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2015 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 GRANTEE'S Contract Administrator is:

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Section 6.D Funding Controls

Funding controls are summarized below. The 2015 Consolidated Contract Overview contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2015 are limited to 6/12th of the contract with the balance paid after July 1, 2015 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12th Funding Controls			
Profile ID	**Name**	**Profile ID**	**Name**
103010	Regional Radon Information Centers	159320	MCH
151734	Oral Health Supplement	159321	Reproductive Health
151735	Oral Health Mouth Rinse	159327	Family Planning
152002	Reproductive Health SLOH	181005	TPCP-WIS-WINS
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157720	Childhood Lead		

Payments through September 30, 2015 are limited to 9/12th of the contract with the balance paid after October 1, 2015 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 157000 (Well Woman) is limited to January 1, 2015 through June 30, 2015. No expenses incurred after June 30, 2015 will be reimbursed. The 2015 Consolidated Contract Overview contains current funding periods for all Profile IDs that are part of the consolidated contract.

2. Final Report Dates

The due date of the final fiscal report for Profile 150327 (Radon Outreach) shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 150327, 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.

The 2015 Consolidated Contract Overview contains final report due dates for all Profile IDs that are part of the consolidated contract.

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 #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015

Program: Radon Outreach

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) Contractee must assess surveillance data (including their own data) for prevalence of

   homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at www.lowradon.org.

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) Cultural competence and other qualifications of persons delivering radon services

   must be the same as those of employees of local health agencies, such as

   environmental sanitarians and public health nurses.

   Cultural competence and other qualifications of persons delivering radon services

   must be the same as those of employees of local health agencies, such as

   environmental sanitarians and public health nurses.

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) Contractee must maintain a database of measurements carried out by the public with

   agency assistance and, to the extent possible, follow cases of elevated exposures to

   promote appropriate interventions and outcomes. However, the ability to follow-up

   may be limited in some instances, since indoor radon is not regulated in Wisconsin

   and because detectors and mitigation services are available from the private sector.

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) Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can¿t provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation

services where appropriate.

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) Contractee must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.

B) Contractee must participate in radon outreach training by their regional Radon Information Center, and coordinate outreach for the Radon Action Month media blitz in January with them.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is www.lowradon.org.

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) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA¿s booklets: Citizen¿s Guide to Radon, Consumer¿s Guide to Radon Reduction, and Home Buyers and Seller¿s Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.

B) Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.

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) Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.

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) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab

depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.

B) Contractee's report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

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 #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015

Contract Source of Funds

Source	Program		Amount
De Pere	Childhood Lead - Consolidated		$1,962
De Pere	Immunization - Consolidated IAP		$8,008
De Pere	Maternal Child Health - Consolidated		$11,362
De Pere	Radon Outreach		$2,500
		Contract Amount	**$23,832**

Contract Match Requirements

Program	Amount
Childhood Lead - Con	$0
Immunization	$0
MCH	$8,522
Radon Outreach	$0

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead - Con	None Reported	$0
Immunization	None Reported	$0
MCH	None Reported	$0
Radon Outreach	None Reported	$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015

Childhood Lead - Con **Program Total Value $1,962**

1	Template Objective 4 - Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter)	$1,962

Throughout the 2015 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 2012 federal recommendations and state guidelines.

Immunization **Program Total Value $8,008**

1	LHD Template Objective	$8,008

By December 31, 2015, 85% children residing in the City of De Pere 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 $11,362**

1	By December 31, 2015, an assessment for the Wisconsin Healthiest Families Initiative will be undertaken by the De Pere Health Department in collaboration with community partners focusing on safety/injury prevention.	$11,362

Radon Outreach **Program Total Value $2,500**

1	Template Objective 1 - Radon $2.5k Objective	$2,500

Throughout calendar year 2015, residents in the jurisdiction of the City of De Pere will receive radon outreach funds.

Total of Contract Objective Values	$23,832
Total of Contract Statement Of Work Values	$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $1,962

Objective: Primary Details

Objective Statement

Template Objective 4 - Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter)

Throughout the 2015 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 2012 federal recommendations and state guidelines.

Deliverable Due Date: 10/31/2016

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

Context

There is no designated value range for this objective. This objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program and individual interventions for children with low level lead exposure. 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 7 of the WCLPPP Handbook for Local Health Departments (http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf, rev. 2014), 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

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015

Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $1,962

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $8,008

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2015, 85% children residing in the City of De Pere 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: 02/15/2016

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in the City of De Pere jurisdiction who turned 24 months of age in 2015 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 01/01/2013- 12/31/2013

Criteria for the 2015 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2013 - 12/31/2013

Evaluation date: 01/01/2016

Run date: 02/15/2016

Programs Providing Funds for this Objective

Immunization: $8,008

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2013 end of year population based standard benchmark report will be used to determine the baseline for the 2015 population based objective.

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

Birthdate Range: 01/01/2011 thru 12/31/2011

Evaluation Date: 01/01/2014

Run Date: After: 02/15/2014

De Pere Baseline Benchmark Report results: Benchmark age @ 24 months

Total clients: 233; 193 clients (83%) met all benchmark criteria, 40 clients did not

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.

Guidelines for determining increase needed for progress towards 2015 goals:

2013 Calendar Year Baseline Required Increase:

50-59% - 5% Above Baseline;

60-69% - 4% Above Baseline;

70-79% - 3% Above Baseline;

80-85% - 2% Above Baseline;

86-89% - 1% Above Baseline;

> 90 - Maintain.

Agencies should consult with their Regional Immunization Program Advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $8,008

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%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,362

Objective: Primary Details

Objective Statement

By December 31, 2015, an assessment for the Wisconsin Healthiest Families Initiative will be undertaken by the De Pere Health Department in collaboration with community partners focusing on safety/injury prevention.

Deliverable Due Date: 01/31/2016

Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by 1-31-15, updated throughout the year and completed by marking Final for Contract Year by 1-31-16.

2. A completed Partnership Report for the Focus Area(s) that directly align with the objective.

3. Documentation of the number of life course trainings held, audience, and the number of participants in Sphere.

4. Completed evaluation surveys as requested by the MCH Program.

5. Documentation of agency participation in the MCH/KKA annual summit.

6. A completed Wisconsin Healthiest Families Report related to the step identified in the Objective Statement.

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

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $11,362

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies

2. 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

3. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: health Teaching; Subintervention: Life Course Framework

4. Evaluation and/or survey tools

5. MCH/KKA Summit attendee list

6. Reporting forms related to selected step(s) for Wisconsin Healthiest Families (available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems)

Baseline for Measurement

Baseline information as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

Context

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,362

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm.

Context Continued

Primary Activities: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency¿s jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan ¿ In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation ¿ The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,362

Step 4: Evaluation and Sustainability ¿ Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

Input Activities

Required activities to support assessment, planning, implementation, and evaluation/sustainability steps include the following:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2015; review at mid-year; and update in SPHERE by contract reporting deadline.

- Participate in education to support the ongoing development of MCH Core Competencies.

- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

- Provide and implement education and/or training and utilization of the Life Course Framework on an ongoing basis with community partners and enter in SPHERE.

- Participate in MCH Program requests related to evaluation efforts throughout the contract year.

- Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.

- Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

- Request technical assistance from MCH contract administrator as needed.

- Promote the MCH Hotline.

- (Optional) Participate in a Learning Community.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Radon Outreach **Objective #:** 1 of 1 **Objective Value:** $2,500

Objective: Primary Details

Objective Statement

Template Objective 1 - Radon $2.5k Objective

Throughout calendar year 2015, residents in the jurisdiction of the City of De Pere will receive radon outreach funds.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

A report, emailed by January 31, 2016 on agency letterhead to the radon contact, Jessica Maloney, Bureau of Environmental and Occupational Health, describing the outreach done and the number of radon measurements completed. It will be included in a report to the US Environmental Protection Agency, the source of this funding.

Programs Providing Funds for this Objective

Radon Outreach: $2,500

Agency Funds for this Objective:

Data Source for Measurement

Local health department records.

Baseline for Measurement

The last time the health department was funded for radon activities was in 2011. This funding allowed for the dissemination of 56 kits.

Context

Outreach must reflect the guidance in the EPA pamphlet, Citizen¿s Guide to Radon, specifying follow-up measurements when screening measurements are 4.0 pCi/L or above. (Radon screening tests, in basements with windows closed throughout the house, reflect the highest radon exposure possible and typically exaggerate actual average exposures of residents by a factor of two, and that may be considered in the choice of follow-up measurement.)

Outreach should inform the public about the frequency of elevated indoor radon exposures locally, the lung cancer risk, the effectiveness of radon mitigation by sub-slab depressurization, and availability of radon test kits. They may be referred to the DHS radon website, www.lowradon.org; and their technical questions may be referred to the Wisconsin Radon Information Center serving your agency (see www.lowradon.org.)

National Radon Action Month (January) is when, for synergy with outreach by the US Environmental Protection Agency, WI Division of Public Health, RICs and private sector groups, agencies should do news releases and major outreach locally. A meeting for radon outreach training and coordination will be provided by the Radon Information Center (RIC) serving the local public health agency.

Optional additional radon trainings will be offered in Madison (2 day Measurement, 3 day Mitigation) November 10-15, 2014 and similar courses offered in Waukesha in March 16-21, 2015. Other trainings for 2015 will be announced to grant recipients as they become available. The basic trainings have free registration for government personnel, by emailing the radon program manager at DPH (Jessica.maloney@wi.gov).

Radon detectors provided to the public can be ordered from the RIC. Names of homeowners, their addresses and the serial numbers of detectors provided must be recorded for tracking and obtaining results reports. The number of measurements completed should exceed the objective target number as much as possible, since our goal is that every home having contact with the ground be tested. Home owners needing follow-up measurements because their screening results are 4.0 pCi/L or higher should be so advised by the local agency, and may consult with the RIC.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27431 **Agency:** De Pere Department of Public Health **Contract Year:** 2015
Program: Radon Outreach **Objective #:** 1 of 1 **Objective Value:** $2,500

Context Continued

Input Activities

-Promote testing of homes by publicizing local radon measurement results, radon mitigation information, and the lung cancer risk from radon. Outreach will be conducted through various venues to include: billboards, library, city newsletter, Facebook and health department website.

-City of De Health Department will coordinate with GIS services to compile completed test results into a GIS map to identify areas with elevated results within the City.*Service to include: data cleaning, data conversion, GIS analysis/results/reporting, map production and revisions and plotting and printing supplies.

-Participate in radon training by the RIC, and conduct local outreach for the Radon Action Month media blitz in January, along with the RICs and DHS

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive