

**Priority:** Accountability  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** TILLMAN Tricia

**Program Characteristics:**

**Executive Summary**

Multnomah County's initiative to Eliminate Racial and Ethnic Disparities will engage community members and policy makers in understanding the root causes of health disparities, identifying policy solutions and practice improvements, and effectively advancing policy solutions. Multnomah County will integrate community input, findings from disparities experts, and local data to identify current efforts as well as immediate and long-term solutions to address the root causes of disparities.

**Program Description**

In Multnomah County, African Americans and increasingly, Latinos, Native Americans, and Asians experience lower life expectancy, higher rates of disease, poverty, overrepresentation in the criminal justice and mental health systems. This program creates a framework for addressing disparities with an explicit focus on justice, equity and the relationship of inequities to economic and educational attainment. This offer will include an internal process of looking at local indicators and current efforts to tackle disparities and an external process lead by Chair Wheeler. The Chair will continue to engage a Disparities Elimination Board of Advisors to identify and address the underlying causes of racial and ethnic disparities. The Initiative will continue to use the documentary Unnatural Causes to explore the nation's alarming socio-economic and racial health disparities. Using policy options generated by community involvement in the Health Equity Initiative and other community policy initiatives, the Health Equity Initiative will continue to convene local elected officials, community based organizations, and community members to identify and advance a specific policy agenda. This offer will weave together local and national data with findings from community dialogues and disparities experts to identify immediate and long-term actions to address disparities. Evaluation activities will assure accountability.

**Program Justification**

African American, Latino, Asian American and other communities have experienced historical inequities that have translated into persistent income and health disparities. The County cannot address disparities in diabetes and heart disease, infant mortality and sexually transmitted diseases alone; broader community engagement is critical. This offer addresses health disparities by directly engaging communities, building upon knowledge gained from successful disparities initiatives and public dialogues launched by the Departments of Health, Community Justice, and the Library. This engagement will strengthen trust and communication between the community and government, and at the same time, strengthen and inform Multnomah County's direct service delivery system.

**Performance Measures**

| Measure Type | Primary Measure   | Previous Year Actual (FY06-07) | Current Year Purchased (FY07-08) | Current Year Estimate (FY07-08) | Next Year Offer (FY08-09) |
|--------------|---|--------------------------------|----------------------------------|---------------------------------|---------------------------|
| Output       | Community leaders, organizational partners & community mbrs involved in program | 0                              | 180                              | 200                             | 200                       |
| Outcome      | Policy issues identified and adopted  | 0                              | 0                                | 0                               | 5                         |
| Output       | Number of surveys conducted to identify priority health concerns                | 0                              | 2,000                            | 500                             | 500                       |

**Performance Measure - Description**

1. Community engagement is a valid initial measure of health promotion, leading to community wellness by building or supporting strong social networks. These are key to maintaining cultural factors that protect against health risks. In year 2, the Initiative will move beyond community dialogues to identifying policies that promote health equity.
2. Surveys will identify community health equity policy priorities. 2,000 was an arbitrary number – a valid survey instrument measuring the opinions of 500 individuals will be similarly effective and manageable with current capacity. Defining, prioritizing, and acting upon one's own problems, is a critical first step in health promotion

## Legal/Contractual Obligation

## Revenue/Expense Detail

|                           | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|---------------------------|-----------------------|----------------------|-----------------------|----------------------|
| Program Expenses          | 2008                  | 2008                 | 2009                  | 2009                 |
| Personnel                 | \$74,432              | \$0                  | \$332,348             | \$0                  |
| Contracts                 | \$555                 | \$0                  | \$0                   | \$0                  |
| Materials & Supplies      | \$3,456               | \$0                  | \$16,147              | \$0                  |
| Internal Services         | \$4,411               | \$0                  | \$27,331              | \$0                  |
| Subtotal: Direct Exps:    | <b>\$82,854</b>       | <b>\$0</b>           | <b>\$375,826</b>      | <b>\$0</b>           |
| Administration            | \$0                   | \$0                  | \$5,035               | \$0                  |
| Program Support           | \$0                   | \$0                  | \$21,776              | \$0                  |
| Subtotal: Other Exps:     | <b>\$0</b>            | <b>\$0</b>           | <b>\$26,811</b>       | <b>\$0</b>           |
| Total GF/non-GF:          | <b>\$82,854</b>       | <b>\$0</b>           | <b>\$402,637</b>      | <b>\$0</b>           |
| Program Total:            | <b>\$82,854</b>       |                      | <b>\$402,637</b>      |                      |
| Program FTE               | 2.50                  | 0.00                 | 3.20                  | 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:

#40045A Reducing Racial & Ethnic Disparities

Project staffing modified to support more intensive work on policy development in the second year of this initiative, including the addition of a .50 FTE policy analyst (PDS Senior) and a .15 FTE community information specialist.

Board added \$25,000 for 2010 Census - Complete Count during amendment process