

# Program #40053 - Racial and Ethnic Approaches to Community Health

7/14/2022

**Department:** Health Department **Program Contact:** Tameka Brazile

Program Offer Type: Existing Operating Program Program Offer Stage: As Adopted

Related Programs: 40199T, 40199U

**Program Characteristics:** 

# **Executive Summary**

Racial and Ethnic Approaches to Community Health (REACH) aims to end chronic disease and related racial/ethnic health disparities within the Black/African American/African immigrant and refugee communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture- and strength-based approach, relying on community wisdom to implement culturally tailored interventions that address root causes of health inequities and preventable risk behaviors through communications, 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 the community-identified priorities and CDC-funded communication, policy, systems, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. REACH continues to be a foundational component to the Public Health Division's commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. REACH has three current areas of focus: nutrition, physical activity, and community-clinical linkages. Nutrition programming increases the number of community settings offering healthy food, retail access to healthy food through innovative procurement practices, and community support for breastfeeding. Physical activity programming increases the number of safe, desirable locations for physical activity, including active transportation, and increases the number of people with access to them. Community-clinical linkage programming increases the use of health and community programs, including referrals to these resources; expands the use of health professionals, such as community health workers; and improves quality of service delivery and experience of care. Together, these program areas work to redress social determinants of health challenges and barriers and improve the overall health of neighborhoods throughout Multnomah County.

REACH uses social determinants, health behavior, disease prevalence, mortality, and a variety of other data to monitor the well-documented chronic disease health disparities experienced by Black/African American/African communities and plans responsive strategies. Community-voiced data on lived experience is especially valued and incorporated into planning, given the limitations of institutional data, such as not disaggregating data for Black immigrants/refugees. REACH is steered by its multi-sectoral community advisory committee, the ACHIEVE Coalition. REACH and its partners regularly hold focus groups, community webinars, and events to gather community concerns.

Performance Measures									
Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer				
Output	# of policy, systems, and environment strategies implemented	25	25	25	25				
Outcome	# of Black/African American/African Immigrants reached through policy, systems, and environment changes	5,214	4,000	14,054	5,000				
Output	# of settings implementing policy, systems and environment strategies	11	20	67	50				

#### **Performance Measures Descriptions**

Performance Measures 1 and 3 are for settings that are occupied by Black/African American/African Immigrant communities.

### **Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$304,671	\$425,010	\$41,256	\$921,222
Contractual Services	\$140,000	\$347,195	\$320,510	\$0
Materials & Supplies	\$0	\$1,162	\$18,744	\$0
Internal Services	\$83,746	\$94,968	\$129,262	\$123,247
Total GF/non-GF	\$528,417	\$868,335	\$509,772	\$1,044,469
Program Total:	\$1,396,752		\$1,554,241	
Program FTE	2.10	3.40	0.32	7.33

Program Revenues							
Intergovernmental	\$0	\$868,335	\$0	\$1,044,469			
Total Revenue	\$0	\$868,335	\$0	\$1,044,469			

## **Explanation of Revenues**

This program generates \$123,247 in indirect revenues.

\$ 975,000 - REACH Federal fund

\$ 69,469 - Community Chronic Disease Prevention

### Significant Program Changes

Last Year this program was: FY 2022: 40053 Racial and Ethnic Approaches to Community Health

In FY23, County General Fund for this program is reduced by \$18,645 but program revenue is \$176,134 higher than in FY22. CDC COVID-19 Health Disparities funding (40199T) is also supporting capacity within this program in FY22. This combination results in a 2.15 FTE increase in this program offer (40199T includes 1.00 FTE, communications, and contracts). The REACH vaccine supplement (40199U) also supports this offer. COVID-19-Related Impacts: In FY22, community partners (both formal and informal) were delayed or unable to complete original deliverables and activities due to supporting COVID-19 response and/or COVID-19 restrictions. Some original scopes of work were redirected to provide COVID-19 support, response, and recovery.