

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

3. 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

4. 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

5. 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

6. 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
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- 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

7. 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)? _____
8. 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
9. [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
10. 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 NHSPI:

- 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)	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 10	<input type="checkbox"/> N/A
Ability to track changes in preparedness levels over multiple years	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 10	
Ability to compare preparedness levels across multiple states and regions	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 10	
Ability to compare results from my jurisdiction with national norms and trends	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 10	
Ability to compare results across multiple preparedness domains and subdomains	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 10	
Ability to summarize measures based on their importance as rated by a national panel of preparedness professionals	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 10	
Ability to examine confidence intervals that display the level of uncertainty in preparedness measures	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 10	
Ability to download data and generate customized analyses and reports	<input type="checkbox"/> 1 ----- <input type="checkbox"/> 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: ___
2. The public health agency has an electronic syndromic surveillance system that can report and exchange information	Direct: ___ Indirect: ___
3. 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: ___
4. 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: ___
5. Percent of foodborne illness outbreaks reported to CDC by the public health agency for which a causative infectious agent is confirmed	Direct: ___ Indirect: ___
6. The public health agency has a public health veterinarian	Direct: ___ Indirect: ___
7. The public health agency uses an Electronic Death Registration System (EDRS)	Direct: ___ Indirect: ___
Subdomain 1.2: Biological Monitoring & Laboratory Testing	

Measure	Relevance Ratings
8. 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: ___
9. 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: ___
10. 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: ___
11. Public health laboratory has a continuity of operations plan consistent with National Incident Management System (NIMS) guidelines	Direct: ___ Indirect: ___
12. Public health laboratory has a plan to receive specimens from sentinel clinical laboratories during nonbusiness hours	Direct: ___ Indirect: ___
13. 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: ___
14. 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 meningitidis serotyping, Plasmodium identification, Salmonella serotyping, Shigella serotyping, and Varicella serology	Direct: ___ Indirect: ___
15. 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: ___
16. Percent of Laboratory Response Network biological (LRN-B) proficiency tests successfully passed by Public Health Emergency Preparedness (PHEP) Cooperative Agreement-funded laboratories	Direct: ___ Indirect: ___
17. 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: ___
18. 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: ___
19. 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: ___
20. Number of chemical threat and multi-hazards preparedness exercises or drills the public health laboratory conducts or participates in annually	Direct: ___ Indirect: ___
21. 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: ___
22. Number of core chemical agent detection methods demonstrated by the public health laboratory	Direct: ___ Indirect: ___
23. Public health laboratory provides or assures testing for hazards in soil	Direct: ___ Indirect: ___

Measure	Relevance Ratings
24. 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	
25. Health department is accredited by the Public Health Accreditation Board (PHAB)	Direct: ___ Indirect: ___
26. 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: ___
27. 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: ___
28. 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: ___
29. 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: ___
30. 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	
31. 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: ___
32. A hazard response plan exists for all K-12 schools	Direct: ___ Indirect: ___
33. Percent of state children (0-18 years) who reside within 50 miles of a pediatric trauma center, including centers in neighboring jurisdictions	Direct: ___ Indirect: ___
34. All childcare providers are required to have a plan for family-child reunification during a disaster	Direct: ___ Indirect: ___
35. All childcare providers are required to have a plan for evacuating and safely moving children to an alternate site during a disaster	Direct: ___ Indirect: ___
36. 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	
37. Percent of residents who live in a county with a Community Emergency Response Teams (CERT)	Direct: ___ Indirect: ___
38. Number of total Medical Reserve Corps members per 100,000 residents	Direct: ___ Indirect: ___
39. Number of physician Medical Reserve Corps volunteers per 100,000 residents	Direct: ___ Indirect: ___
40. Number of nurse Medical Reserve Corps volunteers per 100,000 residents	Direct: ___ Indirect: ___
41. Number of other health professional Medical Reserve Corps volunteers per 100,000 residents	Direct: ___ Indirect: ___
Subdomain 2.4: Social Capital & Cohesion	
42. Percent of adults who volunteer in their communities	Direct: ___ Indirect: ___

Measure	Relevance Ratings
43. Number of annual volunteer hours per resident, 15 years and older	Direct: ___ Indirect: ___
Domain 3: Incident & Information Management	
Subdomain 3.1: Incident Management	
44. 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: ___
45. 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: ___
46. All hazards emergency management program is accredited by the Emergency Management Accreditation Program (EMAP)	Direct: ___ Indirect: ___
47. A disaster preparedness plan exists for animals including livestock and pets	Direct: ___ Indirect: ___
48. Local health department has a designated emergency preparedness coordinator	Direct: ___ Indirect: ___
49. 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: ___
50. Jurisdiction has emergency response team(s) for animals including livestock and pets	Direct: ___ Indirect: ___
51. Average number of minutes for state health department staff with incident management lead roles to report for immediate emergency response duty	Direct: ___ Indirect: ___
52. State has adopted the Nurse Licensure Compact (NLC)	Direct: ___ Indirect: ___
Subdomain 3.2: Information Management	
53. Percent of households with broadband in the home	Direct: ___ Indirect: ___
54. 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	
55. Number of emergency medical technicians (EMTs) and paramedics per 100,000 residents	Direct: ___ Indirect: ___
56. 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	
57. 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: ___
58. 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: ___
59. Number of staffed hospital beds per 100,000 residents	Direct: ___ Indirect: ___
60. Percent of the state's population who live within 50 miles of a trauma center, including centers in neighboring jurisdictions	Direct: ___ Indirect: ___
61. Number of physicians and surgeons per 100,000 residents	Direct: ___ Indirect: ___
62. Number of active registered nurse (RN) and licensed practical nurse (LPN) licenses per 100,000 residents in jurisdiction	Direct: ___ Indirect: ___
63. Percent of jurisdiction residents living within 100 miles of a burn center, including centers in neighboring jurisdictions	Direct: ___ Indirect: ___

Measure	Relevance Ratings
64. Number of hospital airborne infection isolation room (AIIR) beds per 100,000 residents, including hospitals in neighboring jurisdictions	Direct: ___ Indirect: ___
65. Risk-adjusted 30-day survival rate (percent) among Medicare beneficiaries hospitalized in the jurisdiction for heart attack, heart failure, or pneumonia	Direct: ___ Indirect: ___
66. Percent of hospitals in the jurisdiction with a top quality ranking (Grade A) on the Hospital Safety Score	Direct: ___ Indirect: ___
67. 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: ___
68. 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	
69. All long-term care and nursing home facilities are required to have written disaster plans	Direct: ___ Indirect: ___
70. Percent of nursing home facilities found fully compliant with the CMS Preparedness Rule during latest inspection.	Direct: ___ Indirect: ___
71. 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	
72. Percent of hospitals in the jurisdiction providing psychiatric emergency services	Direct: ___ Indirect: ___
73. Percent of need met for mental health care in health professional shortage areas (HPSA) in the jurisdiction	Direct: ___ Indirect: ___
74. Percent of the jurisdiction's population not living in a HRSA Mental Health Professional Shortage Area	Direct: ___ Indirect: ___
Subdomain 4.5: Home Care	
75. 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: ___
76. 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	
77. 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: ___
78. 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: ___
79. CDC assessment score (0-100) of a state's tactical communications plan for the CDC's Strategic National Stockpile usage	Direct: ___ Indirect: ___
80. 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: ___
81. 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: ___

Measure	Relevance Ratings
82. 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: ___
83. 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: ___
84. Number of Pharmacists per 100,000 population in the jurisdiction	Direct: ___ Indirect: ___
85. Percent of hospitals in the jurisdiction participating in a group purchasing arrangement	Direct: ___ Indirect: ___
Subdomain 5.2: Countermeasure Utilization & Effectiveness	
86. 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: ___
87. 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: ___
88. Percent of residents age 65 and older receiving a pneumococcal vaccination	Direct: ___ Indirect: ___
Domain 6: Environmental & Occupational Health	
Subdomain 6.1: Food & Water Security	
89. Public health laboratory provides or assures testing for drinking water	Direct: ___ Indirect: ___
90. Public health laboratory provides or assures testing for private well water	Direct: ___ Indirect: ___
91. Public health laboratory provides or assures testing for recreational water	Direct: ___ Indirect: ___
92. Public health laboratory provides or assures testing for surface water	Direct: ___ Indirect: ___
93. Public health laboratory provides or assures testing for waste water	Direct: ___ Indirect: ___
94. 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 <i>Bacillus cereus</i> , <i>Brucella</i> sp., <i>Campylobacter</i> sp., <i>Clostridium botulinum</i> , <i>Clostridium perfringens</i> , <i>Cryptosporidium</i> sp., <i>Cyclospora cayetanensis</i> , <i>Listeria monocytogenes</i> , norovirus, <i>Salmonella</i> , <i>Shigella</i> , <i>Staphylococcus aureus</i> , STEC non-O157, STEC O157, <i>Vibrio</i> sp., <i>Yersinia enterocolitica</i> .	Direct: ___ Indirect: ___
95. Percent of residents whose community water systems meet all applicable health-based standards required by the federal Safe Drinking Water Act	Direct: ___ Indirect: ___
96. 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	
97. Public health laboratory provides or assures testing for air samples	Direct: ___ Indirect: ___
98. Public health laboratory is certified or accredited by the American Industrial Hygiene Association (AIHA)	Direct: ___ Indirect: ___
99. Public health laboratory is certified or accredited by the Environmental Protection Agency (EPA)	Direct: ___ Indirect: ___

Measure	Relevance Ratings
100. Public health laboratory is certified or accredited by the National Environmental Laboratory Accreditation Conference (NELAC)	Direct: ___ Indirect: ___
101. 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: ___
102. Public health laboratory provides or assures testing for hazardous waste	Direct: ___ Indirect: ___
103. Number of environmental scientists and specialists per 100,000 residents	Direct: ___ Indirect: ___
Subdomain 6.3: Physical Environment and Infrastructure	
104. Percent of bridges that are in good or fair condition (not poor)	Direct: ___ Indirect: ___
105. Percent of High-Hazard Potential Dams that are not in poor or unsatisfactory condition	Direct: ___ Indirect: ___
106. Percent of population residing in jurisdictions that participate in the FEMA Community Rating System for flood mitigation	Direct: ___ Indirect: ___
107. 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: ___
108. Jurisdiction has a climate change adaptation plan	Direct: ___ Indirect: ___
Subdomain 6.4: Workforce Resiliency	
109. Percent of employed residents with some type of paid time off (PTO) benefit	Direct: ___ Indirect: ___
110. Percent of employed residents engaging in some work from home by telecommuting	Direct: ___ Indirect: ___

B. ADDITIONAL MEASURES OF PREPAREDNESS

111. 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