

# Orientation Virtual Meeting National Health Security Preparedness Index Stakeholder Engagement and Communication Workgroup



NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

1:30-2:30pm EST | June 23, 2015

Web link for presentation slides: [http://connect.uky.edu/nhspi\\_stakeholder/](http://connect.uky.edu/nhspi_stakeholder/)

Phone line for audio: 1-877-394-0659 | access code: 7129451782#  
(please mute computer speakers if using phone audio)

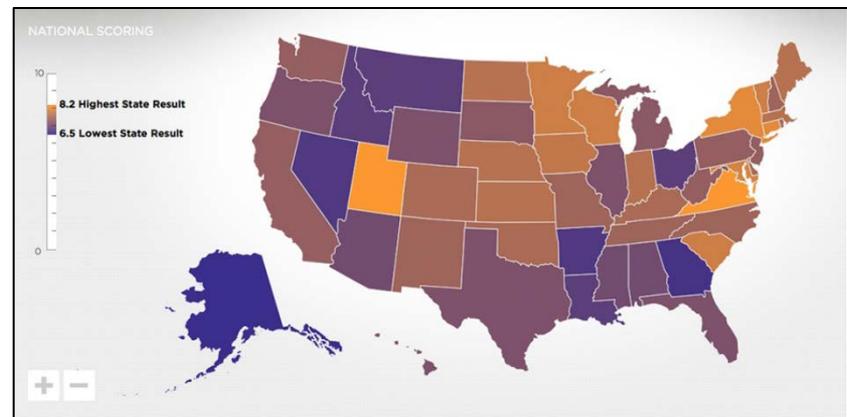
**NHSPI Program Management Office**

University of Kentucky



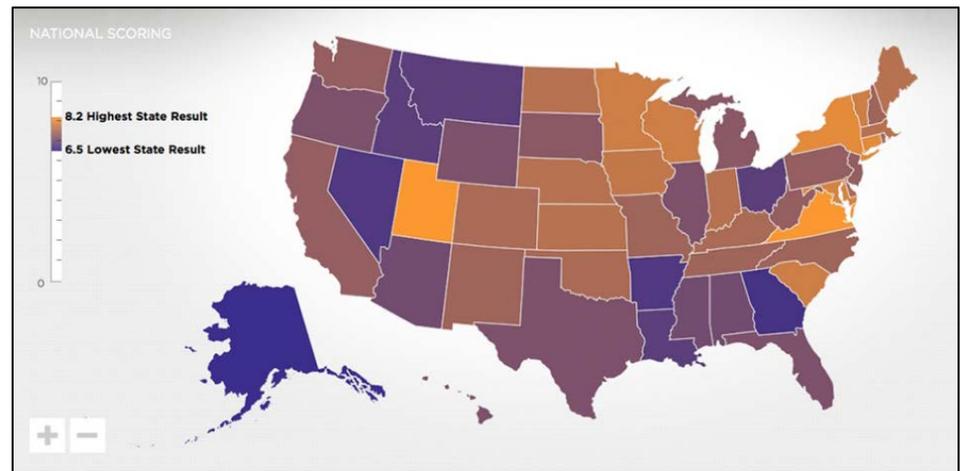
# Meeting Objective

**Orient members of the Stakeholder Engagement and Communication Workgroup to Index structure and usage and to workgroup charge and activities.**



# Agenda

- **Welcome and Introductions**
- **Orientation to the Index**
- **Index Evolution**
- **Stakeholder Engagement and Communication Workgroup Charge**
- **Building a Strong and Useful Index**
- **Next Steps: Use, Usefulness, and Usability**
  - Survey
  - Virtual Focus Groups
- **Contact Us**



## Stakeholder Engagement and Communication Workgroup Members | 2015

- Cathy Slemp, Public Health Consultant (Chair)
- Gerrit Bakker, ASTHO
- Laura Biesiadecki, NACCHO
- Kelly DeGraff, Corporation for National and Community Service
- Doug Farquhar, National Conference of State Legislatures
- Andrew Jahier, FEMA
- Kathleen Kimball-Baker, University of Minnesota
- Mary Leinhos, CDC
- Liam O'Fallon, NIEHS/NIH
- John Osborn, Mayo Clinic

### *Program Management Office Representatives to the SECW*

- Mary Davis, Consultant
- Anna Goodman Hoover, Deputy Director



# Guiding Principles for the Index

<http://www.nhspl.org/tools-resources/guiding-principles/>

- Health security is multifactorial
- Health security is a shared responsibility – all sectors
- Broad definition of preparedness from PPD-8
- Disaster risk reduction and primary prevention as core concepts
- Must be practical and value-added
- Build on existing data sources: low-burden
- Align with existing capabilities and frameworks
- Accurately and completely reflect state and national preparedness
- Use transparent development process that is stakeholder driven, continuously improving, based on real-world experience
- Value of composite information exceeds sum of the parts
- Advance the science of preparedness measurement

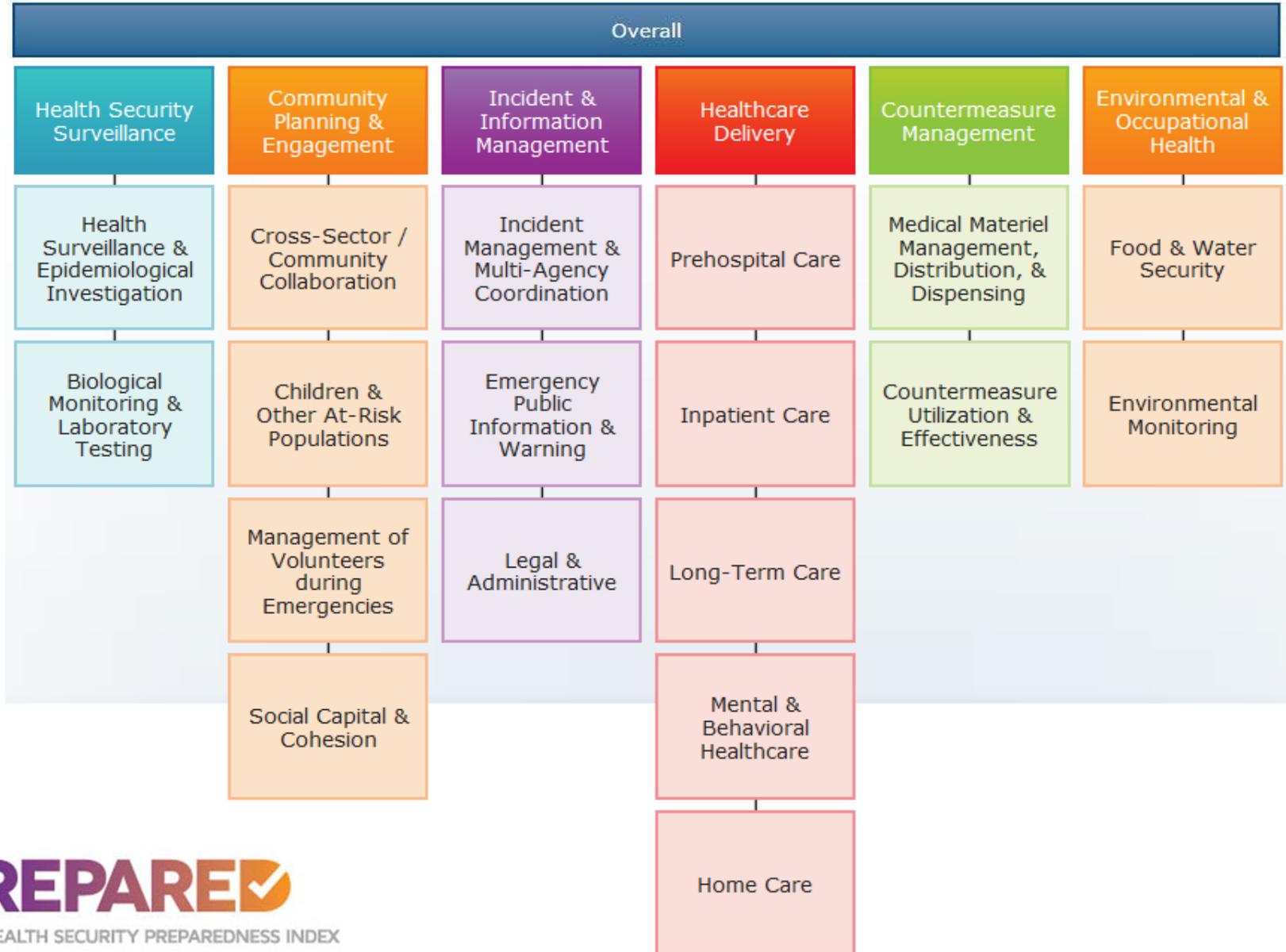


# Overarching Goals for the Index

- **Increase awareness & understanding**
- **Stimulate dialogue, debate & discussion**
- **Encourage coordination & collaboration**
- **Facilitate planning & policy development**
- **Support benchmarking & quality improvement**
- **Drive research & development**

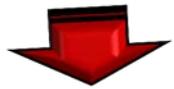


# Current Index Structure and Methodology



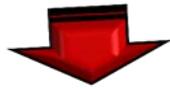
# Current Index Structure and Methodology

- 194 individual measures



Unweighted  
average

- 18 subdomains



Unweighted  
average

- 6 domains



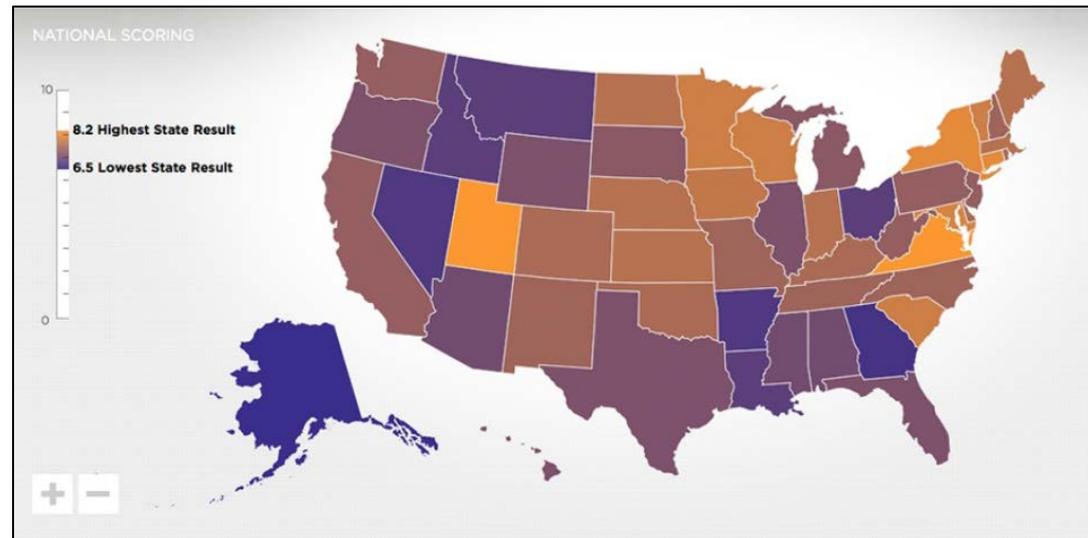
Unweighted  
average

- State overall values



Unweighted  
average

- National overall values



# 2014 Index Results

- National average: 7.5
- State overall results range from 6.5 to 8.4



# Index Evolution: 2014 and Beyond

## THE 2014 NATIONAL OVERVIEW

The National Health Security Preparedness Index provides a snapshot of nationwide capabilities, pointing to both successes and opportunities for systemwide improvement.



NATIONAL AVERAGE  
PREPAREDNESS LEVEL

**7.5**

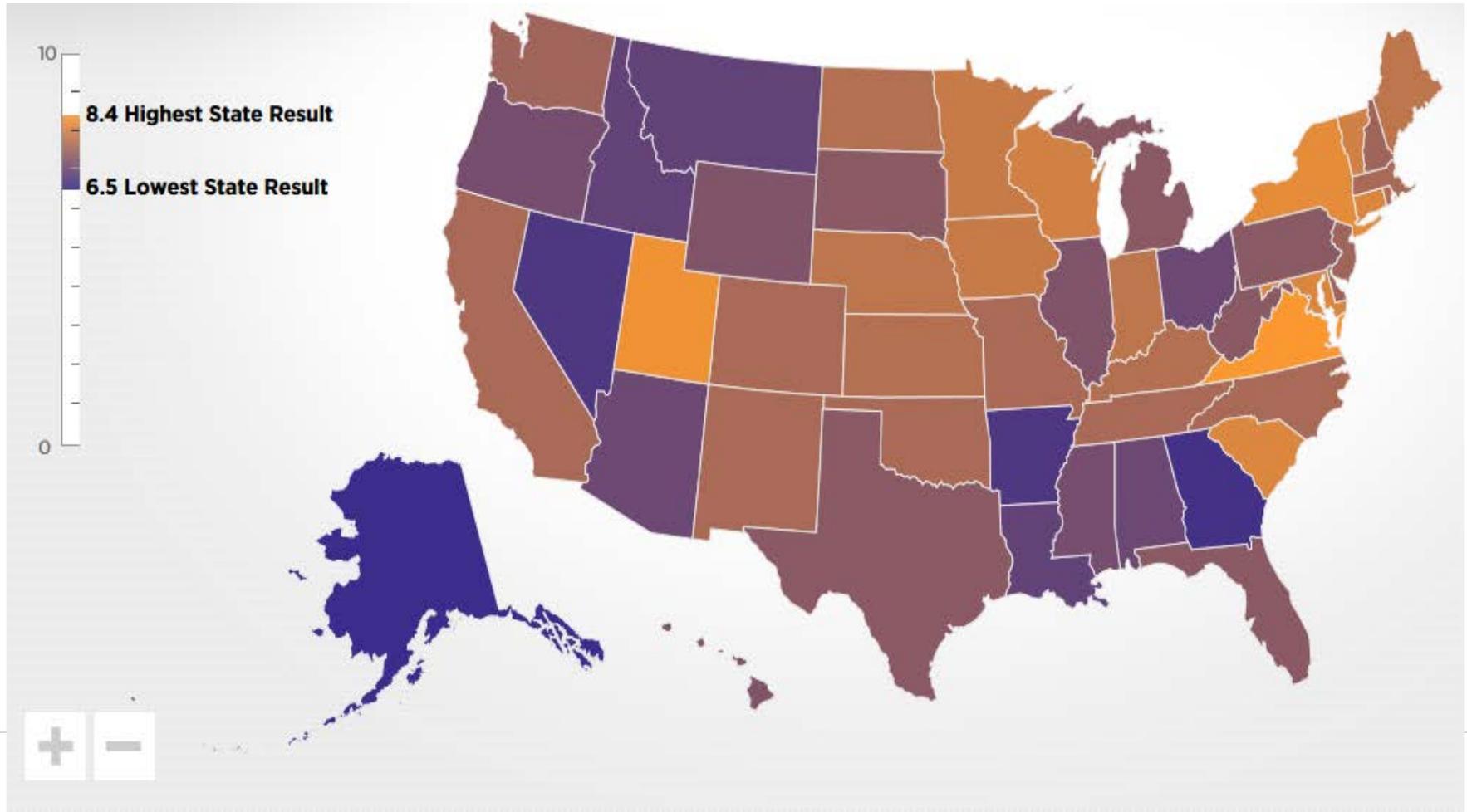
PREPAREDNESS  
DOMAINS RANGE:

**6.5-8.4**

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NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

# Index Evolution: 2014 and Beyond



# Index Evolution: 2014 and Beyond



THE INDEX

MEASURING PREPAREDNESS

BEHIND THE INDEX

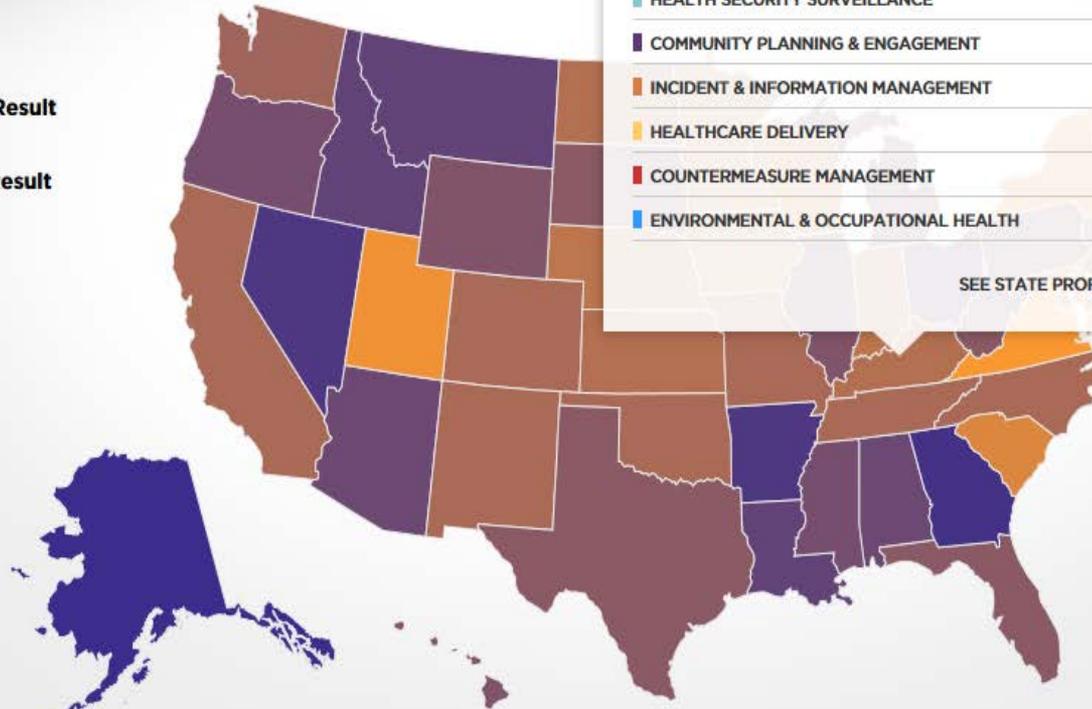
TOOLS & RESOURCES

NATIONAL SCORING



8.4 Highest State Result

6.5 Lowest State Result



## KENTUCKY

PREPAREDNESS RESULT	7.7
HEALTH SECURITY SURVEILLANCE	8.5
COMMUNITY PLANNING & ENGAGEMENT	6.6
INCIDENT & INFORMATION MANAGEMENT	7.9
HEALTHCARE DELIVERY	6.5
COUNTERMEASURE MANAGEMENT	9.2
ENVIRONMENTAL & OCCUPATIONAL HEALTH	7.5

SEE STATE PROFILE



NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

# Index Evolution: 2014 and Beyond

## KENTUCKY

The overall preparedness level in Kentucky stands at 7.7, which is in the top one-third of U.S. states and is above the national average level of 7.5.

States can be sorted into three equally-sized groups, called Tertiles, based on their overall Index results. States in the 1st Tertile show above-average levels of preparedness, and those in the 3rd Tertile show below-average levels of preparedness. States in the 2nd (middle) Tertile have preparedness levels in line with the national average. Kentucky falls into the 1st Tertile.

States also can be grouped into Tertiles based on each of the 6 domains of preparedness used in this year's Index. Based on Tertile groupings, Kentucky shows above-average results in 2 of these domains, while it shows below-average results in none of these domains.

Kentucky falls within the top one-third of states in the areas of Health Security Surveillance, and Environmental & Occupational Health. Kentucky falls in the bottom one-third of states in no domains.



STATE PREPAREDNESS LEVEL

**7.7**

NATIONAL  
LEVEL RANGE

**6.5-8.4**

NATIONAL  
PREPAREDNESS LEVEL

**7.5**

**PREPARED** 

NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

# Index Evolution: 2014 and Beyond

STATE SUMMARY		<a href="#">DOWNLOAD SUMMARY REPORT</a>
8.5	<b>HEALTH SECURITY SURVEILLANCE</b> 7.8 <small>NATIONAL PREPAREDNESS LEVEL</small> 6.0-9.2 <small>NATIONAL PREPAREDNESS RANGE</small>	▼
6.6	<b>COMMUNITY PLANNING &amp; ENGAGEMENT</b> 6.7 <small>NATIONAL PREPAREDNESS LEVEL</small> 5.3-8.8 <small>NATIONAL PREPAREDNESS RANGE</small>	▼
7.9	<b>INCIDENT &amp; INFORMATION MANAGEMENT</b> 8.1 <small>NATIONAL PREPAREDNESS LEVEL</small> 6.6-9.5 <small>NATIONAL PREPAREDNESS RANGE</small>	▼
6.5	<b>HEALTHCARE DELIVERY</b> 6.5 <small>NATIONAL PREPAREDNESS LEVEL</small> 5.5-7.4 <small>NATIONAL PREPAREDNESS RANGE</small>	▼
9.2	<b>COUNTERMEASURE MANAGEMENT</b> 9.1 <small>NATIONAL PREPAREDNESS LEVEL</small> 7.5-9.7 <small>NATIONAL PREPAREDNESS RANGE</small>	▼
7.5	<b>ENVIRONMENTAL &amp; OCCUPATIONAL HEALTH</b> 6.7 <small>NATIONAL PREPAREDNESS LEVEL</small> 3.5-9.8 <small>NATIONAL PREPAREDNESS RANGE</small>	▼



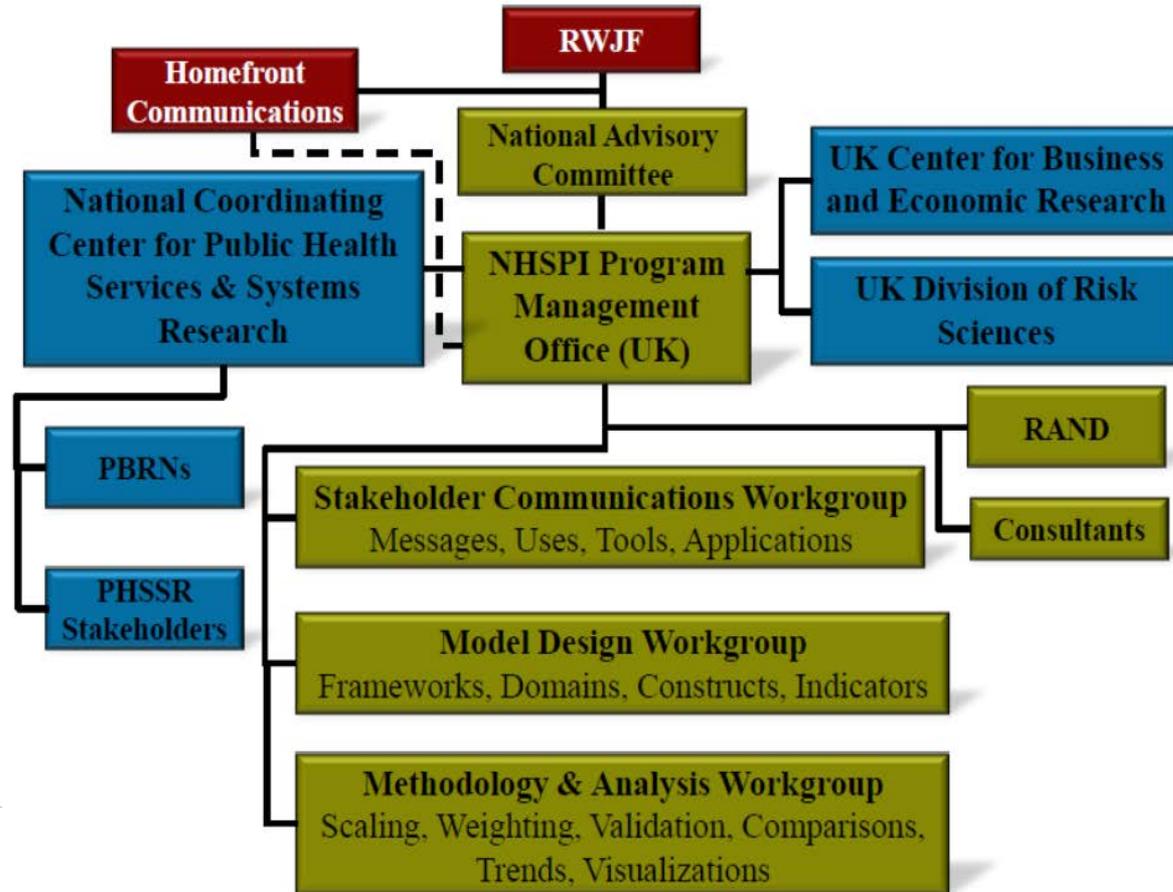
# Index Evolution: 2014 and Beyond

HEALTHCARE DELIVERY				
PREHOSPITAL CARE	INPATIENT CARE	LONG-TERM CARE	MENTAL & BEHAVIORAL HEALTHCARE	HOME CARE
<b>National Average: 8.0 Range: 6.9-9.4</b>				
MEASURE	MEASURE DESCRIPTION	RESULT	SOURCE	
M81	State renewal requirement (in years) for emergency medical technician (EMT) basic credentials	2	▼	
M82	State renewal requirement (in years) for emergency medical technician (EMT) paramedic credentials	2	▼	
M329	State (has an) emergency medical services (EMS) medical director	1	▼	
M330	Does the state submit National EMS Information System (NEMIS) data to the national emergency medical services (EMS) database?	1	▼	
M138	{State has} prehospital care emergency medical services (EMS)-specific protocols and triage guidelines (for) mass casualty	1	▼	
M139	Does your state have a prehospital medical error reporting system where emergency medical services (EMS) (prehospital care) professionals can report (anonymously if they chose) errors associated with EMS service delivery or patient care?	1	▼	
M140	{Number of} emergency medical technicians (EMTs) and paramedics (per 100,000 population)	113.3	▼	
M156	State's ability to monitor prehospital care emergency medical services (EMS) response time	0	▼	
M254	State (has number of) prehospital care (EMS)-related specialty service capabilities	4	▼	
M104	State prehospital care emergency medical services (EMS) office chemical, biological, radiological, and nuclear (CBRN) exercise participation	0	▼	
M331	What percentage of the state's local emergency medical services (EMS) agencies submit National EMS Information System (NEMIS) compliant data to the state?	10	▼	



# Index Evolution: 2014 and Beyond

## *Program Management*



# Index Evolution: 2014 and Beyond

## *National Advisory Committee*

- Tom Inglesby, (Chair) UPMC Center for Health Security
- Robert Burhans, Emergency Management Consultant
- Anita Chandra, RAND
- Ana-Marie Jones, Collaborating Agencies Responding to Disasters
- Eric Klinenberg, New York University
- Jeff Levi, Trust for America's Health
- Nicole Lurie, Assistant Secretary for Preparedness and Response
- Stephanie Lynch, Caddo Parish (LA) Commissioner
- Suzet McKinney, Chicago Department of Public Health
- Stephen Redd, CDC Office of Public Health Preparedness & Response
- Richard Reed, American Red Cross
- Martin Jose Sepulveda, IBM Corporation
- Claudia Thompson, NIH National Institute of Environmental Health Sciences
- John Wiesman, Washington State Secretary of Health



# Index Evolution: 2014 and Beyond

*Redesigned Website (www.nhspi.org) & Call for Measures*

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ABOUT | NEWS & EVENTS | CONTACT US

A Robert Wood Johnson Foundation program

THE INDEX | MEASURING PREPAREDNESS | BEHIND THE INDEX | TOOLS & RESOURCES

SHARE +

## HOW STRENGTHENING NATIONAL PREPAREDNESS HELPS BUILD A CULTURE OF HEALTH

Good health is the bedrock of prosperous nation, and preparedness is a central component to ensuring good health. The Robert Wood Johnson Foundation envisions a future in which we, as a nation, achieve comprehensive preparedness within a Culture of Health that enables all in our diverse society to lead healthier lives. Learn more about how RWJF is building a Culture of Health.

LEARN MORE >

### HOW PREPARED ARE WE IN 2014?

While threats to our national health security are frightening and may seem ubiquitous, as a nation we now have protections in place that didn't exist 10 years ago. The 2014 index results point to how these systems can strengthen preparedness and resiliency.

	NATIONAL AVERAGE PREPAREDNESS LEVEL <b>7.5</b>	PREPAREDNESS DOMAINS RANGE: <b>6.5-8.4</b>
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Call for Measures | National Health Security Preparedness Index

The Program Management Office for the National Health Security Preparedness Index is now soliciting [recommendations for new measures](#) to be incorporated into future versions of the Index. We invite recommendations from all stakeholders having scientific and/or operational knowledge about strategies for reducing the impact of large-scale hazards, disasters, and emergencies on human health and wellbeing. We also invite recommendations about existing Index measures to be modified or eliminated. Recommendations must be received by February 15, 2015 to be considered for the next iteration of the Index.

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# Index Evolution: 2014 and Beyond

## *Next Steps: Refining the Index*

- **Consolidating** and **simplifying** the overall Index set of measures by reducing correlated, redundant, and noisy measures
- Improving the breadth and composition of the Index by adding **new measures** reflecting **social, environmental,** and **economic indicators** of preparedness and resiliency, along with other new areas of measurement.
- Continuing to improve **Index alignment** with established **national frameworks** for preparedness and health security, particularly those frameworks used by USDHHS and USDHS agencies and relevant state and local agencies.



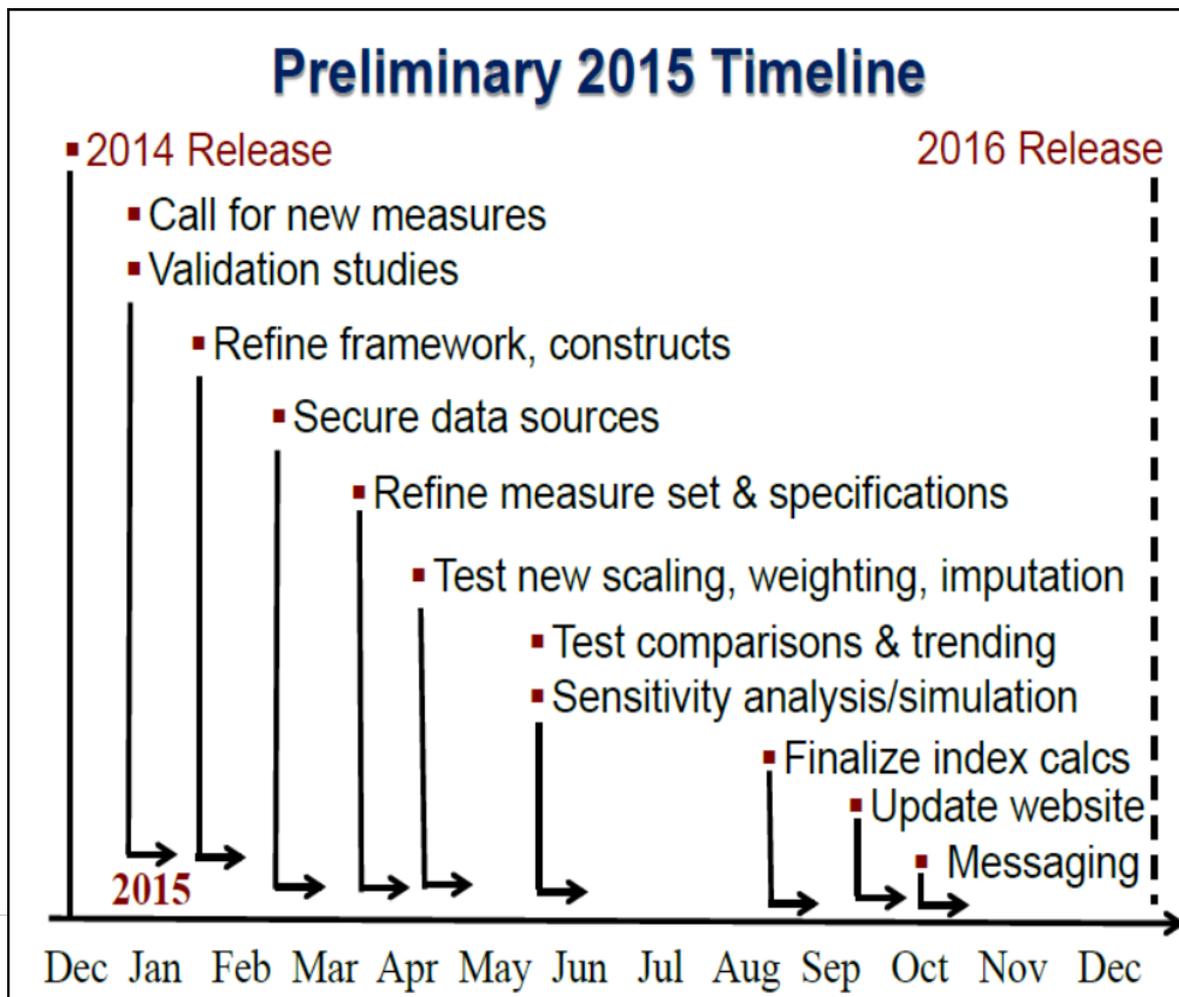
# Index Evolution: 2014 and Beyond

## *Next Steps: Refining the Index*

- Improving the methods used for **scaling** individual measures so as to more accurately reflect the distributional properties of the measures and to **enable more accurate comparisons** across states and over time.
- Improving the methods used for **grouping** and **weighting** individual measures within domains and subdomains so as to improve the **internal consistency** and **discriminant power** of the Index.
- Incorporating **analytic methods** that allow for accurate comparisons of Index values over time (**trending**).



# Index Evolution: 2014 and Beyond



# Communicating the Index: Presentations/Panels/Discussions

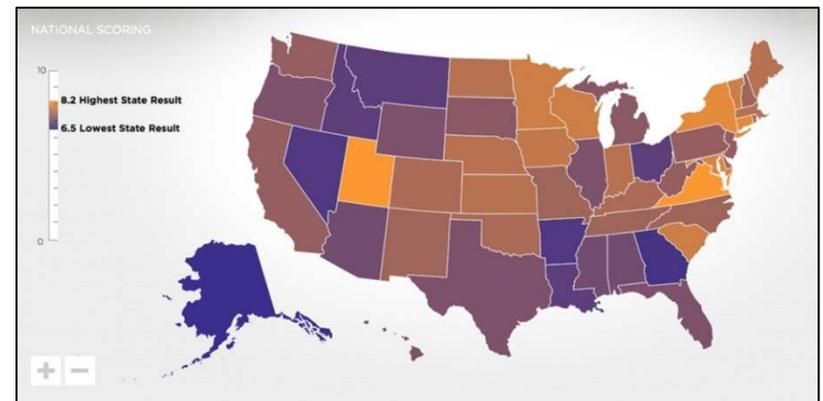
- 2014 Index Launch, Capitol Visitor Center, Washington, DC (December 9, 2014)
- The Evolution of the National Health Security Preparedness Index, National Association of County and City Health Officials Preparedness Planning, Outcomes, and Measurement Workgroup (January 27, 2015)
- [CDC On Public Health Security Bulletin](#) by NAC member Dr. Stephen C. Redd (March 2015)
- Association of State and Territorial Health Officials Performance Evaluation and Improvement Workgroup: Measures Call Listening Session (March 11, 2015)
- Connecting Preparedness Science with the National Health Security Preparedness Index: research Translation Opportunities: Hurricane Sandy Recovery Research Initiative, Office of Public Health Preparedness and Response, U.S. Centers for Disease Control and Prevention (March 27, 2015)
- Preparedness Summit: Index Panel (April 26, 2015)
- Council of State Governments Midwest Regional Meeting, Bismarck, ND (July 2015)



# Workgroup Charge

The Stakeholder Engagement and Communication Workgroup will:

- help identify and target high-priority end-users of the Index
  - contribute to development of tailored messages and materials
  - help identify channels for reaching these key stakeholder groups
- react to existing Index measures and plans for the Index's continuing refinement
- identify health preparedness knowledge gaps and potential Index uses
- recommend additional data sources, measures, and materials
- inform the development of processes and activities for collecting input and feedback from a broad base of current and potential end-users nationwide



# Who is the Index for?



- Support quality improvement,
- Inform resource and policy decisions,
- Enhance collaboration and strengthen shared responsibility, and
- Advance the science of measuring preparedness.

# Building a Strong and Useful Index

- Role of Stakeholder Engagement
- What We Know about Use and Usefulness

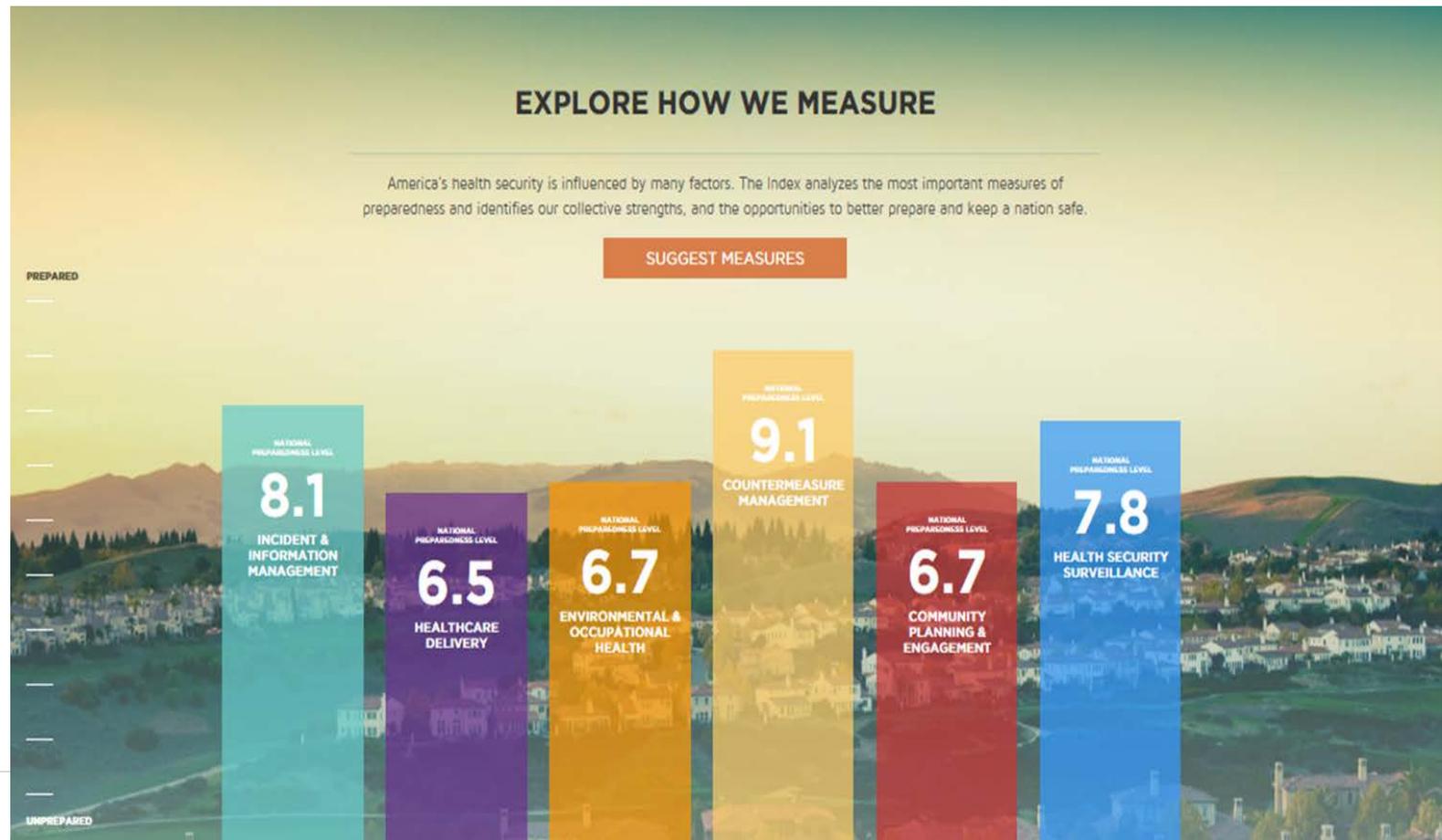


# Building a Strong and Useful Index

- **Stakeholder Involvement:** Workgroups, Measure Calls, Presentations, Website Contacts, Surveys, Virtual Focus Group Discussions, Public Comments, etc.
- **Stakeholder Impact**
  - Strengthen Index Content
  - Improve Use, Usability and Usefulness
  - Help Reach Potential Users and New Partners
- **Who:** Public Health, Health Care, Emergency Management, Environmental Health, Federal Partners, Associations, etc. (35 + organizations to date); Anticipate Further Expansion



# Building a Strong and Useful Index



# Building a Strong and Useful Index

ALL **EVENTS** NEWS



APRIL 7, 2015

## ANALYTIC METHODOLOGY MONTHLY WORKGROUP MEETING

The first monthly meeting for the NHSPI Analytic Methodology Work Group will cover the following agenda items: - Scaling Measures - Weighting Approach [Click here to download the PDF for more...](#)

[READ MORE](#)

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# Who Is Using the Index?



**Public health workers**  
*More familiar than healthcare professionals*



**State public health**  
*More familiar than local public health*



**Early adopters**  
*"Test-driving" the Index*

**Use most common among state public health and health care**

**44% of those familiar with the Index have used it in their work**

**Most common uses cited: Inform decision-making/ strengthen preparedness**

Note1: References use of the 2013 Index and is from structured feedback from the field in July 2014

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# What Early Effects is the Index Having?

*Comments and initial experience suggest the Index provides:*

Sharper understanding of what is involved in health security

Renewed interest in system assessment

Opportunities for new collaborations around preparedness

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# Using the Index to Strengthen Preparedness

*Comments from Early Adopters:  
Quality Improvement.....*

*The NHSPI™ data [have] helped to focus our Public Health Emergency Preparedness work plans on jurisdictional areas that need improvement as [they] relate to the capabilities.*

*We have increased our focus on Community Planning and Engagement using the 2013 results as a motivator. Specifically, we are looking to better manage volunteers.*

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# Using the Index to Strengthen Preparedness

*Comments from Early Adopters:  
Strengthening Collaborations and Thinking System.....*

*The Index has caused our agency to better coordinate preparedness efforts between public health and healthcare response partners.*

*[We are] working with the Access and Functional Needs Planning Work Group to think more holistically about social capital and cohesion, as well as framing preparedness as a social and environmental justice issue.*

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# Next Steps

- Use, Usability, and Usefulness (U3) Survey
  - Alpha PMO Development (June)
  - SECW Pilot Testing (June and early July)
  - Data Collection (July into early August)
- U3 Focus Groups
  - July and August
- Report (September)

# Open Virtual Workgroup Meetings: Participating Further in Index Evolution

- **Stakeholder Engagement and Communication Workgroup**  
*Fourth Tuesdays, 1:30pm-2:30pm Eastern*  
**NEXT VIRTUAL MEETING: Tuesday, July 28, 1:30pm – 2:30pm**
- **Analytic Methodology Workgroup**  
*Second Wednesdays, 2:00pm-3:00pm*
- **Model Design Workgroup**  
*Third Tuesdays, 1:00pm-2:00pm*

*Login Information and Archived Slides/Recordings are available on the [www.nhspi.org](http://www.nhspi.org) website.*



# For More Information



**National Program Office**

**Supported by The Robert Wood Johnson Foundation**

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**Web:** [www.publichealthsystems.org](http://www.publichealthsystems.org)

**Journal:** [www.FrontiersinPHSSR.org](http://www.FrontiersinPHSSR.org)

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