

### Program # 40013 - Public Health Promotion (PHP)

Version 6/28/2006 s

Priority:Basic NeedsLead Agency:Health DepartmentProgram Offer Type:SupportProgram Contact:WIGGINS Noel

**Related Programs:** 

**Program Characteristics:** 

# **Executive Summary**

Public Health Promotion (PHP) supports Health Department efforts to assure access to care, prevent disease and improve health in vulnerable communities, and eliminate racial and ethnic health disparities through personal health promotion, training/capacity-building, community organizing/partnerships, health communication, and advocacy.

## **Program Description**

Public Health Promotion (PHP) works with individuals, families, communities, agencies and policy makers to foster healthy behaviors and healthy communities through: 1) Personal health promotion: Implements clinic-based chronic disease prevention programs, promotes Oregon Tobacco Quit Line; 2) Training/capacity-building: Provides credit-bearing training for Community Health Workers, training on effective health promotion strategies for a variety of groups, and education designed to prevent chronic diseases; 3) Community organizing/partnership-building: Implements school based physical activity programs, initiates and manages community-based participatory research (CBPR) projects, engages communities in assessing and addressing sexual and environmental health issues, coordinates community projects dedicated to preventing and addressing the underlying causes of chronic disease, works with community partners to increase number of smoke-free environments; 4) Health Communication: Develops and sustains working relationships with culturally-specific media sources, produces regular media spots, publishes study findings in peer-reviewed journals; and 5) Policy Advocacy: Staffs the Food Policy Council and Tri-County Tobacco Prevention Coalition, enforces smoke-free workplace law.

#### **Program Justification**

This program supports the Health Department's efforts to prevent disease and decrease future health care costs by working with vulnerable communities to: 1) Eliminate racial and ethnic health disparities; 2) Link individuals to health care services; 3) Share culturally-specific health education and information; 4) Develop culturally-specific and culturally-appropriate services; 5) Develop health leadership; 6) Develop the capacity of communities to address their own health issues; and 7) Address the underlying social, behavioral, and environmental causes of disease.

### **Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of participants in health promotion activities, coalitions, and events	1,000	1,300	1,300	1,000
Outcome	Percentage of participants who always practice heart disease prevention behavior	0%	0%	35%	50%
Output	Number of participants in training courses	300	300	375	400
Output	Number of media spots (radio, TV, newspaper)	18	0	26	34

#### **Performance Measure - Description**

- o The number of participants in events represents a simple head count and may be duplicated. This count will be smaller in FY2007 because of the ending of the Poder es Salud/Power for Health Program.
- o The number of participants in training courses represents an unduplicated count within the same training course. However, the same person may participate in more than one course.
- o The percentage of participants who always practice risk reduction behaviors is measured using the pre- and post-survey administered in the American Heart Association's Search Your Heart Program.
- o The number of media spots includes articles in community papers, TV reports, radio public service announcements, etc.

# **Legal/Contractual Obligation**

Tobacco Prevention and Diabetes programs must comply with DHS-HS work plans and assurances. Smoke-free Work & Public Places Law must be enforced as per MC 21.500 et seq. CDC standards for local public health agencies will soon make health promotion a mandatory service.

# Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2006	2006	2007	2007	
Personnel	\$364,965	\$132,280	\$459,575	\$72,256	
Contracts	\$9,547	\$90,265	\$9,958	\$6,333	
Materials & Supplies	\$10,975	\$4,806	\$12,077	\$3,614	
Internal Services	\$54,724	\$35,713	\$62,953	\$19,797	
Subtotal: Direct Exps:	\$440,211	\$263,064	\$544,563	\$102,000	
Administration	\$0	\$0	\$10,328	\$0	
Program Support	\$0	\$0	\$0	\$0	
Subtotal: Other Exps:	\$0	\$0	\$10,328	\$0	
Total GF/non-GF:	\$440,211	\$263,064	\$554,891	\$102,000	
Program Total:	\$703,275		\$656,891		
Program FTE	0.00	0.00	4.94	0.89	
Program Revenues					
Indirect for dep't Admin	\$14,720	\$0	\$4,254	\$0	
Fees, Permits & Charges	\$0	\$2,500	\$0	\$0	
Intergovernmental	\$0	\$260,565	\$0	\$85,000	
Other / Miscellaneous	\$0	\$0	\$0	\$17,000	
Program Revenue for Admin	\$0	\$0	\$0	\$0	
Total Revenue:	\$14,720	\$263,065	\$4,254	\$102,000	

# **Explanation of Revenues**

\$85,000 Tobacco Prevention grant from Oregon Dept. of Human Services – Health Services.

\$7,000 American Legacy Foundation contract for smoke-free apartment's project.

\$8,185 Diabetes grant from Oregon DHS-HS.

\$5,000 annual revenue from Community Health Worker trainings/popular education workshops.

### Significant Program Changes

**Last year this program was:** #40063, Public Health Promotion No significant changes.