

**Program #40038A - Health Promotion and Community Capacity Building** 2/18/2016

**Department:** Health Department **Program Contact:** Noelle Wiggins  
**Program Offer Type:** Existing Operating Program **Program Offer Stage:** As Requested  
**Related Programs:** 40045  
**Program Characteristics:** In Target

**Executive Summary**

This program builds capacity in communities to improve health and eliminate inequities. Activities include providing empowering training for community health workers (CHWs) and others, conducting community-based participatory research and empowerment evaluation about CHWs and related models, managing projects that employ CHWs to build community capacity to address priority issues, and building system capacity to use these culturally-appropriate approaches.

**Program Summary**

The Community Capacitation Center develops culturally-appropriate approaches to build capacity in communities to improve health and eliminate inequities. The program conducts three primary activities: 1) education and training; 2) research and evaluation; and 3) project management.

**Education and Training:** The CCC uses popular education to build capacity in community health workers (CHWs), CHW supervisors, and others. CHWs have been identified as key to health system transformation. The CCC-developed curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, the CCC has trained over 250 of the 300 CHWs called for in Oregon’s Medicaid waiver. Curriculum is adapted for cultural specificity in communities most affected by inequities. The program also helps build system capacity to use the CHW model effectively, and provide training on popular education to a variety of participants.

**Research and Evaluation:** Five organizations currently contract with the CCC for community-based participatory research and empowerment evaluation about CHWs and related models. These forms of research and evaluation build capacity by involving those most affected at every step of the process. The program builds system capacity to identify and fill gaps in CHW research.

**Project Management:** 1) The CCC leads STRYVE (Striving to Reduce Youth Violence Everywhere), which builds system and community capacity to take a public health approach to preventing youth violence (see related program offer). 2) With funds from Early Learning Multnomah (ELM), Northwest Health Foundation (NWHF), and Social Venture Partners, the CCC leads the Community Education Worker (CEW) Program. CEWs are trained community health workers who participate in additional training so that they can support parents from communities affected by educational inequities to prepare their children to succeed in kindergarten and beyond. CEWs build community capacity to advocate for needed changes at the school, district and state levels.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participants in training classes.	2,028	2,200	2,292	2,000
Outcome	Percent of participants in training courses who report increased ability to promote health.	96%	95%	97%	95%
Outcome	Percent of participants reporting increased understanding of relationship between inequality & health.	94%	93%	95%	93%
Outcome	Percent of participants in CHW training courses whose empowerment increased from baseline to follow-up.	80%	65%	70%	70%

**Performance Measures Descriptions**

1) Number of participants in training classes represents the sum of all participants in each training class offered. The same participant may be counted more than once. 2 & 3) Percentage of participants in training courses who report increased ability to promote health and increased understanding of the relationship between inequality and health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$833,217	\$335,691	\$650,880	\$319,193
Contractual Services	\$234,000	\$11,250	\$7,000	\$241,896
Materials & Supplies	\$122,944	\$45,462	\$34,585	\$29,807
Internal Services	\$117,925	\$78,997	\$155,388	\$68,105
Capital Outlay	\$0	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$1,308,086</b>	<b>\$471,400</b>	<b>\$847,853</b>	<b>\$659,001</b>
<b>Program Total:</b>	<b>\$1,779,486</b>		<b>\$1,506,854</b>	
<b>Program FTE</b>	8.05	3.75	5.86	2.91

Program Revenues				
Indirect for Dept. Admin	\$28,341	\$0	\$23,631	\$0
Intergovernmental	\$0	\$375,000	\$0	\$548,001
Other / Miscellaneous	\$0	\$96,400	\$0	\$111,000
Service Charges	\$142,000	\$0	\$142,000	\$0
<b>Total Revenue</b>	<b>\$170,341</b>	<b>\$471,400</b>	<b>\$165,631</b>	<b>\$659,001</b>

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers, conducting research and evaluation, and managing projects.

Federal STRYVE grant: \$99,735

Revenue from fees and contracts: Janus Youth \$7,000, Social Venture Partners \$50,000, NW Health Foundation \$24,000, Kaiser Permanente \$30,000

OHA Health Promotion Chronic Disease Prevention Program: \$150,000

United Way Early Learning Model: \$298,266

Significant Program Changes

Last Year this program was: FY 2016: 40038A-16 Health Promotion and Community Capacity Building

The 5-year federal STRYVE grant will end in August, 2016.

New grant funds from DCHS include \$298,266.