

<b>Priority:</b>	Education	<b>Lead Agency:</b>	Health Department
<b>Program Offer Type:</b>	Existing Operating	<b>Program Contact:</b>	SCHMITZ Virginia S
<b>Related Programs:</b>			
<b>Frameworks:</b>	Early Childhood Framework		

### **Executive Summary**

The Community Immunization Program provides childhood vaccination services at little or no cost to uninsured and underinsured children in order to ensure readiness to learn and make the classroom safe for all. Every year, schools exclude children who are not immunized. The Immunization Program works with the Multnomah Educational Service District (MESD) to review the immunization status of children and students and issues exclusion orders as needed. To address the need for childhood immunization services, the Community Immunization Clinic, in collaboration with community partners, maintains a year-round clinic schedule in order to provide accessible vaccinations services for the most vulnerable populations. Immunization services directly support the first strategy described by the Education team, to provide basic needs with a primary focus on academic success.

### **Program Description**

The Community Immunization Program consists of several program components:

1) Partnerships: Collaborative partnerships with MESD, after school programs like Schools Uniting Neighborhoods (SUN), Community Coalition Clinics, Mariah Taylor Nurse Practitioner Clinic, NARA Clinic, Rosewood Family Clinic, and Springdale Job Corps. 2) Community Immunization Clinic: Provides walk-in vaccination services at a central community site during the week and various off-site community locations on Saturdays. 3) Immunization Support: Supports Health Department Primary Care clinics and School Based Health Clinics by procuring, handling, and storing vaccine. 4) Collaboration: The Immunization Program works with the State Department of Human Services Immunization Program to implement the Vaccines for Children (VFC) Program and participates in the Oregon Partnership to Immunize Children coalition. 5) Regulatory: Oregon statute requires the County Health Department to ensure that all children in certified daycare centers, Head Start programs, and preschools and students in private, alternative, and public schools are complete or up-to-date on their immunizations.

### **Program Justification**

Immunization services directly support the first strategy described by the Education team, to provide basic needs with a primary focus on academic success. This program strives to immunize all children, to avoid their exclusion from school. The services keep children in school and protect the community from the spread of preventable disease. In collaboration with MESD and other community partners, the Immunization Program provides vaccine services in a variety of accessible locations throughout the year.

### **Performance Measures**

Immunization rate for 24-month-olds.

In FY 05-06, increase the number of clients served by the Community Immunization Clinic by 5%.

In FY05-06, increase the number of doses given to clients by the Community Immunization Clinic by 5%.

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

In 2003, MCHD achieved an immunization rate of 72.6% among 24-month-olds fully vaccinated (includes, 4 Diphtheria, Tetanus, Pertussis, 3 Polio, 1 Mumps, Measles Rubella, 3 Hemophilus Influenza B and 3 Hepatitis B.) This compares to the statewide rate of 66.2% during the same time period and a nationwide rate of 77.9%. In 03-04, the CIC served nearly 7000 clients and administered over 14,000 doses of vaccine. It is anticipated that these numbers will increase as the general and foreign student population grows and more children and students enter daycares and public/private schools.

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

ORS 433-235 through 433.280 and Administrative Rules 333-19-021 through 333-19-090 mandates availability of vaccine to children regardless of ability to pay and school immunization rules.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2005	2005	2006	2006
<b>Program Expenses</b>				
Personnel	\$21,190	\$202,440	\$87,824	\$220,469
Contracts	\$0	\$0	\$0	\$0
Materials & Supplies	\$2,748	\$1,226,252	\$9,326	\$1,223,412
Internal Services	\$126,176	\$68,308	\$20,231	\$68,922
Capital Outlay	\$0	\$0	\$0	\$0
Subtotal: Direct Exps:	<b>\$150,114</b>	<b>\$1,497,000</b>	<b>\$117,381</b>	<b>\$1,512,803</b>
Administration	\$0	\$0	\$26,890	\$0
Program Support	\$0	\$0	\$16,360	\$0
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$43,250</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$150,114</b>	<b>\$1,497,000</b>	<b>\$160,631</b>	<b>\$1,512,803</b>
Program Total:	<b>\$1,647,114</b>		<b>\$1,673,434</b>	
Program FTE	0.00	0.00	0.16	2.04
<b>Program Revenues</b>				
Indirect for dep't Admin	\$21,313	\$0	\$16,566	\$0
Intergovernmental	\$0	\$1,397,000	\$0	\$1,396,802
Other / Miscellaneous	\$0	\$100,000	\$0	\$116,000
Program Revenue for Admin	\$0	\$0	\$17,458	\$0
<b>Total Revenue:</b>	<b>\$21,313</b>	<b>\$1,497,000</b>	<b>\$34,024</b>	<b>\$1,512,802</b>

**Explanation of Revenues**

State Grant Funds \$297k and client fee revenue collected at the time of service. No child who meets the Vaccines for Children eligibility guidelines is denied service regardless of ability to pay.

The \$1.2 million in estimated cash value of the vaccines received from the State are recorded in this programs budget, in accordance with accounting standards. However, those vaccines are used by the Immunization clinic, primary care clinics, school based health care sites, and Early Childhood teams. More clients are served by these vaccines than is reflected in the client counts for the Immunization program, which is only reporting on the vaccines they administered.

**Significant Program Changes**

As health care costs increase and availability of other health care services decreases, the Clinic is seeing an increase in clients who have no insurance and/or who are on the Oregon Health Plan. Program expenses are increasing to meet the added demand for immunization services.