

Priority: Safety Net Services

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: LENTELL Margaret M

Related Programs: 40023

Frameworks: Poverty Framework

Executive Summary

Sexually transmitted diseases (STDs), HIV, and hepatitis C (HCV) are the County's most frequently reported diseases, and account for almost two-thirds of all reportable diseases. This program works to prevent the spread of STDs, HIV, HCV, and to reduce their harmful effects on individuals and the community. STDs, HIV, and HCV disproportionately affect racial, ethnic, and sexual minority communities. Approximately 2,700 County residents are infected with HIV/AIDS. Each prevented HIV case saves an estimated \$195,000 in lifetime care and treatment costs. Early identification can reduce risk behavior and provide early entry into medical care. In addition, an estimated 24,000 County residents use injection drugs, a leading cause of HCV. Syringe exchange and disposal is essential to maintaining a low rate of HIV infection and reducing HCV infection among injectors. These efforts are supported by work in MCHD Health Promotions, particularly through work with the African American community.

Program Description

Program Services include: 1) Confidential STD evaluation and treatment, through the STD Clinic: STD surveillance, case reporting and investigation, and sex partner evaluation and treatment; 2) HIV, HCV, and syphilis testing: Testing is performed at health department sites, jails, and other community settings; Prevention counseling and education promote safer behaviors to those at high risk; Links clients to medical care, prevention services, and drug treatment; 3) Syringe exchange: a proven and cost-effective strategy for reducing HIV/HCV transmission among drug injectors and keeping the community safe from infected syringes; 4) Community partnerships: Contracts with community-based organizations and outreaches to high-risk populations through community partnerships.

Program Justification

This program directly supports the Basic Needs strategies to provide access to care and to educate, prevent and/or intervene to keep people from experiencing health crises by providing education, prevention, intervention and treatment services for people who have contracted or been exposed to STDs, HIV or hepatitis C. Education to prevent risky behavior, intervention to contain the spread of disease to the community, and treatment of infected individuals focus low cost resources at the "self-sufficient" and "vulnerable" segments of the Basic Needs factor map, keeping large portions of the population from moving up into the "Chronic" high-cost, high-need category. Once these diseases are contracted, or if left untreated, they become more expensive to treat and can become debilitating for the individual, jeopardizing their health and economic independence. This program utilizes a wide range of education, outreach and clinical approaches that address primary and secondary prevention methods. Each prevented case of HIV saves an estimated \$195,000 in lifetime care and treatment costs, and has positive impacts on the individual and family.

Performance Measures

1) Decreasing or stable rates of STDs, HIV, and hepatitis C in Multnomah County; 2) # of STD cases requiring investigation (2,400 last year); 3) # of STD clinic visits for screening, diagnosis, and treatment (7,600 last year); 4) # of HIV and HCV tests (6,600 HIV and 700 HCV last year); 5) # of outreach and education contacts (11,800 last year); 6) # of used syringes collected (808,000 last year). Reported cases for calendar year 2003, similar results expected in 2004 and 2005: Chlamydia 2003: 2,333 cases. Gonorrhea 2003: 546 cases. Syphilis 2003: 48 cases.

Summary of last year's program results and this year's expected results

Intensive syphilis awareness efforts have increased outreach and community involvement. A national syphilis epidemic expected to hit Portland has so far been averted due to early prevention activities. The number of syphilis cases has decreased after two years of increases, with greater improvement than in other cities like San Francisco and New York. Gonorrhea decreased in 2003, for the second year in a row. Chlamydia remained stable despite a new test which detects more cases. In a recent audit, the Centers for Disease Control made no significant recommendations for Portland, as prevention and outreach efforts are already in place and effective. Although the overall HIV rate is on the rise, the rate among people using injection drugs remains well below the national average. Finally, an additional 20,000 dirty syringes were exchanged and removed from the community.

Program Mandate: 2 Mandated Program with Funding/Service Level Choice

Yes. ORS 433 mandates disease prevention and control. Ryan White CARE Act Title I (see HIV Care Services Program) requires a local maintenance of effort for HIV prevention services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2005	2005	2006	2006
Program Expenses				
Personnel	\$1,586,319	\$830,596	\$1,770,696	\$752,259
Contracts	\$128,371	\$361,159	\$211,720	\$327,909
Materials & Supplies	\$193,569	-\$12,933	\$124,633	\$61,008
Internal Services	\$241,511	\$278,818	\$391,901	\$266,116
Capital Outlay	\$0	\$0	\$0	\$0
Subtotal: Direct Exps:	\$2,149,770	\$1,457,640	\$2,498,950	\$1,407,292
Administration	\$0	\$0	\$64,434	\$0
Program Support	\$0	\$0	\$450,998	\$479,030
Subtotal: Other Exps:	\$0	\$0	\$515,432	\$479,030
Total GF/non-GF:	\$2,149,770	\$1,457,640	\$3,014,382	\$1,886,322
Program Total:	\$3,607,410		\$4,900,704	
Program FTE	0.00	0.00	20.82	11.73
Program Revenues				
Indirect for dep't Admin	\$113,116	\$0	\$77,907	\$0
Fees, Permits & Charges	\$0	\$78,973	\$0	\$89,414
Intergovernmental	\$0	\$1,378,668	\$0	\$1,317,381
Other / Miscellaneous	\$0	\$0	\$0	\$500
Program Revenue for Admin	\$0	\$0	\$11,515	\$486,249
Total Revenue:	\$113,116	\$1,457,641	\$89,422	\$1,893,544

Explanation of Revenues**Significant Program Changes**

Counseling and education to HIV+ persons and their sex partners will increase for FY05-06 in collaboration with the HIV Health Services Center and community partners. We will also adopt additional science-based HIV prevention interventions and implement a program evaluation and monitoring system.