

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40006, 40025, 40060, 40037
Program Characteristics:

Executive Summary

Chronic disease and violence prevention (CDVP) programming is essential to a modernized public health system as it implements population level strategies to address the leading preventable causes of early death and disability. These programs respond to documented health inequities by working in neighborhoods with the highest rates of disease and crime. Strategies include community-informed planning and decision-making; training and technical assistance; community health worker initiatives; communications; and initiatives that improve policies, systems, and environments.

Program Summary

Research shows an individual's zip code is a main determinant of health and wellbeing. Locally, geographic areas with socioeconomic disparities (higher poverty, lower educational attainment, and neighborhoods subjected to disinvestment and/or gentrification) also have significant health disparities, including for chronic diseases and exposure to violence and trauma. In fact, researchers recognize violence (the experience with and/or fear of) as a risk factor for a range of physical health issues, including chronic diseases. CDVP programs engage and work alongside community partners to prevent and improve these health and social inequities by nurturing neighborhoods to support healthy and safe gathering spaces, worksites, schools, health care, and physical environments. Strategies support the work of other Public Health Division prevention programs by addressing the leading causes of death and disability through a health equity framework that reaches neighborhoods and communities most impacted by disparities.

Chronic diseases prevention (CDP) work compliments and augments strategies implemented in the Office of the Director, REACH, Community Powered Change/CHIP, and Tobacco Control and Prevention. CDP provides capacity and flexibility to fill critical gaps in prevention efforts that State and Federal funding are not able to support. Activities are focused on increasing access to healthy eating, active living, and smoke/nicotine-free environments by advancing community/neighborhood policy and systems changes; reaching youth/adolescents in a variety of school and recreation settings; and addressing factors that create socioeconomic disparities, particularly poverty and educational attainment.

Violence prevention work is led by STRYVE (Striving to Reduce Youth Violence Everywhere), which employs a public health approach to violence prevention grounded in equity, healing, and resilience. STRYVE prevents youth violence through community health workers who are reflective of the population and work in partnership with youth and adults to address community trauma, increase resilience, youth empowerment and leadership, and build system capacity. Activities include improving neighborhood livability through community-led projects; providing summer employment programs for youth; and maintaining relationships with national experts to guide local systems with emerging best practices. Violence prevention programming coordinates with chronic disease prevention work at neighborhood and systems levels by building and adapting a cohesive, unified set of strategies to address overlapping root causes of inequities.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of youth and community members engaged in prevention activities	3,200	3,700	3,200	3,500
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease and violence	11	15	13	20
Outcome	# of community sites involved in prevention activities	27	29	33	35

Performance Measures Descriptions

1) DCI activities conclude in FY19 resulting in reduction in engagement. Measure was changed to included violence and chronic disease prevention. 2) Includes PSE improvement and communications activities that address violence, chronic disease, and social determinants of health. 3) Includes settings implementing communications and PSE improvement activities that address violence, chronic disease, and social determinants of health.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,062,436	\$379,184	\$934,838	\$259,334
Contractual Services	\$729,197	\$121,354	\$90,856	\$45,883
Materials & Supplies	\$139,327	\$33,232	\$60,619	\$28,579
Internal Services	\$185,230	\$76,052	\$133,869	\$78,491
Total GF/non-GF	\$2,116,190	\$609,822	\$1,220,182	\$412,287
Program Total:	\$2,726,012		\$1,632,469	
Program FTE	9.35	3.60	7.95	2.25

Program Revenues				
Intergovernmental	\$0	\$609,822	\$0	\$412,287
Total Revenue	\$0	\$609,822	\$0	\$412,287

Explanation of Revenues

This Program Offer includes federal funding from the Centers for Disease Control and Prevention (CDC) Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors (\$412,287)

Significant Program Changes

Last Year this program was: FY 2019: 40060-19 Chronic Disease and Violence Prevention

In F19, this program offer included DCI: Safe and Thriving Communities. The Federal grant ended in FY19 and the DCI program was consolidated into STRYVE.