



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

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-2 DATE 3/13/14  
MARINA BAKER, ASST BOARD CLERK

**Board Clerk Use Only**

Meeting Date: 3/13/14  
Agenda Item #: C.2  
Est. Start Time: 9:30 am  
Date Submitted: 2/25/14

**Agenda Title: NOTICE OF INTENT to submit an application for up to \$25,000 from March of Dimes Greater Oregon Chapter Community Grant Program**

*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.*

**Requested Meeting Date:** March 13, 2014 **Time Needed:** N/A, Consent Only  
Maternal and Child Health – Healthy Birth Initiative

**Department:** Health **Division:** Maternal and Child Health – Healthy Birth Initiative

**Contact(s):** Rachael Banks; Laurel Bentley

**Phone:** 503-988-3663 **Ext.** x22975; x25343 **I/O Address:** 322/1/HBI; 160/9

**Presenter Name(s) & Title(s):** N/A; Consent Agenda Only

**General Information**

- 1. What action are you requesting from the Board?**  
Authorization for the Director of the Health Department to submit an application for up to \$25,000 from March of Dimes Greater Oregon Chapter Community Grant Program.
- 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 March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education, and advocacy to save babies. The Greater Oregon Chapter Community Grants Program is designed to invest in priority projects that further the March of Dimes mission, support national campaign objectives, and further the strategic goal of reducing disparities in birth

outcomes. Funding priorities include: 1) Providing or enhancing preconception health education and/or services, 2) Providing or enhancing risk reduction education and/or services, 3) Enhancing care through the Centering Pregnancy model of group prenatal care, 4) Increasing pregnant women's participation in state or local maternal child health programs, and 5) Enhancing the availability, quality, and utilization of genetics services and/or other patient services related to preventable birth defects.

The proposed continuation project will continue to address Funding Priority 2: Providing or enhancing risk reduction education and/or services. March of Dimes funding will enable the Multnomah County Health Department Healthy Birth Initiative (HBI) to enhance its tobacco cessation programming, which includes the "5 A's" approach, with the Smoking Cessation and Reduction In Pregnancy Treatment (SCRIPT) approach which focuses specifically on helping pregnant women quit smoking and stay tobacco free after pregnancy. SCRIPT is an award-winning, evidence-based program shown to be effective in helping thousands of pregnant women quit smoking. It is designed to be a component of a patient education program for prenatal care providers, and is cited by the Agency for Healthcare Research & Quality's Smoking Cessation Clinical Practice Guidelines. Funding from March of Dimes would allow HBI to train at least 10 HBI, MCHD Maternal and Child Health staff, and community partners in SCRIPT programming and would support the implementation of SCRIPT into HBI case management appointments for pregnant and parenting African American women. HBI intends to send at least 10 staff, providers, and community partners to the SCRIPT training program. After the training program, participants will plan, promote, and implement the SCRIPT intervention within HBI case management programming and individual consultation services with the help of additional HBI staff. These risk reduction services will continue to improve the health of African American women, contributing to the reduction of premature births and low-birth weight babies in our community

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

If funded, this grant will provide up to \$25,000 for a 12-month grant period spanning May 2014 through April 2015.

**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.

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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 March of Dimes Foundation's Greater Oregon Chapter.

• **Specify grant (matching, reporting and other) requirements and goals.**

The overall goal of the grant is to reduce disparities in premature birth and other adverse birth outcomes. No matching costs are required. Award recipients commit to submitting a minimum of two written progress and expenditure reports.

• **Explain grant funding detail – is this a one time only or long term commitment?**

This grant is a one-time funding opportunity.

- **What are the estimated filing timelines?**  
The application is due March 14<sup>th</sup> 2014.
- **If a grant, what period does the grant cover?**  
The grant covers a period of approximately May 2014 through April 2015.
- **When the grant expires, what are funding plans?**  
The SCRIPT programming will be fully integrated into HBI's current case management programming.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
100% of indirect costs are covered for grant awards of \$25,000 or more. If the final award offer is less than \$25,000, indirect costs may not be funded with grant monies, per March of Dimes granting guidelines.

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### Required Signatures

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**Elected Official or Department/ Agency Director:** KaRin Johnson for Joanne Fuller/s/ **Date:** 02-24-14

**Budget Analyst:** Althea Gregory /s/ **Date:** 2/25/14

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