

**Priority:** Vibrant Communities  
**Program Offer Type:** Innovative/New Program  
**Related Programs:** 25145A, 40013A, 40017, 40019, 40024A  
**Lead Agency:** Health Department  
**Program Contact:** MANHAS Sonia X

**Program Characteristics:**

**Executive Summary**

This program will use a community and neighborhood based approach to reduce the rate of children and adult obesity, reduce rates of chronic disease such as diabetes, and improve quality of life by building and supporting community environments that make it easier for highest risk Multnomah County residents to be physically active and choose healthy foods.

**Program Description**

To address the obesity epidemic we need to focus on the complex ways that individual lifestyles and behaviors are affected by interpersonal, community, environmental, and public policy factors. This program will work with communities in North Portland to identify and address systemic barriers to healthy active living that are shared among the community as a whole, such as access to fresh fruits and vegetables or facilities to be physically active. An example of this model is the Clarendon Healthy Eating Active Living Coalition, representing multidisciplinary partners such as SUN School Program, Portland State University, Kaiser Permanente, & Portland Public Schools (PPS) & City of PDX Parks & Rec and Transportation. The Coalition is implementing a 4-year work plan to identify the factors that contribute to overweight and obesity among children and families served by Clarendon Elementary School. Using a comprehensive evaluation framework, the Program is tracking its contributions to supporting a healthy vibrant community, such as the adoption of policies that set school nutrition standards. The Department will apply the learning from the North Portland project to chronic disease prevention across the county.

**Program Justification**

This project supports the 1st strategy by, creating healthy neighborhoods through policy change, such as nutrition standards for school food, securing regional partnerships, addressing multiple complex factors that contribute to healthy environments: school curriculum, sidewalk safety, access the healthy food, health education, community design coupled with a comprehensive evaluation of activities that effectively prevent obesity. The second strategy is supported by providing opportunities for neighbors to connect using addressing health disparities and obesity prevention as the convening issue. The project will gather cross-generational participants: students, parents, teachers, community residents, across-cultures (51% of the student population Spanish-speaking, 26% African-American) to identify culturally-relevant ways to promote healthy eating and physical activity.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	# of schools incorporating time for physical activity/nutrition education	0	0	1	4
Outcome	# of policies adopted to promote healthy eating and/or physical activity	0	0	1	2
Quality	Sustained participation by local residents in leadership roles	0.0%	0.0%	50.0%	50.0%
Outcome	# of minutes weekly that children are physically activity during class time	0	0	15	45

**Performance Measure - Description**

The number of minutes used for physical activity during regular class time will be an average across 20 classrooms. Policies will include organizational worksite and public policies. In reference to the quality indicator, the percentage identified refers to proportion of Coalition members who are community volunteers, rather than paid staff from governmental and community-based organizations. Sustained participation by and satisfaction levels of local residents will also be evaluated with qualitative data.

## Legal/Contractual Obligation

Under contractual obligations by Northwest Health Foundation to implement Clarendon project for 4 years. Obesity and inactivity increases the risks for the top three killers: heart disease, cancer, and cerebrovascular ailments. The epidemic of childhood obesity is occurring across all income levels and among all ethnic groups, though low-income, African-American, and Latino are disproportionately affected. Obesity and inactivity increases the risks for the top three killers: heart disease, cancer, and cerebrovascular ailments. Obesity is a largely preventable condition that has been shown to be a major determinant of health care costs. After adjusting for inflation and converting estimates to 2004 dollars, the national direct and indirect healthcare expenditures related to adult obesity and overweight range from \$98 billion to \$129 billion.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2007	2007	2008	2008
<b>Program Expenses</b>				
Personnel	\$0	\$0	\$204,968	\$0
Contracts	\$0	\$0	\$2,500	\$0
Materials & Supplies	\$0	\$0	\$10,900	\$0
Internal Services	\$0	\$0	\$16,534	\$0
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$234,902</b>	<b>\$0</b>
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$234,902</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$234,902</b>	
Program FTE	0.00	0.00	3.10	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<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:

National research show that a higher percentage of African Americans, Latinos, Native Americans, and people of lower socio-economic status have limited access to healthy foods and adequate facilities for physical activity. The program works to create equitable access for all populations to a community that promotes healthy eating and physical activity. Between 1994 and 2001, obesity increased by 59% in Multnomah County. Obesity-associated annual hospital costs for children and youth were estimated to have more than tripled, rising from \$35 million (1979-1981) to \$127 million (1997-1999). This program integrates best practices to prevent disease, reduce health disparities, and decrease future health care costs.