DEPARTMENT OF HEALTH & HUMAN SERVICES **Office of the Secretary**

Office of the Assistant Secretary for
Preparedness & Response

National Biodefense Science Board
Washington, DC 20201

October 31, 2013

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Sebelius:

The National Health Security Strategy (NHSS), released by the U.S. Department of Health and Human Services (HHS) in December 2009, provided the first comprehensive strategic approach to prevention and protection from incidents with potentially negative health consequences. The Strategy embodies a vision in which "National health security is achieved when the Nation and its people are prepared for, protected from, respond effectively to, and are able to recover from incidents with potentially negative health consequences." These incidents include terrorist attacks, natural disasters, disease outbreaks, hazardous material spills, nuclear accidents, and chemical, biological, radiological, nuclear, and high explosive (CBRNE) events.[1] An Implementation Plan (IP) for the NHSS was also developed. This IP, released in May 2012, describes outcomes that the Nation hopes to achieve over a period of four years.[2] The 2012 IP acknowledged that "achieving national health security requires a collaborative approach." The IP proposes the use of a variety of models to improve and ensure multi-sector implementation.[3]

The Assistant Secretary for Preparedness and Response (ASPR) transmitted a request to the Chair and members of the National Biodefense Science Board (NBSB) on September 3, 2013.[4] The ASPR asked the NBSB to advise the Secretary of HHS by conducting a review of given implementation models for the NHSS; specifically, the ASPR asked "the NBSB to issue a letter to the Secretary offering guidance on the strategic feasibility of certain implementation models in developing a "national strategy." The NBSB accepted the task at its public meeting on September 12, 2013. As a result, the NBSB formed a National Health Security (NHS) Working Group (WG) to respond to this task by the designated October 31, 2013 deadline.[5]

The NHS WG was provided with an overview of the 2009 NHSS and the 2012 IP. At a WG meeting on September 11, 2013, Dr. Herbert Wolfe, Director of the Division of Policy and Strategic Planning,

[1] 2009 National Health Security Strategy, available at
http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx
[2] 2012 National Health Security Strategy Implementation Plan, available at
http://www.phe.gov/Preparedness/planning/authority/nhss/ip/Pages/default.aspx
[3] Ibid,"... improvements need to be made in developing an overarching public health and medical organizational structure and/or governance model relevant to national health security in order to ensure such coordination. These governance and/or organizational structure models are needed to ensure consistent management, coherent policies and processes, and broad stakeholder involvement. "pg. 29.
[4] See attached September 3, 2013, task letter from ASPR to NBSB, Chair.
[5] See attached National Health Security Working Group Roster.

Office of Policy and Planning, ASPR, noted that implementation efforts for the 2009 Strategy, to date, had largely adopted a federal government-centric model. The WG was also provided with a draft-internal working discussion paper, *Thoughts on Potential Models to Improve Multi-Sector Implementation of the National Health Security Strategy*; this document reviewed potential approaches for improving implementation of the NHSS. Five implementation models were offered: traditional government-centric, external execution, consensus building, grass roots/experimental, and a mixed model which encompasses elements of each of the other four. Each model was discussed in terms of five basic elements: engagement, coordinating and enabling actions, monitoring, public reporting, and implementation management and leadership.

The NHSS presents a series of strategic goals to focus the efforts and unique strengths of the Nation's communities, including individuals and their families, the private-sector, nongovernmental and academic organizations, and all levels of government (local, state, territorial, tribal, and federal) with the aim of (1) building community resilience, and (2) strengthening and sustaining health and emergency response systems.

The current NHSS presents ten primary objectives:

1. Foster informed, empowered individuals and communities.
2. Develop and maintain the workforce needed for national health security.
3. Ensure situational awareness.
4. Foster integrated, scalable health care delivery systems.
5. Ensure timely and effective communications.
6. Promote an effective countermeasures enterprise.
7. Ensure prevention or mitigation of environmental and other emerging threats to health.
8. Incorporate post-incident health recovery into planning and response.
9. Work with cross-border and global partners to enhance national, continental, and global health security.
10. Ensure that all systems that support national health security are based on the best available science, evaluation, and quality improvement methods.

The NHS WG reviewed the different NHSS objectives, deliberated on the different models provided, and presented its findings to the NBSB at the October 31, 2013, public meeting by teleconference. The NBSB discussed and voted to accept the findings from the NHS WG. The NBSB provides the following conclusions/recommendations:

The NBSB found the NHSS to be a "cornerstone" document that is comprehensive and, if appropriately implemented, would lead the nation in the development of community resilience, specifically with regard to the *health component* of community resilience.[6] The NBSB opined that the NHSS and the IP were well written, with a clearly defined vision, goals and objectives. Overall, the

[6] "Community resilience entails the ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid that community in (1) preventing withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and (3) using knowledge from a past response to strengthen the community's ability to withstand the next health incident." Chandra A, Acosta J, Stern S, et al. Rand Health. Building community resilience to disasters: a way forward to enhance national health security. 2012. pg. 9 Available at: http://www.rand.org/content/dam/rand/pubs/technical_reports/2011/RAND_TR915.pdf. For further information on community resilience, please visit: http://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx

goals and objectives of the NHSS are concordant with the foundational principles of a sound national strategy. These principles include acceptance of the strategy and engagement by public and private sector health care-associated organizations, understanding and engagement by individual members of the public, and importantly, coordination with health security strategies of international partners as part of overall global health security.

With regard to the NHSS IP, review of the potential models against the goals and objectives of the NHSS led the NBSB to conclude that each model has application to one or more of the objectives. The NBSB opined that HHS should use the most appropriate and relevant model during the implementation of each specific objective. Importantly, the implementation model selected for a given objective should incorporate all of the five basic implementation elements mentioned above. Going forward, it appears that the most important of these is full engagement of required governmental and non-governmental organizations and individuals. Once engagement is achieved, implementation should assure coordination and enablement of actions, the monitoring of activities and progress, as well as public reporting. The latter is particularly important to maintain the engagement of individual members of the public and to openly provide a measure of progress towards the objective.

An essential component of any IP should include specific performance measures for determining whether the IP was effective in achieving the stated outcome(s); all of the NHSS objectives and proposed models for implementation should encompass performance measures. These measures should be used for ongoing assessments and reporting. The development of implementation strategies and performance measures should engage the participation of relevant stakeholders and partner organizations--if their collaboration is deemed necessary to achieve the desired outcome. Ideally, the chosen measure(s) should be meaningful for all collaborators.

Most importantly, the NHSS IP recognizes that it will take all the public and private sectors of our nation to work together over a prolonged period of time for the goal of national health security to be achieved. Therefore, a fundamental aspect of the NHSS's implementation must be the recognition of its existence by individuals, organizations, professional societies, industry, local communities, states, and other governmental entities. The NBSB is concerned that current public awareness of the NHSS and its accompanying IP is limited; of particular concern is the apparent lack of awareness by the professional health care community. Irrespective of the models used, the first step to successful implementation is stakeholder awareness and engagement. The NBSB strongly recommends substantially improving public awareness of the NHSS so that the appropriate level of engagement can be achieved, particularly among the American public.

Given these considerations, the NBSB provides the following specific recommendations:

1. Use the implementation model that most effectively engages the right people and the right organizations at the right time to gain fulfillment of specific NHSS objectives. The professional leadership throughout the many agencies of the HHS should be able to decide which model(s) are most appropriate for each objective.
2. The next version of the NHSS IP should identify tangible outcomes, as well as performance measures for each stated objective to assess achievement. If successful implementation and/or achievement of a stated objective is believed to rely upon the collaboration and/or endorsement by other levels of government, the private sector, non-governmental organizations, or the public, these

stakeholders should be engaged in the development of objective-specific implementation strategies and measures of performance.

3. Develop a full marketing plan for the NHSS. An informed American public will endorse the NHSS initiatives and contribute towards the goals of building community resilience and strengthening health and emergency response systems, providing the public is aware of and understands the Strategy. In informing the public and answering its questions/concerns, HHS should collaborate with entities perceived as trusted sources of information. In particular, healthcare professionals within the United States and its territories need to be involved and will lead with enthusiasm if they are active participants in the plan's implementation. Engaging the broader community of key stakeholders should prove to be one of the 'go to' strategies towards achieving the stated NHSS objectives.[7]
4. Finally, the NHSS and its IP should strive for international visibility and engagement as national health security, in the end, will depend heavily on global health security.

The NBSB would like to commend HHS for its impressive work, and thank the ASPR for the opportunity to provide input on these important documents.

Sincerely,

John S. Parker, MD, Major General (Retired)
Chair, National Biodefense Science Board

Enclosures
September 3, 2013, Task letter from ASPR to NBSB
National Health Security Working Group Roster
NBSB Roster

cc: Nicole Lurie, MD, MSPH, Assistant Secretary for Preparedness and Response

[7] An evaluation of progress, as well as an updated NHSS and accompanying IP, are due to be completed in December 2014. For further information, please see http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx

September 3, 2013, Task letter from ASPR to NBSB

John S. Parker, MD, Major General (Retired)
Chair, National Biodefense Science Board
Senior Vice President
Scientific Applications International Corporation
656 Lynn Shores Drive
Virginia Beach, VA 23452

Dear Dr. Parker and Members of the National Biodefense Science Board (NBSB):

The U.S. Department of Health and Human Services has begun activities to develop the 2014 National Health Security Strategy (NHSS) and accompanying Implementation Plan (IP); the Office of the Assistant Secretary for Preparedness and Response (ASPR) is leading the NHSS and IP development process. The NHSS is the leading policy document focused on protecting people's health in the case of a large scale public health emergency, as called for in 42 USCS § 300hh-1. The IP will drive implementation of the NHSS by identifying actionable activities that can be addressed by stakeholders identified in the national health security community. It is important to me, and to the Nation, that the NHSS be successfully adopted by having an IP that is grounded in a proven implementation model, which takes into account stakeholders from across different levels of both the public and private sectors, to maximize the potential for success.

I would like the NBSB to advise the Secretary of the Department of Health and Human Services by conducting a review of given implementation models during the development of the IP. Specifically, I would like the NBSB to issue a letter to the Secretary offering guidance on the strategic feasibility of certain implementation models in developing a *national* strategy. Potential implementation models (conceptual as opposed to mathematical) will be provided to the NBSB; however, the NBSB should feel free to consider others that members have used successfully. The time for completion of this task will be October 31, 2013.

The NBSB has the ability, experience, and external perspective to make an important contribution toward identifying the practical and feasible ways to approach implementation of a *national* strategy. Accordingly, engaging the NBSB is crucial toward the success of the next NHSS and its accompanying IP. I look forward to discussing your initial thoughts on this topic at the September 12, 2013, NBSB public meeting.

Thank you for your continued diligence in serving to strengthen our nation's health security.

Sincerely,

Nicole Lurie, MD, MSPH
Assistant Secretary for Preparedness and Response

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