



**MULTNOMAH COUNTY  
AGENDA PLACEMENT REQUEST  
NOTICE OF INTENT**

(revised 12/31/09)

**Board Clerk Use Only**

**Meeting Date:** 4/15/2010  
**Agenda Item #:** C-3  
**Est. Start Time:** 9:30 am  
**Date Submitted:** 4/7/2010

**Agenda Title:** **NOTICE OF INTENT to apply for a \$20,000 grant from the National Association of County and City Health Officials to support a project to address parental concerns about childhood vaccine safety.**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.*

**Requested Meeting Date:** 04/15/2010 **Amount of Time Needed:** Consent Calendar  
**Department:** Health **Division:** Community Health Services  
**Contact(s):** Arlene Warren, Erin Corrigan, Tom Waltz  
**Phone:** 503-988-3663 **Ext.** 24649 **I/O Address:** 160/3  
**Presenter(s):** Consent Calendar

**General Information**

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

Authorize the Health Department Director to apply for a \$20,000 grant from the National Association of County and City Health Officials to support a project to address parental concerns about childhood vaccine safety.

**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.**

Evidence suggests that concerns about vaccine safety are increasing among parents in many areas of the country. Some parents are refusing to have their children vaccinated or are requesting that pediatricians spread out the schedule of vaccinations, leaving their children at risk for vaccine-preventable diseases for greater periods of time when the children are most vulnerable to the complications of such infections. The United States has seen outbreaks of previously well-controlled diseases like measles and pertussis facilitated by

pockets of children who remained unvaccinated.

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

This project will provide needed financial support to enable the Health Department to examine vaccine safety concerns among vulnerable populations.

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

Providing vaccination services is a function of the Health Department as a public health organization.

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

The project will engage local schools that have a high percentage of students that are not vaccinated because of exemption. In addition, the project will involve the Oregon Partnership to Immunize Children.

## ATTACHMENT A

### Grant Application/Notice of Intent

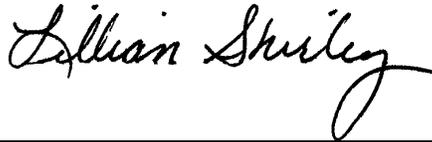
If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**  
National Association of County and City health Officials
- **Specify grant (matching, reporting and other) requirements and goals.**  
The grant does not require match. Required activities include:
  - 1) Conduct an assessment of vaccine safety concerns in at least two community sub-populations;
  - 2) Develop an action plan;
  - 3) Implement at least one strategy from the action plan to address the concerns identified in the initial assessment;
  - 4) Measure the impact of interventions; and
  - 5) Summarize lessons learned and potential implications for distribution to other LHDs.
  - 6) Final report due by February 28, 2011.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
Grants are one-time only.
- **What are the estimated filing timelines?**  
Applications are due on April 9, 2010.
- **If a grant, what period does the grant cover?**  
The project period will begin on May 1, 2010 and will be completed by February 4, 2011.
- **When the grant expires, what are funding plans?**  
It anticipated that the project will result in skills that will enable staff to address parents' vaccine concerns for their children.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
Yes.

## ATTACHMENT B

### Required Signatures

Elected Official or  
Department/  
Agency Director:



Date:

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Budget Analyst:



Date:

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