

**Department:** Health Department      **Program Contact:** Rachael Banks  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40053, 40047, 40045, 40001, 40006  
**Program Characteristics:**

**Executive Summary**

Research shows that our zip code is a more powerful determinant of health than our genetic code, and strongly affects rates of chronic disease. Chronic diseases account for 7 of 10 deaths each year. Community Health and Chronic Disease Prevention (CH-CDP) works to reduce documented health inequities and prevent chronic diseases by promoting place-based, culturally-specific, and population-level approaches to create healthier communities in which Multnomah County residents can live, work, play, worship, and study.

**Program Summary**

Community Health and Chronic Disease Prevention (CH-CDP) works to reduce documented health inequities through policies and practices that prioritize the self-identified needs of diverse community partners. Strategies include policy, system, and environmental improvements to address inequities; and community-informed planning and decision-making.

Policy, system, and environmental improvements to address inequities: Racial and Ethnic Approaches to Community Health (REACH) is a culturally-specific program funded by the Centers for Disease Control and Prevention (CDC). REACH focuses on tobacco and nutrition policies and environmental changes in a variety of settings to improve health across the lifespan, from pre-conception to older adulthood. This includes nutrition policies in childcare centers and faith-based settings, working with the City of Gresham to incorporate food access and equity criteria into transportation policies, and system changes in healthcare settings so that pregnant patients are being screened for tobacco exposure.

CH-CDP's focus on housing inequities represents another example of policy, system, and environmental improvements to address inequities by working to decrease negative public health outcomes resulting from housing quality, affordability and stability. Other efforts include informing the design of healthy, safe neighborhoods; creating strong local food systems; and implementing innovative place-based initiatives such as the Healthy Retail Initiative and the Healthy Worksites Initiative. Taken together these strategies ensure a comprehensive chronic disease framework that prevents chronic disease for those who don't have it and improves longevity and the quality of life for those who do.

Community-informed planning and decision-making: CH-CDP is contracting with a coalition of community partners to create a Community Health Improvement Plan (CHIP), an action-oriented plan outlining priority community health issues, such as chronic disease, and how these issues will be addressed. This partnership is an example of authentic engagement of, partnership with, and accountability to those communities most affected by inequities.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of new partnerships developed to prevent and reduce rates of chronic disease.	NA	NA	16	15
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease.	14	16	16	16
Outcome	Percent of African Americans in MC with increased access to healthy food, tobacco-free places, & more.	NA	15%	16%	16%

**Performance Measures Descriptions**

1) New measure. Includes policy, systems, and environment work with new partners in sectors including education, business, non-profit, and more. 2) Measure previously tracked in program 40047. Includes policies to promote healthy eating and active living and create healthier neighborhoods and workplaces. This measure does not include tobacco-related policies; those are tracked in program 40006, Tobacco Prevention and Control. 3) Measure previously tracked in program 40053. Also includes access to chronic disease self-management options and opportunities to be active.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$360,665	\$666,331	\$817,198	\$511,925
Contractual Services	\$4,500	\$495,490	\$94,500	\$519,785
Materials & Supplies	\$27,432	\$63,349	\$35,506	\$71,605
Internal Services	\$149,583	\$144,793	\$61,602	\$132,685
<b>Total GF/non-GF</b>	<b>\$542,180</b>	<b>\$1,369,963</b>	<b>\$1,008,806</b>	<b>\$1,236,000</b>
<b>Program Total:</b>	<b>\$1,912,143</b>		<b>\$2,244,806</b>	
<b>Program FTE</b>	2.80	7.25	6.60	5.25

Program Revenues				
Indirect for Dept. Admin	\$82,363	\$0	\$48,428	\$0
Intergovernmental	\$0	\$1,369,963	\$0	\$1,236,000
<b>Total Revenue</b>	<b>\$82,363</b>	<b>\$1,369,963</b>	<b>\$48,428</b>	<b>\$1,236,000</b>

Explanation of Revenues

This offer includes federal funding from the Centers for Disease Control and Prevention for the Racial and Ethnic Approaches to Community Health (REACH) grant in the amount of \$1,236,000.

Significant Program Changes

Last Year this program was:

This new program consolidates functions formerly associated with 40047, Public Health Community Initiatives (now defunct) and 40053, Racial and Ethnic Approaches to Community Health (a grant-funded culturally-specific program operating within this larger unit).