Multnomah County Program #40053 - Racial a	and Ethnic Approaches to Comr	nunity Health		2/21/2018
Department:	Health Department	Program Contact:	Tameka Brazile	
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Requested	
<b>Related Programs:</b>	40060, 40037, 40006			
Program Characteristics:	In Target			

## **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 (Community Powered Change): 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 by promoting culturally-specific and population level approaches. Program Offer 40053B describes how CDC funding supports this work within the African American community.

Measure		FY17	FY18	FY18	FY19
Туре	Primary Measure	Actual	Purchased	Estimate	Offer
Output	# of county-community partnerships to improve health outcomes in populations with health inequities	50	16	80	80
Outcome	Percent of racial/ethnic minorities with increased access to health promoting interventions	30%	25%	30%	30%
Output	Percent of PHD projects or strategies provided technical assistance in applying culturally responsive strategies	40%	75%	50%	50%
Outcome	% of PHD programs implementing baseline recommendations for Title VI of Civil Rights Act of 1964	NA	75%	25%	75%

3) Revised from programs to projects or strategies.

## **Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$858,661	\$156,696	\$886,281	\$92,648
Contractual Services	\$200,000	\$114,680	\$200,000	\$67,500
Materials & Supplies	\$67,159	\$24,841	\$61,291	\$14,538
Internal Services	\$163,919	\$87,158	\$106,446	\$11,683
Total GF/non-GF	\$1,289,739	\$383,375	\$1,254,018	\$186,369
Program Total:	\$1,673,114		\$1,440,387	
Program FTE	6.80	1.57	6.80	0.75

Program Revenues				
Indirect for Dept. Admin	\$14,839	\$0	\$9,089	\$0
Intergovernmental	\$0	\$383,375	\$0	\$186,369
Total Revenue	\$14,839	\$383,375	\$9,089	\$186,369

**Explanation of Revenues** 

CDC REACH Grant: \$186,369

## Significant Program Changes

Last Year this program was: FY 2018: 40053A Racial and Ethnic Approaches to Community Health