

Program #40037 - Environmental Health Education, Outreach and Housing 5/7/2015

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40007, 40008A, 40015
Program Characteristics:

Executive Summary

This program supports community health and housing interventions and development of environmental health policy recommendations that reduce health disparities worsened by exposure to environmental, social, and economic factors, including tobacco exposure. This program reaches families living in substandard housing to reduce asthma triggers, exposure to household mold, toxins, and more, while focusing on health and equity impacts of major environmental health issues like climate change, using education, assessment, consultation, health equity analysis, and other strategies.

Program Summary

The Environmental Health Education, Outreach and Housing program addresses health inequities in chronic diseases like asthma and cancer by improving the health and livability of the home and addressing environmental-related health concerns. This program has five priority areas (described below): Housing Education; Tobacco Prevention; Environmental Health Education; Consultation, Advocacy, Assessment, and Engagement; and Healthy Homes.

Housing Education Priorities: 1) Conduct community-based trainings related to mold, indoor air quality, bed bugs, hazards, toxins and safety; and 2) Integrate environmental health risk reduction with other Multnomah County Health Department (MCHD) initiatives. Tobacco Prevention Priorities: Enforce the Indoor Clean Air Act and provide technical assistance and outreach in public settings. Environmental Health Education Priorities: Conduct environmental health education and outreach related to global climate change, air quality, toxin exposure, brownfields, built environment, housing, diseases transmitted from animals to humans, food-borne illness and food safety, and emerging environmental health issues. Consultation, Advocacy, Assessment, and Engagement Priorities: Bring a public health and environmental justice lens to projects and initiatives by providing data collection and analysis, research and technical consultation, risk communication, community engagement, stakeholder workgroup participation, and policy advocacy. Focus areas include climate change and implementation of the Climate Action Plan, air quality, toxin exposure, chemicals of concern, land use and transportation, and brownfield redevelopment. Healthy Homes (HH) Priorities: 1) Provide home-based environmental & medical assessment/interventions for high-risk asthmatic children; 2) Consult with children’s medical providers; 3) Partner with landlords and tenants; 4) Provide environmental assessments/interventions for children and families whose health is impacted by their home; 5) Address substandard housing complaints in unincorporated areas of the county; and 6) Provide housing inspections for seniors and the disabled to identify and reduce health and safety risks. The HH asthma intervention has shown improvements in asthma control, reduced emergency department visits, and improved quality of life.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of families receiving an environmental home inspection from any of the HH programs	94	180	60	162
Outcome	Emergency Dept & hospitalization costs averted	456,234	623,354	207,785	1,467,700
Outcome	Dollars leveraged	869,355	11,19,045	1,049,045	1,032,959

Performance Measures Descriptions

1) Total number of homes receiving environmental assessments through the Healthy Homes and Asthma Inspection and Referral (AIR) programs. FY15 purchase increase was due to anticipated increased staff, but staff vacancy and turnover and training has resulted in a Current Year Estimate decrease. 2) Savings estimated from client data obtained and based on number of ER visits and hospitalizations averted. Does not include data such as lost work or school days. 3) Dollars leveraged includes total sum of housing program grants and revenue acquired through Targeted Case Management billing.

Legal / Contractual Obligation

Tobacco Prevention programs funded by Oregon Public Health Division must comply with work plans and assurances. Smoke free work places and public places laws must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$207,218	\$769,529	\$301,577	\$779,104
Contractual Services	\$117,069	\$244,980	\$81,628	\$242,060
Materials & Supplies	\$22,186	\$10,588	\$28,444	\$4,727
Internal Services	\$118,382	\$144,677	\$90,170	\$132,257
Total GF/non-GF	\$464,855	\$1,169,774	\$501,819	\$1,158,148
Program Total:	\$1,634,629		\$1,659,967	
Program FTE	2.05	7.30	2.90	7.35

Program Revenues				
Indirect for Dept. Admin	\$79,674	\$0	\$69,629	\$0
Intergovernmental	\$0	\$358,964	\$0	\$346,204
Service Charges	\$0	\$810,810	\$0	\$811,944
Total Revenue	\$79,674	\$1,169,774	\$69,629	\$1,158,148

Explanation of Revenues

In July 2010, DMAP approved a Targeted Case Management (TCM)* billing code. In order to collect this revenue we provide 37% in matching general fund. *Beginning July 1, 2015 TCM will roll over into the Coordinated Care Organization (CCO) global budget.

Tobacco Prevention grant: \$346,204

Significant Program Changes

Last Year this program was: FY 2015: 40037 Environmental Health Education, Outreach and Housing