

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 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. In the last year, CCC staff has provided 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. Currently, two proposals for CBPR projects are under review by the Natl. Institutes of Health (NIH). A project aimed at reducing violence affecting youth of color brings together youth and police officers at seven schools, agencies, or faith communities. During 2010 the HP Community of Practice, which leads the HP Change Process: 1) conducted a baseline survey with all Health Department staff; 2) disseminated a new version of the HP Framework; 3) rolled out a series of "Introduction to Empowering Health Promotion" trainings to all HD staff; and 4) engaged in multiple projects aimed at increasing integration between clinical and community health promotion efforts. We collaborate closely with the Health Equity Initiative on a variety of projects, including piloting of the Equity and Empowerment Lens.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of participants in training classes	1,874	2,000	1,200	1,200
Outcome	% of participants in training courses who report increased ability to promote hlt	95.0%	95.0%	96.0%	96.0%
Outcome	% of participants who demonstrate increased knowledge	90.0%	80.0%	67.0%	70.0%
Outcome	% of HD staff who report increased understanding of health promotion	0.0%	50.0%	85.0%	85.0%

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
Program Expenses	2011	2011	2012	2012
Personnel	\$514,873	\$0	\$565,612	\$0
Contracts	\$0	\$750	\$750	\$0
Materials & Supplies	\$0	\$9,672	\$0	\$10,893
Internal Services	\$41,262	\$12,578	\$52,738	\$7,107
Total GF/non-GF:	\$556,135	\$23,000	\$619,100	\$18,000
Program Total:	\$579,135		\$637,100	
Program FTE	5.35	0.00	5.80	0.00
Program Revenues				
Indirect for dep't Admin	\$1,368	\$0	\$1,075	\$0
Fees, Permits & Charges	\$9,200	\$0	\$0	\$3,000
Intergovernmental	\$0	\$8,000	\$0	\$0
Other / Miscellaneous	\$0	\$15,000	\$0	\$15,000
Total Revenue:	\$10,568	\$23,000	\$1,075	\$18,000

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with \$619,100 in county general fund. Two revenue contracts, \$15,000 subcontract from Janus Youth Village Gardens Project and \$3,000 subcontract from Parish Health Promoter Program, reimburse the program for providing health promotion and community capacity building services.

Significant Program Changes

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

Several incremental adjustments were made to existing positions, resulting in an increase of 0.45 FTE and \$57,965. These housekeeping adjustments bring the budget in-line with the actual staffing level required to operate this program.