Multnomah County

Program #40048 - Community Epidemiology

FY 2026 Adopted

Department: Health Department **Program Contact:** Dr. Julie Maher

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

ISSUE: Data on the health of our county and the impact of public health interventions are needed to inform public health decision making. Program Design and Evaluation Services (PDES) -- a unit shared between the Public Health Division (PHD) and the Oregon Health Authority -- addresses this need by serving the foundational public health role of assessment, epidemiology, evaluation, and research.

PROGRAM GOAL: PDES's goal is to collaborate with partners to ensure that public health programs and policies are responsive to community needs and priorities, improve community health outcomes, and reduce preventable differences in health outcomes within the broad population.

PROGRAM ACTIVITY: PDES includes PHD's Community Epidemiology Services (CES) team. CES fulfills a unique and required governmental public health role by compiling and analyzing population health data to promote and protect the health of county residents. CES provides assessment and epidemiological services across PHD, including in chronic disease, injury, family and child health, and social determinants of health (SDOH). CES works particularly closely with the Communicable Disease Services program to provide outbreak response through data analysis. Key CES functions include: 1) monitoring and reporting of population-based health-related measures in the county; 2) collaborating with program and community partners in using data to assess preventable differences in health outcomes for groups of people by race/ethnicity and other demographics and make meaning of these data; and 3) disseminating analytic findings to leadership, programs, and community partners for program development, strategic planning, resource allocation, and decision-making. In addition to this work of the CES team, the broader PDES unit secures about $6 million annually in grants and contracts to provide program and policy evaluation services to the County PHD, Oregon Health Authority (OHA), and other agencies, and to conduct public health research projects on key emerging issues. PDES evaluates whether PHD programs and policies are effective, collaborating with partners to identify areas for improvement and highlight successes (e.g., Healthy Birth Initiative, REACH, and PREVAYL).

This program offer: (1) Generates collaboration with community partners in data collection, analyses, meaning making of results, and dissemination of results; (2) Produces health data reports (including publications, web pages, and other public-facing data provision) for public health leaders, policymakers, and community partners; (3) Provides routine surveillance, survey analysis, and reporting on many diseases, conditions, risk behaviors, and SDOH in the county; (4) Performs program and policy evaluations for government agencies and other organizations; and (5) Generates products with evaluation and research findings in various formats (presentations, briefs, reports, manuscripts) for diverse audiences, including leaders, programs, and community partners.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of community engagement sessions and collaborations*	N/A	10	15	12
Output	Number of health data reports**	N/A	9	9	6
Output	Number of diseases, conditions, or risk behaviors for which routine surveillance or analysis was conducted	N/A	40	56	56
Output	Number of dissemination products created for PDES evaluation contracts and research grants***	34	30	51	35

Performance Measures Descriptions

Three performance measures were added for FY25 to better reflect the work of CES; therefore, FY24 actual data are N/A
*Includes presentations, listening sessions, briefings, media interviews, and community-led work
**Includes publications, web pages, and other public-facing data provision
***Includes presentations, briefs, reports, and manuscripts

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.413 - Powers and Duties of Local Public Health Departments: (a) Administer and enforce ORS 431.001-431.550 and 431.990. Of these required ORS-defined duties, this program administers key elements of ORS 431.132: Assessment and Epidemiology.

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,213,760	$2,524,240	$1,367,292	$1,262,115
Contractual Services	$0	$837,880	$40,000	$524,358
Materials & Supplies	$36,490	$115,674	$71,064	$36,534
Internal Services	$123,365	$540,559	$142,634	$261,777
Total GF/non-GF	**$1,373,615**	**$4,018,353**	**$1,620,990**	**$2,084,784**
Program Total:	**$5,391,968**		**$3,705,774**	
Program FTE	5.65	13.31	6.13	6.26

Program Revenues				
Intergovernmental	$0	$4,288,278	$0	$1,655,784
Beginning Working Capital	$0	$0	$0	$429,000
Total Revenue	**$0**	**$4,288,278**	**$0**	**$2,084,784**

Explanation of Revenues

This program generates $196,223 in indirect revenues.
$715,005 State PE19, $95,000 BWC
$150,000 Alaska Tobacco Prevention BWC, $250,000 Tobacco Prevention Grant
$68,612 Rand NIJ Award, $330,663 Public Health Modernization - Community Epidemiology
$60,000 NIH Marijuana Legalization, $30,000 Chronic Disease - Cancer Program
$34,000 Alaska Chronic Disease BWC, $72,500 Alaska Obesity Intergovernmental
$150,000 Personnel BWC, $50,000 Alaska Program Evaluation
$79,004 Federal Strategic Prevention Framework Project Grant

Significant Program Changes

Last Year this program was: FY 2025: 40048 Community Epidemiology

In FY 2026 the Community Epidemiology program will experience significant reductions in federal funding totaling nearly $2M. Both the CDC Health Disparities grant from the COVID 19 American Rescue Plan Act (ARPA) and an NIH Grant will end in June 2025.