

# NHSPI™

National Health Security  
Preparedness Index™

**NHSPI™ Discussion**  
**Tenth Annual DPHP Meeting**  
**October 7, 2014**



# Speaker Introductions



**Robert Burhans**

New York State Department of Health  
(retired)

*Model Design Workgroup Activity Lead*



**Kathleen Kimball-Baker**

Center for Infectious Disease Research  
and Policy (CIDRAP)

*Index Use and Usefulness Activity Lead*

# Agenda

- Stakeholder feedback review
- Index use and usefulness
- Update on changes for the 2014 NHSPI™
- Timeline for state preview and release
- Transition to the Robert Wood Johnson Foundation
- Discussion and Q&A



# 2014 Stakeholder Review

# 2014 NHSPI™ Stakeholder Feedback Process

- In July 2014, the NHSPI™ Team asked for feedback on changes to the structure and on use of the Index.
- Feedback: 109 responses from 31 states
- Respondents primarily state and local public health agencies, others from healthcare, non-profit, EMS, and other organizations

**Thank you  
for your  
input!**

# 2014 NHSPI™ Stakeholder Feedback Key Observations

67% of respondents  
rated themselves as  
“some” or “very  
familiar” with the  
NHSPI™

44% of respondents  
who have been  
exposed to the  
NHSPI™ report  
using it in their  
work

74% of respondents  
previously exposed  
to the NHSPI™  
report having  
shared information  
about NHSPI™  
with others

# How your feedback is being used...

1. Workgroups and taskforces reviewed compiled feedback and recommended changes. (August 2014)
2. Small group discussed the recommendations and used them to finalize the 2014 Index. (September 2014)
3. NHSPI™ Steering Committee will review changes. (October 2014)
4. PMO will post Feedback Response Summary. (December 2014)



# Index Use and Usefulness



# Index Use and Usefulness Team

Goal: *Work to understand, describe, and recommend how to enhance NHSPI™ uses and usefulness*



Need to Learn:



Perceptions – Awareness, Acceptance, Adoption

Use – Collaboration? Activity Prioritization?

Gaps – Identify and Report

Effect – Describe

Improvements – How to overcome ‘Barriers’

# Use & Usefulness Activity Team

- 14 members - state, local, CDC, RWJF, ASTHO, ORAU, healthcare, university
- Data reviewed: feedback tool, informal poll, Web site analytics, anecdotes
- Identified a set of tools/strategies to address perceived barriers to optimal use/usefulness
- Will report findings and recommendations in December

# Who is using the Index and how?

- Public health workers are more familiar than healthcare professionals
- State PH more familiar than local PH
- Early adopters are 'test-driving' the Index
- 44% of those familiar have used it in their work
- Use more common among state and local PH agencies than healthcare
- Most common uses cited:
  - Inform decision-making
  - Strengthen preparedness



# Early Index Adoption: Targeting areas for improvement

State public health department anecdotes:

*The NHSPI data has helped to focus our PHEP work plans on jurisdictional areas that need improvement as it relates 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.*

# Early Index Adoption: Targeting areas for improvement

State public health department anecdotes:

*The Index has caused our agency to better coordinate preparedness efforts between health and health care 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.*

# What effect is it having?

*Too soon for formal evaluation, though comments and early experience suggest:*

Sharper understanding of what is involved in health security

Renewed interest in system assessment

Opportunities for new collaborations around preparedness

# Early Effects: Sharper understanding of

Local public health department anecdote:

*[The Index has provided] greater cohesiveness, more activity toward shared strategies, and greater awareness of the coordinating efforts necessary to have a healthy and resilient community.*

# Early Effects: Opportunity for new collaborations around preparedness

State public health department anecdote:

We utilize the NHSPI™ to ensure...all relevant parties are involved in preparedness planning activities and response.



# Perceived Barriers to Use and Usefulness

- **Awareness**

- *more 'marketing' and opportunities to 'socialize' potential stakeholders to Index*

- **Acceptance**

- *multiple frameworks in play; need 'mapping' to PHEP/HPP/FEMA core capabilities; all stakeholder groups need to see where and how they 'fit' in*

- **Action**

- *examples/stories of how Index being used; embed in existing priorities*

# Priorities identified by team for 2014

- Gather & provide **salient stories**
- **Map the Index** to federal preparedness capabilities and frameworks
- **Fast-track linkage** during moments of stakeholder opportunity (e.g., CMS regulations)
- **Provide visuals** to help stakeholders see their role across the Index structure
- Develop **conversation starters** to help engage partners, communicate about Index

## Discussion on NHSPI™ Use and Usefulness

- *How have you used or plan to use the Index?*
- *How has the NHSPI™ prompted you to think more broadly about health security preparedness?*
- *How has the NHSPI™ influenced your preparedness practices?*
- *Do you have any suggestions on how to make the Index more valuable to you?*
- *What would you change about the Index?*

## *Please fill out the NHSPI™ Postcard*

- 1. How have you used the Index?  
Can we contact you? How?*
- 2. Do the perceived barriers ring true? Any others?*



# Update on Changes for the 2014 NHSPI™

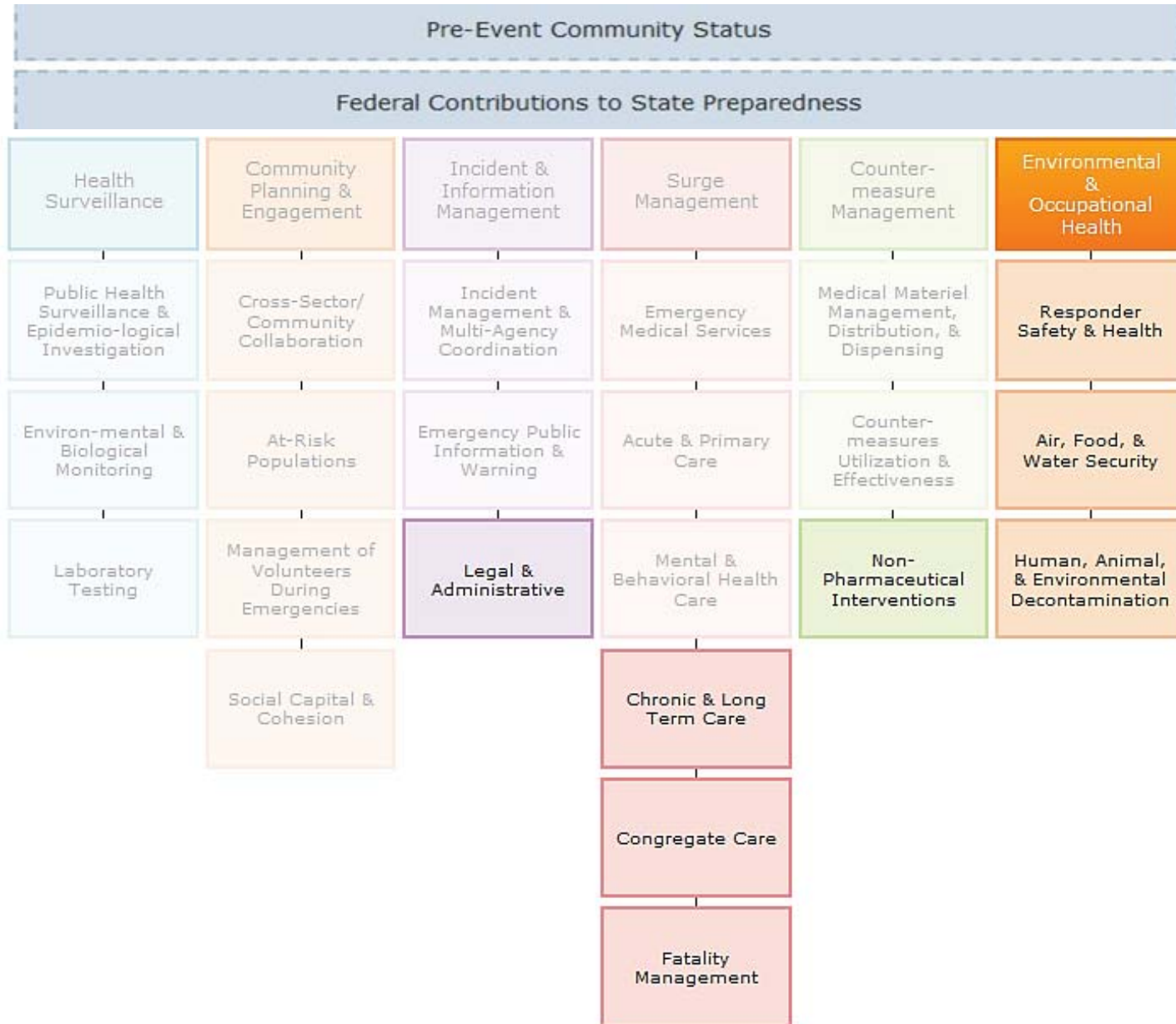
# 2013 NHSPI™ Structure

Pre-Event Community Status

Federal Contributions to State Preparedness



# Areas of Focus for 2014



# Model and Measure Activities

## Hunt for New Measures for 2014:

- Over 400 possible new measures identified and vetted by SMEs
- 189 selected for additional review
- **83** new measures added to the Index for 2014

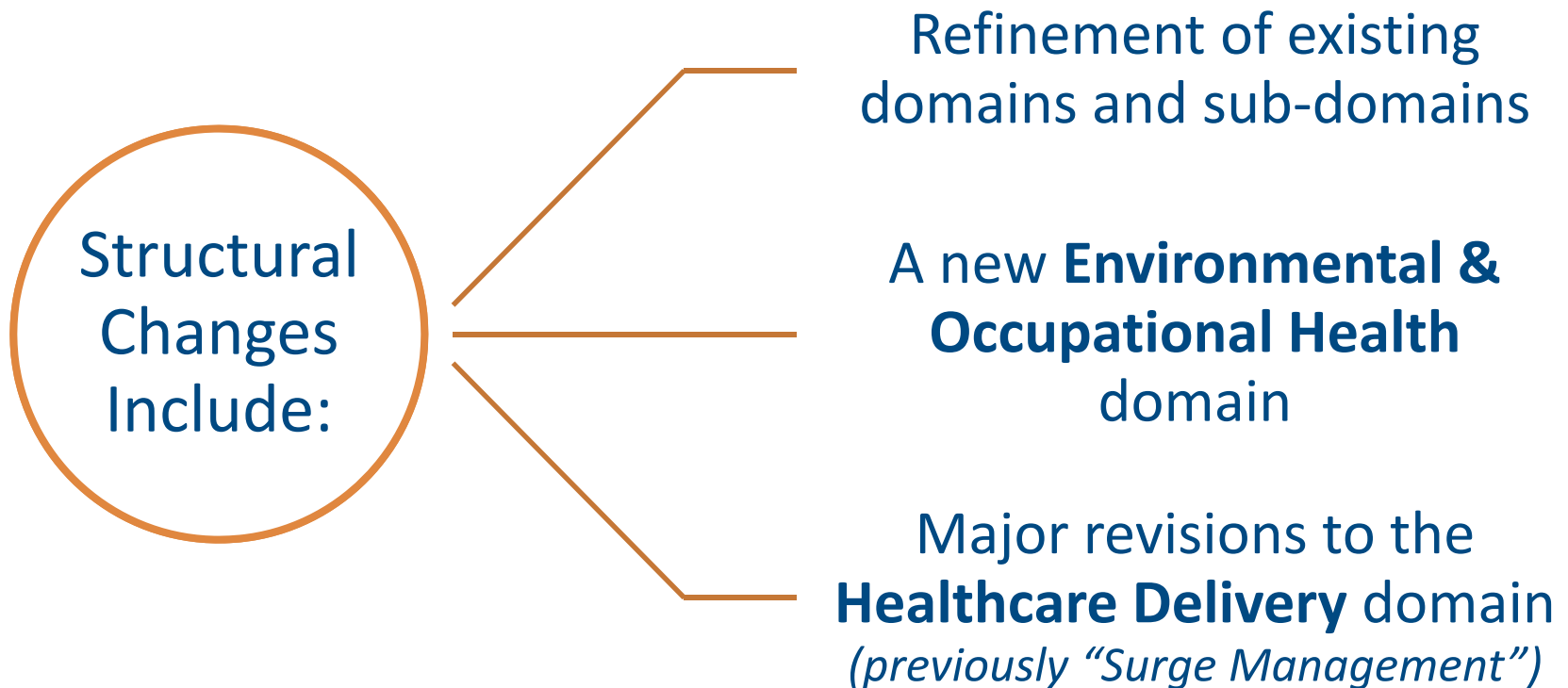
## Update of Existing Measures from 2013:

- 128 active measures from 2013; **119** kept in the 2014 model
- 83 (of 119) will be updated with new data
- 36 (of 119) will remain without update

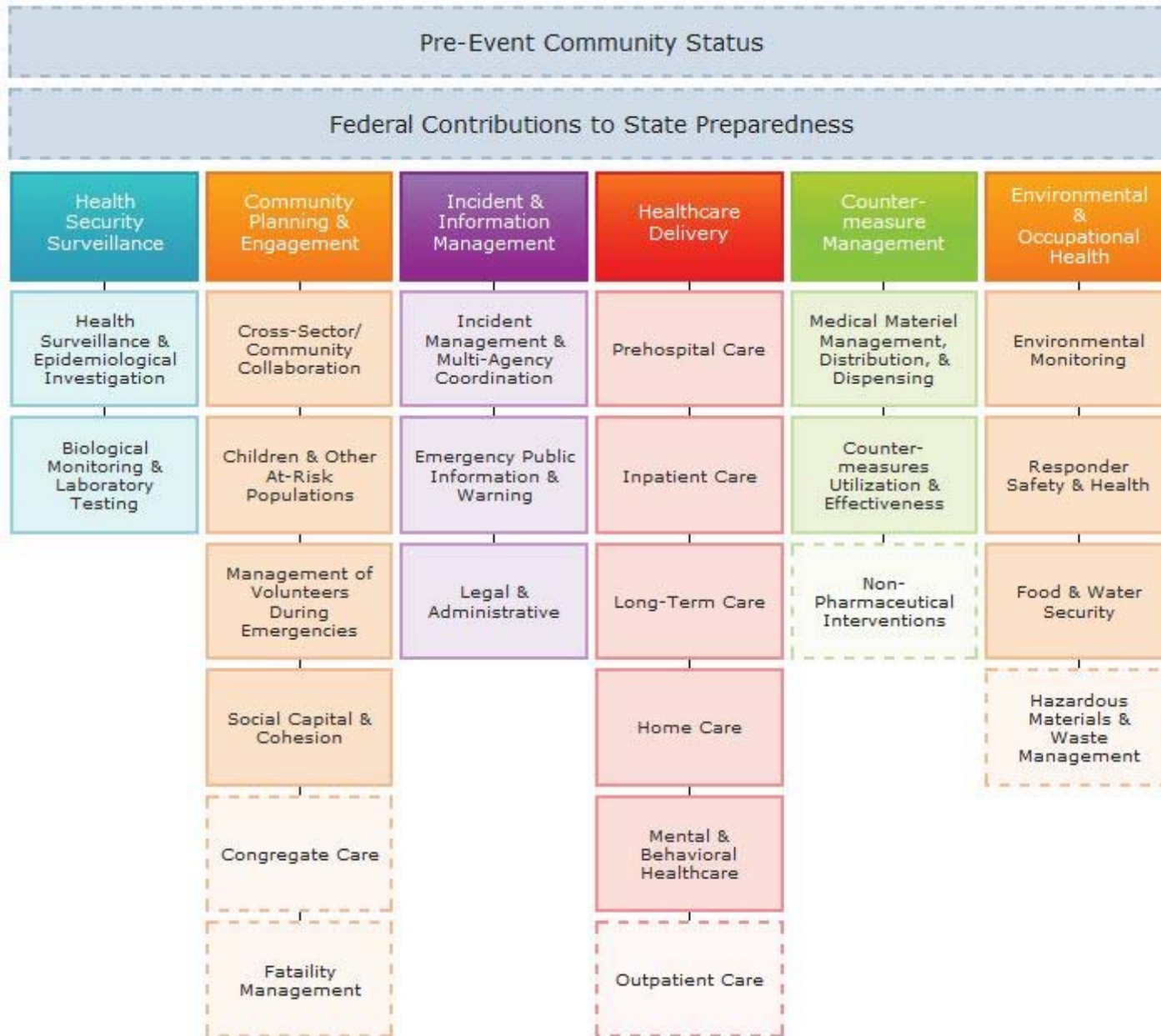


# Draft 2014 NHSPI™ Structure Changes

*The 2014 NHSPI™ will include both updated and new domains, sub-domains, and measures aimed at better reflecting the current cycle of preparedness, response, recovery, and mitigation.*



# 2014 NHSPI™ Complete Structure



# Community Planning and Engagement

*Coordination across the whole of community— organizations, partners, and stakeholders— to plan and prepare for health incidents, and to respond to and recover from such incidents with the goal of ensuring community resiliency, well-being, and community health.*

# Key Changes for 2014:

- Several changes of domain and subdomain names (e.g. At-Risk Populations → Children and Other At-Risk Populations)
- Created composites for some measures (e.g. Medical Reserve Corps, workforce measures)
- Grouped and expanded environmental health activities, adding a new domain (Environmental and Occupational Health)



# Index Preview and Release Timeline

# Timeline for Preview and Release

Structure Finalization: September 2014



Model QC and Web Updates: October 2014



State Preview Period : mid-November 2014



Launch Date: December 9, 2014



Transition to RWJF (January 2015)

# State Preview Period

Preparedness directors will have two weeks to view a password-protected preview section of the NHSPI.org website:

- Familiarize yourself with the new version
- Ask questions
- Review updated materials
- Prepare for December public release

*Notification email will be sent to Preparedness Directors from **NHSPI-info@astho.org***



# Transition of Index Ownership to RWJF



# Transition to RWJF – January 2015

- RWJF will take over as owner and manager of the NHSPI™ in January 2015
- University of Kentucky selected as the new Program Management Office
  - RWJF, UK and current PMO already preparing for transition
  - RWJF will select a new National Advisory Committee this fall (replace current Steering Committee)
- RWJF and UK are committed to remaining engaged with current stakeholders and expanding engagement with new sectors



## Question for the Audience:

*What would be the most useful tool or messaging for your work?*



# Additional Q&A

# Built by the Community, for the Community

Stakeholders will continue to shape the Index!  
Receive updates and share ideas at [www.nhspl.org](http://www.nhspl.org).

Ask questions:  
nhspi-  
info@astho.org

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