

**Department:** Health Department      **Program Contact:** Rujuta Gaonkar  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Health Equity Initiative (HEI) helps the County achieve its commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions and programmatic efforts affect health. Goals of the Health Equity Initiative include addressing root causes of health inequities through policy, systems, and environmental change strategies; prioritizing community-driven interventions by establishing organizational governance and infrastructure for equity; and addressing priority health issues in partnership with cross-cultural community organizations.

**Program Summary**

In Multnomah County, people of color, immigrants and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. The Health Equity Initiative (HEI) addresses racial and ethnic health inequities by promoting authentic community partnerships, providing equity and empowerment consultation and technical assistance, building organizational capacity and infrastructure, and assuring culturally-competent service delivery.

**Authentic Community Partnerships:** Develop and maintain authentic community partnerships with cross-cultural and culturally specific organizations working within the Native American, Pacific Islander, African-American, African and Latino communities to identify and implement community-driven recommendations to address longstanding health inequities in Multnomah County, align Public Health Division (PHD) strategies and activities with community needs and priorities and shift public health practice and Health Department organizational culture toward the elimination of health disparities. For example, HEI has been able to address the lack of basic health coverage in the Pacific Islander community, due to a federal policy that barred them from Medicaid eligibility, by partnering to support key legislation in this year's legislative season. MCHD provided written testimony in support of the bill, which successfully passed the House Health Care Committee with a unanimous vote. **Equity & Empowerment Consultation & Technical Assistance:** Provide technical assistance and consultation to improve policies, programs, and practices through an intentional application of equity, empowerment, and cultural competency. **Organizational Capacity Building & Infrastructure:** Develop the infrastructure (e.g. data, policies, workforce development opportunities) needed to implement community-driven recommendations that lead to an elimination of racial and ethnic health inequities. Part of this function includes research and evaluation support to ensure accountability to PHD health equity priorities and measure the impact of PHD policies, programs and practices designed to promote equity, empowerment, and cultural-responsiveness. **Assuring Culturally-Competent Service Delivery:** HEI helps promote this long-documented community priority by assuring that programs meet Culturally- and Linguistically-Appropriate Standards (CLAS), which have been adopted by the Department of Health and Human Services and align with accreditation standards set by the Joint Commission and National Committee for Quality Assurance.

**Performance Measures**

<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY15 Actual</b>	<b>FY16 Purchased</b>	<b>FY16 Estimate</b>	<b>FY17 Offer</b>
Output	Percent of programs applying equity lens to decision-making processes.	NA	NA	30%	75%
Outcome	Percent of programs assessed for compliance with Title VI of the Civil Rights Act of 1964.	NA	NA	20%	75%
Outcome	Percent of programs assessed for compliance with CLAS standards.	NA	NA	20%	75%

**Performance Measures Descriptions**

1) New measure. Unit: Health Department. New tool is trauma-informed and empowerment- and equity-focused. 2) New measure. Unit: Public Health Division. Corresponds to 2016-2018 Public Health Division Strategic Plan goal. 3) New measure. Unit: Health Department. CLAS stands for Culturally- and Linguistically-Appropriate Standards.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$873,272	\$0	\$907,324	\$0
Contractual Services	\$225,000	\$0	\$216,000	\$0
Materials & Supplies	\$41,846	\$0	\$37,212	\$0
Internal Services	\$38,716	\$0	\$84,398	\$0
<b>Total GF/non-GF</b>	<b>\$1,178,834</b>	<b>\$0</b>	<b>\$1,244,934</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,178,834</b>		<b>\$1,244,934</b>	
<b>Program FTE</b>	7.60	0.00	7.70	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40045-16 Health Equity Initiative (Racial Justice Focus)

Due to Public Health Division reorganization, 1.1 FTE was moved into this program.