

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 is calling for proposals in two categories: Category A, Early Identification and Linkage to Care for Foreign-Born Persons with Hepatitis B, focusing on immigrants and refugees, and Category B, Testing for Viral Hepatitis C Infection and Enhancing Linkage to Medical Care for Persons with Hepatitis C (HCV), focusing on high risk populations such as persons who inject drugs. Applicants may apply for one or both categories, and the Health Department intends to apply for both categories.

Category A: The majority (47–70%) of the chronic hepatitis B (HBV) disease burden within the U.S. is among foreign-born persons. Sixty percent of new immigrants to the United States come from countries where hepatitis B is prevalent and the prevalence of chronic hepatitis B infection among some immigrant and refugee populations has been estimated as high as 26%. According to the Institute of Medicine Report, Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C, (January 2010), “It is increasingly urgent that appropriate programs provide hepatitis B screening and related services to this high-risk population.” Immigrants and refugees from Asian and African countries are particularly at risk for hepatitis B, as prevalence rates across these continents tend to range from intermediate (2% - 7%) to high (>8%). A vast proportion of Oregon’s foreign-born population are from these regions, making Portland, Oregon, one of the top 50 cities in the nation in regard to number of foreign born persons from Asia or Africa (nearly all of Oregon’s immigrants and refugees come through Portland/Multnomah County) and, therefore, eligible to apply to this funding category. Between 2006 and 2010, only about 26% of Oregon refugees were screened for HBV. However, the above data makes it clear that screening rates must occur at higher rates in order to both improve health outcomes for HBV+ refugees and also protect public health. If awarded, the Health Department intends to use these funds to help integrate HBV testing into the health screening performed for refugees screened by the Department through the Refugee Medical Assistance program and provide community-based testing.

Category B: Category B is broken down into three parts that can be applied for separately or in combination. The Health Department is seeking funding for Part 1: HCV Testing and Linkage to Care in Settings that Provide Services to Persons Who Inject Drugs (PWID). As HCV is transmitted most efficiently through blood exposure, PWID are at very high risk for contracting HCV. The CDC estimated that 60% of HCV incidence in 2000 were among PWID, and rates have not significantly decreased over the past decade. If funded, the Health Department will conduct outreach and HCV testing at multiple sites serving PWID, including the Department’s STD/Hep C clinic and needle exchange program, the needle exchange program run by Outside In, and at CODA Behavioral Health, which specializes in substance abuse treatment.

By focusing on these two high risk populations, the Department hopes to pursue health equity among underserved/difficult-to-serve populations while also protecting the general public’s health through decreasing exposure to viral hepatitis.

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

If both applications are funded, the grant will provide the Health Department with \$150,000 to \$600,000 over a one-year period. If only one is funded, the award will total \$100,000 to \$300,000 for Category A or \$50,000 to \$300,000 for Category B over a one-year 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.

None.

ATTACHMENT A

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 Federal Centers for Disease Control and Prevention (CDC).
- **Specify grant (matching, reporting and other) requirements and goals.**
The goal of the grant is to increase testing and linkage to medical care for persons infected with HBV and HCV, with a focus on populations that are disproportionately impacted by viral hepatitis. Awards will be made with the understanding the grantees follow evaluation benchmarks and objectives outline by the CDC. 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 funding opportunity is a one-time only grant for a 12-month project period. Future funding is contingent on available Prevention and Public Health Funds and would require the competitive submission of new proposals.
- **What are the estimated filing timelines?**
The application is due on July 2, 2012.
- **If a grant, what period does the grant cover?**
The grant covers the one-year period of September 30, 2012 through September 29, 2013.
- **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 will be covered by grant funds.

ATTACHMENT B

Required Signatures

Elected Official or
Department/
Agency Director:

KaRin Johnson for

Lillian Shirley

Date:

06/11/2012

Budget Analyst:

Althea Gregory /s/

Date:

06/13/2012