Human Services Office of Minority Health also circulated the report to its stakeholders, commending it as an “excellent resource.”
State’s Health Funding Faulted: Report says Texas Lags in Per-Person Spending to Halt Disease, Bioterror

by Michelle Mittelstadt, Dallas Morning News
June 14, 2006: “In its report, ‘Shortchanging America’s Health,’ Trust for America’s Health also examined state public health spending — and found that Texas spends proportionately less per resident than most other states... The health advocacy group expressed concern about the unevenness in federal and state public health spending, saying it would take at least $2.6 billion in new spending annually to rectify the disparity.”

Health Report Ranks States: Missouri and Kansas Fare Poorly in the Amount of Money they Receive and Spend

by David Goldstein, KANSAS CITY STAR
June 14, 2006: “The findings are from a new analysis by the nonpartisan Trust for America’s Health... ‘We’re falling behind in our investment in public health in terms of core disease prevention,’ said Jeffrey Levi, the executive director of the trust. ‘A lot has been diverted to bioterrorism and pandemic (flu) preparation, both of which are very important. But it shouldn’t be a zero-sum game.’ Howard Rodenberg of the Kansas Department of Health and Environment said he hoped the report would become a ‘wakeup call’ for more public health services.”

Survey: Colorado in bottom 3rd on public health spending

Associated Press
June 14, 2006: “The average among the 50 states in 2005 was $35 per person, the Washington-based Trust for America’s Health said. Hawaii was the highest at $123, while Nevada was the lowest with $3.76. The study measured public health spending on services such as prenatal care, immunizations and treatment for uninsured people.”

Report: Fla. last in U.S. health funds

by Jacob Goldstein, Miami Herald
June 14, 2006: “Where you live shouldn’t determine the level of protection you are getting,” said Jeff Levi, executive director of Trust for America’s Health, the public health advocacy group that released the report. ‘We probably need to be doing a better job of linking distribution of resources to need.’ The report looked at funds distributed by the Centers for Disease Control and Prevention, which supports state and local programs including bioterrorism preparedness, HIV prevention and childhood immunizations.”
Bolstering Preparedness for Diseases, Disasters, and Bioterrorism

2006 marked the fifth anniversary of the September 11th and anthrax tragedies. Throughout the year, TFAH continued to sound the alarm that preparation is crucial for public health emergencies, including possible acts of terrorism, natural disasters like Hurricane Katrina, and naturally occurring disease outbreaks like a possible pandemic flu.

TFAH provided important research and recommendations to policymakers, media, and the American people on public health preparedness issues, and helped inform new legislation for improving national readiness for disease threats.

Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism

In 2006, TFAH conducted its fourth annual state-by-state examination of how prepared the nation’s public health system is to respond to a major health emergency. The Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism -- 2006 report examined 10 key indicators to assess areas of improvement and vulnerabilities in public health preparedness. All 50 U.S. states and D.C. were evaluated. Half of the states scored 6 or less on the scale of 10 indicators. Overall, the report found that emergency health preparedness is still inadequate in America.

“The nation is nowhere near as prepared as we should be for bioterrorism, bird flu, and other health disasters. We continue to make progress each year, but it is limited. As a whole, Americans face unnecessary and unacceptable levels of risk.”

— Jeff Levi, PhD, Executive Director of TFAH.
Only 15 states are rated at the highest preparedness level to provide emergency vaccines, antidotes, and medical supplies from the Strategic National Stockpile.

Twenty-five states would run out of hospital beds within two weeks of a moderate pandemic flu outbreak.

Forty states already face a shortage of nurses.

Thirteen states vaccinated seniors for the seasonal flu at a lower rate than previous years.

Eleven states and D.C. lack sufficient capabilities to test for biological threats.

Four states do not test year-round for the flu, which is necessary to monitor for a pandemic outbreak.

Six states cut their public health budgets from fiscal year (FY) 2005 to 2006; the median rate for state public health spending is $31 per person per year.
In December 2006, the Pandemic and All-Hazards Preparedness Act was signed into law and included a number of recommendations from TFAH’s Ready or Not? reports. The law reauthorized the Bioterrorism and Public Health Preparedness Act of 2002, providing emergency preparedness grants to states, localities and hospitals, while also requiring clear performance measures and improved accountability at all levels of government.

“The challenge was to create a blueprint for this country to create and develop countermeasures, vaccines and antivirals for threats that exist to the American people.”
- U.S. Senator Richard Burr (R-NC) in a December 12, 2006 interview with National Public Radio on the Pandemic and All-Hazards Act.

“Is it any wonder that study after study shows that America is not ready for a biological attack? Our former colleague, Senator Lowell Weicker, is chairman of the board of the Trust for America’s Health, which convened a panel of experts in public health to assess each state’s readiness for bioterrorism. This [TFAH] report once again shows that too many states are not fully prepared to combat bioterrorism, natural disasters or flu pandemics. Thankfully, on Saturday Congress took action and passed the Burr-Kennedy legislation to strengthen public health preparedness.”
- U.S. Senator Edward M. Kennedy (D-MA), December 12, 2006

**READY OR NOT? MEDIA COVERAGE**


The report was also featured on National Public Radio, ABC, CNN, CBS, and over two dozen local radio interviews. The report was covered on CNN’s national “The Situation Room” news program, CNN’s program “House Call with Dr. Sanjay Gupta,” in Spanish on Telemundo, and other television coverage by NBC, CBS, Hearst, Cox, and Dispatch TV news services which provide reports to a wide range of local TV news broadcasts. Additionally, more than 21 million local television viewers viewed over 350 features about the report in local markets nationwide via a video news release issued by the Robert Wood Johnson Foundation TV Health Series.

Several newspapers also featured editorials about the report including the Washington Post and Toledo Blade, and it was featured in a number of health industry newsletters and publications, including those produced by Hospital Business Week, Preventive Medicine, The Biodefense Funding Report, Modern Healthcare, Healthday, Scientific American, and Emergency Management.
States’ Flu Plans Vary Widely
by Lauran Neergaard, Associated Press
December 16, 2006: “‘Where you live shouldn’t determine your level of preparedness,’ said Jeff Levi, executive director of the Trust for America’s Health. ‘This is not a question of letting 51 flowers bloom. The federal government, as the primary payer and the entity that can see the biggest picture, needs to define a minimum standard of protection that every American can expect.’”

CNN: THE SITUATION ROOM with Wolf Blitzer
December 12, 2006: “The report is called ‘Ready or Not’ and it’s the fourth annual report of its kind from the Trust for America’s Health, which is a non profit non partisan health advocacy organization. And the report took 10 indicators to decide whether or not a state would be ready in case of an emergency... The Centers for Disease Control called the report a good tool for raising awareness.”

When Disaster Strikes, Will the Washington Region Be Ready?
Editorial, Washington Post
December 15, 2006: “Imagine that a terrorist introduces the plague into downtown Washington, or that a nasty strain of bird flu flies in from Southeast Asia. How well is the region prepared to cope with thousands of casualties and prevent the spread of lethal contagions? Not very, according to a report from the Trust for America’s Health.”

U.S. Health System Unprepared, Report says
by Mimi Hall, USA Today
December 12, 2006: “‘The public believes that more is being done and that we are better prepared than we are,’ said trust board member Margaret Hamburg, a former New York City health officer and former top official at the federal Department of Health and Human Services. Allowing public health system weaknesses ‘to persist can lead to serious consequences,’ she says. ‘Our systems need to be strengthened.’”

“U.S. Unprepared for Bioterror and Disease”
by Gayle White, ATLANTA JOURNAL-CONSTITUTION
December 12, 2006 — “September 11, the anthrax attacks, and Hurricane Katrina were all wake-up calls to the country, putting us on notice that the nation’s response capabilities were weak and that we needed to improve preparedness,” said Jeff Levi, executive director of Trust for America’s Health, the not-for-profit group that prepared the report.”
Report Says Most States Still Aren’t Prepared for Major Emergencies

by David Goldstein, KANSAS CITY STAR

December 12, 2006: “The Trust for America’s Health said the public health emergency response system is underfunded and lacks accountability and strong national leadership. The report suggests some unsettling scenarios should disaster strike.”

State Prepared in Attack: Oklahoma Tops List as Most Ready to Deal with Disaster, Disease in National Ranking

by Jeff Raymond, THE DAILY OKLAHOMAN

December 13, 2006: “The trust proposes ‘all-hazards preparedness,’ whereby threats to public health are spotted and investigated quickly; hospitals have enough beds for the sick, especially ‘surge capacity’ in case of mass illness or contamination; plans for containment and vaccination of the sick and exposed; and improved communication among the 3,000 independent agencies that constitute the nation’s public-health system.”

CNN: House Call with Dr. Sanjay Gupta

December 31, 2006: “A recent report card from the non-profit, Trust for America’s Health, says ... basic healthcare is stretched so thin half of all U.S. states would run out of hospital beds within two weeks in even a moderate flu pandemic, not the worst case scenario. Treatment options are limited anyway.”

In October, TFAH Executive Director Jeff Levi spoke at the Fourth Annual Homeland Defense Symposium of the National Homeland Defense Foundation (NHDF). He served on the “Bio-Threat on All Fronts: Natural/Manmade” Challenge Panel, which was moderated by TFAH Board Member Dr. Margaret Hamburg, Senior Scientist of NTI.

In August, Dr. Jeff Levi also spoke at the Association of State and Territorial Health Officials (ASTHO) Senior Deputies Annual Meeting.
Managing the Pandemic Influenza Preparedness Initiative

Throughout 2006, TFAH continued to play a leadership role in improving national and global preparedness for a possible pandemic flu outbreak. TFAH provided analyses, expert advice, and recommendations to policymakers, media, and the public. The Pandemic Influenza Preparedness Initiative is supported by The Pew Charitable Trusts.

PANDEMIC PREPAREDNESS: IF AND WHEN THE TIME COMES
by Colin Woodard
THE PEW CHARITABLE TRUSTS MAGAZINE
December 5, 2006: “Concerned about the potential consequences of a pandemic flu event, The Pew Charitable Trusts, in December 2005, invested $1.5 million in an initiative to hold accountable federal, state and local officials to do all they can to prepare for a possible flu pandemic.... The vehicle for those efforts is the Pandemic Preparedness Initiative, a project overseen by Trust for America’s Health (TFAH). As part of the initiative, TFAH’s staff has been assessing the federal government’s pandemic response plan and implementation of recommendations the organization has compiled.”

PANDEMICFLUANDYOU.ORG

To help raise awareness about a possible pandemic and the need for preparedness, TFAH launched www.pandemicfluandyou.org, a centralized pandemic flu resource center.

WORKING GROUP ON PANDEMIC INFLUENZA PREPAREDNESS

TFAH also convened a Working Group on Pandemic Influenza Preparedness, a consortium of more than 65 major health, science, business, and labor organizations. The group issues consensus statements to respond to government activities and funding for pandemic flu preparedness.
TFAH developed a series of brochures called *It’s Not Flu as Usual* to provide businesses, community and faith-based organizations, health care providers, and individuals and families with information about preparing for a possible pandemic flu outbreak.

The brochures have been widely distributed to over 66 counties in 26 states and directly to industry groups.

TFAH partnered with the U.S. Chamber of Commerce to co-brand and distribute the business-focused brochure, which was sent to over 3 million businesses. TFAH partnered with the American Medical Association (AMA) and the American Nurses Association (ANA) to co-brand and distribute the brochure for health care providers to all AMA and ANA members. TFAH has also worked with a number of local health departments to develop co-branded versions of the brochure, including in Los Angeles County where the brochure was translated into over a dozen languages.
STEPS YOU AND YOUR FAMILY CAN TAKE NOW TO PREPARE

Teach your children about the following common-sense precautions to prevent the spread of flu and model these behaviors yourself.

- Avoid close contact with people who are sick. If you are sick, keep your distance from others to protect them from getting sick, too.
- Stay home when you’re sick or have flu symptoms. Get plenty of rest and check with your doctor.
- Cover your mouth and nose with a tissue when coughing or sneezing. If you don’t have a tissue, cough or sneeze into your sleeve, not your hands. This may prevent those around you from getting sick.
- Clean your hands. Washing your hands often will help protect you and others against germs. When soap and water are not available, use alcohol-based disposable hand rubs or gel sanitizers.

Practice other good health habits.

- Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, and eat nutritious foods.
- Avoid smoking, which may increase the risk of serious consequences if you do contract the flu.

Discuss important health issues with your family and loved ones.

- Ask them about how/where they would be cared for if they become ill and discuss what would be needed to care for them at home.
- Think about who will care for children/people with special needs if all adults in the household are ill.
- Are there other family members or neighbors who can fill in? Make those plans now and communicate them to all who need to know.

Have generic medical and health supplies on hand. Examples include supplies like soap or alcohol-based hand wash; medicines for fever, such as acetaminophen or ibuprofen; thermometer; fluids with electrolytes; and tissues.

Anticipate shortages of common prescription drugs and plan accordingly. If you or a family member has a chronic disease and regularly takes prescription drugs, talk to your physician/pharmacist/insurance plan about having several weeks of medications stockpiled at home.

Anticipate shortages in perishable foods, water, and common household emergency supplies. The federal government recommends stockpiling non-perishable food items, water, portable radios, batteries, flashlights, garbage bags, and manual can openers.

Anticipate social disruption and make backup plans.

- Schools may be closed for an extended period of time, so consider pooling child care resources with neighbors and learn if there will be community-designated child care facilities for children who are not ill.
- Since being able to go to work may be difficult or impossible, talk to your employer about the possibility of telecommuting or working from home.
- Transportation services may be disrupted, so consider carpooling options to go to work, schools, and supermarkets to reduce your reliance on public transportation.
- Other public and community services may be disrupted. These could include services provided by hospitals and other health care facilities, banks, stores, restaurants, government offices, and post offices. Think about how you and your family might compensate if you are cut off from these services.

Understand your company’s sick leave and family and medical leave policies.

To fight the annual flu, get a flu shot. Even those who are not in the high-risk categories should get a flu shot if enough vaccine is available. Those who have underlying medical conditions and everyone 65 or older should get a one-time pneumococcal vaccine.

Do NOT go to work, school, or to any public place if you become ill!
On October 11, TFAH held a “table top” hypothetical scenario to examine the impact pandemic flu could have on Los Angeles County and the country at The California Endowment’s Center for Healthy Communities. The simulation brought together leaders from government, business, education, and community groups to gain an increased understanding of the challenges each sector could face during a pandemic outbreak, and how to better prepare for the potential threat.

The event featured fictionalized newscasts with veteran TV reporter Betty Rollins simulating what would happen during an outbreak as participants gained a better understanding of what could happen in the event of a pandemic outbreak and how all sectors can better prepare. Featured speakers included First Lady of California Maria Shriver, U.S. Assistant Secretary for Health John Agwunobi, California Health and Human Services Secretary Kim Belshé, Director of the California Department of Health Services (CDHS) Sandra Shewry, and John Barry, author of *The Great Influenza: The Epic Story of the Deadliest Plague in History*. TFAH Board Member Dr. Margaret Hamburg, Senior Scientist of NTI, moderated the table top exercise.

The event was covered by the *Los Angeles Daily News*, over 10 radio stations, and more than 15 television stations in California and Nevada, which included using footage provided by the Robert Wood Johnson Foundation TV Health Series.

Video highlights from the tabletop scenario can be seen on TFAH’s Web site.
“[This event] was a milestone in pandemic preparedness planning for the city, state, and nation. As the first real hands-on pandemic exercise involving health officials, government, business, health care, and a wide range of sectors in the community, this effort provides a practical assessment illustration of how everyone can and must work together to bring necessary resources to the table. Doing so will help mitigate the impact a pandemic would have.”

— Jonathan Fielding, MD, MPH, Director of Public Health and Health Officer, Los Angeles County Health Department of Public Health.

“Protecting the public’s health goes way beyond what the government can prepare for on its own. Businesses and other community groups play crucial roles in preparing for a pandemic and other health threats. This event is important to help clarify the responsibilities and expectations of both the private and public sector, so we will all be better prepared to face emergencies that may arise, such as a pandemic, together.”

— Joe Byrne, Executive Director of the Los Angeles Chapter of the Business Executives for National Security (HSAC/LA BENS).

U.S. Representative Lois Capps (D-CA)

Alonzo Plough, PhD, MPH, Vice President of Program, Planning, and Evaluation, The California Endowment

John M. Barry, Author of The Great Influenza: The Epic Story of the Deadliest Plague In History
In October, TFAH partnered with the Infectious Diseases Society of America (IDSA) to issue Pandemic Influenza: The State of the Science, a report that raised concerns that pandemic flu preparedness efforts are falling behind advances in science and technology.

The recommendations drew upon interviews conducted with 14 leading scientific experts on influenza, pandemics, and infectious disease to examine what is known scientifically about influenza viruses as well as developments in vaccines, medications, and diagnostics that could be used in the event of a possible pandemic.

Experts consulted for the report include: Lawrence Deyton, MSPH, MD, with the U.S. Department of Veterans Affairs; Anthony S. Fauci, MD, with the National Institute of Allergy and Infectious Diseases; David Fedson, MD, formerly with the University of Virginia and Aventis Pasteur; Gregory K. Folksers, MS, MPH, with the National Institute of Allergy and Infectious Diseases; Scott Harper, MD, with the New York City Department of Health; Hillery A. Harvey, PhD, with the National Institute of Allergy and Infectious Diseases; Frederick G. Hayden, MD, with the University of Virginia Health Sciences Center and the World Health Organization; Kathleen Maletic Neuzil, MD, with PATH and the University of Washington School of Medicine and Chair of IDSA’s Pandemic Influenza Task Force; Michael T. Osterholm, PhD, MPH, with the Center for Infectious Disease Research and Policy at the University of Minnesota; Andrew T. Pavia, MD, with the University of Utah School of Medicine and Chair of the National and Global Public Health Committee of the IDSA; Gregory A. Poland, MD, with the Mayo Vaccine Research Group; Robert T. Schooley, MD, with the University of California at San Diego; John Treanor, MD, with the University of Rochester School of Medicine and Dentistry and Vaccine and Treatment Evaluation Unit; and Tim Uyeki, MD, MPH, MPP, with the National Center for Infectious Diseases of the CDC.

“THE UNITED STATES MUST EXPAND AND ACCELERATE RESEARCH EFFORTS AND ENSURE WE RAPIDLY TRANSLATE SCIENTIFIC BREAKTHROUGHS INTO REAL-WORLD PRACTICE TO PREPARE FOR A POSSIBLE PANDEMIC. THIS IS PARTICULARLY IMPORTANT IN THE AREA OF FLU VACCINE PRODUCTION AND DELIVERY, WHICH WILL ALWAYS BE THE BEST DEFENSE AGAINST PANDEMIC FLU.”

— Kathleen Maletic Neuzil, MD, Chair of IDSA’s Pandemic Influenza Task Force, and Associate Professor of Medicine at the University of Washington School of Medicine, who is a co-author of the report.
In May, TFAH released a report, in partnership with the University of Columbia Mailman School of Public Health of 20 leading health journalists that found that government and society is “thoroughly unprepared” for a pandemic flu outbreak.

Journalists in the study recognized the federal government has taken positive steps to prepare for a pandemic flu outbreak, particularly toward investing in vaccine research, but overall, they criticized the “generalities” that they view permeate preparedness planning, citing such areas of weakness as unclear government leadership and poor communication with the business community and the public on how to maintain day-to-day life during a pandemic.

Additionally, the journalists felt the media would play an important role during a flu pandemic as a crucial link to the public. News organizations would have to strike a balance between working with the government to disseminate accurate and timely information to the public, and holding policymakers accountable for pandemic-related decisions and actions.
TESTIMONY FROM TFAH BOARD PRESIDENT THE HONORABLE LOWELL WEICKER, JR. TO THE U.S. SENATE COMMITTEE ON APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH, AND HUMAN SERVICES AND RELATED AGENCIES, JANUARY 31, 2006

Pandemic Flu Preparedness

“First, let me commend the Subcommittee for its leadership on this emerging public health concern. Without question, members of this Subcommittee have led Congressional efforts to address vaccine production capacity, stockpiling antiviral medications and other medical supplies, assuring surge capacity in the event of a flu pandemic and providing state and local public health departments with the tools they need to combat a lethal flu outbreak.”

JUST-IN-TIME INVENTORIES MAKE U.S. VULNERABLE IN A PANDEMIC

by Bernard Wysocki Jr and Sarah Lueck, WALL STREET JOURNAL

January 12, 2006: “...A report issued last month by the Trust for America’s Health, a public-health advocacy group in Washington, concluded that 40 percent of the states lack enough backup medical supplies to cope with a pandemic flu or other major disease outbreak.”

STATES AND CITIES LAG IN BIRD FLU READINESS

by Donald G. McNeil, Jr., New York Times

February 6, 2006: “Dr. Levi, of Trust for America’s Health, gave an example of a dilemma that could arise at George Washington University, where he teaches: If a dorm had one infected student, should everyone else be sent home for their own safety, or padlocked in to keep them from spreading the virus to their hometowns? ‘Right now, that’s up to the individual schools to figure out,’ he said. ‘That’s no policy.’”

HAVE WE LEARNED OUR LESSONS ABOUT PANDEMICS

by Anita Manning, USA Today

February 21, 2006: “...'When a pandemic strikes, the entire country will be only as strong as the weakest link in the chain,' says Jeff Levi, director of Trust for America’s Health, a health advocacy group. ‘We hear from (Health and Human Services) that it’s all going to have to be worked out at the state and local level, and that’s true, but there is a federal responsibility to make sure everyone is following the same guidance and has a minimum level of capacity to implement that guidance.’
Encourage Sick Leave In Flu Pandemic, Firms Urged
by Maggie Fox, Reuters
February 28, 2006: “Half of America’s workers have no sick leave,’ said Jeffrey Levi of the Trust for America’s Health. ‘We are going to ask people to stay home.’ But if workers face losing pay if they do not show up, they will come out while sick and will spread influenza, Levi said.”

STATE NOT READY FOR A FLU CRISIS
by Rong-Gong Lin II, Los Angeles Times
April 17, 2006: “...Jeffrey Levi, executive director of Trust for America’s Health, said local officials should be planning ways of keeping people from infecting one another. Such ‘social distancing measures’ would put areas where people congregate in large numbers off-limits. ‘Will we close the schools? Will we shut down theaters? Will we shut down Disneyland? And what will that mean for the Orange County tax base?’ Levi said. ‘Those kinds of things need to be talked through ahead of time.’”

Bird Flu: Facts and Fears: The cross-platform networks of NBC News examine Avian flu in special report on April 21-23
April 20, 2006: “Interviews will include Health and Human Services Secretary Michael Leavitt, who will discuss the Federal government’s plan, and a conversation with Jeff Levi, who is with Trust for America’s Health, and a critic of U.S. bird flu preparedness.”

RESPONSE TO FEDERAL PANDEMIC PREPAREDNESS PLAN UPDATE

Bird Flu Plan Lacks a Key Detail
by Anita Manning and David Jackson, USA Today
May 3, 2006: “The comprehensiveness (of the plan) is an important message about how broadly felt across society a pandemic would be,” [TFAH’s] Levi says. He praised the plan’s ‘level of detail with relatively specific accountability measures and timelines.’ But he says, ‘The critical piece that is missing is how we will pay for implementation of these plans when a pandemic hits.’ For example, he says, there is no mechanism by which the HHS secretary could grant emergency medical coverage to the uninsured.”

Flu Plan Assumes Dire Risk; Pandemic Measures: Working from Home, School Closures, Citizen Volunteerism
Jeff Nesmith, ATLANTA JOURNAL-CONSTITUTION
May 3, 2006: “The health advocacy group Trust for America’s Health has criticize the president’s plan as failing to provide what they consider sufficient financial support to local agencies. ‘The real elephant in the room is not addressed in this plan,’ said Jeffrey Levi, executive director of the trust, ‘and that’s how we are going to pay for it.’”
**REATIONS TO ABC MOVIE FATAL CONTACT: BIRD FLU IN AMERICA**

**TV Does Bird Flu: Amid Hype, a Real Threat**

*Editorial, Philadelphia Inquirer*

May 9, 2006: “Don’t be scared; get prepared!” advises the nonprofit advocacy group Trust for America’s Health. It’s good advice for business, individuals and all levels of government.”

**Health Experts Worry Over Impact of TV Flu Movie**

*by Lee Bowman, Scripps Howard New Service*

May 8, 2006: “Osterholm, who viewed a near-final version of the film at the request of producers several weeks ago, said during a news conference sponsored by The Trust for America’s Health, a public health advocacy group, that he’s concerned that the Fatal Contact may either drive people to ‘make excessive preparations or give them reason to say this is all sensationalized.’”

**TFAH BOARD MEMBER AND VICE PRESIDENT FOR STRATEGY, PLANNING, AND EVALUATION AT THE CALIFORNIA ENDOWMENT ALONZO PLOUGH TESTIFIES BEFORE THE U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON GOVERNMENT REFORM MAY 11, 2006**

**Working Through an Outbreak: Pandemic Flu Planning and Continuity of Operations**

“On May 3rd, the White House unveiled its implementation plan for pandemic influenza. This government-wide plan represents serious progress for our national readiness to respond to a pandemic flu outbreak. It recognizes that a pandemic would impact every sector of society, and a comprehensive response involves engaging every federal agency and constituency. Significant thought clearly went into the plan’s development, and its depth and breadth, including over 300 activities that are tied to specific accountability measures and timelines, should be commended.

We all know, however, the real test of a plan is how it is implemented. TFAH plans to actively monitor the progress of how the plan is carried out.

TFAH has also identified a number of specific concerns about the plan. First, the document is unclear about what federal official and which federal agency would take the lead in responding to a pandemic. As we saw during and after Katrina, any lack of clarity in this area can slow response time, hamper response efforts, and allow important activities to fall through the cracks. The plan currently gives responsibilities to both HHS and the Department of Homeland Security (DHS) without making clear which of these departments is ultimately accountable for pandemic response. This is too important a matter to not be resolved prior to onset of the pandemic. We, at Trust for America’s Health, strongly believe that HHS should be designated as the lead agency, with the Secretary charged with coordinating the work of other federal departments and agencies.”
Most Cities, States Not Ready for Flu Pandemic
by Mimi Hall, USA Today
May 24, 2006: “You can have all the Tamiflu and respirators in the world, but if you can’t get them to the people who need them, they’re not much good,” says Kim Elliott of the nonprofit Trust for America’s Health.

Big gain foreseen in bird-flu vaccine
by Thomas Ginsberg, Philadelphia Inquirer
July 27, 2006: “This is huge in terms of preparedness,” said Jeffrey Levi, director of Trust for America’s Health, a nonprofit group advocating pandemic research. “This shows we’re back in the game in terms of the investment the government is making and the capacity that will be needed to produce for the entire country.”

States scrape up bird flu drug funds
by Julie Schmit, USA Today
August 9, 2006: “The plan has critics, including health advocacy organization Trust for America’s Health. It warned earlier this year that cash-strapped states may not follow through on full anti-viral purchases. ‘Where you live should not dictate the level of protection,’ says spokeswoman Kim Elliott. The federal government should pay the full freight, TFAH says.”

Feds Detail Progress on Pandemic Preparedness
by Lisa Schnirring and Robert Roos, CENTER FOR INFECTIOUS DISEASE RESEARCH AND POLICY
December 29, 2006: “Jeff Levi, PhD, executive director of Trust for America’s Health (TFAH), a Washington, DC-based nonprofit public health advocacy group, commended federal officials for meeting most of the 6-month benchmarks in the pandemic plan.”

October 2006, TFAH Executive Director Jeff Levi addressed the “Avian Flu, Pandemic Diseases, and the Economic and Social Consequences: A Template for Preparedness” conference sponsored by The College of Physicians of Philadelphia.
Combating Obesity and Related Chronic Diseases

Chronic diseases ranging from heart disease to diabetes are the most prevalent and deadly health threats to the nation. The rising numbers of overweight and obese Americans are contributing to increased levels of chronic illnesses.

In 2006, TFAH’s efforts to prevent chronic disease focused on developing policies and strategies to combat the obesity epidemic and help prevent obesity-related diseases.

F AS IN FAT: HOW OBESITY POLICIES ARE FAILING IN AMERICA: 2006

In August, TFAH released the 2006 version of F as in Fat, which examined obesity rates and state-by-state initiatives, including a study of school nutrition policies; federal programs and responsibilities. F as in Fat also illuminated the relationship between obesity rates and community design, food access, health insurance, and workplace practices.

The report found adult obesity rates continued to rise in 31 states over the past year. Regionally, the South was found to be the “Biggest Belt” and is home to nine out of the ten states with the highest obesity rates.

“The bad news is that not enough progress has been made in the past year, and America’s obesity epidemic continues to get worse,” said Jeff Levi, PhD, executive director of TFAH. “Quick fixes and limited government programs have failed to stem the tide. The ‘fad diet’ approach does not work for individuals, and it’s not going to work for our nation’s obesity crisis either. Government must step up and provide sustainable funding for sound, long-term policies that produce significant results.”
KEY RECOMMENDATIONS FROM F AS IN FAT

- Fast-track research to identify evidence-based interventions and best practices.
- Break the cycle of short-term government action by developing and implementing a series of viable, long-term, fully funded solutions. Current estimates place federal spending levels for chronic disease prevention at roughly $3 per person per year -- less than most fast-food meals.
- Develop an appropriate set of indicators to measure progress in the fight against obesity. Instead of focusing solely on weight loss, measure improved nutrition and increased physical activity.
- Community-driven efforts that increase access to healthy foods for low-income areas and improve the "built environment" (i.e. sidewalks, parks, bike paths) so that the community setting is more conducive to physical activity.
- School-based efforts to strengthen physical fitness curricula and improve the nutritional content of all foods and beverages served and sold on school campuses. The report notes that physical education requirements are often not enforced or not funded in schools, and that nutrition in foods sold in schools is often substandard.
- Employer-sponsored programs that offer employees more places and time to work out, subsidize health club memberships, and provide better insurance coverage for preventive services.
- Food, beverage, and marketing industry initiatives that improve nutritional labeling practices, such as nutritional labels based on product size instead of serving size.

F AS IN FAT MEDIA COVERAGE

Media coverage of the report appeared in over 1,000 print news articles ranging from the Washington Post, New York Times, and regional papers across the country. Over 750 local TV news reports carried information about the report from the Robert Wood Johnson Foundation TV Health Series. Dr. James Marks, Senior Vice President of the Robert Wood Johnson Foundation and TFAH Executive Director Jeff Levi participated in a satellite media tour with more than 20 interviews with local television stations nationwide. In addition, Robert Wood Johnson Foundation President Risa Lavizzo-Mourey appeared on the Today show to discuss the report.

With Access to Health Care Diminishing, an Upward Trend in Obesity Puts North Carolina on a Precarious Path

Editorial, Raleigh News & Observer

August 31, 2006: "As the Trust for America’s Health reported this week, the problem isn’t confined to North Carolina. Even the leanest state, Colorado, has 18 percent of its residents falling into the obese category."
Waistlines Widen in South

New York Times
August 30, 2006: “Nine of the 10 states with the highest obesity rates in a new study are in the South. Mississippi continues to lead the way, with an estimated 30 percent of adults considered obese. It is followed by Alabama, West Virginia, Louisiana and Kentucky, according to the Trust for America’s Health, a nonprofit health research group in Washington that analyzed survey data collected for the Centers for Disease Control and Prevention.”

The Latest Word on the Fat of the Land

by Christopher Lee, Washington Post
August 30, 2006: “It’s further evidence that obesity is a growing problem, said the authors of F as in Fat: How Obesity Policies Are Failing in America. ‘The obesity epidemic in America is getting worse,’ said Jeffrey Levi, the group’s executive director. ‘Every state needs to do much better.’ The problem is especially acute in the South, home to nine of the 10 states with the highest obesity rates, Levi said.”

The Fat of the Land is in the South

by Bob Dart, Atlanta Journal-Constitution
August 30, 2006: “Hold those MoonPies, honey chile. According to a national report released Tuesday, the fattest Americans live in Dixie. ...The annual report, titled ‘F as in Fat: How Obesity Policies Are Failing in America,’ labels the South the nation’s ‘Biggest Belt’ but warns that the porkiness plague is nationwide and growing, and that it carries serious health consequences.”

CNN
September 2, 2006: Interview with Dr. Bill Lloyd, University of California-Davis, Medical Center: “This is the second report from a non-partisan health advocacy group called Trust for America’s Health. What they’re saying is getting fat and eating too much isn’t simply a personal choice. If there were some other disease that were killing this many people every year, there would be riots in the streets demanding action from our government to do something. That’s what happened with smoking over the past 40 years. And some now say it’s time to do the same for obesity.”

Kids’ Health Food Builds Strong Business Bodies; Forget Chips and Sodas

by Jeffrey Gangemi, Business Week
September 20, 2006: “More than 9 million children are either overweight or obese, and the rate of childhood obesity more than doubled from 1980 to 2000, according to a report by Washington-based health advocacy group Trust for America’s Health. According to the report’s projections, 73% of American adults could be overweight or obese by 2008.”
HEALTHIER NORTH CAROLINA SUMMIT IN RALEIGH, NORTH CAROLINA

In conjunction with the release of the *F as in Fat* report, TFAH held the Healthier North Carolina Summit in Raleigh, North Carolina, focusing on federal, state, and local obesity policies. TFAH partnered with Healthy Carolinians and the state Division of Public Health to host the event, which was supported by the Robert Wood Johnson Foundation and The Duke Endowment.

More than 275 community leaders, health care stakeholders, business leaders, and public health experts attended the summit. *Washington Post* columnist Sally Squires served as keynote speaker. Several members of the North Carolina legislature attended the summit and took an active role in panel presentations and discussions.

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**Groups Push to Slim Down N.C.**

*by Mark Binker, Greensboro News-Record*

August 30, 2006: “North Carolina, we are fat. No, we’re not Mississippi fat — our Gulf Coast brethren have the highest count of overweight and obese citizens in the United States — but our behinds are not far behind, according to a national study by Trust for America’s Health. To combat our growing girth, a coalition of state and nonprofit groups aim to help us eat more healthfully and get more exercise. The overall goal of the Eat Smart Move More initiative is to see improvement by 2012.”

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**Weight of Our State: 14th Fattest**

*by Jean P. Fisher, Raleigh News & Observer*

August 31, 2006: “Excess weight leads to chronic disease, a risk that’s not acceptable when medical care is becoming less and less affordable. The state Medicaid program has been helping people on the margins, but the program is strained financially. For that matter, so is the entire health care system. State leaders have set a worthy goal of stopping the increase in obesity within five years. It’s a start. As the Trust for America’s Health reported this week, the problem isn’t confined to North Carolina.”

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**A Problem with Putting on Pounds**

*Raleigh News & Observer*

September 3, 2006: “Put it all together, and the state is the nation’s 14th fattest, according to ‘F as in Fat,’ an annual report on the thickening American waistline released by Trust for America’s Health, a Washington health advocacy group.”
In February, TFAH held a Capitol Hill briefing co-sponsored by Representatives Mark Udall (D-CO) and Zack Wamp (R-TN), co-chairs of the House Physical Fitness Caucus. The briefing outlined what is being done and what needs to be done, at all levels of government and society, to control and reduce obesity.

TFAH Executive Director Jeff Levi made the presentation “Obesity and Public Policy: Options and Opportunities” at the 2006 YMCA Activate America: Pioneering Healthier Communities Conference.

TFAH Director of Government Relations Richard Hamburg presented “The Obesity Epidemic in the Delta States” at the Health Resources and Services Administration (HRSA) Delta States Rural Development Regional Grantee meeting in New Orleans.
ILLINOIS STATE PRESS RELEASE
Illinois Gov. Blagojevich’s Proposal To Ban Junk Food In Illinois Elementary And Middle Schools Wins Final Approval: Joint Committee on Administrative Rules approves policy that will allow children to have a healthier diet in school

“A recent study found that 61 percent of Illinois residents and nearly one in four Illinois adults are obese, which is up from one year ago and part of an alarming national trend. Obesity climbed in 30 other states and only fell in one, Nevada. The results were compiled by the non-profit Trust for America’s Health, which used data from a federal telephone survey that asked adults their height and weight.”

Lt. governor urges residents to join effort to create a leaner state:
Bill Bolling joins a nationwide plan after a report cites Virginia as the 25th-heaviest state. He aims to lose 30 pounds by 2007.
by Hugh Lessig, Associated Press
August 31, 2006: “With an adult obesity rate of 23.3 percent, Virginia is well behind the national goal of reducing the rate to 15 percent by 2010. ...The Trust for America’s Health recommends various public strategies for fighting obesity, from toughening nutritional standards for school lunches to encouraging employers to provide chances for exercise.”

Colorado Governor’s Council for Physical Fitness
“The Colorado Governor’s Council for Physical Fitness is a 501 (c) (3) not for profit organization established via executive order by the Governor in October of 1975. The mission of the Council is as follows: To empower lifestyle change in citizens of all ages and abilities through promoting and sponsoring physical activities, and to act as a liaison for the Governor on fitness related issues. The Council is celebrating Colorado’s designation as ‘the fittest state,’ according to statistics compiled by Trust for America’s Health, an advocacy group that promotes funding for public health programs.”

Governor wants CoverTN premiums to act as an incentive to get people to quit smoking or lose weight.
by Emily Berry, CHATTANOOGA TIMES FREE PRESS
October 9, 2006: “Some of the working uninsured who sign up for the proposed CoverTN health care program could end up paying as much as $198 per month for coverage, depending not just on their age or whether they use tobacco, but whether they are fat.... The most recent data for obesity, as outlined in the ‘F as in Fat’ report from the Trust for America’s Health, put Tennessee sixth in the nation for obesity rates, with 26.6 percent of Tennesseans qualifying as obese.”

Kansas governor part of fitness initiative, concerned about PE
by John Hanna, Associated Press
September 25, 2006: “Gov. Kathleen Sebelius is trying to encourage her fellow Kansans to move more, eat less and avoid tobacco, and she worries some kids aren’t getting enough physical education.... The governor’s remarks came less than a month after the nonprofit Trust for America’s Health ranked Kansas the 26th heaviest state in the nation, reporting that 23 percent of its adults are obese.”
Valued Friends

TFAH would like to extend a special thank you to valued friends who provided greatly appreciated support and encouragement during 2006.

American Medical Association
American Nurses Association
Dr. Alice Ammerman
Richard Anderson
Association for Professionals in Infection Control and Epidemiology (APIC)
Patricia Bauman
Scott Becker
Annette Bender
Dr. Georges Benjamin
Rachel Block
James Blumenstock
Dr. Jo Ivey Boufford
Shannon Brownlee
Dr. Tom Burke
Emily Byram
Maureen Byrnes
California Department of Health Services
Center for Biosecurity at UPMC
Center for Infectious Disease Research and Policy (CIDRAP)
Eric Chipman
Marlene Cimons
Bernadette Clifford
President William Clinton
Columbia University Graduate School of Journalism
Mary Bobbitt-Cooke
Dr. Stephen Corbin
Matthew Crim
Dr. Leah Devlin
Dr. Lawrence Dayton
John and Toni Doggett
Raymond and Paula Doherty
John Dwyer
Terrence and Joan Earl
Dr. Michael Erickson
Elizabeth Errico
John Everets
Dr. David Fedson
Shelly Fidler
Dr. Jonathan Fielding
Fleishman-Hillard
Dr. David Fleming
Dr. Claude Earl Fox
Sheila Franklin
Judith Freyman
Ian and Josie Gardiner
Laurie Garrett
Dr. Lawrence Gostin
James Grossfeld and Vivian Gabor
Robert Guidos
Dr. Elin Gursky
Dr. Margaret Hamburg
Melissa Hanlon
Julie Hantman
Dr. Scott Harper
Dr. Cynthia Harris
Kelli Harsch
Holly Hartshorn
Healthy Carolinians
Homeland Security Advisory Council-Business Executives for National Security
Homeland Security Institute
Dr. Peggy Honore
Joy Horwitz in honor of Dr. and Mrs. Ed Fram
Dr. Carlessia Hussein
Infectious Diseases Society of America (IDSA)
Dr. Thomas Inglesby
Dr. James James
Dr. Robert Kadlec
Emily Katz
Dr. Ruth Katz
Liene Kesselman
Adam Kugajevsky
Dr. Phil Lee
Richard and Richelle Lehmann
Judy Lindennmeyer
Los Angeles Area Chamber of Commerce
Los Angeles County Unified School District
Los Angeles Department of Public Health
Devin Lynch
Dr. Marcia Mabee
Melissa Maitin-Shepard
David and Martha Martin
Jeremy Mayer
Debbie McKethan
Theresa Miller
Dr. Meg Molloy
George Murphy
National Association of Chronic Disease Directors
Dr. Kathleen Maletic Neuzil
John Nolan
North Carolina Alliance for Health
North Carolina Division of Public Health
Jennifer Nuzzo
Dr. Dennis O’Leary
Dr. Tara O’Toole
Diana Olton
Erika Orloff
Dr. Michael Osterholm
Zoe Pastorfield-Li
Dr. Andrew Pavia
Elisabeth Pika
Dr. Marcus Plescia
Dr. Alonzo Plough
The Honorable John Edward Porter
Beth Rada
Dr. Irwin Redlener
Dorothy Richardson
Latharee Richardson
Maxwell Richardson
Dr. Jamie (Gus) Rivera
The Rockefeller Foundation
Betty Rollin
Scott Rosenstein
Laurie Stillman and Robert Rosofsky
Suzi Ruhl
Dr. Raymond Scheppach
Sharon Scribner
Elliot and Ann Segal
Trisha Seminoff
Marilyn Sharp
Maria Shriver
Kimberly Stizel
The Honorable Louis Stokes
Mark Supsic
Dr. Kathleen Toomey
U.S. Chamber of Commerce
Dr. Kenneth Warner
Kathy Warye
The Rockefeller Foundation
The Honorable Louis Stokes
The Mitchell Kapor Foundation
Phoebe W. Haas Charitable Trust A
The Benjamin Spencer Fund
# Financial Highlights

**FUNDING WAS OBTAINED FROM:**

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**ASSETS AND LIABILITIES**

**ASSETS:**

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**TOTAL LIABILITIES AND NET ASSETS**

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<td><strong>Total Liabilities and Net Assets</strong></td>
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The amounts shown are summarized from Trust for America’s Health annual audit. To obtain a copy of the complete set of audited financial statements for the year ended December 31, 2006, including footnotes and the independent auditors’ report, please contact Trust for America’s Health at 202-223-9870 or at healthyamericans.org.