TOBACCO PREVENTION AND CONTROL GRANT ($13,000)

Objective: By December 31, 2009, four strategies in support of statewide smoke-free air policy in Wisconsin will be implemented by the South Shore Tobacco Free Coalition (SSTFC).

Deliverable: The SSTFC attended Joint Finance Hearings and offered testimonies, hosted a Legislative Breakfast, collaborated to provide education via a *Journal Sentinal* insert, and hosted a Women of Influence luncheon, all in support of statewide smoke-free air.

PREVENTIVE HEALTH AND HEALTH SERVICES GRANT ($2,950)

Objective: By December 31, 2009, one strategy for fall injury prevention for senior residents of Hales Corners will be implemented by the Hales Corners Health Department to address needs identified in the community health improvement plan.

Deliverable: Strategies to improve balance and flexibility among older adults may help to increase mobility and enhance a steady gait, thereby reducing risk factors for falls. Partnering with the Arthritis Foundation of Wisconsin and the Hales Corners Lutheran Community Center, a community-based older adult exercise program was initiated and conducted by a certified fitness instructor. The six-week pilot program was advertised in a variety of outlets. Twenty-three individuals participated in the program, which was held twice per week from 5-5-09 through 6-11-09. Based upon request, the program has continued through a Hales Corners Lutheran/ Arthritis Foundation partnership.

CHILDHOOD LEAD POISONING PREVENTION GRANT ($289)

Objective: Throughout the 2009 contract period, residents from the jurisdiction of the Hales Corners Health Department will receive lead poisoning prevention and intervention services provided according to state and federal guidelines.

Deliverable: During the 2009 contract period, surveillance of reports for lead testing indicated 138 children residing in Hales Corners received testing through their primary health care provider. All samples had results below 10 mcg/dL. (10 mcg/dL is the level at which investigation, education, and further testing are initiated.) Current health education material is made available and grant funds utilized for publication updates.

WISCONSIN WELL WOMAN GRANT ($0)

All funds for this grant are directed to the West Allis Health Department, Lead Agency of the grant consortium. The Wisconsin Well Woman Grant focused on improving outcomes in mammography and cervical cancer screening among income-eligible women who had difficulty accessing these services due to little or no health care coverage. To receive screenings, eligible women were referred to direct providers who participated in the Suburban Milwaukee County Consortium for the Wisconsin Well Woman Program. Ten women from Hales Corners were enrolled in 2009.

IMMUNIZATION GRANT ($2,228)

Objective: By December 31, 2009, 58% of children residing in the Hales Corners 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, and 1 Varicella vaccination by their second birthday.

Deliverable: *A* Wisconsin Immunization Registry (WIR) benchmark report indicated a coverage rate of 61% for the specified vaccinations. This percentage included late up-to-date clients due to the Hib vaccine shortage and suspension of the booster dose. Approximately 25% of the non-compliant clients were unable to be reached for data collection purposes, and two indicated personal conviction reasons for not receiving immunizations. A notable challenge to the coverage rate was data entry errors made by private providers.

Public Health

Caring for the Community

Hales Corners Health Department

2009 Annual Report Addendum Defining Grant Activities

The Hales Corners Health Department negotiates grants and contracts annually with the State of Wisconsin Division of Public Health for the purpose of receiving additional funding to provide services and activities specified in the contracting process. The activities, programs, services and staff time outlined in this grant report would not be possible without the financial resources provided by the grant process. Contained within this report are examples of how grant dollars are utilized to enhance public health and quality of life for community members.

PUBLIC HEALTH PREPAREDNESS—CDC GRANT ($25,000) *

Objective 1 of 5: By December 31, 2009, the Hales Corners Health Department will engage in a continuous planning process with local and regional partners to respond to public health emergencies.

Deliverable: The Consortium and each of its 14 member agencies have maintained and updated comprehensive public health emergency preparedness plans and all other associated plans. All plans are National Incident Management System compliant and use the Incident Command System command structure. The School Surveillance subgroup within the consortium developed template materials for health department use during the H1N1 outbreak. The Continuity of Operations subgroup revised the existing plan for implementation by local public health departments. Last, Mass Clinic Plans were continually improved and adjusted throughout the H1N1 response.

Objective 2 of 5: By December 31, 2009, staff of the Hales Corners Health Department will meet the appropriate competencies for their assigned emergency preparedness role.

Deliverable: All members of the public health workforce worked toward mastery of the nine core public health preparedness competencies by Columbia University. This was accomplished through the use of online surveys which organized data and produced a list of all agency staff and their roles during a public health emergency.

Objective 3 of 5: By December 31, 2009, the Hales Corners Health Department will participate in a mass clinic exercise or real event that meets the requirements set forth by the CDC, in addition to completing 14 out of 14 Performance Measures.

Deliverable: The Hales Corners Health Department met exercise objectives during the H1N1 real event response in spring, 2009. After the spring wave of H1N1, an HSEEP (Homeland Security Exercise and Evaluation Program) After Action Report (AAR) was completed using an electronic SWOT (strengths, weaknesses, opportunities, and threats) analysis. In addition, the Hales Corners Health Department completed each of the 15 Performance Measures in 2009 during the real-time H1N1 event. Two drills were conducted for additional training, bringing the total to 15 Performance Measures.

Objective 4 of 5: By December 31, 2009, the Hales Corners Health Department will collaborate with community partners to develop an integrated public health response addressing at-risk populations during public health emergencies.

Deliverable: A consultant was chosen by the Consortium to coordinate and host focus groups in a variety of settings. The end result was a report by the consultant (Chamness Group) to guide future preparedness and emergency efforts with regard to seniors.

Objective 5 of 5: By December 31, 2009, the Hales Corners Health Department will participate in the process of restructuring existing consortia to no more than six consortia aligning within the Department of Health Services Regional Office boundaries.

Deliverable: Gray Horse Consulting was utilized to facilitate meetings and to build a framework based on consensus. The facilitated meetings resulted in the decision to have two consortia in the southeast region: The Milwaukee/Waukesha Consortium and the Five County Consortium (Ozaukee, Washington, Kenosha, Racine, and Walworth).

* The Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness was formed in 2002 to coordinate and prepare for the needs of the public's health, to address issues surrounding public health preparedness within the two-county area, and to strengthen relationships for responding to incidents, outbreaks, or other public health threats or emergencies. This consortium consists of the thirteen local public health departments in Milwaukee County and the Waukesha County Department of Health and Human Services.

CITIES READINESS INITIATIVE ($3,000)

Objective 1 of 4: By July 31, 2009, the Hales Corners Health Department will continue to develop and implement a scalable Cities Readiness Initiative plan incorporating alternate methods of dispensing to provide oral medications during an incident to their entire jurisdiction within 48 hours.

Deliverable: In addition to updating and completing tasks on the CRI workplan, the Hales Corners Health Department reviewed alternative dispensing methods, updated community partners lists, and enhanced the mass clinic plan for Hales Corners.

Objective 2 of 4: By July 31, 2009, the Hales Corners Health Department will conduct three drills from the Cities Readiness Initiative Drill Listing provided by the Division of Public Health.

Deliverable: The Hales Corners Health Department chose to complete the Staff Call Down, Site Activation/Site Call Down, and Facility Set-Up drills.

Objective 3 of 4: By July 31, 2009, the Hales Corners Health Department will complete all CDC Cities Readiness Initiative required assessments and metrics.

Deliverable: The local Technical Assistance Review assessment tool was completed during a facilitated meeting with the State of Wisconsin Strategic National Stockpile coordinator.

Objective 4 or 4: By July 31, 2009, the Hales Corners Health Department, as part of the Milwaukee Metropolitan Statistical Area, will conduct or participate in at least one HSEEP compliant full-scale mass prophylaxis dispensing exercise that includes all pertinent jurisdictional leadership and Emergency Support Function leads, planning and operational staff, and all applicable personnel.

Deliverable: In place of a planned exercise, the Hales Corners Health Department responded to the Novel H1N1/A outbreak which began in April, 2009. Many of the target capabilities to be tested during a planned exercise were tested during the real-time pandemic response.