



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

## Notice of Award

Award# 1 NU58DP007062-01-00

FAIN# NU58DP007062

Federal Award Date: 09/13/2021

**Recipient Information****1. Recipient Name**

City of Portland, Oregon  
1221 SW 4th Ave Rm 340  
Portland, OR 97204-1900

**2. Congressional District of Recipient**

03

**3. Payment System Identifier (ID)**

1936002236A8

**4. Employer Identification Number (EIN)**

936002236

**5. Data Universal Numbering System (DUNS)**

054971197

**6. Recipient's Unique Entity Identifier****7. Project Director or Principal Investigator**

Eric Engstrom  
Eric.Engstrom@portlandoregon.gov  
503-832-7700

**8. Authorized Official**

Mr. Ted Wheeler  
Authorized Official  
mayorwheeler@portlandoregon.gov  
503-823-4120

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. Robyn Bryant  
Grants Management Specialist  
ppa4@cdc.gov  
770-488-2917

**10. Program Official Contact Information**

Claire Heiser  
Lead Public Health Advisor  
beq9@cdc.gov  
770-488-5284

**Federal Award Information****11. Award Number**

1 NU58DP007062-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP007062

**13. Statutory Authority**

Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a)

**14. Federal Award Project Title**

Addressing Health Equity: West Portland's SDOH Accelerator Plan

**15. Assistance Listing Number**

93.945

**16. Assistance Listing Program Title**

Assistance Programs for Chronic Disease Prevention and Control

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$124,874.00
20a. Direct Cost Amount			\$117,613.00
20b. Indirect Cost Amount			\$7,261.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$124,874.00
<b>26. Project Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Pamela Render  
Grants Management Officer

**30. Remarks**



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## Notice of Award

Award# 1 NU58DP007062-01-00

FAIN# NU58DP007062

Federal Award Date: 09/13/2021

Recipient Information		33. Approved Budget (Excludes Direct Assistance)			
<b>Recipient Name</b> City of Portland, Oregon 1221 SW 4th Ave Rm 340 Portland, OR 97204-1900		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation			
<b>Congressional District of Recipient</b> 03		<b>a. Salaries and Wages</b> \$18,321.00 <b>b. Fringe Benefits</b> \$12,092.00 <b>c. Total Personnel Costs</b> \$30,413.00 <b>d. Equipment</b> \$0.00 <b>e. Supplies</b> \$2,000.00 <b>f. Travel</b> \$0.00 <b>g. Construction</b> \$0.00 <b>h. Other</b> \$40,200.00 <b>i. Contractual</b> \$45,000.00			
<b>Payment Account Number and Type</b> 1936002236A8		<b>j. TOTAL DIRECT COSTS</b> \$117,613.00			
<b>Employer Identification Number (EIN) Data</b> 936002236		<b>k. INDIRECT COSTS</b> \$7,261.00			
<b>Universal Numbering System (DUNS)</b> 054971197		<b>l. TOTAL APPROVED BUDGET</b> \$124,874.00			
<b>Recipient's Unique Entity Identifier</b> Not Available		<b>m. Federal Share</b> \$124,874.00 <b>n. Non-Federal Share</b> \$0.00			
<b>31. Assistance Type</b> Project Grant					
<b>32. Type of Award</b> Other					
34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H1J	21NU58DP007062	DP	41.51	\$124,874.00	75-21-0948

## AWARD ATTACHMENTS

City of Portland, Oregon

1 NU58DP007062-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP21-2111, titled Closing the Gap with Social Determinants of Health Accelerator Plans, and application dated July 6, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$124,874 is approved for the Year 01 budget period, which is September 30, 2021 through September 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Financial Assistance Mechanism:** Grant

**Budget Requirements:** Please provide the following information by submitting a grant note in Grant Solutions as soon as this information is available:

- Travel- Please identify the traveler and position title.
- Supplies-Provide an itemization of supplies in the budget narrative.

## FUNDING RESTRICTIONS AND LIMITATIONS

**Notice of Funding Opportunity (NOFO) Restrictions:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

### Indirect Costs:

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective July 1, 2021.

## REPORTING REQUIREMENTS

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
 Robyn Bryant, Grants Management Officer/Specialist  
 Centers for Disease Control and Prevention  
 Branch 5 Supporting Chronic Diseases and Injury Prevention  
 2939 Flowers Road South  
 Atlanta, GA 30341-5507  
 Email: [ppa4@cdc.gov](mailto:ppa4@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
 Office of the Inspector General  
 ATTN: Mandatory Grant Disclosures, Intake Coordinator  
 330 Independence Avenue, SW  
 Cohen Building, Room 5527  
 Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
 Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on Page 2 of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**GMS Contact:**

Robyn Bryant, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 5 Supporting Chronic Diseases and Injury Prevention  
Telephone: 404-498-2698  
Email: [ppa4@cdc.gov](mailto:ppa4@cdc.gov)

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Programmatic Contact:**

Claire Heiser, Project Officer  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Telephone: 770-488-5284  
Email: beq9@cdc.gov

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:**

Pamela Render, Grants Management Officer  
Centers for Disease Control and Prevention  
Branch 5 Supporting Chronic Diseases and Injury Prevention  
Telephone: 770-488-2712  
Email: plr3@cdc.gov

## PROJECT NARRATIVE

**Background:** The City of Portland, Oregon is seeking a \$124,874 Federal grant to accelerate multisector efforts to improve the social determinants of health (SDOH) in Portland's communities with the poorest health outcomes. According to July 1, 2019 population estimates from the U.S. Census Bureau, roughly 16% (654,741) of Oregon's population lives in Portland, which is the largest city in the state and the 26<sup>th</sup> most populated city in the United States. Portland's residents comprise 81% of Multnomah County's population within an area of 145 square miles and 95 discrete neighborhoods. An established body of evidence suggests that where you live is more important than your genes, gender or lifestyle in determining health outcomes and, ultimately, longevity.<sup>1</sup> According to the Multnomah County Health Department, the five leading causes of death in the county are cancer, heart disease, unintentional injury (accidents), stroke, and chronic lower respiratory disease, and the primary drivers of health outcomes are the physical environment (e.g., transportation, walkability, safety, housing, parks, access to healthy foods); community and social context (e.g., community engagement, social integration and support, available resources, and historical treatment); education; economic stability; and the health care system. However, access to these drivers of health outcomes is not evenly distributed among the City's residents. Low-income neighborhoods frequently lack the physical assets and conditions needed to support good health, resulting in significant place-based inequities with profound social, economic and health consequences. Residents of disenfranchised neighborhoods experience limited access to transportation or infrastructure to support novel modes of transport; reduced access to jobs; poorer quality schools; higher crime; greater environmental exposures; and a limited opportunity to build financial assets. The populations bearing the largest proportion of this burden are communities of color (26% of the City's population) and those experiencing poverty or economic distress (14% of the City's population). Research concludes that racism<sup>2</sup> reduces the quality and longevity<sup>3</sup> of people of color. Racist structures and policies laid the foundation for resource deprivation in low-income neighborhoods, which continues to compound over time. As a result, neighborhood factors have been shown to influence health outcomes ranging from infectious diseases, infant health and asthma, to cardiovascular disease, obesity and depression. These neighborhood factors are exacerbated by reduced access to political power. Immigrants and those with limited English proficiency are more vulnerable to risk factors for displacement and lack access to opportunity. Key findings from research conducted by the New American Economy<sup>4</sup> found that, in 2018, over 28% of immigrants (24,510) living in Portland had limited English language proficiency; the top five languages spoken at home other than English were Spanish (32%), Vietnamese (21%), Chinese (14%), Russian (9%), and Ukrainian and related Slavic languages (3%). In 2018, 44,101 Portland residents (7%) were without health insurance, and over 28% of these were immigrants.

<sup>1</sup> Oregon Health Authority. *Life Expectancy in Oregon by Census Tract*. 2018.

[www.oregon.gov/oha/ph/birthdeathcertificates/vitalstatistics/pages/lifeexpectancy.aspx](http://www.oregon.gov/oha/ph/birthdeathcertificates/vitalstatistics/pages/lifeexpectancy.aspx)

<sup>2</sup> Multnomah County Health Department. *Maternal, Child, and Family Health Data Book*. 2014. Accessed on 6/18/21 at [https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/maternal\\_child\\_family\\_health\\_databook.pdf](https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/maternal_child_family_health_databook.pdf)

<sup>3</sup> Multnomah County Health Department. *Report Card on Racial and Ethnic Disparities*. Accessed on 6/18/21 at <https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/2014%20Report%20Card%20on%20Racial%20and%20Ethnic%20Disparities%20-%20Full%20Report%20-%20v121214.pdf>

<sup>4</sup> Accessed 6.18.21 at <https://www.newamericaneconomy.org/city/portland/>



Until health inequities are addressed, chronic disease/conditions and injury, and their burden on health status, cannot be addressed. The proposed project will address these health inequities.

**Approach: Purpose:** The City of Portland, under the leadership of the City's Bureau of Planning and Sustainability (BPS), will convene and coordinate a Leadership Team of 8 multisectoral partners to develop an implementation-ready SDOH Accelerator Plan. These efforts will focus on two priority areas: Built Environment and Social Connectedness. These two priority areas offer two interconnected and guiding visions for Portland's residents: 1) *Great Places with Equitable Access* — a natural and built environment that enhances environmental and community health through public amenities and has new commercial and human services, and a supply and variety of housing options, for a growing ethnically and economically diverse population; and 2) *Strong Communities and People* — a thriving and interconnected community that contains racially and economically diverse households who are resilient in the face of displacement pressures and supported by strong social and cultural institutions, and human services that benefit all residents. These visions will guide the development of the SDOH Accelerator Plan as the Leadership Team works together to identify how to implement health equity and issue-specific goals, strategies, and activities (e.g., infrastructure improvements, land use regulations to improve the health of the community, and assets of the community to preserve or strengthen). The activities of the Leadership Team will result in two relevant short-term outcomes: 1) increased collaboration and engagement across multisectoral partners; and 2) a completed implementation-ready SDOH Accelerator Plan (the primary deliverable for this grant), including all required components (e.g., evaluation plan, data integration, implementation plan; sustainability/funding strategy, and success story). The SDOH Accelerator Plan will enable the City and its multisector partners to undertake priority actions that prevent or reduce adverse environment-related disparities affecting under-served and under-represented communities, including addressing disparities relating to air and water quality, natural hazards, contamination, climate change, and access to nature. It will help the City address much-needed infrastructure improvements on street networks to improve health outcomes through increased physical activity (biking and walking) and decreased motor vehicle traffic. The SDOH Accelerator Plan will also identify ways to strengthen social cohesion through gathering spaces and programs for culturally specific and cross-cultural community building. Communities with gathering spaces and activities that give people opportunities to gather with their own culture, or bring multiple cultures together, are more likely to develop a sense of trust and connection known as social cohesion. Social cohesion reduces morbidity, builds social and political capital, and can increase economic opportunities for individuals.

**Collaborations:** Recent research by BPS concluded that City planning has contributed to an entrenched pattern of racial and economic segregation and the displacement of communities of color in Portland for over 100 years<sup>5</sup>. Exclusionary zoning regulations have limited housing choices in areas with wealthier and whiter households, while exacerbating displacement pressures in areas with more households of color. Public disinvestment in neighborhoods with more households of color set the stage for private real estate speculation and an influx of higher income whiter households. The City fueled this neighborhood change and the resulting displacement of lower-income households through land use planning processes and publicly funded revitalization efforts that disregarded the voices and needs of those most vulnerable to displacement. The vision is a Portland that is prosperous, healthy, equitable, and resilient. To create a more inclusive city and address long-standing disparities, it is vital to understand how

<sup>5</sup> *Historical Context of Racist Planning*. Bureau of Planning and Sustainability, 2019

past City decisions have created the inequitable landscape and opportunities that is Portland today. The proposed project is one more step in that reckoning, with a new decision-making and planning process that goes beyond simply informing communities to truly address the challenges faced through collaboration and co-creation. The City is ready to undertake the proposed project because, for the last several years, multiple government and community-based organizations have collaborated on The West Portland Town Center (WPTC) Plan<sup>6</sup>. The plan reflects a shift in City planning practices toward an approach that centers the needs of those most impacted by racial and health inequities and directs the City to address their needs first. The WPTC Plan is a city-community shared vision for an equitable future with better outcomes for all, centered on a growing area of the city which is a cultural hub for the East African refugee/immigrant and Muslim community, and home to Oregon's largest mosque, Masjid As-Saber. The Plan's priority action items identified through this multi-year community engagement process that are related to the Built Environment and Social Cohesion will help guide the development of the proposed SDOH Accelerator Plan. Research on best practices of equitable urban development show a targeted approach to eliminate longstanding disparities will result in universal benefits of improved overall health and well-being for all residents in West Portland and beyond. The 8-member Leadership Team will be composed of West Portland residents, representatives from the WPTC Community Advisory Group, and other multisector partners: Kelli Houston, Chief Equity and Engagement Officer, Health Share of Oregon (**Health**); Bobby Cochran, Willamette Partnership Partner, Community Resilience & Innovation (**Infrastructure**); Rachael Duke-Community Partners for Affordable Housing Director (**Housing**); Mohamed Bahamadi, Executive Director/Founder, HAKI, a community-based organization serving East African immigrants (**Community**); Brendon Haggerty, MURP-Program Supervisor, REACH (**Environmental Health**); Nuhamin Eiden, Equity Coalition Manager, Unite Oregon (**SW Corridor Equity Coalition and Community**); Chris Chiacchierini, Executive Director, Neighborhood House (**Food Systems**); and Meaghann-Ande, Community Alliance of Tenants (**Housing**). (Please see Letters of Support.)

**Target Populations and Health Disparities:** The *2018 SW Corridor Equity and Housing Needs Assessment* and *2019 West Portland Town Center Demographics Report* established that this area is experiencing racial inequities in rates of home ownership, rent burden, housing safety, and education. The *2020 Health Equity Assessment* analysis<sup>7</sup> conducted by BPS and its partners found inequities in health outcomes across racial categories are particularly widespread in the West Portland Town Center, especially within the West Portland Park neighborhood. This neighborhood is more racially and ethnically diverse than other census tracts within Portland; the number of people of color in West Portland Park increased nearly 6%, from 24% in 2012 to nearly 30% in 2017. In particular, this neighborhood has more low-income residents (34%), more cost-burdened homeowners (35%) and renters (57%), and more residents without a high school (4%) or college education (52%) than others in the area. Roughly 17% of this neighborhood's residents are foreign-born (as compared to 14% citywide), with 9% born in eastern Africa (as compared to 2% in the entire Portland Metro area). Research also found a 16% decrease in income within this area between 2012-2017, as compared to a nearly 12% increase in median household income citywide. Since income is one of the strongest and most consistent predictors of health, life expectancy and disease, rising rents and increasing speculation in the

<sup>6</sup> *West Portland Town Center Plan – Proposed Draft – May 2021*. Bureau of Planning and Sustainability.

<sup>7</sup> *Existing Conditions Analysis: Health Equity Assessment*. Draft Report, February 2020. Accessed 6.18.21 at: [https://www.portland.gov/sites/default/files/2020-02/sw-corridor-phase-1-report-health-equity-feb\\_9\\_2020\\_web.pdf](https://www.portland.gov/sites/default/files/2020-02/sw-corridor-phase-1-report-health-equity-feb_9_2020_web.pdf)

existing unregulated affording housing stock means the decrease in median income represents a risk factor for future displacement, increasing rent burden, and associated negative health impacts. These residents are already in the 92<sup>nd</sup> percentile for cancer risk due to air toxins (as compared to 86<sup>th</sup> percentile citywide). If funded, the SDOH Accelerator Plan will provide an implementation framework to help overcome these barriers and create better outcomes for current and future residents of the entire West Portland Town Center, and specifically this neighborhood.

Organizational Capacity of Applicant to Implement the Approach: The City of Portland is a responsive and accessible local government that strives to continually identify and seize opportunities to improve the quality of life in the community it serves. The City demonstrates its readiness to undertake this project in a number of ways: 1) well-established collaborations and strategic partnerships (e.g., SW Corridor Equity Coalition, Anti-Displacement PDX Coalition, Multnomah County's Racial and Ethnic Approaches to Community Health program, ACHIEVE Coalition) that are critical to strengthening and integrating a broader health equity framework for the City; 2) understanding that this project's implementation will positively impact Citywide policy documents (e.g., Comprehensive Plan, Zoning Code); 3) substantial previous experience working with the WPTC Plan Community Advisory Group and SW Corridor Technical Advisory Committee (e.g., Bureau of Transportation, Bureau of Environmental Services, Portland Parks Bureau, Bureau of Development Services, Portland Housing Bureau, TriMet, Oregon Dept. of Transportation, Metro, Multnomah County Health Dept., Portland Water Bureau, Prosper Portland, and Portland Fire Bureau) on implementing strategies and activities in collaboration with multisector partners; and 4) experience with community engagement and the use of data to identify populations most affected by chronic diseases and SDOH. The City operates on a tough set of financial controls that go beyond the State of Oregon's requirement for an annual balanced budget. The City's financial bond rating is the highest allowed by law. Federal grants are a significant source of funds for City projects and programs, and frequently support transportation efforts, police functions, housing efforts, parks projects, or planning. The City has 29 bureaus and offices, with a total FY 2021-22 of \$5.7 billion (roughly \$114 million of this is derived from federal sources). BPS plans and guides how the City develops and serves residents; its mission is "to take action to shape the future of Portland and advance climate protection for a more prosperous, healthy, equitable and resilient city now and for future generations." BPS has a staff of 104.5 FTE and a proposed FY 2021-22 budget of \$187 million. The proposed project will catalyze multisector, inter-governmental collaborations to strengthen the City's capacity to use existing resources to improve health and social outcomes for residents; provide additional capacity to address the needs of the whole person by coordinating health and social services programs to address SDOH; help identify evidence-based interventions; and create a plan for linking data across programs and evaluating these interventions. The City has the organizational capacity to implement the proposed approach, and a staffing plan to successfully execute the funding opportunity strategies and meet project outcomes. Project Director, Hanna Osman (40% level of effort), earned her MPH in Health Promotion from Oregon Health & Science University and her BS in Community Health Education from Portland State University. Her positive relationships with the members of the Leadership Team derive from nearly two years' worth of cooperative work in West Portland. Ms. Osman is a certified Community Health Worker who is fluent in both Somali and English. She will report to Eric Engstrom, Principal Planner (5% level of effort), who has worked for the City for more than 25 years. Mr. Engstrom earned a MURP in Urban and Regional Planning from Portland State University. Additional leadership and

community engagement support will be provided by HAKI and/or Unite Oregon; evaluation technical support will be provided by Oregon Health Authority staff. This project team has the experience and ability to meet all of the project management requirements described in the FOA. (See uploaded organization chart, resumes, Leadership Team bios, position description, and project management structure.)

**Work Plan:** The work undertaken by the 8-member Leadership team to create a SDOH Accelerator Plan will accelerate progress on implementing the City’s vision to transform West Portland Town Center into a healthy, inclusive, people-centered place by addressing social cohesion needs and displacement risks; improve health and prosperity for low-income residents; and address transportation and stormwater improvements, economic development, zoning changes, and urban design. Over a 12-month grant-funded period (October 1, 2021 – September 30, 2022), the Leadership Team will craft a SDOH Accelerator Plan that includes: the target population that will benefit from the plan; the interventions or approaches planned and the evidence supporting them; the objectives and outcome goals, including a health outcome and a social outcome; a plan for linking data across programs to enable service coordination and evaluation; a list of the governmental and non-governmental organizations that will participate in implementation; potential funding sources to be used for sustainability (e.g., development impact fees, local improvement districts, utility fees, Tax Increment Financing (TIF) District and community leadership in identifying and implementing these tools); any financial incentives that will be provided; the statutory and regulatory authorities that will be leveraged (e.g., Prosper Portland Commission, City Council ordinances; Metro Council, TriMet Board, etc.); considerations that will enhance the impact, scalability, or sustainability of the proposed interventions or approaches; and a success story, as well as an evaluation plan, to measure the impact on outcomes, cost-effectiveness, and return on investment. The Work Plan outlined below recognizes that it can be challenging for multisector entities to plan, fund, and implement proven SDOH interventions that affect community needs, such as investments in public transfer infrastructure, community gathering places, and walkable neighborhoods.

**Period of Performance Outcome:** To develop a multisector action plan for West Portland that addresses SDOH, and fast-tracks improvements in health outcomes related to chronic disease among population groups experiencing health disparities and inequities.

<b><i>Strategies and Activities</i></b>	<b><i>Performance Measure</i></b>	<b><i>Responsible Party</i></b>	<b><i>Completion Date</i></b>
Convene and coordinate monthly meetings of the Leadership Team consisting of multisector partners.	Increased collaboration and engagement among multisector partners during monthly meetings	Project Director; Leadership Team	October 31, 2021 and monthly thereafter
Attend virtual kick-off meeting with CDC.	Full understanding of what CDC expects of grant recipients is achieved	Project Director; Leadership Team; Principal Planner	October 31, 2021
Assist with monthly meeting logistics for Leadership Team meetings (e.g.,	Multisector partners contributions are noted and valued as progress on the	Project Director; HAKI and/or Unite Oregon staff	Ongoing through September 30, 2022

## EXHIBIT A

schedule meetings, handle note-taking), organize community engagement activities, and track monthly performance measures.	SDOH Accelerator Plan is made; Community residents are engaged (e.g., focus groups, surveys, community forums).		
Finalize inter-governmental agreement with Program Design & Evaluation Services, a division of the Oregon Health Authority.	The Evaluation Plan and Data Integration Plan components of the SDOH Accelerator Plan will be prepared by experts in the field.	Project Director; Principal Planner	November 30, 2021
Collaborate with CDC-funded chronic disease and non-chronic disease prevention programs.	All activities are aligned and not duplicative with ongoing chronic disease prevention efforts	Project Director; Leadership Team	Ongoing through September 30, 2022
Report performance measures to CDC semi-annually, and submit final performance report.	Strategies and activities are progressing in a timely fashion	Project Director; Principal Planner	March 31, 2022 and September 30, 2022
Participate in a mid-point virtual compliance meeting with CDC.	The Leadership Team has identified specific strategies and activities (including sustainability) in the SDOH Accelerator Plan	Project Director; Leadership Team; Principal Planner	April 30, 2022
Complete a success story on establishing, expanding, and coordinating multisector partners.	Using the free online tool available from CDC, a one-page success story is crafted	Project Director; HAKI and/or Unite Oregon staff	May 31, 2022
Write and circulate a draft SDOH Accelerator Plan for review and comment.	Shared decision making builds upon the collective assets of the community	Project Director; HAKI and/or Unite Oregon staff	June 30, 2022
The final, approved SDOH Accelerator Plan is submitted to CDC.	Diverse and inclusive representation and input is reflected in the Accelerator Plan.	Leadership Team; Project Director; Principal Planner	August 31, 2022