Multnomah County Health Department
Programs and Activities to Address Health Inequities
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Multnomah County Health Department
Community Health Promotion, Partnerships and Planning
Health Assessment & Evaluation

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This report may be found at:
www.co.multnomah.or.us/health/hra/reports/2006_addressing_inequities.pdf
The companion piece to this report, *Racial and Ethnic Health Disparities in Multnomah County: 1990-2004*, has identified inequalities adversely affecting our minority communities. This problem is especially pronounced in the African American community, which experiences more health disparities than other communities of color.

This document highlights the Multnomah County Health Department’s (MCHD) work to reduce health inequities. We are providing this list of programs and activities designed to address this issue. MCHD has made the elimination of health inequities a top priority, and the programs and activities listed in this report align with the Multnomah County Health Department (MCHD) strategic goals. Links are provided to the various programs for contact information.

**Chronic Disease Prevention (CDP)**
The primary goal of CDP is to address health disparities in chronic disease, including diabetes, heart disease, and obesity. The CDP promotes and supports the implementation of culturally-specific chronic disease self-management classes within the Health Department and with community-based partners. As a pilot project with the Oregon Diabetes Prevention and Control Program (ODPCP), the CDP implemented self-management classes with Latinos with diabetes and their families, using two culturally-specific curricula, Tomando Control de su Salud and Platos Saludables. The classes were well-received by the participants, and the project identified the need for more bilingual facilitators trained in the Tomando Control de su Salud model in the Health Department and across the state. As a result, the Health Department is collaborating with the Oregon Department of Human Services to offer a state-wide training for bilingual promotoras in Oregon in the coming year.

Childhood obesity disproportionately affects Multnomah County’s Latino and African American communities. In response to this, the CDP is convening a multidisciplinary Healthy Eating, Active Living (HEAL) Coalition at a school in North Portland that predominantly serves students from these communities. The purpose of the Coalition is to coordinate broad-based efforts to identify community needs and strengths, build community capacity and leadership, and develop culturally-relevant strategies to promote healthy eating and physical activity.

**Communicable Disease/Occupational Health Office (CD/OHO)**
CD/OHO staff daily serve the community on an individual basis and provide culturally sensitive and language appropriate care regarding communicable diseases. CD/OHO has also collaborated with Early Childhood Services to reach the Asian population at risk for Hepatitis B, especially targeting women of child-bearing years. Hepatitis A & B vaccination, education and referral of clients with addiction issues to sources of care and support is provided in multiple languages.

**Community Capacitation Center**
During this fiscal year, the Community Capacitation Center brought to a successful completion the Poder es Salud/Power for Health Project. This purpose of this 3-year project, funded by the Centers for Disease Control and Prevention (CDC), was to increase the capacity of members of the African American and Latino communities in Multnomah County to promote health and address disparities, through the intervention of Community Health Workers who use popular education methodology. As a community-based participatory research project, Poder es Salud/Power for Health produced new information about how to increase community participation in defining the research questions, conducting and analyzing the research, and interpreting and applying the findings. In addition, the Community Capacitation Center initiated a new project, "Addressing Disability in Local Public Health," funded by the National Association of City and County Health Officials (NACCHO). The purpose of this one-year pilot project...
is to begin to address health disparities among people with disabilities, by assessing their health promotion needs and interests, enhancing the 911 system's ability to meet their needs, and conducting a health promotion summit to set an agenda for the future.

Community Health Promotion
Community health promotion is an important complement to providing direct services, and engages members of diverse communities in identifying priority health issues, developing culturally relevant and community-based responses, and monitoring programmatic progress and success. Community health promotion works with program managers in the Health Department to engage members of ethnic communities experiencing health disparities and other groups that have historically been excluded from public health and policy planning discussions. Health Promotion projects have included engaging individuals and organizations in the African American community in identifying and addressing environmental health concerns, evaluating the availability and accessibility of HIV prevention and care services, and developing messages to prevent sexually transmitted infections. Health promotion also involves providing community information, education, and training to communities of color and immigrant groups for health issues including mental health, flu, environmental justice, nutrition, and fitness. The Health Department works with in partnership with the Susanna Maria Gurule (SMG) Foundation to write and publish monthly health articles in El Hispanic News, and with the Asian Health and Service Center to produce monthly health articles in the Portland Chinese Times. These articles highlight health disparities among the Latino and Chinese community and provide proactive, culturally-relevant information to promote health and well-being. Topics for the articles are based on community input.

Community Immunization Program (CIP)
In addition to walk-in weekday immunization clinics for children and adults throughout the year, the CIP conducted 28 off-site clinics throughout FY ’05-’06 at target areas including East County, Southeast, Northeast and North Portland. These clinics, primarily targeted at children, are held on Saturdays and are designed to make immunization services more accessible to racial and/or lower socioeconomic populations who otherwise may be unable to access these services. To better serve a diverse population, the CIP recently had the Vaccine Administration Record (VAR) translated not only into Spanish and Russian, but also Chinese, Vietnamese, Romanian and Somali. The Community Immunization Program (CIP) relocated to a northeast location in August 2005 which is centralized and more accessible to all clients, including many in the African American population who live in the immediate area.

The Immunization Coordinator is a member of the Health Disparities subcommittee, a part of the Oregon Partnership to Immunization Children (OPIC) coalition at the Oregon Department of Health Services, which has recently completed a Health Disparities Handbook. Key concepts from the Handbook are suggested as performance benchmarks for staff in completing yearly performance reviews.

Diabetes and Depression Collaboratives and Mental Health Services
- The work of the Diabetes Collaborative has continued in the Multnomah Health Department primary care clinics. Monthly reports evaluate clinical process and outcome measures by clinic, race/ethnicity, and provider. The Diabetes registry (DEMS) is being phased out as the clinics convert to electronic medical records, and similar reports are being developing using the new system.
- Northeast and North Portland Clinics serve a large percentage of African American patients. An African American Licensed Clinical Social Worker (LCSW) was hired to better serve the African American population at these two clinics and to continue to ensure that they have access to
treatment for serious depression, anxiety and PTSD. This social worker has also been trained to lead
Stanford’s Chronic Disease Self Management program for individuals living with a chronic diseases.

• East County Health Center serves a large percentage of Hispanic clients. A .5 FTE bi-lingual LCSW
at ECHC offered both depression care to Latino/Latina patients, and Tomando Control de su Salud,
Stanford’s disease self-management program specifically developed for Latino/Latina clients. The
clinic was able to increase this position to a .9FTE to increase these services at ECHC and provide
some bi-lingual services to NEHC. Plans are under way to collaborate with the state to train
additional leaders for the Tomando program.

• Westside Health Center (WSHC) which focuses on individuals who are homeless, also has a bi-
lingual LCSW to ensure that Spanish speaking patients have access to mental health services that are
integrated with their primary care. This social worker will expand her work to include a mobile
outreach van that will provide medical and mental health services to homeless families. Her work on
the van will focus on families who are bi-lingual in Spanish.

Diversity and Quality Team
The Health Department’s Diversity and Quality Team sets cross-functional and outcome-based goals for
the Health Department’s values of diversity and quality. The goals include measures for workforce
diversity and health disparities. Progress on these goals is measured through the Team’s monitoring &
evaluation of the Multnomah County Health Department Strategic Plan. The current work of DQT also
includes:

• The development of culturally competent interview tools as a resource to Health Dept Human
Resources and Health Dept Managers/Supervisors.

• Support the development of Health Department training on Health Disparities and Quality.

• Circulate information that supports the Health Department’s staff in learning about diversity issues
including a monthly diversity calendar, window displays in the McCoy Building, circulation of
diverse publications at the McCoy Building, and regular updates in the Notes from the Director, a
monthly newsletter.

• Review and recommend actions based on data supplied by the Equal Employment Opportunity/
Affirmative Action office.

• Advise the Clinical Leadership Council in Integrated Clinical Services on continuing efforts to
increase cultural competency of medical providers.

• Lead the Health Department’s role in LGBT Health Awareness Week.

• Annual review of Service Groups’ efforts to increase workforce diversity and decrease health
disparities.

Early Childhood Services

• Families with young children are the focus of services by community health nurses and health
workers providing health education, developmental screenings, referral to health services and
classes. Bilingual staff in Spanish, Russian and Vietnamese are available.

• Classes on childbirth education, nutrition, infant massage and parenting are available in Spanish.

• MCHD is one of 3 counties participating in a demonstration project providing health consultation to
child care providers. Community health nurses provide training, site assessments, technical
assistance and consultation to home based child care providers. Health and Safety tips and the
Immunization Review tables have been produced in Spanish and Russian for distribution to in home
child care providers. A bilingual Russian speaking community health nurse was added to the project
for outreach to Russian speaking child care providers.
**Emergency Preparedness**

**Employees Reaching Communities through Connections**
The Community Connectors Network was established to strengthen relationships and facilitate the mobilization of culturally specific groups, such as African Americans and Asians, in our diverse community during a public health crisis or disaster. Community Connectors are Multnomah County Health Department employees that the community turns to for help with health questions and social supports. Community connectors provide strong communication links to communities and provide feedback from communities to MCHD, helping to improve Health Department communications, policies, and emergency response.

**Culturally Specific Populations Emergency Communications Project**
Multnomah County Health Department is the lead agency for the Northwest Oregon Health Preparedness Organization (HPO), a regional planning partnership that includes Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington Counties. The HPO was established to coordinate regional health response emergency planning. The HPO is working with community based organizations (CBOs) to develop culturally specific methods for communication to reach diverse communities during a public health emergency such as a severe influenza outbreak. Communities served by participating CBOs include African American; Korean and Chinese; Latino; Russian-speaking; Cambodian, Hmong, Lao, Mien, and Vietnamese; Native American; and African and Russian immigrants and refugees. The CBOs have conducted culturally relevant community assessments, will create written communication plans, and conduct community events that will engage the communities and their leaders and provide opportunities for distribution of emergency preparedness information and resources.

**Environmental Health**
The Environmental Health unit conducted an extensive community assessment, based on an environmental justice model designed to work with vulnerable populations. As a result of the assessment, actions have been designed to support improvement of the identified affordable housing issues (indoor air quality, lead). A Healthy Homes grant was obtained to work with low-income families with asthmatic children less than six years of age to improve health outcomes of the children. More than half of the participating families use English as a second language. An Environmental Health Educator and Environmental Health Outreach Worker were hired specifically to support education materials and outreach to multi-lingual, multi-cultural populations focusing on current and emerging health issues. Examples include educational messages and outreach regarding Avian Influenza and connecting with communities focusing on development of relationships that would support disaster relief.

**Food Handlers**
Online food handler training and testing in seven languages was implemented to provide multilingual support to food handlers. This is in addition to the CD oral tests for Food Handlers in English, Spanish, Bosnian, Cambodian, Cantonese, Mandarin, Hindi, Japanese, Korean, Russian, Tagalog, Thai, Vietnamese, Arabic, and Laotian. The Food Handlers training video is available and in use in the following languages: English, Spanish, Vietnamese, Russian, Korean, Chinese, Tagalog, Laotian, Thai, Japanese and Hindi. These models in alternative formats assure that people with literacy and language problems are not adversely impacted from their entry into the workforce.
**Grant Development**
Each year the Grant Development Team works with staff members and community partners to develop more than $20 million in grant applications to support local efforts to address health disparities affecting racial and ethnic communities in Multnomah County (e.g., African Americans, Asians, Pacific Islanders, Latinos, Russians, etc.). Examples of grant programs that focus on health disparities in racial and ethnic communities include Refugee Preventive Health, Healthy Birth Initiative, Multnomah County Healthy Homes Collaborative, Mobile Van Access, and Health Promotion for Disabled Persons. These programs contain specific elements that focus on improving access to health services to address specific health disparities among communities of color. In addition to providing direct services to address health disparities, these projects have enabled the Department to hire culturally-specific Community Health Workers to support outreach, Medicaid eligibility screening, and case management activities.

**Health Assessment and Evaluation (HAE)**
The Health Assessment and Evaluation unit monitors the health status of Multnomah County residents on an ongoing basis and provides reports on the health status of our diverse communities. Presentations on racial and ethnic health disparities in Multnomah County have been presented to a variety of community organizations and at the American Public Health Meeting in 2005. In June 2006, HAE released a report on Multnomah County Latina Maternal and Child Health, which examined a variety of health indicators including fertility rates, low birth weight rates, access to prenatal care, and teen pregnancy rates. The purpose of these efforts is to raise awareness of health disparities and to monitor progress in addressing health disparities.

**Healthy Birth Initiative**
The Healthy Birth Initiative (HBI) is a federally funded project that was developed in response to health disparities, specifically the high rates of infant mortality and low birth weight for African Americans. The intended population for services are African American families who reside in 17 census tracts in North and Northeast Portland, and who are either pregnant, planning to become pregnant soon, or who have a child younger than two years old. HBI is the only program in Oregon that focuses on perinatal health disparities in the African American community. The project offers case management, health education classes, community outreach, and referrals to services; help with child care and transportation, screening, counseling and referral for perinatal depression, mental health groups, violence screening and intervention, and opportunities for families to socialize with each other. Specific foci include:

- Helping women achieve good pregnancy outcomes
- Promoting healthy growth and development of their children
- Promoting maternal health and well-being during the interconceptional phase (i.e. from the end of one pregnancy to the beginning of another or 24 months, whichever comes first)
- Maintaining a community-based Consortium
- Encouraging fathers of young children to deepen their involvement in the lives of their children and to provide various kinds of support to the children and their mothers

**Healthy Start Program**
The Health Start Program provides universal screening to first birth families to insure early identification of those families who may need support. Welcome Baby hospital visits for first time parents and teen parents are offered at local hospitals. Services are free, voluntary, and available to anyone who wants more information and support in parenting. Home visiting services are offered in Spanish and five other
non-English languages. Services are provided by culturally competent and diverse family support workers who follow Healthy Families America Standards for home visiting.

**HIV & Hepatitis C Community Programs**

HIV & Hepatitis C Community Programs provide HIV, viral hepatitis, and sexually transmitted disease (STD) prevention services to diverse and difficult to reach populations. This includes men who have sex with men (MSM), injection drug users (IDU), sex workers, incarcerated persons, and cultural minorities. Cultural competence is key to effective services, which are provided in both English and Spanish. In Oregon, three-quarters of new HIV cases are among MSM, with African Americans disproportionately represented among those newly diagnosed. These disparities have focused our efforts on reducing HIV incidence in MSM and African Americans. Specific examples of these efforts include:

- Facilitating the development of the Sexual Health 4 Men Coalition, a group of community organizations, advocates, and consumers organized around designing, coordinating, and implementing effective prevention strategies for MSM.
- Coordinating the African American STD Health Disparities workgroup to understand community norms and identify effective, culturally-appropriate prevention interventions for African Americans.
- Facilitating house parties in the community, where African Americans gather to discuss sexual risks and share strategies for preventing HIV and STDs.
- Maintaining prevention and wellness messages for MSM on the Internet through the Man2Man.pdx website. Outreach in Internet chat rooms where MSM are actively looking for sex partners is also provided through a contract with Cascade AIDS Project.
- Providing free testing events at gay bars to encourage HIV, syphilis, and hepatitis C testing among MSM.
- Community outreach and advertising to promote free HIV and STD testing services to MSM and African American communities, with outreach to highest-risk MSM contracted to Cascade AIDS Project and Outside In.

**HIV Care Services**

HIV Care Services coordinates and contracts for services funded by the Ryan White CARE Act. All services supported by HIV Care Services are designed to address health disparities faced by people living with HIV/AIDS (PLWH/A) and provide medical care and supportive services to low-income clients without other resources. Specifically, there are two programs that address minority communities in the Portland metropolitan area, and provide outreach and advocacy services to African American and Latino clients who are presently not receiving medical care for their HIV disease, or are at risk of falling out of care. Both programs seek to reach clients and help them overcome cultural and language barriers to service, and link them to primary care and case management. Spanish language outreach and advocacy services have been designed to reach people in a variety of venues, including worksites and corrections. These services are offered by community agencies with a history of working closely within these populations. Both programs coordinate with services offered to PLWH in the Portland metropolitan area to ensure that clients are receiving culturally appropriate care services throughout the entire continuum of care. In 2005, the Spanish edition of the HIV resource guide, *Viviendo una Vida Positiva*, was updated to help Latino clients find services.
**Integrated Clinical Services**

**Corrections - Healthcare Services to Inmates**
Community based treatment readiness services for Hispanics and Russian speaking offenders are part of a program conducted in partnership with the Department of County Human Services (DCHS) Addiction Services. The Treatment Not Punishment (TNP) program works with Cascadia Mental Health Services to provide outreach to African American adults who have a need for treatment services.

**Cultural Competency Training for Providers**
In order to continually improve provider competency in practicing cross-cultural health care, cross cultural trainings will be integrated into provider meetings on regular basis, with one to three sessions/year. There will be three areas of focus: self-awareness, knowledge specific to populations cared for and skills for conducting successful cross-cultural visits. Case presentations will be conducted with a panel of respondents including county counsel, a medical ethicist and a diversity expert.

**Dental Program**
The School/Community Dental Program provides several community-based dental disease prevention programs focusing on low income children. Low income is one of the factors that increase health disparities. 3,498 low income children received dental sealants through the Dental Sealant Program in fiscal year 2006. The Baby Day Dental Program provides risk assessment, parent education, topical fluoride and systemic fluoride prescriptions to enrolled MultiCare babies starting at 6-36 months. MultiCare Dental, a Medicaid managed health plan, provides treatment to Oregon Health Plan enrollees. In addition to targeting Hispanic families, the Health Department is also conducting outreach to Vietnamese and Russian families via bilingual staff. MultiCare staff are working on a project with Exceptional Needs Dental Service (ENDS) in an outreach effort targeting the elderly, people with disabilities people, and nursing home/care facility residents to assess their dental needs, provide services through LAP Hygienists and refer those needing treatment to dentists.

**HIV Health Services Center (HHSC)**
HHSC social work case managers work directly with Cascade AIDS Project CareLink Program to identify people living with HIV who are out of care or at-risk of leaving care; facilitate access to HIV medical care, case management, and prevention case management services; and help those at risk of falling out of care remain in HIV care and case management services. There is an ongoing exchange of agency/program information as it pertains to referrals made from or to CareLink, a Cascade AIDS Project outreach intervention program that uses both peers and volunteers to contact HIV positive hard to reach populations. Targeted populations include homeless youth and adults, Latinos/Latinas, clients with mental health and/or alcohol and drug issues, and sex workers. A CareLink staff person attends a HHSC case management team meeting on a monthly basis to better coordinate communication and services. HHSC social workers also coordinate referrals to and from Brother2Brother, which is an organization that focuses on working with the HIV positive African American population.

**Primary Care**
- Testing for HIV and Hepatitis C available through a community outreach test site located at NEHC is provided in Spanish
• The Eastside Teen Clinic addresses the health needs of adolescents from the Gresham, Barlow, Centennial, David Douglas, Corbett and Reynolds School districts and focuses on services to Latino teens. No teens are turned away for inability to pay and healthcare is private and confidential.
• At La Clínica de Buena Salud, 98% of the clientele in the Homeless Children’s program are Hispanic. The clinic is in partnership with Familia de Bienestar, a mental health organization that provides mental health services to the Latino community.
• Northeast Health Clinic (NEHC) provides a variety of services for African Americans and Latinos including:
  ➢ Testing for HIV and Hepatitis C available through a community outreach test site located at NEHC is provided in Spanish
  ➢ Spanish-speaking Community Health Nurses have been trained in how to apply fluoride tooth varnish
  ➢ The Treatment Readiness Integration Program (TRIP), a cooperative effort between the Health Department and Cascadia Mental Health, assists clients who may have mental or behavioral health issues; staff is especially focused on African Americans and Latinos. Russian speaking workers are also available if needed.
  ➢ A tobacco cessation program is available in all languages.
• Nurses at all Primary Care clinics have been trained in dental varnishing, increasing access for the uninsured.
• At East County clinic, two Russian speaking Certified Medical Assistants have been added to meet the needs of this growing population. Clinic hours were increased to accommodate clients.
• The Mobile Van Access Medical Clinic, funded by Health Resources & Services Administration (HRSA), will target homeless and medically underserved families and individuals throughout Multnomah County. Services provided will include medical, nursing, mental health, nutrition, social work services and dental referrals. Eight sites will “host” the clinic and provide recruitment of at risk families and individuals.
• Westside Health Clinic addresses disparities in healthcare access by providing outreach to the homeless population and street youth through clinical and social services provided at a number of settings. These include New Avenues for Youth, St. Francis Dining Hall, Harbortite, Transition Projects, JOIN and other sites. Respite care is provided at the Taft Home for homeless persons who have been released from area hospitals or are acutely ill, but are lacking housing during recuperation. Westside Health Clinic also contracts with Central City Concern to provide access to healthcare for the homeless through Old Town Clinic, Portland Alternative Healthcare and Hooper Detox Center.
• Childhood obesity disproportionately affects Latino and African American children. MCHD is participating in a collaborative research project with Kaiser Permanente and the Virginia Garcia Memorial Health Center that focuses on the prevention of childhood obesity. A new guideline regarding the measurement of body mass index (BMI) was incorporated into MCHD Pediatric Practice Guidelines to assist in screening.
• The number of children who are up to date on Well Child Visits will be increased to address disparities among racial and ethnic groups.
• Efforts are underway to improve the diagnosis and management of pediatric diabetes, hypertension and hyperlipidemia (elevated levels of cholesterol in the blood), as these also disproportionately affect Latino and African American children.
• MCHD is increasing the availability of culturally-specific chronic disease self-management classes. A follow-up on a 2006 study of hypertension control showed higher rates of uncontrolled hypertension in Russian speaking patients. Many chronic diseases, like diabetes and hypertension,
are more prevalent among Latino, Russian and African American adults. A diabetes registry is being added to Epic, the health information data system, to track patients and ensure that preventive care and screening activities are complete, all of which contribute to improved outcomes.

**School-Based Health Center (SBHC) Program**
- The School-Based Health Center (SBHC) Program provides brochures and health history forms in Spanish, Russian, and Vietnamese as well as English.
- Four outreach workers – two of whom are bilingual in Spanish - connect with high-risk youth in the community. The outreach workers provide health education, high-risk behavior intervention, and assistance in accessing healthcare. Activities include groups for Latino and African American teens that focus on health education, pregnancy prevention, and school retention. Health education includes culturally-specific information about diabetes and obesity. The outreach unit also facilitates access to healthcare at an SBHC clinic when a client attends a school without an SBHC clinic.
- The SBHC Program is part of the newly-formed African-American Teen Health Coalition.
- [ehealth4teens.org](http://ehealth4teens.org), the SBHC Program teen health website, has been translated into Spanish.

**Women, Infants and Children’s Supplemental Nutrition Program (WIC)**
In FY 2006, approximately 62% of the certified clients were from populations of color: Twelve percent were African American, eight percent were Asian or Pacific Islander, and one percent were American Indian/Alaskan Native. Thirty-nine percent were Hispanic. Thirty-one languages are spoken by WIC clients, in addition to English. Thirteen percent of the “White” clients speak Russian as their native language. The WIC staff speak Spanish, Russian, Vietnamese, Cantonese, and Mandarin languages.

**Language Services**
In the first three quarters of Fiscal Year 2006, 35% of visits to Multnomah County Health Department were for clients needing interpretation. Multnomah County Health Department provides language-appropriate service delivery as part of its mission to ensure access to care and to deliver culturally competent service. Language interpretation is provided for all non-English speaking clients receiving clinical services (including WIC) or home nursing field visits. Language Services currently provides interpretation for 50 languages, including American Sign Language. As of July 2006, approximately 23% of Health Department positions were bilingual jobs classifications. The Health Department offers multilingual nursing triage and centralized appointment scheduling, and written translation of educational materials, letters, consent forms, and brochures/pamphlets for clients.

**Lead Poisoning Prevention**
Information on lead poisoning prevention is provided in multiple languages. The LeadLine also provides callers with information and referrals for local lead programs and services. Spanish, Russian, and Vietnamese interpreters are available on the LeadLine as needed. A grant was obtained to perform outreach to newly relocated Somali families to identify if elevated blood lead levels are an issue in Multnomah County, as elevated blood lead levels have been found in Somali children in communities in other states.

**Medicaid Enrollment Unit**
The Medicaid Enrollment Unit employs multi-lingual Eligibility Specialists located at health department community based primary care clinics, to screen uninsured/underinsured individuals for the Oregon
Health Plan (OHP), provide application assistance, advocacy, and access to care including behavioral, physical and oral health, hard-to-cover pre-existing conditions, costly medications, and additional resources. The Medicaid Unit provides diversity in staff experience as administrators, trainers, coaches, and educators. Staff address health disparities through train-the-trainer sessions with community partners, and application assistance to underrepresented communities for multiple Medicaid programs. These programs include the Oregon Health Plan (OHP), State Children’s Health Insurance Program (S-CHIP), and Family Health Insurance Assistance Program (FHIAP). In collaboration with Multnomah Education Service District (MESD) Health Services, the Medicaid Enrollment Unit partnered with over 100 schools in the tri-county area to reach vulnerable and at risk families, and enroll over 1400 children in health insurance programs. The Eligibility Specialists provide detailed follow-up with State agencies on application denials, benefit terminations, and dis-enrollment due to cognitive disability, multiple chronic medical conditions, unpaid premiums, and the loss of stable housing, to assure eligible clients receive appropriate benefits.

Nurse-Family Partnership Program (NFP)
The Nurse-Family Partnership helps first-time parents succeed. Specialized community health nurses visit families regularly during a two and one half year period, beginning in pregnancy and continuing until the child is two years old. In 2005, 40% of the clients graduating from NFP were Hispanic.

Nursing Administration
A grant from the Northwest Health Foundation (NWHF) awarded to the Health Department provides two major focuses for nursing career development. The first track supports staff of color to attend school in nursing pathways. The second track assures that students from local schools have opportunities to experience public health in their undergraduate training programs. The program seeks to place students who are bi-lingual and bi-cultural with populations which give them the broadest exposure to cultural differences.

Reach Out and Read Program
The Reach Out and Read Program aims at eliminating socio-economic and racial and ethnic disparities related to brain development. All of the primary care clinics participate in the program. Numerous books are available and given out in English and Spanish. Books are also available and given out in Russian, Vietnamese and Chinese.

Reproductive Health Care for Sexual Minorities
Studies suggest that adolescent women who identify as lesbian, bisexual, or unsure of their sexual orientation may be at increased risk of pregnancy and poor contraceptive practice, and sexually transmitted disease. Reproductive health care and family planning providers are trained to avoid assumptions that their patients are heterosexual or that those identifying as bisexual or lesbian do not require family planning. Adolescent health providers are also sensitive to the multiple psychosocial and health risks facing gay, lesbian, and bisexual youth, including early sexual debut, frequent heterosexual intercourse, and ineffective contraceptive use.

Sexually Transmitted Disease (STD) Prevention and Treatment Program (STD Program)
The STD Program is responsible for surveillance, case investigation and partner notification services for cases of reportable STDs. Annually, evaluation occurs of reported cases, comparing STD rates from year-to-year, and by age, racial/ethnic group, gender, and sexual orientation. Groups most adversely affected
by STDs are: people 24 and under (gonorrhea and chlamydia), African Americans (gonorrhea and chlamydia), men who have sex with men (gonorrhea, syphilis and HIV), and Hispanics (chlamydia). Efforts to reduce or eliminate disparities in STD rates include prioritization of case investigation and partner services to groups at highest risk. Prioritized STD cases and groups include: all cases of syphilis and HIV; cases of gonorrhea in African-Americans, people 24 and under and men who have sex with men; and cases of chlamydia in African-Americans, Hispanics, people 19 and under, and pregnant women. The STD Program uses a Participatory Action, collaborative, community based approach to involve the community in addressing STD disparities in African-Americans and men who have sex with men. Two community based coalitions are in place: African American Disparities Elimination Project and the Sexual Health for Men Coalition.

Multnomah County Health Department’s project to eliminate sexual health disparities utilizes proven health promotion strategies. Some of the approaches include:

- **Clinic Surveys:** This survey was given to 100 African Americans who access services at the Multnomah County Health Department Sexually Transmitted Disease Clinic and 100 people in community sites. The survey identified possible health promotion messages and appropriate messengers that would help to address the disparities in STD experienced by African Americans in Multnomah County. The information we collect from this survey informs communication strategies to help youth and young adults protect themselves from sexually transmitted disease.

- **Community Presentations, House Parties, Events:** Staff who work in the Sexually Transmitted Disease Clinic are skilled in doing presentations that are culturally relevant in the African American community. They dedicate part of their work time to participating in community events. Presentations include an overview of different sexually transmitted diseases and their consequences, as well as prevention and treatment information. The staff also spark conversations in community settings by participating in or creating youth-focused community events.

**Students Today Aren’t Ready for Sex (STARS)**
The STARS (Students Today Aren’t Ready for Sex) program provides sexual health education to middle and high school youth. The program recruits highly skilled staff with diverse backgrounds to develop ongoing successful strategies to attract teen leaders of color and males. The program continues to increase the percent of students of color that participate as teen leaders. Based on the increase of the Latino population in east Multnomah County, and the high teen pregnancy rate among the Latino community, the STARS program will increase their efforts in recruiting and retaining teen leaders from the Latino population, and has begun offering the 6th grade intervention in Spanish.

**Tobacco Prevention**
The Tobacco Prevention Program works closely with the community-based Tri-County Tobacco Prevention Coalition to foster relationships in communities disproportionately affected by tobacco. Specific initiatives within the last year include:

- Staff participate in the Latino, American Indian, African American, Asian/Pacific Islander, and Lesbian/Gay/Bisexual/Transgender/Intersex Tobacco Prevention Networks, and provide assistance as requested.
- People who live in low-income housing are commonly exposed to secondhand smoke drifting from other apartments. We have formed an Advisory Board, which includes the Fair Housing Council of Oregon and the Housing Authority of Portland, to guide us through the process of conducting tenant surveys and landlord focus groups, and developing training materials and outreach strategies to promote smokefree building policies.
• Young adults, 18-24, have disproportionately high rates of tobacco use, and bars are a major source of exposure to pro-smoking social norms. We have promoted smokefree bars through several media events, including a Local Air Monitoring Project and the launch of a new smokefree bar web registry.
• The majority of tobacco users initiate tobacco use when they are younger than 18. We have worked with all the school districts in Multnomah County to promote the adoption of comprehensive tobacco-free school policies and programs.

**TB (Tuberculosis) Clinic**
An annual evaluation is conducted of active TB cases of the previous year to determine if the problems of TB disease are impacting different ethnic groups or populations. The TB clinic works with the Salvation Army in the Burnside area to screen the homeless and provide TB education, and with refugee voluntary agencies (VOLAGS) to reach refugee groups. The clinic also conducts outreach with Hispanic groups through community programs. TB educational materials are translated into the majority of refugee and immigrant languages, and made available for clients. The TB program continues to seek out specific cultural experts from the communities affected to provide insight on cultural sensitivity and service provision.

**Vector Control**
Educational materials in multiple languages were developed for West Nile Virus (WNV) prevention efforts to assure that persons with literacy and language problems are not adversely impacted. A West Nile Virus information line in multiple languages has been created to support questions on this topic, and to refer callers with other issues.

**Violence Prevention**
Cultural competence is incorporated into partner violence screening and assessment training, intervention, and evaluation. The Intimate Partner Violence Grant from the Health Resources and Services Administration (HRSA) created “Improving Response to Partner Violence” a guide for health care providers that is available on the Health Dept website [www.mchealth.org/violprev](http://www.mchealth.org/violprev).