

Opening Keynote

Presenter:

Herbert Wolfe, PhD, Director, Policy and Strategic Planning, Office of the Assistant Secretary for Preparedness and Response, US Department of Health and Human Services

Session summarized and reported by:

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Overall Key Session Points:

1. The National Health Security Strategy is a key document in shaping the future of disaster health education and training, as well as the security of the nation. The NHSS implementation plan provides the means to execute the strategy.
2. A challenge in incorporating the NHSS into the nation's health workforce is that there is currently inadequate incentive to do so. Workforce attendees were invited to consider incentives and communicate them to the NHSS.
3. When considering the delivery of these objectives, it is important to consider the audience. The image of an optimal workforce will differ depending on the demographics of the audience.

Session Summary:

The session set out to define national health security, the National Health Security Strategy, and ways that workshop participants can participate in shaping the execution of NHSS objectives. The session encouraged workshop attendees to start thinking about how to apply principles from the NHSS in their local environment or work place.

The speaker defined national health security as “a state in which the Nation and its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences.” More broadly, national health security is both everything we do during a disaster in addition to what we are doing daily to keep prepared. In addition, national health security is the mitigation of negative health consequences.

The National Health Security Strategy is one of the vehicles that promote national health security. The NHSS is considered a three-fold strategy with the following goals:

- Improve the nation's ability to protect people's health in the case of incidents with potentially negative health consequences.
- Create an outline to guide the nation and facilitate collaboration among stakeholders to achieve national health security.
- Inform policies, resources, programs, and activities to improve national health security.

The strategy is not only a federal plan, but is intended to include everyone in the disaster sphere. Dr Wolfe encouraged attendees to use the NHSS as a tool to justify proposed activities for their communities or workplaces. The NHSS is not meant to occur in a vacuum but rather be shaped by a variety of stakeholders.

The history of the NHSS dates back to 2006 with the Pandemic and All-Hazards Preparedness Act, which required the Secretary of HHS to submit, every 4 years, a Strategy, an implementation document, and an evaluation of progress. In 2013, the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013 reauthorized the NHSS program to strengthen national preparedness and response for public health emergencies. The 2010–2014 NHSS defined national health security goals, established a vision and two goals for national health security and then strategic objectives, and suggested 50 draft operational capabilities. The NHSS Implementation Plan (2012–2014) identified specific activities to achieve desired outcomes consistent with goals and objectives identified in the NHSS.

The following five principles guided decision making for strategic direction, selection of priorities, and implementation approach for the NHSS 2015–2018:

- Strategic alignment
- Fidelity to the evidence base
- Continuous quality improvement
- Community involvement
- Maximum benefit

The NHSS Strategic Objectives include

1. Build and sustain healthy, resilient communities.
2. Enhance the national capability to produce and effectively use both medical countermeasures and nonpharmaceutical interventions.
3. Ensure health situational awareness to support decision making before, during, and after incidents.
4. Integrate public health, health care, and emergency management systems based on a highly competent workforce.

The speaker noted that, when approaching these objectives, it is important to consider the disparity between urban and rural health response and facilities. For example, the speaker referred to one rural community that issued a rabies notification via Facebook. This contrasts with what the reaction would be in an urban community with a large staff. These two health departments would need training aligned to their specific needs owing to their difference in size and location.

The session concluded with the speaker emphasizing the role of incentivizing the workforce when moving forward to build national health security. How do disaster health workers and educators prepare the optimal workforce? How do we incentivize them into pursuing education and training? The speaker invited attendees to tweet their ideas on how to incentivize collaborators and/or volunteers in support of national health security to #NHSS.

Several conversations occurred during the question and comment period that were of note. A commenter stated that a challenge in the integration of the National Health Security Strategy is that the NHSS is directly tied to Washington, DC. Although it receives a lot of focus within DC, outside health departments either do not know about it or do not consider it a priority. When moving forward, it is important to engage in communications and marketing at the social personal level. With this type of effort, the NHSS may receive more consideration.

The speaker noted in response that there is currently discussion on picking a pilot community in the rural United States and engaging them on the NHSS. This strategy could be built with the FEMA office in that particular region. Other key comments discussed the importance of day-to-day disaster resilience, the demand for a national nursing workforce and education framework, and the challenges in integrating the NHSS into medical school curricula.

The opening keynote summarized the goals of the National Health Security Strategy and the challenges in regards to achieving them. The speaker emphasized the keys to success would be through incentivizing the workforce as well as marketing and communicating about the NHSS adequately. Furthermore, the session clearly articulated that the achievement of these goals was impossible without coordination between federal and nonfederal stakeholders.

Supplementary material

To view supplementary material for this article, please visit <http://dx.doi.org/10.1017/dmp.2014.137>