



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # R-9 DATE 6/12/14
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 6/12/14
Agenda Item #: R.9
Est. Start Time: 11:00 am
Date Submitted: 5/27/14

**Agenda NOTICE OF INTENT to submit an application of up to \$600,000 to the
Title: CDC- Improvement of Identification and Care for Hepatitis B Grant**

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>6/12/14</u>	Time Needed:	<u>5 min</u>
Department:	<u>Health</u>	Division:	<u>Community Health Services</u>
Contact(s):	<u>Amy Sullivan and Alison Frye</u>		
	<u>503.988.3406</u>		<u>160/3</u>
Phone:	<u>503.988.8687</u>	Ext.	<u>I/O Address: 160/9</u>
Presenter Name(s) & Title(s):	<u>Amy Sullivan, Communicable Disease Services Manager and Alison Frye, Grant Writer</u>		

General Information

1. What action are you requesting from the Board?

Approval for the Health Department Director to submit an application for up to \$300,000 per year for 2 years to the Centers for Disease Control and Prevention: Collaborations to Improve Identification and Care for Chronic Hepatitis B Virus (HBV) Infection among Persons in the United States who were Born in Countries with Intermediate-High ($\geq 2\%$) HBV Prevalence funding opportunity.

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.

An estimated 1.2 million persons in the U.S. have chronic Hepatitis B virus (HBV) infection, and 25% will die of HBV-associated complications in the absence of medical interventions. Early identification of chronic HBV infection (CHB) allows for the implementation of public health measures to prevent further transmission of HBV and for the institution of recommended medical monitoring and care, which can delay or prevent complications. About two-thirds of persons with chronic HBV infection (CHB) are foreign-born and

originate from countries with intermediate-high HBV infection prevalence ($\geq 2\%$), mostly in Asia and sub-Saharan Africa. Most persons with CHB have not been tested and are unaware of their infection status; those persons with CHB who do know of their infection status receive appropriate medical care infrequently. The purpose of this funding opportunity is to improve the capacity of healthcare providers and other stakeholders serving persons born in countries with intermediate-high HBV infection prevalence to increase the identification of persons with CHB and link them to high-quality, ongoing HBV-directed medical care.

Multnomah County has a substantial population of individuals born in countries with intermediate to high HBV prevalence. On average, Multnomah County receives about 900 refugees each year, with 32.2% arriving from East or Southeast Asia and 30.4% and from sub-Saharan Africa, as well as 31.7% from the Middle East and 5.1% from Eastern Europe—other regions of intermediate HBV prevalence—in FY 2013. In addition to newly arriving refugees, approximate 14% of the county's population is foreign born, with over half of these individuals originating from countries with intermediate or high HBV prevalence. In response to the high risk of HBV for this population, Multnomah County Health Department (MCHD) has been implementing a project similar to that described in the funding opportunity announcement since 2012. Testing results prove the necessity of HBV services for the foreign born. Overall, 3.4% of individuals screened have tested positive for HBV; 5.1% of individuals from East or Southeast Asia and 6.7% of individuals from Eastern Europe have tested positive. Additionally, the rate of positive tests has been rising in recent months as more refugees arrive from the Democratic Republic of Congo. These data indicate the necessity of continuing HBV outreach and screening activities. This new funding opportunity would also permit more resources to be devoted to linking HBV-positive individuals to care once they are screened and made aware of their status.

MCHD, in partnership with HBV specialists at Oregon Health and Sciences University, primary care providers, and community-based organizations (CBOs), proposes a collaborative, comprehensive approach to improve the capacity of healthcare providers and other stakeholders to increase the identification of persons with HBV and link them to quality, ongoing HBV-directed medical care. Strategies include: Collaboration and Coordination; Outreach, Education and Screening; Linkage and Retention to Care (Navigation); Primary Care Training and Support; and Data Collection and Surveillance.

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

The funding opportunity is for up to \$300,000 a year for two years. Funds will support staff time in the Communicable Disease Services program and Mid-County Health Center, as well as contracts to HBV specialty care partners and CBOs.

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.

Local immigrant and refugee services stakeholders are represented on the Oregon Refugee Health Advisory Group, which includes MCHD, the Immigrant and Refugee Community Organization (IRCO), Ecumenical Ministries of Oregon - Sponsors Organized to Assist Refugees (SOAR), Catholic Charities, and Lutheran Community Services. The project will involve working with representatives from these community-based refugee organizations and the Oregon Health Division, the Oregon State Refugee Program, and HBV specialists at Oregon Health and Sciences University.

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 Centers for Disease Control and Prevention
- **Specify grant (matching, reporting and other) requirements and goals.**
No matching is required. Goals of the project are: 1) To develop partnerships among primary health-care providers, medical specialists experienced in the treatment of HBV community-based organizations, and health departments to address Chronic Hepatitis B among foreign-born persons from countries with intermediate-high HBV prevalence and 2) To improve the capacity of healthcare providers and other stakeholders serving persons born in countries with intermediate-high HBV infection prevalence to increase the identification of persons with HBV and link them to quality, ongoing HBV-directed medical care. Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project and must submit the Annual Performance Report 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is a one-time funding opportunity for a two year project period.
- **What are the estimated filing timelines?**
The deadline is June 18, 2014.
- **If a grant, what period does the grant cover?**
The funding period is September 30, 2014- September 29, 2016.
- **When the grant expires, what are funding plans?**
When the grant expires, other funding sources will be identified to continue project activities as needed, including the possibility of reimbursement for point of contact services.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
All indirect expenses are covered through this funding opportunity.

Required Signatures

Elected Official
or Department/
Agency Director: Wendy Lear for Joanne Fuller/s/ Date: 5/27/14

Budget Analyst: Althea Gregory /s/ Date: 5/27/14

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