



Program #40053 - Racial and Ethnic Approaches to Community Health FY 2025 Adopted

Department: Health Department **Program Contact:** Charlene McGee
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40006, 40060, 40037
Program Characteristics:

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end chronic disease and related racial/ethnic health disparities within the Black/African American/Black immigrant and refugee communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture-and strength-based approach, relying on community wisdom to implement culturally tailored interventions that address root causes of health inequities and preventable risk behaviors through communications, policy, systems, and environmental change strategies in partnership with the community.

Program Description

Racial and Ethnic Approaches to Community Health (REACH) uses culturally specific and cross-cultural approaches that combine the community-identified priorities and CDC-funded communication, policy, systems, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. REACH continues to be a foundational component to the Public Health Division’s commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. REACH has four current strategic areas of focus: nutrition, physical activity, breastfeeding and vaccinations. Nutrition programming increases the number of community settings offering healthy food, retail access to healthy food through innovative procurement practices, and community support for breastfeeding. Physical activity programming increases the number of safe, desirable locations for physical activity, including active transportation, and increases the number of people with access to them and the implementation of the Active People Healthy Multnomah County Campaign. The vaccination strategy area serves as community clinical linkage and seeks to identify barriers to vaccine uptake, equipping community members to support vaccination strategies, and implementing vaccine clinics. Community-clinical linkage programming increases the use of health and community programs, including referrals to these resources; expands the use of health professionals, such as community health workers; and improves quality of service delivery and experience of care. Together, these program areas work to redress social determinants of health challenges and barriers and improve the overall health of neighborhoods throughout Multnomah County.

REACH uses social determinants, health behavior, communication collaterals, disease prevalence, mortality, and a variety of other data to monitor the well-documented chronic disease health disparities experienced by Black/African American/African communities and plans responsive strategies. REACH is steered by its multi-sectoral community advisory committee, the ACHIEVE Coalition. REACH and its partners regularly hold focus groups, community webinars and podcasts, cultural celebrations and events to gather community concerns.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of policy, systems, and environment strategies implemented	25	26	25	25
Outcome	# of people impacted by policies established to promote health, safety & address social determinants of health	10,214	15,000	20,000	10,000
Output	# of communication campaigns, social media post, media spots and health promotion webinars	20	20	25	25
Output	# of community partnerships through outreach/capacity building and awareness raising	N/A	35	55	35

Performance Measures Descriptions

Performance Measures 1 and 3 are for settings that are occupied by Black/African American/African Immigrant communities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$394,167	\$908,515	\$831,997	\$614,129
Contractual Services	\$154,286	\$1,076,735	\$71,561	\$1,366,709
Materials & Supplies	\$28,524	\$57,525	\$35,454	\$56,754
Internal Services	\$137,453	\$126,920	\$185,792	\$103,848
Total GF/non-GF	\$714,430	\$2,169,695	\$1,124,804	\$2,141,440
Program Total:	\$2,884,125		\$3,266,244	
Program FTE	2.60	6.52	5.12	2.90

Program Revenues				
Intergovernmental	\$0	\$2,169,695	\$0	\$2,141,440
Total Revenue	\$0	\$2,169,695	\$0	\$2,141,440

Explanation of Revenues

This program generates \$103,848 in indirect revenues.
 Direct Federal: \$719,008 - REACH GY09
 Direct State: \$69,695 - Community Chronic Disease Prevention
 Direct Federal: \$495,000 - Addressing Conditions To Improve Populations Health (ACTion)
 Direct State: \$63,216 - REACH Self-Advocacy Innovative
 Federal: \$302,890 - COVID-19 Federal REACH - Flu Vaccination
 Federal: \$491,631 - COVID-19 Federal CDC Health Disparities

Significant Program Changes

Last Year this program was: FY 2024: 40053 Racial and Ethnic Approaches to Community Health

In FY 2024, the CDC awarded the Multnomah County REACH Program \$1,021,898, which is \$468,718 less than requested. This reduction impacts the Chronic Disease Prevention and Health Promotion Unit (CDPHP) and the REACH Program, as we continue to evolve to operate through a shared risk and protective factor framework. Our budget strategy is a braided approach. This reduction has an impact on overall program FTE. Due to this decreased funding, we are working to continue to preserve the program and ensure program and organizational capacity to deliverable on the identified workplan.