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Department of Health Services

**2014 DPH Consolidated Contract Addendum**

This contract addendum is specific to Western Racine County Health Department whose principal business address is 156 East State Street, Burlington WI, 53403. 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 6/12<sup>th</sup> 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 <sup>th</sup> 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 9/12<sup>th</sup> 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 #: 24220

Agency: Western Racine County Health Department

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 #: 24220

Agency: Western Racine County Health Department

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 #: 24220

Agency: Western Racine County Health Department

Contract Year: 2014

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Western Racine	Childhood Lead - Consolidated	\$3,250
Western Racine	Immunization - Consolidated IAP	\$10,521
Western Racine	Maternal Child Health - Consolidated	\$13,743
Western Racine	Prevention - Consolidated	\$1,926
<b>Contract Amount</b>		<b>\$29,440</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead	\$0
Immunization	\$0
MCH	\$10,307
Prevention	\$0

<b>Program Sub-Contracts</b>		
<b>Program</b>	<b>Sub-Contractee</b>	<b>Sub-Contract Amount</b>
Childhood Lead	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Prevention	None Reported	\$0

**Contract Agreement Addendum: Exhibit II(A)**

Contract #: 24220

Agency: Western Racine County Health Department

Contract Year: 2014

**Immunization**

**Program Total Value \$10,521**

1 LHD Template Objective \$10,521

By December 31, 2014, 72.84% children residing in the Western Racine County 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.

**MCH**

**Program Total Value \$13,743**

1 By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Central Racine County Health Department in collaboration with City of Racine and Western Racine County Health Departments as well as community partners. \$13,743

**Prevention**

**Program Total Value \$1,926**

1 Template Objective 13 - Injury Prevention \$1,926

By August 31, 2014, the Western Racine County Health Department will implement one evidence based strategy to prevent or reduce injuries.

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**Total of Contract Objective Values** \$26,190  
**Total of Contract Statement Of Work Values** \$0

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220  
**Program:** Immunization

**Agency:** Western Racine County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$10,521

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2014, 72.84% children residing in the Western Racine County 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 (insert 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: \$10,521

#### Agency Funds for this Objective:

#### Data Source for Measurement

Wisconsin Immunization Registry Records.

#### Baseline for Measurement

In Racine County, 75% of children born in 2010 were considered up to date with immunizations by the age of 2. This report was generated on February 19, 2013 with an evaluation date of 1/1/2013. The percent of children born in 2010 that were up to date with immunizations at the time of the report was 82%.

DOB Range UTD % Change L-UTD % Change

Baseline Data 1/1/2008-12/31/2008 74% 85%

Q1 1/1/2010-3/31/2010 75% 1% 82% -3%

Q2 1/1/2010 - 6/30/2010 77% 3% 83% -2%

Q3 1/1/2010-10/31/2010 77% 3% 82% -3%

Q4 1/1/2010;12/31/2010 75% 1% 82% -3%

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220  
**Program:** Immunization

**Agency:** Western Racine County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$10,521

- 1) Number of letters sent in Racine County: 3230
- 2) Number of children under WRCHD case management: \_\_172\_\_
- 3) Number of additional letters sent to RHD or WRCHD residents: \_\_253\_\_
- 4) Number of children that moved out of Racine County: \_\_14\_\_ ( WRCHD jurisdiction only)
- 5) Number of children in WRCHD jurisdiction with parent refusals or alternate immunization schedules: \_\_19\_\_

### 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

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.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220  
**Program:** Immunization

**Agency:** Western Racine County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$10,521

### 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 #: 24220

Agency: Western Racine County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$13,743

### Objective: Primary Details

#### Objective Statement

By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Central Racine County Health Department in collaboration with City of Racine and Western Racine County Health Departments as well as community partners.

**Deliverable Due Date:** 01/31/2015

#### Contract Deliverable (Evidence)

A SPHERE Report and an analysis of the data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document:

- 1) Complete agency assessment of MCH Core Competencies, including initial which must be completed and entered 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 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) See below Primary Activities.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$13,743

#### Agency Funds for this Objective:

#### Data Source for Measurement

- 1) MCH Core Competencies.
- 2) Register and participate in required state meeting.
- 3) 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.

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

#### Baseline for Measurement

1. For 2011 and 2012, Central Racine County, City of Racine, and Western Racine County Health Departments utilized MCH dollars for a Racine County Child Death Review (CDR) team, reviewing 34 cases in 2012. Central Racine County Health Department chairs the CDR team and provides data input and analyses for the CDR team. In 2013 CDR team met quarterly (January, April, July and October).
2. In 2012, the three Racine County Health Departments looked at the feasibility of implementing FIMR. Using a FIMR feasibility tool developed by Central Racine County Health Department and through discussion with the current CDR team and other community partners, the three Racine County Health Departments determined that it is possible to begin FIMR for all Racine County fetal and infant deaths.
3. In 2012 the three Racine County Health Departments identified fetal and infant death numbers. From 2005 to 2010, fetal deaths ranged from 12-18/year while infant deaths ranged from 18-32/year.

4. In late 2012 and 2013, the FIMR data abstraction and maternal interview process began for 2011 Racine County data. Central  
11/15/2013 10:24 AM DPH Grants and Contracts

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220

**Agency:** Western Racine County Health Department

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$13,743

Racine County Health Department staff abstracted data for 15 infant deaths and 9 stillbirths and completed 15/24 interviews (63%). In addition, thus far for 2012 data, staff have completed 18 record abstractions and three maternal interviews (n=30 for 2012).

5. In fall of 2013, the first FIMR review team meeting was held, with an eye toward creating a CDR/FIMR hybrid model.

6. Central Racine County, City of Racine, and Western Racine County Health Departments have already signed a Confidentiality/Data Use Agreement with WI Vital Records Office, WI Division of Public Health and City of Milwaukee Health Department.

7. Data are being entered into national databases (CDR and NFIMR).

### 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/injury-prevention>, 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](http://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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220

**Agency:** Western Racine County Health Department

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$13,743

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.

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.

#### Initiation of a New Team

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

#### 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. Agency assessment of MCH Core Competencies.
2. Participate in education to support the ongoing development of MCH Core Competencies.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220

**Agency:** Western Racine County Health Department

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$13,743

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 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. For 2014, Central Racine County, City of Racine, and Western Racine County Health Departments will continue the initiation a new FIMR team in their community where one previously did not exist (taking into consideration fetal deaths along with infant and child deaths) and look at 2012, 2013 and possibly 2014 data if time allows.
9. The Health Officers of Central Racine County, City of Racine, and Western Racine County Health Departments will provide overall governance to the Racine County FIMR team with regard to review team participation and the dissemination of FIMR recommendations. City of Racine Health Department chairs the FIMR team.
10. The Health Officers of Central Racine County, City of Racine, and Western Racine County Health Departments will develop methods for collaboration to build the FIMR team, identifying existing and new community partners and recruiting for collaboration.
11. Central Racine County, City of Racine, and Western Racine County Health Departments will work with partners to develop a systems approach for the reviews conducted by the FIMR team.
12. Central Racine County, City of Racine, and Western Racine County Health Departments will be responsible for infant case identification through death certificate review.
13. City of Racine will be responsible for chairing the FIMR team and prepare other materials as necessary in accordance with FIMR guidelines and CHA guidance.
14. City of Racine and Central Racine County Health Departments will be responsible for FIMR case review meetings in accordance with FIMR guidelines and CHA guidance.
15. Central Racine County will be responsible for: 1) obtaining matched infant birth/deaths sets; 2) data abstraction from records using Children's Health Alliance (CHA) approved tool; 3) conducting maternal interviews using CHA approved tool; 4) entering data into NFIMR database or other similar database; and, 5) summarizing information for fetal and infant deaths (cases) using de-identified information; aggregating data through a systematic review of important contributing factors.
  - o City of Racine will sign an MOU with Central Racine County for \$40,000 for these elements.
  - o Western Racine County Health Department will pay Central Racine County on a per case basis for these elements in the amount of \$597.00 (for elements 1, 2, 3, 4, and 5) or \$437 (for elements 1, 2, 4, and 5) not to exceed a total cost \$10,000.
16. Central Racine County, City of Racine, and Western Racine County Health Departments will build on partnerships currently existing from the Child Death Review Team.
17. City of Racine will be responsible for building a county-wide community action team and Central Racine County, City of Racine, and Western Racine County Health Departments will each be responsible for community actions/interventions that arise in each jurisdiction.
18. Central Racine County, City of Racine, and Western Racine County Health will monitor and evaluate FIMR team development and progress and initiate quality improvement if/when indicated.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220

**Agency:** Western Racine County Health Department

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$13,743

19. Central Racine County, City of Racine, and Western Racine County Health Departments will continue the Child Death Review Team in order to tweak this system to fit into a possible hybrid model of CDR/FIMR.

### 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 #:** 24220

**Agency:** Western Racine County Health Department

**Contract Year:** 2014

**Program:** Preventive Health and Health Services  
Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$1,926

### Objective: Primary Details

#### Objective Statement

Template Objective 13 - Injury Prevention

By August 31, 2014, the Western Racine County Health Department will implement one evidence based strategy to prevent or reduce injuries.

**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: \$1,926

#### 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

In 2012 with two certified car seat installer we checked/installed 97 car seats and distributed 56 free or low cost seats. In addition to the checks at the Health Department we participated in three community events in the Burlington, Waterford and Raymond communities.

#### Context

There is strong evidence that child safety seat distribution and education programs, community-wide education and enforcement campaigns, and incentive-plus-education programs are effective in increasing child safety seat use. These activities will be achieved through screenings, printed materials including new articles and brochures and participation at community events. Sustainability will be achieved with the training and certification of a second screener, the acquiring of a DOT grant and a collaboration with our local hospital.

#### Context Continued

The following data will be provided:

- Number of car seats checked/installed.
- Number of car seats distributed free or at a low cost.
- Number and location of car seat events provided in the community.
- Name and date of staff member obtaining car seat certification.

#### Input Activities

According to the CDC child safety seats reduce the risk of death in passenger cars by 71% for infants and 54% for toddlers ages 1 to 4 years. Booster seats reduce the risk for serious injury by 45 % for children ages 4 to 8 years. The Western Racine County Health Department will provide residents in our service, by appointment at the Health Department and at select community event, free seat checks, education and installations. We will submit a grant to the Department of Transportation to purchase car seat for free distribution to low income families. We will offer checks to all of the WIC clientele participating in the program at our location. As we currently have only one certified car seat installer, we will have another staff member certified as a car seat installer.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24220

**Agency:** Western Racine County Health Department

**Contract Year:** 2014

**Program:** Preventive Health and Health Services  
Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$1,926

### 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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