

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

Program Description

ISSUE: Addressing persistent differences in health outcomes experienced by subpopulations improves the overall health of the entire population, bringing about economic, social, and direct health benefits to the community. Health disparities are differences in health outcomes that have systemic and societal contributors and, therefore, are preventable. In Multnomah County and many parts of the country, the Black/African American population experiences some of the most numerous and severe health disparities, including the highest mortality rates compared to other racial/ethnic subpopulations for many of the leading chronic diseases contributing to deaths, including heart disease, Alzheimer's disease, diabetes, and essential hypertension and hypertensive renal disease. Furthermore, there are identifiable systemic and environmental root causes of these health outcomes. Culturally specific approaches are often effective at addressing health disparities because broad one-size-fits all approaches may be culturally incongruent or ignore specific needs. The Racial and Ethnic Approaches to Community Health (REACH) program uses population-level, culturally specific, and cross-cultural approaches that blend community-identified priorities with nationally recognized strategies focused on reducing chronic diseases in local Black/African American communities, including African immigrants and refugees. REACH is a core element of the Public Health Division's commitment to improving health for all by addressing how societal conditions, the built environment, and systems and policies contribute to health disparities among racial and ethnic populations.

GOAL: The REACH program aims to reduce chronic disease and other health disparities, increase community capacity to address these issues, improve health behaviors, and foster culturally responsive solutions for Multnomah County's Black/African American communities, including Black immigrants and refugees.

PROGRAM ACTIVITY: REACH focuses on four strategic areas: nutrition, physical activity, breastfeeding, and vaccinations. REACH uses data on social determinants of health (SDOH), health behaviors, disease prevalence, mortality rates, and other metrics to track chronic disease disparities among Black/African American/Black immigrant and refugee communities and develop responsive strategies. The program is guided by the multi-sectoral community advisory committee, the ACHIEVE Coalition.

Key components of REACH include:

Community Engagement: Continuous collaboration with the ACHIEVE Coalition and other community partners to ensure program activities are culturally relevant and responsive to community needs.

Data Collection and Evaluation: Ongoing collection and analysis of data to monitor progress and assess impact.

Culturally Specific and Cross-Cultural Approaches: Strategies that honor cultural diversity while ensuring specific needs voiced by the Black/African American community are met.

Sustainability: Efforts to develop sustainable funding and partnership models for long-term program success.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of policy, systems, and environment strategies identified and/or implemented	11	25	20	20
Outcome	Number of people impacted by policies established to promote health, safety & address SDOH	15,000	20,000	15,000	15,000
Output	Number of communication campaigns	30	25	30	30
Output	Number of outreach/capacity building community partnerships	40	35	35	35

Performance Measures Descriptions

Performance Measure #3 includes all communications campaigns, including social media, media spots, and health promotion webinars, and REACH newsletter. #4 includes partnerships around health promotion education and awareness raising initiatives (i.e., health hubs, wellness clinics, cooking demos).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$831,997	\$595,135	\$690,120	\$722,882
Contractual Services	\$71,561	\$1,366,709	\$57,553	\$533,842
Materials & Supplies	\$35,454	\$56,754	\$15,642	\$42,189
Internal Services	\$185,792	\$103,848	\$199,380	\$113,347
Total GF/non-GF	\$1,124,804	\$2,122,446	\$962,695	\$1,412,260
Program Total:	\$3,247,250		\$2,374,955	
Program FTE	5.12	2.80	4.56	3.70

Program Revenues				
Intergovernmental	\$0	\$2,141,440	\$0	\$1,412,260
Total Revenue	\$0	\$2,141,440	\$0	\$1,412,260

Explanation of Revenues

This program generates \$113,347 in indirect revenues.
 \$495,000 ACTION - Grant
 \$15,000 Direct State Community Chronic Disease Prevention
 \$680,038 REACH GY25
 \$222,222 REACH Vaccinations

Significant Program Changes

Last Year this program was: FY 2025: 40053 Racial and Ethnic Approaches to Community Health

In FY 2024 (project period 2023-2028), the CDC awarded the Multnomah County REACH Program \$1,021,898, which is \$468,718 less than requested. This reduction continues to impact the Chronic Disease Prevention and Health Promotion Unit (CDPHP) and the REACH Program heading into FY 2026, 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 the 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.