

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40053B, 40060, 40037, 40006
Program Characteristics:

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end racial and ethnic health disparities. REACH helps the County achieve its commitment to protecting the health of all residents by ensuring every person has the opportunity to realize optimal health potential. The REACH approach embeds the Health Equity Initiative to implement culturally tailored interventions that addresses root causes of health inequities through 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 combine learnings of the Health Equity Initiative and Centers for Disease Control and Prevention (CDC)-funded policy, system, and environmental change strategies focused on reducing chronic disease in the African American community. The REACH program takes these learnings to partner with Native American, Pacific Islander, African-American, African, Latino, and Immigrant and Refugee communities to improve outcomes by addressing the ways that societal conditions and organizational policies impact health. 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 has two main program areas.

Community Health Improvement Plan (CHIP): In response to historical and persistent health inequities, the program contracts with a coalition of community partners to create a comprehensive CHIP that outlines priority community health issues. The CHIP identifies and implements community-driven recommendations to address longstanding health inequities, aligns Public Health Division strategies and activities with community needs and priorities, and shifts public health practice and organizational culture toward the elimination of health disparities.

Health Equity: Staff conduct assessments and implement recommendations to align with best practices, including culturally and linguistically appropriate services in health and health care (CLAS); language access and limited English Proficiency (LEP); and civil rights law. This happens by providing equity and empowerment consultation and technical assistance, building organizational capacity and infrastructure, and ensuring culturally-competent service delivery. These strategies improve the client's experience of care by resulting in higher quality service delivery, actualizing the Health Department's commitment to equity, and ensuring compliance with applicable laws and standards.

Health Promotion: With partners, staff employ policy, system, and environmental change strategies to reduce the burden of inequities on racial and ethnic minority communities within the County by promoting culturally-specific and population level approaches. Program Offer 40053B describes how CDC funding supports this work within the African American community.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of county-community partnerships to improve health outcomes in populations with health inequities	15	16	16	16
Outcome	Percent of racial/ethnic minorities with increased access to health promoting interventions	na/-	na/-	25%	25%
Output	Percent of PHD programs provided technical assistance in applying culturally responsive strategies	na/-	na/-	75%	75%
Outcome	% of PHD programs implementing baseline recommendations for Title VI of Civil Rights Act of 1964	na/-	na/-	50%	75%

Performance Measures Descriptions

1) Revised: to include more than chronic disease outcomes. 2) New measure. 3) New measure. 4) Revised: from assessment to compliance with baseline recommendations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$809,661	\$511,925	\$756,799	\$156,696
Contractual Services	\$216,000	\$519,785	\$200,000	\$114,680
Materials & Supplies	\$37,212	\$71,605	\$67,159	\$24,841
Internal Services	\$84,398	\$132,685	\$163,919	\$87,158
Total GF/non-GF	\$1,147,271	\$1,236,000	\$1,187,877	\$383,375
Program Total:	\$2,383,271		\$1,571,252	
Program FTE	6.90	5.25	6.00	1.57

Program Revenues				
Indirect for Dept. Admin	\$48,428	\$0	\$14,839	\$0
Intergovernmental	\$0	\$1,236,000	\$0	\$383,375
Total Revenue	\$48,428	\$1,236,000	\$14,839	\$383,375

Explanation of Revenues

CDC REACH Grant: \$383,375
 REACH Grant ends 9/29/17

Significant Program Changes

Last Year this program was: FY 2017: 40045 Health Equity Initiative (Racial Justice Focus)

This new program consolidates functions formerly in FY 17 Program Offers 40045, Health Equity Initiative (Racial Justice Focus), and 40060, Community Health and Chronic Disease Prevention. The Centers for Disease Control and Prevention Racial and Ethnic Approaches to Community Health (REACH) grant in the amount of \$1,236,000 was moved from this Program Offer into Program Offer 40053B.