

National Health Security Preparedness Index Stakeholder Engagement and Communication Workgroup



24 May 2017 | 2:30-3:30pm EST

Web link for presentation slides: <https://uky.zoom.us/j/474312686>

Phone line for audio: 1- 855- 880 -1246 |

Meeting ID: 474 312 686

(please mute computer speakers if using phone audio)

NHSPI Program Management Office

University of Kentucky

Agenda

2017 Index Release and Dissemination

- Website
- *Key Findings*
- Release Media Coverage
- Preparedness Summit
- Upcoming Index Webinar Series
- June 14 Webinar: Association of Healthcare Emergency Preparedness Professionals
- June 24: AcademyHealth Public Health Systems Research Interest Group

Preparedness Innovator Challenge and Use Tools

- Status Update
- New Resources
 - *Tips from the Field*
 - *Innovator's Guide*
 - In Production: *Communicator's Guide*

2018 Production

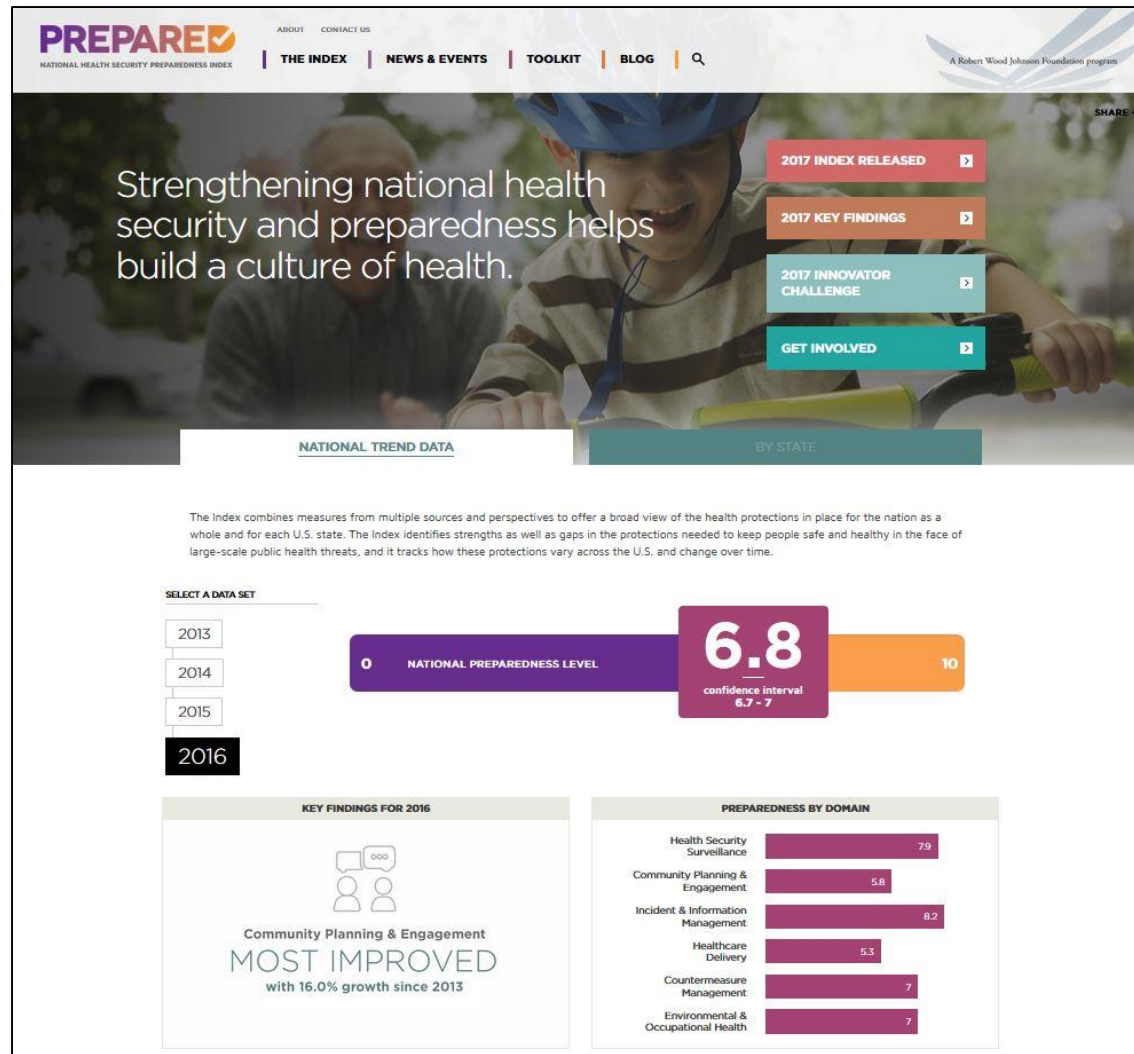
- Think-Tanks/Ad Hoc Workgroups

Other Business

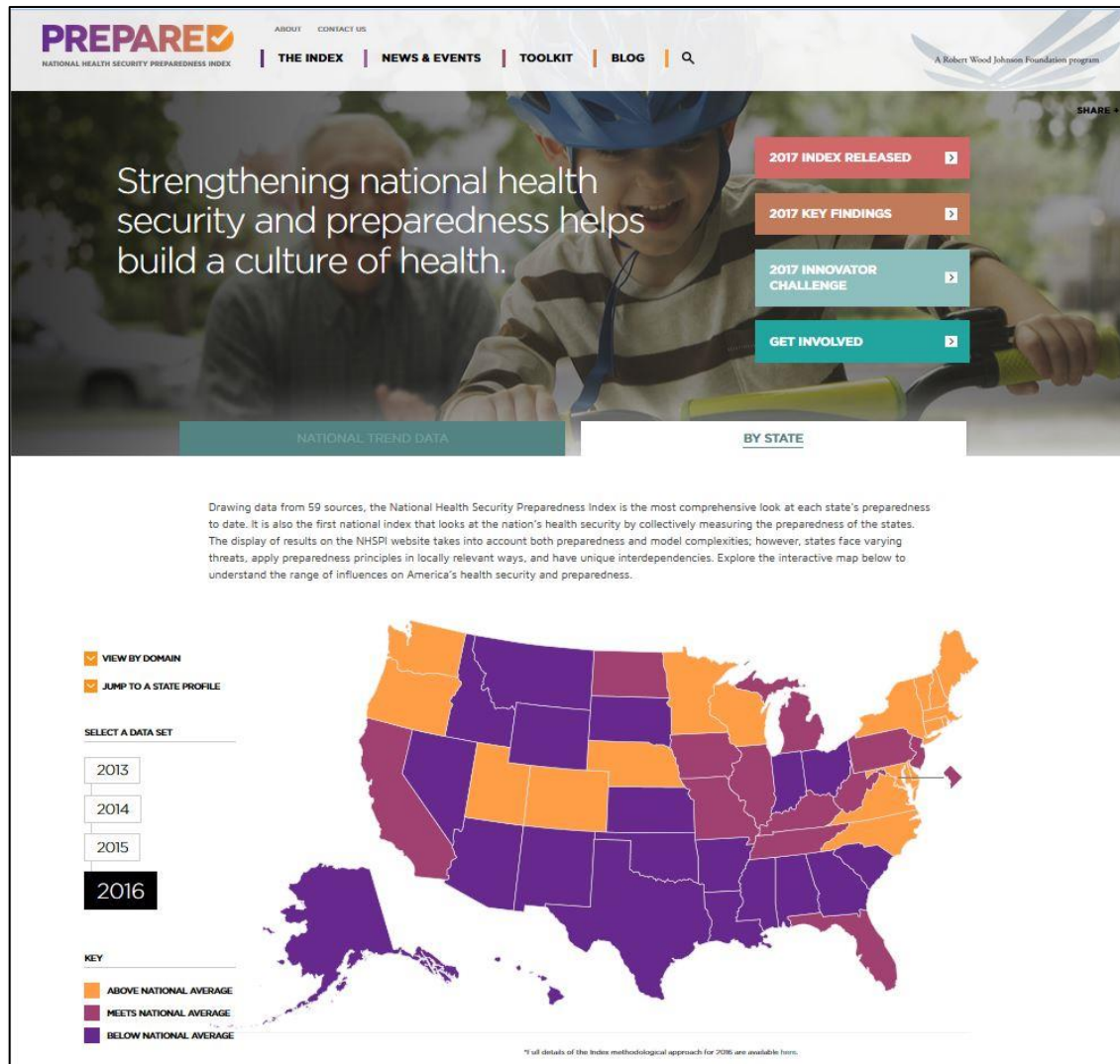
- Of Interest: June 14th Systems for Action Research-in-Progress Webinar – “Cross Jurisdictional Sharing Arrangements between Tribes and Counties for Emergency Preparedness Readiness”, with commentary provided by Index National Advisory Committee Member Ana-Marie Jones. More information here: <http://systemsforaction.org/research-progress-webinars>
- Workgroup Leadership



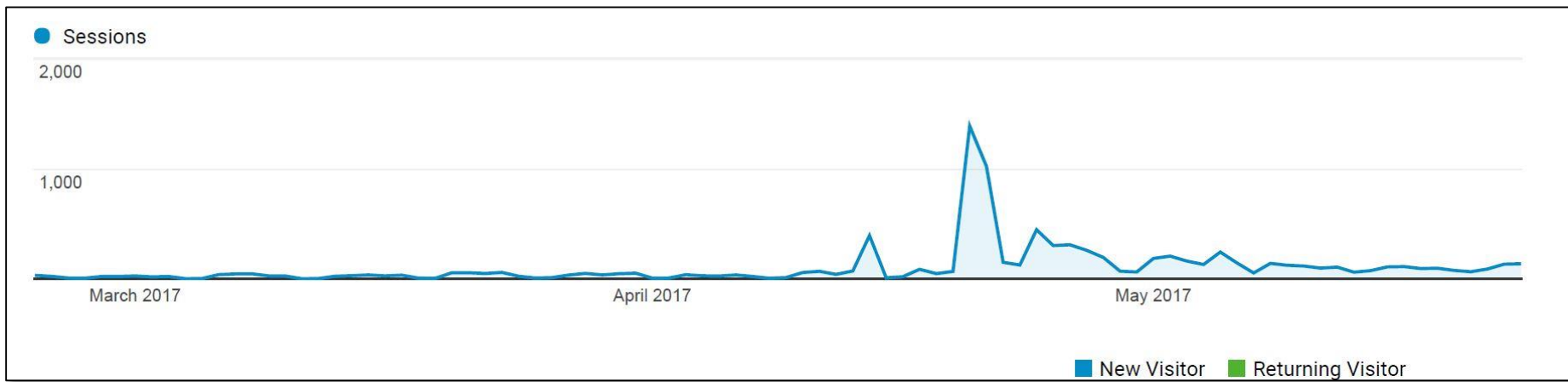
Website



Website



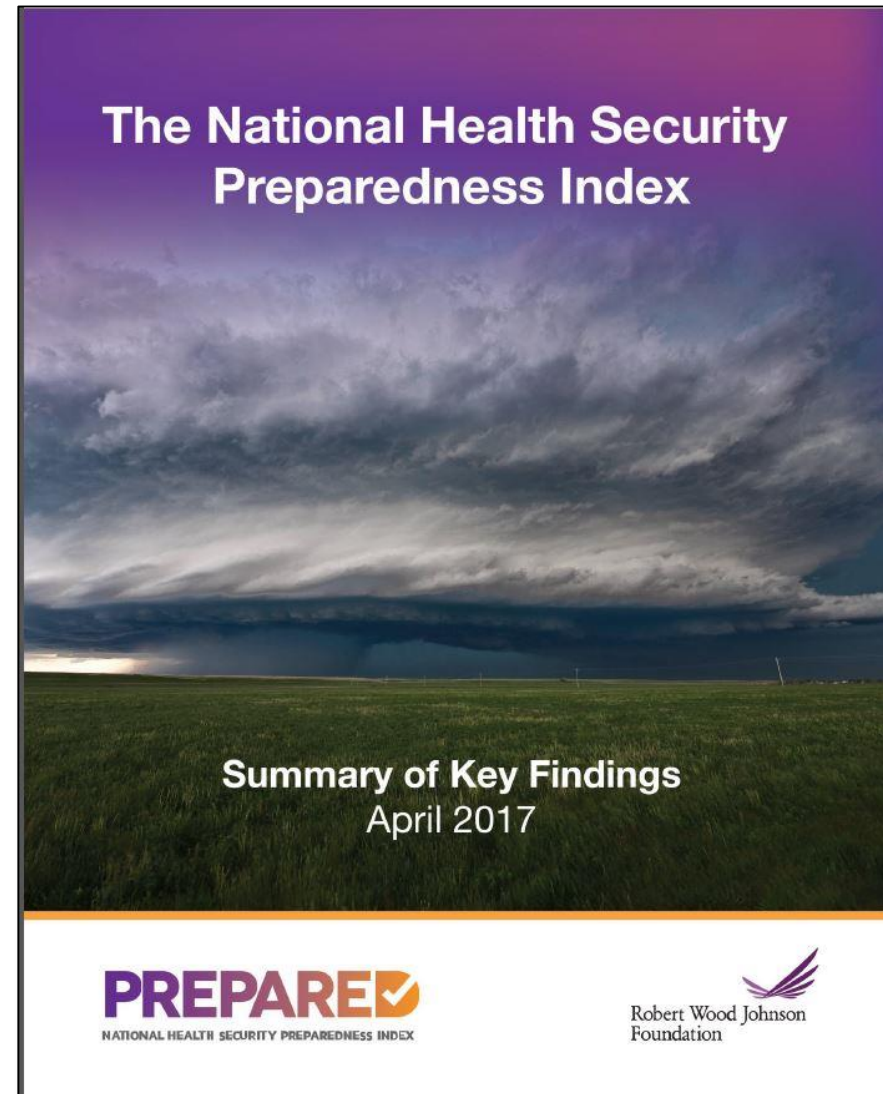
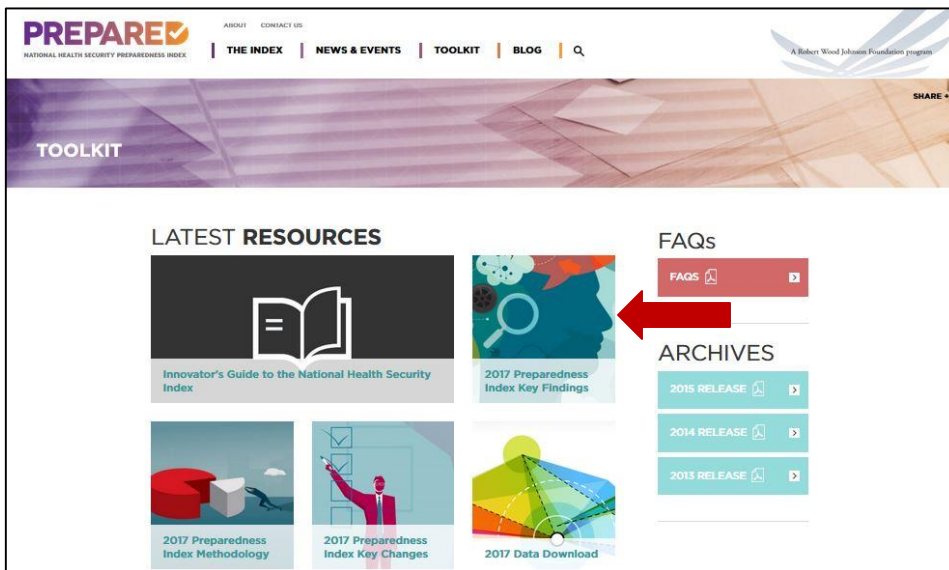
Website Analytics: Feb. 23 – May 23



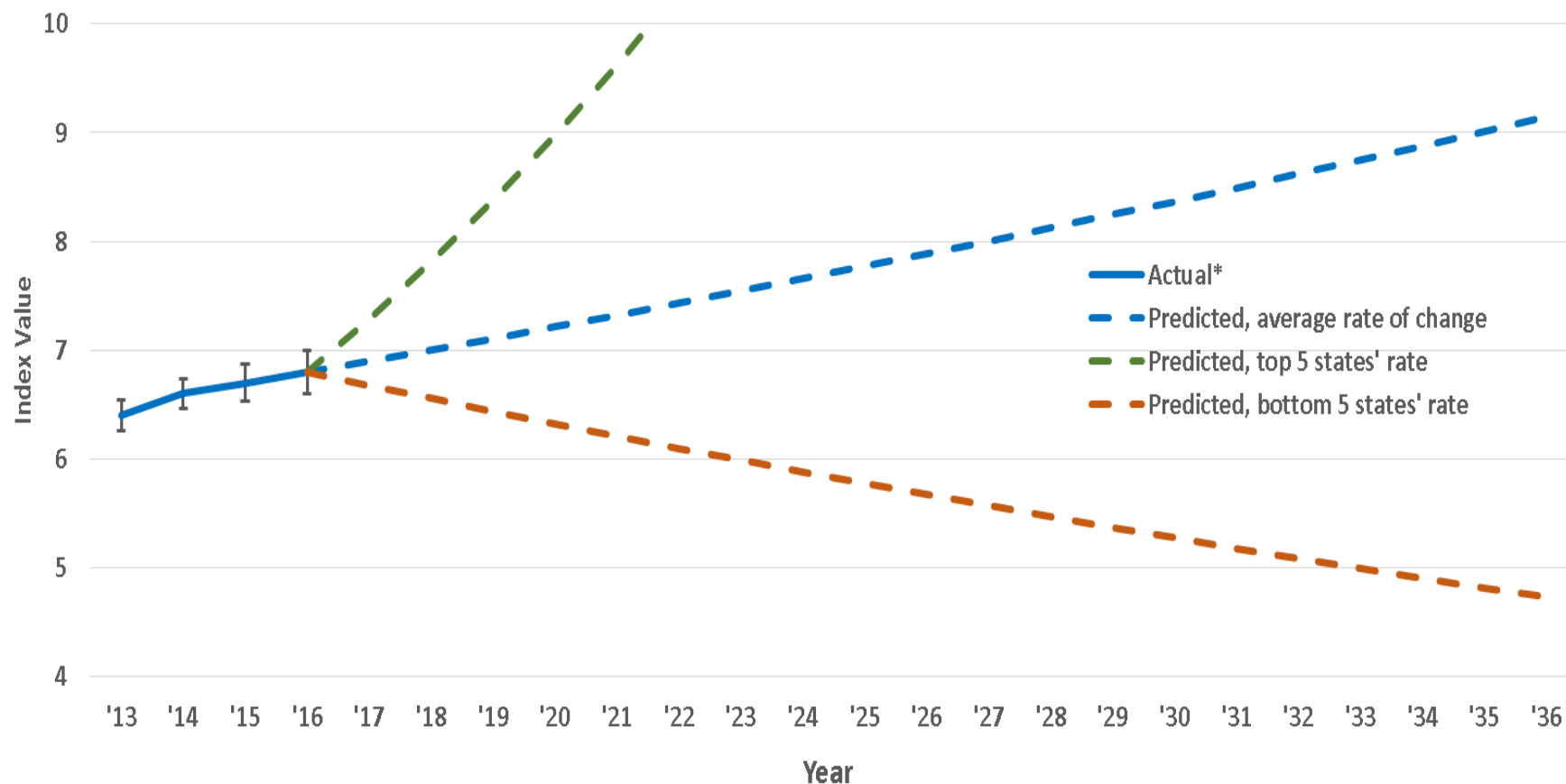
Website Analytics: Feb. 23 – May 23

Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit
	22,727 % of Total: 100.00% (22,727)	16,121 % of Total: 100.00% (16,121)	00:01:51 Avg for View: 00:01:51 (0.00%)	9,174 % of Total: 100.00% (9,174)	58.81% Avg for View: 58.81% (0.00%)	40.37% Avg for View: 40.37% (0.00%)
1. /	8,951 (39.38%)	5,180 (32.13%)	00:01:41	4,598 (50.12%)	41.34%	32.01%
2. /2017-index-released/	1,867 (8.21%)	1,561 (9.68%)	00:01:52	851 (9.28%)	62.28%	43.22%
3. /mobilizingaction/	1,770 (7.79%)	1,599 (9.92%)	00:02:44	1,425 (15.53%)	85.61%	79.38%
4. /tools-resources/	956 (4.21%)	750 (4.65%)	00:03:13	93 (1.01%)	70.97%	48.54%
5. /the-index/	746 (3.28%)	453 (2.81%)	00:01:04	102 (1.11%)	51.96%	19.71%
6. /tools-resources/2017-nhspi-key-findings/2017-nhspi-key-findings-2/	642 (2.82%)	547 (3.39%)	00:02:17	124 (1.35%)	70.16%	44.08%
7. /explore-the-index/	585 (2.57%)	435 (2.70%)	00:01:25	49 (0.53%)	53.06%	24.62%
8. /about/	291 (1.28%)	208 (1.29%)	00:01:30	29 (0.32%)	55.17%	30.58%
9. /states/wisconsin/	286 (1.26%)	76 (0.47%)	00:02:26	13 (0.14%)	61.54%	15.03%
10. /news/	268 (1.18%)	209 (1.30%)	00:00:48	29 (0.32%)	58.62%	18.28%

Key Findings



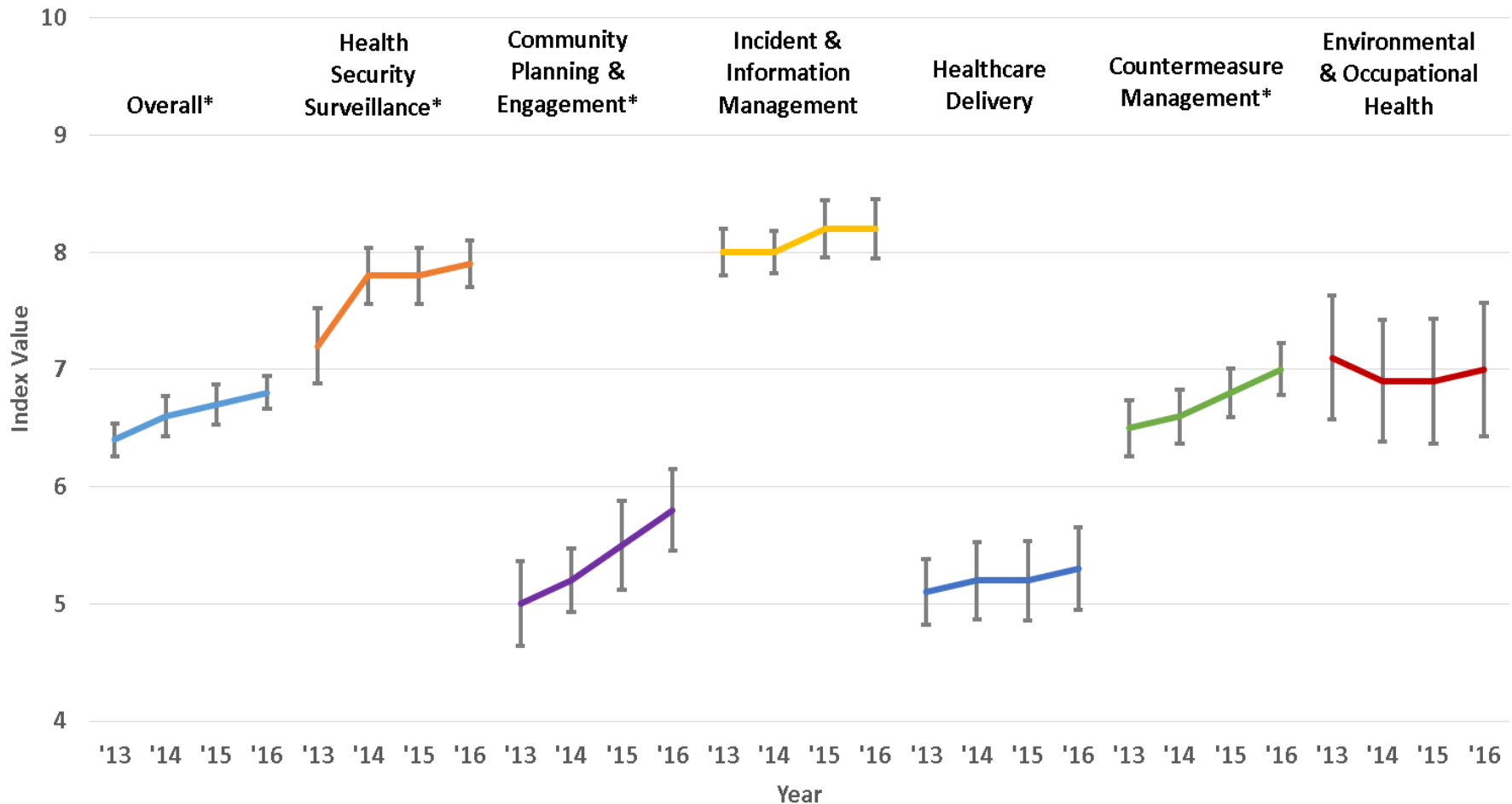
Steady but slow progress



*statistically significant change

Key Findings

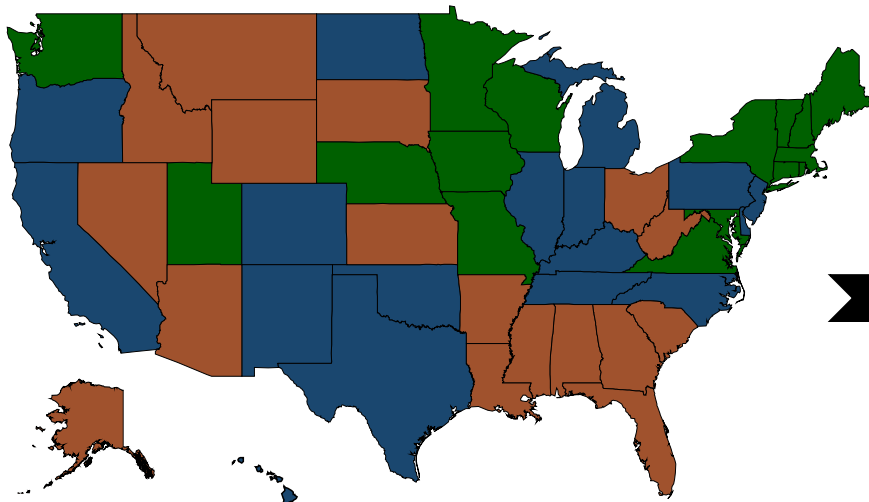
The U.S. improved in most domains during 2013-16, except healthcare delivery and environmental health



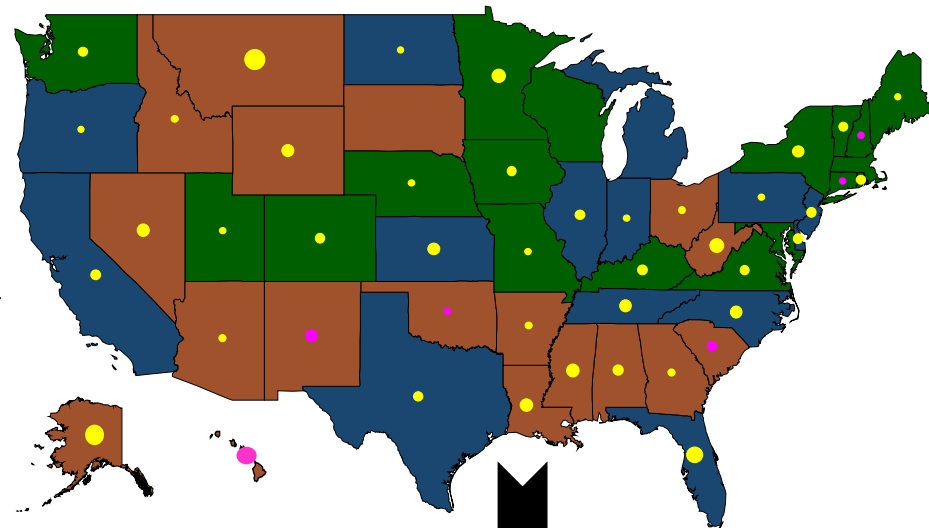
Key Findings

Geographic disparities in health security are large and persistent

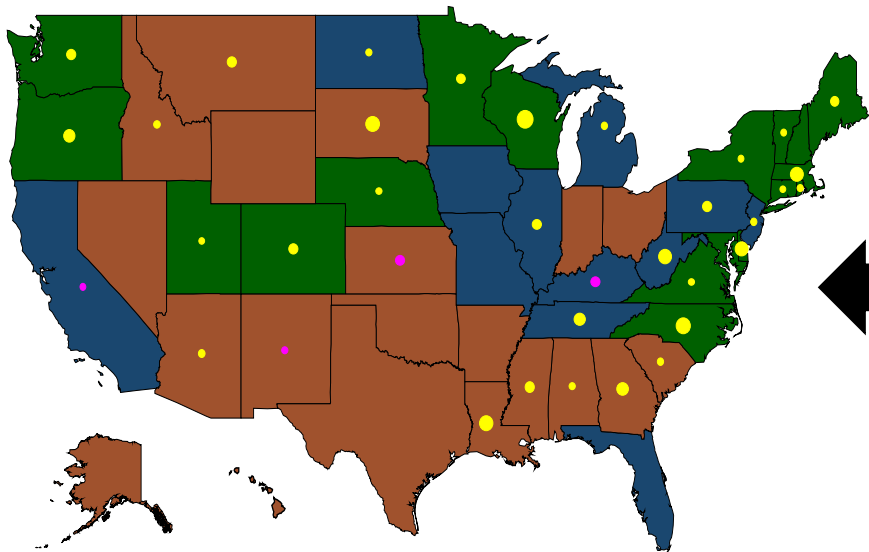
2013



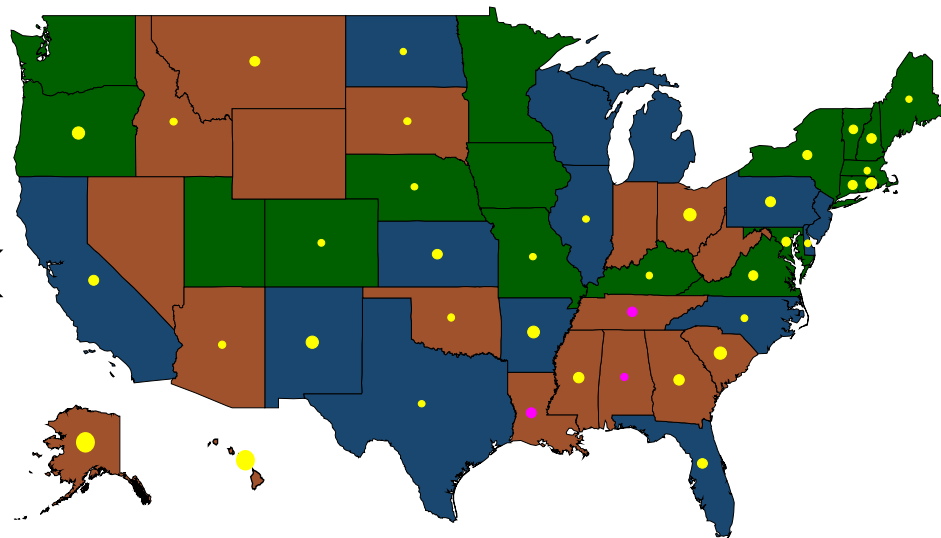
2014



2016



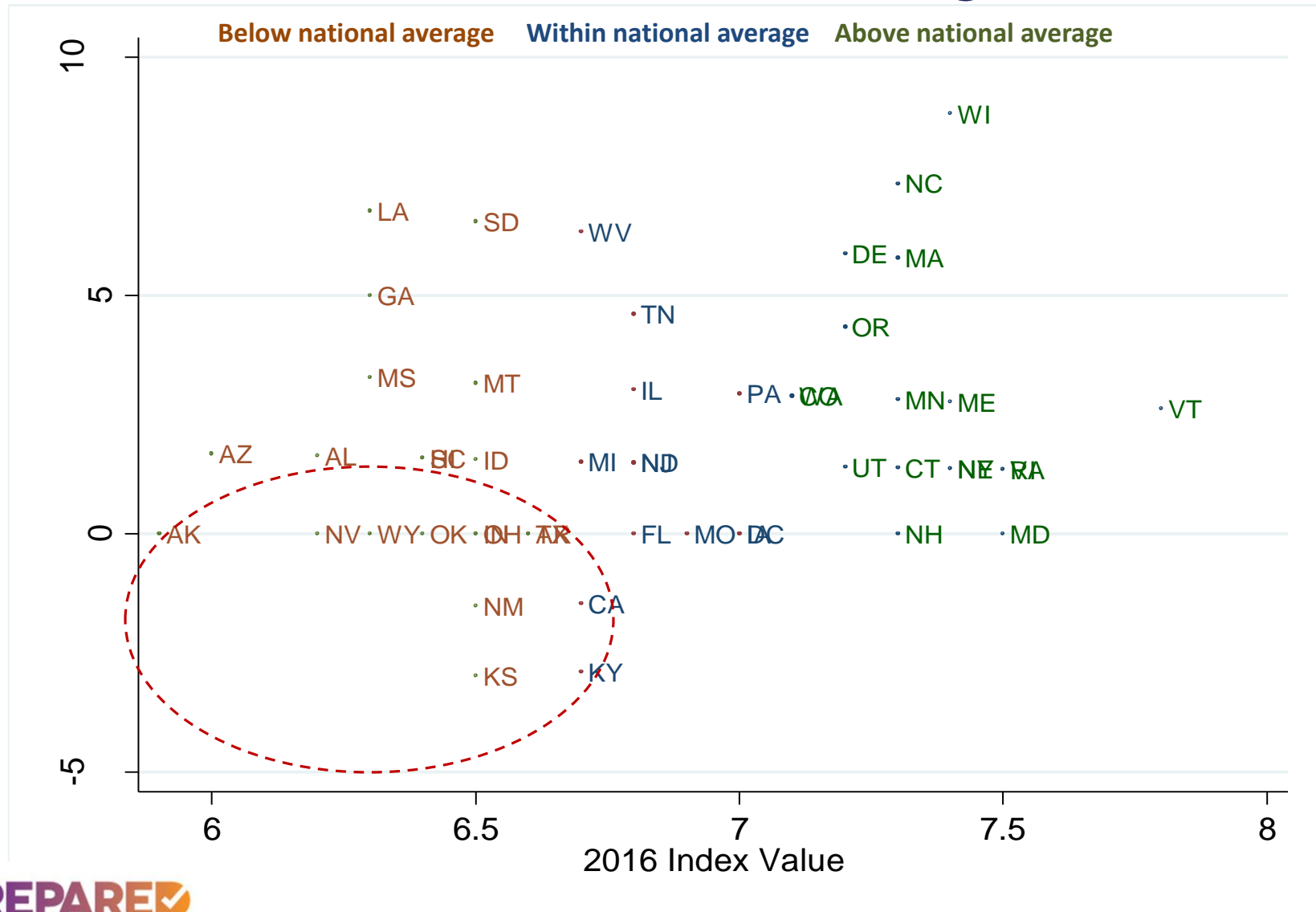
2015



■ Above average ■ Within average ■ Below average ● %Increase in year ● %Decrease in year

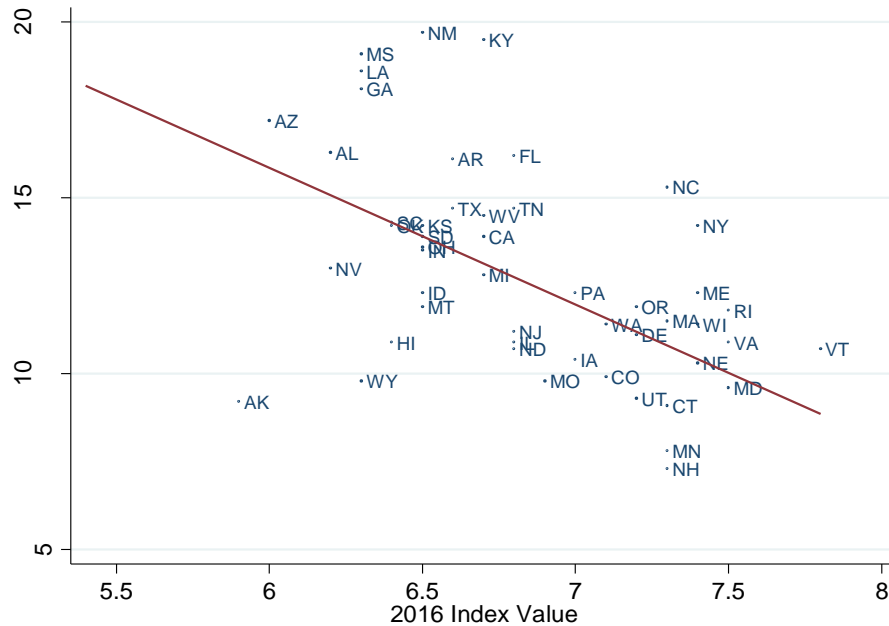
Key Findings

Improvements occurred across the U.S., but 12 states trailed or lost ground



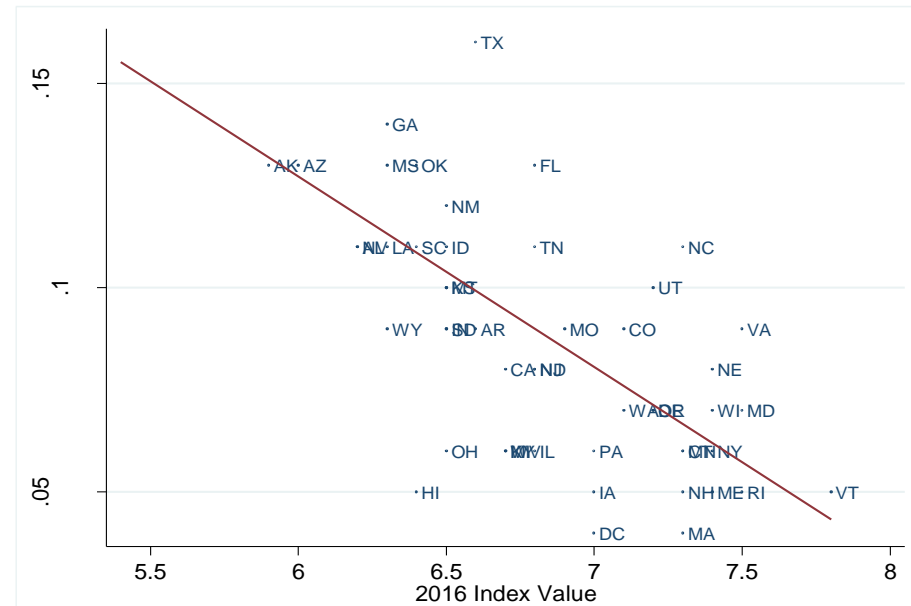
Key Findings

Health security tracks closely with social & economic determinants of health



← **Percent of population below federal poverty threshold**

Percent of population with health insurance coverage →



Closing gaps and inequities: Insights from the Index

- Build & connect existing networks and coalitions
- Engage the private sector
- Focus on low-resource states & settings
- Focus on stagnant and declining domains:
healthcare & environmental systems
- Include insurance coverage as a security strategy
- Allow for flexibility in allocation and use of resources

Satellite and Radio Media Tour

On Thursday April 20, RWJF's Alonzo Plough and UK's Glen Mays staffed a satellite and radio media tour. Combined, the two completed 15 interviews with television and radio stations around the country.

Media Coverage

In addition to the tour, Index spokespeople conducted interviews with a wide array of outlets ranging from *West Virginia Public Broadcasting* to the *Miami Herald*, and *Homeland Preparedness News* to the *Honolulu Star Advertiser*. Their hard work paid off with coverage rolling in, including hits in national publications like *Forbes*, large regional papers like the *Philadelphia Inquirer*, health trades like *FierceHealthcare* as well as influential policy outlets like *Politico* and *WTOP*. Media tracking efforts are ongoing but sample coverage is below:

National Outlets

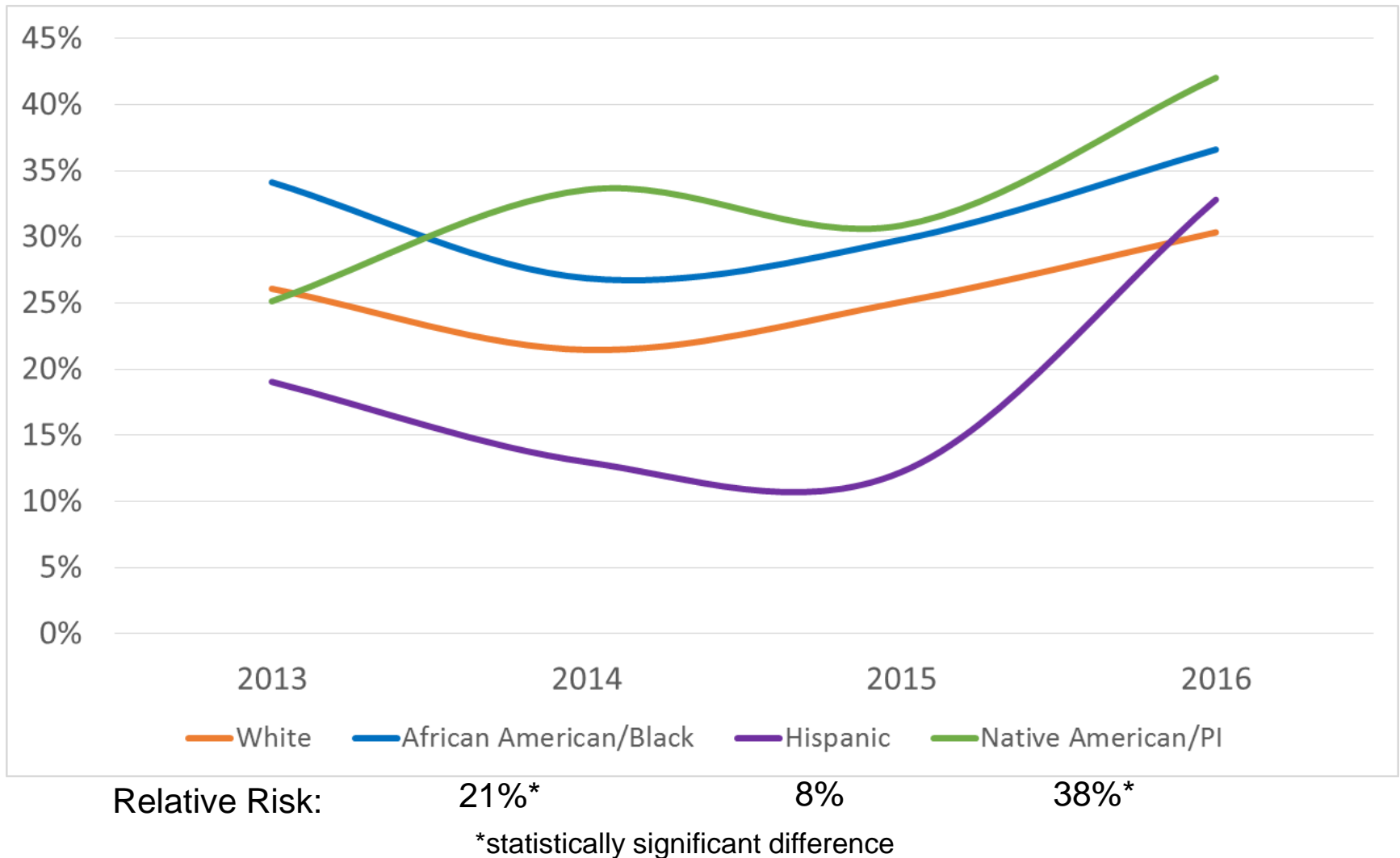
- [AJMC - Public Health Preparedness Report Shows Improvements, But State Disparities Remain](#)
- [FierceHealthcare - RWJF report: Nation's public health emergency preparedness improving, but slowly](#)
- [Forbes - From Flint To Ebola, Readiness Is Unequal For US Health Emergencies](#)
- [Homeland Preparedness News - New index shows disparity in states' first responder readiness, overall preparedness](#)
- [Medscape - US Slightly More Prepared for Public Health Emergencies](#)
- [Pharmacy Times - How Prepared is the United States for a Public Health Emergency?](#)
- Politico Pro (subscription) – White House wants another shot at Obamacare repeal (daily recap)

State, Local, Trade, and Other Outlets

- [Baltimore Sun \(MD\) - Report: Maryland better prepared than average for public health emergency](#)
- [Center for Infectious Disease Research and Policy \(MN\) - US preparedness index finds sluggish, uneven progress](#)
- [Delaware Public Media \(DE\) - Delaware is among states best prepared...](#)
- [Denver Post \(CO\) - Prepared for disaster?](#)
- [Herald-Dispatch \(WV\) - WV meets health emergency prep average](#)
- [KJZZ \(AZ\) - Would Arizona Be Ready If Hit With Public Health Emergency?](#)
- [KSL \(UT\) - Preparing for the worst](#)
- [New Jersey 101.5 \(NJ\) - NJ is no longer a 'leader' in health security, report claims](#)
- [News On 6 \(OK\) - Oklahoma Is Not Ready For A Statewide Health Emergency](#)
- [News Tribune \(WA\) - Survey: Good rural medical care not state's strong suit](#)
- [NJTV \(NJ\) - How Does NJ Rate in Emergency Preparedness?](#)
- [Northeast Mississippi Daily Journal \(MS\) Mississippi gains ground in public health emergency prep](#)
- [Philadelphia Inquirer \(PA\) - Are Pa. and N.J. prepared for emergencies?](#)
- [Post and Courier \(SC\) - If disease, natural disaster or terrorism strikes, would South Carolina be prepared? Study says the answer is no](#)
- [Rapid City Journal \(SD\) - Report: State lagging in health safety and emergency preparedness...](#)
- [Richmond Times-Dispatch \(VA\) - On public health emergency index, Va. performs better...](#)
- [Rutland Herald \(VT\) - Governor, NEA clash over health-care bargaining](#)
- [Spectrum News Texas \(TX\) - Health Security Gets Check-Up: How Prepared is Texas...](#)
- [Star-Advertiser \(HI\) - Isles rank worse for a health crisis than U.S. average](#)
- [VTDigger \(VT\) - Vermont Is Number One In The Nation For Health Security Preparedness](#)
- [West Virginia Public Broadcasting \(WV\) - Report: W.Va. is Prepared...](#)
- [WMAR \(MD\) - Maryland ranks one of the best states prepared for disaster](#)
- [WNPV \(PA\) - Preparedness Survey Shows Pa. in The Middle of The Pack](#)
- [WTOP \(DC\) - DC, Md. and Va.'s health-security preparedness is above average](#)

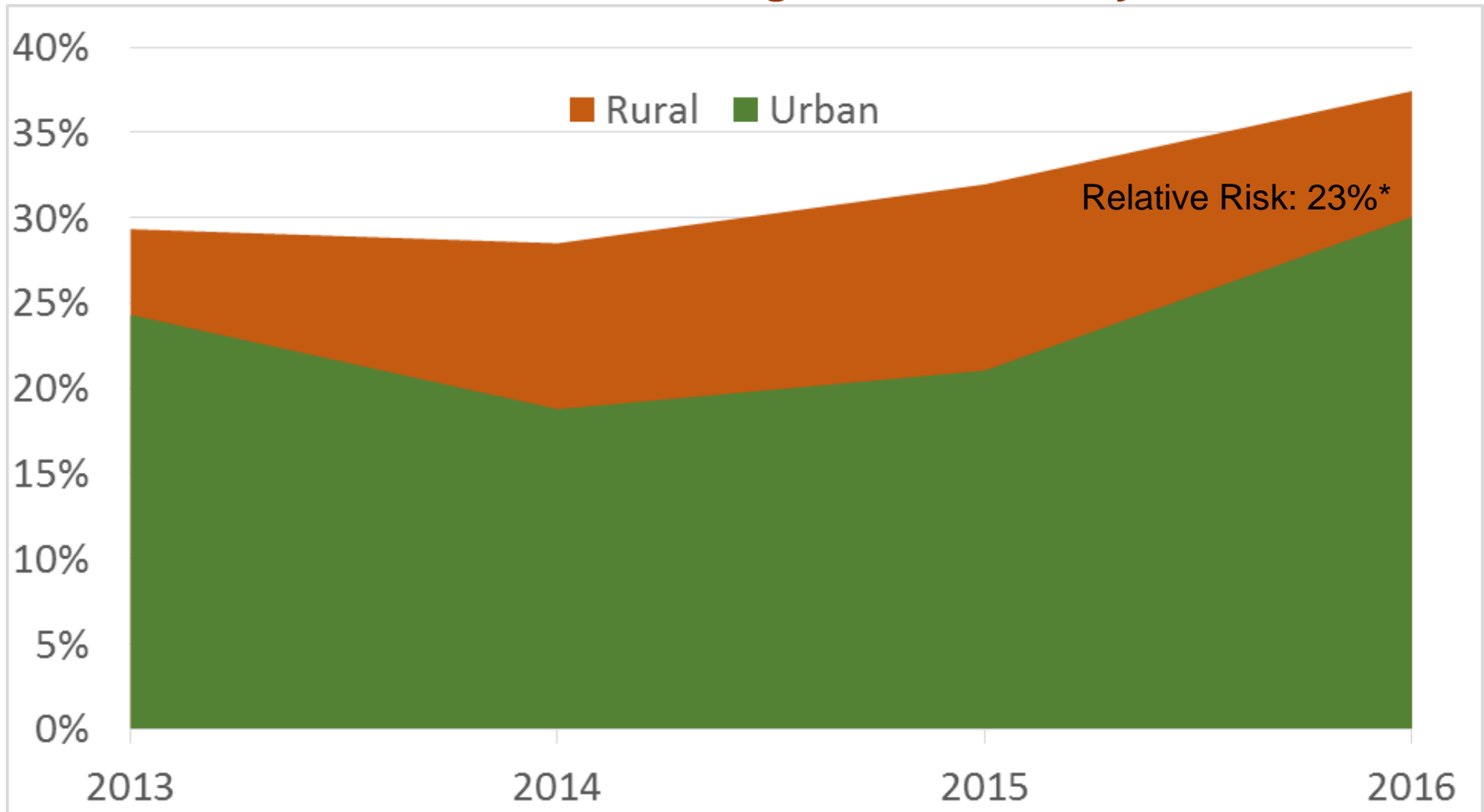
Racial and ethnic inequities in health security

**Percent of population residing in a state
with below-average health security**



Rural-Urban differences in health security

Percent of population residing in a state
with below-average health security



Caveats and cautions

- Imperfect measures & latent constructs
- Missing capabilities
- Timing and accuracy of underlying data sources

- **June 14 Webinar:** Association of Healthcare Emergency Preparedness Professionals
- **June 24, New Orleans:** AcademyHealth Public Health Systems Research Interest Group
- **TBD:** Index Webinar Series
 - ~3 over next year
 - Raise Index awareness
 - Prompt multi-sectorial dialogue, co-learning on health security issues

- **Deadline:** July 31, 2017
- **New Resources Available:**

Using the National Health Security Index: *Tips from the Field*

A variety of stakeholders have suggested a series of strategies for using the Index to improve health security and preparedness efforts. Conversations with stakeholders from public health, emergency management, state legislatures, and health care identified these examples of Index use, which you may find appropriate for your organization or community.

If you have used these or other approaches to the Index, we invite you to share your experiences through the Index Preparedness Innovator Challenge. All entries must be received by July 31, 2017. More information is available at: <http://nhspi.org/mobilizingaction>.

General Suggestions for Using the Index

1. **Begin by understanding the measures, subdomains, and domains or how the Index is constructed.** The Index includes six domains that research and experience have shown to be important in protecting people from consequences of disasters and emergencies.
 - a. More detailed information about the Index Methodology can be found at <http://nhspi.org/wp-content/uploads/2017/04/NHSPi-2017-Methodology-PDF.pdf>.
 - b. The Index Program Office offers technical assistance to understand the Index construction; contact HealthSecurity@uky.edu.
2. **Identify ways that your organization could improve its health security and preparedness capacity and capabilities.** Stakeholders can use Index results to identify and prioritize areas for improvement. For example, state public health, emergency management, and other professionals can review Index scores at the domain and subdomain levels to identify areas in which the state is strong (above the national average) or challenged (below the national average) and prioritize domains, subdomains, and measures for improvement with state stakeholders. Once areas for improvement have been prioritized, state level professionals can take additional actions to assure improvements occurs.
3. **Focus on communicating and improving scores for the domains and subdomains rather than focusing only on specific measures.** The Index is not designed to be a check list for health security and preparedness. Some of the strongest conversations to improve on preparedness can happen at the domain and subdomain level.
 - a. Begin discussions to understand where your organization's and partners' limited capacity to improve may be best utilized. The Index Methodology includes weighting of measures within subdomains and weighting of subdomains within domains. Preparedness experts created the weighting schemes to emphasize the most important areas for improvement.
 - b. If you review the Index Methodology and measures weighting (see link in the first suggestion above), you can focus efforts on subdomains with higher weights to strengthen subdomain performance.

May 2017

-1-

The Health Security Index measures can be used to prepare for, respond to, and recover from large-scale health threats, specifically to:

1. *Communicate the importance of preparedness to key stakeholders, raising awareness, knowledge and understanding of core preparedness capabilities;*
2. *Convene key stakeholders and initiate discussion across organizations on preparedness roles and responsibilities;*
3. *Identify strengths and opportunities related to preparedness capabilities and resources;*
4. *Develop shared priorities and plans for improving preparedness across organizations and stakeholders;*
5. *Strengthen coordination and partnerships among organizations and sectors working to improve preparedness;*
6. *Advocate and secure resources for improving preparedness and health security;*
7. *Provide technical assistance and support to stakeholders seeking to strengthen their contributions to health security; and*
8. *Monitor progress and make updates and corrections to improvement plans and strategies.*

Innovator's Guide to the National Health Security Index

May 2017

**Tips for Coalition-builders,
Catalysts & Entrepreneurs**

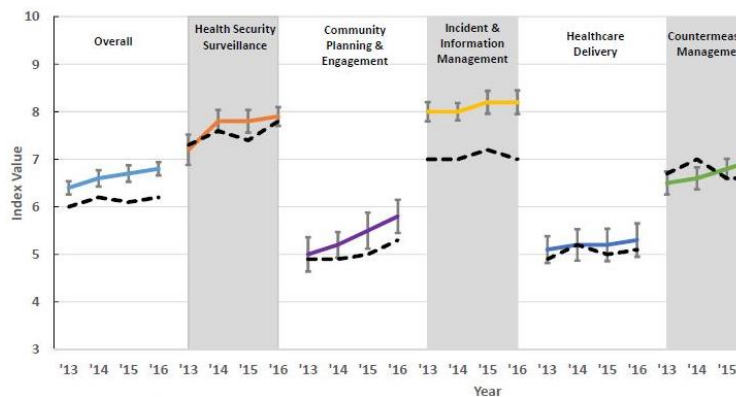
- Index Communication Guide
- In-Depth, Downloadable State Reports

Alabama



The National Health Security Preparedness Index tracks state and national progress in preparing for disasters, disease outbreaks and other emergencies that pose risks to health and well-being. The Index measures changes in national and state health security capabilities over time, across a broad array of domains and sectors. The 2017 Index is based on 139 measures organized into 19 subdomains and the six domains below.

HEALTH SECURITY FROM 2013 TO 2016 ACROSS THE SIX DOMAINS



2016 Overall Health Security



Learn more about the Index and health security levels at www.NHSI.org

Alabama



Alabama's overall health security level reached 6.2 out of 10 in 2016, a 3.3% increase from 2013. The overall health security level in Alabama was significantly below the national average health security level of 6.8 in 2016.

	2016 Value	%Change since 2015	%Change since 2013
Overall Index Value	6.2	1.6%	3.3%
Domain 1: Health Security Surveillance	7.8	5.4%	6.8%
Subdomain 1.1: Health Surveillance & Epidemiological Investigation	5.4	1.9%	8.0%
Subdomain 1.2: Biological Monitoring & Laboratory Testing	8.8	11.4%	8.6%
Domain 2: Community Planning & Engagement Coordination	5.3	6.0%	8.2%
Subdomain 2.1: Cross-Sector / Community Collaboration	4.4	4.8%	63.0%
Subdomain 2.2: Children & Other At-Risk Populations	7.7	1.3%	0.0%
Subdomain 2.3: Management of Volunteers during Emergencies	4.2	0.0%	0.0%
Subdomain 2.4: Social Capital & Cohesion	3.2	33.3%	-25.6%
Domain 3: Incident & Information Management	7.0	-2.8%	0.0%
Subdomain 3.1: Incident Management & Multi-Agency Coordination	6.6	-10.8%	-8.3%
Subdomain 3.2: Emergency Public Information & Warning	3.0	-3.2%	36.4%
Subdomain 3.3: Legal & Administrative	3.8	0.0%	0.0%
Domain 4: Healthcare Delivery	5.1	2.0%	4.1%
Subdomain 4.1: Prehospital Care	6.5	0.0%	3.2%
Subdomain 4.2: Hospital and Physician Services	4.9	0.0%	4.3%
Subdomain 4.3: Long-Term Care	6.1	3.4%	-3.2%
Subdomain 4.4: Mental & Behavioral Healthcare	2.7	0.0%	3.8%
Subdomain 4.5: Home Care	5.6	14.3%	27.3%
Domain 5: Countermeasure Management	6.6	0.0%	-1.5%
Subdomain 5.1: Medical Materiel Management, Distribution, & Dispensing	9.1	0.0%	0.0%
Subdomain 5.2: Countermeasure Utilization & Effectiveness	4.3	-10.4%	-10.4%
Subdomain 5.3: Non-Pharmaceutical Intervention	3.9	8.3%	2.6%
Domain 6: Environmental & Occupational Health	5.1	0.0%	0.0%
Subdomain 6.1: Food & Water Security	6.9	3.0%	1.5%
Subdomain 6.2: Environmental Monitoring	1.2	0.0%	0.0%

Strengths:

- Alabama's largest improvement occurred in the Community Planning & Engagement domain, which increased by 8.2% between 2013-16.
- Health security levels significantly exceeded the national average in none of the six domains.
- The state's highest health security level in 2016 occurred in the domain of Health Security Surveillance with a value of 7.8.

Challenges:

- Health security levels declined in one domain: a decline of -1.5% occurring in Countermeasure Management.
- Health security levels were significantly below the national average in 4 domains: Community Planning & Engagement, Incident & Information Management, Countermeasure Management, and Environmental & Occupational Health.
- The state's lowest health security level in 2016 occurred in Healthcare Delivery with a value of 5.1.

■ Above National Average
■ Meets National Average
■ Below National Average

Acknowledgements

Support for the National Health Security Preparedness Index is provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation. The Index Program Office is based at the University of Kentucky and staffed through a collaboration between the Center for Public Health Systems and Services Research, College of Public Health and the Center for Business and Economic Research, Gatton College of Business and Economics. For more information, contact NHSPI@uky.edu.

Learn more about the Index and health security levels at www.NHSPI.org

Think-Tanks/Ad Hoc Workgroups

- Environmental and Occupational Health Domain
- Municipalities
- Territories

- **June 14th Systems for Action Research-in-Progress Webinar:**
“Cross Jurisdictional Sharing Arrangements between Tribes and Counties for Emergency Preparedness Readiness”
More information here: <http://systemsforaction.org/research-progress-webinars>
- SECW Leadership and Operations
 - Chairship
 - New Member Recommendations
 - Scheduling
 - Next Meeting

Open Virtual Workgroup Meetings: Participating Further in Index Evolution

- **Stakeholder Engagement and Communication Workgroup**

TBD: Watch Your Email for Doodle Poll

NEXT VIRTUAL MEETING: TBD

- **Analytic Methodology and Model Design Workgroup**

Third Tuesdays, 1:00pm-2:00pm ET



For More Information



National Program Office

Supported by The Robert Wood Johnson Foundation

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