



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

Board Clerk Use Only

Meeting Date: 12/11/14
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 12/1/14

Agenda Title: NOTICE OF INTENT to submit an application to the OHSU Knight Cancer Institute for up to \$25,000.

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date: 12/11/2014 **Time Needed:** N/A – Consent Item
Department: Health **Division:** ICS
Contact(s): Christy Ward, Sylvia Ness, Laurel Moses
503-988-6642
503-988-8678
Phone: 503-988-8648 **Ext.** N/A **I/O Address:** 160/9
Presenter Name(s) & Title(s): N/A – Consent Item

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application to the Oregon Health Sciences University Knight Cancer Institute Community Partnership Program for a Tier 2 Developmental Grant for up to \$25,000.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The OHSU Knight Cancer Institute created the Community Partnership Program to develop sustainable collaborations with Oregon communities to address community-identified cancer needs. Grants will fund projects anywhere along the cancer continuum from prevention to early detection and treatment through survivorship. The OHSU Knight Cancer Institute has made a decade-long commitment to invest \$1 million annually through this program.

Grants are available in three different tiers to provide the framework and resources to build projects over time while allowing for funding opportunities to be open to as wide a variety of

applicants as possible. Funded projects will be paired with an OHSU faculty member who will serve as an academic collaborator to share best practices, guide project development and /or aid in evaluation measures.

MCHD intends to apply for Tier 2 funding, which is intended for “Developmental Phase” projects to support the development of emerging community collaborations and required infrastructure, build on needs assessment / framework of program, and plan to address a community’s cancer-related needs. Funding will go to support the Mid County Prescription CSA pilot.

This project proposes to prevent chronic disease, including cancer, through several inter-related activities:

- Improve access to healthy food by removing up front financial barriers to purchasing a season's worth of healthy local produce and increasing awareness of options for purchasing fresh produce through weekly community supported agriculture (CSA) food boxes and tours at a local farmer’s market
- Improve capacity to prepare healthy food through increased knowledge of nutrition, and increased knowledge and skills around buying healthy foods on a budget learned through nutrition/cooking classes and education given at CSA pick-up
- Foster relationship between clients and their local farmers through personal interaction at CSA pick-up, farmer’s market and farm tours

This project will work in partnership with a) Zenger Farm b) Lent’s Farmers Market c) Oregon Food Bank and d) MCHD clients. OHSU funds will support this preventative health work by providing partial subsidies for client costs of weekly CSAs, funding supplies and translation services for Spanish-language cooking and nutrition classes, and supporting staff time and supplies to implement the project. MCHD will collaborate with the OHSU academic partner to select a support component of the project that the OHSU partner would be interested in providing and would be most valuable to the success and sustainability of the project. Proposed OHSU collaboration projects include: design and implementation of robust evaluation of the CSA program or comparison study of CSA project with other farm-to-patient programs such as veggie vouchers.

3. Explain the fiscal impact (current year and ongoing).

This grant would provide the Health Department with up to \$25,000 over a year grant period.

4. Explain any legal and/or policy issues involved.

None

5. Explain any citizen and/or other government participation that has or will take place.

The proposed project would involve collaboration with OHSU, Zenger Farms, Lent’s Farmer’s Market and Oregon Food Bank.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

The granting agency is the Oregon Health Sciences University

- **Specify grant (matching, reporting and other) requirements and goals.**

No matching is required.

The goals of Community Partnership Program grants are:

- Support Oregon communities to understand and address their most pressing cancer-related needs.
- Enhance collaboration between Oregon communities and OHSU academic collaborators to address cancer in Oregon.
- Foster the skills and abilities of communities to secure additional sources of funding to ensure projects are sustainable.

Formal project summaries are due within 30 days after the end of the funding period.
Reporting templates will be provided.

- **Explain grant funding detail – is this a one-time only or long term commitment?**

One time only.

- **What are the estimated filing timelines?**

The application is due on December 12th.

- **If a grant, what period does the grant cover?**

The project period is from March 1, 2015 – February 29, 2015.

- **When the grant expires, what are funding plans?**

Zenger Farms is exploring sustainable business models as a complimentary portion of this project. They are grant funded to provide additional staff time and to explore business feasibility options such as SNAP benefit coverage, which will be completed by the end of this grant period to incorporate project sustainability.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

All indirect costs are covered.

Required Signatures

**Elected Official
or Department/
Agency Director:**

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 12/1/2014

Budget Analyst: Wendy Lin-Kelly /s/ **Date:** 12/3/14

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved