



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 5/24/13)

Board Clerk Use Only

Meeting Date: 7/11/13
 Agenda Item #: C.8
 Est. Start Time: 9:30 am
 Date Submitted: 7/2/13

Agenda **NOTICE OF INTENT to apply to the CDC Early Identification and Linkage to Care for Persons with Chronic HBV/HCV Infections Grant Program**

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.

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| Requested Meeting Date: <u>July 11, 2013</u> | Time Needed: <u>N/A – consent item</u> |
| Department: <u>Health</u> | Division: <u>Community Health Services, Communicable Disease Services</u> |
| Contact(s): <u>Marc Harris; Amy Sullivan</u> | |
| Phone: <u>503-988-3663</u> Ext. <u>29778; 22852</u> | I/O Address: <u>160/9; 160/3</u> |
| Presenter Name(s) & Title(s): <u>N/A – consent item</u> | |

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$100,000 to the Center for Disease Control and Prevention's (CDC) Viral Hepatitis, Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections Grant Program.

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.

In May 2012, the CDC announced a request for proposals to its Viral Hepatitis, Early Identification and Linkage to Care for Persons with Chronic Hepatitis B (HBV) and Hepatitis C (HCV) Infections funding opportunity. The goal of this funding opportunity was to support efforts to improve the health of populations disproportionately affected by viral hepatitis by maximizing the health impact of public health services, reducing disease prevalence, and promoting health. Health

disparities in viral hepatitis are inextricably linked to a complex blend of social determinants that influence populations most severely affected by this disease. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. To this end, the CDC called for proposals in two categories, one of which was Category A, Early Identification and Linkage to Care for Foreign-Born Persons with HBV, focusing on immigrants and refugees. Portland, OR was one of 50 geographic areas eligible to be served by Category A activities based on its proportionately large populations of refugees and immigrants from Asian and African countries, as HBV prevalence rates across these continents tend to range from intermediate, 2% - 7%, to high, >8%. Multnomah County Health Department (MCHD) Communicable Disease Services applied to Category A. In September 2012, a grant for \$100,000 was awarded to expand HBV testing for refugees and immigrants through MCHD and outreach screening locations, and assure that persons screening positive for HBV are linked to a health care provider. 98% of refugees arriving in Oregon come through Multnomah County, and in federal FY 2011, 51% of Oregon refugees came from Asian countries and 23% came from African countries. The grant was to cover a one-year project period.

In June 2013, the CDC announced that grantees from last year's funding opportunities are eligible to apply for one additional year of supplemental funding to continue project activities. Due to the first year's success (614 individuals have been screened to date with 94% being successfully linked to care), Communicable Disease Services intends to apply for another \$100,000 for this second 12-month project period. MCHD anticipates it will test 1,000 refugees for HBV during the project period, and link those who test positive to care.

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

This grant will provide the Health Department with \$100,000 for a one-year project 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 project coordinates with local community-based agencies (IRCO, Lutheran Community Services, Asian Health and Services Center, and Catholic Charities) to implement community testing and education. The project also partners with the Oregon State Refugee program to ensure ongoing coordination of activities.

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 Center for Disease Control and Prevention (CDC).
- **Specify grant (matching, reporting and other) requirements and goals.**
The purpose of the program is to support a one (1) year expansion of the viral hepatitis testing initiative to increase early identification of persons with chronic HBV, HCV, or both, depending on grantee project scope, with a focus on medically underserved populations and populations that are disproportionately affected by these infections.
Semi-annual reporting is required, and data submissions to track progress are required monthly.
No cost matching is required.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is a one time award that will expand grant activities for one year.
- **What are the estimated filing timelines?**
The application is due July 15, 2013.
- **If a grant, what period does the grant cover?**
The grant will cover the period of September 30, 2013 through September 29, 2014.
- **When the grant expires, what are funding plans?**
When the grant expires, the project will be completed. Other funding sources will be identified to continue project activities as needed.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes, 100% of indirect costs are covered by grant funds.

Required Signatures

Elected Official or Department/ Agency Director: KaRin Johnson for Lillian Shirley/s/ **Date:** 07-02-13
Name/Title: _____

Budget Analyst: _____ **Date:** _____
Name/Title: _____

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