

Lead Agency: Health Department

Program Contact: OXMAN Gary L

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: In Target, Climate Action Plan

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 health care providers in the 6-county NW Oregon region have a proven capacity to care for victims of large scale emergencies. Both programs apply the National Incident Management System (NIMS) framework and coordinate 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 includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) a trained and exercised Health Department Incident Management Team; 3) exercises to test and refine plans and capacities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts). The Advanced Practice Center (APC) project continues to refine its national benchmarks for just-in-time staff training for mass prophylaxis and disease investigation operations and is focusing on the national marketing of those products. Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties, and coordinates planning with SW Washington. 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). The programs utilize coordination and collaboration to develop effective governmental and private sector health response capacities in the county and region.

This program offer relates to the Climate Action Plan items 17-1, 17-2, and 17-3 specifically as it relates to piloting a new CDC State PH-Hazard Vulnerability Assessment related to climate change, and as a key stakeholder in adaptation planning. Minimum resources are available for this participation.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of Incident Mgmt team members trained & annually exercised	40	90	90	90
Outcome	Score on Centers for Disease Control's technical assistance review	88.0%	90.0%	83.0%	90.0%
Outcome	Improved health emergency response.	100.0%	90.0%	100.0%	100.0%
Quality	Program satisfaction	100.0%	95.0%	100.0%	100.0%

Performance Measure - Description

- 1) Output: # of Incident Mgmt team members trained & annually exercised.
- 2) Outcome: Score on Centers for Disease Controls technical assistance review.
- 3) Outcome: Regional stakeholders expressing program has improved health emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities based on Likert scale.

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 the Oregon DHS (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A contract with the National Association of County and City Health Officials (NACCHO) specifies requirements for the APC project. A separate IGA with DHS guides regional health system preparedness goals and activities supported with federal US Dept. of Health and Human Services funds. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$623,250	\$0	\$651,359
Contracts	\$0	\$15,750	\$0	\$5,500
Materials & Supplies	\$0	\$51,753	\$0	\$37,209
Internal Services	\$0	\$145,115	\$0	\$158,044
Total GF/non-GF:	\$0	\$835,868	\$0	\$852,112
Program Total:	\$835,868		\$852,112	
Program FTE	0.00	5.20	0.00	6.26
Program Revenues				
Indirect for dep't Admin	\$49,705	\$0	\$51,025	\$0
Intergovernmental	\$0	\$835,868	\$0	\$852,112
Total Revenue:	\$49,705	\$835,868	\$51,025	\$852,112

Explanation of Revenues

Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via Oregon DHS. Additional funds from the CDC are passed through to Multnomah County from NACCHO to support the APC project. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon DHS and the Oregon Association of Hospitals and Health Systems.

State Public Health Emergency Preparedness: 338,000
NACCHO Medical Reserve Corp and Advance Practice Center: \$125,000
State Health Preparedness \$389,112

Significant Program Changes

Last year this program was: #40005, Public Health and Regional Health Systems Emergency Preparedness
The NACCHO APC project grant is \$405k for federal FY11; funding beyond October 2011 is uncertain. FY2012 adds 1.06 FTE with funds budgeted in FY2011 as temporary along with reductions in professional services, and materials and supplies. The additional staff is funded and supports the work APC project.