



Program #40053 - Racial and Ethnic Approaches to Community Health 3/4/2020

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs: 40006, 40060, 40037
Program Characteristics: In Target

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end racial/ethnic health disparities within the Black/African American communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture first approach, relying on community wisdom to implement culturally tailored interventions that addresses root causes of health inequities to address preventable risk behaviors through communications, policy, systems, and environmental change strategies in partnership with community.

Program Summary

Racial and Ethnic Approaches to Community Health (REACH) uses culturally-specific and cross-cultural approaches that combines the voice of community-identified priorities and Centers for Disease Control and Prevention (CDC)-funded communication, policy, system, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. The Public Health Division received a new round of REACH funding in FY19 that builds upon the partnerships and strategies developed during the previous cycle of REACH funding (2014-2018). REACH will continue to be a central component to the Health Department’s commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. This work entails developing and maintaining authentic partnerships with culturally-specific community based organizations, clients, faith-based organizations, civic organizations, and local governments to enact approaches and policies to decrease health inequities.

REACH’s culturally-tailored programming addresses preventable risk behaviors (i.e., tobacco use, poor nutrition, and physical inactivity) to improve health, prevent chronic disease, and reduce health disparities among racial and ethnic populations with the highest risk/burden of chronic disease (i.e. hypertension, heart disease, Type 2 diabetes, and obesity). In FY21, there are three main REACH program areas focused on local Black/African American communities: nutrition, physical activity, and community-clinical linkages. Nutrition programming will increase the number of places within the County offering healthy food; increase access to healthier foods; and increase continuity of care/community support for implementing breastfeeding. Physical activity programming will increase the number of places that improve community design by connecting safe and accessible places for physical activity; and increase the number people with safe and accessible places for physical activity. Community-clinical linkage programming will increase the use of appropriate and locally available health and community programs, including increasing access and referrals to these resources; expanding the use of health professionals, such as community health workers; and improve quality of service delivery and experience of care. Together, these program areas work to improve the overall health of neighborhoods throughout Multnomah County.

Performance Measures

| Measure Type | Primary Measure | FY19 Actual | FY20 Budgeted | FY20 Estimate | FY21 Offer |
|--------------|--|-------------|---------------|---------------|------------|
| Output | # of policy, systems and environment strategies implemented | 7 | 15 | 20 | 25 |
| Outcome | # of settings implementing policy, systems and environment strategies | 7 | 10 | 15 | 20 |
| Outcome | # of Black/African Americans reached through policy, systems and environment changes | 2,000 | 1,000 | 3,500 | 4,000 |

Performance Measures Descriptions

FY19 Actual low due to ending of previous federal CDC funding cycle. FY20 and FY21 reflect new federal funding CDC funding cycle.

Revenue/Expense Detail

| | Adopted General Fund | Adopted Other Funds | Requested General Fund | Requested Other Funds |
|------------------------|-------------------------|------------------------|---------------------------|--------------------------|
| Program Expenses | 2020 | 2020 | 2021 | 2021 |
| Personnel | \$406,908 | \$316,088 | \$345,834 | \$381,566 |
| Contractual Services | \$5,000 | \$381,227 | \$0 | \$317,345 |
| Materials & Supplies | \$4,596 | \$43,907 | \$891 | \$48,445 |
| Internal Services | \$47,599 | \$50,778 | \$83,746 | \$44,644 |
| Total GF/non-GF | \$464,103 | \$792,000 | \$430,471 | \$792,000 |
| Program Total: | \$1,256,103 | | \$1,222,471 | |
| Program FTE | 3.10 | 2.40 | 2.50 | 3.00 |

| Program Revenues | | | | |
|----------------------|------------|------------------|------------|------------------|
| Intergovernmental | \$0 | \$792,000 | \$0 | \$792,000 |
| Total Revenue | \$0 | \$792,000 | \$0 | \$792,000 |

Explanation of Revenues

This program generates \$44,644 in indirect revenues.
 \$ 792,000 - Federal CDC REACH Grant

Significant Program Changes

Last Year this program was: FY 2020: 40053-20 Racial and Ethnic Approaches to Community Health