

**Program #40053B - REACH Bridge Funding** 2/17/2017

**Department:** Health Department **Program Contact:** Rachael Banks  
**Program Offer Type:** Existing Operating Program **Program Offer Stage:** As Requested  
**Related Programs:** 40053A, 40006  
**Program Characteristics:** Backfill State/Federal/Grant, One-Time-Only Request, Out of Target

**Executive Summary**

The Racial and Ethnic Approaches to African American Health program is funded by a Center for Disease Control and Prevention (CDC) Racial and Ethnic Approaches to Community Health (REACH) grant. The program aims to improve health equity for the African American community. It is in the third and final year of funding but the CDC has indicated another round of funding will be released in 2017. This one-time-only offer will maintain capacity for the upcoming round of funding and/or scale down activities and partnerships in a way that builds on current successes and sustains activities.

**Program Summary**

More African Americans in Multnomah County die from preventable diseases like diabetes, lung cancer, and heart disease compared to other groups. The Racial and Ethnic Approaches to African American Health program is funded to employ policy, system, and environmental change strategies aimed to prevent chronic diseases. Approaches to the work include promoting place-based, culturally-specific, and population level strategies to improve the health of African Americans within Multnomah County and decrease long-standing health inequities.

The program addresses pervasive disparities in chronic disease in the African American community by implementing high impact strategies reaching at least 75% of the community with a diverse set of partners who comprise the ACHIEVE coalition. The program is focused on increasing the number of African Americans with improved access to healthy food and decreasing the number exposed to tobacco and nicotine. Examples of nutrition-focused work include partnering with the City of Gresham and five community based organizations; expanding the number of healthy retail settings; supporting retailers to provide healthier options in retail settings; partnering with faith-based settings and child-care settings to implement nutrition policies; and working with planners to implement transportation policies will improve access to the newly created healthy food settings. Examples of tobacco-focused work include decreasing youth access to tobacco and nicotine; providing tobacco cessation for pregnant women; and increasing smoke-free policies in places frequented by youth and African Americans. These strategies address underlying causes of poor population health by focusing on the social and economic factors and settings that impact African Americans over their life course.

The program's work has focused on East County and N/NE Portland. Accomplishments include increased access to healthy food in 30 settings for 17,500 African Americans; and increased access to tobacco/nicotine-free environments for 47,695 African Americans. Settings include faith-based and community spaces; child care facilities; retail environments; and health care. The program has also helped expand transportation options to healthy food retail through two healthy food access policies. A final component of the work is an evaluation that contributes to the evidence base for culturally-specific chronic disease prevention.

**Performance Measures**

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of community settings adopting healthy food and/or tobacco/nicotine-free policies	na/-	na/-	14	7
Outcome	% of African Americans with increased access to healthy food & decreased exposure to tobacco and nicotine	na/-	na/-	75%	80%
Quality	Number of community settings with a completed CDC CHANGE tool assessment	na/-	na/-	14	7

**Performance Measures Descriptions**

Measures of success will be staged with sustainability of the program. As the policy development process continues to build, the number and % of people impacted will grow larger in the upcoming year. Note: Community settings include faith-based, child care, parks/recreation areas, and retail.

## Legal / Contractual Obligation

Federal Uniform Grant Guidelines; State/Federal program Requirements; CDC grant requirements (include culturally specific focus on African Americans in Multnomah County) and requirements of the Affordable Care Act.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$255,987	\$0
Contractual Services	\$0	\$0	\$85,000	\$0
Materials & Supplies	\$0	\$0	\$9,005	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$349,992</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$349,992</b>	
<b>Program FTE</b>	0.00	0.00	2.48	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The Centers for Disease Control and Prevention Racial and Ethnic Approaches to Community Health (REACH) grant in the amount of \$986,196 annually supports this offer. This funding will support the first quarter of FY18 and then ends.

## Significant Program Changes

### Last Year this program was:

As of September 29, 2017 the current REACH grant's funding from the CDC will end. Currently, there are 6.3 FTE employees, 5 community partners and 1 inter-governmental agency who receive funding from this grant. Staff FTE and community contract funding has been significantly reduced with this funding request which would enable grant-related activities to continue throughout FY18. In previous years the CDC REACH grant was part of Program Offers 40053-16 and 40060-17.