

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40199T
Program Characteristics:

Executive Summary

The Public Health Office of the Director provides leadership for the local public health authority. Public Health, in partnership with the Multnomah County Board of Health (BOH), plays a unique, mandated governmental role. This program is responsible for guiding policies, systems, and programs that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Equity-focused strategies within the Office of the Director include policy interventions; public education and communications; community partnerships; planning; capacity building; and research, evaluation, and assessment.

Program Summary

The Office of the Director supports the BOH to set health policy for Multnomah County. The main goal is to reduce disparities experienced by BIPOC communities, especially chronic disease and injury disparities, to lower rates of the leading causes of preventable death. Activities include:

Leadership and Policy - assessment and implementation of public health system reform; leadership on coalitions/boards; convening the Multnomah County Public Health Advisory Board (MC-PHAB); and implementing public health education and communication campaigns.

Community Partnerships and Capacity Building (CPCB) - coordination/implementation of division-level, culturally specific and cross-cultural community engagement and partnership strategies to address community and public health priorities. Culturally specific staff engage and build capacity with community leaders, Community Health Workers, and organizations/groups; support collaboration in serving diverse communities; develop networks with internal staff and culturally specific serving programs; and support/advise various Public Health programs and priorities. Activities also include implementation of the Community Health Improvement Plan (CHIP) and supporting the Future Generations Collaborative, a collective impact partnership between Native and Native-serving organizations, institutions, systems, governments, and people. CPCB has been supporting COVID-19 response by working with community-based organization partners (both funded and unfunded).

Racial Equity - analysis of various data to analyze racial disparities. The Office works closely with BIPOC community members, partners, and coalitions to determine best approaches to address health inequities. MC-PHAB advises Public Health with a focus on ethics in public health practice and developing long-term approaches that address the leading causes of death. Board members represent various community groups to provide a diversity of perspectives, with a focus on recruiting BIPOC. The Office also uses community-based organizations' feedback to develop policy and system change.

Performance Measures

| Measure Type | Primary Measure | FY21 Actual | FY22 Budgeted | FY22 Estimate | FY23 Offer |
|--------------|---|-------------|---------------|---------------|------------|
| Output | # of Multnomah County Public Health Advisory Board meetings | 14 | 12 | 12 | 12 |
| Outcome | # of presentations to BOH about strategies that address disparities within BIPOC communities | 5 | 6 | 25 | 7 |
| Output | # of cultural specific and multicultural community partners and events that promote health equity | N/A | 50 | 85 | 85 |

Performance Measures Descriptions

Performance Measure 2: strategies are defined as policy and/or systems improvements and disparities are focused on leading causes of preventable death and disease. FY21 Actual and FY22 Budgeted do not include COVID-19-related briefings. FY22 Estimate and FY23 Offer do include COVID-19-related briefings.

Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

Revenue/Expense Detail

| | Adopted General Fund | Adopted Other Funds | Adopted General Fund | Adopted Other Funds |
|-------------------------|-------------------------|------------------------|-------------------------|------------------------|
| Program Expenses | 2022 | 2022 | 2023 | 2023 |
| Personnel | \$2,947,834 | \$1,470,661 | \$2,029,448 | \$2,717,336 |
| Contractual Services | \$395,384 | \$777,419 | \$303,208 | \$947,129 |
| Materials & Supplies | \$213,551 | \$62,094 | \$241,936 | \$201,299 |
| Internal Services | \$450,467 | \$195,893 | \$455,332 | \$382,115 |
| Total GF/non-GF | \$4,007,236 | \$2,506,067 | \$3,029,924 | \$4,247,879 |
| Program Total: | \$6,513,303 | | \$7,277,803 | |
| Program FTE | 18.03 | 9.17 | 12.15 | 18.09 |

| Program Revenues | | | | |
|-------------------------|------------|--------------------|------------|--------------------|
| Intergovernmental | \$0 | \$2,306,067 | \$0 | \$4,247,879 |
| Other / Miscellaneous | \$0 | \$200,000 | \$0 | \$0 |
| Total Revenue | \$0 | \$2,506,067 | \$0 | \$4,247,879 |

Explanation of Revenues

This program generates \$365,210 in indirect revenues.

\$ 735,000 - State grant: MCH Child and Adoles, PDES Morbidity Monitoring Project and BRFSS

\$ 343,520 - Alaska Tobacco Prevention; \$120,000 - Alaska Obesity EAP; \$45,000 - Alaska Chronic Disease-Cancer Programs; \$100,000 - Alaska Marijuana Program Evaluation

\$ 455,250 - NIH Marijuana Legalization

\$ 1,199,609 - Public Health Modernization Local

\$ 200,000 - HSO County Based Services

\$ 161,500 - PDES Public Health Modernization Support

\$ 32,000 - PDES Core State Injury Prevention Program

\$ 274,000 - State PE19-35 Evaluation of Aid & Assist Population

\$ 582,000 - New LPHA Project (NHBS)

Significant Program Changes

Last Year this program was: FY 2022: 40096A Public Health Office of the Director

In FY23, Community Epidemiology Services is being moved from this offer to its own offer (40048). FY23 program revenue is increased by \$2,007,822 due to OHA Public Health Modernization and multiple federal, state, and other evaluation contracts. There is a 3.04 FTE increase, including 1.0 FTE to work with the Asian/Pacific Islander community. CDC COVID-19 Health Disparities funds (40199T) will support capacity within this program. COVID-19-Related Impacts: The Office of the Director has continued supporting key COVID-19 response activities through leadership as the local public health authority, partnering with the Board of Health, supporting community partnerships that are part of COVID-19 response. In FY23, the Office will start moving to support COVID-19 Community Recovery work in both internal programs and external partnerships.