

1. Category selection:

community mitigation strategies, community education and business community and private sector involvement

2. Community Description:

a. Multnomah County, located in the northwest corner of Oregon, continues to be the most populous county in Oregon with 19% of the State's population. The County grew to 701,545 residents in 2006. The population increase from 2000 to 2006 was 6.2%, or 41,059 persons. Over the same period, the population of Oregon increased 7.9%, or 268,761 persons. The racial and ethnic mix of the population varies in Multnomah County. Northeast and North Portland are the most racially diverse geographic areas, while the West side is the least diverse. In 2005, Multnomah County was comprised of 77.4% White non-Hispanics, 6.0% African Americans, 1.1% American Indians, 6.8% Asians, Native Hawaiians and Other Pacific Islanders, and 9.7% Hispanics. Approximately 17.4% of Multnomah County residents had incomes below the poverty level in 2004, according to the U. S. Census Bureau American Community Survey. This is higher than both Oregon (14.1%) and the United States (13.3%). The 2000 Census per capita income was \$24,939 for White residents, \$17,559 for Asians, \$15,159 for American Indians, and \$14,024 for African Americans. Hispanic per capita income was \$10,820.

b. State and local public health infrastructure

The **Oregon Public Health Division's** mission is to protect and promote the health of all people in Oregon by:

- Protecting individuals and communities against the spread of disease, injuries, and environmental hazards.
- Promoting and encouraging healthy behaviors.
- Responding to disasters and assisting communities in recovery.
- Assuring the quality and accessibility of health services.

The Oregon Public Health Division is organized into nine main areas; Community Health and Health Planning, Disease Prevention and Epidemiology, Emergency Preparedness, Environmental Public Health, Family Health Services, Multicultural Health, the Public Health Laboratory, and the Public Health Officer.

Under Oregon law, counties are presumptively delegated as local public health authorities with responsibility for enforcing public health laws and carrying out public health programs. This results in a dispersed public health system of 33 local health departments with strong roles for public health service delivery. The State Public Health Division's roles are somewhat constrained, emphasizing consultation, standard setting, planning, and other forms of leadership.

Multnomah County Health Department is the public health authority in Multnomah County, Oregon. It is the largest public health department in Oregon with nearly 1,000 employees, and a budget of \$150M. The Department seeks to ensure access to healthcare for Multnomah County residents, to protect against threats to health, and to promote health.

Ensuring Access to Healthcare The Department is a major healthcare provider for low-income residents. It operates an extensive and integrated system of care, including:

- 5 primary care health centers, 4 dental clinics, and 13 school-based clinics
- A home visiting program for high-risk families;
- Specialty clinics focusing on sexually transmitted diseases, tuberculosis, and HIV;
- A nutrition and food voucher program for woman, infants, and children,
- Pharmacy, a laboratory, and language interpretation services; and
- A program providing healthcare in County jails.

The Community Health Council serves as a citizens' advisory board to the Health Department. It provides guidance on a broad range of public health issues and links the Department to the diverse communities of the County. Residents who use the Department's healthcare services comprise the majority of the Council. Because of the community's involvement in program planning, implementation, and evaluation, the Department's services are responsive to community needs.

Through policy and advocacy, the Department also supports the provision of medical and dental services to the poor by other local providers.

Protecting the Health of County Residents The department operates an array of health protection programs that address:

- The investigation and control of communicable diseases.
- The treatment and control of tuberculosis.
- The prevention and control of sexually transmitted disease.
- The control of mosquito and rat populations.
- The oversight of ambulance services.
- The inspection, licensing, and certification of restaurants, swimming pools, school facilities, care facilities, and food handlers.

Promoting Health The Department's promotion of health takes many forms, including:

- Health education and information in schools, workplaces, and community settings.
- Health education to high-risk families at home.
- Training for teens on pregnancy prevention, abstinence, and nutrition education.
- Prevention programs for chronic conditions like heart disease.

Health Department FY 04-09 Strategic Goals:

- To help residents gain control of the factors which influence their health.
- To improve health throughout the County's diverse communities.
- To ensure dignified access to healthcare.
- To protect the public and mitigate health threats arising from natural and human-caused disasters.

c. Health Care Delivery System

Multnomah County has 7 hospitals ranging in size from 100 to >550 bed facilities. The hospitals in the county have a combined total of 2343 beds; approximately 400 are med/surg ICU beds. In addition, two level 1 trauma centers and the State's only burn center are located in Multnomah County. All hospitals in the region are not-for profit with three large hospital systems comprising approximately 70% of the market. The region has a large and diverse medical community and health care is a highly competitive market.

3. Planning Process:

a. The pandemic influenza community engagement and planning process has been organized around two approaches: 1) achieving alignment on critical public health and medical assumptions, and 2) identifying and working with key community stakeholder groups to promote awareness of pandemic influenza and promote preparedness. The first step in the planning process included developing and testing a set of assumptions with existing medical and public health stakeholder groups to guide local preparedness for the next pandemic. Specific assumptions included 1) that there would be no vaccine for the initial several months into a pandemic, 2) the role and availability of antiviral medications would be limited role, and 3) as a result, current planning efforts must focus on targeted public health measures that may slow pandemic transmission and lessen its impacts (e.g., time-limited cancellation of K-12 classes).

b. Groups involved in planning have included city and county elected officials, K-12 public and private schools, child care groups, culturally-specific community-based organizations, local emergency management agencies, faith-based institutions, social service providers, higher education, and private industry/businesses (with a special emphasis on small and medium sized businesses.) The work of the engaged groups has focused on building support within their respective constituencies and communities, synchronizing public health messaging, continuity of operations planning, and determining legitimate decision-makers and liaisons to participate in pandemic management and communications.

c. Multnomah County's planning process has encountered the barriers listed below:

- Low-level (or complete absence) of emergency planning and preparedness expertise;
- Inconsistent understandings of the impacts of a prolonged public health emergency;
- Inability to accurately predict economic impacts and develop economically-viable management approaches, and;
- Addressing policy issues that span multiple jurisdictions.

Addressing these barriers has required a combination of activities, including:

- Assisting various community stakeholders in identifying what their core level of service delivery must be in an emergency;
- Providing a more complete understanding of the potential severity levels of pandemic influenza and the associated intervention strategies;
- Specifically working with small and medium sized businesses to develop approaches to mitigate potential economic impacts, and;
- Ensuring that broad policy questions are clearly articulated for state and federal government action.

d. The most significant gaps in this community preparedness planning process are related to off-setting community mitigation consequences that may disproportionately impact marginalized and vulnerable populations. Strategies to address these gaps include working closely with local and state emergency management to mobilize resources to address these consequences.

4. Narrative

a. Multnomah County Health Department routinely monitors communicable disease levels, investigates and manages disease outbreaks. Additionally, the health department regularly exercises emergency response plans with other government and private partners. This day-to-day work lays the foundation for an effective response to pandemic influenza. Because we understand that there is no vaccine for the next pandemic at this time, nor will there be for a least several months into a pandemic and antiviral medications will most likely have a limited role in the management of a pandemic, locally we felt emphasis should be placed on potential community mitigation strategies.

We also understand that most people in our community expect a significant medical response to a public health issues and are not accustomed to prolonged disruption of day-to-day activities. Because a moderate or severe influenza pandemic would require different response tactics, we felt it was critical to begin engaging stakeholders now to build continuity of planning and messaging in the event that we are posed with an influenza pandemic that exceeds a seasonal influenza situation.

b.The local approach has been to define and engage specific community leaders, both formal and informal, in building a continuity of understanding and pathways of influence that can be used for multiple public health emergencies. Pathways of influence are created through a shared understanding of what is to be lost and gained in implementing community mitigation strategies and how we can plan now to off-set consequences of these strategies. We believe this process is innovative because of the seeming contrast with other community activities. What we have not done is blanketed the entire county with pandemic influenza and emergency preparedness information. While appropriate public information is a necessary component of emergency planning, it was clear early on in our local process that it was far more important to bring formal and informal decision-makers into a coherent structure to allow for difficult, informed decision-making and decisions support. While minimizing the health, social and economic impacts of an influenza pandemic are critical; ultimately we are striving to preserve an intact community.

c. The outcomes achieved by this process include:

- an established network of over 150 community leaders that are now tied into the planning process that were not previously;
- an increase in communication networks with non-traditional partners about other public health issues (i.e. E. coli, noravirus, seasonal influenza);
- increased visibility of routine local public health activities (i.e. disease surveillance and tracking, emergency planning and exercises)
- Inclusion of pandemic influenza planning in other community emergency planning (i.e. K-12 and child care including pandemic influenza in their all-hazards planning); and,
- The foundation for a function joint command structure in an influenza pandemic or other public health emergency that may necessitate community mitigation strategies.

d. Two unique partnerships have developed out of this process. The first relationship is with the Multnomah County libraries. The library system is also run by the county. In seeking innovative general community education processes the health department has partnered with the library in developing a community reading project that highlights the 1918 influenza pandemic thru a historical novel (the final book has not been selected). The idea is based on a

hugely successful community reading project in its third year in Multnomah County, *Everybody Reads* (<http://www.multcolib.org/reads/>). This project is still developing, but the hope is that the project will correspond with the 2007 influenza season. The second unique partnership has been with small and medium sized businesses in the county. While large local businesses, Starbucks, Fred Meyers, and Nike, to name a few, have long been planning for pandemic influenza and other large scale emergencies, smaller businesses have not. Early on in our engagement process the need in this area became quite clear and Multnomah County is in large part a county made up of small businesses. We have been initiating business to business discussions and informal mentoring to assist these smaller businesses in understanding their important role, not only in an emergency but in the day to day of Multnomah County's public health.

e. Advice for other planners:

- Coordinate activities with other local jurisdictions-people don't understand county-specific work;
- Think big-get outside of public health;
- Engage key stakeholders first-the general public is experiencing 'fear fatigue' between the war on terror and the persistent state of code yellow, people are burned out on getting ready;
- Engage key stakeholders broadly-who has a recognized voice in your community? Often the most recognized voices are not elected officials or public health leaders;
- Integrate different value sets into your planning objectives-this isn't just about a pandemic, it is about community viability and recovery;
- Be transparent about the unknowns;
- Don't underplay the unknowns about vaccine and antivirals, there is not going to be a magic bullet, in a sense we need to lower people's expectations, and;
- Acknowledge existing disparities that will play out in an emergency, not everyone has equal access to prepare or respond to an emergency and plan for vulnerable populations accordingly.

5. Contact Information

Jessica Guernsey Camargo, MPH
Program Supervisor
Multnomah County Health Department
503-988-3030 ext. 25698
jessica.guernsey@co.multnomah.or.us

