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2014 DPH Consolidated Contract Addendum

This contract addendum is specific to DePere Department of Public Health whose principal business address is 335 South Broadway, DePere WI, 54115-2593. The contact for the GRANTEES Contract Administrator is:

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Section 6.D Funding Controls

Payments through June 30, 2014 are limited to 6/12th of the contract with the balance paid after July 1, 2014 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12 th Funding Controls			
Profile ID	Name	Profile ID	Name
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157000	WWWP		

Payments through September 30, 2014 are limited to 9/12th of the contract with the balance paid after October 1, 2014 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 159220 is limited to January 1, 2014 through August 31, 2014. No expenses incurred after August 31, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014.

2. Final Report Dates

The due date of the final fiscal report for Profile 154710 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 154710, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement.

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant Program Quality Criteria

- 1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.
 - A) Involvement of key policymakers and the general public in the development of comprehensive public health plans.
 - B) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.
 - C) Identification of the scientific basis (evidence base) for the intervention.
- 2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
 - A) Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.
 - B) Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.
 - C) All materials produced with PHHS Block Grant funds must include the following statement: "This publication was made possible by the PHHS Block Grant from the Centers for Disease Control and Prevention."
- 5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.
 - A) Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

Contract Agreement Addendum: Exhibit I

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

- 8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.
 - A) Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
- 9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
 - A) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit II

Program Objectives

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Childhood Lead

Program Total Value \$1,962

- | | | |
|---|---|---------|
| 1 | Throughout the 2014 contract period, residents from the jurisdiction of the De Pere Health Department will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines. | \$1,962 |
|---|---|---------|

Immunization

Program Total Value \$6,843

- | | | |
|---|---|---------|
| 1 | By December 31, 2014, 79% children residing in the De Pere Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday. | \$6,843 |
|---|---|---------|

MCH

Program Total Value \$8,447

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|---|--|---------|
| 1 | By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the De Pere Health Department in collaboration with community partners. | \$8,447 |
|---|--|---------|

Prevention

Program Total Value \$1,459

- | | | |
|---|---|---------|
| 1 | Template Objective 3 - Healthy Weight in Children and Adolescents | \$1,459 |
|---|---|---------|
- By August 31, 2014, De Pere Health Department will implement 1 evidence based strategy to promote healthy weight in children and adolescents.

Total of Contract Objective Values	\$18,711
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$1,962

Objective: Primary Details

Objective Statement

Throughout the 2014 contract period, residents from the jurisdiction of the De Pere Health Department will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document the extent to which assurance of each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a venous confirmation test; 2) the number of families with children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and treatment, and 3) the number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$1,962

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

As of 10/7/2013:

1) the number of children with a capillary blood lead level greater than or equal to 5 micrograms per deciliter=2 2) the number of families with children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and treatment=1 3) the number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties=1

Context

There is no designated value range for this objective; it is automatically accepted if the entire Childhood Lead Poisoning Prevention Program (CLPPP) allocation is \$6000 or less. If the allocation is greater than \$6000 and the agency wants to select this objective, negotiation for the value of this objective is required. This assurance objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Context Continued

Input Activities

Objective: Risk Profile

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$1,962

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151
Program: Immunization

Agency: De Pere Department of Public Health
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$6,843

Objective: Primary Details

Objective Statement

By December 31, 2014, 79% children residing in the De Pere Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in the De Pere Health Department jurisdiction who turned 24 months of age in 2014 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

For your information the cohort of children for this objective is:

Date of Birth 01/01/2012- 12/31/2012

Criteria for the 2014 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2012 ; 12/31/2012

Evaluation date: 01/01/2015

Run date: 02/15/2015

Programs Providing Funds for this Objective

Immunization: \$6,843

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2012 end of year population based standard benchmark report will be used to determine the baseline for the 2014 population based objective. There is no percentage increase for 2014. Health departments need to meet or exceed the baseline percentage.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2010 thru 12/31/2010

Evaluation Date: 01/01/2013

Run Date: After: 02/15/2013

Baseline report: 79% reported covered at 24 mo of age

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Context Continued

Input Activities

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151
Program: Immunization

Agency: De Pere Department of Public Health
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$6,843

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories
- Tracking
- Coordination of immunization services with other LHD programs
- Sharing information with area physicians
- Requesting that information is entered into the WIR.
- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter
- Phone call
- Home visit
- Email
- Text message

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHD's may want to consider in order to achieve this objective.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,447

Objective: Primary Details

Objective Statement

By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the De Pere Health Department in collaboration with community partners.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>]

1. A completed 2014 baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking "Final for Contract Year" by January 31, 2015.
2. Documentation of participation in the MCH/KKA Annual Conference.(Nov. 5 & 6, 2014 in Wisconsin Dells).
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. A completed Partnership Report for the Focus Area(s) that directly aligns with the objective.
5. A completed KKA Planning, Implementation, and Sustainability Report.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$8,447

Agency Funds for this Objective:

Data Source for Measurement

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>

1. SPHERE Report of the MCH Core Competencies.
2. MCH Conference Attendee List
3. Webinar Evaluation
4. SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership.
5. KKA Planning, Implementation, and Sustainability Report.
6. Data entered in the national data base.

Baseline for Measurement

Include the applicable items that were completed in 2013 for the Baseline for

Measurement:

The CDRT (Child Death Review Team) is established. The Health Department is a participating member of the review team. By the end of 2013, the team will have met 6 times. The KKA (Keeping Kids Alive) Assessment was conducted in 2013. In the current process, the Coroner's office selects the cases to be reviewed and has a trained intern entering the data into the Case Reporting System. Prevention recommendations and implementation activities are discussed now by a sub-committee and brought back to the larger group for discussion/approval. From there, recommendations will be brought to the appropriate community workgroups for implementation. Some barriers/weaknesses identified within the team include: inconsistent coordination of the team meetings/data entry. The team has been working with the KKA state contact to transition the team to transition the local health departments in taking a more active role with CDRT meetings (infrastructure) and in coordinating with the Medical Examiner's office. The medical examiner has been in office for more than 20 years. Currently, core membership is being assessed due to concerns regarding the ever increasing membership base of the CDRT. CDRT review training is scheduled for December 11th, 2013 to re-orientate members to CDRT. The training will be conducted by Children's Health Alliance.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,447

Context

Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/kka.htm>

Note: preventive interventions will be implemented via the Healthiest Families Initiative.).

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes, <http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child's death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

In Wisconsin, the Division of Public Health (DPH) works with the Children's Health Alliance of Wisconsin (the Alliance) in an effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths (prior to 2015) to integrate the National Fetal and Infant Mortality Review (NFIMR) recommendations (www.nfimr.org) into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist

(taking into consideration fetal deaths along with infant and child deaths)

2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin

Model

3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths
4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,447

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current prevention efforts and move review recommendations to action.

Context Continued

Required Primary Activities: Local public health departments will complete the following activities. Moving to the Wisconsin Healthiest Families objective for prevention activities may be undertaken at any time, as the community sees fit.

Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams, fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.
2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
3. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Input Activities

1. Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. Participate in training and technical assistance as well as the annual MCH Conference and the Keeping Kids Alive Summit.
5. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
6. Participate in MCH Program evaluation efforts throughout the contract year.
7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
8. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,447

Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$1,459

Objective: Primary Details

Objective Statement

Template Objective 3 - Healthy Weight in Children and Adolescents

By August 31, 2014, De Pere Health Department will implement 1 evidence based strategy to promote healthy weight in children and adolescents.

Deliverable Due Date: 09/30/2014

Contract Deliverable (Evidence)

A report entered into an electronic data collection tool that describes:

1. Description of strategies implemented and outcomes measured
2. Challenges or barriers to success
3. Actions to address challenges
4. Indicate and describe if Prevention funded activities were used to obtain additional funding, donations or in-kind contributions

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$1,459

Agency Funds for this Objective:

Data Source for Measurement

Agency report to be entered into an electronic data collection tool to be provided by the WI Division of Public Health.

Baseline for Measurement

The health department has been an active member of the Live 54218 coalition since 2011. Since that time, the De Pere Health Department has assisted in the planning/implementation strategies of Farm to School and Walk/Bike to School Day promotion. As a separate initiative, Safe Routes to School has been supported also by the De Pere Health Department in collaboration with the City of De Pere Police Department.

Context

Live 54218 began as a challenge from the Green Bay Press-Gazette to its readers across Brown County - how could we think boldly about changing our community? The overwhelming response from the community was to address the growing childhood obesity epidemic. With the Green Bay Area Chamber of Commerce leading the charge, teams of community members and a broad cross-section of partners met throughout 2010 to review existing local and national programs and the evidence base to determine how to achieve our vision of making Brown County the community (including De Pere) where the healthiest kids in America are raised. De Pere Health Department has been actively involved in this initiative assisting the coalition in implementing many of the evidenced based strategies in our schools and community.

Context Continued

Input Activities

CDC strongly encourages Preventive Health and Health Services Block Grant funds be used only on evidence based strategies, best practices or promising practices. Describe the strategies/practices to be used and identify the associated web links as available. Potential links to strategies for this objective include but are not limited to:

<http://whatworksforhealth.wisc.edu/>

<http://www.fruitsandveggiesmatter.gov/downloads/NationalActionGuide2009.pdf>

<http://www.healthypeople.gov/2020/topicsobjectives2020/ebr.aspx?topicId=29>

<http://www.dhs.wisconsin.gov/hw2020/evidence.htm>

<http://www.dhs.wisconsin.gov/physical-activity/>

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24151

Agency: De Pere Department of Public Health

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$1,459

<http://www.healthypeople.gov/2020/topicsobjectives2020/obr.aspx?topicId=33>

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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