,

## CDC NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

## ONLINE ASSESSMENT INSTRUMENT, WORD VERSION

Prepared For:

U.S. Centers for Disease Control and Prevention

Contract # 75D30118C03568 00001

Utility of the National Health Security Preparedness Index for Public Health Preparedness

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**INTRODUCTION**

You are being invited to participate in an online assessment about health security and preparedness in your [state or local jurisdiction], and in particular about your experiences with the National Health Security Preparedness Index (NHSPI; Index). This assessment is funded by the U.S. Centers for Disease Control and Prevention (CDC), and conducted by the University of Kentucky in partnership with the University of Colorado, University of California Los Angeles (UCLA), New York University, the National Association of County and City Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO).

**What am I being asked to do?**

You are receiving this invitation because you have been identified as having responsibility for at least some public health emergency preparedness activities in your [state, territory or local jurisdiction]. We hope you will be willing to complete the following online assessment. Participation in the assessment is voluntary. You can skip any question you do not wish to answer, you may discontinue and resume completing the survey at any time, and you may complete the assessment at work or outside of work. The assessment will require a total of approximately 52 minutes to complete, and requires no advanced preparation time. For your convenience, you do not need to complete the entire assessment in one session. You can discontinue the assessment at any time and resume completion of the assessment later. The assessment online portal will remain open for 4 weeks.

**Why conduct this assessment?**

The Index was developed to provide a mechanism for measuring how capabilities for health security vary across the U.S., how they change over time, and how they can be strengthened for community benefit. The purpose of this survey is to better understand state and local public health preparedness needs, and identify strategies for improving utility and use of the Index for public health practitioners such as yourself.

**Who is conducting this assessment?**

This assessment is funded by the U.S. Centers for Disease Control and Prevention (CDC), and conducted by the University of Kentucky in partnership with the University of Colorado, University of California Los Angeles (UCLA), New York University, the National Association of County and City Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO).

**What happens next?**

Once the data are analyzed, the study team will distribute a summary of findings to all interested study participants. Study findings will also directly inform efforts to improve utility of the Index for public health emergency preparedness.

**Security of Responses**

Your responses will be kept as secure as possible. Survey links are unique to each public health agency for the purposes of tracking response rates and linking survey data with existing publicly available data sources. Only aggregated data will be reported to individuals outside the study team. Survey data will be maintained in locked offices on password-protected computers and will not be accessible to anyone other than authorized and trained administrative and technical staff of the study team.

**Contact Information**

Thank you for your time. If you have any questions concerning the survey, please contact the principal investigator, Dr. Glen Mays, PhD, at (unique survey email) or XXX-XXX-XXXX.

**Study Identification Number:** [Assigned by Study Personnel]

**PART I: GENERAL EXPERIENCE WITH THE INDEX**

**A. RESPONDENT INFORMATION**

These first questions focus on your role in the public health agency and the context in which public health preparedness activities occur.

1. How long have you worked at this agency in a job related to public health emergency preparedness?

Years:\_\_\_\_ Months:\_\_\_\_\_

2. Across your entire professional career, how long have you worked in jobs related to public health emergency preparedness?

Years:\_\_\_\_ Months:\_\_\_\_\_

**B. PROGRAM INFORMATION**

1. Which of the following CDC Public Health Emergency Preparedness and Response Capabilities is your program responsible for? Please mark all that apply:

❑ Community preparedness

❑ Community recovery

❑ Emergency operations coordination

❑ Emergency public information and warning

❑ Fatality management

❑ Information sharing

❑ Mass care

❑ Medical countermeasure dispensing and administration

❑ Medical material management and distribution

❑ Medical surge

❑ Nonpharmaceutical interventions

❑ Public health laboratory testing

❑ Public health surveillance and epidemiological investigation

❑ Responder safety and health

❑ Volunteer management

❑ None of the above

❑ Unknown or not sure

1. In a typical work week with no disaster or public health emergency, how many staff members are responsible for ongoing emergency preparedness and response planning at your agency? Please provide the number of full-time equivalents. If uncertain, provide your best estimate.

\_\_\_\_\_\_\_ ❑ This number is an estimate ❑ Do not know

1. Which natural, technological, and/or human-caused threats and hazards have been identified as relevant for the jurisdiction served by your agency, based on a threat and hazard identification and risk assessment or similar process? Please mark all that apply.

❑ Agricultural diseases and pests

❑ Damaging winds

❑ Drought and water shortage

❑ Earthquakes

❑ Emergency diseases (e.g., pandemic influenza)

❑ Extreme heat

❑ Floods and flash floods

❑ Hail

❑ Hurricane

❑ Landslides, mudslides, and/or debris flow

❑ Thunderstorms and lighting

❑ Tornadoes

❑ Tsunamis

❑ Wildfire

❑ Winter and ice storms

❑ Sinkholes

❑ Active shooter

❑ Hazardous materials

❑ Power service disruption and blackout

❑ Nuclear power plant and nuclear blast

❑ Radiological emergencies

❑ Chemical threat and biological weapons

❑ Cyber attacks

❑ Explosion

❑ Civil unrest

❑ Other (Please specify \_\_\_\_)

❑ Do not know

1. Which threats or hazards pose the greatest challenges to your jurisdiction’s core emergency preparedness capabilities, i.e., your jurisdiction would most struggle to maintain core capabilities related to prevention, protection, mitigation, response, and recovery if these threats or hazards were to occur? (Select up to three)

❑ Agricultural diseases and pests

❑ Damaging winds

❑ Drought and water shortage

❑ Earthquakes

❑ Emergency diseases (e.g., pandemic influenza)

❑ Extreme heat

❑ Floods and flash floods

❑ Hail

❑ Hurricane

❑ Landslides, mudslides, and/or debris flow

❑ Thunderstorms and lighting

❑ Tornadoes

❑ Tsunamis

❑ Wildfire

❑ Winter and ice storms

❑ Sinkholes

❑ Active shooter

❑ Hazardous materials

❑ Power service disruption and blackout

❑ Nuclear power plant and nuclear blast

❑ Radiological emergencies

❑ Chemical threat and biological weapons

❑ Cyber attacks

❑ Explosion

❑ Civil unrest

❑ Other (Please specify \_\_\_\_)

❑ Do not know

**C. EXPERIENCES WITH INDEX USE**

1. On scale from 1 to 10, where 1=Not at all Familiar and 10=Extremely Familiar, how familiar are you with the National Health Security Preparedness Index (NHSPI)? \_\_\_\_\_
2. Have you ever accessed or reviewed NHSPI results and reports? Please mark all that apply:

❑ Yes, reviewed NHSPI reports, summaries, or blogs on key findings

❑ Yes, reviewed NHSPI data and results on the website

❑ Yes, attended conference presentations, webinars, or conference calls on NHSPI results

❑ Yes, used downloadable NHSPI data applications and data tools

❑ Yes, reviewed guidance documents, tip sheets or talking points on how to use NHSPI

❑ Yes, other access to NHSPI results, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ I am not aware of anyone who has accessed NHSPI results

❑ Unknown

1. [If Q8=Yes] When did you last access or review NHSPI results?

❑ Within the past month

❑ Within the past 6 months

❑ Within the past year

❑ Within the past 2 or 3 years

❑ More than 3 years ago

❑ Unknown

1. Have you and/or other people affiliated with your program ever used NHSPI data or results to inform your work? Please mark all that apply:

❑ Yes, I have used NHSPI

❑ Yes, other affiliated people have used NHSPI

❑ No, I am not aware of anyone who has used NHSPI

❑ Unknown or not sure

11. [If Q10 = Yes] In what ways have you or other program affiliates used the NHSPI? Please mark all that apply:

❑ Developing awareness about health security resources available in your jurisdiction

❑ Identifying strengths, vulnerabilities, or areas for improvement in your jurisdiction

❑ Comparing your results with other jurisdictions for the purposes of benchmarking or peer networking

❑ Improving the accuracy and completeness of data sources and measures used in NHSPI

❑ Setting goals and developing priorities and plans for your program’s future work

❑ Communicating with the media or other public audiences about health security and preparedness

❑ Advising public officials regarding preparedness programs and/or policies

❑ Grant-writing and developing applications for additional program funding

❑ Engaging external stakeholders in planning, priority-setting, improvement, and/or intervention

❑ Conducting training or educational programs for practicing professionals or students

❑ Other (please specify \_\_\_\_)

12. Have you ever encountered any difficulties in attempting to access or use NHSPI? Please mark all that apply:

❑ Yes, difficulties in accessing and navigating the NHSPI website

❑ Yes, lack of clarity about how NHSPI measures and data sources were selected.

❑ Yes, lack of clarity about how NHSPI data sources were collected

❑ Yes, lack of clarity about how NHSPI measures were constructed

❑ Yes, difficulty finding NHSPI measures that are relevant to my program.

❑ Yes, errors or inaccuracies in NHSPI measures and data sources

❑ Yes, key information, measures or data that are missing from NHSPI, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Yes, lack of clarity about how NHSPI measures are compared over time or across jurisdictions

❑ Yes, lack of clarity about how NHSPI results are summarized and displayed in online or print documents

❑ Yes, lack of clarity about how to use NHSPI data and results.

❑ Yes, other difficulty, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ No difficulties encountered

❑ Unknown or not sure

13. [For each Q12=Yes] When was the last time you encountered this difficulty in accessing or using NHSPI?

❑ Within the past month

❑ Within the past 6 months

❑ Within the past year

❑ Within the past 2 or 3 years

❑ More than 3 years ago

❑ Unknown or not sure

14. [For each Q12=Yes] Please indicate the level of difficulty you experienced with this aspect of NHPSI:

❑ Minor difficulty that did not significantly limit my ability to use NHSPI

❑ Moderate difficulty that somewhat limited my ability to use NHSPI

❑ Major difficulty that significantly limited my ability to use NHSPI

❑ Major difficulty completely prevented my ability to use NHSPI

❑ Unknown or not sure

15. [If Q8 = Yes] How useful are each of the following features of NHSPI to your work in public health emergency preparedness? Please use a scale from 1 to 10, where 1=Not at all Useful, and 10=Extremely Useful, and select N/A if you are unfamiliar with a given NHSPI feature.

|  |  |  |
| --- | --- | --- |
| **Feature** | **Usefulness** |  |
| Inclusion of measures reflecting multiple sectors beyond public health (e.g. medical, workforce, environment, infrastructure) | ❑ 1 ------- ❑ 10 | ❑ N/A |
| Ability to track changes in preparedness levels over multiple years | ❑ 1 ------- ❑ 10 |  |
| Ability to compare preparedness levels across multiple states and regions | ❑ 1 ------- ❑ 10 |  |
| Ability to compare results from my jurisdiction with national norms and trends | ❑ 1 ------- ❑ 10 |  |
| Ability to compare results across multiple preparedness domains and subdomains | ❑ 1 ------- ❑ 10 |  |
| Ability to summarize measures based on their importance as rated by a national panel of preparedness professionals | ❑ 1 ------- ❑ 10 |  |
| Ability to examine confidence intervals that display the level of uncertainty in preparedness measures | ❑ 1 ------- ❑ 10 |  |
| Ability to download data and generate customized analyses and reports | ❑ 1 ------- ❑ 10 |  |

16. Beyond NHSPI, does your program use any other measures and data sources to monitor and evaluate preparedness in your agency’s jurisdiction?

❑ No

❑ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Unknown, not sure

17. Do you have ideas for how NHSPI could be made more useful for your jurisdiction?

❑ No

❑ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Unknown, not sure

18. Is there anything we haven’t asked that is important for us to know about NHSPI?

❑ No

❑ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Unknown, not sure

**PART II: SPECIFIC INDEX MEASURES**

This section of the assessment focuses on your experience with and professional judgment about specific measures included in the National Health Security Preparedness Index. The Index contains a total of 140 measures obtained from more than 60 data sources, which are grouped into domains and subdomains that reflect broad types of health security activities. We are interested in understanding how **relevant** these measures are to your program’s responsibilities in public health emergency preparedness.

We ask that you review the NHSPI summary of measures and results for your jurisdiction, and use this information to inform your responses. The NHSPI summary may be accessed here <<hyperlink>> We ask that you consider two different ways in which each measure may be relevant to your program:

1. **Direct program relevance:** the measure describes a resource or capability that your agency directly helps to create, provide or perform in the jurisdiction through its public health emergency preparedness program.
2. **Indirect program relevance:** the measure describes a resource or capability that is contributed by others outside your public health emergency preparedness program, and that supports or influences your preparedness program activities, including through your relationships with relevant community partners.

Please rate each of the measures listed below based on your assessment of its direct and indirect relevance to your public health emergency preparedness program. Use the following four point scale to record your assessments:

1-Not at all relevant

2-Low relevance

3-Moderate relevance

4-High relevance

| **Measure** | **Relevance Ratings** |
| --- | --- |
| **Domain 1: Health Security Surveillance** |  |
| **Subdomain 1.1: Health Surveillance & Epidemiological Investigation** |  |
| 1. Number of Epidemiologists per 100,000 residents of jurisdiction | Direct: \_\_  Indirect: \_\_ |
| 1. The public health agency has an electronic syndromic surveillance system that can report and exchange information | Direct: \_\_  Indirect: \_\_ |
| 1. The public health laboratory has implemented a laboratory information management system (LIMS) to receive and report laboratory information electronically (e.g., electronic test order and report with hospitals and clinical labs, surveillance data from public health laboratory to epidemiology) | Direct: \_\_  Indirect: \_\_ |
| 1. Nongovernmental laboratories (e.g.clinical, hospital-based) are required by law to send clinical isolates or specimens associated with reportable foodborne diseases to the public health laboratory | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of foodborne illness outbreaks reported to CDC by the public health agency for which a causative infectious agent is confirmed | Direct: \_\_  Indirect: \_\_ |
| 1. The public health agency has a public health veterinarian | Direct: \_\_  Indirect: \_\_ |
| 1. The public health agency uses an Electronic Death Registration System (EDRS) | Direct: \_\_  Indirect: \_\_ |
| Subdomain 1.2: Biological Monitoring & Laboratory Testing |  |
| 1. Public health chemical OR radiological terrorism/threat laboratory is accredited or certified by the College of American Pathologists (CAP) or Clinical Laboratory Improvement Amendments (CLIA)? | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory has a permit for the importation and transportation of materials, organisms, and vectors controlled by U.S. Department of Agriculture Animal and Plant Health Inspection Service | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory has a plan for a 6-8 week surge in testing capacity to respond to an outbreak or other public health event, with enough staffing capacity to work five 12-hour days for six to eight weeks in response to an infectious disease outbreak, such as novel influenza A (H1N1) | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory has a continuity of operations plan consistent with National Incident Management System (NIMS) guidelines | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory has a plan to receive specimens from sentinel clinical laboratories during nonbusiness hours | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory has the capacity in place to assure the timely transportation (pick-up and delivery) of samples 24/7/365 days to the appropriate public health Laboratory Response Network (LRN) reference laboratory | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of 10 tests for infectious diseases that the public health laboratory provides or assures, including arbovirus serology, hepatitis C serology, Legionella serology, measles serology, mumps serology, Neisseria meningitides serotyping, Plasmodium identification, Salmonella serotyping, Shigella serotyping, and Varicella serology | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of 15 tests for infectious diseases that the public health laboratory provides or assures including: antimicrobial susceptibility testing confirmation for vancomycin resistant Staphylococcus aureus, Anaplasmosis (Anaplasma phagocytophilum), Babesiosis (Babesia sp.), botulinum toxin—mouse toxicity assay, Dengue Fever, Hantavirus serology, identification of unusual bacterial isolates, identification of fungal isolates, identification of parasites, Klebsiella pneumoniae Carbapenemase (blaKPC) by PCR, Legionella by culture or PCR, malaria by PCR, norovirus by PCR, Powassan virus, rabies | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of Laboratory Response Network biological (LRN-B) proficiency tests successfully passed by Public Health Emergency Preparedness (PHEP) Cooperative Agreement-funded laboratories | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of pulsed field gel electrophoresis (PFGE) subtyping data results for e. coli submitted by public health laboratories to the CDC PulseNet national database within four working days of receiving samples from clinical laboratories | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of chemical agents correctly identified and quantified from unknown samples during unannounced proficiency testing during the Laboratory Response Network (LRN) Emergency Response Pop Proficiency Test (PopPT) Exercise | Direct: \_\_  Indirect: \_\_ |
| 1. Number of additional chemical agent detection methods—beyond the core methods—demonstrated by Laboratory Response Network chemical (LRN-C) Level 1 or 2 laboratories | Direct: \_\_  Indirect: \_\_ |
| 1. Number of chemical threat and multi-hazards preparedness exercises or drills the public health laboratory conducts or participates in annually | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of pulsed field gel electrophoresis (PFGE) sub-typing data results for Listeria monocytogenes submitted by public health laboratories to the CDC PulseNet national database within four working days of receiving samples from clinical laboratories | Direct: \_\_  Indirect: \_\_ |
| 1. Number of core chemical agent detection methods demonstrated by the public health laboratory | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory provides or assures testing for hazards in soil | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory has high-capability to detect chemical threats as indicated by a Level 1 or 2 LRN-C laboratory | Direct: \_\_  Indirect: \_\_ |
| Domain 2: Community Planning & Engagement Coordination |  |
| Subdomain 2.1: Cross-Sector / Community Collaboration |  |
| 1. Health department is accredited by the Public Health Accreditation Board (PHAB) | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of residents served by a comprehensive public health system that includes strong relationships among public health, medical, social, educational, business, and faith-based organizations in the community. | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of hospitals that participate in health care preparedness coalitions supported through the federal Hospital Preparedness Program of the Office of the Assistant Secretary for Preparedness and Response | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of emergency medical service agencies that participate in health care preparedness coalitions supported through the federal Hospital Preparedness Program of the Office of the Assistant Secretary for Preparedness and Response | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of emergency management agencies that participate in health care preparedness coalitions supported through the federal Hospital Preparedness Program of the Office of the Assistant Secretary for Preparedness and Response | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of local health departments that participate in health care preparedness coalitions supported through the federal Hospital Preparedness Program of the Office of the Assistant Secretary for Preparedness and Response | Direct: \_\_  Indirect: \_\_ |
| Subdomain 2.2: Children & Other At-Risk Populations |  |
| 1. All licensed child care providers are required to have a disaster plan for children with disabilities and those with access and functional needs | Direct: \_\_  Indirect: \_\_ |
| 1. A hazard response plan exists for all K-12 schools | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of state children (0-18 years) who reside within 50 miles of a pediatric trauma center, including centers in neighboring jurisdictions | Direct: \_\_  Indirect: \_\_ |
| 1. All childcare providers are required to have a plan for family-child reunification during a disaster | Direct: \_\_  Indirect: \_\_ |
| 1. All childcare providers are required to have a plan for evacuating and safely moving children to an alternate site during a disaster | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of school children who report missing one or more days from school in the past 30 days due to concerns about safety. | Direct: \_\_  Indirect: \_\_ |
| Subdomain 2.3: Management of Volunteers during Emergencies |  |
| 1. Percent of residents who live in a county with a Community Emergency Response Teams (CERT) | Direct: \_\_  Indirect: \_\_ |
| 1. Number of total Medical Reserve Corps members per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| 1. Number of physician Medical Reserve Corps volunteers per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| 1. Number of nurse Medical Reserve Corps volunteers per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| 1. Number of other health professional Medical Reserve Corps volunteers per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| Subdomain 2.4: Social Capital & Cohesion |  |
| 1. Percent of adults who volunteer in their communities | Direct: \_\_  Indirect: \_\_ |
| 1. Number of annual volunteer hours per resident, 15 years and older | Direct: \_\_  Indirect: \_\_ |
| Domain 3: Incident & Information Management |  |
| Subdomain 3.1: Incident Management |  |
| 1. CDC assessment score (0-100) of state health department dispensing plan for prophylaxis or disease fighting materiel from the CDC’s Strategic National Stockpile | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of state health department coordination plan with hospitals and alternate facilities to procure medical materiel in an emergency | Direct: \_\_  Indirect: \_\_ |
| 1. All hazards emergency management program is accredited by the Emergency Management Accreditation Program (EMAP) | Direct: \_\_  Indirect: \_\_ |
| 1. A disaster preparedness plan exists for animals including livestock and pets | Direct: \_\_  Indirect: \_\_ |
| 1. Local health department has a designated emergency preparedness coordinator | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of state health department emergency response training, exercise, and evaluation plans' compliance with guidelines set forth by the Homeland Security Exercise and Evaluation Program | Direct: \_\_  Indirect: \_\_ |
| 1. Jurisdiction has emergency response team(s) for animals including livestock and pets | Direct: \_\_  Indirect: \_\_ |
| 1. Average number of minutes for state health department staff with incident management lead roles to report for immediate emergency response duty | Direct: \_\_  Indirect: \_\_ |
| 1. State has adopted the Nurse Licensure Compact (NLC) | Direct: \_\_  Indirect: \_\_ |
| Subdomain 3.2: Information Management |  |
| 1. Percent of households with broadband in the home | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of households served by a 911 public safety answering point that has upgraded to the digital Next Generation 911 protocol | Direct: \_\_  Indirect: \_\_ |
| Domain 4: Healthcare Delivery |  |
| Subdomain 4.1: Prehospital Care |  |
| 1. Number of emergency medical technicians (EMTs) and paramedics per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of local emergency medical services (EMS) agencies that submit National EMS Information System (NEMSIS) compliant data to the state | Direct: \_\_  Indirect: \_\_ |
| Subdomain 4.2: Hospital and Physician Services |  |
| 1. Median time in minutes from hospital emergency department (ED) arrival to ED departure for patients admitted to hospitals in the jurisdiction (identifier ED-1) | Direct: \_\_  Indirect: \_\_ |
| 1. Median time in minutes from hospital admission decision to emergency department (ED) departure for patients admitted to hospitals in the jurisdiction (identifier ED-2) | Direct: \_\_  Indirect: \_\_ |
| 1. Number of staffed hospital beds per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of the state’s population who live within 50 miles of a trauma center, including centers in neighboring jurisdictions | Direct: \_\_  Indirect: \_\_ |
| 1. Number of physicians and surgeons per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| 1. Number of active registered nurse (RN) and licensed practical nurse (LPN) licenses per 100,000 residents in jurisdiction | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of jurisdiction residents living within 100 miles of a burn center, including centers in neighboring jurisdictions | Direct: \_\_  Indirect: \_\_ |
| 1. Number of hospital airborne infection isolation room (AIIR) beds per 100,000 residents, including hospitals in neighboring jurisdictions | Direct: \_\_  Indirect: \_\_ |
| 1. Risk-adjusted 30-day survival rate (percent) among Medicare beneficiaries hospitalized in the jurisdiction for heart attack, heart failure, or pneumonia | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of hospitals in the jurisdiction with a top quality ranking (Grade A) on the Hospital Safety Score | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of hospitals in the jurisdiction that have demonstrated meaningful use of certified electronic health record technology (CEHRT). This includes the demonstration of meaningful use through either the Medicare or Medicaid EHR Incentive Programs. | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of office-based medical doctors and doctors of osteopathy in the jurisdiction that have demonstrated meaningful use of certified electronic health record technology (CEHRT). This includes the demonstration of meaningful use through either the Medicare or Medicaid EHR Incentive Programs. | Direct: \_\_  Indirect: \_\_ |
| Subdomain 4.3: Long-Term Care |  |
| 1. All long-term care and nursing home facilities are required to have written disaster plans | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of nursing home facilities found fully compliant with the CMS Preparedness Rule during latest inspection. | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of long-stay nursing home residents that are assessed and appropriately given the seasonal influenza vaccine | Direct: \_\_  Indirect: \_\_ |
| Subdomain 4.4: Mental & Behavioral Healthcare |  |
| 1. Percent of hospitals in the jurisdiction providing psychiatric emergency services | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of need met for mental health care in health professional shortage areas (HPSA) in the jurisdiction | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of the jurisdiction’s population not living in a HRSA Mental Health Professional Shortage Area | Direct: \_\_  Indirect: \_\_ |
| Subdomain 4.5: Home Care |  |
| 1. Percent of home health episodes of care in the jurisdiction where the home health team determined whether their patient received a flu shot for the current flu season | Direct: \_\_  Indirect: \_\_ |
| 1. Number of home health and personal care aides per 1,000 residents aged 65 or older in the jurisdiction | Direct: \_\_  Indirect: \_\_ |
| Domain 5: Countermeasure Management |  |
| Subdomain 5.1: Medical Materiel Management, Distribution, & Dispensing |  |
| 1. CDC assessment score (0-100) of a state’s ability to manage the CDC’s Strategic National Stockpile assets, including updated staffing, call-down exercises, Incident Command System (ICS) integration, testing, and notification of volunteers | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of a state’s ability to request the CDC’s Strategic National Stockpile (SNS) assets from local authorities, including the level of completeness and utility of state plans and procedures | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of a state’s tactical communications plan for the CDC’s Strategic National Stockpile usage | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of a state’s security planning for the CDC’s Strategic National Stockpile assets, including coordination of medical countermeasures dispensing, management, and mass prophylaxis | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of a state’s ability to receive, stage, and store (RSS) the CDC’s Strategic National Stockpile materiel, including plans and procedures developed to coordinate all logistics for the SNS | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of a state’s controlling inventory procedure to track the CDC’s Strategic National Stockpile (SNS) materiel, including an Inventory Management System (IMS) | Direct: \_\_  Indirect: \_\_ |
| 1. CDC assessment score (0-100) of a state’s distribution plans and procedures for physical delivery of the CDC’s Strategic National Stockpile (SNS) assets from the receipt, stage, and store (RSS) facility to dispensing sites | Direct: \_\_  Indirect: \_\_ |
| 1. Number of Pharmacists per 100,000 population in the jurisdiction | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of hospitals in the jurisdiction participating in a group purchasing arrangement | Direct: \_\_  Indirect: \_\_ |
| Subdomain 5.2: Countermeasure Utilization & Effectiveness |  |
| 1. Percent of children ages 19-35 months receiving recommended routine childhood vaccinations, including four or more doses of diphtheria, tetanus, and pertussis vaccine, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of Hepatitis B vaccine | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of residents receiving a seasonal flu vaccination, by age group (6 months to-4 years, 5-17 years, 18-64 years, 65 years and older). | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of residents age 65 and older receiving a pneumococcal vaccination | Direct: \_\_  Indirect: \_\_ |
| Domain 6: Environmental & Occupational Health |  |
| Subdomain 6.1: Food & Water Security |  |
| 1. Public health laboratory provides or assures testing for drinking water | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory provides or assures testing for private well water | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory provides or assures testing for recreational water | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory provides or assures testing for surface water | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory provides or assures testing for waste water | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of 16 tests for different organisms or toxins that the public health laboratory provides or assures to assist with foodborne disease outbreak investigations, including Bacillus cereus, Brucella sp., Campylobacter sp., Clostridium botulinum, Clostridium perfringens, Cryptosporidium sp., Cyclospora cayetanensis, Listeria monocytogenes, norovirus, Salmonella, Shigella, Staphylococcus aureus, STEC non-O157, STEC O157, Vibrio sp., Yersinia enterocolitica. | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of residents whose community water systems meet all applicable health-based standards required by the federal Safe Drinking Water Act | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of residents served by a community water system that did not experience a non-health-based violation of the federal Safe Drinking Water Act (SDWA) | Direct: \_\_  Indirect: \_\_ |
| Subdomain 6.2: Environmental Monitoring |  |
| 1. Public health laboratory provides or assures testing for air samples | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory is certified or accredited by the American Industrial Hygiene Association (AIHA) | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory is certified or accredited by the Environmental Protection Agency (EPA) | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory is certified or accredited by the National Environmental Laboratory Accreditation Conference (NELAC) | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of 12 tests for different contaminants in environmental samples that the public health laboratory provides or assures, including asbestos, explosives, gross alpha and gross beta, inorganic compounds (e.g., nitrates), metals, microbial, lead, persistent organic pollutants, pesticides (including organophosphates), pharmaceuticals, radon, or volatile organic compounds | Direct: \_\_  Indirect: \_\_ |
| 1. Public health laboratory provides or assures testing for hazardous waste | Direct: \_\_  Indirect: \_\_ |
| 1. Number of environmental scientists and specialists per 100,000 residents | Direct: \_\_  Indirect: \_\_ |
| Subdomain 6.3: Physical Environment and Infrastructure |  |
| 1. Percent of bridges that are in good or fair condition (not poor) | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of High-Hazard Potential Dams that are not in poor or unsatisfactory condition | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of population residing in jurisdictions that participate in the FEMA Community Rating System for flood mitigation | Direct: \_\_  Indirect: \_\_ |
| 1. Number of FEMA National Flood Insurance Policies (NFIP) in-force as a percentage of total housing units located in 100- and 500-year floodplains | Direct: \_\_  Indirect: \_\_ |
| 1. Jurisdiction has a climate change adaptation plan | Direct: \_\_  Indirect: \_\_ |
| Subdomain 6.4: Workforce Resiliency |  |
| 1. Percent of employed residents with some type of paid time off (PTO) benefit | Direct: \_\_  Indirect: \_\_ |
| 1. Percent of employed residents engaging in some work from home by telecommuting | Direct: \_\_  Indirect: \_\_ |

**B. ADDITIONAL MEASURES OF PREPAREDNESS**

1. Are you aware of any other measures or data sources that are relevant to your public health emergency preparedness program, but are not currently used in NHSPI? If so, list up to 5 of these measures:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR COMPLETING THIS ASSESSMENT**