

**Department:** Health Department      **Program Contact:** Noelle Wiggins  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:** 40045  
**Program Characteristics:**

### Executive Summary

This program builds capacity in communities to improve health and eliminate disparities. Activities include providing empowering training for Community Health Workers and others, conducting community-based participatory research and empowerment evaluation, and managing projects that build community capacity to address priority issues. In addition, we build system capacity to use these culturally-appropriate approaches.

### Program Summary

For more than 15 years, the Community Capacitation Center has pioneered culturally appropriate approaches to build capacity in communities to improve health and eliminate disparities. We use these approaches within three primary activities: 1) education and training; 2) research and evaluation; and 3) project management.

**Education and Training:** The CCC uses popular education to build capacity in Community Health Workers (CHWs), CHW supervisors, and others. CHWs have been identified as key to Oregon's health care transformation. The CCC is by far the oldest provider of training for CHWs in Oregon. Our curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, revenue contracts from many organizations have allowed the CCC to train 191 of the 300 CHWs called for in Oregon's Medicaid waiver. We adapt our curriculum for cultural specificity in communities most affected by inequities. We help build system capacity to use the CHW model effectively.

**Research and Evaluation:** Six organizations currently contract with the CCC for community-based participatory research and empowerment evaluation about CHWs and related models. These forms of research and evaluation build capacity by involving those most affected at every step of the process. We frequently partner with other organizations such as PSU and Providence Center for Outcomes Research and Evaluation (CORE). We build system capacity to identify and fill gaps in CHW research.

**Project Management:** 1) With funds from the CDC, we lead STRYVE (Striving to Reduce Youth Violence Everywhere), which builds system and community capacity to take a public health approach to preventing youth violence. CHWs and sub-contracts to community agencies are essential to our model. 2) With funds from ELM and Social Venture Partners, the CCC leads the Community Education Worker (CEW) Program. CEWs are trained Community Health Workers who participate in additional training so that they can support parents from communities affected by educational inequities to prepare their children to succeed in kindergarten and beyond. CEWs build community capacity to advocate for needed changes at the school, district and state levels.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of participants in training classes	2199	2,000	2,326	2,200
Outcome	% of participants in training courses who report increased ability to promote health	97%	95%	95%	95%
Outcome	% of participants who report increased understanding of the relationship between inequality and health	95%	93%	93%	93%
Outcome	% of participants in CHW training courses whose empowerment increased from baseline to follow-up	N/A	N/A	63%	65%

### Performance Measures Descriptions

1) Number of participants in training classes represents the sum of all participants in each training class offered. The same participant may be counted more than once. 2 & 3) Percentage of participants in training courses who report increased ability to promote health and increased understanding of the relationship between inequality and health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score.

## Legal / Contractual Obligation

CDC standards for local public health agencies will soon make health promotion a mandatory service. New regulations require that Community Health Workers participate in an approved 80-hour training curriculum in order to be included in a state registry. CHWs' inclusion in the state registry qualifies their employers for Medicaid reimbursement for CHW services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$564,753	\$242,853	\$691,783	\$335,691
Contractual Services	\$0	\$0	\$9,000	\$11,250
Materials & Supplies	\$17,213	\$26,401	\$48,076	\$45,462
Internal Services	\$90,783	\$60,746	\$96,227	\$78,997
<b>Total GF/non-GF</b>	<b>\$672,749</b>	<b>\$330,000</b>	<b>\$845,086</b>	<b>\$471,400</b>
<b>Program Total:</b>	<b>\$1,002,749</b>		<b>\$1,316,486</b>	
<b>Program FTE</b>	5.62	1.94	6.05	3.75

Program Revenues				
Indirect for Dept. Admin	\$22,477	\$0	\$28,341	\$0
Intergovernmental	\$0	\$320,000	\$0	\$375,000
Other / Miscellaneous	\$0	\$10,000	\$0	\$96,400
Service Charges	\$10,000	\$0	\$142,000	\$0
<b>Total Revenue</b>	<b>\$32,477</b>	<b>\$330,000</b>	<b>\$170,341</b>	<b>\$471,400</b>

## Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers, conducting research and evaluation, and managing projects.

Federal STRYVE grant: \$225,000

Local contracts: \$96,400

OHA Health Promotion Chronic Disease Prevention Program: \$150,000

## Significant Program Changes

**Last Year this program was:** FY 2015: 40038 Health Promotion and Community Capacity Building

More than \$250k in revenue for CHW training, research and evaluation projects is on the horizon but was not fully committed by the time the budget was submitted.