

Department: Health Department **Program Contact:** Dr. Frank Franklin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Community Epidemiology Services (CES) provides the fundamental capacity that enables the Public Health Division to make data-driven decisions, program improvements, and policy recommendations. CES helps public health leaders, policy makers, clinicians, and community members assess the magnitude of disease, disorder, and injury burden among community populations. CES identifies the drivers of health and disease determinants and captures whether health interventions are working well.

Program Summary

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, population health, and environmental data to prevent disease and promote and protect health among all Multnomah County populations. The CES unit leads Public Health Division (PHD) programs in coordinated public health data and epidemiologic analysis. Epidemiology is the study of the causes, distribution, and control of disease in populations. CES analyzes population and health system data to assist programs in optimizing quality and accountability to the communities they serve. CES provides data and reports to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES works closely with the Communicable Disease Services program to provide outbreak response through data analysis support, statistical modeling, and standardized investigative guidelines.

CES identifies appropriate analytical approaches, helps assure the use of high quality data for analysis, and provides technical, scientific oversight and leadership for all research and assessment work in the PHD. This program provides support in quantitative methods and guidance in the areas of traditional epidemiological analysis, social epidemiology, and equity-focused and trauma-informed methods in research and evaluation, data management, and designing metrics related to health care transformation and Public Health Modernization. CES disseminates analytic findings, including public health data reports, policy briefs, web-based reports, and presentations to County leadership, programs, and community partners. In addition, CES provides public health practice recommendations to PHD leadership based on needs identified from local data and evidence-based and promising practices identified through literature review.

Program Design & Evaluation Services (PDES), a unit shared between CES and the Oregon Health Authority conducts applied public health research projects and provides program design and evaluation support to County and State programs to improve community health, shape public policy, and reduce health inequities. Examples of data monitoring and reporting in CES/PDES include the development, maintenance, and dissemination of the Multnomah County Maternal Child and Family Health Data Book, Report Card on Racial and Ethnic Disparities, and the Vital Signs publication, which provides data on emerging policy issues (e.g., retail marijuana legalization).

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of data-related community collaborations that involve all partners and combine data with action.	12	12	12	15
Outcome	Number of reports monitoring health status through surveillance, assessment, & community engagement.	21	25	23	23

Performance Measures Descriptions

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local Public Health Authority duties:

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

Program Design and Evaluation Services (PDES) is primarily grant funded, and program continuation is required by grant.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$713,269	\$1,059,283	\$843,623	\$1,314,679
Contractual Services	\$0	\$605,486	\$8,000	\$421,752
Materials & Supplies	\$60,240	\$99,332	\$53,068	\$45,912
Internal Services	\$45,792	\$122,924	\$67,885	\$159,864
Total GF/non-GF	\$819,301	\$1,887,025	\$972,576	\$1,942,207
Program Total:	\$2,706,326		\$2,914,783	
Program FTE	5.23	8.21	6.15	9.34

Program Revenues				
Indirect for Dept. Admin	\$95,844	\$0	\$124,499	\$0
Intergovernmental	\$0	\$1,887,025	\$0	\$1,942,207
Total Revenue	\$95,844	\$1,887,025	\$124,499	\$1,942,207

Explanation of Revenues

State Local Public Health Authority IGA: \$656,446
Natl Institutes of Health: \$499,847
State Of Alaska: \$478,335
State Office of Multicultural Health: \$176,680
Oregon Marijuana Legalization Impact: \$20,406
Seattle King County: \$12,274
Oregon Dept. of Corrections: \$79,418
City of Portland: \$18,801

Significant Program Changes

Last Year this program was: FY 2017: 40048 Community Epidemiology