

Lead Agency: Health Department

Program Contact: Noelle Wiggins

Program Offer Type: Support

Related Programs:

Program Characteristics: In Target

Executive Summary

A key role of health departments and other government agencies is to support communities to identify and solve persistent problems. This program increases community capacity to identify and solve health problems. It also builds capacity within the Health Department to work in a way that empowers individuals and communities.

Activities include training Community Health Workers (CHWs), preventing youth violence before it starts, 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. These activities support health care reform and cut health care costs by giving people and communities the tools they need to protect and promote their own health.

Program Description

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to improve health, increase health equity, and cut health care costs by addressing the social determinants of health, via five primary strategies: 1) providing state-approved, credit-bearing training for Community Health Workers (CHWs); 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 most affected by inequities; 4) preventing youth violence through relationship building and comprehensive planning; and 5) leading the MCHD Health Promotion (HP) Change Process. In the last year, CCC staff has provided revenue-producing CHW training courses to 7 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.

A grant application to fund a CBPR project designed to measure the health outcomes of a community garden program was submitted. A project aimed at reducing violence affecting youth of color brings together youth and police officers at 9 schools, agencies, or faith communities, while another project supports coalition building and the development of a comprehensive plan to prevent violence affecting youth. During 2011-12, the HP Change Process: 1) shared findings of its follow-up survey with multiple groups; 2) began to offer "Introduction to Empowering Health Promotion" trainings at new employee orientations; and 3) engaged in multiple projects aimed at increasing health promotion competence at the Health Department.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of participants in training classes	1,265	1,500	1,500	1,750
Outcome	% of participants in training courses who report increased ability to promote hlt	95.0%	95.0%	92.0%	92.0%
Outcome	% of participants in training courses who demonstrate increased health knowledge	72.0%	70.0%	75.0%	75.0%

Performance Measure - Description

1) Number of participants in training classes represents the sum of 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 one or two on a post-evaluation survey. A score of one 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.

Please note: For FY 11, Outcome three was calculated as an average of correct responses. The average of correct responses increased from 2.7/8 (33%) at baseline to 4/8 (50%) at follow-up. Follow-up data for Outcome four has been collected but not analyzed; this data will be available by the end of FY 12.

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	2013	2013	2014	2014
Personnel	\$524,301	\$215,702	\$653,426	\$242,611
Contracts	\$750	\$331	\$0	\$750
Materials & Supplies	\$16,962	\$11,126	\$221	\$31,684
Internal Services	\$71,353	\$40,841	\$0	\$134,470
Total GF/non-GF:	\$613,366	\$268,000	\$653,647	\$409,515
Program Total:	\$881,366		\$1,063,162	
Program FTE	4.82	1.98	6.24	2.56
Program Revenues				
Indirect for dep't Admin	\$16,621	\$0	\$26,261	\$0
Fees, Permits & Charges	\$0	\$3,000	\$0	\$20,000
Intergovernmental	\$0	\$265,000	\$0	\$306,337
Other / Miscellaneous	\$0	\$0	\$0	\$83,178
Total Revenue:	\$16,621	\$268,000	\$26,261	\$409,515

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers and conducting evaluation.

County general fund: \$653,647
Striving to Reduce Youth Violence Everywhere (STRYVE) grant: \$248,151
Defending Childhood Initiative: \$20,000
CHW Trainings revenue contracts: \$22,500
Urban League: \$10,000
NE Oregon Network: \$53,178
Health Commons grant: \$20,686
Home Care Commission: \$35,000

Significant Program Changes

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

Our program offer changed because of increased revenue from Community Health Worker (CHW) training that we conduct for community-based organizations and coordinated care organizations. Also, \$30,000 in additional general fund was added to our budget to cover costs of training CHWs at MCHD which allowed for an 1.50 FTE new permanent positions to our program offer.

We rededicated funds from our STRYVE grant from the CDC to allow us to add a .5 FTE Community Health Specialist 2 to that program. The additional revenue and FTE for CHW training will allow us to serve more organizations and prepare more Community Health Workers for their roles in health care transformation. The addition of a permanent CHS 2 to our STRYVE team will allow us to more effectively engage communities most affected by youth violence in STRYVE planning and implementation.