The 2016 National Health Security Preparedness Index: An Update and Review

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A Brief History

2012
- **Collaborative Development**: Partnership led by CDC, ASTHO and >25 collaborating organizations

12/2013
- **1st Release**: Initial model structure and results
  - 5 domains and 14 subdomains
  - 128 measures

12/2014
- **2nd Release**: Revised model and results
  - 6 domains and 18 active subdomains
  - 119 retained + 75 new = 194 measures
  - 75% of retained measures have updated data

1/2015
- **Transition to Robert Wood Johnson Foundation**
  - Validation studies and revision to methodology & measures

4/2016
- **3rd Release**: Revised model and results
  - 6 domains & 19 subdomains
  - 65% measures retained, 12% respecified, 8 new additions =134
  - 90% of retained measures have updated data from 2nd release
Current Index Structure

Overall Index Score

- Health Security Surveillance
  - Health Surveillance & Epidemiological Investigation
  - Biological Monitoring & Laboratory Testing
  - Management of Volunteers during Emergencies
  - Social Capital & Cohesion
- Community Planning & Engagement
  - Cross-Sector/Community Collaboration
  - Children & Other At-Risk Populations
- Incident & Information Management
  - Incident Management & Multi-Agency Coordination
  - Emergency Public Information & Warning
- Healthcare Delivery
  - Prehospital Care
  - Inpatient Care
  - Long-Term Care
- Countermeasure Management
  - Medical Materiel Management, Distribution, & Dispensing
  - Countermeasure Utilization & Effectiveness
- Environmental & Occupational Health
  - Food & Water Security
  - Environmental Monitoring

PREPARED
NATIONAL HEALTH SECURITY PREPAREDNESS INDEX
2016 Methodological Enhancements

- **Consolidation**: reduce correlated, redundant & noisy measures
- **Composition**: expand social, environmental economic indicators of preparedness & resiliency
- **Grouping & weighting**: use empirical methods for internal consistency, discriminant power
- **Scaling**: reflect distributional properties
- **Comparisons**: address accuracy and uncertainty
- **Trending**: apply new methods/measures retrospectively
2016 Changes in Measure Set

- 42 measures eliminated due to data periodicity >3 years
- 29 measures eliminated due to poor construct validity
- 22 measures respecified to improve construct validity
- 8 newly added measures

<table>
<thead>
<tr>
<th>Domain</th>
<th>2014 Alpha</th>
<th>2016 Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health security surveillance</td>
<td>0.377</td>
<td>0.712</td>
</tr>
<tr>
<td>Community planning &amp; engagement</td>
<td>0.382</td>
<td>0.631</td>
</tr>
<tr>
<td>Incident &amp; information management</td>
<td>0.455</td>
<td>0.734</td>
</tr>
<tr>
<td>Healthcare delivery</td>
<td>0.354</td>
<td>0.596</td>
</tr>
<tr>
<td>Countermeasure management</td>
<td>0.231</td>
<td>0.654</td>
</tr>
<tr>
<td>Environmental/occupational health</td>
<td>0.546</td>
<td>0.749</td>
</tr>
</tbody>
</table>

Current Index Structure and Methodology

- 134 individual measures
  - Weighted average

- 19 subdomains
  - Weighted average

- 6 domains
  - Weighted average

- State overall values
  - Unweighted average

- National overall values

- Normalized to 0-10 scale using min-max scaling to preserve distributions
- Imputations based on multivariate longitudinal models
- Empirical weights based on Delphi expert panels
- Confidence intervals reflect sampling and measurement error
- Annual estimates for 2013, 2014 and 2015
1. National preparedness trended upward in most functional areas during 2013-15, except in environmental health and healthcare delivery.
2. Preparedness improved in most states during 2013-15, but significant geographic differences remain.
3. Preparedness levels improved by an average of 3.6% between 2013 and 2015. Individual state trends ranged from a 9.1% improvement to a 3.5% decline.
4. Improvements in preparedness occurred across the U.S. in both above-average and below-average states. However, some below-average states continued to lose ground.
5. An increasing number of states score above the national average preparedness level.

### 2016 National Health Security Preparedness Index Results

<table>
<thead>
<tr>
<th>State</th>
<th>2013 Score</th>
<th>2014 Score</th>
<th>2015 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>5.5</td>
<td>5.6</td>
<td>5.7</td>
</tr>
<tr>
<td>AL</td>
<td>5.4</td>
<td>5.5</td>
<td>5.6</td>
</tr>
<tr>
<td>AR</td>
<td>5.3</td>
<td>5.4</td>
<td>5.5</td>
</tr>
<tr>
<td>AZ</td>
<td>5.2</td>
<td>5.3</td>
<td>5.4</td>
</tr>
<tr>
<td>CA</td>
<td>5.1</td>
<td>5.2</td>
<td>5.3</td>
</tr>
<tr>
<td>CO</td>
<td>5.0</td>
<td>5.1</td>
<td>5.2</td>
</tr>
<tr>
<td>CT</td>
<td>4.9</td>
<td>5.0</td>
<td>5.1</td>
</tr>
<tr>
<td>DE</td>
<td>4.8</td>
<td>4.9</td>
<td>5.0</td>
</tr>
<tr>
<td>FL</td>
<td>4.7</td>
<td>4.8</td>
<td>4.9</td>
</tr>
<tr>
<td>GA</td>
<td>4.6</td>
<td>4.7</td>
<td>4.8</td>
</tr>
</tbody>
</table>

**NOTE:** Dotted lines represent statistical confidence intervals for the national average Index score.
6. Changes in preparedness levels varied widely across states and domains.

Lowest State | US Average | Highest State

<table>
<thead>
<tr>
<th>Domain</th>
<th>Lowest State</th>
<th>US Average</th>
<th>Highest State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveillance</td>
<td>MT +0.0%</td>
<td>US +8.4%</td>
<td>KY +11.1%</td>
</tr>
<tr>
<td>Community planning &amp; engagement</td>
<td>LA -9.0%</td>
<td>US -1.0%</td>
<td>RI +5.3%</td>
</tr>
<tr>
<td>Incident &amp; information management</td>
<td>AK -13.2%</td>
<td>WI -24.8%</td>
<td>VT 4.6%</td>
</tr>
<tr>
<td>Healthcare delivery</td>
<td></td>
<td>WV +6.3%</td>
<td>US 5.8%</td>
</tr>
<tr>
<td>Countermeasure management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental &amp; occupational health</td>
<td></td>
<td></td>
<td>MN +0.0%</td>
</tr>
</tbody>
</table>

Preparedness Levels in 2013 and 2015
7. Gaps in preparedness between the highest and lowest states are large and persistent, and they have increased in environmental health and in healthcare delivery.
Caveats and cautions

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

- 2016 Public Release was on April 26, 2016
  www.nhspi.org
- National convening to showcase uses: Fall 2016
- Continued work to incorporate advances in measurement: ASPR, CDC, NIH, AHRQ, HP2020
- Additional analysis to understand causes and consequences of change
- In-person Work Group meeting to establish a path forward
In Person Work Group Meeting

- **What?**
  - Joint in-person meeting of the Analytic Methodology & Model Design Work Groups

- **When?**
  - Monday, July 25, 2016 (one day meeting)

- **Where?**
  - RAND, Santa Monica, CA (1776 Main Street)

- **Why?**
  - Identify future enhancements
For More Information

National Program Office

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