

**Priority:** Safety  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Lead Agency:** Health Department  
**Program Contact:** NICHOLS Loreen

**Executive Summary**

Preparing for and responding to emergencies with widespread or severe health impacts requires multi-agency, multi-jurisdictional, and public/private sector collaboration. Two Health Department programs contribute to this: 1) Public Health Preparedness assures that we can carry out the County's unique public health responsibilities in an emergency; 2) Regional Health System Emergency Preparedness assures that hospitals and other private health care providers in the 6-county NW Oregon region have proven capacity to care for victims of large scale emergencies. Both programs apply the National Incident Management System (NIMS) framework and are coordinated with the County's Office of Emergency Management.

**Program Description**

Responding to emergencies with severe health impacts (e.g., natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs, and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness activities include: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) a trained and exercised Incident Management Team to lead the Department's response; 3) exercises to test and refine plans and capacities, and 4) surge capacity for key public health functions (e.g., epidemiology resources to investigate, and analyze an emergency's health impacts). Regional Health System Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza).

**Program Justification**

This offer supports the Safety strategy: "to prepare, prevent, and respond to emergencies." The programs utilize coordination and collaboration to develop effective governmental and private sector health response capacities in the county and region.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of Incident Mgmt membs trained & annually exercised.	90	93	90	90
Outcome	Hlth Orgs. expressing program has improved ability to respond to Hlth Emergency	90.0%	95.0%	90.0%	95.0%
Quality	Stakeholders satisfied w/program activities, based on Likert scale.	95.0%	95.0%	95.0%	95.0%
Outcome	Score on Centers for Disease Controls technical assistance review	0	0	63	70

**Performance Measure - Description**

1) PH Preparedness: Number of staff receiving NIMS-approved training, and participating in response exercises. 2&3) Regional Health Preparedness: Key stake-holders' and organizations' perceived progress on program goals, and satisfaction with program activities/services.

## Legal/Contractual Obligation

ORS 431 and 433 empower the County and Health Department to supervise matters related to preserving the life and health of the people of the County. An IGA with Oregon DHS (Public Health Division) provides funding from CDC and guidance for Public Health preparedness activities, including pandemic influenza preparedness. A separate IGA with DHS provides funding from the US Dept. of Health and Human Services, and guides regional health system preparedness goals and activities. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general capacities.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2009	2009	2010	2010
<b>Program Expenses</b>				
Personnel	\$0	\$621,471	\$0	\$793,577
Contracts	\$0	\$19,979	\$0	\$146,250
Materials & Supplies	\$0	\$40,385	\$0	\$36,658
Internal Services	\$0	\$126,698	\$0	\$194,687
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$808,533</b>	<b>\$0</b>	<b>\$1,171,172</b>
Administration	\$10,969	\$0	\$19,680	\$0
Program Support	\$269,072	\$284,870	\$314,921	\$274,962
Subtotal: Other Exps:	<b>\$280,041</b>	<b>\$284,870</b>	<b>\$334,601</b>	<b>\$274,962</b>
Total GF/non-GF:	<b>\$280,041</b>	<b>\$1,093,403</b>	<b>\$334,601</b>	<b>\$1,446,134</b>
Program Total:	<b>\$1,373,444</b>		<b>\$1,780,735</b>	
Program FTE	0.00	5.99	0.00	6.91
<b>Program Revenues</b>				
Indirect for dep't Admin	\$44,596	\$0	\$71,874	\$0
Intergovernmental	\$0	\$808,533	\$0	\$1,171,172
Program Revenue for Admin	\$0	\$284,870	\$0	\$274,962
<b>Total Revenue:</b>	<b>\$44,596</b>	<b>\$1,093,403</b>	<b>\$71,874</b>	<b>\$1,446,134</b>

## Explanation of Revenues

Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via the Oregon Department of Human Services (DHS), Public Health Division. Regional Health System Emergency Preparedness is funded by 1) The US Dept. of Health and Human Services via the Oregon DHS/Public Health Division and the Oregon Association of Hospitals and Health Systems; and 2) Federal Centers for Disease Control (CDC) funds received via the Oregon Department of Human Services (DHS), Public Health Division.

## Significant Program Changes

**Last year this program was:** #40005, Public Health and Regional Health Systems Emergency

The CDC Pandemic Influenza Preparedness grant that funded institutional and community education and capacity development ended. The new CDC Pandemic Influenza grant funds the development of a replicable model for how to deliver essential healthcare services during a severe influenza pandemic.