



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT
(Revised: 9-24-15)**

Board Clerk Use Only

Meeting Date:	<u>6/2/16</u>
Agenda Item	<u>C.1</u>
Est. Start	<u>9:30 am</u>
Submit Date	<u>5/23/16</u>

Agenda Title: **NOTICE OF INTENT for the Health Department to submit an application of up to \$100,000 to the Oregon Health Authority**

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:	<u>6/2/16</u>	Time Needed:	<u>N/A - Consent</u>
Department:	<u>Health</u>	Division:	<u>Public Health</u>
Contact(s):	<u>Rachael Banks, Elizabeth Barth and Alison Frye</u>		
	<u>87778</u>		
	<u>89454</u>		<u>448/2</u>
Phone:	<u>88687</u>	Ext.	<u>I/O Address: 160/9</u>
Presenter Name(s) & Title(s):	<u>N/A - consent</u>		

A Notice of Intent is required to obtain approval from the Board of County Commissioners to ensure a competitive grant proposal is in alignment with the County's mission; to receive an indication from the Board of its willingness to commit the necessary County resources to support the grant. A Budget Modification is required to appropriate funds received from a successful grant proposal.

Notice of Intent Specific Information

Department recommendation for consent agenda placement (*must meet all criteria*):

- Proposal is under \$500,000/ year.
- Proposal does not require cash match as part of the budget.
- Proposal does not commit County to on-going programming following award.
- Proposal adheres to the County's indirect guidelines.
- Proposal is within the Department's strategic direction.
- Proposal does not have policy and/or legal implications that warrant a public dialog.

X To the best of my knowledge, this proposal adheres to all of the above criteria and may be placed on the Board of County Commissioner's Consent Agenda. I understand the proposal can be moved to the regular Board Agenda for any reason by Commissioners or their staff.

☐ *To the best of my knowledge, this proposal does not meet criteria for placement on the Consent Agenda and should be placed on the Regular Agenda.*

Please complete for any NOI:

Granting Agency	Oregon Health Authority
Proposal due date	6/8/16
Grant period	July 1, 2016 – June 30, 2017
Approximate level of funding by year	\$100,000
Program Offer(s) potentially impacted	40060
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	No

1. Brief overview of grant's purpose and/or impact.

The State of Oregon's Healthy Communities program began in 2008 with the purpose of supporting local public health authorities and tribal health authorities in implementing population-based initiatives that reduce the burden of chronic diseases most closely linked to tobacco use, physical inactivity and poor nutrition. Such chronic diseases include arthritis, asthma, cancer, diabetes, heart disease, obesity, and stroke. Since its initiation, Healthy Communities programs have leveraged collaborations with community organizations to create convenient access to healthy options that help people in Oregon live better, and create systems to support those living with chronic conditions. Priorities are based on Centers for Disease Control and Prevention guidelines and include:

- Worksite wellness in government agencies
- Nutrition standards in hospitals
- Wellness in kindergarten through 12th grade (K-12) School Districts
- Physical activity in the built environment
- Colorectal cancer screening in Health System/Community

Multnomah County has been a Healthy Communities funding recipient since the program's inception. Current funding supports a variety of chronic disease prevention programming including: worksite wellness; nutrition and physical activity in the built environment; nutrition standards; and screening/intervention and self management infrastructure for chronic disease. Healthy Communities funding would support the Health Department to continue/expand on existing work and partnerships to prevent chronic disease in the community.

2. Brief overview of how proposal is aligned with Department's strategic direction.

The proposed project fits squarely within the Health Department's mission to assure, promote, and protect the health of the people of Multnomah County in partnership with the diverse communities we serve. In addition, the proposal supports the Public Health Division's strategic direction of "Relentlessly Pursuing Health Equity" and the strategic plan indicator to develop a "Division-wide plan developed to reduce the chronic disease burden in communities of color."

3. Describe any community and/or government input considered in planning for this grant.

The Health Department has been working with a variety of partners to move chronic disease prevention forward. Examples include: the Cities of Portland and Gresham; the Healthy Columbia Willamette Collaborative; Safe Routes to Schools; Coordinated Care Organizations; and Multnomah County Worksite Wellness program. The activities will also be coordinated with the Community Health Improvement Plan being led by the Oregon Health Equity Alliance as appropriate.

4. What partners may be included in program activities?

Potential partners include those listed above as well as hospital systems and community based organizations such as the American Cancer Society.

5. Generally, what are the grant's reporting requirements?

Recipients will participate in interview progress reports with HPCDP staff three times during the award period, to document progress toward achieving Local Program Plan objectives, activities and milestones. Guidance for preparing for interview reports will be sent to Recipients at least two weeks prior to the interview schedule period.

Please complete for NOIs on the Regular Board Agenda ONLY:

6. When the grant expires, will your Department continue to fund the program? If so, how?

7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.

8. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.

9. If the grant requires a cash match, how will you meet that requirement?

10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/

Date: 5/23/2016

Budget Analyst:

Jeff Renfro/s/

Date: 5/23/2016

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