



Wisconsin Partnership Program 2014 Annual Report



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Dean's Message

On behalf of the UW School of Medicine and Public Health, I am pleased to present the 2014 Annual Report of the Wisconsin Partnership Program.

This wonderful endowment, created in 2004 when Blue Cross & Blue Shield United of Wisconsin converted to a stock insurance corporation, provides resources that enable the school, in partnership with communities across the state, to tackle some of our most challenging health issues.

As an exemplar of the Wisconsin Idea, the Wisconsin Partnership Program reaches far beyond classrooms and research laboratories in support of the school's missions. Community-academic partnerships, research projects, innovative educational programs and community service projects funded by the Wisconsin Partnership Program have a common goal: improving the health of the people and communities in our state.

This is an ambitious goal, not easily achieved. The Partnership Program can help communities address health priorities, but success depends largely on local leadership and a shared focus on "the long game," rather than immediate results. For the really tough, important issues, we can't expect to simply flick on a light switch. Instead, we must be prepared to do the hard work of installing the wiring and fixtures, placing the correct light bulbs, and then gradually turning on the rheostats.

Support from the Partnership Program also allows faculty to work with communities and to advance ground-breaking research, including pilot projects

that when successful can compete for outside funding. The Institute for Clinical and Translational Research (ICTR), for example, has brought more than \$81 million in additional funding to our state since its first award from the Partnership Program.

The Wisconsin Partnership Program's 2014–2019 Five-Year Plan outlines a new direction for addressing complex health issues that is based on a body of research showing that sustained change is more likely to occur when a broad coalition of organizations and individuals collectively focus on a common agenda. The Wisconsin Obesity Prevention Initiative, which the Partnership Program established in 2014, reflects this shift from funding single organizations working independently to investing in longer-term, structured and comprehensive programs that address complex health issues.

The Wisconsin Partnership Program provides an extraordinary opportunity for bridging the expertise of community organizations with that of the university to benefit communities across the state. Together, in partnership, we can make a difference in the lives of the people of Wisconsin.



Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison



Grants Awarded by Type 2004–2014



Grants Awarded 2004–2014

376 grants = \$154.2 million

Grants Awarded 2014

24 grants = \$19.5 million

Right: Dr. Miriam Shelef, assistant professor of rheumatology, received a New Investigator Program grant in 2014 to study how genetic variants associated with arthritis cause disease.

Sharpening the Focus

Entering its second decade of improving health, the Wisconsin Partnership Program launched a new era in 2014, when implementation of the 2014–2019 Five-Year Plan began. This strategic plan looks at the Partnership Program's priorities through a new lens – with the goal of making Wisconsin a healthier state for all through investments in research, education and community partnerships.

Developed with guidance from key stakeholders throughout Wisconsin, the Five-Year Plan emphasizes a deeper focus on impact, collaboration, sustainability, dissemination, and policy, systems and environmental change. This emphasis aligns with a growing realization among funders nationwide about how to strategically and effectively address large-scale health issues.



Partnering with Communities to Improve Health

During 2014, the Oversight and Advisory Committee (OAC) focused its efforts on finalizing strategies for implementing the 2014–2019 Five-Year Plan. Learning from university, state and national experts about best practices and national trends, OAC members carefully considered new funding mechanisms.

For example, the OAC created the Community Opportunity Grants Program, which provides support to jump start implementation and evaluation efforts through community health improvement plans and needs assessments. This new grant program seeks to enhance collaboration among public health departments, nonprofit organizations, hospitals, clinics, health care systems, schools, businesses and government leaders on community-identified health priorities.

To strengthen the Partnership Program's commitment to Wisconsin's most pressing public health priorities, the OAC also focused on implementing the Community Impact Grants Program, which supports large-scale, evidence-based initiatives requiring substantial community engagement and well-established leadership.

The OAC will launch the new grant programs in 2015.

Community Grants Awarded in 2014

Title	Community Organization, Academic Partner	Type	Amount	Duration
Beloit LIHF Collaborative	Community Health Systems-Beloit Area Community Health Center	LIHF	\$150,000	1 year
Healthy Wisconsin Leadership Institute	Karen Timberlake, JD, Department of Population Health Sciences, UW School of Medicine and Public Health	Strategic	\$1,187,261	5 years
Kenosha LIHF	Kenosha County Division of Health	LIHF	\$750,000	5 years
Lifecourse Initiative for Healthy Families Evaluation	Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology, UW School of Medicine and Public Health	Strategic	\$692,025	4 years, 3 months
Lifecourse Initiative for Healthy Families Pregnancy Risk Assessment Monitoring System	Nora Cate Schaeffer, PhD, UW Survey Center	LIHF	\$223,905	1 year, 3 months
Lifecourse Initiative for Healthy Families Regional Program Office	Ron Cisler, PhD, Department of Population Health Sciences, UW School of Medicine and Public Health	Strategic	\$1,294,972	4 years, 9 months
Phase One: Building Community-Engaged, Collective Impact with Multi-setting Interventions in Two Wisconsin Counties	Marathon County Health Department; Menominee County; Brian Christens, PhD, School of Human Ecology, UW-Madison	Strategic	\$1,140,000	3 years
Racine LIHF Collaborative	Racine Kenosha Community Action Agency	LIHF	\$1,000,000	5 years
Wisconsin Population Health Service Fellowship	Thomas Oliver, PhD, MHA, Department of Population Health Sciences, UW School of Medicine and Public Health	Strategic	\$875,460	3 years

LIHF = Lifecourse Initiative for Healthy Families

Community Grants Concluded in 2014

Title	Community Organization, Academic Partner	Type	Amount Expended	Duration
Beloit Lifecourse Initiative for Healthy Families*	Beloit Lifecourse Initiative for Healthy Families	LIHF	\$230,882	2 years, 2 months
CESA #9 Active & Healthy Schools	Cooperative Educational Service Agency #9; Aaron Carrel, MD, Department of Pediatrics, UW School of Medicine and Public Health	CAPF	\$47,143	1 year, 2 months
Community-based EMS Pilot Project	Northeast Wisconsin Technical College; Robert Jacklin, PhD, MPH, Department of Health Education and Health Promotion, UW-La Crosse	CAPF	\$14,388	1 year, 6 months
Development of a Curriculum to Support Healthy Bites, A Wisconsin Guide for Improving Childhood Nutrition	Celebrate Children Foundation; Tara LaRowe, PhD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	CAPF	\$49,983	1 year
Dismantling Racism in Kenosha County	Kenosha County Division of Health; Markus Brauer, PhD, Department of Psychology, UW-Madison	LIHF	\$34,874	1 year
Engaging African-American Fathers to Reduce Infant Mortality by Improving their Health Literacy	IMPACT Alcohol & Other Drug Abuse Services, Inc. (formerly Planning Council); David Pate, PhD, Helen Bader School of Social Welfare, UW-Milwaukee; Kris Barnekow, PhD, Department of Occupational Science and Technology, UW-Milwaukee	LIHF	\$48,846	1 year, 2 months
Expecting Moms, Expecting Dads	Wheaton Franciscan Healthcare, St. Joseph Foundation; Emmanuel Ngui, DrPH, Zilber School of Public Health, UW-Milwaukee	LIHF	\$45,057	1 year, 4 months
Healthy Kids, Healthy County	Green County Health Department; Barbara Duerst, RN, MS, Department of Population Health Sciences, UW School of Medicine and Public Health	CAPF	\$49,185	2 years
Healthy Wisconsin Leadership Institute*	Karen Timberlake, JD, Department of Population Health Sciences, UW School of Medicine and Public Health	Strategic	\$464,486	3 years
Improving Dental Health of Uninsured Populations in Milwaukee	Bread of Healing Clinic, Inc.; Cynthia Haq, MD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	CAPF	\$50,000	2 years, 6 months
Kenosha Fatherhood Involvement Planning Project	Racine Kenosha Community Action Agency; David Pate, PhD, Helen Bader School of Social Welfare, UW-Milwaukee	LIHF	\$48,214	1 year, 3 months
Kenosha Lifecourse Initiative for Healthy Families*	Kenosha Lifecourse Initiative for Healthy Families	LIHF	\$224,081	2 years
Lifecourse Initiative for Healthy Families Pregnancy Risk Assessment Monitoring System *	Wisconsin Department of Health Services; Paul Moberg, PhD, Department of Population Health Sciences, UW School of Medicine and Public Health	LIHF	\$269,356	1 year, 9 months
Lifecourse Initiative for Healthy Families Regional Program Office*	Center for Urban Population Health; Ron Cisler, PhD, Department of Population Health Sciences, UW School of Medicine and Public Health	Strategic	\$154,485	1 year
Oneida County Striving to be Healthy	Oneida County Health Department; Erica Brewster, MPH, UW Extension	CAPF	\$49,963	2 years
Polk County Behavioral Health Access Audit	ABC for Rural Health, Inc.; Elizabeth Feder, PhD, Department of Population Health Sciences, UW School of Medicine and Public Health	CAPF	\$50,000	2 years, 3 months
Racine Lifecourse Initiative for Healthy Families*	Greater Racine Collaborative for Healthy Birth Outcomes/Racine Kenosha Community Action Agency; Teresa Johnson, PhD, RN, College of Nursing, UW-Milwaukee	LIHF	\$175,000	1 year, 6 months

Community Grants Concluded in 2014

Title	Community Organization, Academic Partner	Type	Amount Expended	Duration
REACH BC+: Retention and Enrollment to Achieve Children's Health	Covering Kids and Families – Wisconsin; Donna Friedsam, MPH, Department of Population Health Sciences, UW School of Medicine and Public Health	CAPF	\$399,339	3 years, 3 months
Strong Families Healthy Homes Extension - Pregnancy Pilot Program	Mental Health America of Wisconsin; Alice Yan, PhD, Zilber School of Public Health, UW-Milwaukee	LIHF	\$46,925	1 year
The Great Dane Exchange: Exploring the Reasons for the Success of the Wisconsin State Employee Health Plan Insurance Exchange for Clues to Successfully Establish Exchanges Required by the Affordable Care Act	Community Advocates, Inc.; John Mullany, PhD, Department of Population Health Sciences, UW School of Medicine and Public Health	CAPF	\$49,856	1 year, 7 months
The Intersection of Employment and Health Status for African-American Males	Milwaukee Area Workforce Investment Board; David Pate, PhD, Helen Bader School of Social Welfare, UW-Milwaukee	CAPF	\$49,578	1 year, 6 months
Wisconsin Adolescent Health Care Communication Program Evaluation	Wisconsin Alliance for Women's Health; Heather Royer, PhD, FNP-BC, College of Nursing, UW-Milwaukee	CAPF	\$49,657	2 years
Wisconsin Health Equity Alliance	WISDOM; Brian Christens, PhD, School of Human Ecology, UW-Madison	CAPF	\$43,693	1 year
Wisconsin Partnership for Childhood Fitness, Phase II	Wisconsin Department of Public Instruction; Aaron Carrel, MD, Department of Pediatrics, UW School of Medicine and Public Health	CAPF	\$400,000	3 years, 3 months
Wisconsin Population Health Service Fellowship*	Thomas Oliver, PhD, MHA, Department of Population Health Sciences, UW School of Medicine and Public Health	Strategic	\$521,998	2 years

LIHF = Lifecourse Initiative for Healthy Families, CAPF = Community-Academic Partnership Fund

*At this grant's conclusion, it was renewed.



Building Local Leadership for Public Health

Communities across the state are tackling a host of challenging health issues, including childhood obesity, mental health, substance abuse and health inequities.

No matter their size or structure, these communities – and the people who live there – reap the benefits of the Wisconsin Partnership Program. A prime example of the Partnership Program’s support to communities is illustrated through the work of the Healthy Wisconsin Leadership Institute, which builds strong local leadership to improve public health.

“Community members and health leaders develop skills and gain experience to address local health needs,” said Karen Timberlake, JD, director of the Population Health Institute at the UW School of Medicine and Public Health and faculty director for the Leadership Institute. “Public health leaders and local residents are tremendous allies with physicians and other professionals for improving communities’ health throughout Wisconsin.”

In 2014, the Partnership Program’s Oversight and Advisory Committee renewed funding for the Leadership Institute. The five-year grant emphasizes tailored technical assistance for Partnership Program community grantees, regional health improvement capacity and continuous program evaluation and improvement.



Building on its experience working with community teams, the Leadership Institute began offering regional training in 2014 and created a dual track to recognize communities' differing stages of readiness. The Regional Community Teams program facilitates sustainable partnerships by developing collaborative leadership and public health skills among participants. Community Teams alumni have the opportunity to participate in the COACH (collaborating, organizing

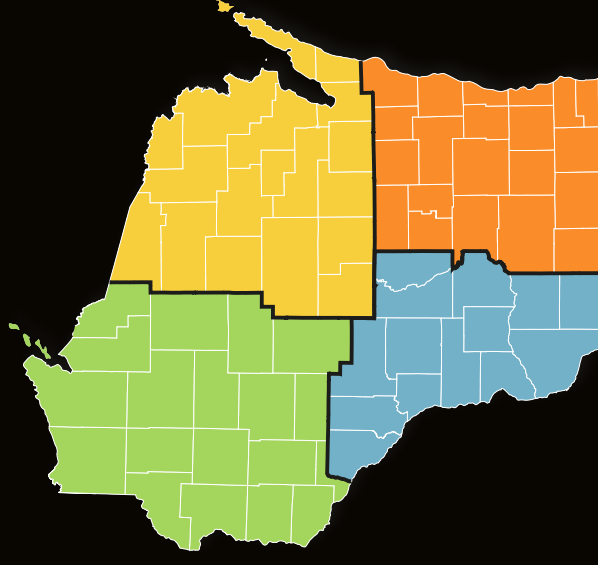
and advocating for community health) program, which offers three years of support to strengthen skills for implementing policy, systems and environmental changes that improve health in Wisconsin. The regional model promotes cross-community learning and shared vision for collective impact related to the social determinants of health. Both programs began with the Southeastern Region in 2014.

2014–2015 Regional Community Teams

- **East Central Health in Planning Team:** Incorporating health into regional planning processes
- **South Central Wisconsin Transgender and Gender Non-Conforming Team:** Improving health among transgender and gender non-conforming communities
- **Transforming Wisconsin Food Systems Leadership Team:** Increasing access to and consumption of healthy, local food (Brown, Kenosha, Manitowoc, Marathon, Winnebago and Wood counties)
- **Wisconsin Minority Health Leadership Team:** Improving mental health and alcohol and other drug abuse outcomes for minority populations in Wisconsin (statewide)
- **Oconomowoc Health & Wellness Alliance:** Using collective impact to enhance overall health and wellness in Oconomowoc (Waukesha County)

2014–2017 COACH Teams

- **Fort Healthcare Healthy Communities Coalition:** Using collective impact to increase access to physical activity and healthy food in Fort Atkinson
- **Healthy People Project of Washington County:** Improving health by increasing awareness and access to healthy food choices and by increasing and promoting opportunities for physical activity
- **LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation:** Improving nutrition and increasing physical activity in local, safe environments in Cross Plains
- **Wisconsin Active Communities Alliance (WACA):** Increasing opportunities for neighborhoods, cities and counties to build physical activity into the daily routine of their residents
- **Working for Whitewater's Wellness (W3):** Increasing physical activity, healthy eating, social connectedness and positive outlook to improve wellness



To increase shared learning across communities and reduce time and distance barriers, the Healthy Wisconsin Leadership Institute's Community Teams and COACH programs are offered regionally.

“Our team has gained knowledge, skills and tools that make our work more effective and efficient. The Leadership Institute also has strengthened relationships within our multidisciplinary team, which has resulted in greater collective impact for our region.”

-Tom Baron, East Central Wisconsin Regional Planning Commission



Serving Communities, Connecting Campus

The Wisconsin Population Health Service Fellowship program exemplifies the many successes of the Wisconsin Partnership Program at the UW School of Medicine and Public Health (SMPH). In collaboration with local and state health departments and community organizations, the program extends the school's reach beyond campus to improve the health of Wisconsin residents.

"This program strengthens the ties between the people of Wisconsin and the School of Medicine and Public Health," said Thomas Oliver, PhD, MHA, professor of population health sciences and faculty director of the fellowship program. "It provides invaluable service to communities across the state and offers tremendous opportunities for fellows to build their knowledge and skills as future public health professionals."

The two-year program places early-career public health professionals in local communities to address a wide range of challenging health issues. More than 30 local and state health departments and community organizations in Eau Claire, La Crosse, Lac du Flambeau, Madison, Menominee, Milwaukee, Sauk City and Shawano have benefitted from the contributions of 50 fellows since the program began in 2004.

Left: After completing her fellowship, Traici Brockman stayed in Wisconsin to help bring health care providers to communities in need.

More than

54%

of Population Health Service Fellows remain employed in public health initiatives in Wisconsin.

Fellows expand their knowledge and skills with guidance from on-site mentors who assist with achieving targeted objectives and through monthly meetings with other fellows and public health leaders. They also participate in core activities of learning, which strengthen their experience.

"The benefit is so great for rural areas where we don't have as many resources at our fingertips," said Jaime Bodden, MPH, health officer and director for Shawano County. "It's a great experience for the fellow and for the hosting site."

Bodden served as a mentor for Lauren Lamers, MPH, who completed her fellowship in June 2015. "Lauren did some amazing work for Shawano County and the Menominee Tribal Clinic," Bodden said. "She was instrumental in developing a public health data clearinghouse that is easy for anyone on our staff to use. It was a blessing to have such a talented epidemiologist with us for two years. She left a lasting legacy."

After completing the program, most fellows remain in Wisconsin serving local communities in public health leadership positions. Benjamin Jones, MPH, Waukesha County's health officer since 2013, was

one of the first Population Health Service Fellows. Having grown up in Mukwonago, Jones now works in a community he calls home.

According to Jones, the fellowship afforded him opportunities he would not have otherwise had. "I directly credit that to the fellowship and the Milwaukee Health Department creating that experience for me," he said.

Traici Brockman, MPH, a fellow in the state Division of Public Health from 2007 to 2009, agrees. "As a fellow, I came in at a certain level of respect that allowed me to grow and blossom," said Brockman. "I was able to contribute immediately and constantly build on what I was learning on the job and through the monthly learning sessions with other fellows."

After completing her fellowship, Brockman joined the Primary Care Office at the Wisconsin Department of Health Services, where she works closely with counties and communities designated as medically underserved and/or health care professional shortage areas.

"During my fellowship, I learned the critical importance of good relationships with local public health officials and other health professionals," she said. "That lesson has served me well."

Brockman's other responsibilities include federal scholarship and loan repayment programs for medical students and physicians and the J-1 Visa Waiver Program. "These programs help get people the health care they need," she said. "It's very rewarding work."



Joint Funding Supports Population Health Service Fellowship

In 2014, the Oversight and Advisory Committee and the Partnership Education and Research Committee provided renewal funding for the Population Health Service Fellowship. The three-year grant incorporates an increased focus on integrating medical and population health training on and off the UW-Madison campus.

The program combines community service with workforce development to:

- build the next generation of public health leaders skilled in planning, implementing and evaluating innovative strategies for public health improvement.
- provide direct service to community partners to address Wisconsin's most pressing public health challenges.

Improving Health through Research and Education

Through its Partnership Education and Research Committee (PERC), the Wisconsin Partnership Program supports a remarkable breadth of initiatives, selecting those with the greatest potential impact on the health of Wisconsin residents. PERC grants aim to address issues of health and health care in a

continuum that spans basic, clinical, translational and applied public health research as well as education and training.

In 2014, the PERC awarded 15 grants, including five through the New Investigator Program and four

through the Collaborative Health Sciences Program. New Investigator and Collaborative Health Sciences grants support project initiation with the anticipation that sustainability will depend on competitive extramural support for research.

Education and Research Grants Awarded in 2014

Title	Principal Investigator	Type	Amount	Duration
Advancing Evidence-based Health Policy in Wisconsin	Karen Timberlake, JD, Department of Population Health Sciences	Strategic	\$26,200	2 years
Building an Accessible Database of Patient Experience for the U.S.	Nancy Pandhi, MD, PhD, MPH, Department of Family Medicine and Community Health	Opportunity	\$45,000	2 years
Characterization of the Role of PASTA Kinases in Beta-lactam Resistance	John-Demian Sauer, PhD, Department of Medical Microbiology & Immunology	NIP	\$100,000	2 years
Genetic Susceptibility to Infection in Wisconsin Hmong	Bruce Klein, MD, Department of Pediatrics	CHSP	\$500,000	3 years
Genetic Variants, Immune Dysregulation & Rheumatoid Arthritis	Miriam Shelef, MD, PhD, Department of Medicine	NIP	\$99,997	2 years
Implementing Combination Behavioral and Biomedical HIV Prevention Strategies through High-risk Sexual Networks	Ryan Westergaard, MD, PhD, Department of Medicine	NIP	\$99,882	2 years
Lifecourse Initiative for Healthy Families Faculty Leader	Deborah Ehrenthal, MD, MPH, MD, Department of Obstetrics and Gynecology	Strategic	\$957,756	4 years, 5 months
Optimized Chronic Care for Smokers: A Comparative Effectiveness Approach	Michael Flore, MD, Department of Medicine	Strategic	\$300,000	2 years
Personalized Vitamin D Supplementation in European and African Americans	Corinne Engelman, PhD, Department of Population Health Sciences	CHSP	\$499,996	3 years
PI3K/PTEN Targeted Therapy for HPV-associated Cancers	Paul Lambert, PhD, Department of Oncology	CHSP	\$500,000	3 years
Repurposing FDA-approved Drugs as Therapeutics for Age-related Macular Degeneration	Aparna Lakkaraju, PhD, Department of Ophthalmology and Visual Sciences	NIP	\$99,000	2 years
Understanding M. tuberculosis Evolution Within and Between Hosts	Caitlin Pepperell, MD, Department of Medicine	NIP	\$100,000	2 years
Wisconsin Obesity Prevention Initiative	Alexandra Adams, MD, PhD, Department of Family Medicine and Community Health	Strategic	\$7,500,000	5 years
Wisconsin Population Health Service Fellowship	Thomas Oliver, PhD, MHA, Department of Population Health Sciences	Strategic	\$875,460	3 years
Zooming in on Childhood Asthma: Disease Causality and Personalized Medicine	Xin Sun, PhD, Department of Medical Genetics	CHSP	\$500,000	3 years

CHSP = Collaborative Health Sciences Program; NIP = New Investigator Program

Both programs are based on a competitive request-for-proposals process that includes in-person presentations to PERC members. To ensure consistency and continuity for reviews, the PERC in 2014 created a Review Subcommittee with two public representatives, who bring a community perspective to the committee's deliberations.

The New Investigator Program supports early-career faculty at the UW School of Medicine and Public Health who are initiating pilot projects that, if successful, can lead to additional support from federal and other granting agencies. Since 2005, the

Partnership Program has awarded more than \$5.2 million through the New Investigator Program.

The Collaborative Health Sciences Program (CHSP) provides established researchers with funds for interdisciplinary projects that address childhood asthma, Alzheimer's disease and other compelling health issues. Since 2007, the Partnership Program has awarded more than \$9.6 million through the Collaborative Health Sciences Program.

Several New Investigator grants also have led to CHSP awards. For example, Xin Sun, PhD, received a New Investigator grant in 2005 to study the molecular

and genetic mechanisms involved in lung formation and lung diseases. In 2014, she built on this basic science research to earn a CHSP grant for identifying the genomic variations that contribute to the development of asthma. The goal of this interdisciplinary grant is to develop diagnosis tools that enable personalized treatments for children.

During 2014, the PERC made its second award through the Opportunity Grants Program. This new program provided rapid-response funding for the successful efforts of Nancy Pandhi, MD, PhD, MPH, to have UW-Madison recognized as the lead institution in the United States for work employing the Database of Individual Patient Experience (DIPeX) methodology created at Oxford University.

As a means of providing reliable information about patients' and caregivers' direct experiences with illness and health care, DIPeX is highly regarded internationally and has been adopted by nine other countries. Dr. Pandhi's module will focus on young adults with depression—a vulnerable group in high need of relevant, accessible information.

As outlined in the 2014-2019 Five-Year Plan, the PERC is expanding its collaboration with the Oversight and Advisory Committee. Examples include the jointly funded Population Health Service Fellowship, Lifecourse Initiative for Healthy Families and Wisconsin Obesity Prevention Initiative.

Education and Research Grants Concluded in 2014

Title	Principal Investigator	Type	Amount Expended	Duration
Development of a Centralized UWSMPH Biobank	Ricardo Lloyd, MD, PhD, Department of Pathology and Laboratory Medicine	Strategic	\$191,707	2 years, 7 months
Environmental Health Center Strategic Planning Grant	Christopher Bradfield, PhD, Department of Oncology	Strategic	\$195,711	1 year, 6 months
Personalizing Therapy of Women with Polyploid Breast Cancers	Mark Burkard, MD, PhD, Department of Medicine	NIP	\$99,910	2 years
Planning Grant for a Preventive Medicine Residency Program*	Patrick Remington, MD, MPH, Department of Population Health Sciences	Strategic	\$158,810	2 years
Preparing Health Educators to Address Behavioral Health Determinants through Health Care Settings	Richard Brown, MD, Department of Family Medicine and Community Health	CHSP	\$242,967	3 years, 2 months
Recruitment of Middle-Aged African-Americans for Studies of Pre-Clinical Alzheimer's Disease: Minority AD Prevention Program	Sanjay Asthana, MD, Department of Medicine	Strategic	\$73,167	1 year, 6 months
Screening for Mild Cognitive Impairment in African Americans	Carey Gleason, PhD, Department of Medicine	NIP	\$100,000	2 years, 6 months

CHSP = Collaborative Health Sciences Program; NIP = New Investigator Program

*At this grant's conclusion, it was renewed.

Engaging Communities in Research through ICTR

Since its inception in 2006, the UW Institute for Clinical and Translational Research (ICTR) has received funding from the Wisconsin Partnership Program to support the shared goal of improving

health in Wisconsin. ICTR's Community Engagement Core is an important component of the Partnership Program's commitment to bringing community-academic partnerships to bear toward this goal.

The focus of these grants ranges from clinical, community and patient-centered health outcomes to dissemination and implementation of evidence-based, community-driven interventions.

ICTR Grants Awarded in 2014				
Title	Community Organization, Academic Partner	Type	Amount	Duration
Stepping Up in Specialty Clinics to Reduce Blood Pressure	Christie Bartels, MD, MS, UW School of Medicine and Public Health, Department of Rheumatology; UW Health Rheumatology Clinic	CCOR	\$75,000	1 year
Exploring Over-the-counter Medication Safety in Older Adults	Michelle Chui, PharmD, PhD, UW-Madison School of Pharmacy; Oregon Area Senior Center; Supporting Active Independent Lives; Pharmacy Society of Wisconsin; ShopKo Pharmacies	CCOR	\$75,000	1 year
Community Pharmacists' Perspectives of Medication Reconciliation Processes for Recently Discharged Patients	Korey Kennelly, PharmD, PhD, UW-Madison School of Pharmacy; Mallatt's Pharmacy; Marshfield Clinic Pharmacies	CCOR	\$40,500	1 year
Adapting the Physical Activity for Life of Seniors Program for Older African Americans	Kimberlee Gretebecke, PhD, RN, UW-Madison School of Nursing; North/Eastside Senior Coalition, Madison; Milwaukee County Department on Aging; Wisconsin Institute for Healthy Aging	D&I	\$150,000	2 years
Implementing Successful Detoxification Continuing Care	Todd Molfenter, PhD, UW-Madison College of Engineering; Access Community Health Centers; Wisconsin Department of Health Services; Genesis Behavioral Services; Ministry Behavioral Health; North Central Health Care; Sauk County Department of Human Services; Tellurian; Rock County Human Services	D&I	\$150,000	2 years
The Wisconsin Coalition for Collaborative Excellence in Assisted Living as a Quality Improvement Dissemination and Implementation Vehicle	Jay Ford, PhD, UW-Madison College of Engineering; Wisconsin Department of Health Services-Divisions of Quality Assurance and Long Term Care; Wisconsin State Board on Aging and Ombudsman Program; Wisconsin Assisted Living Association; Leading Age Wisconsin; Residential Services Association of Wisconsin; Wisconsin Center for Assisted Living	D&I	\$150,000	2 years
Can Community Advisors Improve Recruitment of Underrepresented People?	Barbara Bowers, PhD, RN, UW-Madison School of Nursing; Goodman Community Center; Lussier Community Education Center; Community Advisors on Research Design and Strategy	PCOR	\$90,500	1 year
Engaging Stakeholders and Developing Partners in Mental Health and Primary Care Integration Research	Nancy Pandhi, MD, PhD, MPH, UW School of Medicine and Public Health, Department of Family Medicine and Community Health; United Way of Dane County; WORT Community Radio; National Alliance on Mental Illness; Cornucopia, Inc.; Access Community Health Centers; Group Health Cooperative; UW Health	PCOR	\$100,000	1 year
Engaging Stakeholders to Develop a Patient Navigation Tool for High-risk Surgery	Gretchen Schwarze, MD, MPP, UW School of Medicine and Public Health, Department of Surgery; UW Health Patient Relations & Patient/Family Partnerships; Patient-Family Advisors; Center for Patient Partnerships	PCOR	\$100,000	1 year

CCOR = Clinical and Community Outcomes Research; D&I = Dissemination and Implementation Research; PCOR = Patient-Centered Outcomes Research

Michelle Chui, PharmD, PhD, of the UW-Madison School of Pharmacy is leading a group of health care professionals, pharmacies and senior citizen organizations to test an intervention for reducing adverse drug events among older adults.



ICTR Grants Concluded in 2014

Title	Community Organization, Academic Partner	Type	Amount Expended	Duration
Engaging Stakeholders to Deliver Family-centered Diabetes Self-management Resources	Elizabeth Cox, MD, PhD, UW School of Medicine and Public Health, Department of Pediatrics; American Family Children's Hospital; Juvenile Diabetes Research Foundation Western Wisconsin Chapter	PCOR	\$99,988	1 year
Giving Life to Life: Lifestyle and Functional Exercise Program to Reduce Falls in Wisconsin	Irene Hamrick, MD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health; Jane Mahoney, MD, UW School of Medicine and Public Health, Department of Medicine	CCOR	\$50,000	1 year, 6 months
Exploring How Hospital Nurses Perceive Patients Identified as Fall Risk and Influence on Decisions to Walk Patients	Barb King, PhD, RN, UW-Madison School of Nursing; William S. Middleton Memorial Veterans Hospital; UW Hospital and Clinics	CCOR	\$70,950	1 year
A Video Analytic Approach to Deconstructing Surgical Skill	Caprice Greenberg, MD, MPH, UW School of Medicine and Public Health, Department of Surgery	CCOR	\$50,000	1 year, 6 months
Improving Bone Health among Older Adults in Rural Wisconsin Communities	Diane Lauver, PhD, RN, RFP-BC, FAAN, UW-Madison School of Nursing; Washington County Aging & Disability Resource Center	CCOR	\$21,460	1 year

CCOR = Clinical and Community Outcomes Research; D&I = Dissemination and Implementation Research; PCOR = Patient-Centered Outcomes Research

Understanding Polyploid Breast Cancers to Personalize Treatment

As a physician scientist, Mark Burkard, MD, PhD, keeps his patients front and center while working in his research lab. "It's all about them," he said. "They drive my research."

The New Investigator Program (NIP) grant he received from the Wisconsin Partnership Program in 2011 has given him hope for additional funding that directly affects his patients.

Dr. Burkard's focus on cell biology has allowed him to secure several basic science grants. Yet, clinical and translational grants – those that could benefit his patients – have eluded him because he lacks the data necessary to receive funding from the National Institutes of Health and other granting organizations. He's hoping his research through the NIP is a game-changer.

"This grant program has allowed me to develop a major component of my research that makes me more competitive for larger grants," said Dr. Burkard, a medical oncologist with the UW Carbone Cancer Center.

Left: Dr. Mark Burkard and premedical student Brittany Zachek examined the distinct behaviors of polyploid breast cancer cells.



Dr. Burkard's NIP-funded research focused on polyploid breast cancer – those with cells having extra chromosomes. “The biggest takeaway was that a set of breast cancers with too many chromosomes seems to correlate with worse outcomes,” he said. By identifying this subset of breast cancer, Dr. Burkard and others in his lab also learned the distinct behaviors of these cells.

In the current clinical hierarchy, there are three major types of breast cancers: estrogen or hormone sensitive, HER2 and triple negative. Polyploid breast cancer crosses all three types, but it is a little more preponderant in triple-negative breast cancer, “kind of an everything-else category,” Dr. Burkard said.

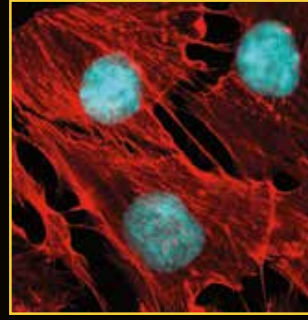
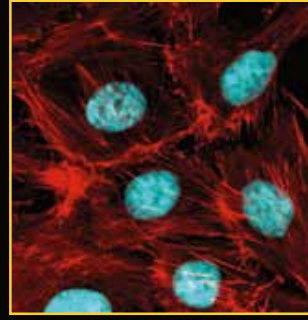
Physicians generally can't predict which cancer treatment will work for which person. “We typically say ‘this drug works for a certain percent of people,’ but in the future we hope to predict what will work for an individual patient,” Dr. Burkard said.

Dr. Burkard and others in his lab analyzed data for 40,000 chemicals to determine which would

block the growth of cancer cells with the most chromosomes. “We found that about 30 correlated pretty well,” he said. After additional tests, they discovered that one chemical destroyed abnormal cells without affecting normal cells – a potential low-toxicity treatment for a high-risk breast cancer type.

“Part of the discovery process is partitioning different types of cancer and using that to predict which drugs are going to work for which person,” he said. “Once you do that, you might discover that ‘oh, my. This drug that we’ve been using for 30 years, we never knew why it works only on these people. But we now know the reason’.”

The New Investigator Program supports assistant professors in expanding their research interests into new areas and in moving research from the laboratory to the bedside and into communities.



Polyploid human cells are large and proliferate slowly.

Grant Supports Multidisciplinary Cancer Research

Less than two years after receiving his first grant from the Wisconsin Partnership Program, Mark Burkard, MD, PhD, was given another opportunity to make a difference in the lives of women with breast cancer.

Dr. Burkard, a physician researcher, was chatting with biomedical engineer David Beebe, PhD – a “neighbor” at the UW Carbone Cancer Center – about the difficulty predicting which women will benefit from which treatment.

“We talked about making a device that would help us identify in each person which drug would be effective,” Dr. Burkard said. “A Collaborative Health Sciences grant from the Partnership Program is allowing us to more fully develop that idea.”

Lee Wilke, MD, FACS, leads the multidisciplinary team of researchers that received a \$500,000 grant in 2013 for their project, Multiplexed In Vivo Device to Assess Optimal Breast Cancer Therapy. The device would allow simultaneous testing of small amounts of multiple drugs within a tumor’s discrete regions. By establishing the efficacy of each drug within the same cancer, the researchers hope to accelerate the process of personalized cancer therapy.

“That’s an opportunity created by this cancer center being part of an integrated university,” said Dr. Burkard, a co-principal investigator on the project with Dr. Beebe.

“Our goal is to help shape physicians who understand the world beyond the exam room, to show them how that world shapes the health of their patients,” said Christine Seibert, MD, associate dean for medical student education and services.

The activities take students into the community, where they learn from first responders, advocacy groups, legal experts, lawmakers, reporters and other resources that traditionally have had little or no role in medical education, especially in the preclinical years. Faculty and staff from across the UW-Madison campus (College of Engineering, Law School, College of Agriculture and Life Sciences, etc.) also share their expertise.

“We are tapping such incredible, often overlooked, people who have so much to teach our students,” said Renie Schapiro, Integrative Cases director. “These are people who medical students may not experience during the traditional curriculum.”

Clinical faculty members also enjoy participating.

“They bring their experience to a wide-ranging, primarily student-driven discussion – something they don’t normally do,” Schapiro said. That enthusiasm is evident to the students.

“It has been amazing to meet so many faculty who have expertise in different areas,” Masoom said.

“From a professional development standpoint, it helps me see the many things that physicians can do beyond seeing patients. It has been outstanding to see how they give back to the community.”

First-year medical students have four cases, and second-year students have two more advanced

cases. Each lasts a day and a half to two days. The current first-year cases focus on determinants of health, poverty, drunken driving and health policy; and the second-year cases address health policy advocacy and cost-of-care.

“Every case adds a dimension to our careers as future medical professionals that we wouldn’t otherwise have in the classroom,” said Masoom.

For example, students followed a young driver from an episode of drunken driving through her car crash, trauma treatment and long-term rehabilitative care needs. Students visited a community hospital and a level-one trauma center, and they met with law enforcement personnel, state transportation officials and lawmakers about reducing drunken driving.

“Unlike other classes, there is no exam at the end of the Integrative Cases,” said Schapiro. “What drives learning is interest and engagement. We ask students to explore these issues and think broadly.”

Since 2008, the cases have evolved; some having minor updates and others being introduced to meet student needs. Feedback from students and guidance from a 10-member student advisory board help shape the Integrative Cases.

“It is very rewarding that we can bring ideas to the people designing our programs and see them implemented,” said Masoom, who was selected for the advisory board shortly after her first Integrative Case. “It shows that the administration cares about what we think, and they take our opinions to heart.”



Above: During one of the Integrative Cases, students practiced testifying at a mock hearing on health policy issues at the state Capitol in Madison.

Below: Second-year medical students discuss insurance coverage at their Cost-of-care Integrative Case. During the two-day activity, they learn about costs and charges for care and drivers of health care costs, such as technology, utilization, and patient behavior and characteristics.



Researchers Come Together through Collaborative Grant Program

Decades ago, state health leaders had the foresight to require health professionals to report blastomycosis, an uncommon but potentially serious illness, to public health officials. This rich clinical data provides especially valuable information for Bruce Klein, MD, and his colleagues studying a possible genetic link between the disease and people of Hmong ethnicity.

“Some people exposed to the soil fungus *Blastomyces dermatitidis* can develop an overwhelming respiratory infection and die in a matter of days,” said Caitlin Pepperell, MD, an assistant professor of medicine at the UW School of Medicine and Public Health. “I’ve always been curious as to why it happens to some people and not others. I thought there must be a human genetic basis that alters the outcome of the infection.”

Dr. Klein, a professor of pediatrics, and Dr. Pepperell are the lead investigators for a 2014 Collaborative Health Sciences Program grant from the Wisconsin Partnership Program. Other members of the team include Jeffrey Davis, MD, Wisconsin Division of Health; Igor Slukvin, MD, PhD, Department of

Left: At an Asian market in Wausau, Donny Xiong posts information about a study investigating a possible genetic link between blastomycosis and people of Hmong ethnicity.



Pathology and Laboratory Medicine; and Christina Kendzioriski, PhD, Department of Biostatistics and Medical Informatics.

“The intent of the funding mechanism is to stimulate people with unique skill sets to come together to tackle what is perceived as an important health problem,” Dr. Klein said. “This is such a unique and powerful opportunity to understand the general principles of how patients fight infection and mobilize immunity and inflammation in a helpful or harmful way. And the knowledge gained should benefit Hmong people.”

Dr. Klein has been studying blastomycosis since 1981, when the U.S. Centers for Disease Control and Prevention assigned him as an Epidemic Intelligence Service (EIS) Officer with the Wisconsin Division of Health. He joined the UW-Madison faculty in 1988, and Dr. Pepperell came in 2011.

“I’ve wondered whether the possible genetic predisposition to blastomycosis was rooted in some aberrant immune response to the fungus,” Dr. Klein said. “I didn’t know exactly how to approach this kind of genetic issue, when into my door for a job interview walks Caitlin Pepperell, who had the absolute perfect expertise in genome science and bioinformatics to collaborate on this question and offered a skill set that I didn’t have.”

Dr. Pepperell, a native of Canada who specializes in tuberculosis, has a personal connection to blastomycosis – several family members and friends have been infected, and a family dog died from it. Unlike tuberculosis, blastomycosis is caused by a fungus. And very few fungi are pathogens in mammals.

“Out of the enormous diversity of over 100,000 species of fungi on our planet, only a very small fraction cause disease in mammals, and Blastomycosis is one of them,” said Dr. Pepperell, who arrived in Wisconsin a year after the state experienced the largest blastomycosis outbreak on record.

From 2009 to 2010, Marathon County in central Wisconsin reported 55 cases of blastomycosis, 45 percent of which were people of Hmong ethnicity. This made sense to Dr. Klein and other researchers because blastomycosis is a soil fungus, and there are high numbers of Hmong people in the area who come into contact with soil.

“However, the investigation did not identify gardening or other activities that would have explained that unique excess risk,” Dr. Klein said. “We were left wondering if their ethnicity and some genetic predisposition were at the root of their susceptibility.”

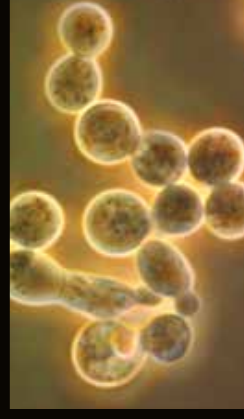
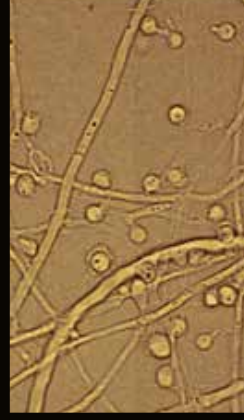
Shortly after joining the UW-Madison faculty, Dr. Pepperell received a Department of Medicine grant to study six Hmong people diagnosed with blastomycosis during the 2009–2010 outbreak. This pilot project led to her identification of a collection of candidate genes that might regulate fungal immunity. Some of these genes were coincidentally similar to

immune response genes Dr. Klein’s lab was studying as uniquely recognizing fungi. “We were collecting data completely in parallel, unbeknownst to one another,” Dr. Klein said.

At the same time, Dr. Pepperell was recruiting people to help with a tuberculosis project. “One of the resumes that came across my desk was from Donny Xiong,” she said. His resume mentioned the Hmong American Student Association at UW-Madison.

“It was a confluence of amazing opportunity,” Dr. Pepperell said, noting that researchers are seeking to identify better ways of linking people in the Hmong community with health services. “Over time, Donny and I wrote a paper about Hmong people’s perceptions about genetics and how open they were to participating in this type of research.”

Many of the people they spoke with had friends and family affected by blastomycosis. “They were very willing, generous and interested in having research done in this area,” Dr. Pepperell said. “As long as you explain why you’re doing it and you’re clear in your communication, it’s an eminently doable thing. Our hope in the long term is that better education about the disease will diminish the risk of infection or the severity of illness through early detection in this susceptible population.”



Sporulating mold (left) and yeast form cells (right) of Blastomyces dermatitidis. Scale bar, 10 microns.



Addressing Complex Issues

By their nature, some of the most alarming health issues are extremely complex. High-quality health care is critical, but social, economic, environmental and many other factors contribute significantly to health, well-being and health equity. The Wisconsin Partnership Program's 2014-2019 Five-Year Plan acknowledges this by emphasizing a collective focus on the state's most pressing health issues, including childhood obesity.

Numerous community organizations and government entities in the state – including several funded by the Partnership Program – have made progress on certain aspects of obesity, alcohol and drug abuse, cancer, infant mortality, smoking cessation and other challenging health issues. However, research has shown that sustained change is more likely to occur when organizations and individuals collectively focus on a common set of goals with mutually reinforcing activities.

Stakeholders also must recognize that improvement will be gradual because impact on complex issues requires constant evaluation and altering approaches as barriers are faced and addressed. Meaningful, lasting success takes time.

Like other grant-making organizations across the country, the Partnership Program embraces this new paradigm – known as collective impact – for addressing complex social issues. The UW School of Medicine and Public Health and community partners throughout the state are joining forces through the Wisconsin Obesity Prevention Initiative using collective impact strategies, and the Lifecourse Initiative for Healthy Families is broadly employing them as communities in southeast Wisconsin seek to improve birth outcomes among African-American families.

Collective impact –
the commitment of a group
of important actors from
different sectors to a
common agenda for solving
a specific social problem.

The Five Conditions of Collective Success

- Common agenda
 - Shared measurement systems
 - Mutually reinforcing activities
 - Continuous communication
 - Backbone support organization
- John Kania and Mark Kramer, Stanford Social Innovation Review, Winter 2011



Joint Funding Supports Obesity Initiative

Launched in 2014, the Wisconsin Obesity Prevention Initiative brings together the collective knowledge and wisdom of passionate people to tackle one of the state's most challenging health issues.

A five-year \$7.5 million grant from the Partnership Education and Research Committee (PERC) provides the infrastructure for bringing together government entities, communities, researchers, nonprofit organizations and businesses. Grant funding also is used to develop a childhood obesity surveillance system and create statewide messaging that helps residents understand how daily decisions affect their health.

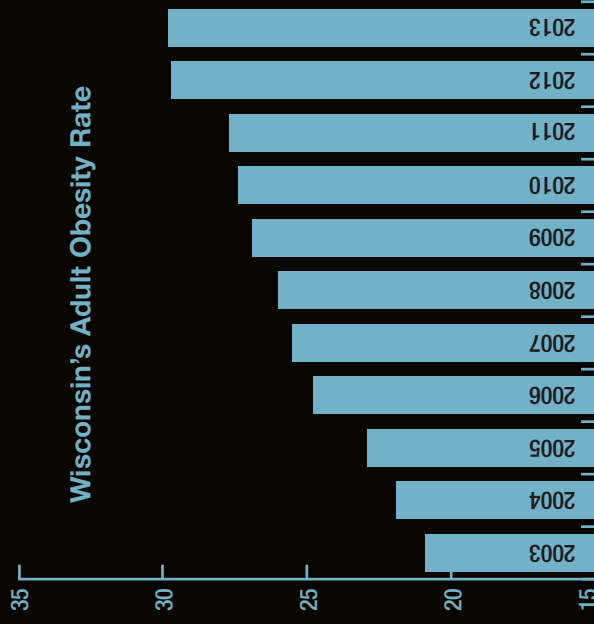
Alexandra Adams, MD, PhD, is the principal investigator for the PERC grant and leads a team of faculty and community investigators. She is a professor in the Department of Family Medicine and Community Health at the UW School of Medicine and Public Health.

In collaboration with health officials and community members in Marathon and Menominee counties, researchers will use a \$1.1 million grant from the Partnership Program's Oversight and Advisory Committee to test and implement a community-based model for childhood obesity prevention. Brian Christens, PhD, associate professor of human ecology at UW-Madison, is the principal investigator for this phase of community work.

The model involves developing a "menu" of evidence-based strategies and interventions that each community can choose to work toward. Strategies include supporting local food economies and agriculture, promoting public space and recreation, and increasing access to and consumption of healthy food. Each strategy is partnered with three to five specific evidence-based interventions for communities to deploy.

"The Obesity Prevention Initiative works to recognize all those who care about obesity and seeks out their strengths. We are stronger working collectively toward advancing the goals that reflect what is important to our communities."

— Menominee community member



Nearly 30 percent of Wisconsin's adults are obese, according to The State of Obesity 2014 by the Trust for America's Health and the Robert Wood Johnson Foundation.





Lifecourse Initiative Moving Forward

The Wisconsin Partnership Program's first major strategic initiative – the Lifecourse Initiative for Healthy Families (LIHF) – continues to broaden the narrative around healthy birth outcomes among African-American families in Wisconsin. In 2014, Deborah Ehrenthal, MD, MPH, joined the UW School of Medicine and Public Health's Department of Obstetrics and Gynecology as the initiative's faculty director.

The Lifecourse Initiative works with community collaboratives in Beloit, Kenosha, Milwaukee and Racine, where nearly 90 percent of the state's African-American babies are born. It has supported 22 project grants in these communities, and several are highlighted below:

- The Bethel AME Church Jobs for Fathers project in Beloit provides pre-employment skills training and has assisted participants with securing and maintaining employment. Serving as an important source of social support, the project also provides an inter-generational community circle for participants to discuss issues affecting men.
- The African-American Breastfeeding Network project in Milwaukee uses a peer-support model for breastfeeding education and has successfully increased breastfeeding rates among its program participants. The project has garnered national media attention and was featured in an article and video by the Associated Press.

- The Kenosha Fatherhood Involvement Planning Project is working with the Supplemental Nutrition Program for Women, Infants and Children to more intentionally address the needs of fathers – a group often overlooked in maternal health programs. Based on focus group research with fathers in Kenosha about their needs, an evidence-based group support program is planned.

- Wheaton Franciscan All Saints Hospital in Racine is implementing Centering Pregnancy – an evidence-based prenatal care program. The project is seeing many positive outcomes related to healthy birthweight, increases in breastfeeding and fewer cases of prematurity.

On a broader scale, the Lifecourse Initiative continues to collaborate with state and national organizations and programs addressing disparities in infant mortality. Dr. Ehrenthal and many LIHF partners are active members in the Collaborative Improvement & Innovation Network to Reduce Infant Mortality (COLIN), a national public-private partnership, and serve on statewide work groups focused on safe sleep, preconception care and social determinants of health.

In collaborative efforts such as COLIN, LIHF works closely with the state Department of Health Services and numerous county health departments as a unified voice to achieve greater collective impact. LIHF partners also serve on the Maternal and Child Health Advisory Committee and the new Wisconsin Perinatal Quality Collaborative.

Under Dr. Ehrenthal's guidance, the Lifecourse Initiative is refining its evaluation activities to enhance researchers' ability to establish links between

the initiative and changes in birth outcomes. The two main goals of the evaluation are to provide information and feedback that guide LIHF and to demonstrate its overall impact.

Wisconsin's Pregnancy Risk Assessment Monitoring System (PRAMS) is a central component of LIHF's evaluation plan. PRAMS, a surveillance system developed by the U.S. Centers for Disease Control and Prevention, provides data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health.

In 2014, the Oversight and Advisory Committee renewed funding to oversample African-American mothers for the PRAMS survey in the four LIHF communities.

Nationally, PRAMS response rates among African-American women are low. Support from the Partnership Program has resulted in a sustained 15 percent increase in African-American response rates and has enabled the Wisconsin Department of Health Services to work more closely with communities to identify potential strategies for increasing participation in the survey.

The Partnership Program also renewed funding for LIHF's Regional Program Office, housed at the Center for Urban Population Health in Milwaukee. This office provides technical assistance and training for the LIHF collaboratives in Beloit, Kenosha, Milwaukee and Racine. In 2014, support focused on community-scan completion, priority-setting, sustainability-planning and coalition-building.

The Lifecourse Initiative for Healthy Families has supported 22 project grants that focus on improving prenatal care, increasing family and community supports, and strengthening father involvement in Beloit, Milwaukee, Kenosha and Racine.



Financial Overview

The Wisconsin Partnership Program's assets and endowment value grew modestly during 2014. Total program assets increased \$3.8 million, and investment returns exceeded distributions by \$2.2 million. The endowment distribution for program expenditures was \$15 million in 2014.

Administrative Expenses

Administrative expenses include costs incurred by the Partnership Program in seeking and reviewing applications, monitoring and evaluating awards, and supporting other key components of compliance and infrastructure to maintain its grant-making activities. They do not include UW Foundation expenses, which are reported as a reduction of income and described in the Revenues narrative of the Income Statement on page 25.

Partnership Program administrative expenses were \$1,068,966 and \$945,794 for the years ending December 31, 2013, and December 31, 2014, respectively. The UW School of Medicine and Public Health (SMPH) also provides in-kind support for Partnership Program administrative expenses from the Office of the Dean; Senior Associate Dean for Basic Science, Biotechnology and Graduate Studies; Senior Associate Dean for Finance; and Associate Dean for Public Health. UW-Madison's Department of Human Resources and Office of Legal Services also provide in-kind support.

The Partnership Program's Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) approve annually the administrative budget. Allocation of costs in the Income Statement (Table 3) is based on a 35 percent OAC/65 percent PERC split. Detailed expenditures for the period are as follows:

Table 1: Administrative Expenses

	2014	2013
For the Years Ended December 31, 2014, and December 31, 2013		
Total Salaries	\$556,835	\$650,430
Total Fringe Benefits	\$195,928	\$255,677
Supplies	\$6,657	\$7,699
Travel	\$8,540	\$11,596
Other expenditures	\$177,834	\$143,564
Total	\$945,794	\$1,068,966
OAC (35% allocation)	\$331,028	\$374,138
PERC (65% allocation)	\$614,766	\$694,828
	\$945,794	\$1,068,966

Supplanting Policy

As outlined in the Decision of the Commissioner of Insurance in the Matter of the Application for Conversion of Blue Cross & Blue Shield United of Wisconsin, Partnership Program funds may not be used to supplant funds or resources available from other sources. The SMPH has designed a review process for determination of nonsupplanting, which was approved by the Wisconsin United for Health Foundation, Inc.

Annual Report

Based on the nonsupplanting determination made by the Senior Associate Dean for Finance, the Dean of the School of Medicine and Public Health has attested to compliance with the supplanting prohibition in this Annual Report. The UW-Madison Vice Chancellor for Finance and Administration also has attested that UW-Madison and the UW System have complied with the supplanting prohibition.

OAC Review and Assessment of the Allocated Percentage of Funds

As outlined in its founding documents, the OAC annually reviews and assesses the allocation percentage for public health initiatives and for education and research initiatives. The OAC took up the matter on August 20, 2014. It was moved to retain the allocation of 35 percent for public health initiatives and 65 percent for education and research initiatives. The motion passed unanimously.

Change in Investment Allocation

The Partnership Program has historically maintained funds that have been distributed from the endowment and available for expenditure in the UW Foundation expendables portfolio as described in the Current Investments section of this report. As of December 31, 2012, the Partnership Program moved \$10 million of funds from the expendables portfolio to the endowment portfolio as described in the Noncurrent Investments section of this report. The purpose of this move was to achieve a higher rate of return to allow for increased grant levels. The program made a planned second reinvestment of \$10 million in March 2013. These funds remain fully available to the program and are reflected in Net Assets Temporarily Restricted – Spendable.

Accounting

The following financial report consolidates activities of the UW Foundation and the SMPH for the years ending December 31, 2013, and December 31, 2014. Revenues consist of investment income and unrealized changes in market valuation, and expenditures consist of administrative and program costs. All expenses and awards are reported as either public health initiatives (OAC–35 percent) or partnership education and research initiatives (PERC–65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown in Tables 2 and 3.

Table 2: Balance Sheet

As of December 31, 2014, and December 31, 2013		2014	2013
Assets			
Current Investments	\$19,790,637		\$17,801,177
Noncurrent Investments	\$364,303,288		\$362,475,704
Total Assets	\$384,093,925		\$380,276,881
Liabilities and Net Assets			
Liabilities			
Accounts Payable	\$0		\$0
Grants Payable	\$37,433,620		\$30,980,587
Total Liabilities	\$37,433,620		\$30,980,587
Net Assets			
Temporarily Restricted-Spendable	\$4,220,186		\$8,574,080
Temporarily Restricted-Endowment	\$60,612,377		\$58,894,473
Permanently Restricted-Endowment	\$281,827,742		\$281,827,742
Total Net Assets	\$346,660,305		\$349,296,294
Total Liabilities & Net Assets	\$384,093,925		\$380,276,881

Table 3: Income Statement

For the years ended December 31, 2014, and December 31, 2013		2014	2013
Revenues			
Gifts Received	\$0		\$0
Investment Income	\$28,612		\$33,278
Realized gains/(losses) on investments	\$17,171,553		\$50,021,922
Total Revenues	\$17,200,165		\$50,055,200
Expenditures			
OAC Initiatives			
Administrative Expenses	\$331,028		\$374,138
Grant Expenditures	\$7,005,160		\$9,276,552
PERC initiatives			
Administrative Expenses	\$614,766		\$694,828
Grant Expenditures	\$11,885,202		\$5,938,091
Total Expenditures	\$19,836,156		\$16,283,609
Net Increase/(Decrease) in Net Assets	\$(2,635,991)		\$33,771,591

Financial Notes

Cash and Investments

The financial resources that support Partnership Program grants as of December 31, 2013, and December 31, 2014, (Table 2) were generated from funds released by the Wisconsin United for Health Foundation, Inc., as prescribed in the Grant Agreement, as well as generated from investment income. All funds are housed and managed by the UW Foundation. As needed, funds are transferred to the SMPH to reimburse expenses.

Income received on spendable funds is based on the performance of the underlying investments. All expenses are charged against spendable funds. Income received on endowment funds is based on the performance of the underlying investments and released in accordance with the UW Foundation's approved spending policy.

Current Investments

Current investments consist of participation in the UW Foundation expendables portfolio. The objective of the expendables portfolio is to preserve principal and provide a competitive money market yield. Investments have a short-term horizon, usually less than three years, and are mainly short-duration, fixed-income securities.

Noncurrent Investments

Noncurrent investments consist of participation in the UW Foundation endowment portfolio. The

objective of the endowment portfolio is to achieve a long-term return that creates an income stream to fund programs, preserves the real value of the funds and provides for real growth. To achieve this, the endowment is invested in a diversified portfolio that includes global equity, fixed income, real assets, alternative assets and cash equivalents.

The UW Foundation uses quantitative models along with qualitative analysis to maximize returns while minimizing risk. The UW Foundation recognizes that individual investments or asset classes within the endowment will be volatile from year to year but believes that this risk will be mitigated through diversification of asset classes and investments within asset classes.

Liabilities – Grants Payable

Grants payable are recorded as of the date of approval by the Oversight and Advisory Committee or Partnership Education and Research Committee.

The liability reflects the total amount of the grant award less any payments made before December 31 of the reporting year. Any subsequent modifications to grant awards are recorded as adjustments of the grant expense in the year the adjustment occurs.

Net Assets

Based upon the Grant Agreement, net assets are divided into three components:

Temporarily Restricted — Spendable Fund: The portion of net assets relating to funds that have been

distributed from the endowment fund, along with related income that is available to the program. These funds are available for the program's grants and administrative expenses.

Temporarily Restricted — Endowment Fund: The portion of net assets relating to realized gains or losses related to the permanently restricted funds that have not been distributed and remain within the endowment portfolio as of December 31, 2013, and December 31, 2014.

Permanently Restricted — Endowment Fund: The portion of the gift proceeds allocated to permanently endow the Wisconsin Partnership Program. These funds have been invested in the endowment portfolio of the UW Foundation, and the principal is not available to be spent for Partnership Program purposes.

Income Statement

Revenues

Revenues for the years ending December 31, 2013, and December 31, 2014, (Table 3) consist of two components: (1) investment income, which has been recorded as earned throughout the year; and (2) net realized gains/(losses) on investments, which represents the difference between the original cost of investments and the sales proceeds or the fair-market value at the end of the year.

Investment revenue amounts are shown after fees have been deducted (net of fees). The UW

Foundation pays management fees to external asset managers and records its revenues net of these fees. In addition, the UW Foundation assesses an expense recapture fee of 1 percent of endowed funds to finance its internal operations (including administration, accounting and development). The expense recapture fees were \$3,103,017 and \$3,329,180 in 2013 and 2014, respectively. Partnership Program revenues are shown after these fees have been deducted.

Effective January 1, 2012, the UW Foundation modified its policy regarding the investment recapture fee. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above \$250 million per account. Partnership Program funds exceed the newly established level, and the 2013 and 2014 fee amounts in the preceding paragraph reflect this decrease. The Dean of the School of Medicine and Public Health proposed that the savings from this fee reduction would be fully allocated to the Oversight and Advisory Committee (OAC) for public health initiatives. This proposal was formally accepted by the OAC. In 2013 and 2014, these savings were \$258,436 and \$355,364, respectively.

Investment income distributions to the spendable funds are based on the UW Foundation spending policy applied to the market value of the endowment funds.

Expenditures

Expenditures for the years ending December 31, 2013, and December 31, 2014, consist of grant awards, as described above, and administrative expenses. All expenses fall under one of the two major components identified in the Partnership Program's 2014–2019 Five-Year Plan: public health initiatives (OAC–35 percent) and partnership education and research initiatives (PERC—65 percent). OAC award amounts are shown in Tables 4 and 5, while PERC award amounts are in Tables 6 and 7.

In any given year, the OAC or PERC may award a greater percentage of awards, but the amount of funds available annually to each committee will remain at 35/65 percent. Over time, awards and actual expenditures will mirror the allocation percentages.

Table 4: OAC Awards – Summary 2004-2014

	Total Awarded	Total Expended	Grants Payable
2004	\$8,779,958	\$8,779,958	\$0
2005	\$4,635,692	\$4,635,692	\$0
2006	\$6,259,896	\$6,259,896	\$0
2007	\$4,641,892	\$4,641,892	\$0
2008*	\$0	\$0	\$0
2009*	\$2,715,147	\$2,715,147	\$0
2010	\$2,887,086	\$2,774,549	\$112,537
2011	\$4,085,558	\$3,421,677	\$663,881
2012	\$4,614,972	\$2,886,682	\$1,728,290
2013	\$9,359,980	\$1,870,804	\$7,489,176
2014	\$7,313,622	\$383,064	\$6,930,558
Total	\$55,293,804	\$38,369,361	\$16,924,443

*Due to the financial downturn during 2008–2009, the OAC did not approve any awards in 2008.

Table 5: 2014 OAC Awards

Project Title	Type	Total Awarded	Total Expended	Grants Payable
Lifecourse Initiative for Healthy Families Grants				
Beloit LIHF Collaborative	E, S	\$150,000	\$4,373	\$145,627
Kenosha LIHF	E, S	\$750,000	\$22,285	\$727,715
LIHF Pregnancy Risk Assessment Monitoring System	R, S	\$223,905	\$30,223	\$193,682
Racine LIHF Collaborative	E, S	\$1,000,000	\$92,899	\$907,101
Strategic Grants				
Healthy Wisconsin Leadership Institute	E, S	\$1,187,261	\$68,030	\$1,119,231
LIHF Evaluation	E, R	\$692,025	\$0	\$692,025
LIHF Regional Program Office	R, S	\$1,294,972	\$0	\$1,294,972
Phase One: Building Community-Engaged, Collective Impact with Multi-setting Interventions in Two Wisconsin Counties	E, S	\$1,140,000	\$0	\$1,140,000
Wisconsin Population Health Service Fellowship	E, S	\$875,460	\$165,254	\$710,206
Total 2014 OAC Funding		\$7,313,623	\$383,064	\$6,930,559

E = Education, R = Research, S = Service (community-based)

Table 6: PERC Awards – Summary 2004–2014

	Total Awarded	Total Expended	Grants Payable
2004	\$7,521,872	\$7,521,872	\$0
2005	\$13,001,789	\$13,001,789	\$0
2006	\$9,081,619	\$9,081,619	\$0
2007	\$5,825,063	\$5,825,063	\$0
2008*	\$6,141,643	\$6,140,982	\$660
2009	\$19,977,243	\$19,974,690	\$2,554
2010	\$468,482	\$465,128	\$3,354
2011	\$1,196,626	\$1,193,451	\$3,175
2012	\$17,660,312	\$13,243,529	\$4,416,784
2013	\$5,800,887	\$1,550,599	\$4,250,288
2014	\$12,203,294	\$370,932	\$11,832,362
Total	\$98,878,830	\$78,369,653	\$20,509,177

*Due to the financial downturn during 2008–2009, the OAC did not approve any awards in 2008.

Table 7: 2014 PERC Awards

Project Title	Type	Total Awarded	Total Expended	Grants Payable
Collaborative Health Sciences Program				
Genetic Susceptibility to Infection in Wisconsin Hmong	R	\$500,000	\$0	\$500,000
Personalized Vitamin D Supplementation in European and African Americans	R	\$499,996	\$0	\$499,996
PSK-PEN Targeted Therapy for HPV-associated Cancers	R	\$500,000	\$0	\$500,000
Zooming in on Childhood Asthma: Disease Causality and Personalized Medicine	R	\$500,000	\$0	\$500,000
New Investigator Program				
Characterization of the role of PASTA Kinases in Beta-bactium Resistance	R	\$100,000	\$0	\$100,000
Genetic Variants, Immune Dysregulation and Rheumatoid Arthritis	R	\$99,997	\$0	\$99,997
Implementing Combination Behavioral and Biomedical HIV prevention strategies through high-risk sexual networks	R, S	\$99,882	\$0	\$99,882
Repurposing FDA-approved Drugs as Therapeutics for Age-related Macular Degeneration	R	\$99,000	\$0	\$99,000
Understanding M. tuberculosis Evolution Within and Between Hosts	R	\$100,000	\$0	\$100,000
Opportunity Grants Program				
Building an Accessible Database of Patient experience in the U.S.	E, R, S	\$45,000	\$0	\$45,000
Strategic Grants Program				
Advancing Evidence-based Health Policy in Wisconsin	E, S	\$26,200	\$0	\$26,200
Lifecourse Initiative for Healthy Families Faculty Leader	E, R, S	\$957,756	\$4,178	\$953,578
Optimized Chronic Care for Smokers: A Comparative Effectiveness Approach	R, S	\$300,000	\$75,457	\$224,543
Wisconsin Obesity Prevention Initiative	E, S, R	\$7,500,000	\$146,368	\$7,353,632
Wisconsin Population Health Service Fellowship	E, S	\$875,460	\$144,928	\$730,532
Total 2014 PERC funding		\$12,203,291	\$370,931	\$11,832,360

E = Education, R = Research, S = Service (community-based)

Policies and Procedures

The Wisconsin Partnership Program's governing committees follow standard request-for-proposals (RFP) guidelines, requirements, multi-step review processes and selection criteria. Throughout the year, the Partnership Program evaluates the progress and outcomes of funded grants using progress and final reports, financial status reports, presentations and site visits.

Training and Technical Assistance

To ensure the greatest potential for successful proposals, Partnership Program staff members provide training and technical assistance for grant applicants throughout the year. During 2014, staff developed and facilitated in-person and webcast training for applicants.

Staff provided training to faculty members who were invited to submit full applications for the New Investigator and Collaborative Health Sciences programs. Given the significant changes to the full application review process for these programs, the orientations highlighted the role of the new Partnership Education and Research Committee (PERC) Review Subcommittee.

The PERC Review Subcommittee includes content experts and community members. The community members, who are new to the review process, assess project relevance and alignment with the Partnership Program's mission, vision and desired outcomes.

The Regional Program Office for the Lifecourse Initiative for Healthy Families also provided applicants with personalized technical assistance related to grant-writing, evaluation, community assessments and coalition-building.

Review and Monitoring

All grant applications undergo a multi-step review by Partnership Program staff members, university faculty and staff, and representatives from state and local agencies and nonprofit organizations. The process includes:

- Technical review verifying eligibility and compliance with proposal requirements.
- Expert review consisting of independent assessment and scoring.
- Full committee review of top-ranked proposals and interview of applicants, as applicable.

In addition, grantees receive a team orientation and agree to a Memorandum of Understanding that outlines grant requirements such as progress reports, financial status reports and a final report.

Open Meetings and Public Records

As directed by the Order of the Commissioner of Insurance approving the conversion of Blue Cross & Blue Shield United of Wisconsin to a stock insurance corporation, the Partnership Program conducts its operations and processes in accordance with the

state's Open Meetings and Public Records Laws. Meetings of the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) and their subcommittees are open to the public and held in accordance with the law. Agendas and minutes are posted on the Partnership Program's website (med.wisc.edu/partnership) and in designated public areas.

Diversity Policy

The Wisconsin Partnership Program is subject to and complies with the diversity and equal opportunity policies of the UW System Board of Regents and UW-Madison. The OAC and PERC have developed a policy to ensure diversity within the Partnership Program's goals and objectives. The policy emphasizes the importance of a broad perspective and representation for the program's goals, objectives and processes.

This commitment to diversity is integral to the Partnership Program's mission to serve the public health needs of Wisconsin and to reduce health disparities through research, education and community partnerships. A broad perspective helps the Partnership Program understand the most effective means to address population health issues and to improve the health of Wisconsin. The policy is available online at med.wisc.edu/partnership.

Wisconsin Partnership Program Leadership

The Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) serve as the Wisconsin Partnership Program's governance committees. Members carefully exercise their fiduciary responsibilities to improve the health of Wisconsin.

Oversight and Advisory Committee

The University of Wisconsin (UW) System Board of Regents appoints four representatives from the UW School of Medicine and Public Health (SMPH) and four public health advocates to the nine-member Oversight and Advisory Committee (OAC). The Wisconsin Office of the Commissioner of Insurance also appoints one OAC member. Members serve four-year terms and may be re-appointed. One member of the Board of Regents also serves as a liaison to the OAC. The primary responsibilities of the OAC are to:

- Direct and approve available funds for public health initiatives and public health education and training.
- Provide public representation through the OAC's four health advocates.
- Offer comment and advice on the PERC's expenditures.

Health Advocate Appointees

Sue Kunferman, RN, MSN, CPM
Director/Health Officer, Wood County Health Department
Category: Statewide Health Care
Appointed October 2014

Katherine Marks, BA
Outreach Specialist, Wisconsin Women's Business Initiative Corp.
Category: Urban Health

Douglas N. Mormann, MS, Vice Chair
Public Health Director, La Crosse County Health Department
Category: Statewide Health Care
Term ended October 2014

Gregory Nycz
Executive Director, Family Health Center of Marshfield, Inc.
Category: Rural Health

Kenneth Taylor, MPP, Secretary
Executive Director, Wisconsin Council on Children and Families
Category: Children's Health

Insurance Commissioner's Appointee

Barbara J. Zabawa, JD, MPH
Owner, Center for Health Law Equity, LLC
Appointed October 2014

SMPH Appointees

Philip M. Farrell, MD, PhD
Professor Emeritus, Departments of Pediatrics and Population Health Sciences

Susan L. Goelzer, MD, MS, CPE
Associate Dean for Graduate Medical Education
Professor, Departments of Anesthesiology, Medicine and Population Health Sciences
Term ended October 2014

Cynthia Haq, MD
Professor, Departments of Family Medicine and Community Health, and Population Health Sciences
Director, Training in Urban Medicine and Public Health

Richard L. Moss, PhD

Sr. Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Department of Cell and Regenerative Biology
Appointed October 2014

Patrick Remington, MD, MPH, Chair
Associate Dean for Public Health
Professor, Department of Population Health Sciences

Partnership Education and Research Committee

The Partnership Education and Research Committee (PERC) broadly represents the faculty, staff and leadership at the UW School of Medicine and Public Health (SMPH) and includes representatives from the Oversight and Advisory Committee (OAC) as well as an external appointee. The PERC allocates and distributes funds designated for medical education and research initiatives that advance population health. The primary responsibilities of the PERC are to:

- Direct and approve available funds for education and research initiatives.
- Maintain a balanced portfolio of investments in population health.
- Strengthen collaborations with communities and health leaders statewide.

SMPH Leadership

Marc Drezner, MD
Sr. Associate Dean for Clinical and Translational Research
Director, Institute for Clinical and Translational Research
Professor, Department of Medicine

Richard L. Moss, PhD, Chair*
Sr. Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Department of Cell and Regenerative Biology

Elizabeth Petty, MD*
Sr. Associate Dean for Academic Affairs
Professor, Department of Pediatrics

Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Department of Population Health Sciences

Department Chairs

K. Craig Kent, MD
Professor and Chair, Department of Surgery
Term ended March 2014

Richard L. Page, MD
Professor and Chair, Department of Medicine
Appointed January 2014

James Shull, PhD*
Professor and Chair, Department of Oncology

Faculty Representatives

David Allen, MD
Professor, Department of Pediatrics
Representative: Clinical Faculty

David Andes, MD
Associate Professor, Departments of Medicine and Medical Microbiology & Immunology

Division Head, Infectious Disease
Representative: Clinical Faculty

Jenny Gumperz, PhD
Associate Professor, Department of Medical Microbiology & Immunology
Representative: Basic Science Faculty
Term ended March 2014

Elizabeth Jacobs, MD*
Associate Professor and Associate Vice Chair for Health Services Research, Departments of Medicine and Population Health Sciences
Representative: Public Health Faculty

Patricia Keely, PhD
Professor and Chair, Cell and Regenerative Biology
Representative: Basic Science Faculty

Thomas Oliver, PhD, MHA*
Professor, Department of Population Health Sciences
Representative: Public Health Faculty

Academic Staff Representative

D. Paul Moberg, PhD
Research Professor, Department of Population Health Sciences
Term ended March 2014

External Appointee

Betty Chewning, PhD
Professor, UW-Madison School of Pharmacy
Director, Sonderegger Research Center,
Term ended March 2014

Oversight and Advisory Committee Appointees

Gregory Nycz*
Executive Director, Family Health Center of Marshfield, Inc.

Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Department of Population Health Sciences
OAC Chair

Ex-officio

Norman Drinkwater, PhD
Professor, Department of Oncology

Board of Regents

Liaison

Tim Higgins, JD
Member, UW System Board of Regents

Wisconsin Partnership Program Staff

Eileen M. Smith, Assistant Dean and Director

Quinton D. Cotton, Program Officer
Andrea Dearlove, Senior Program Officer

Lisa Hildebrand, Senior Public Affairs Specialist

Tonya Mathison, Administrative Manager

* PERC Executive Committee member

Grant Programs

Grant Program	Goal	Description	Grant Size/Duration	Applicants
Collaborative Health Sciences Program	To support novel ideas and new approaches to research and education	Funds projects that cross traditional boundaries of basic science, clinical science, social science, education, population health science and/or community practice	Up to \$500,000 over 3 years	UW School of Medicine and Public Health full and associate professors, senior and distinguished scientists
Community Impact Grants Program	To improve the overall health, health equity and well-being of Wisconsin communities through large-scale, evidence-based, community-academic partnership initiatives	Requires substantial community engagement to achieve sustained policy, systems and environmental change. Initiatives must be supported by robust evaluation and effective dissemination	Up to \$1 million over 5 years	Wisconsin-based nonprofit, state or local government organizations
Community Opportunity Grants Program	To enhance collaboration among public health departments, nonprofit organizations, hospitals, clinics, health care systems, schools, businesses and government leaders on community-identified health priorities	Supports implementation and/or evaluation strategies that address health priorities identified in a Community Health Improvement Plan or a Community Health Needs Assessment implementation plan	Up to \$50,000 over 2 years	Wisconsin-based nonprofit, state or local government organizations
Community-Academic Partnership Fund	To improve the health of communities through initiatives to plan and implement health policies, practices and interventions	Promotes exchange of expertise between community and academic partners to design, implement and evaluate community programs	Implementation: \$150,000 to \$400,000 over 3 years; Development: Up to \$50,000 over 2 years	Wisconsin-based nonprofit, state or local government organizations
Healthy Wisconsin Leadership Institute	To build public and community health skills and leadership capacity throughout Wisconsin	Provides continuing education in leadership and practical skills needed to lead community health improvement efforts	Training, workshops, independent study for community teams	Community teams, coalitions or individuals from across the state
Lifecourse Initiative for Healthy Families	To eliminate disparities in birth outcomes among Wisconsin's African-American population	Expands access to care, strengthens support networks and addresses social and economic inequities through collaboratives in Beloit, Kenosha, Milwaukee and Racine	Implementation: \$150,000 to \$400,000 over 3 years; Development: Up to \$50,000 over 2 years	Wisconsin-based nonprofit, state or local government organizations
New Investigator Program	To support innovative research and/or educational approaches that address Wisconsin's public health issues	Funds novel proposals from early-career faculty, which may be leveraged for external funding	Up to \$100,000 over 2 years	UW School of Medicine and Public Health assistant professors
PERC Opportunity Grants Program	To support high-profile, highly innovative education and research projects with leveraging potential	Provides pilot funding for education and research projects benefitting the health of Wisconsin residents	Typically \$50,000 to \$100,000 over 2 years	UW School of Medicine and Public Health assistant, associate and full professors
Strategic Education and Research Program	To craft new approaches to health and health care issues in response to recognized or emerging needs	Makes major investments for research and education infrastructure to address the state's public health challenges	Variable	UW School of Medicine and Public Health full and associate professors
Wisconsin Obesity Prevention Initiative	To drive down the obesity rate by using a multi-faceted approach that includes community-based research	Provides the infrastructure to build strategic alignment among partners, develop a childhood obesity surveillance system, create statewide messaging; and builds, tests and implements a community-based model for obesity prevention	Variable	UW School of Medicine and Public Health and UW-Madison full and associate professors; community organizations
Wisconsin Population Health Service Fellowship	To develop the next generation of public health practitioners skilled in planning, implementing and evaluating public health programs	Places new public health professionals with community organizations to address public health challenges	Two-year paid service position working with public health agencies	Individuals with advanced degrees in public health and allied disciplines





**Wisconsin
Partnership Program**

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Wisconsin Partnership Program 2014 Outcomes Report



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Program Encourages Kids to Stay Active at School

The Challenge: One-quarter of Wisconsin high school students and 29 percent of 2- to 4-year-olds participating in the Women, Infants and Children (WIC) Program are overweight or obese. Low levels of physical activity contribute to this growing health concern, and schools are an obvious partner for increasing activity levels among children because they spend so much of their time there. Traditionally, schools have relied on physical education classes to address students' activity needs; however, these programs are greatly underfunded and do not provide enough time or training for the classes to truly impact students' lives.

Project Goals: The goal of this planning grant was to pilot three strategies from the evidence-based Active & Healthy Schools Program within three elementary schools in northwest Wisconsin. The schools were chosen to represent small, medium and large districts in rural and low-income areas of the state. The strategies were active recess, active energy breaks in the classroom and increased physical education minutes. Project leaders sought to demonstrate increased physical fitness levels through pre- and post-fitness measures by using pedometers and Fitness Gram, a tool that assesses fitness and activity levels.

Results: Based on PACER (progressive aerobic cardiovascular endurance run) scores and pedometer steps, students at all three schools demonstrated an increased level of fitness and activity during the school day as a result of the Active & Healthy Schools program. The students responded well to energy breaks and after implementing these breaks in the classroom, teachers saw student engagement increase and behavior issues decrease. Students also were more on task and focused on their lessons. The structured and active recesses eliminated many discipline problems on the playground and kept students motivated to move during the entire recess, thus improving their overall health.



Grantee: Cooperative Educational Service Agency (CESA) #9, Lynn Verage

Grant Title: CESA #9 Active & Healthy Schools
Academic Partner: Aaron L. Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics

Dates: April 1, 2013 – May 31, 2014

Amount: \$48,815

Program: Community-Academic Partnership Fund

Project ID: 2486





Screenings Can Help Identify At-risk Older Adults

The Challenge: Emergency Medical Service (EMS) teams frequently are the first point of contact for older adults experiencing health problems. Because these teams often enter the homes of people in distress, they have the opportunity to identify and prevent underlying issues that may lead to more serious medical conditions.

Results: EMS personnel and paramedics screened 1,556 people 60 and older, and they referred 369 patients at risk of falls, medication errors or depression to further services. Before this pilot project, they had not referred any patients for services related to these issues.

Project Goals: This pilot project in Shawano County will position EMS personnel to become the eyes and ears for physicians and social service agencies. EMS providers will be trained to screen older adults for key risk factors when responding to 911 non-life-threatening calls. The screenings will determine whether patients are at risk for falls, medication errors and/or depression. If patients are deemed at risk, EMS personnel will refer them to an appropriate health care or social service agency for further evaluation and treatment.

Grantee: Northeast Wisconsin Technical College, Chester Lintz

Grant Title: Community-based EMS Pilot Project

Academic Partner: Robert Jecklin, MPH, UW-La Crosse, College of Science and Health

Dates: May 1, 2013 – October 31, 2014

Amount: \$19,999

Program: Community-Academic Partnership Fund

Project ID: 2482

Publication: Marquardt, L. "Ambulance service learning more about senior patients." *The Shawano Leader*. (2013)





Bringing Fresh Food to Low-income Families

The Challenge: Low-income families often have limited access to fresh fruits and vegetables, while nutrition education programs focus on school-aged children. The Healthy Kids, Healthy County project is unique because it serves low-income families with children younger than 13.

community-supported agriculture (CSA) farms to provide fresh fruits and vegetables to families at the events. Green County hired a nutrition educator in January 2014 to provide services to county residents and continue the team's work.

The project served 45 EHS

Project Goal: The goal of this project was multi-faceted – seeking to influence county decision-makers and create a nutrition educator position in Green County. It also sought to increase the availability of fruits and vegetables to Early Head Start (EHS) families by teaching food-preparation skills and providing taste-testing.

families. Pre- and post-project surveys indicated that EHS families increased their consumption of fruits and vegetables as snacks by 8 percent and 6 percent, respectively. The majority of the families who regularly attended the events and picked up their CSA shares reported that they enjoyed the vegetables they received and were using most of them. Unused CSA produce was donated to the local food pantry, which shared it with other low-income families.

Results: A team of public health providers delivered educational programming, which included twice-monthly “family fun day” events that gave families opportunities to taste-test and learn new recipes and food-preparation methods. The team also created a partnership with

The Healthy Kids, Healthy County project also established a partnership with the local farmers' market, which is exploring the possibility of accepting FoodShare

Electronic Benefit Transfer – thus increasing the availability of fresh fruits and vegetables to low-income families.

Publications: Cisar, Katjusa. “Woman builds fresh career on grassroots farm.” *The Monroe Times*. March 2013.

Dane County Parent Council, Inc. “Farm to Home Project.” *2012-13 Annual Report*.

Green County Health Department. “Healthy Kids, Healthy County.” *2013 Annual Report*.

Grantee: Green County Health Department, RoAnn Warden

Grant Title: Healthy Kids, Healthy County

Academic Partner: Barbara Duerst, RN, MS, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: April 1, 2012 – March 31, 2014

Amount: \$49,430

Program: Community-Academic Partnership Fund

Project ID: 2286



Dental Care and Education for Uninsured Patients

The Challenge: Uninsured people in Milwaukee struggle to find quality and affordable dental care. Few providers are available to serve the poor; and community-based preventive and treatment programs are not widely available. And unfortunately, poor oral health has been linked to a number of health conditions such as cardiovascular disease, diabetes and respiratory infection.

Description: The Bread of Healing Clinic, a free clinic on the north side of Milwaukee, set out to increase the accessibility of affordable dental services in the area. This project sought to develop a replicable system for oral health education and services for uninsured, low-income patients. The project recruited volunteer dentists, dental hygienists and students to perform assessments, X-rays, cleanings and oral evaluations, and made referrals to dentists for dental services.

Results: This grant allowed 215 patients to receive dental care; many required multiple visits due to the extent of their needs. During the project period, dentists performed 1,200 procedures, most of which were fillings and extractions.

Patients received oral health education while in the waiting room. The oral health education addressed the importance of dental health in maintaining overall health. Patients' oral health knowledge was assessed using pre-test and post-test measures. On a scale of 1 to 10, with 10 indicating greater knowledge, patients scored an average of 6.83 on the pre-test and 8.25 on the post-test. Findings from a quality of life survey and interviews were very positive overall, with some patients expressing that they were no longer in pain and were able to smile again without feeling self-conscious about the condition of their teeth.

While substantial efforts to recruit professional volunteers were noteworthy, a complementary state grant enabled the clinic to hire part-time dentists and hygienists to provide additional hours of care to patients beyond what was previously offered solely through volunteers. The project team is currently working with the Milwaukee County Oral Health Task Force to identify and scale-up affordable oral health strategies.



Grantee: Bread of Healing Clinic, Inc., Barbara Horner-Ibler

Grant Title: Improving Dental Health of Uninsured Populations in Milwaukee

Academic Partner: Cynthia Haq, MD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: January 1, 2012 – June 30, 2014

Amount: \$50,000

Program: Community-Academic Partnership Fund

Project ID: 2000





Northwoods LEAN Encourages Healthy Living

Background: Oneida County's most recent Community Health Needs Assessment identified four priorities: chronic disease prevention, alcohol and other drug abuse (AODA), mental health and physical activity. Because Oneida County already had AODA and mental health coalitions, this project focused on developing a chronic disease coalition.

The county's Public Health Department and the Steering Committee of Healthy People Healthy Oneida County led the needs assessment process, which included representatives from businesses, medical centers, ancillary health care providers, churches, schools, local governments and community coalitions addressing health-related issues to participate.

Project Goals: This project focused on building the capacity to address chronic disease by creating a broad-based Chronic Disease Prevention Coalition,

developing a strategic plan and identifying sustainable funding and capacity for disease prevention and management programs.

Results: The Northwoods LEAN coalition used Wisconsin Partnership Program funds to create a sustainable coalition with an active leadership team, vision and strategic plan. In addition to accomplishing all of the grant goals, the coalition was chosen for the Healthy Wisconsin Leadership Institute and received a Partnership Program implementation grant. This grant also led to several other programs, including:

- CHANGE (Community Health Assessment and Group Evaluation) grant to conduct a more detailed community needs assessment specifically related to chronic disease
- CHANGE 2.0 grant to work with local convenience stores to offer healthy items, alter displays and make other changes

- Security Health grant to implement a bicycle education program, build bike racks and hold a bike rodeo

- Wisconsin Department of Health Services grant to conduct focus groups with local businesses to better understand worksite wellness and tailor activities to meet employers' needs

Grantee: Oneida County Health Department, Linda Conlon

Grant Title: Oneida County Striving to be Healthy

Academic Partner: Erica Brewster, MPH, Oneida County Family Living Agent, UW-Extension

Dates: April 2, 2012 – March 31, 2014

Amount: \$49,967

Program: Community-Academic Partnership Fund

Project ID: 2291



Helping Patients Access Mental Health, Substance Abuse Treatment

The Challenge: Nationally, those in need of mental health or substance abuse treatment too often do not receive treatment. More than 60 percent of adults with a diagnosable disorder and 70 percent of children needing treatment do not receive mental health services. Public and private insurance coverage for mental health treatment often is unfair, limited, terminated or denied. Numerous changes to the health insurance system have opened access to mental health treatment for people who did not previously have coverage. ABC seeks to educate patients about their options.

Project Goal: This project sought to better understand and remove barriers for patients seeking access to mental health and substance abuse treatment. ABC for Rural Health worked with three Polk County mental health clinics to document, describe and model a program that assures full access regardless of the patient's age, disability, health or economic status.

Results: The project uncovered private insurance problems with the Mental Health Parity and with the Provider Non-Discrimination sections of the Affordable Care Act and uncovered policy problems with the delivery of Wisconsin Medicaid. The effort also helped patients gain eligibility for BadgerCare Plus, Medicaid and insurance through the Affordable Care Act. In addition, the project underscored the importance of benefits counseling and of empowering clinic staff members to educate patients about their options. ABC also developed an online Behavioral Health Screener, which helps patients find health insurance programs or policies.



Grantee: ABC for Rural Health, Inc., Mike Rust

Grant Title: Polk County Behavioral Health Access Audit

Academic Partner: Elizabeth Feder, PhD, UW School of Medicine and Public Health, Population Health Institute

Dates: April 1, 2012 – June 30, 2014

Amount: \$49,789

Program: Community-Academic Partnership Fund

Project ID: 2296





Helping School Staff Educate Families About Health Insurance

The Challenge: Access to health care, especially preventive care, is a major factor in maintaining health, and insurance is a key to that access. However, the health insurance system is constantly changing and often difficult to navigate.

This project sought to determine if Wisconsin's schools could be an effective way to help children arrive at school healthy and ready to learn, with an emphasis on reducing health disparities among Wisconsin's most underserved and diverse areas.

Project Goals: Covering Kids and Families' (CKF) goal was to partner with schools and community groups to deepen their joint commitment to ensuring students have health insurance, promoting public health insurance options, helping families navigate the insurance system and having centralized support for school staff. This pilot project also sought to evaluate the program's

sustainability and the potential for implementing it throughout Wisconsin.

CKF worked with two Cooperative Educational Service Agencies (CESAs), which use public and private funds to provide resources to school districts in its area of the state: CESA 1 in southeastern Wisconsin and CESA 8 in northeastern Wisconsin.

Results: CKF provided school district staff in both CESAs with extensive training and workshops about BadgerCare Plus. The project became even more important for the districts midway through the grant period, when the passage of the Affordable Care Act (ACA) prompted more questions from the families they serve.

The project positively impacted school staff's knowledge, attitudes and practices regarding health coverage assistance; 83 percent of staff wanted to continue BadgerCare Plus assistance and

activities. CKF's online Toolbox, which connects school staff members to updated ACA information and fact sheets, has proven to be particularly helpful.

"As a School Social Worker, I rely on the website as a rapid and reliable source for me to use when I have families in my office that need advice – now. I appreciate that the CKF staff have reviewed, updated and 'translated' the complex and frequently changing information about BadgerCare Plus, and now the Affordable Care Act, so that I can quickly explain or share it," one school social worker wrote in her program evaluation.

School staff members have expressed a strong desire to learn more about BadgerCare Plus and the new Health Insurance Marketplace through the ACA, and CKF continues to seek and receive funding to provide training to them.

Grantee: Covering Kids and Families – Wisconsin, Molly Bandt

Grant Title: REACH BC+: Retention and Enrollment to Achieve Children's Health

Academic Partner: Donna A. Friedsam, MPH, UW School of Medicine and Public Health, Population Health Institute

Dates: June 1, 2011 – August 31, 2014

Amount: \$399,365

Program: Community-Academic Partnership Fund

Project ID: 2017



One County's Experience With Health Care

The Challenge: Health care reform has received substantial attention with the passage of the Affordable Care Act (ACA). During the next few years, states and the federal government likely will be seeking solutions to control costs and improve quality in the ACA's insurance marketplaces. There is still much to learn about improving efficacy and efficiency in health care.

Project Goal: Wisconsin state employees choose their health insurance in the Wisconsin State Employee Health Plan, an insurance exchange. Researchers have long noted that premiums in Dane County (which includes the city of Madison) are significantly lower than those in Wisconsin's other 71 counties. This project sought to explain the reasons for that difference and establish a health policy research partnership between the Community Advocates Public Policy Institute (PPI) and UW-Madison Professor John Mullahy, an economist specializing in health economics.

Results: The project team identified the following four variables as potential areas to explore in future research to more fully understand the relationship between health care plan offerings and costs.

1. The number of health care plans offered in the county's exchange.
2. The size of the county exchange pool's membership as a percent of the county's private insurance market (23.58 percent).
3. The number of health care plans in the county's exchange that are integrated delivery systems.
4. The quality of the health care plans offered in the county's exchange.

The team did acknowledge that other explanatory variables (such as hospital reimbursement rates, number of hospitals in the county, physician-to-patient ratio and health of the population) may contribute to Dane County's experience of being able to offer health plans with lower premiums.

Publications and Presentations: *Health Affairs Blog*. "The Dane Difference: Why Are Dane County's Exchange Premiums Lower?" December 18, 2014.

National Academy of Social Insurance 27th annual policy conference. Roundtable discussion on the future of health exchanges. January 28, 2015. Presentation.



Grantee: Community Advocates, Inc.,
David Riemer

Grant Title: The Great Dane Exchange: Exploring the Reasons for the Success of the Wisconsin State Employee Health Plan Insurance Exchange for Clues to Successfully Establish Exchanges Required by the Affordable Care Act

Academic Partner: John Mullahy, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: June 1, 2013 – December 31, 2014

Amount: \$49,997

Program: Community-Academic Partnership Fund

Project ID: 2484





Grantee: Milwaukee Area Workforce Investment Board, Gregory Williams

Grant Title: The Intersection of Employment and Health Status for African-American Males

Academic Partner: David J. Pate, UW-Milwaukee, Helen Bader School of Social Welfare

Dates: July 1, 2013 – December 31, 2014

Amount: \$50,000

Program: Community-Academic Partnership Fund

Project ID: 2282



Study Recommends Mental Health Services at Job Placement Programs

The Challenge: In the United States, African-American men have the shortest life expectancy of all races. Many factors contribute to this, including history of incarceration, exposure to violence, racism, limited health care access, inadequate mental health support and stress. Researchers have linked socioeconomic status to poor health outcomes. As a group, African-American men face issues of employability in alarming numbers, thus making them more susceptible to poor health outcomes. Of the social determinants, perhaps none is more significant than employment.

Project Goal: The project sought to assess the needs of unemployed African-American men receiving services at the Milwaukee Area Workforce Investment Board (MAWIB), particularly non-custodial fathers enrolled in MAWIB's transitional employment program. The assessment included a survey, in-depth interviews and focus

groups that provided information from men about their physical, mental and emotional health as well as legal status. An advisory board reviewed and made recommendations for changes based on findings of the project team.

Results: Findings suggest that adverse childhood events such as physical, mental and emotional abuse; battered mothers; separation or divorce; early trauma; and stress were major contributors to unemployment among African-American men. They concluded that job placement programs working with African-American men who live in urban areas should consider incorporating behavioral and mental health services into their offerings. These programs should also look at the possibility of trauma-focused interventions. Equally valuable, the project made recommendations about integrating a common goal among many urban social service agencies to develop policies and

strategies that decrease exposure to adverse childhood experiences.

MAWIB has secured funding from the Safer Foundation and through the Workforce Innovation and Opportunity Act to plan a pilot project targeting young African-American men. The pilot project will test the implementation of the behavioral and mental health services and trauma interventions that were recommended as a result of this study.

Publications and

Presentations: Pate, D. "Racial Disparities in Milwaukee." (2013) *Fellas Magazine*.

Pate, D., Topitzes, J., and Robinson, N. "The Intersection of Employment and Health Status for African-American Males." Society for Social Work and Research presentation, January 2015.

Teens and Providers Learn Communication Techniques

The Challenge: The Wisconsin Alliance for Women's Health sought to lower rates of unintended pregnancies, sexually transmitted diseases and health disparities among youth. Research has shown that one of the best ways to do this is to help teenagers and health care providers improve communication with each other.

Project Goal: The goal was to develop and evaluate workshops for teenagers and health care providers. Project planners trained 10 teen educators at a pilot site in Dane County to help lead the workshops throughout Wisconsin. The workshops targeted barriers to teenagers and health care providers communicating effectively with each other about sexual and reproductive health.

Results: Project planners hoped to conduct 20 workshops statewide, reaching 300 providers and 200 teens. They exceeded their goal – conducting 28 workshops for over 200 providers and nearly 400 teens.

Participants completed pre- and post-tests to assess their knowledge about sexual health issues. The tests showed considerable gains in knowledge, with scores ranging from 32 percent to 78 percent for teens and 20 percent to 77 percent for providers. All of the teen educators said that their knowledge about sexual health issues had increased and that they felt more confident talking with their health care providers.

Project planners also learned that teenagers find it difficult to talk with health care providers about suicide, depression, and drug and alcohol use. As a result, the Wisconsin Alliance for Women's Health has transformed the program, now called PATCH (Providers and Teens Communicating for Health), to address other areas of sensitivity.

The highly successful workshops generated more requests than project planners had resources to conduct. However, the Alliance leveraged its work to secure

funding to expand the program into Wood County, and it is seeking another grant for a site in Milwaukee. The Alliance also is seeking grants to support development of curricula, and PATCH is building relationships with health systems across Wisconsin.

Publications and

Presentations: *Health Care Education and Training Memo.* "Wisconsin Adolescent Health Care Communication Program - Bridging the Sexual Health Communication Gap." Issue 136, February 11, 2014.

2014 Adolescent Health Symposium. "Wisconsin Adolescent Health Care Communication Program: Bridging the Sexual Health Communication Gap." February 13, 2014. Presentation.

2014 WPHA-WALHDAB Annual Conference. "Creating Impact: Implementation and Evaluation of the Wisconsin Adolescent Health Care Communication Program." May 14, 2014. Presentation.



Grantee: Wisconsin Alliance for Women's Health, Amy Olejniczak

Grant Title: Wisconsin Adolescent Health Care Communication Program Evaluation

Academic Partner: Heather Royer, PhD, FNP-BC, UW-Milwaukee College of Nursing

Dates: July 1, 2012 – June 30, 2014

Amount: \$50,000

Program: Community-Academic Partnership Fund

Project ID: 2275





Thrive Wisconsin Seeks to Create Alliance for Health Equity

The Challenge: The UW Population Health Institute's population health model recognizes that the strongest factors that influence health outcomes are socioeconomic determinants such as employment, community safety and social support. While there have been many strides in public health over the last two decades, there is an increasing understanding and need for intervention approaches that involve community organizing and community development, and pull on the collective strength of all stakeholders in communities.

Project Goal: This project sought to develop a partnership between community organizers, public health practitioners and academics — leading to the creation of an alliance for health equity in Wisconsin. The project also provided a gathering space for alliance members to discuss issues related to organizing and refine local organizing action plans.

Results: The Thrive Wisconsin summit led to the creation of the Wisconsin Health Equity Alliance — a formal group of public health and community organizing professionals. Alliance members have increased their skills by participating in trainings and successfully advocated for state-level funding for treatment alternative diversion programs. A statewide infrastructure is now in place, and the Alliance continues to meet regularly.

Grantee: WISDOM, David Liners

Grant Title: Wisconsin Health Equity Alliance (WHEA): Driving Policy Change to Improve Health in Wisconsin

Academic Partner: Brian Christens, PhD, UW-Madison, School of Human Ecology

Dates: July 1, 2013 – June 30, 2014

Amount: \$49,947

Program: Community-Academic Partnership Fund

Project ID: 2473



Core-4 Strategies Help Students Stay Fit

The Challenge: Studies have shown that large-scale obesity and chronic disease prevention and fitness programs targeted at early adolescents can have a significant, positive impact on cardiovascular health. Incorporating these programs within the school day provides an ideal environment to implement and determine the impact of sustained fitness interventions that can inform a statewide cardiovascular fitness data collection system.

Project Goals: This grant supported efforts to incorporate evidence-based physical activity strategies — called Core-4 — in 48 middle schools with families and children across the state. The Core-4 strategies are:

- Increase accrued minutes of moderate to vigorous physical activity in physical education classes (Active Physical Education)

- Encourage active classroom breaks
- Provide organized physical activity during recess (Active Recess)
- Provide physical activity opportunities before and after school

Results: School personnel received extensive training that included in-person presentations from national experts and a two-day symposium. Schools received state-of-the-art resources, including pedometers, recess activity guides and support for after-school programs.

The schools were divided into two intervention groups, with one group delaying implementation until year 2 of the project to evaluate program effectiveness. Results indicated significant improvements in cardiovascular fitness among both groups.

The most significant gains took place in the first year of program implementation. The team also found that boys were more likely to experience gains than girls, and that Hispanic students had lower fitness scores than students of other ethnicities.

As a result of this project, the Department of Public Instruction has incorporated school-based physical activity into other projects and initiatives. The project partners received funding to participate in a five-year project with the U.S. Centers for Disease Control and Prevention and are using the results from this project to inform that initiative. Partners are also testing methodologies for future efforts that will use monitoring devices to track physical activity throughout the school day.



Grantee: Wisconsin Department of Public Instruction, Doug White

Grant Title: Wisconsin Partnership for Childhood Fitness, Phase II

Academic Partner: Aaron L. Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics

Dates: July 1, 2011 – September 30, 2014

Amount: \$400,000

Program: Community-Academic Partnership Fund

Project ID: 2023





Grantee: Kenosha County Division of Health,
Cynthia Johnson

Grant Title: Dismantling Racism in Kenosha
County

Academic Partner: Markus Brauer, PhD,
UW-Madison, Department of Psychology

Dates: July 1, 2013 – June 30, 2014

Amount: \$50,000

Program: Lifecourse Initiative for Healthy
Families

Project ID: 2587



Team Pledges to Address Racism in Kenosha

The Challenge: Among Wisconsin counties, Kenosha has some of the highest racial disparities in infant mortality rates between African-Americans and whites. These poor health outcomes are the result of deeply rooted community and societal attitudes and practices. A growing body of evidence on Lifecourse Theory has linked these embedded social norms to chronic and toxic stress, which results in disproportionate poor health and well-being outcomes among racial minorities. There are few successful examples of efforts taken by communities to unpack and understand how racism is nested in systems and structures and even fewer examples of how communities acquired skills to implement projects that result in eliminating racial disparities.

Project Goal: The Dismantling Racism project sought to bring together a team of stakeholders in Kenosha from a range of sectors (health, criminal justice, schools, social services, etc.) and partner with a UW faculty member to more deeply understand the subject of racism. Project goals included: increase the team's knowledge about racism; conduct a literature review on effective approaches for dismantling racism; gather community input including the development of a report outlining action steps; and build broad community support for moving action forward on priorities identified in the report.

Results: The Dismantling Racism team, which started with just five people, has expanded to 18 members, with representatives from a wide range of city and county entities. Existing groups exploring the issue of racism joined the Dismantling Racism team to help streamline efforts, ultimately increasing the community's collective capacity to address racial disparities under a single entity. Findings from a survey of project participants indicate respondents self-reported that the project helped them understand racism, the link between race and health outcomes, how racism relates to their work, why equity matters and their own biases and behavior. The team's next step is to pursue training opportunities on how to have courageous conversations and identify which priorities in the community report to carry forward.

Dads Getting More Involved

The Challenge: Having adequate, sufficient and understandable health information is an important aspect of taking responsibility for one's health and those we care about. While health information about the prenatal period is available for women, adequate information is not available for men. Research has shown that when fathers are involved during the prenatal period, they provide support that can reduce stress of the expectant mother, and in turn, improve the likelihood of a healthy birth outcome. More efforts to understand and develop health information for men during the prenatal period are needed.

Project Goal: The project sought to bring together a team of academic partners, a health planning agency and the Milwaukee County Medical Society with groups of African-American fathers. The team drew upon its combined health literacy

expertise and the experience of African-American fathers. The project sought to (1) increase the team's cross-disciplinary learning and (2) document perspectives from African-American men to inform the development of strategies to promote their involvement during the prenatal period.

Results: The project team worked with local organizations (Milwaukee Fatherhood Initiative, My Father's House, Silver Spring Neighborhood Center and Next Door Foundation) to recruit fathers and expectant fathers into focus groups. Findings from the four focus groups identified a number of themes regarding needs, barriers and the interests of African-American men to be more involved during the prenatal period. Project partners secured a grant from the Greater Milwaukee Foundation for an American Evaluation Association fellow to further investigate effective health

messaging practices. This project will help inform the content of a pilot program that focuses on training medical and public health students to work more inclusively with fathers when providing prenatal services and information.

Presentations: Occupational Therapy Summit. "Engaging African-American Fathers to Reduce Infant Mortality by Improving Their Health Literacy." May 2014.

American Public Health Association. "Engaging African-American Fathers to Reduce Infant Mortality by Improving Their Health Literacy." November 2014.



Grantee: IMPACT Alcohol & Other Drug Abuse Services, Inc., Kathleen Pritchard

Grant Title: Engaging African-American Fathers to Reduce Infant Mortality by Improving their Health Literacy

Academic Partner: David J. Pate, Jr., PhD, UW-Milwaukee, Helen Bader School of Social Welfare; Kris A. Barnekow, PhD, UW-Milwaukee, Department of Occupational Science and Technology

Dates: June 1, 2013 – July 31, 2014

Amount: \$50,000

Program: Lifecourse Initiative for Healthy Families

Project ID: 2575





Grantee: Wheaton Franciscan Healthcare – St. Joseph Foundation, Dawn Groshek

Grant Title: Expecting Moms, Expecting Dads

Academic Partner: Emmanuel Ngui, DrPH, UW-Milwaukee, Zilber School of Public Health

Dates: July 1, 2013 – October 31, 2014

Amount: \$50,000

Program: Lifecourse Initiative for Healthy Families

Project ID: 2588



Involving Dads Early on Has Benefits

The Challenge: A recent study concluded that infants without strong father involvement experience higher rates of infant mortality compared to those with an involved father, regardless of race. Most prenatal interventions are aimed at mothers exclusively, and yet, there is a growing recognition about the value and importance of involving fathers early on, before and during pregnancy. Many practitioners are now exploring innovative ways to meet the needs of fathers during the prenatal period.

Project Goal: St. Joseph Hospital in Milwaukee has found great success with Centering Pregnancy, an evidence-based group prenatal care program at its Women's Outpatient Center. The project set out to increase father involvement. Specifically, the project aimed to enhance the

Centering Pregnancy curriculum by addressing fathers' needs and concerns and pilot-test the new program. The pilot program integrated the 24/7 Dad program with Centering Pregnancy. The 24/7 Dad program helps men improve their parenting skills and fathering knowledge.

Results: Through focus groups and individual interviews with expectant fathers, the project team collected data on various topics, such as stress management, physical and mental health, sexual relations, family culture and values, self-awareness, body image, communication and conflict management, a father's role, manhood and self-esteem.

Participating couples carried their babies to term, delivering between 39 and 41 weeks' gestation. All

babies had a healthy birthweight, and all women had spontaneous vaginal deliveries. Findings from the pilot suggest that fathers were interested in and likely to attend prenatal group sessions.

The project also made observations regarding strategies to improve institutional practices for creating a welcoming place for fathers. For example, scheduling health services around the patient's availability rather than the clinician's schedule or working with trusted and experienced community partners to serve as group facilitators. Because of the limited number of participants in the pilot, additional pilot testing is needed with a larger sample and follow up with program participants to track progress after their baby's birth.

Father Involvement to Strengthen Families Through WIC

The Challenge: Positive father involvement has a protective capacity and is linked to a child's self-esteem as well as reductions in poverty, health, emotional and behavioral problems; incarceration; high school drop-out rates; teenage pregnancy and substance abuse. For unmarried couples, father involvement is strong during pregnancy but begins to decline after the baby's birth. It is important that researchers and practitioners begin to understand what barriers might contribute to this decline by speaking with fathers and use this information to develop interventions that promote father involvement.

Project Goal: The Racine Kenosha Community Action Agency (RKCAA) wanted to develop an action plan for increasing fathers' involvement in their pregnant partners' and young children's lives. The project sought to gain a better

understanding of fathers' needs and strategies for engaging them, mapping out community resources and developing a father involvement program model. RKCAA operates the supplemental nutrition program for Women, Infants and Children (WIC) in Kenosha and worked with new and expectant fathers visiting the WIC office.

Results: With the assistance of WIC staff, the research team surveyed 171 men and conducted two focus groups to better understand the needs of fathers. RKCAA staff also developed an asset map of local resources to support fathers. Using this information, the project team piloted strategies to involve fathers in cooking sessions and include fathers in programming activities throughout the year.

There was no formal method of documenting father participation in WIC appointments and other

activities. The project team successfully worked with the state WIC office to amend the state tracking system, ROSIE. This change has created an opportunity for the Kenosha WIC office to track and analyze data on father involvement.

The project team developed a comprehensive Father Information Program Model. This model suggests a two-pronged approach for engaging fathers: (1) increase involvement in WIC-related activities by fathers (and other important male figures such as stepfathers, grandfathers, uncles, etc.), and (2) link fathers to additional programming and support services (for example, providing wraparound services, developing a stronger referral system and implementing the evidence-based Nurturing Fathers Program).



Grantee: Racine Kenosha Community Action Agency, Pam Halbach

Grant Title: Kenosha Fatherhood Involvement Planning Project

Academic Partner: David J. Pate, Jr., PhD, UW-Milwaukee, Helen Bader School of Social Welfare

Dates: July 1, 2013 – September 30, 2014

Amount: \$50,000

Program: Lifecourse Initiative for Healthy Families

Project ID: 2586





Pregnant Women Receive Mental Health Support

The Challenge: Research shows that stress can negatively impact pregnancy and can contribute to low birthweight, prematurity and infant mortality. High levels of stress and trauma are especially taxing on racial minorities living in poverty because of limited access to resources for managing hardships. More efforts targeting distressed neighborhoods and families in vulnerable socioeconomic positions offer some hope in reversing the devastating trends of infant mortality in African-American communities.

Women received intensive and individualized services, including in-home visits from master's degree-level mental health professionals, and participated in prenatal education programs.

Results: Self-reported survey responses from participants indicated that all babies born had a healthy birthweight and only one baby was born pre-term. The number of participants connected to a mental health provider at the beginning of the project nearly doubled, with nearly three of four participants connected to a mental health provider after the intervention. Participants also self-reported feeling more confident about the support they received from their families and significant others, and that they developed an increased sense of control over their lives.

Project Goal: The Strong Families Healthy Homes (SFHH) program sought to address mental health and stress among Milwaukee-area families in ZIP codes with the highest rates of infant mortality. Over the past 10 years, the SFHH program primarily focused on parents with children, rather than expecting mothers. This year-long project involved 12 pregnant, African-American women who have a history of mental illness or substance abuse.

participated in this program. For many participants, meeting their basic needs, such as food and shelter, was stressful, so focusing on their mental health was difficult. However, due to the program's strong focus on engagement, participants' fears were eased and there was increased understanding of how the project could improve their overall health.

Through this grant, Mental Health America of Wisconsin (MHA-WI) found SFHH to be a vital program for pregnant women and has received additional local funding to continue the project. As a result, graduate-level internship and externship opportunities were formed and a staff position was added to support the students. MHA-WI also partnered with the Bureau of Milwaukee Child Welfare and Milwaukee County to provide peer support services to pregnant women with mental health and substance abuse issues.

Grantee: Mental Health America (MHA) of Wisconsin, Martina Gollin-Graves

Grant Title: Strong Families Healthy Homes (SFHH) Extension — Pregnancy Pilot Program

Academic Partner: Alice Yan, PhD, UW-Milwaukee, Zilber School of Public Health

Dates: July 1, 2013 – June 30, 2014

Amount: \$50,000

Program: Community-Academic Partnership Fund

Project ID: 2582



Health Educators Trained on Behavioral Screening and Intervention Services

Description: This project aimed to develop a curriculum for training community health educators to provide evidence-based, cost-saving Behavioral Screening and Intervention (BSI) services across Wisconsin, and eventually the country. With faculty from UW-La Crosse, a BSI curriculum was developed, implemented and prepared for dissemination.

Relevance: Unhealthy behaviors, including excessive alcohol consumption and illicit drug and tobacco use, cause more than 40 percent of deaths and 75 percent of chronic disease in the United States. They also generate more than \$600 billion in costs per year. Undiagnosed and untreated cases of depression add another \$82 billion per year in costs as well as incalculable personal harm and social loss.

BSI strategies involve screening patients for risky behaviors followed by evidence-based interventions or referrals to experts, if necessary. BSI services can drastically reduce unhealthy behavior and lessen the associated social, economic and personal burdens. Support for incorporating BSI services into standard medical practice is growing; however, medical and health education providers often are not equipped to provide them.

Results: Several UW-La Crosse faculty members were recruited and involved in developing and offering a new BSI services course to students in community or public health programs. Students in the course were required to put the skills and knowledge into practice through a preceptorship. Feedback from students in the first session was used to re-evaluate and modify the

curriculum before the next session. Students reported high satisfaction levels and believed the skills they learned would help them in their careers.

A motivational interviewing course based on this project's outcomes will be included in the Community Health Education program at UW-La Crosse. A two-credit introductory course on the principles and practices of motivational interviewing also will be offered nationwide through UW-La Crosse's Office of Continuing Education and Extension in 2016.

Presentation: Keely, R. "Motivational Interviewing for Health Educators: An Innovative Strategy to Address Priority Health Issues." Annual Meeting of the Society for Public Health Education, Portland, OR. April 2015.



Grantee: Richard Brown, MD, MPH, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Grant Title: Preparing Health Educators to Address Behavioral Health Determinants through Health Care Settings

Dates: November 1, 2011 – December 31, 2014

Amount: \$300,000

Program: Collaborative Health Sciences

Project ID: 2070





Targeting Treatment for High-risk Breast Cancers

Description: Researchers sought to determine the mechanism of increased sensitivity of polyploid cells to a previously identified chemical. They also hypothesized that polyploidy is more common in aggressive cancer subtypes and prognosticates poor risk.

Results: In this project, researchers identified a unique subtype of breast cancer in which there are extra DNA-containing chromosomes, called polyploid. Polyploid tumors constitute 10 percent to 14 percent of all breast cancers and confer a higher risk of recurrence and death, they learned.

Relevance: Breast cancer affects nearly 200,000 women in the United States each year, including more than 4,000 in Wisconsin. Many treatments are limited in their ability to help treat cancer and some, like chemotherapies, confer significant toxicity.

The researchers also identified a drug that destroys these abnormal cells without affecting normal cells. It specifically elicits “DNA damage signals” using a unique mechanism that is specific for polyploid cells. This work provides the basis for a potential low-toxicity treatment for a high-risk breast cancer type.

Grantee: Mark Burkard, MD, PhD, UW School of Medicine and Public Health, Department of Medicine

Grant Title: Personalizing Therapy of Women with Polyploid Breast Cancers

Dates: July 1, 2012 – June 30, 2014

Amount: \$99,910

Program: New Investigator Program

Project ID: 2261



Improving Mild Cognitive Impairment Screening Among African-Americans

Description: This project aimed to better understand the perceptions surrounding memory loss within the African-American community and how these perceptions affect willingness to be screened for mild cognitive impairment (MCI). The long-term goal is to use the information from this study to design more effective and culturally sensitive screening strategies and interviews for African-Americans.

Relevance: African-Americans are at twice the risk of developing Alzheimer's disease compared to Caucasians. They also are more likely to be diagnosed later than Caucasians and are less likely to receive appropriate treatments and services. One way to lower the delay between disease onset and diagnosis is by developing strategies that screen for predictive conditions.

MCI is an intermediate stage between full cognitive health and the development of dementia. Early screening and diagnosis of

MCI can help identify individuals who are at risk of developing Alzheimer's disease. Understanding the barriers that prevent MCI screening within the African-American community is a first step in developing strategies to identify Alzheimer's disease earlier in African-Americans.

Results: To determine which factors affected the willingness of African-Americans to be screened for MCI, the study authors interviewed hundreds of people at community events. The authors discovered that educating African-Americans about the benefits of screening and early detection, increasing social support for screening efforts and addressing concerns about potential social stigma could boost screenings.

Based on data from this project, the authors designed a health promotion intervention, the Memory Partners Project. This intervention targets older African-Americans who are at elevated risk of developing MCI and

dementia due to cardiovascular risk factors such as diabetes and hypertension. The goal is to modify "Living Well," an evidence-based chronic disease self-management program to improve engagement of African-Americans with mild memory loss.

Modifications such as additional social support and greater emphasis on maintaining overall health to promote brain health focus on the benefits of being proactive.

Presentation: Gunn, W., Smedley, R., Asthana, S., Edwards, D.F., Asthana, S., Gleason, C.E. "Willingness to be screened for Mild Cognitive Impairment in a community sample of African Americans: Role of stigma and social support." Alzheimer's Association International Conference. Boston, MA. July 2013.



Grantee: Carey Gleason, PhD, MS, UW School of Medicine and Public Health, Department of Medicine

Grant Title: Screening for Mild Cognitive Impairment (MCI) in African-Americans

Dates: July 1, 2012 – December 1, 2014

Amount: \$100,000

Program: New Investigator Program

Project ID: 2263





Biobank Spanning Multiple Diseases Fosters Translational Research

Description: The goal of this project was to expand the recently established UW Carbone Cancer Center's Translational Science BioCore from a repository of human biological samples and associated molecular data and health outcomes information to one spanning multiple diseases.

Relevance: Complex human diseases can be understood, prevented and treated most effectively through a multi-layered approach that takes into account both laboratory discoveries and health care outcomes.

For example, if patients suffering from the same disease respond differently to particular treatments, access to patient samples in the Biobank will allow researchers to query the molecular or genetic reasons underlying such differential responses. The materials in the Biobank also can advance public health studies

involving disease screening and surveillance. The samples and information in the Biobank will allow researchers across UW-Madison to pursue innovative, collaborative, transdisciplinary research linking laboratory findings with clinical outcomes for various human diseases.

Results: Adding non-cancer samples to the Biobank has been a key achievement of this project. Between 2010 and 2012, about 50 percent of the samples collected were from non-cancer patients. Collection of blood, urine and other biofluids started in 2011. Patients are not asked to provide these samples unless they are required for clinical testing.

Overall, there has been a significant increase in the number and diversity of samples in the Biobank. Researchers have access to more than 28,000

samples from over 6,000 patients. Collaborations with other tissue repositories (for example, the Translational Research Initiatives in Pathology lab) allow researchers access to hundreds of thousands of archived, preserved tissue for molecular and translational research.

Because the quality of specimens is critical to successful research, rigorous quality checks ensure sample integrity. Adoption of a standard operating procedure will help streamline the collection and distribution of samples.

Plans include expanding sample storage capacity, increasing services offered and serving as a bank for validating cell lines.

Publication: Jorgenson, T.C., Zhong, W., Oberley, T.D. (2013) "Redox imbalance and biochemical changes in cancer." *Cancer Research*.

Grantee: Ricardo Lloyd, MD, PhD, UW School of Medicine and Public Health, Department of Pathology & Laboratory Medicine

Grant Title: Development of a Centralized UWSMIPH Biobank

Dates: September 1, 2011 – March 31, 2014

Amount: \$191,706

Program: Strategic

Project ID: 2249



Pilot Project Lays Groundwork for Establishing a UW Environmental Health Center

Description: The goal of this project was to lay the groundwork for an environmental health center at the UW School of Medicine and Public Health. The center would use molecular and epidemiological strategies to better understand how chemical exposure affects people. This pilot project tested whether it was possible to differentiate active smokers from former or non-smokers by testing for specific biomarkers in saliva and blood samples.

Relevance: Understanding how chemicals affect human physiology is a complex process. Because individual reactions are influenced by several factors (including genetics, personal decisions and lifestyle choices), discovering how chemical exposure may drive physiological reactions or disease progression is of paramount importance.

To understand the nuances of human responses to chemical exposure, there is a great need to connect lab discoveries to population-level studies. The environmental health center would serve as a hub for combining research from several planned and existing centers across the UW System, including the Molecular and Environmental Toxicology Center and the Wisconsin State Laboratory of Hygiene.

Results: This pilot project sought to determine whether biomarkers in saliva and blood could be used to identify individuals who had been exposed to cigarette smoke. Smoking was selected for the initial study because smokers represent a high-risk population and molecular tests can be used to verify self-reported smoking status.

Cigarette smoke contains compounds known as polycyclic aromatic hydrocarbons. These compounds can bind to a molecule or receptor in the surface of cells and elicit known cellular responses by turning different genes on or off to a various extent. Researchers collected blood from current and former or non-smokers and surveyed which genes were turned on or off, and to what extent, in their blood cells. They identified three such genes as biomarkers that were present at significantly different levels in the cells of smokers compared to those of former or non-smokers. The success of the pilot project makes it likely that biomarkers for exposures to other environmental chemicals can be efficiently detected and provides impetus for establishing the environmental health center.



Grantee: Christopher Bradford, PhD, UW School of Medicine and Public Health, McArdle Laboratory for Cancer Research

Grant Title: Environmental Health Center Strategic Planning

Dates: January 1, 2013 – June 30, 2014

Amount: \$200,000

Program: Strategic

Project ID: 2608





Engaging Communities to Reduce Racial Disparities in Alzheimer's Research

Description: To address the under-representation of African-Americans in Alzheimer's disease research trials, this project sought to expand the Minority Alzheimer's Prevention Program into Dane and Rock counties. The main goal was to continue reducing racial disparities in Alzheimer's research by educating and recruiting African-American volunteers for the UW Alzheimer's Disease Research Center (ADRC).

Results: Project leaders built community partnerships and strengthened existing ones by attending seminars, festivals, churches and other places with strong African-American participation. At several community gatherings, project personnel offered free Alzheimer's disease screenings, shared information and answered questions from community members.

Relevance: African-Americans comprise more than 13 percent of people older than 54 in the United States and are at a higher risk for Alzheimer's disease than Caucasians. Various historical, cultural and socioeconomic factors have led to an underrepresentation of African-Americans in clinical studies. For example, more than 90 percent of the current ADRC research subjects are Caucasian. Recruiting subjects across ethnic and age groups is especially vital

prevention and treatment options. Without adequate representation of minority communities in the research volunteer pool, it becomes challenging to ensure that treatments developed will be effective across racial and ethnic groups. Projects like this play a vital role in engaging, educating and recruiting a diversity of research subjects, including African-Americans, to Alzheimer's disease studies, ultimately helping members of minority communities.

Grantee: Sanjay Asthana, MD, UW School of Medicine and Public Health, Department of Medicine

Grant Title: Recruitment of Middle-Aged African-Americans for Studies of Preclinical Alzheimer's Disease: Minority AD Prevention Program-2

Dates: March 1, 2013 – August 31, 2014

Amount: \$69,076

Program: Strategic

Project ID: 2609



Grant Programs				
Grant Program	Goal	Description	Grant Size/Duration	Applicants
Collaborative Health Sciences Program	To support novel ideas and new approaches to research and education	Funds projects that cross traditional boundaries of basic science, clinical science, social science, education, population health science and/or community practice	Up to \$500,000 over 3 years	UW School of Medicine and Public Health full and associate professors, senior and distinguished scientists
Community Impact Grants Program	To improve the overall health, health equity and well-being of Wisconsin communities through large-scale, evidence-based, community-academic partnership initiatives	Requires substantial community engagement to achieve sustained policy, systems and environmental change. Initiatives must be supported by robust evaluation and effective dissemination	Up to \$1 million over 5 years	Wisconsin-based nonprofit, state or local government organizations
Community Opportunity Grants Program	To enhance collaboration among public health departments, nonprofit organizations, hospitals, clinics, health care systems, schools, businesses and government leaders on community-identified health priorities	Supports implementation and/or evaluation strategies that address health priorities identified in a Community Health Improvement Plan or a Community Health Needs Assessment implementation plan	Up to \$50,000 over 2 years	Wisconsin-based nonprofit, state or local government organizations
Community-Academic Partnership Fund	To improve the health of communities through initiatives to plan and implement health policies, practices and interventions	Promotes exchange of expertise between community and academic partners to design, implement and evaluate community programs	Implementation: \$150,000 to \$400,000 over 3 years; Development: Up to \$50,000 over 2 years	Wisconsin-based nonprofit, state or local government organizations
Healthy Wisconsin Leadership Institute	To build public and community health skills and leadership capacity throughout Wisconsin	Provides continuing education in leadership and practical skills needed to lead community health improvement efforts	Training, workshops, independent study for community teams	Community teams, coalitions or individuals from across the state
Lifecourse Initiative for Healthy Families	To eliminate disparities in birth outcomes among Wisconsin's African-American population	Expands access to care, strengthens support networks and addresses social and economic inequities through collaboratives in Beloit, Kenosha, Milwaukee and Racine	Implementation: \$150,000 to \$400,000 over 3 years; Development: Up to \$50,000 over 2 years	Wisconsin-based nonprofit, state or local government organizations
New Investigator Program	To support innovative research and/or educational approaches that address Wisconsin's public health issues	Funds novel proposals from early-career faculty, which may be leveraged for external funding	Up to \$100,000 over 2 years	UW School of Medicine and Public Health assistant professors
PERC Opportunity Grants Program	To support high-profile, highly innovative education and research projects with leveraging potential	Provides pilot funding for education and research projects benefitting the health of Wisconsin residents	Typically \$50,000 to \$100,000 over 2 years	UW School of Medicine and Public Health assistant, associate and full professors
Strategic Education and Research Program	To craft new approaches to health and health care issues in response to recognized or emerging needs	Makes major investments for research and education infrastructure to address the state's public health challenges	Variable	UW School of Medicine and Public Health full and associate professors
Wisconsin Obesity Prevention Initiative	To drive down the obesity rate by using a multi-faceted approach that includes community-based research	Provides the infrastructure to build strategic alignment among partners, develop a childhood obesity surveillance system, create statewide messaging; and builds, tests and implements a community-based model for obesity prevention	Variable	UW School of Medicine and Public Health and UW-Madison full and associate professors; community organizations
Wisconsin Population Health Service Fellowship	To develop the next generation of public health practitioners skilled in planning, implementing and evaluating public health programs	Places new public health professionals with community organizations to address public health challenges	Two-year paid service position working with public health agencies	Individuals with advanced degrees in public health and allied disciplines



**Wisconsin
Partnership Program**

UNIVERSITY OF WISCONSIN
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