

**Lead Agency:** Health Department

**Program Contact:** WIGGINS Noelle

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Many persistent health inequities are the result of adverse social conditions such as poverty and racism. These conditions are referred to as the social determinants of health. The unifying factor among all these conditions is relative powerlessness or lack of control. Substantial evidence suggests that only by addressing the underlying social determinants of health and increasing people's control over their health can we improve health and reduce persistent health inequities. Previous inattention to the social determinants of health has created a need for skill-building in this area, both among public health practitioners and their community partners. This program helps people both inside and outside the Health Department build their capacity to address the social determinants of health. Activities include training community members as Community Health Workers (CHWs), conducting culturally-specific health promotion in various communities, teaching empowering health promotion approaches including popular education, conducting community-based participatory health research (CBPR), and coordinating the Health Promotion Change Process throughout the Health Department.

**Program Description**

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to improve health and increase health equity by addressing the social determinants of health, via five primary strategies: 1) providing credit-bearing training for Community Health Workers (CHWs) who promote health in their own communities; 2) assisting a variety of groups to learn to use empowering strategies such as popular education to promote health; 3) conducting community-based participatory research (CBPR) projects that increase power and improve health in communities affected by inequities; 4) conducting empowering health promotion projects in culturally-specific communities; and 5) leading the MCHD Health Promotion (HP) Change Process. Currently CCC staff provides revenue-producing CHW training courses to eight agencies. Bi-monthly popular education (PE) workshops and ongoing consultation about PE are provided to staff from the Health Department, other County departments, and other organizations. We are engaged in two multi-year CBPR projects. A project aimed at reducing violence affecting youth of color brings together youth and police officers at 5 alternative schools. During the first quarter of 2010 the Health Promotion Community of Practice, which leads the HP Change Process, will: 1) conduct a baseline survey with all Health Department staff; 2) disseminate a new version of the Health Promotion Framework; and 3) begin a series of "Introduction to Empowering Health Promotion" trainings with the aim of reaching all HD staff by the end of 2010. We collaborate closely with the Health Equity Initiative on a variety of projects, including development of an equity and empowerment lens.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of participants in training classes	1,422	2,000	1,800	2,000
Outcome	% of participants in training courses who report increased ability to promote hlt	92.0%	98.0%	95.0%	95.0%
Outcome	% of participants who demonstrate increased knowledge	0.0%	100.0%	90.0%	80.0%
Outcome	% of HD staff who report increased understanding of health promotion	0.0%	0.0%	0.0%	50.0%

**Performance Measure - Description**

 **Measure Changed**

1) Number of participants in training classes represents the sum all participants in each training class offered. The same participant may be counted more than once. 2) Percentage of participants in training courses who report increased ability to promote health is defined as participants who rate this item 1 or 2 on a post-evaluation survey. A score of 1 is the highest score. 3) Percentage of participants who demonstrate increased knowledge is defined as those who increase the number of correct items on a survey from baseline to follow-up. 4) Percentage of HD staff who report increased understanding of health promotion is defined as those who rate any of three items on a survey more positively from baseline to follow-up.

## Legal/Contractual Obligation

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
<b>Program Expenses</b>	2010	2010	2011	2011
Personnel	\$424,497	\$86,269	\$514,873	\$0
Contracts	\$2,250	\$0	\$0	\$750
Materials & Supplies	\$6,822	\$3,937	\$0	\$9,672
Internal Services	\$41,771	\$2,918	\$41,262	\$12,578
Total GF/non-GF:	<b>\$475,340</b>	<b>\$93,124</b>	<b>\$556,135</b>	<b>\$23,000</b>
Program Total:	<b>\$568,464</b>		<b>\$579,135</b>	
Program FTE	4.60	1.20	5.35	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$970	\$0	\$1,368	\$0
Fees, Permits & Charges	\$6,000	\$0	\$9,200	\$0
Intergovernmental	\$0	\$0	\$0	\$8,000
Other / Miscellaneous	\$0	\$16,000	\$0	\$15,000
<b>Total Revenue:</b>	<b>\$6,970</b>	<b>\$16,000</b>	<b>\$10,568</b>	<b>\$23,000</b>

## Explanation of Revenues

\$10,000 sub-contract from Yakima Valley Farmworkers Clinic for training for support group facilitators.

\$10,000 sub-contract from Janus Youth Village Gardens Project.

\$6,000 revenue from popular education workshops.

\$5,000 sub-contract from Lutheran Community Services.

Approximately \$5,000 in miscellaneous revenue from additional contracts and services.

## Significant Program Changes

Last year this program was: #40038, Health Promotion Coordination & Capacity Building