



## MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R.8 DATE 3-27-14  
LYNDA GROW, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 3/27/14  
Agenda Item #: R.8  
Est. Start Time: 11:00 am  
Date Submitted: 3/13/14

**Agenda** NOTICE OF INTENT to submit an application of up to \$340,000 to the  
**Title:** Strategies for Policies and Environmental Change – tobacco free 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.*

<b>Requested Meeting Date:</b>	<u>3/27/14</u>	<b>Time Needed:</b>	<u>5 min</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Public Health and Community Initiatives</u>
<b>Contact(s):</b>	<u>Kari McFarlan and Alison Frye</u>		
<b>Phone:</b>	<u>503.988.3663</u>	<b>Ext.</b>	<u>24214</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>Alison Frye, Grant Writer and Adelle Adams, Communications and Policy Lead</u>	<b>I/O Address:</b>	<u>448/2 160/9</u>

### General Information

**1. What action are you requesting from the Board?**

Approval for the Health Department Director to submit an application of up to \$340,000 for 14 months to the Oregon Health Authority Strategies for Policy and enviRonmental Change (SPArC) – Tobacco Free 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.**

The State of Oregon, Oregon Health Authority (OHA), requests Applications from qualified Applicants to implement tobacco prevention and education strategies grounded in evidence-based practices.

Tobacco is the leading preventable cause of death and disability, and one of the primary drivers of health care costs in Oregon. For the first time in Oregon, during the 2013 legislative session, Tobacco Master Settlement Agreement (TMSA) funds were designated for tobacco prevention. Numerous conversations were then held with the Conference of

Local Health Officials (CLHO), the CLHO Healthy Communities Committee, the Tobacco Reduction Advisory Committee (TRAC), and an expanded group of advisors including representatives from Coordinated Care Organizations (CCOs) and the Governor's Office. These groups provided advice to the Oregon Health Authority (OHA) Health Promotion and Chronic Disease Prevention Section (HPCDP) on allocation and distribution of these funds aligned with recommendations from the Centers for Disease Control and Prevention (CDC) Best-Practices for Tobacco Control.

As a result, TMSA funding is directed to Local Public Health Authorities (LPHAs) to advance policy, systems and environmental changes that:

- Promote tobacco-free environments and communities,
- Reduce the influence of tobacco product marketing and promotion, and
- Encourage tobacco users to quit.

OHA requests that LPHAs implement the following evidence-based strategies

- Implement a Local Program Plan with one to three strategies for tobacco prevention policy, systems and environmental change;
- Articulate explicit and realistic plans to involve and work closely with the area CCO(s) in advancing the planned strategies;
- Pursue media advocacy activities that educate the community and decision makers in a way that will advance policy, system or environmental changes;
- Use existing community assessments and conduct additional assessment activities as necessary to advance the selected strategy; and
- Select strategies that reduce tobacco-related disparities.

In collaboration with CCOs and community partners MCHD proposes to conduct assessment and data analysis to inform policy development that works to reduce youth access and use of tobacco.

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

The funding opportunity is for up to \$340,000 for a 14 month period

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

Issues involve development of policies that restrict where and how tobacco is used, sold and marketed.

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

Activities will involve the Multnomah County Tobacco Prevention Coalition (which includes a variety of private and public partners such as the American Lung Association and Portland Public Schools), community based organizations, and business owners in assessment, develop, and implementation of policies.

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**Grant Application/Notice of Intent**

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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 Authority.

- **Specify grant (matching, reporting and other) requirements and goals.**  
No matching is required. Goals of the project include: 1) to promote tobacco-free environments and communities 2) to reduce the influence of tobacco product marketing and promotion and 3) to encourage tobacco users to quit. Award recipients will participate in interview progress reports for times during the grant period.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
This is a one-time funding opportunity.
- **What are the estimated filing timelines?**  
The electronic submission deadline is March 28<sup>th</sup> 2014.
- **If a grant, what period does the grant cover?**  
The funding period is May 1, 2014-June 30, 2015.
- **When the grant expires, what are funding plans?**  
Policy and environmental change work is meant to create long-term, sustainable change, thus this project will be completed during the funding cycle.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
All indirect expenses are covered through this funding opppotunity.

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### **Required Signatures**

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**Elected Official  
or Department/  
Agency Director:** KaRin Johnson for Joanne Fuller **Date:** 03-12-14

**Budget Analyst:** Althea Gregory /s/ **Date:** 03-13-14

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