



**Program #40053 - Racial and Ethnic Approaches to Community Health** FY 2025 Department Requested

**Department:** Health Department **Program Contact:** Charlene McGee  
**Program Offer Type:** Operating **Program Offer Stage:** Department Requested  
**Related Programs:** 40006, 40060, 40037  
**Program Characteristics:** In Target

**Executive Summary**

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

**Program Description**

Racial and Ethnic Approaches to Community Health (REACH) uses culturally specific and cross-cultural approaches that combine the community-identified priorities and CDC-funded communication, policy, systems, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. REACH continues to be a foundational component to the Public Health Division’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. REACH has four current strategic areas of focus: nutrition, physical activity, breastfeeding and vaccinations. Nutrition programming increases the number of community settings offering healthy food, retail access to healthy food through innovative procurement practices, and community support for breastfeeding. Physical activity programming increases the number of safe, desirable locations for physical activity, including active transportation, and increases the number of people with access to them and the implementation of the Active People Healthy Multnomah County Campaign. The vaccination strategy area serves as community clinical linkage and seeks to identify barriers to vaccine uptake, equipping community members to support vaccination strategies, and implementing vaccine clinics. Community-clinical linkage programming increases the use of health and community programs, including referrals to these resources; expands the use of health professionals, such as community health workers; and improves quality of service delivery and experience of care. Together, these program areas work to redress social determinants of health challenges and barriers and improve the overall health of neighborhoods throughout Multnomah County.

REACH uses social determinants, health behavior, communication collaterals, disease prevalence, mortality, and a variety of other data to monitor the well-documented chronic disease health disparities experienced by Black/African American/African communities and plans responsive strategies. REACH is steered by its multi-sectoral community advisory committee, the ACHIEVE Coalition. REACH and its partners regularly hold focus groups, community webinars and podcasts, cultural celebrations and events to gather community concerns.

**Performance Measures**

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of policy, systems, and environment strategies implemented	25	26	25	25
Outcome	# of people impacted by new policies established to promote health, safety and address social determinants	10,214	15,000	20,000	10,000
Output	# of communication campaigns, social media post, media spots and health promotion webinars (i.e. radio, T	20	20	25	25
Output	# of community partnerships through outreach/capacity building and awareness raising (i.e. chronic disease, publ	N/A	35	55	35

**Performance Measures Descriptions**

Performance Measures 1 and 3 are for settings that are occupied by Black/African American/African Immigrant communities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
<b>Program Expenses</b>	<b>2024</b>	<b>2024</b>	<b>2025</b>	<b>2025</b>
Personnel	\$394,167	\$908,515	\$834,551	\$269,244
Contractual Services	\$154,286	\$1,076,735	\$263,192	\$1,035,170
Materials & Supplies	\$28,524	\$57,525	\$35,454	\$41,651
Internal Services	\$137,453	\$126,920	\$185,792	\$45,528
<b>Total GF/non-GF</b>	<b>\$714,430</b>	<b>\$2,169,695</b>	<b>\$1,318,989</b>	<b>\$1,391,593</b>
<b>Program Total:</b>	<b>\$2,884,125</b>		<b>\$2,710,582</b>	
<b>Program FTE</b>	2.60	6.52	5.12	1.90

Program Revenues				
Intergovernmental	\$0	\$2,169,695	\$0	\$1,391,593
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,169,695</b>	<b>\$0</b>	<b>\$1,391,593</b>

Explanation of Revenues

This program generates \$45,528 in indirect revenues.  
 Direct Federal: \$1,021,898 - REACH GY08  
 Direct State: \$69,695 - Community Chronic Disease Prevention  
 Direct Federal: \$300,000 - CDC Health Disparities Grant

Significant Program Changes

Last Year this program was: FY 2024: 40053 Racial and Ethnic Approaches to Community Health

In FY24, the CDC awarded the Multnomah County REACH Program \$1,021,898, which is \$468,718 less than requested. This reduction impacts the Chronic Disease Prevention and Health Promotion Unit (CDPHP) and the REACH Program, as we continue to evolve to operate through a shared risk and protective factor framework. Our budget strategy is a braided approach. This reduction has an impact on overall program FTE. Due to this decreased funding, we are working to continue to preserve the program and ensure program and organizational capacity to deliverable on the identified workplan.