

Lead Agency: Health Department

Program Contact: OXMAN Gary L

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts requires multi-agency, multijurisdictional, 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 by updating complementary APC tools. 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 (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of Incident Mgmt team members trained & annually exercised	90	240	220	240
Outcome	Score on Centers for Disease Control's technical assistance review	90.0%	90.0%	98.0%	90.0%
Outcome	Improved health emergency response	100.0%	95.0%	95.0%	95.0%
Quality	Program satisfaction	100.0%	95.0%	95.0%	95.0%

Performance Measure - Description

- 1) Output: # of Incident Mgmt team members trained & annually exercised (team expanded from ~90 to 240).
- 2) Outcome: Score on Centers for Disease Control's 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 Health Authority (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 Oregon Health Authority 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	2012	2012	2013	2013
Personnel	\$0	\$651,359	\$0	\$529,313
Contracts	\$0	\$5,500	\$0	\$23,459
Materials & Supplies	\$0	\$37,209	\$0	\$24,322
Internal Services	\$0	\$158,044	\$0	\$150,357
Total GF/non-GF:	\$0	\$852,112	\$0	\$727,451
Program Total:	\$852,112		\$727,451	
Program FTE	0.00	6.26	0.00	4.60
Program Revenues				
Indirect for dep't Admin	\$51,025	\$0	\$45,118	\$0
Intergovernmental	\$0	\$852,112	\$0	\$727,451
Total Revenue:	\$51,025	\$852,112	\$45,118	\$727,451

Explanation of Revenues

State 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; the project may not be funded beyond September 2012. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority.

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$346,400

NACCHO Medical Reserve Corp and Advance Practice Center: \$85,694

State Health Preparedness: \$295,357

Significant Program Changes

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

The three year Advanced Practice Center (APC) grant is ending September 30, 2012, resulting in the reduction in FTE and other revenue in this program offer. This grant funded the development of public health preparedness tools for some 2,500 local health authorities. The department was one of only eight APCs in the nation and acted as a laboratory for the development of public health tools. We will continue to reap the benefits of this investment even after the grant ends.