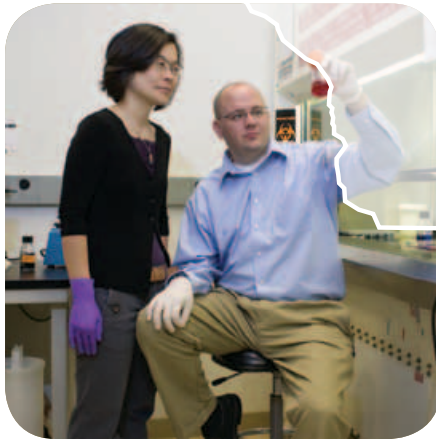


Wisconsin Partnership Program
University of Wisconsin School of Medicine and Public Health

Partnerships for a Healthy Wisconsin

2010 ANNUAL REPORT



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON

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A Message From the Dean


I am pleased to present the 2010 Annual Report of the Wisconsin Partnership Program. This annual report, the seventh in the history of the program, has been substantially restructured to better show how the program is contributing to health promotion in Wisconsin. The report focuses on the program's grantees and the multiple strategies they are taking to improve the health of the people of Wisconsin.

The Wisconsin Partnership Program awarded nearly \$4 million in grants covering the broad spectrum from community-academic partnerships to public health education initiatives to clinical and translational research to basic science research. These investments in Wisconsin's health included \$830,000 in planning grants to community coalitions in Milwaukee, Racine, Kenosha and Beloit through the Lifecourse Initiative for Healthy Families. This major strategic initiative seeks to improve birth outcomes among African-Americans in Wisconsin, which are among the worst in the nation. The Partnership Program also funded community-academic partnerships to tackle important public health topics and goals, such as improving access to care, bringing dental care to underserved areas, and reducing obesity and alcohol abuse. Another innovative project examines how Hispanic children in Milwaukee interact with their environments, and how those environmental interactions affect their ability to engage in physical activity. Projects aimed at cystic fibrosis, asthma, and breast cancer – all important health challenges in Wisconsin – were supported with the goal of making significant progress toward improving health outcomes.

A highlight of 2010 was the joint meeting between the program's two governing committees to discuss progress toward implementation of the 2009-2014 Five-Year Plan. As members of the Oversight and Advisory Committee and the Medical Education and Research Committee shared accomplishments and plans, what became clear was just how complementary the work of the two committees has become. Building bridges to connect community-based projects with research and education strengthens each approach. The tactics may be different, but the mission – advancing the health of the public – is exactly the same.

The strength of the Wisconsin Partnership Program model is that it allows for a variety of types of investment in health improvement: from community-academic partnerships to the training of new public health-oriented practitioners, to exploring both the biological and environmental determinants of health and disease. This diversity has been the engine of our transformation to an integrated school of medicine and public health. We are expanding our commitment to public health and combining these emerging capabilities with our educational mission and our traditional strengths in basic and clinical research to forge an identity that is unique.

The activities and efforts of the program have confirmed that one cannot engage in meaningful research without first understanding the needs of communities, and engaging them as full partners in the search for successful outcomes. Our state faces entrenched health challenges. Improvements can only emerge if we approach these complex problems from all angles, which must include the formation of partnerships between the university and communities, as well as across disciplines. By bringing together our collective expertise, commitment, and passion, we can address the state's most pressing health issues and build a healthier Wisconsin for all.



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

Introduction

The UW School of Medicine and Public Health (UWSMPH), in coordination with the Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC), is pleased to present the 2010 Annual Report of the Wisconsin Partnership Program (WPP).

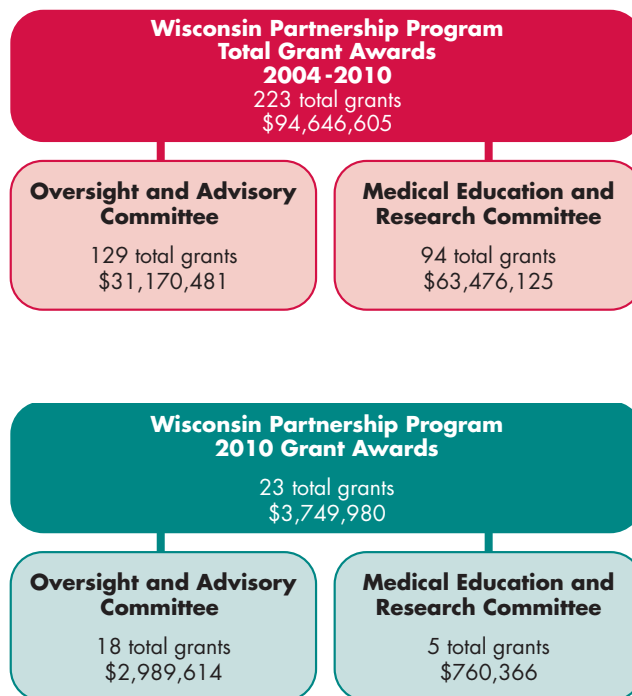
This report covers activities and expenditures from January 1, 2010 through December 31, 2010. It has been prepared in accordance with the Insurance Commissioner's Order, the Agreement*, and the 2009-2014 Five-Year Plan. Each of these documents was created to guide the distribution of the funds resulting from the conversion of Blue Cross and Blue Shield United of Wisconsin to a for-profit corporation. Here are some of the highlights from 2010:

Commitment to LIHF: The WPP continued its support of the Lifecourse Initiative for Healthy Families, a major strategic initiative to improve birth outcomes among African-Americans in Wisconsin. Today, an African-American baby born in the state is three times more likely to die before his or her first birthday than a white baby. The WPP has committed \$10M to improving conditions that will lead to more healthy births. In 2010, the OAC awarded grants totaling \$830,000 to coalitions in Beloit, Kenosha, Milwaukee, and Racine to support creation of community action plans aimed at addressing the root causes of infant mortality.

Supporting Community-Academic Partnerships:

In December, the OAC made 14 grant awards worth a combined \$2.1 million to community-academic partnerships focused on improving health in Wisconsin communities. Programs funded in 2010 tackled important topics such as improving access to care, bringing dental care to underserved areas, promoting physical activity and healthy weight, and preventing alcohol abuse through policy initiatives. The funded proposals included a mix of urban, rural, and statewide projects.

Investments in Wisconsin's Health: The MERC made five grant awards in 2010, supporting applied public health, clinical, and basic sciences research. These projects include a large-scale obesity research program in Milwaukee's Hispanic community; further support of the Centralized UWSMPH Biobank; and initiatives aimed at cystic fibrosis, asthma, and breast cancer. The MERC's ongoing commitment to the Institute for



Clinical and Translational Research supports ICTR's community-academic partnership program, which sponsors projects that translate new and existing findings into improvements in clinical practice and community health.

Strategic Planning: In November, members of the OAC and MERC convened a strategic planning meeting. After reviewing the progress made so far in implementing the 2009-2014 Five-Year Plan, the discussion focused on increasing collaboration between the two committees and promoting community engagement. The outcome is likely to be felt immediately in the WPP's targeted initiatives, where the complementary expertise of the committees will drive multi-faceted approaches to major health challenges. The meeting also included a discussion on how to measure the impact of the WPP on the health of the people of Wisconsin.

Legislative Audit Bureau Finds WPP in

Compliance with Order: The Wisconsin Legislative Audit Bureau (LAB) found the WPP to be in compliance with the vision set forth by the Insurance Commissioner's Order that led to the creation of the program. The LAB examined the WPP's administrative practices, financial records, and grant

awards, producing a generally positive report on the program's activities during the first five years. Specifically, the LAB found that the WPP had provided for effective oversight of grant programs. A review of active and concluded grants showed awardees met or were on target to meet their objectives. The WPP has responded to recommendations made by LAB regarding internal policies and procedures. LAB also addressed recommendations to the Office of the Insurance Commissioner regarding clarification of the 2000 Order. The WPP is required to obtain program and financial audits at least every five years.

Measuring Outcomes: The WPP accepted 28 final reports from projects concluding in 2010. Outcome reports can be found in the appendix to this report.

These accomplishments, and the others detailed in this annual report, represent important progress toward achieving the goals of the WPP's 2009-2014 Five-Year Plan.

**Also known as the Agreement between the Wisconsin United for Health Foundation, Inc. (WUHF), the University of Wisconsin Foundation, and the University of Wisconsin System Board of Regents.*

Governing Committees

The WPP fulfills its charge of "promoting public health initiatives that will generally benefit the Wisconsin population" through the work of two governing committees, the Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC).

The primary responsibilities of the OAC are to:

- Direct and approve 35 percent of the available funds for public health initiatives and public health education and training.
- Provide public representation through the OAC's four community representatives.
- Comment and advise on the MERC's expenditures.

The primary responsibilities of the MERC are to:

- Direct and approve 65 percent of the available funds for education and research initiatives.
- Maintain a balanced portfolio of investments in population health in Wisconsin.
- Strengthen collaborations with community and health leaders statewide.

To fulfill their stewardship responsibilities, both committees adhere to the program's mission and vision.

Members of the Oversight and Advisory Committee

The nine-member OAC is comprised of four community representatives appointed by the UW System Board of Regents; four representatives from the UW School of Medicine and Public Health, appointed by the UW System Board of Regents; and an appointee of the Insurance Commissioner.

Community Representatives (Health Advocates)

Douglas N. Mormann, MS, Vice Chair

Health Officer, La Crosse County Health Department
Advocacy Category: Statewide Health Care

Gregory Nycz

Executive Director, Family Health Center of Marshfield, Inc.; Director, Health Policy Marshfield Clinic
Advocacy Category: Rural Health

Christine P. Holmes, MSW

President and CEO, Penfield Children's Center
Advocacy Category: Children's Health

Katherine Marks, BA

Chief Executive Officer,
United Way of Kenosha County
Advocacy Category: Urban Health

Insurance Commissioner's Appointee

Martha E. Gaines, JD, LL.M.

Director, Clinical Professor of Law, UW Law School;
Director, Center for Patient Partnerships

UWSMPH Representatives

Philip M. Farrell, MD, PhD

Professor, Departments of Pediatrics and Population Health Sciences, UWSMPH

Valerie J. Gilchrist, MD, Secretary (resigned October 2010)

Chair, Department of Family Medicine, UWSMPH

Susan L. Goelzer, MD, MS, CPE, Chair

Professor, Departments of Anesthesiology and Population Health Sciences, UWSMPH

Cindy Haq, MD (appointed October 2010)

Professor, Departments of Family Medicine and Population Health Sciences, UWSMPH; Director UW-Madison Center for Global Health

David A. Kindig, MD, PhD (resigned August 2010)
Professor Emeritus, Department of Population Health Sciences, UWSMPH

Patrick J. Remington, MD, MPH
(appointed August 2010)
Professor, Department of Population Health Sciences;
Associate Dean for Public Health, UWSMPH

LIHF Steering Committee

Georgia Cameron, MBA, BS, RN
State of Wisconsin Division of Public Health, Deputy
Director of Southeastern Office; Co-Chair of the DPH
Statewide Advisory Committee on Reducing Health
Disparities in Birth Outcomes

Ron Cisler, PhD, MS
Director, Center for Urban Population Health;
Associate Professor, Department Population Health
Sciences, UWSMPH; Associate Professor, UW-
Milwaukee College of Health Sciences

Philip Farrell, MD, PhD, Co-Chair
Professor, Department of Pediatrics and Population
Health Sciences, UWSMPH

C.C. Henderson, BA
Chief Executive Officer
Milwaukee Health Services, Inc.

Tito L. Izard, MD
Chief Medical Officer, Milwaukee Health Services, Inc;
Clinical Associate Professor, Department of Family
Medicine – Milwaukee Campus, UWSMPH

Sheri Johnson, PhD, MA
Assistant Professor, Department of Pediatrics, Medical
College of Wisconsin

Murray Katcher, MD, PhD
Chief Medical Officer, Bureau of Community
Health Promotion; State Maternal and Child Health
Director; Clinical Professor, Department of Pediatrics,
UWSMPH

Marilyn Kilgore, MA
Chair, Beloit Infant Mortality Coalition

Katherine Marks, BA, Co-Chair
Chief Executive Officer,
United Way of Kenosha County

Tina Mason, MD, MPH, FACOG
Director, Medical Operations, Aurora Sinai Medical
Center; Associate Professor, Department of Obstetrics
and Gynecology, UWSMPH

Stephen C. Ragatz, MD, FAAP
Chair, Department of Pediatrics, Wheaton Franciscan
Healthcare-St. Joseph, Staff Neonatologist

Laurel Rice, MD
Chair, Department of Obstetrics and Gynecology,
UWSMPH

Bill Solberg, LCSW
CSM Director of Community Services,
Columbia St. Mary's Hospital

Betty Stinson, BA
Chair, Racine Infant Mortality Coalition

Consultant:
Lorraine Lathen, MA
LIHF Program Leader
President, Jump at the Sun Consultants, Inc.

Diversity Policy

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

The commitment to diversity is integral to the WPP's mission to serve the public health needs of Wisconsin and to reduce health disparities through initiatives in research, education, and community partnerships—thus making Wisconsin a healthier state for all. A broad perspective helps the WPP understand the most effective means to address population health issues and to improve the health of the public. The policy is available on the WPP's website, wphf.med.wisc.edu.

Members of the Medical Education and Research Committee

The MERC is broadly representative of the faculty, staff, and leadership of the UWSMPH, and also includes representatives from the OAC and an external appointee. In May of 2011, it changed its name to the Wisconsin Partnership Program Education and Research Committee (PERC) to reflect the broad spectrum of approaches to health improvement it supports.

SMPH Leadership

Byron Crouse, MD

Professor, Department of Family Medicine; Associate Dean for Rural and Community Health; Interim Senior Associate Dean for Academic Affairs, UWSMPH

Marc Drezner, MD

Professor, Department of Medicine; Senior Associate Dean for Clinical and Translational Research, UWSMPH; Director, Institute for Clinical and Translational Research, UWSMPH

Patrick McBride, MD, MPH (resigned August 2010)

Professor, Department of Medicine; Associate Dean for Students, UWSMPH

Richard Moss, PhD, Chair

Professor, Department of Cell and Regenerative Biology; Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies, UWSMPH

Patrick Remington, MD, MPH

Professor, Department of Population Health Sciences; Associate Dean for Public Health, UWSMPH

Department Chairs

K. Craig Kent, MD

Professor and Chair, Department of Surgery, UWSMPH

Rodney Welch, PhD

Professor and Chair, Department of Medical Microbiology and Immunology, UWSMPH

Faculty Representatives

Norman Drinkwater, PhD

Professor, Department of Oncology, UWSMPH

Robert Lemanske, MD

Professor, Departments of Pediatrics and Medicine, UWSMPH

Tom Oliver, PhD, MHA

Professor, Department of Population Health Sciences; Director, Master of Public Health Program, UWSMPH

Academic Staff Representative

D. Paul Moberg, PhD

Research Professor, Department of Population Health Sciences; Program Director, Evaluation Research Group, UW Population Health Institute, UWSMPH

Oversight and Advisory Committee Appointees

Susan Goelzer, MD, MS, CPE

Professor, Departments of Anesthesiology and Population Health Sciences, UWSMPH

Gregory Nycz

Executive Director, Family Health Center of Marshfield, Inc.; Director, Health Policy, Marshfield Clinic

External Appointee

Betty Chewning, PhD

Professor, School of Pharmacy, UW Madison; Director, Sonderegger Research Center

Wisconsin Partnership Program Staff

Christine Blakey, Administrative Assistant

Cathy Frey, Associate Director

Mary Jo Knobloch, Program Officer

Tonya Mathison, Administrative Manager

Michael Mirer, Communications Project Assistant

Steve Smith, Interim Accountant

Eileen Smith, Assistant Dean and Director

Karla Thompson, Accountant (January-October)

Board of Regents Liaison

Roger E. Axtell

Regent Emeritus and Liaison to the Wisconsin Partnership Program, UW System Board of Regents

WPP Website and E-newsletter

You can keep up with the work of the Wisconsin Partnership Program year-round at the program website wphf.med.wisc.edu. There you can sign up for the WPP's e-newsletter.

Wisconsin Partnership Program Grant Programs

The Wisconsin Partnership Program administers seven grant programs, each employing a unique approach toward improving the health of the people of Wisconsin.

	Goal	Description	Grant Size/ Duration	Applicants	Community Role	UW Role	Grant Types
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: Up to \$400K over three years; Development: Up to \$50K over two years	Wisconsin-based non-profit, state or local government organizations	Working in collaboration with a UW partner, responsible for implementing the project	Roles defined collaboratively by community and academic partners with WPP guidance and support	Public Health
Lifecourse Initiative for Healthy Families	To overcome disparities in birth outcomes among Wisconsin's African-Americans	Works to expand access to care, strengthen support networks, and address social and economic inequities	Variable implementation, development, and coalition grants targeting Beloit, Kenosha, Milwaukee, and Racine	Wisconsin-based non-profit, state or local government organizations	Working in collaboration with a UW partner, responsible for implementing the project	Roles defined collaboratively by community and academic partners with WPP guidance and support	Public Health
Healthy Wisconsin Leadership Institute	To build public and community health skills and leadership capacity throughout Wisconsin	Provides continuing education in leadership and the practical skills needed to lead community health improvement efforts	Year-long training for community teams; three workshops; independent study	Community teams, coalitions, or individuals from across the state	Organizing a team representing community stakeholders	Training and resources for successful team approach; guidance in project development	Public Health Education and Training
Wisconsin Population Health Fellowship Program	To develop the next generation of public health practitioners skilled in planning, implementation, and evaluation of public health programs	Places new public health professionals with community and academic partners to address public health challenges	Two-year paid service position working with public health agencies	Individuals with advanced degrees in public health or allied disciplines	Mentorship, service learning, and skill-building activities	Education, training and supervision of fellows	Public Health Education and Training
New Investigator Program	To support innovative research and/or education approaches that address Wisconsin's public health issues	Funds innovative research proposals from new faculty, which may be leveraged for external funding	\$100K over two years	UW School of Medicine and Public Health Assistant Professors	Dependent on project goals	Responsible for implementing the project	Applied Public Health; Clinical and Translational; and Basic Science Research
Collaborative Health Sciences Program	To support novel ideas and new approaches to research and education	Funds collaborative projects that cross traditional boundaries of basic science, clinical science, social science, education, population health science and/or community practice	\$300K over three years	UW School of Medicine and Public Health Full and Associate Professors; Senior & Distinguished Scientists	Dependent on project goals; communities may be co-collaborative partner	Responsible for implementing the project	Public Health Education and Training; Applied Public Health, Clinical and Translational, and Basic Science Research
Targeted Education and Research Programs	To craft new approaches to health and health care issues in response to recognized or emerging needs	Makes major investments in research and education to address the state's public health challenges	Variable	UW School of Medicine and Public Health Full and Associate Professors	Dependent on project goals; communities may be co-collaborative partner	Responsible for implementing the project	Public Health Education and Training; Applied Public Health, Clinical and Translational, and Basic Science Research

Grant Procedures

Established Partnerships Required for Implementation Grants:

Beginning with the 2012 Community-Academic Partnership Fund (CAPF) grant cycle, only established partnerships will be eligible for new implementation grants. The preferred way of meeting this requirement will be to complete a development grant, although other demonstrated collaboration will be considered.

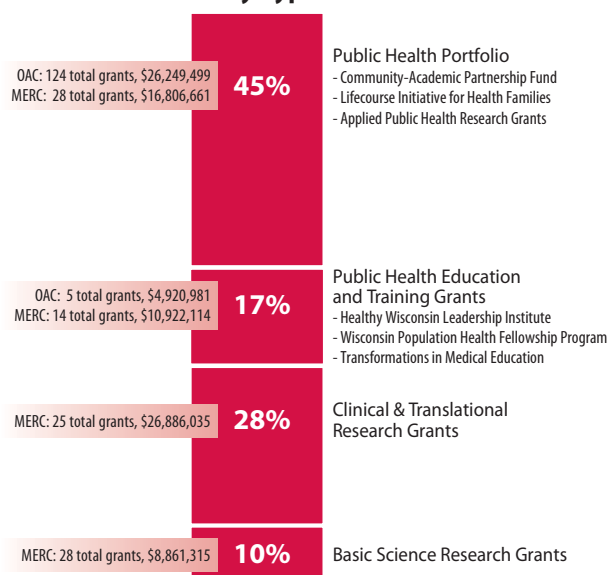
Training and Technical Assistance: Training and technical assistance are available to ensure the greatest potential for success in developing and submitting proposals. In 2010, training sessions for CAPF applicants were held in Wausau, Waukesha, and on the web. Training sessions for Collaborative and New Investigator Program grants occurred in Madison. The WPP provides resources for applicants on its website, assists in capacity building in community groups, and, when necessary, connects potential grantees with academic partners.

Multi-Step Review: All grant applications undergo a rigorous three-step review, including:

- (1) A technical review verifying eligibility and compliance with proposal requirements
- (2) An expert review consisting of independent assessment and scoring
- (3) A full committee review of top-ranked proposals and interview of applicants, as applicable

Grant Monitoring: Grantees provide regular financial and progress updates on a schedule determined by the funding committee.

Grant Awards by Type: 2004-2010



Wisconsin Partnership Program Grant Awards by Type 2004-2010

Note on the document

On Page 8, this annual report turns its attention to the work of the WPP's new, current, and former grantees. The following sections are organized differently from previous years, with grants grouped by the approaches employed in making a healthier Wisconsin for all. The OAC supports programs in the Public Health Portfolio (including the Lifecourse Initiative for Healthy Families) and Public Health Education and Training grants. The MERC supports projects along the full spectrum of grants, including grants in the Public Health Portfolio, Public Health Education and Training grants, Clinical and Translational research, and Basic Science research. The graphic above shows awards made across that spectrum since the WPP's inception.

Open Meetings and Public Records Laws

The WPP conducts its operations and processes in accordance with the State of Wisconsin's Open Meetings and Public Records laws. Meetings of the OAC, the MERC, and their respective subcommittees are open to the public, in accordance with the law. Agendas, minutes, and approved documents are posted on the WPP's website, wphf.med.wisc.edu.

2009-2014 Five-Year Plan

The Wisconsin Partnership Program (WPP) is guided by the 2009-2014 Five-Year Plan, which provides the direction, priorities, and categories of investments for our next phase of growth. The Plan reflects extensive stakeholder input and a continuing commitment to many of the core programs and directions established in the first five years.

Public Health Portfolio



Cuidandome: Mayra DeGraff is one of 12 lay health advisors or “Promotoras de Salud” trained by Planned Parenthood of Wisconsin as part of an OAC-funded program to increase breast and cervical cancer screening among Latinas in Dane County. The advisors conducted 167 Home Health Parties, delivering information to 1,381 participants about breast and cervical cancer, and how to obtain preventive care. OAC’s funding of the program concluded in 2010. An in-progress MERC grant is supporting evaluation efforts. Photography: UW Health

Commitment to Wisconsin Communities: In December, the Oversight and Advisory Committee (OAC) pledged \$2.1M total to 14 projects aimed at improving the health of Wisconsin through the Community-Academic Partnership Fund. The programs funded during this year’s grant cycle tackle important topics such as improving access to care, bringing dental care to underserved areas, preventing obesity, and addressing alcohol abuse. The funded proposals include a mix of urban, rural, and statewide projects. In addition, the Medical Education and Research Committee (MERC) supported a proposal to improve understanding of asthma prevalence in Wisconsin. This project will use electronic medical records data to identify high-risk areas and tailor interventions to communities with high asthma prevalence. MERC’s continued funding of the Institute for Clinical and Translational Research (ICTR) includes support for its Community-Academic Partnership Program. The program makes awards to projects aimed at improving the health of the public (More information on pg. 18).

An Innovative Approach to Tackling Childhood Obesity: Childhood obesity is one of the most pressing health problems facing Wisconsin. In January, the MERC funded an innovative partnership between

numerous departments at UWSMPH, UW-Madison, state agencies, and the United Community Center (UCC) in Milwaukee to examine individual, social, and environmental barriers to physical activity and good nutrition. Through the UCC-operated Bruce-Guadalupe School, students will receive metabolic testing, and will be equipped with GPS devices and digital cameras so they can show researchers how they engage with neighborhood resources like parks and bike paths and how they make nutritional choices. This grant enables the UCC to partner with Dr. Aaron Carrel, a national expert in childhood obesity, to address a major problem in its community.

Taking Health Care into Homes: Breast cancer is the leading cause of death among Latinas, and cervical cancer rates are twice as high as whites. This OAC-funded partnership between Dr. Ana Martinez-Donate and Planned Parenthood of Wisconsin trained Lay Health Advisors or “Promotoras de Salud” to encourage Latina women in Dane County to seek preventive care for breast and cervical cancer. The health promoters share information during home health parties designed to teach reproductive anatomy, risk factors for breast and cervical cancer, current screening guidelines, and where and how to access health services. The project reached 1,381 women in Dane County. The project design is being replicated in the Hmong Community. The OAC grant concluded in 2010, and the academic partner received a 2008 MERC grant to evaluate the program. Her work on this and other projects has earned her a Presidential Early Career Award for Scientists and Engineers from the White House.

Keeping Kids Alive: A quarter of child deaths in Wisconsin are preventable, according to a report released by Keeping Kids Alive Wisconsin. The report was made possible by a 2008 OAC grant, allowing the Children’s Health Alliance of Wisconsin to convene Child Death Review panels around the state with the goal of preventing future deaths. Statewide, 30 panels have formed to monitor health data and collect additional information when needed. The first statewide report made recommendations in the areas of motor vehicle safety, safe sleep, homicide, water safety, and poisoning.

County Health Rankings Go National: In February 2010, the rest of the nation was introduced to a health improvement tool that is very familiar in Wisconsin. The County Health Rankings, produced by the Wisconsin Population Health Institute, provided Wisconsin with an annual snapshot of a community’s

health and often served as an impetus for change. The Robert Wood Johnson Foundation applied this tool to every county in the nation. The Foundation's release of the rankings was accompanied by a discussion of progress in Juneau County, Wisconsin. After finishing last among the state's 72 counties in the rankings, the county won a development grant in 2007 to devise a needs assessment and set goals for health improvement. In the 2010 county health rankings, Juneau had risen 20 spots, reflecting better health in the county.

Grants Awarded in 2010

Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating Community Health Improvement Processes and Plans (CHIPP) (statewide)

Program: Community-Academic Partnership Fund

Community Partner: Sarah Beversdorf, Wisconsin Association of Local Health Departments and Boards
Academic Partner: Julie Willems Van Dijk, PhD, Associate Scientist, Department of Population Health Sciences, UWSMPH

Award: \$400,000 over three years

The purpose of this award is to strengthen and evaluate community health improvement processes and plans (CHIPP) in Wisconsin in a manner that results in the collaborative selection and implementation of effective programs and policies to improve health outcomes. It will make available resources to communities and provide a standard for evaluating local CHIPPs.

Promoting Physical Activity in Child Care (statewide)

Program: Community-Academic Partnership Fund

Community Partner: Jill Hoiting, Supporting Families Together Association

Academic Partners: Alexandra Adams, MD, PhD, Associate Professor and Tara LaRowe, PhD, Assistant Scientist, Department of Family Medicine, UWSMPH

Award: \$400,000 over three years

This program supports group daycare centers and family child care programs throughout Wisconsin in introducing an evidence-based program of daily physical activity. The project engages sites with high proportions of children of low socioeconomic status and/or high proportions of American Indian, Latino, Hmong and African-American children, as a means to address Wisconsin's prevalent health disparities in rates of childhood obesity.

Public Health Portfolio:

Total funds awarded 2004–2010: \$43,056,160
 (45 percent of total awards)

Total grants supported 2004–2010: 152

- OAC: 124 grants, \$26,249,499
- MERC: 28 grants, \$16,806,661

Funds awarded in 2010: \$3,309,310*

- OAC: 18 grants, \$2,917,734*
- MERC: 2 grants, \$391,576

Grants concluded in 2010: 17

*includes Lifecourse Initiative for Healthy Families

REACH BC+: Retention and Enrollment to Achieve Children's Health (Northeast and Southeast Wisconsin)

Program: Community-Academic Partnership Fund

Community Partner: Michael Jacob, Covering Kids and Families - Wisconsin

Academic Partner: Roberta Riportella, PhD, Professor, Department of Consumer Science, UW-Madison School of Human Ecology

Award: \$399,000 over three years

Using a 2006 implementation award, Covering Kids and Families partnered with 16 local school districts to develop an innovative model to help families gain access to health insurance through BadgerCare+ and other programs. The new grant supports further testing, as the group joins with the state's Cooperative Educational Service Agencies and the UW Extension to support school districts in facilitating access to health care for families.

Wisconsin Partnership for Childhood Fitness, Phase II (statewide)

Program: Community-Academic Partnership Fund

Community Partner: Doug White, Wisconsin Department of Public Instruction

Academic Partner: Aaron Carrel, MD, Professor, Department of Pediatrics, UWSMPH

Award: \$400,000 over three years

An extension of the work started with a 2007 implementation award, this grant aims to reduce disparities in fitness levels among children and adolescents statewide. This funding supports: testing the validity of school-based fitness assessments in predicting objective health outcomes; expanding the use of evidence-based fitness testing in Wisconsin



Measuring the Impact: Home visits are a proven method of preventing child abuse, neglect, and injury. This partnership between Children's Hospital and Health System and the UWSMPH Department of Population Health Sciences sought to make these visits more effective by outfitting home visitors with new technology for real-time analysis. Evaluation found increased efficiency for home visitors and higher quality data. This award concluded in 2010. Photography: Lakeshore Community Action Program, Inc.

schools; developing a student fitness database to provide data for public health purposes; and evaluating the adoption, adaptation and results of evidence-based strategies and programs.

Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness, and Health in Hispanic Children in Wisconsin (Milwaukee)

Program: Collaborative Health Sciences Program

Principal Investigator: Aaron Carrel, MD, Professor, Department of Pediatrics, UWSMPH

Award: \$292,000 over two years

This wide-ranging collaboration looks at individual, social, and environmental barriers to physical activity and good nutrition among Latino children in Milwaukee. The project assesses students for health and metabolic risk factors, and uses GPS and student-generated digital photography to understand how this population makes nutritional choices and engages with neighborhood resources like parks and bike paths. The proposal includes strong community support from the United Community Center (UCC) in Milwaukee. Students from the Bruce-Guadalupe School, a UCC-operated charter school, will participate in the program. Multiple UW-Madison departments and state agencies are involved as well.

Clinical and Public Health Data Exchange: Estimating Asthma Prevalence across Wisconsin (statewide)

Program: New Investigator Program

Principal Investigator: Theresa W. Guilbert, MD, Assistant Professor, Department of Pediatrics, UWSMPH

Award: \$100,000 over two years

This project seeks to improve understanding of asthma prevalence in Wisconsin counties by using electronic medical records data to locate high-risk pockets within the state. Currently, this data is tracked at the state and national levels, but provides limited information for counties and cities. By linking this information to census data, more accurate estimates of asthma prevalence can be predicted. Community organizations, researchers, health care providers, and policymakers will be able to design and direct education and interventions in high-risk neighborhoods.

Allied Wellness Cooperative (Dane County)

Program: Community-Academic Partnership Fund

Community Partner: Katherine E. Vaughn-Jehring, Allied Wellness Center

Academic Partner: Brent Hueth, PhD, Associate Professor, Department of Agricultural and Applied Economics, UW-Madison College of Agriculture and Life Sciences; Director, University of Wisconsin Center for Cooperatives

Award: \$50,000 over two years

This grant engages community members and the five core organizations of the Allied Wellness Center to investigate the best route to organizing a social cooperative to address social determinants of health.

Building Effective Partnerships to Reduce Risky and Problem Alcohol Use (statewide)

Program: Community-Academic Partnership Fund

Community Partner: Maureen P. Busalacchi, Health First Wisconsin (Formerly SmokeFree Wisconsin)

Academic Partner: Richard L. Brown, MD, MPH, Professor, Department of Family Medicine, UWSMPH

Award: \$50,000 over two years

This project seeks to reduce and prevent risky and problem alcohol use and its attendant public health impact by organizing a sustainable, collaborative infrastructure to support advocates, researchers, public health professionals, and others to evaluate and implement environmental (policy-based) interventions.

Expanding Access to Care in Rural and Underserved Areas (statewide)

Program: Community-Academic Partnership Fund
Community Partner: Lynsey Ray, Wisconsin Primary Health Care Association

Academic Partner: Brian Christens, PhD, Assistant Professor, Department of Interdisciplinary Studies, UW-Madison School of Human Ecology

Award: \$50,000 over one year

The grant seeks to train groups to develop additional Federally-Qualified Health Center sites in Wisconsin, with a focus on strengthening access to health care in rural and underserved populations.

Developing a Men's Wellness Network to Improve Community Health Outcomes (Lindsay Heights, Milwaukee)

Program: Community-Academic Partnership Fund
Community Partner: Maanaan N. Sabir, Walnut Way Corp.

Academic Partner: Amy Harley, PhD, MPH, RD, Assistant Professor, UW-Milwaukee School of Public Health

Award: \$50,000 over one year

Responding to a need identified by the local Health Alliance, this project will develop a plan for a neighborhood peer leadership program that will engage African-American men in physical activity and health promotion initiatives as well as strengthen African-American male involvement in community-wide health promotion and disease prevention efforts.

Healthy Hmong Women (Poj Niam Hmong Kev Noj Qab Haus Huv): Training Lay Health Educators to Address Hmong Cancer Health Disparities (Milwaukee)

Program: Community-Academic Partnership Fund
Community Partner: Beth R. Peterman, Milwaukee Consortium for Hmong Health

Academic Partner: Shannon Sparks, PhD, Assistant Professor, Department of Human Development and Family Studies, UW-Madison School of Human Ecology

Award: \$50,000 over two years

This funding allows for development and testing of cancer education materials and mentoring/navigation programs targeted to Milwaukee's Hmong community. The work will expand the previous work of the consortium, which used a 2007 development grant to convene stakeholders, conduct community dialogues to identify reasons for low utilization of cervical cancer screening in the Hmong community, and set new priorities.

Immunize Milwaukee Coalition

Program: Community-Academic Partnership Fund
Community Partner: Angie Hagy, City of Milwaukee Health Department

Academic Partner: Paul Hunter, MD, Assistant Professor, Department of Family Medicine, UWSMPH

Award: \$49,000 over two years

This project seeks to organize and implement a coalition that will work to increase childhood and adolescent immunization rates in Milwaukee.



What Works: The Smart Smiles program provides in-school dental care to children in Milwaukee, and has shown promise in improving health outcomes. Details about this and other programs aimed at addressing health disparities are available statewide as part of this partnership between the Wisconsin Department of Health Services (DHS) and the UW Population Health Institute. The project collected details on promising practices and is disseminating them through the DHS website. OAC funding for the project concluded in 2010. Photography: Division of Public Health, Department of Health Services

Improving Dental Health of Uninsured Populations in Milwaukee

Program: Community-Academic Partnership Fund
Community Partner: Barbara Horner Ibler, MD, MDiv, MA, Bread of Healing Clinic, Inc.

Academic Partner: Cynthia Haq, MD, Professor, Departments of Family Medicine and Population Health Sciences, UWSMPH; Director UW-Madison Center for Global Health

Award: \$50,000 over two years

With recent studies demonstrating a link between oral health and many chronic medical conditions, this pilot aims to increase access to oral health services and delivery systems for uninsured individuals using the Free Clinic Collaborative sites in Milwaukee.

Improving Employer Mental Health Practices (statewide)

Program: Community-Academic Partnership Fund

Community Partner: Shel Gross, Mental Health America of Wisconsin

Academic Partner: Jerry Halverson, MD, Clinical Assistant Professor, Department of Psychiatry, UWSMPH

Award: \$50,000 over two years

This public-private partnership will build a strategic plan to promote workplace mental health practices and explore barriers and facilitators to implementation of evidence-based or best practices in workplace mental health programs.

Public Will Building to Reduce Obesity in the Latino Community of Milwaukee

Program: Community-Academic Partnership Fund

Community Partner: Raisa Koltun, CORE/El Centro

Academic Partner: Amy Harley, PhD, MPH, RD, Assistant Professor, UW-Milwaukee School of Public Health

Award: \$50,000 over two years

In response to the prevalence of obesity in Milwaukee's Latino Community, the project seeks to mobilize a coalition to address socioeconomic and environmental determinants of obesity.

Richland County Community Academic Partnership for Obesity Prevention

Program: Community-Academic Partnership Fund

Community Partner: Marianne Stanek, Richland County HHS Public Health

Academic Partner: Neil Bard, MD, Clinical Assistant Professor, Department of Family Medicine, UWSMPH

Award: \$50,000 over one year

The program will convene Richland County stakeholders to develop a community-centered strategic plan using evidence-based strategies to reduce high rates of obesity.



Richland County Community-Academic Partnership for Obesity Prevention: Members of the project team confer during the CAPF Grant Orientation. This grant will support the convening of local stakeholders to implement evidence-based strategies for reducing obesity.

List of Public Health Grants Concluding in 2010

Schools and Clinics United for Healthy Children and Youth, Marshfield Clinic Research Foundation

Family Table Project, West Central Wisconsin Community Action Agency, Inc.

Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support, Aurora Sinai Medical Center Midwifery and Wellness Center

Engaging Wisconsin Communities for Substance Abuse Prevention, Marshfield Clinic Research Foundation

Reality Check 21, Eau Claire City-County Health Department

Wisconsin Falls Reduction Project: A multi-faceted strategy to reduce unintentional fall injuries among Wisconsin's older adults, Kenosha County Division of Aging and Disability Services

Footprints to Health, Marathon County Health Department

Project Connect, Columbia County Connects

What Works: Reducing Health Disparities in Wisconsin Communities, Department of Health Services - Division of Public Health

Wisconsin Partnership for Childhood Fitness, Wisconsin Department of Public Instruction

Coordinating Partnerships to Improve Access to Public Health Coverage, Covering Kids and Families - Wisconsin

Measuring the Impact, Children's Hospital and Health System - Child Abuse Prevention Fund

FIT WIC-FIT Families, Wisconsin WIC Association, Inc.

Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women, Planned Parenthood of Wisconsin, Inc.

Honoring Our Children Urban/Rural Outreach Project, Great Lakes Inter-Tribal Council, Inc.

Health Watch Wisconsin, Advocacy and Benefits Counseling for Health, Inc.

Milwaukee Nurse-Family Partnership Program, City of Milwaukee Health Department

Summary of Community Academic Partnership Fund Grant Awards Concluded in 2010

PROGRAM TYPE	
Implementation	14
Development:	3
GRANT DURATION	
12-24 months	2
25-36 months	3
> 36 months	12
GRANT EXPENDITURES	
75-99%	11
100%	6
USE OF FUNDS	
Coalition development	5
Data/information systems	4
Direct client services	8
Community-based research and evaluation	13
Evidence-based program	11
Health education	11
Implementation of national program model	4
Needs assessment/plan	2
Partnership development	10
Pilot program	8
Public advocacy and policy	7
Workforce training	4
RESULTS/OUTCOMES	
Adoption of evidence-based practices	9
Coalition/consortium formed	4
Community action plan	7
Curriculum and training materials	15
Implementation plan	7
New interventions implemented	11
Organization formed	1
Policies enacted and implemented	5
Provider assessment tool	2
Quality improvement program	3
Research/grant proposal	2
Research/data report	2

BASELINE PROGRESS IN STATE HEALTH PLAN OBJECTIVES	
Yes	17
ACADEMIC PARTNER ROLE	
Clinical services in community settings	4
Community-based research or evaluation	6
Community or social advocacy	2
Consultation/technical assistance	15
Data collection/analysis	8
Development of materials, curricula, survey/ evaluation instruments, training manuals, clinical care tools, dissemination tools	11
Education/enrichment programs for community members	5
Public health workforce	4
Program development	8
Student service learning	1
FUNDS	
Total Funds Awarded	\$6,155,958
Reported Total Matching Funds	\$1,370,818
Reported Additional Funding Leveraged	\$6,489,983
DISSEMINATION METHODS	
Abstracts/Poster sessions	11
Manuscripts submitted	6
Publication/presentations to policy makers, media, or public	12
Scholarly presentations	15
Scholarly publications	7
Training materials	14
SUSTAINED PROJECT	
Yes, partially or fully sustained	17

Lifecourse Initiative for Healthy Families (LIHF)



Healthy Birth Outcomes Initiative: Krystal Jones and her son, Damani, visit with a nurse as part of the WPP-funded Nurse-Family Partnership Program, which seeks to improve birth outcomes among African-Americans. The WPP has pledged \$10 million to the Lifecourse Initiative for Healthy Families in an effort to address a disparity that has made it three times more likely that an African-American baby born in Wisconsin will die before his or her first birthday than a white child. In 2010, efforts in Beloit, Kenosha, Milwaukee, and Racine started the planning process, mobilizing community resources to improve conditions that lead to improved birth and health outcomes. Photography: University Communications

The Challenge: Infant mortality is an important measure of maternal and child health and a broader indicator of a society's health and well-being. Currently, Wisconsin's infant mortality rate among African-Americans is among the worst in the nation. The Wisconsin Partnership Program has made improving birth outcomes among African-Americans a major strategic goal, committing up to \$10 million to the Lifecourse Initiative for Healthy Families (LIHF). Efforts are centered on the cities of Beloit, Kenosha, Milwaukee, and Racine, which account for 90 percent of African-American infant deaths in Wisconsin. Progress on LIHF accelerated in 2010.

Three Pathways to Better Birth Outcomes:

Increasingly, we understand health as a cumulative process. The Lifecourse perspective on health holds that the stresses an individual encounters through environmental factors, economic conditions, societal problems, and personal choices have a lasting impact on our health. Through LIHF, coalitions in the four cities seek to improve birth outcomes by:

- Improving health care services for African-Americans
- Strengthening African-American families and communities

Lifecourse Initiative for Healthy Families

Grants awarded in 2010: 4 total grants, \$830,000

- Addressing social and economic inequities facing African-Americans.

Planning for Success: In 2010, the Oversight and Advisory Committee awarded community action planning grants to coalitions in each of the four cities: Beloit, Kenosha, Milwaukee, and Racine. These grants, worth a combined \$830,000, are to be used by each community to assess needs and current community resources and then tailor city-specific action plans that use evidence-based practices to close the racial disparity in birth outcomes.

Evaluation Activities during the Planning Phase:

As part of the planning phase, each city's efforts are being evaluated in reference to specific metrics related to coalition building and resource assessment. Activities are guided by an active evaluation workgroup, comprised of representatives from each of the four LIHF partnering communities, state agencies, the Center for Urban Population Health, the UW Population Health Institute, and the WPP. The group convened in the summer of 2010 and meets monthly to plan, discuss and review evaluation activities.

Highlights from the evaluation workgroup's activities in 2010 include:

- Identifying and prioritizing a set of specific evaluation questions to guide evaluation activities
- Initiating the implementation of the Wilder Collaborations Factors Inventory, to enable the four coalitions to assess their functioning, strengths and areas for improvement
- Developing a community needs assessment tool for collaboratives to assess and document strengths and needs in their communities. Results of the needs assessment are intended to directly inform the community action plans that will be developed in each community.
- Providing input to Wisconsin Division of Public Health staff as they selected survey items for the 2012 Pregnancy Risk Assessment Monitoring System (PRAMS) survey tool. The WPP is supporting efforts by the state Division of Public Health to increase the response rate among African-American mothers.

MERC member Paul Moberg, a nationally recognized expert in program evaluation, and UWSMPH Associate Researcher Nancy Eberle provide consultation and support to the evaluation workgroup as it continues its work to identify specific metrics and appropriate data sources to monitor and assess progress towards the goals of the LIHF project.

Getting Involved: The WPP understands that its \$10 million commitment serves as a down payment on the resources needed to reverse this entrenched health disparity. The University of Wisconsin Foundation has committed to join the WPP in this effort. In addition, the WPP and the LIHF Steering Committee, in cooperation with local funding agencies, are working with the Foundation to develop a campaign to raise funds for this effort.

Grants Awarded in 2010

The OAC awarded community action planning grants to coalitions representing four cities in Southeastern Wisconsin. Each award will be used to set a course toward improving access to maternal and child health resources and tailoring community-specific action plans that use evidence-based practices to close the racial disparity in birth outcomes.

Milwaukee Lifecourse Initiative for Healthy Families

Grantee: Planning Council for Health and Human Services, Inc.

Award: \$250,000

Milwaukee has the largest number of African-American infant deaths in Wisconsin. Milwaukee's planning group coordinated a broad base of public health officials and professionals, advocates, policymakers, and health systems to learn about what it takes to support African-American women and their families to have healthy birth outcomes. The effort engaged over 400 community advocates. Improving birth outcomes in Milwaukee will be the key to improving African-American infant health and survival overall in Wisconsin.

Kenosha Lifecourse Initiative for Healthy Families

Grantee: Black Health Coalition of Greater Kenosha

Award: \$200,000

Kenosha has the widest racial disparity gap between white and African-American infant deaths. The Kenosha planning group worked to educate and build support among provider systems, community-based organizations, and community members. In addition to planning efforts, the group has expanded the Mom/Baby talk program, an education and support program for new mothers in Kenosha. WPP funds will enable the community to reach out to high-risk African-American women who give birth in the City of Kenosha.

Pathways to Healthier African-American Families in Beloit

Grantee: Stateline Community Foundation

Award: \$200,000

Beloit (along with Racine) has the highest rate of African-American infant mortality in the state. With limited community resources, but dedicated community members and an active African-American Infant Mortality coalition already in place, the Beloit planning group convened a wide range of professionals and community residents to address infant mortality. WPP funds also supported the collection of city-specific data. Most health data is collected at the county level, making it difficult for Beloit to tailor city-specific solutions.

Racine Collaborative Lifecourse Initiative for Healthy Families

Grantee: The Johnson Foundation at Wingspread

Award: \$180,000

WPP planning funds accelerated the work of an existing infant mortality coalition in the city. Relationships with local universities, elected officials, and key stakeholders continued to grow through the planning efforts. The award also supported expansion of the Birthing Project, a program in Racine that provides support to women throughout pregnancy and after the baby is born using a Big Sister Little Sister peer-support model.



Lifecourse Initiative for Healthy Families: As part of the planning process, each community also sought to raise awareness about efforts to improve birth outcomes. Racine (top) placed a billboard in its community. Beloit (middle left) and Kenosha have both presented at numerous events in their community. Milwaukee (bottom) has attracted wide support within the city.

Public Health Education and Training



Wisconsin Academy for Rural Medicine (WARM): Jenna Sebranek, a second-year medical student and a student in the Wisconsin Academy for Rural Medicine, presents to a classroom in Richland Center. WARM seeks to address the shortage of rural practitioners by preparing the next generation to work in Wisconsin's rural communities. The planning phase for WARM was funded by OAC, with MERC dollars supporting its implementation. The program will be sustained through other UWSMPH resources starting in 2011.

Transforming Medical Education:

The WPP currently supports the integration of public health principles into the UWSMPH medical school curriculum through a 2009 targeted MERC grant, Transforming Medical Education. The goal is to ensure that Wisconsin's next generation of physicians possesses the skills to both care for their patients and contribute to the health of their communities. In the fall of 2010, second-year students learned how to advocate for their patients beyond the boundaries of the clinic. They learned skills in researching health-related bills and preparing legislative testimony. The entire second-year class of 175 students traveled to the State Capitol to hear selected classmates deliver testimony to a panel of legislators and aides. In 2010, the program also introduced a fourth-year core curriculum day on emergency preparedness. Students learned how to triage victims at the scene of an emergency and how to address the media in the aftermath of a disaster.

Supporting the Public Health Workforce: Several WPP-supported initiatives are at the center of the new Wisconsin Center for Public Health Education and Training (WiCPHET), which will serve the needs of

the state public health workforce. Funded by a \$3.2 million grant from U.S. Department of Health and Human Services, WiCPHET will coordinate academic and public health training resources in Wisconsin to assure the state's needs will be met going forward. The grant continues and strengthens collaboration between the state's public health programs (UWSMPH, UW-Milwaukee, UW-La Crosse, and the Medical College of Wisconsin), other academic resources, state government, and the Wisconsin Public Health Association. WPP-funded programs including the Master of Public Health program, the Population Health Fellowship Program and the Healthy Wisconsin Leadership Institute, made this award possible and will be key components of the new center.

Public Health Education and Training:

Total funds awarded 2004–2010: \$15,843,095
(17 percent of total awards)

Total grants supported 2004–2010: 19

- OAC: 5 grants, \$4,920,981
- MERC: 14 grants \$10,922,114

No new grants awarded in 2010

Grants concluded in 2010: 2

Top 20 in Social Mission

The UW School of Medicine and Public Health was ranked in the top 20 in Social Mission by a study published in the *Annals of Internal Medicine*. The study, conducted by researchers at George Washington University, ranked the percentage of medical school graduates who practice primary care, work in health-professional shortage areas, or are underrepresented minorities. When ranked against top-level research universities, the UWSMPH was second in the nation. This is a demonstration of the success the school has had in combining matching educational and research excellence with the Wisconsin Idea. WPP-funded programs such as the Wisconsin Academy of Rural Medicine will help the school maintain its place at the top of these rankings.

Wisconsin Population Health Fellowship Program:

The Wisconsin Population Health Fellowship Program is a two-year service learning program designed for individuals trained in public/population health and allied sciences. In 2009, OAC renewed its support for the program, which places talented recent graduates in public health agencies around the state where they provide important service while gaining hands-on experience. The Fellows address health priorities ranging from epidemic influenza to social isolation in senior citizens; attract resources for community and public health efforts across the state; and build public health skills and contribute to a competent workforce. Contributions in 2010 included:

- Analyzing the Medicaid program to identify new standards for quality care and cost savings
- Researching the impact of childhood exposure to violence, and the “generational effect” of such exposures
- Developing programs for reducing commercial tobacco use among tribal communities in northern Wisconsin
- Building capacity to improve quality and help prepare local, state and regional health departments for meeting national accreditation standards

Healthy Wisconsin Leadership Institute (HWLI):

A joint project of UWSMPH and the Medical College of Wisconsin, the HWLI provides continuing training for the state’s public health workforce. In 2009, the WPP pledged ongoing support for the HWLI, whose initial grant concluded in 2010. In 2010, it offered one-day workshops in community organizing, collaborative



Healthy Wisconsin Leadership Institute (HWLI): Attendees discuss community organizing at a workshop in March 2010. The workshop was sponsored by the HWLI, a joint program, of the UWSMPH and MCW that provides specialized training to the public health workforce through events like these, and through the Community Teams program.

leadership, cultural awareness, and social marketing. The HWLI also administers the Community Teams program, which provides specialized training in public health and leadership to coalitions around the state. In 2010, four new teams joined the program with the following goals:

- **Northwest CHAMP:** Reducing underage alcohol use in Ashland and Bayfield counties
- **Oral Health Team:** Increasing access to dental services and decreasing the incidence of oral disease in Wisconsin through establishment of an advanced dental hygienist practitioner program
- **W3: Working for Whitewater Wellness:** Developing strategies to increase physical activity community-wide
- **Western Region Partnership for Public Health Preparedness:** Authoring a plan for sheltering residents of Buffalo County with special needs in an emergency; the plan would be designed to be shared as a template

Empowering Communities: In the summer of 2010, two coalitions that completed the Community Teams Program, Healthy People Wood County and Healthy People Coulee Region, successfully competed for a combined \$6 million in Recovery Act (ARRA) funding to work on childhood obesity in their regions.

List of Grants Concluding in 2010

Healthy Wisconsin Leadership Institute, Patrick Remington, Department of Population Health Sciences, UWSMPH

Healthy People/Healthy Systems: The OPTIMISE Model, Bennett S. Vogelmann, Department of Medicine, UWSMPH

Clinical and Translational & Basic Science Research



Institute for Clinical and Translational Research (ICTR): Parents and children exercise together in a family zumba class offered through the Utilizing Novel Interventions to Prevent Diabetes in Youth Program, sponsored through a community-academic partnership grant from ICTR. The WPP supports ICTR's community-academic partnership programs. This project, led by Eva Vivian, a professor in the UW-Madison Pharmacy School, is testing a program that includes family education, proper nutrition, and physical activity to reduce diabetes risk. Photography: UW Health

Research at Work in Communities: The WPP has supported the Institute for Clinical and Translational Research (ICTR) from its inception in 2006; WPP funding was instrumental in ICTR attracting major funding from the National Institutes of Health (NIH). Led by Principal Investigator Marc Drezner, ICTR's work is complementary to that of the WPP, focusing on improving the health of communities. The WPP funds ICTR's Community-Academic Partnership Program, which in 2010 awarded six pilot grants (\$50,000 for one year of research) and one community collaboration grant (\$200,000 for two years) to study diabetes outcomes, especially for underserved populations; back-to-work issues for breast cancer survivors; interventions for Latino families dealing with maternal depression, and autism interventions. One two-year project in Dane County made major progress in 2010 in its study of obesity in Hispanic, Native, and African-American children, with the goal of preventing Type 2 diabetes. ICTR has also developed a Certificate in Community-Academic-Research Partnerships for community health professionals. The training will include writing effective grants, providing core skills in evidence-based research practice, and building sustainable community-academic research partnerships.

Clinical & Translational and Basic Science Research:

Total funds awarded 2004–2010: \$35,747,350
(38 percent of total awards)

Total grants supported 2004–2010: 53

- Clinical and Translational: 25 grants, \$26,886,035
- Basic Science: 28 grants, \$8,861,315

Funds awarded in 2010: \$368,790

- Clinical and Translational: 2 grants, \$268,790
- Basic Science: 1 grant, \$100,000

Grants concluded in 2010: 9

Breaching Breast Cancer's Defenses: In 2010, MERC supported a promising new approach to breast cancer research that could very quickly result in the development new of therapies. A receptor known as the epidermal growth factor receptor (EGFR) frequently is overexpressed in breast cancer. Building on research showing that drug resistance occurs when the receptor migrates from the cell's membrane to its nucleus, the MERC has funded an proposal from Deric Wheeler to test whether this migration can be blocked. Doing so would keep EGFR near the membranes of cells and more susceptible to a proven drug known as cetuximab. If these studies are successful, clinical trials could begin quickly and potentially lead to life-saving therapies.

Early Detection for Deadly Cancer: Ovarian cancer kills more than 300 women per year in Wisconsin. Its high mortality rate is, in part, due to the lack of an effective method for early detection. A MERC-supported project completed this year may end up changing that statistic. Manish Patankar and his team in the UWSMPH Department of Obstetrics and Gynecology used a \$100,000 grant to uncover the presence of a specific protein – MUC16 – in the blood of ovarian cancer patients. The team has received funding from the NIH to develop a clinical test for the protein. In addition the findings suggested that the protein may also predict preeclampsia in pregnant women, potentially extending the lifesaving possibilities of this discovery.

Preventing Falls: Falls are the leading cause of injury for seniors. The project “Falls Risk Detection and Gait Instabilities in Older Adults” set out in 2007 to study whether certain gait characteristics predicted a history of falls. Not only were Bryan Heiderscheit and his team able to do so, the predictions were even more accurate when combined with measures of cognitive function. The findings suggest that minor cognitive declines, those that are not dramatic enough to trigger treatment, may greatly increase falls risk. The findings suggest that routine cognitive screening may allow seniors to take precautions against falls and maintain their quality of life.

Banking on Innovative Research: The MERC renewed support for the Centralized UWSMPH Biobank in 2010. Under the direction of Ricardo Lloyd, the Biobank collects and stores high quality human specimens, making them available to researchers throughout the university and beyond. The expansion of the Biobank is vital to population-based cancer studies, and access to these samples will speed the work of UW-based scientists. MERC’s renewal funding helped the Biobank team continue its work, as well as design a workable plan for sustainability, likely through a mix of outside grant funding and fee-for-service charges.

Grants Awarded in 2010

Development of a Centralized UWSMPH Biobank

Program: Targeted Education and Research Program

Principal Investigator: Ricardo Lloyd, MD, PhD, Professor, Department of Pathology and Laboratory Medicine, UWSMPH

Award: \$169,000 for one year (Renewal funding)



Wisconsin Prevention of Obesity and Diabetes Symposium:

The WPP sponsored the second annual UW Obesity Prevention Research Symposium in Madison in 2010. Here attendees view a poster from Footprints to Health, an OAC-funded initiative in Marathon County to improve childhood nutrition and increase physical activity.

Funds were allocated for Biobank staff to chart a course toward financial sustainability and potential expansion. Project goals include crafting a long-term funding model and encouraging partnerships with other MERC projects, with a long-term goal of serving the entire UWSMPH research community. MERC’s initial award in 2007 supported the establishment of the Biobank for the collection and storage of human tissues and other biological materials specimens within the Cancer Center. This centralized repository has provided the school’s researchers access to high-quality tissue, blood and other human biological material.

Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy

Program: New Investigator Program

Principal Investigator: Scott K. Nagle, MD, PhD, Assistant Professor, Department of Radiology, UWSMPH

Award: \$100,000

The proposal aims to improve the treatment of cystic fibrosis by developing a safe and effective test to detect early changes in lung function without the risks of radiation exposure. Many drug therapies are in development, but current diagnostic methods cannot capture early changes in lung function, and some carry a high radiation risk. The goal of this project is to use MRI technology, which has no radiation risk, to develop means of testing emerging therapies and treating individual patients.

Nuclear EGFR and Breast Cancer: Strategies for Increasing Efficacy of Anti-EGFR Based Therapies in Breast Cancer

Program: New Investigator Program

Principal Investigator: Deric L. Wheeler, PhD, Assistant Professor, Department of Human Oncology, UWSMPH

Award: \$100,000

The epidermal growth factor receptor (EGFR) frequently is overexpressed in breast cancer. Many of these tumors demonstrate resistance to the EGFR-targeting antibody, cetuximab. Recent research suggests nuclear EGFR may be one factor in resistance to cetuximab, and that a family of kinases (Src) helps EGFR move from the cell membrane to the nucleus. This project seeks to determine if blocking the kinases using the inhibitor dasatinib can prevent the process, keeping EGFR on the membrane where it is more susceptible to cetuximab.

List of Grants Concluding in 2010

Individual Stroma-Targeting Therapy in Breast Cancer, Andreas Friedl, Department of Pathology and Laboratory Medicine, UWSMPH

Falls Risk Detection and Gait Instabilities in Older Adults, Bryan C. Heiderscheit, Department of Orthopedics and Rehabilitation, UWSMPH

A new diagnostic test to monitor regression and recurrence of epithelial ovarian cancer, Manish S. Patankar, Department of Obstetrics and Gynecology, UWSMPH

The Relationship between Asthma and Obstructive Sleep Apnea (OSA) - A Pilot Study of the Effects of Treatment for Comorbid OSA in Patients with Asthma, Mihaela Teodorescu, Department of Medicine, UWSMPH

Reconstructing HIV Sequence Histories to Identify Potent Immune Responses, David H. O'Connor, Department of Pathology and Laboratory Medicine, UWSMPH

Development of a Centralized UWCCC Biobank, David T. Yang, Department of Pathology and Laboratory Medicine, UWSMPH

Health Innovations Program (HIP), Maureen A Smith, Departments of Population Health Sciences, Family Medicine, and Surgery, UWSMPH

Startup Funding to Recruit Faculty Member Specializing in Health Policy, Javier Nieto, Department of Population Health Sciences, UWSMPH

Shared Resources for Interdisciplinary Research for Wisconsin Institute for Medical Research (WIMR), Robert N. Golden, Dean, UWSMPH

Summary of MERC Grant Awards Concluded in 2010

PROGRAM TYPE	
Collaborative Health Sciences Program	2
New Investigator Program	4
Targeted Program	4
INVESTIGATOR UW SMPH DEPARTMENT	
Medicine	3
Obstetrics and Gynecology	1
Orthopedics and Rehabilitation	1
Pathology and Laboratory Medicine	3
Population Health Sciences	2
GRANT DURATION	
12-24 months	1
25-36 months	7
> 48 months	2
GRANT EXPENDITURES	
75-90%	2
91-100%	8
USE OF FUNDS	
Basic research	2
Type 1 Translational Research	4
Clinical Research	3
Type 2 Translational Research	1
Education	2

TIMELINE FOR APPLICATION OF RESULTS	
< 3 years	6
5-7 years	3
Unknown	1
PRIMARY TOPIC	
Cancer	2
Health Systems Improvement and Assessment	2
Geriatric Health	1
Respiratory Health	1
Infectious Disease	1
Health Infrastructure	2
Public Health Education Capacity Building	1
DISSEMINATION METHODS	
Abstracts/Manuscripts submitted	2
Educational courses	3
Journal publications	34
News/Media	3
Patents	2
Scholarly presentations	12
FUNDS	
Total Funds Awarded	\$5,588,208
Reported Total Matching Funds	\$1,399,850
Reported Additional Funding Leveraged	\$16,694,285

Financial Overview

Endowment achieves equilibrium: The market recovery of 2009 continued through 2010. The endowment grew steadily throughout the year and ended 2010 above its original level. The WPP made awards through all of its RfP-initiated programs in 2010, and closed the year with plans for a full 2011 funding cycle as well.

Sustainable funding levels: Funding guidelines designed to better insulate the annual grantmaking decisions from the short-term fluctuations of the financial markets went into effect in 2010. The guidelines also aim for real growth of the endowment. Barring a major swing in the market the WPP anticipates future grant cycles to result in similar numbers and amounts of awards as those seen in 2010.

Administrative Budget

WPP administrative expenses were \$848,347 for the period of January 1, 2010 through December 31, 2010. The UWSMPH also provides in-kind support for WPP administrative expenses from the Offices of the Dean, the Senior Associate Dean for Basic Research, the Associate Dean for Public Health, Fiscal Affairs, Human Resources, Legal Services, and Public Affairs. The administrative budget is approved annually by the OAC and MERC. Allocation of costs in the Income Statement on Page 22 is based on a 35/65 allocation of expenses. Detail expenditures for the period are as follows:

Table 1: Administrative Budget

For the Period January 1, 2010 thru December 31, 2010	
Total Salaries	\$610,888
Total Fringe Benefits	\$186,095
Other Expenditures	
Supplies	\$19,631
Travel	\$8,131
Other Expenses	\$23,601
Total	\$848,347
OAC (35%) Allocation	\$296,921
MERC (65%) Allocation	\$551,425

Non-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, WPP funds may not be used to supplant funds or resources available from other sources. The

school has designed a review process for determination of non-supplanting, which was approved by the Wisconsin United for Health Foundation, Inc.

Annual Report

Based on the non-supplanting determination made by the Associate Dean for Fiscal Affairs, the Dean of the UWSMPH has attested to compliance with the supplanting prohibition in the annual report. The UW-Madison Vice Chancellor for Administration has also attested that the UW-Madison and UW System have complied with the supplanting prohibition. The signed attestations are available in the appendix.

OAC Review and Assessment of the Allocated Percentage of Funds

As required in the addendum to the first Five-Year Plan, the 2009-2014 Five-Year Plan, and the Grant Agreement, the OAC annually reviews and assesses the allocation percentage for public health and for education and research initiatives. The OAC took up the matter on December 15, 2010.

Before making a final decision, the OAC determined it needed to know the outcome of ongoing discussions between the Wisconsin United for Health Foundation and the UW Foundation regarding the fees charged for management of the WPP endowment.

The OAC voted to defer a decision on the allocation for six months, or until the conclusion of those discussions. The resolution passed calls for a vote no later than June 2011.

Accounting

The following financial report consolidates activities of the UW Foundation and the UWSMPH for the period January 1, 2010 through December 31, 2010. Revenues consist of investment income and market valuation and expenditures consist of administrative and program costs, as well as the UW Foundation's management fees. All expenses and awards are reported as either Public Health Initiatives (OAC – 35 percent) or Medical Education and Research Initiatives (MERC – 65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown on Page 22.

Financial Notes

Table 2: Wisconsin Partnership Program Financial Report - UNAUDITED

Balance Sheet, December 31, 2010	
ASSETS	
Current Investments	\$30,230,523
Non Current Investments	\$310,324,527
Total Assets	\$340,555,051
LIABILITIES AND NET ASSETS	
Liabilities	
Grants Payable	\$20,238,791
Total Liabilities	\$20,238,791
Net Assets*	
Temporarily Restricted - spendable	\$9,991,733
Temporarily Restricted - endowment	\$28,496,785
Permanently Restricted - endowment	\$281,827,742
Total Net Assets	\$320,316,260
Total Liabilities & Net Assets	\$340,555,051

* See further discussion on Page 23.

Table 3: Wisconsin Partnership Program Financial Report - UNAUDITED

Income Statement, December 31, 2010	
REVENUES	
Investment Income	\$78,371
Realized gains/(losses) on investments	\$29,218,367
Total Revenues	\$29,296,738
EXPENDITURES	
Public Health Initiatives	
Administrative Expenditures	\$296,921
Grant Expenditures	\$2,961,848
Medical Education & Research Initiatives	
Administrative Expenditures	\$551,426
Grant Expenditures	\$538,940
Total Expenditures	\$4,349,135
Net Increase/(Decrease) in Net Assets	\$24,947,603

Cash and Investments

The financial resources that support WPP grants for the period January 1, 2010 through December 31, 2010 are generated from funds released by the Wisconsin United for Health Foundation, Inc. (WUHF), as prescribed in the Agreement, as well as generated from investment income. All funds are housed and managed by the UW Foundation. As needed, funds are transferred to UWSMPH to reimburse expenses.

Income received on spendable funds is based on the performance of the underlying investments, as well as endowment distributions. All expenses are charged against spendable funds. Income received on endowment funds is based on the performance of the underlying investments. The only reductions to the permanently restricted funds are endowment distributions to spendable funds.

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 in the expendables portfolio have a short-term horizon, usually less than three years and are mainly short-duration, fixed-income securities. The UW Foundation has identified a level of the expendables portfolio that is unlikely to be withdrawn over a short-term horizon and therefore this percent is invested in higher returning asset classes.

Non-Current Investments

Non-current 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 domestic and international 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 the OAC or MERC approval. The liability reflects the total amount of the grant award, which ranges from one to three years in length, less any payment incurred before December 31, 2010. Any subsequent modifications to grant awards are recorded as adjustments of the grant expense in the year the adjustment occurs. Grants payable at December 31, 2010 are shown below.

Net Assets

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

Temporarily Restricted – Spendable Fund: Interest and investment income earned by the funds invested in the expendable portfolio at the UW Foundation. These funds are available for both grants and administrative expenses of the program.

Temporarily Restricted – Endowment Fund: The unrealized gains or losses related to the permanently restricted funds that are invested within the endowment portfolio. As of December 31, 2010, these funds are available for both grants and administrative expenses of the program.

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

Income Statement

Revenues

Revenues for the period of January 1, 2010 through December 31, 2010 consist of two components: (1) investment income, which has been recorded as earned throughout 2010; and (2) net realized gains/(losses) on investments, which represents the difference between the original cost of investments and the sales proceeds (realized) or the fair market value at the end of 2010 (unrealized).

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 revenue net of these fees. In addition, the UW Foundation assesses an expense recapture fee of one percent of endowed funds to finance its internal operations (including administration, accounting, internal investment management and development). For 2010, the expense recapture fee was \$2,808,491. Revenues of the Wisconsin Partnership Program are shown after those fees have been deducted.

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 period of January 1, 2010 through December 31, 2010 consist of grant awards, as described above, and administrative expenses. All expenses fall under one of the two major components identified in the Five-Year Plan:

Public Health Initiatives (OAC–35%)

Medical Education and Research Initiatives (MERC–65%)

Grant award expenditures by major component at December 31, 2010 are shown beginning on Page 24.

Table 4: OAC Awards – Summary 2004-2010

Project Title	Total Award	Total Expended	Grants Payable
Total 2004 OAC Funding	\$8,779,958	\$8,779,958	\$–
Total 2005 OAC Funding	\$4,646,847	\$4,644,124	\$2,723
Total 2006 OAC Funding	\$6,293,532	\$6,109,628	\$183,904
Total 2007 OAC Funding	\$4,726,500	\$3,593,111	\$1,133,389
Total 2008 OAC Funding ¹	\$–	\$–	\$–
Total 2009 OAC Funding	\$2,723,650	\$1,345,720	\$1,377,930
Total 2010 OAC Funding	\$2,989,614	\$270,323	\$2,719,291
Total OAC Funding (2004-2010)	\$30,160,101	\$24,742,864	\$5,417,237

¹ Due to the financial downturn of 2008-2009, the OAC did not fund new grants in 2008.

Table 5: 2010 OAC Awards¹

Project Title	Type²	Total Award	Total Expended	Grants Payable
DEVELOPMENT GRANTS				
Immunize Milwaukee Coalition	S	\$48,732	–	\$48,732
Improving Dental Health of Uninsured Populations in Milwaukee	R;S	\$50,000	–	\$50,000
Expanding Access to Care in Rural and Underserved Areas	S	\$50,000	–	\$50,000
Richland County Community Academic Partnership for Obesity Prevention	S	\$50,000	–	\$50,000
Public Will Building to Reduce Obesity in the Latino Community of Milwaukee	R;S	\$49,991	–	\$49,991
Allied Wellness Cooperative	S	\$50,000	–	\$50,000
Healthy Hmong Women (Poj Niam Hmong Kev Noj Qab Huas Huv): Training Lay Health Educators to Address Hmong Cancer Health Disparities	R;S;E	\$50,000	–	\$50,000
Developing a Men's Wellness Network to Improve community Health Outcomes	R;S	\$49,999	–	\$49,999
Building Effective Partnerships to Reduce Risky & Problem Alcohol Use	S	\$49,999	–	\$49,999
Improving Employer Mental Health Practices	S;E	\$49,915	–	\$49,915
IMPLEMENTATION GRANTS				
Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating Community Health Improvement Processes and Plans (CHIPP)	R;E;S	\$399,818	–	\$399,818
REACH BC+: Retention and Enrollment to Achieve Children's Health	R;S	\$399,367	–	\$399,367
Promoting Physical Activity in Child Care	R;S	\$400,001	–	\$400,001
Wisconsin Partnership for Childhood Fitness – Phase II	R;S	\$400,000	–	\$400,000
LIFECOURSE INITIATIVE GRANTS				
Kenosha Lifecourse Initiative for Healthy Families	S	\$200,000	–	\$200,000
Racine Collaborative Lifecourse Initiative for Healthy Families	S	\$170,147	\$83,276	\$86,871
Milwaukee Lifecourse Initiative for Healthy Families	S	\$250,000	\$112,024	\$137,977
Pathways to Healthier African-American Families in Beloit	S	\$199,765	\$75,024	\$124,741
PUBLIC HEALTH EDUCATION & TRAINING				
Wisconsin Population Health Fellowship Program ³	S;E	\$71,880	–	\$71,880
Total 2010 OAC Funding		\$2,989,614	\$270,323	\$2,719,291

¹ Totals may not sum because of rounding² S = service (community based); E = education; R = research³ OAC approved a budget adjustment in February 2010

Table 6: MERC Awards – Summary 2004-2010

Project Title	Total Award	Total Expended	Grants Payable
Total 2004 MERC Funding	\$7,835,411	\$7,835,411	\$–
Total 2005 MERC Funding	\$13,025,525	\$12,884,117	\$141,408
Total 2006 MERC Funding	\$9,403,563	\$8,975,755	\$427,808
Total 2007 MERC Funding	\$5,602,943	\$5,349,468	\$253,475
Total 2008 MERC Funding	\$6,272,682	\$4,158,888	\$2,113,794
Total 2009 MERC Funding	\$19,878,211	\$8,649,092	\$11,229,119
Total 2010 MERC Funding	\$760,366	\$104,415	\$655,951
Total MERC Funding (2004-2010)	\$62,778,701	\$47,957,147	\$14,821,554

Table 7: 2010 MERC Awards¹

Project Title	Type ²	Total Award	Total Expended	Grants Payable
TARGETED PROGRAMS				
Development of a Centralized UWSPH Biobank	R	\$168,790	\$40,303	\$128,487
NEW INVESTIGATOR PROGRAM				
Clinical and Public Health Data Exchange: Estimating Asthma Prevalence Across Wisconsin	S;R	\$99,694	–	\$99,694
Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy	R	\$100,000	–	\$100,000
Nuclear EGFR and Breast Cancer: Strategies for increasing efficacy of anti-EGFR based therapies in Breast Cancer	R	\$100,000	–	\$100,000
COLLABORATIVE HEALTH SCIENCES PROGRAM				
Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness, and Health in Hispanic children in Wisconsin	S;R	\$291,882	\$64,113	\$227,769
Total 2010 MERC Funding		\$760,366	\$104,415	\$655,951

¹ Totals may not sum because of rounding² S = service (community based); E = education; R = research

Wisconsin Partnership Program
UW School of Medicine and Public Health
Health Sciences Learning Center, Room 4230
750 Highland Avenue
Madison, WI 53705-2221
<http://wphf.med.wisc.edu/>

**WISCONSIN PARTNERSHIP PROGRAM
2010 ANNUAL REPORT APPENDIX**

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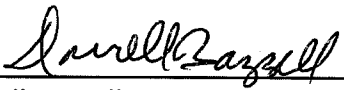
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**Wisconsin Partnership Program
Attestation of Non-Supplanting**

University of Wisconsin System and University of Wisconsin-Madison

The UW Madison Vice Chancellor for Administration, Darrell Bazzell, hereby attests that the UW System and the UW Madison have complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004. The basis of this attestation is the on-going monitoring by the UW Madison Vice Chancellor for Administration of the University's budget allocation to the School of Medicine and Public Health.

This attestation shall be filed with the 2010 Annual Report of the Wisconsin Partnership Program.

By: 
Darrell Bazzell
Vice Chancellor for Administration
University of Wisconsin-Madison
Date: 2/26/11

**Wisconsin Partnership Program
Attestation of Non-Supplanting**

University of Wisconsin School of Medicine and Public Health

The Dean of the UW School of Medicine and Public Health, Robert N. Golden, MD, hereby attests that:

The UW School of Medicine and Public Health has complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five-Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004. This attestation is based on the detailed review and determination of non-supplanting by the Associate Dean for Fiscal Affairs, Kenneth J. Mount, for each of the following awards for community-academic partnerships, community-population health initiatives, community-based public health education and training initiatives, lifecourse initiatives for healthy families, and medical education and research initiatives.

This attestation shall be filed with the 2010 Annual Report of the Wisconsin Partnership Program.

2004 Community-Academic Partnership Initiatives – Project Title

Beyond Lip Service: Integrating Oral Health into Public Health

2005 Community-Academic Partnership Initiatives – Project Title

Engaging Wisconsin Communities for Substance Abuse Prevention

Expand Behavioral Risk Factor Survey Coverage to Provide Local Tracking of Healthiest Wisconsin 2010

Priorities in Small Wisconsin Counties

Footprints to Health

Influencing Wisconsin's Public Health System by Defining, Understanding and Diffusing a Treatment Model for Hmong Mental Health

Polk County Alcohol and Drug Outreach and Training (PolkADOT) Program

Reality Check 21

Si Se Puede! (Yes You Can!)

Transporting Children Safely: A Public Health Model for WIC (Women, Infants, and Children) Families

Wisconsin Falls Reduction Project: A Multi-Faceted Strategy to Reduce Unintentional Fall Injuries among Wisconsin's Older Adults

2006 Community-Academic Partnership Initiatives – Project Title

Coordinating Partnerships to Improve Access to Public Health Coverage

FIT WIC - FIT Families

Health Watch Wisconsin

Honoring Our Children Urban/Rural Outreach Project

Latino Geriatric Center

Measuring the Impact

Milwaukee Nurse-Family Partnership Program

**Wisconsin Partnership Program
Attestation of Non-Supplanting**

University of Wisconsin School of Medicine and Public Health

2006 Community-Academic Partnership Initiatives – Project Title (cont'd)

Project Connect

Schools and Clinics United for Healthy Children and Youth

Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women

What Works: Reducing Health Disparities in Wisconsin Communities

Wisconsin Partnership for Childhood Fitness

Workforce Development: Advancing the Plan for a Diverse, Sufficient and Competent Workforce

2007 Community-Academic Partnership initiatives-Project Title

Allied Drive Early Childhood Initiative

Changing the Culture of Palliative Care in Rural Wisconsin

Creating Healthy Rural Communities

Ecocultural Family Interview Project

Expanded Community Role in the Milwaukee Homicide Review Commission

Expanding & Sustaining the 'Safe Mom, Safe Baby' Project

Family Table Project

Got Dirt? Garden Initiative

Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support

Healthiest WI 2020: A Partnership Plan to Improve the Health and Safety of the Public

It Takes a Community to Help a Smoker

Keeping Kids Alive in Wisconsin

Oral Health Improvement for Adults with Developmental Disabilities

Reducing Tobacco Use among LGBT Populations in Wisconsin

Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools

Underage Drinking - A Parent Solution

Uniting a County

2009 Community-Academic Partnership initiatives-Project Title

Assessing the Nutrition Environment in Wisconsin Communities

Child and Adolescent Mental Health Score Card

Collaborative AODA Services – Identifying Cost Effective Models

Fit Families – Fit Communities

Implementing Strategies to Increase Breastfeeding Rates in Milwaukee County

Piloting the SHOW Project Community Advisory Board: Partners in Dissemination

**Wisconsin Partnership Program
Attestation of Non-Supplanting**

University of Wisconsin School of Medicine and Public Health

2010 Community-Academic Partnership initiatives-Project Title

Allied Wellness Cooperative

Building Effective Partnerships to Reduce Risky & Problem Alcohol Use

Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating
Community Health Improvement Processes and Plans (CHIPP)

Developing a Men's Wellness Network to Improve community Health Outcomes

Expanding Access to Care in Rural and Underserved Areas

Healthy Hmong Women (Poj Niam Hmong Kev Noj Qab Huas Huv): Training Lay Health Educators to
Address Hmong Cancer Health Disparities

Immunize Milwaukee Coalition

Improving Dental Health of Uninsured Populations in Milwaukee

Improving Employer Mental Health Practices

Promoting Physical Activity in Child Care

Public Will Building to Reduce Obesity in the Latino Community of Milwaukee

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

Richland County Community Academic Partnership for Obesity Prevention

Wisconsin Partnership for Childhood Fitness Phase II

2004 Community-Based Public Health Education and Training – Project Title

Healthy Wisconsin Leadership Institute

2009 Community-Based Public Health Education and Training – Project Title

Wisconsin Population Health Fellowship Program

Healthy Wisconsin Leadership Institute

2010 Lifecourse Initiative for Healthy Families-Project Title

Kenosha Lifecourse Initiative for Healthy Families

Milwaukee Lifecourse Initiative for Healthy Families

Pathways to Healthier African-American Families in Beloit

Racine Collaborative Lifecourse Initiative for Healthy Families

**Wisconsin Partnership Program
Attestation of Non-Supplanting**

University of Wisconsin School of Medicine and Public Health

2005 Medical Education and Research Initiatives – Project Title

Reducing Cancer Disparities through Comprehensive Cancer Control
Regenerative Medicine Program
Startup Funding to Recruit Faculty Member Specializing in Health Policy
Survey of the Health of Wisconsin

2006 Medical Education and Research Initiatives – Project Title

Advancing Evidence-Based Health Policy in Wisconsin: Translating Research into Practice
Center for Urban Population Health Public Health Development Plan
UW-Institute for Clinical and Translational Research

2007 Medical Education and Research Initiative – Project Title

A Comprehensive Approach to Insomnia
A New Diagnostic Test to Monitor Regression and Recurrence of Epithelial Ovarian Cancer
Falls Risk Detection and Gait Instabilities in Older Adults
Healthy People/Healthy Systems: The OPTIMISE Model
Improving Cardiovascular Risk Prediction Using Hand-Held Carotid Ultrasonography
Individual Stroma-Targeting Therapy in Breast Cancer
Probiotics for prevention of infection by multiresistant bacteria
Reconstructing HIV Sequence Histories to Identify Potent Immune Responses
The Relationship between Asthma and Obstructive Sleep Apnea (OSA) - A Pilot Study of the Effects of
Treatment for Comorbid OSA in Patients with Asthma
Vitamin D Inadequacy: Documentation in Rural Populations and Evaluation of Correction by Food
Supplementation
Wisconsin Academy for Rural Medicine (WARM)
Wisconsin Infectious Disease Drug Discovery
Wisconsin Network for Health Research (WiNHR)

2008 Medical Education and Research Initiative – Project Title

Closing the Gap on Pediatric Health Disparities: Discerning the Causes and Consequences of Iron
Deficiency in Infancy
Computed Tomography (CT) with Reduced Radiation Dose Using Prior Image Constrained Compressed
Sensing (PICCS) Reconstruction
Development of a Centralized UWCCC Biobank
Genetic and Environmental Predictors of Serum Levels of 25-Hydroxyvitamin D
Menominee Smoking Cessation Trials

**Wisconsin Partnership Program
Attestation of Non-Supplanting**

University of Wisconsin School of Medicine and Public Health

2008 Medical Education and Research Initiative – Project Title (cont'd)

Patient-Specific Induced-Pluripotent Stem Cell Models for Human Disease
Positron Emission Tomography Imaging of Tumor Angiogenesis
Reducing Infant Mortality Disparities in Wisconsin
Wisconsin Center for Infectious Diseases (WisCID)
Wisconsin Children's Lead Levels and Educational Outcomes

2009 Medical Education and Research Initiative – Project Title

Advancing Evidence-Based Health Policy in Wisconsin
Engineering Effective Interventions for Tobacco Use: A Translational Laboratory
Health Innovation Program
Human Proteomics Program
Making Wisconsin the Healthiest State
Master of Public Health Program
Recruitment of Middle-Aged African-Americans for Studies of Preclinical Alzheimer's Disease:
Development of a Minority Recruitment Model in Milwaukee
Reducing Cancer Disparities through Comprehensive Cancer Control
Survey of Health of Wisconsin (SHOW)
Symposium on New Governance for Health System Change
Transforming Medical Education: Integrating Public Health in the Curriculum
UW-Institute for Clinical and Translational Research

2010 Medical Education and Research Initiative – Project Title

Clinical and Public Health Data Exchange: Estimating Asthma Prevalence Across Wisconsin
Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy
Development of a Centralized UW SMPH Biobank
Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness, and Health in Hispanic
Children in Wisconsin
Nuclear EGFR and Breast Cancer: Strategies for increasing efficacy of anti-EGFR based therapies in Breast
Cancer

By: _____

Robert N. Golden, MD

Dean, UW School of Medicine and Public
Health

Date: _____

7/22/11

By: _____

Kenneth J. Mount

Associate Dean for Fiscal Affairs, UW
School of Medicine and Public Health

Date: _____

7/22/11

**Wisconsin Partnership Program
Determination of Non-Supplanting
For
Community-Academic Partnership Initiatives;
Community-Population Health Initiatives;
Community-Based Public Health Education and Training Initiatives;
and Lifecourse Initiatives for Healthy Families
Recommended for Approval by the
Oversight and Advisory Committee**

The Associate Dean for Fiscal Affairs of the University of Wisconsin School of Medicine and Public Health hereby attests to the Oversight and Advisory Committee that:

The following alphabetic list of community-academic partnerships; community-population health initiatives; community-based public health education and training initiatives; and lifecourse initiatives for healthy families has been reviewed in detail to determine whether use of the Wisconsin Partnership funds for the following projects has complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004.

The Associate Dean for Fiscal Affairs has determined that financial support by the Wisconsin Partnership Program of these projects does not result in supplanting.

This determination shall be filed with the Oversight and Advisory Committee this 20th day of July, 2011.

2004 Community-Academic Partnership Initiatives--Project Title

Beyond Lip Service: Integrating Oral Health into Public Health

2005 Community-Academic Partnership Initiatives-Project Title

Engaging Wisconsin Communities for Substance Abuse Prevention

Expand Behavioral Risk Factor Survey Coverage to Provide Local Tracking of Healthiest Wisconsin 2010
Priorities in Small Wisconsin Counties

Footprints to Health

Influencing Wisconsin's Public Health System by Defining, Understanding and Diffusing a Treatment
Model for Hmong Mental Health

Polk County Alcohol and Drug Outreach and Training (PolkADOT) Program

Reality Check 21

Si Se Puede! (Yes You Can!)

Transporting Children Safely: A Public Health Model for WIC (Women, Infants, and Children) Families

Wisconsin Falls Reduction Project: A Multi-Faceted Strategy to Reduce Unintentional Fall Injuries among
Wisconsin's Older Adults

2006 Community-Academic Partnership Initiatives--Project Title

Coordinating Partnerships to Improve Access to Public Health Coverage

FIT WIC - FIT Families

Health Watch Wisconsin

The Wisconsin Partnership Program Determination of Non-Supplanting

2006 Community-Academic Partnership Initiatives–Project Title (cont'd)

Honoring Our Children Urban/Rural Outreach Project
Latino Geriatric Center
Measuring the Impact
Milwaukee Nurse-Family Partnership Program
Project Connect
Schools and Clinics United for Healthy Children and Youth
Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women
What Works: Reducing Health Disparities in Wisconsin Communities
Wisconsin Partnership for Childhood Fitness
Workforce Development: Advancing the Plan for a Diverse, Sufficient and Competent Workforce

2007 Community-Academic Partnership initiatives-Project Title

Allied Drive Early Childhood Initiative
Changing the Culture of Palliative Care in Rural Wisconsin
Creating Healthy Rural Communities
Ecocultural Family Interview Project
Expanded Community Role in the Milwaukee Homicide Review Commission
Expanding & Sustaining the 'Safe Mom, Safe Baby' Project
Family Table Project
Got Dirt? Garden Initiative
Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support
Healthiest WI 2020: A Partnership Plan to Improve the Health and Safety of the Public
It Takes a Community to Help a Smoker
Keeping Kids Alive in Wisconsin
Oral Health Improvement for Adults with Developmental Disabilities
Reducing Tobacco Use among LGBT Populations in Wisconsin
Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools
Underage Drinking - A Parent Solution
Uniting a County

2009 Community-Academic Partnership initiatives-Project Title

Assessing the Nutrition Environment in Wisconsin Communities
Child and Adolescent Mental Health Score Card
Collaborative AODA Services – Identifying Cost Effective Models
Fit Families – Fit Communities
Implementing Strategies to Increase Breastfeeding Rates in Milwaukee County
Piloting the SHOW Project Community Advisory Board: Partners in Dissemination

**The Wisconsin Partnership Program
Determination of Non-Supplanting**

2010 Community-Academic Partnership initiatives-Project Title

Allied Wellness Cooperative
Building Effective Partnerships to Reduce Risky & Problem Alcohol Use
Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating
Community Health Improvement Processes and Plans (CHIPP)
Developing a Men's Wellness Network to Improve community Health Outcomes
Expanding Access to Care in Rural and Underserved Areas
Healthy Hmong Women (Poj Niam Hmong Kev Noj Qab Huas Huv): Training Lay Health Educators to
Address Hmong Cancer Health Disparities
Immunize Milwaukee Coalition
Improving Dental Health of Uninsured Populations in Milwaukee
Improving Employer Mental Health Practices
Promoting Physical Activity in Child Care
Public Will Building to Reduce Obesity in the Latino Community of Milwaukee
REACH BC+: Retention and Enrollment to Achieve Children's Health
Richland County Community Academic Partnership for Obesity Prevention
Wisconsin Partnership for Childhood Fitness Phase II

2004 Community-Based Public Health Education and Training-Project Title

Healthy Wisconsin Leadership Institute

2009 Community-Based Public Health Education and Training-Project Title

Wisconsin Population Health Fellowship Program
Healthy Wisconsin Leadership Institute

2010 Lifecourse Initiative for Healthy Families-Project Title

Kenosha Lifecourse Initiative for Healthy Families
Milwaukee Lifecourse Initiative for Healthy Families
Pathways to Healthier African-American Families in Beloit
Racine Collaborative Lifecourse Initiative for Healthy Families

By: _____

Kenneth J. Mount

Associate Dean for Fiscal Affairs

UW School of Medicine and Public Health

Date: _____

7/20/11

As approved by the Oversight and Advisory Committee on July 20, 2011.

Wisconsin Partnership Program
Determination of Non-Supplanting
For
Medical Education and Research Initiatives
Recommended for Approval by the
Medical Education and Research Committee

The Associate Dean for Fiscal Affairs of the University of Wisconsin School of Medicine and Public Health hereby attests to the Medical Education and Research Committee that:

The following alphabetic list of medical education and research initiatives has been reviewed in detail to determine whether use of the Wisconsin Partnership funds for the following projects has complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five-Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004.

The Associate Dean for Fiscal Affairs has determined that financial support by the Wisconsin Partnership Program of these projects does not result in supplanting.

This determination shall be filed with the Medical Education and Research Committee this 11th day of July, 2011.

2005 Medical Education and Research Initiatives – Project Title

Reducing Cancer Disparities through Comprehensive Cancer Control
Regenerative Medicine Program
Startup Funding to Recruit Faculty Member Specializing in Health Policy
Survey of the Health of Wisconsin

2006 Medical Education and Research Initiatives – Project Title

Advancing Evidence-Based Health Policy in Wisconsin: Translating Research into Practice
Center for Urban Population Health Public Health Development Plan
UW-Institute for Clinical and Translational Research

2007 Medical Education and Research Initiative – Project Title

A Comprehensive Approach to Insomnia
A New Diagnostic Test to Monitor Regression and Recurrence of Epithelial Ovarian Cancer
Falls Risk Detection and Gait Instabilities in Older Adults
Healthy People/Healthy Systems: The OPTIMISE Model
Improving Cardiovascular Risk Prediction Using Hand-Held Carotid Ultrasonography
Individual Stroma-Targeting Therapy in Breast Cancer
Probiotics for prevention of infection by multiresistant bacteria
Reconstructing HIV Sequence Histories to Identify Potent Immune Responses
The Relationship between Asthma and Obstructive Sleep Apnea (OSA) - A Pilot Study of the Effects of Treatment for Comorbid OSA in Patients with Asthma

Wisconsin Partnership Program Determination of Non-Supplanting

2007 Medical Education and Research Initiative – Project Title (cont'd)

Vitamin D Inadequacy: Documentation in Rural Populations and Evaluation of Correction by Food
Supplementation

Wisconsin Academy for Rural Medicine (WARM)

Wisconsin Infectious Disease Drug Discovery

Wisconsin Network for Health Research (WiNHR)

2008 Medical Education and Research Initiative – Project Title

Closing the Gap on Pediatric Health Disparities: Discerning the Causes and Consequences of Iron
Deficiency in Infancy

Computed Tomography (CT) with Reduced Radiation Dose Using Prior Image Constrained Compressed
Sensing (PICCS) Reconstruction

Development of a Centralized UWCCC Biobank

Genetic and Environmental Predictors of Serum Levels of 25-Hydroxyvitamin D

Menominee Smoking Cessation Trials

Patient-Specific Induced-Pluripotent Stem Cell Models for Human Disease

Positron Emission Tomography Imaging of Tumor Angiogenesis

Reducing Infant Mortality Disparities in Wisconsin

Wisconsin Center for Infectious Diseases (WisCID)

Wisconsin Children's Lead Levels and Educational Outcomes

2009 Medical Education and Research Initiative – Project Title

Advancing Evidence-Based Health Policy in Wisconsin

Engineering Effective Interventions for Tobacco Use: A Translational Laboratory

Health Innovation Program

Human Proteomics Program

Making Wisconsin the Healthiest State

Master of Public Health Program

Recruitment of Middle-Aged African-Americans for Studies of Preclinical Alzheimer's Disease:

Development of a Minority Recruitment Model in Milwaukee

Reducing Cancer Disparities through Comprehensive Cancer Control

Survey of Health of Wisconsin (SHOW)

Symposium on New Governance for Health System Change

Transforming Medical Education: Integrating Public Health in the Curriculum

UW-Institute for Clinical and Translational Research

Wisconsin Partnership Program
Determination of Non-Supplanting

2010 Medical Education and Research Initiative – Project Title

Clinical and Public Health Data Exchange: Estimating Asthma Prevalence Across Wisconsin

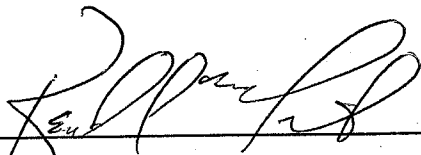
Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy

Development of a Centralized UW SMPH Biobank

Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness, and Health in Hispanic
Children in Wisconsin

Nuclear EGFR and Breast Cancer: Strategies for increasing efficacy of anti-EGFR based therapies in Breast
Cancer

By: _____



Kenneth J. Mount

Associate Dean for Fiscal Affairs

UW School of Medicine and Public Health

Date: _____

7/11/11

As approved by the Medical Education and Research Committee on July 11, 2011.

Minutes
UW School of Medicine and Public Health (UW SMPH)
Oversight and Advisory Committee (OAC)
1:00PM – July 20, 2011 – 3330 HSLC

Members present in person: Pat Remington, Cindy Haq

Members Present by Phone: Doug Mormann, Greg Nycz, Susan Goelzer, Meg Gaines, Katherine Marks, Chris Holmes

Staff: Cathy Frey, Tonya Mathison, Mike Mirer, Ken Mount, Eileen Smith, Stephen Smith, Mary Jo Knobloch, Quinton Cotton

Invited Guests: Lorraine Lathen (LIHF Consultant, by phone)

1. Call meeting to order

Remington called the meeting to order at 1:07pm.

2. Decision on draft minutes of June 15, 2011

Gaines seconded a motion by Holmes to approve the draft minutes of June 15, 2011. The motion passed by unanimous vote.

3. Recap of June 15, 2011 OAC Meeting

Remington provided clarification on two questions raised during the June 15, 2011 meeting.

As follow-up to the discussion at the June meeting of the OAC regarding the acceptable uses of the 35 percent of the allocation as specified in the Insurance Commissioner's Order, Remington informed the committee that the Order requires funds designated for "public health" to be spent on community-based projects, and that a process must be in place to assure that communities have reasonable access to those funds. The OAC's original goal was to put 50 percent of OAC funds into the Community-Academic Partnership Fund, with a goal to reach two-thirds of dollars distributed to communities. Gaines said it was incumbent on the OAC to make as much funding as possible available for community-based activities. Remington requested a measure in the Annual Report noting how much funding was directly accessed by communities. Nycz said his understanding is that OAC has a stewardship responsibility to maximize the funds' use for public health. Some of the education and research initiatives, supported by the 65 percent, provide important public health evidence and information for community-based projects. Remington said he felt that understanding was reflected in the 2010 Annual Report, which looks at all WPP public health funding.

Remington said there also had been consultations with legal counsel about liability coverage of OAC public members in their capacity as committee members. Eileen Smith said Article 8 of the OAC bylaws, entitled "Liability Coverage for Committee Members," covers all OAC

members. Lisa Wilson, UW Madison Legal Council, has reviewed the OAC bylaws and confirmed the coverage of the public members. Smith said Wilson offered to speak to the committee, if OAC members requested it and would distribute the relevant bylaws sections.

4. Announcements

Wisconsin United for Health Foundation, Inc.

Smith reported that the Wisconsin United for Health Foundation (WUHF) board met in executive session on June 28 to discuss the status of negotiations regarding management fees charged by the UW Foundation. The WUHF board has communicated with the UW Foundation leadership, expressing concern that the issue had not been resolved. In response to the WHUF Board's request for input from the public members, OAC members, Mormann and Nycz, wrote letters that were also shared with the Insurance Commissioner. Mormann said he spoke with Charles Henderson, WUHF attorney. Nycz reported that WUHF was appreciative of their letters. Nycz and Mormann said they also spoke with Joe Leann, WHUF board member. Remington said he was hopeful for a WUHF response to the OAC's concerns.

OAC 2011 Meeting Schedule

Frey reminded members of the 2011 meeting schedule. Additionally, a follow-up conference call may be scheduled in July related to the Lifcourse Initiative for Healthy Families discussed later in the agenda. The OAC does not meet in August, and has a joint meeting scheduled with the PERC in October.

Declaration of Conflict of Interest Policy and Questionnaire

Smith asked the OAC members to review the Conflict of Interest policy and complete and return the questionnaire.

5. Partnership Education and Research Committee Report

Nycz reported on the July 11, 2011 PERC meeting. The PERC moved forward on two grant program cycles. The committee invited 15 of the 30 proposals received through the New Investigator Program to submit full applications due in September. Five applicants were invited for final interviews as part of the Collaborative Health Sciences Program. Up to three awards will be made by the PERC in September.

The PERC renewed funding for the UWSMPH Biobank through the end of the current five-year plan, \$187,790 for 2 ½ years. The PERC had requested that the Biobank present a sustainable business plan that indicated PERC's reduced support over a defined time period. The Biobank has built important connections with programs like the Survey of the Health of Wisconsin, which has significant storage needs for the biological samples it collects.

The PERC approved the 2010 WPP Annual Report.

The PERC also accepted an interim progress report on the Evaluation of *Cuidandome*, which examines the effectiveness of an OAC funded program. Remington added that the PI on the

grant, Ana Martinez-Donate, had been an academic partner on the initial grant which led to the PERC research proposal.

Nycz added that Norm Drinkwater, who led the NIP and CHSP reviews discussed earlier, said the reviewers ranked solely on scientific merit. Drinkwater commented that PERC's role was to determine how well each proposal fits with the WPP goals and objectives.

6. Financial report: OAC endowment value and cash balance

Mount presented the financial projections through June 30, 2011. The projected endowment value is approximately \$320M, or 13.75 percent above its original value, with a cash balance of \$32M – a slight decrease in the value of the endowment since April.

Haq asked about the endowment's exposure and risk if no debt ceiling deal is reached, and if there were proactive steps that could be taken to insulate the endowment. Mount said he would follow up with the foundation's chief investment officer.

Mormann inquired on the accuracy of recapture fee projections in the monthly financial reports. Mount said the projections were very close to accurate. The 2010 Annual Report clarifies that the revenue shown is after the expense recapture and external fund manager fees are charged, which is approximately \$2.8 million. The Foundation has not provided a dollar figure for investment manager charges, instead providing the fee in basis points. Mormann sought further clarification. Mount said the expense recapture fee is 1 percent, greater than the external managers' fees. After discussion, it was decided that further clarification was needed to determine the actual fee for the external fund managers. Mormann said he would like to see this amount reported in future Annual Reports, even if those figures were estimates with footnotes. Mount said he would continue to work with the UW Foundation. Nycz asked about banking fees as well. Remington said it was important to pursue answers to OAC's questions.

Mormann requested a monthly update on the endowment's purchasing power in addition to the endowment value in comparison to the historical level. Remington agreed it would be important to track that over time. Mormann asked whether the \$12M in the OAC spendable account would be sufficient to cover the expected number of grants for this year's CAPF cycle, and if it would be possible to fund more than 10 development or four implementation grants. Mount said that could be explored once it became clear that all current commitments were met.

7. Presentation and Decision on Wisconsin Partnership Program 2010 Annual Report and non-supplanting attestation

Smith presented the 2010 Wisconsin Partnership Program Annual Report. Since the first draft was presented in June, changes requested by committee members had been incorporated. Committee members commented on the report.

In compliance with the Insurance Commissioner's Order, the Grant Agreement and the 2009-2014 Five-Year Plan, Mormann moved approval of the 2010 Annual Report of the Wisconsin Partnership Program, prepared in collaboration with the UW School of Medicine and Public Health and the Wisconsin Partnership Program Education and Research Committee, covering expenditures through December 31, 2010, which includes the Oversight and Advisory Committee's (OAC) decision-making process for support of community-based initiatives, the participation of OAC members in the review of medical education and research initiatives, the process for determination of non-supplanting, and an overview of the financial status of the funds. Further, the OAC gives authority to the Wisconsin Partnership Program staff to make editorial changes for purposes of clarification, style, grammar and accuracy before submission of this report to the UW System Board of Regents and the Wisconsin United for Health Foundation, Inc. Marks seconded the motion, which was unanimously approved.

Mount presented the Attestation of Non-Supplanting for OAC Initiatives. All OAC initiatives awarded or expending funds in 2010 were reviewed to determine whether the WPP had complied with the supplanting prohibition in the Insurance Commissioner's Order, as specified in the criteria set forth in the addendum to the 2004-2009 Five-Year Plan. Mount said attested that no supplanting had occurred in 2010.

Mount gave an overview of the process and indicated that he had previously signed an attestation for the PERC. Mount and Dean Golden will sign an attestation on behalf of the SMPH. Darrell Bazzell, Vice Chancellor for Administration, will sign an attestation on behalf of UW-Madison. Mount then signed the attestation for OAC.

8. Lifecourse Initiative for Healthy Families

a. Steering Committee Report

Marks reported that LIHF Steering Committee is seeking nominations. The next Steering Committee meeting is scheduled for September 14, 2011. Marks said the Milwaukee Journal-Sentinel's "Empty Cradles" series continues to bring public awareness of African American infant mortality disparities in Milwaukee.

The Evaluation workgroup continues to develop metrics for evaluating the LIHF initiative, including a revised logic model and detailed evaluation plan. The RFP workgroup is helping to develop a grant application for the implementation phase. Marks said the Steering Committee expected that the Mayor and the Health Commissioner of Milwaukee and the Milwaukee United Way will soon announce a special donation to support infant mortality efforts. The March of Dimes also has made a grant available to support the Centering Pregnancy Program.

b. Updates on Community Action Planning Grants

Lathen provided updates from each site.

- Kenosha LIHF collaborative members participated in an Undoing Racism conference in Flint, Michigan. On July 9, Kenosha held a community event to raise awareness about the project, recruit new members for the Collaborative, and seek feedback on

recommendations they are making in the community action plan. Kenosha has requested a no cost extension, and is working toward completion of the plan

- Racine LIHF Collaborative members completed a draft community action plan, and held an event to present it to the community.
- The Beloit LIHF Collaborative is identifying a consultant to assist in drafting a community action plan. The group continues to conduct discussion groups and is incorporating feedback into the plan. The Collaborative also working closely with Beloit College
- Milwaukee LIHF expects to complete its community action plan by July 31.

Lathen said the plans will serve as the blueprints moving forward, and expectations are that the plans will undergo a series of revisions before they are finalized. Collaborative members at all sites have media spokespersons training. All have had discussion with other successful programs, both in person and through teleconference. The Communications and Public Awareness workgroup has been involved in developing a marketing campaign.

Project coordinators from each site are seeking to define the role of the Collaboratives during transition to implementation. Four key areas have been identified:

- Leadership development
- Achieving community buy-in for the plans
- Leveraging funding beyond the WPP commitment
- Policy advocacy

c. Timeline to transition

Cotton provided a draft timeline for transition from the planning to implementation phase and noted key OAC decision dates.

d. Discussion and decision on guidelines for continuation Planning Grant Funding Application

In a follow-up to the May 2011 OAC discussion for continuation planning support, Cotton said the funding would be needed to ensure that the Collaboratives can complete their community action plans and begin working to achieve community buy-in for the plans. In accordance with WPP policy, Frey indicated that continuation funding must be a new grant application process. The OAC will be asked to review and approve a Request for Application (RFA) for continuation planning funding at a July conference call.

e. Presentation of draft Request for Partnerships (RFP) for LIHF Community Grants

Cotton said an RFP workgroup comprised of OAC members, WPP Staff, LIHF Steering Committee members, state public health officials, Center for Urban Population Health staff, and the Planning Council met since January 2011. Similar to the Community Academic Partnership Fund, two grant types will be available, implementation and development. The RFP also speaks to the connections between the LIHF Collaboratives and project grantees. The OAC will review and discuss this application at the September meeting.

Haq said the impact of the initiative is already apparent in Milwaukee, including the Journal-Sentinel series and comments by the Mayor. Nycz asked if there had been any interactions

with new Wisconsin Department of Health Services secretary Dennis Smith. Smith said that steering committee member Murray Katcher plays an important role in the initiative and would be able to keep the Secretary and his office informed. Discussions about an informational meeting with the Secretary, in conjunction with MCW, about the work of the two programs will take place in August. Lathen said that Patrice Onheiber of DHS is working to educate the secretary on the racial disparities in birth outcomes.

9. Population Health Service Fellowship Subcommittee report and recommendation

Haq reported on the recommendations of the Population Health Service Fellowship Subcommittee (comprised of Haq, Betty Chewining, Holmes, Mormann, Norm Drinkwater, and Nycz. In June, the committee voted unanimously to recommend that PERC consider accepting funding responsibility for the Fellowship Program. Haq said the subcommittee was very impressed with the outcomes of the program. Members saw the Fellowship Program as a high-priority program within the WPP's mission, but one best placed with the PERC. Haq formally submitted the recommendation.

Remington asked for the OAC's acceptance of the report. Haq moved that the recommendation, that PERC consider accepting funding responsibility for the Health Services Fellowship program, beginning July 1, 2012, be forwarded to the PERC. Gaines seconded. The motion was unanimously approved.

Clarification was provided by Remington that if PERC accepted the recommendation, funding for the program would come from the 65 percent. Smith said PERC likely would consider the recommendation at its October meeting.

10. Community Academic Partnership Fund

a. Quarterly report on active grants

Steve Smith reported 12 no-cost extensions during this quarter. Two were approved by the full committee, with the rest approved administratively. Knobloch reported one project manager change, and a meeting with a project team from Aurora to discuss current project status, and a second request for a no-cost extension. Knobloch also reported working with Jim Welsh, from Jewish Family Services regarding the Collaborative AODA Service grant on a no-cost extension. Steve Smith reported that there were no spending problems or budget issues to report on active grants

b. Discussion and decision on no cost extension request for Aurora Health Care – Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools.

Knobloch reviewed and recommended a second no-cost extension for Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools. Haq moved the no-cost extension be granted. Nycz seconded. The motion was approved unanimously.

c. Review process for 2011 Notice of Intent/Letter of Interest and full applications.

Knobloch summarized the OAC approved review process for Community Academic Partnership Fund Notices of Intent. Prior to expert panel review, the applications received a WPP staff technical review. Nycz said he thought the review panel was very strong. Remington endorsed the process as well, noting it saved time for applicants unlikely to be funded and offered assistance to promising projects not yet ready. Gaines agreed the process was a good one, but noted there were promising applicants not invited to submit a proposal. She asked if there were a way to identify a category for good ideas or projects that need assistance to develop into successful applications. Knobloch noted this was important and would follow-up with promising program ideas. Remington said he thought creating a programmatic response to this idea would be a good step, and asked that it be added to a future agenda.

Remington proposed that the OAC take up the development and implementation proposals separately, and asked committee members to declare conflicts of interest.

Mormann reported conflicts on one implementation and one development grant #2083, “La Crosse Fruit & Vegetable Partnership” from the La Crosse County Health Department and #2117, “Cashton Community Wellness Program” from the Scenic Bluffs Community Health Center, where he serves on the board. Mormann did not participate in the discussion of the implementation proposals.

Nycz moved acceptance on the review committee’s recommendation to invite 10 implementation proposals to submit full applications. Holmes seconded. All voted in favor, with Mormann abstaining on the conflicts identified above.

Haq declared a conflict on development proposal #2239, “Community Investment in Health: Developing the Lindsay Heights Wellness Commons,” from the Walnut Way Corporation, where she serves on the Steering Committee.

Before the development grants were taken up, Haq noted that some proposals did not have academic partners listed. Knobloch indicated that listing an academic partner was not required at this stage, and that WPP staff will assist applicants in finding academic partners if their project moves to the full submission stage. Frey said that many applicants already have a partner in mind, but may not have negotiated roles and responsibilities with that partner and do not list them on the application.

Nycz moved approval of the recommended development grants and invitations be extended for full applications. Haq and Mormann did not participate in the discussion. Holmes seconded. All voted in favor, with Haq and Mormann abstaining on their conflicts identified above.

Haq then asked, in light of the recommendation for moving the Health Service Fellowship Program to PERC funds, whether the Healthy Wisconsin Leadership Institute also should be transferred. Remington said that he would bring the issue to the PERC’s chair. Smith said

the OAC should have a full discussion of this recommendation at an upcoming meeting. Remington directed that it be added to a future OAC agenda.

Mormann asked whether moving the Fellowship to PERC would free resources for the upcoming funding cycle. Smith said the financial projections will be updated for discussion at an upcoming meeting. Remington said the external review panel would be asked to submit a ranked list of programs so more grants could be funded if the resources were available.

Frey said staff would follow up about a conference call with the OAC to discuss and approve the LIHF Continuation Planning Request for Application request.

11. Adjourn – Next meeting September 21, 2011

Remington adjourned the meeting at 3:19pm.

Recorder, Michael Mirer
Secretary, Chris Holmes

Resolution for Approval of 2010 Annual Report

In compliance with the Insurance Commissioner's Order, the Grant Agreement and the 2009-2014 Five-Year Plan, move approval of the 2010 Annual Report of the Wisconsin Partnership Program, prepared in collaboration with the UW School of Medicine and Public Health and the Wisconsin Partnership Program Education and Research Committee, covering expenditures through December 31, 2010, which includes the Oversight and Advisory Committee's (OAC) decision-making process for support of community-based initiatives, the participation of OAC members in the review of medical education and research initiatives, the process for determination of non-supplanting, and an overview of the financial status of the funds. Further, the OAC gives authority to the Wisconsin Partnership Program staff to make editorial changes for purposes of clarification, style, grammar and accuracy before submission of this report to the UW System Board of Regents and the Wisconsin United for Health Foundation, Inc.

As approved by the Oversight and Advisory Committee on July 20, 2011



COMMUNITY GRANT OUTCOME REPORT

Healthy Wisconsin Leadership Institute

Training public health leaders to serve the state

The Healthy Wisconsin Leadership Institute brings specialized training in public health practice to Wisconsin through workshops and coalition building

► **Description:** A joint effort between the WPP and Medical College of Wisconsin, the Healthy Wisconsin Leadership Institute seeks to develop transformational leaders who are capable of engaging communities in innovative health improvement activities and effectively promote the health of the public. The HWLI seeks to accomplish this through the Community Teams program, which provides specialized training to local coalitions, and through regional and online training. These learning opportunities are designed to build capacity for collaboration and better health.

► **Results:** The Leadership Institute has provided benefits to every corner of the state. The Community Teams Program has delivered specialized training to more than 30 coalitions with members from 68 different agencies with a presence in 62 of 72 Wisconsin counties. The teams have targeted such pressing issues as access to primary care, substance abuse, high-risk sexual behavior, mental health, social determinants of health, obesity, and preparedness. Community Teams



Healthy People, Washington County used the specialized training it received through the Community Teams program to create worksite farmers' markets to increase access to fresh produce.

graduates have leveraged grants from federal agencies and the WPP to implement the projects planned through the program. That includes nearly \$6M in Recovery Act funds to work on obesity prevention in Western Wisconsin during 2010. To date more than 800 participants have attended HWLI-sponsored workshops to improve public health practice in the state.

► **Next Steps:** The WPP has renewed its support of the Healthy Wisconsin Leadership Institute, providing \$476,666 over the next three years. HWLI will use those funds to increase its reach within the state; improve the diversity among trainees; provide more regional workshops annually, expand its online learning library, cultivate new partnerships; and create plans for development and sustainability.

GRANT FACTS

Principal Investigator: Patrick L. Remington, MD, MPH, Professor, Department of Population Health Sciences; Thomas R. Oliver, PhD, MHA, Professor, Department of Population Health Sciences, UWSMPH

Grant Type: Public Health Education and Training

Grant Award: \$932,949 over five years



COMMUNITY GRANT OUTCOME REPORT

Engaging Wisconsin Communities for Substance Abuse Prevention

Mobilizing a community over underage drinking

Community campaign sees results in the reduction of youth binge drinking, and wins major federal funding to continue its efforts

Hosting an underage party makes you popular with teens. And the authorities.



MARSHFIELD AREA
COALITION FOR YOUTH
www.marshfield4youth.org



MARSHFIELD CLINIC.

The “Parents Who Host Lose the Most” Billboard, shown above, was a component of this project’s Education Phase.

► **Description:** This project sought to reduce alcohol use among youth ages 12-17 in the Marshfield School District. Project activities were grouped into three integrated phases designed to challenge community social norms and practices related to parents and other adults providing alcohol to youth. The Education phase implemented a media advocacy campaign targeting parents and other adults in Marshfield. The Mobilization phase activated parents and other adults in reducing underage drinking through community based projects focused on policy. The final phase of the project, Dissemination, was designed to use process and outcome data and materials to inform other communities in Wisconsin addressing underage drinking.

► **Results:** Results related to the primary goal indicate a reduction in two important measures — binge drinking in the past 30 days and recent use of alcohol in the past 30 days for youth as measured by the 2006-2009 Youth

Risk Behavior Surveys. It also resulted in an increase of underage drinking citations, a direct result of enhanced law enforcement efforts targeting underage drinking parties and implementation of controlled party dispersal techniques. Access to alcohol remained unchanged, demonstrating that an alcohol culture in Wisconsin that condones the provision of alcohol to youth cannot be successfully changed in three years, but requires sustained interventions and strategies.

► **The Partnership:** The academic partner consulted with the community project team, providing feedback and guidance on work plans and evaluation.

► **Next Steps:** The community coalition successfully competed for the federally funded Drug Free Community Support Program grant, which provides up to \$1.2 million over the next 10 years.

GRANT FACTS

Grantee: Marshfield Clinic Research Foundation

Contact: Dorothy Chaney, Program Manager, Marshfield Clinic Center for Community Outreach, chaney.dorothy@marshfieldclinic.org, (715) 221-8408

Academic Partner: Michael Fleming, MD, MPH, formerly Department of Family Medicine, UWSMPH, m-fleming@northwestern.edu

Grant Award: \$430,872 over three years



COMMUNITY GRANT OUTCOME REPORT

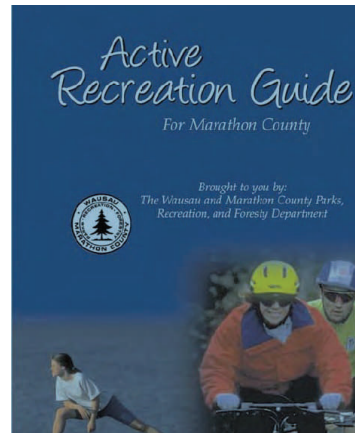
Footprints to Health

Supporting youth physical activity and nutrition

Marathon County project mobilizes community resources to improve nutrition and increase physical activity while creating new infrastructure

► **Description:** Footprints to Health marshaled community resources around the goal of improved childhood nutrition and increased physical activity in Marathon County. Working in partnership with school wellness teams in six elementary schools and one junior high, the project proposed four key objectives including: implementation family activities and education programs; creation of safe routes to schools; production of an active recreation resource guide; and adoption of evidence-based treatment guidelines on overweight and obesity by county doctors.

► **Results:** All four main objectives were achieved. The project accelerated Marathon County's work on obesity issues, building a coalition that included unanticipated support from community agencies. School wellness teams enabled the implementation of educational programming. County government adopted policies to make roads into and out of towns more bike- and



As part of its effort to reduce prevalence of childhood obesity, the Marathon County Health Department produced an Active Recreation Guide. The 2010 booklet was 42 pages and helps county residents find anything from commercial gyms to area snowshoeing.

pedestrian-friendly. The medical community adopted the evidence-based guidelines. The work has been aided by nearly \$550,000 in local, state, federal, grants; funds from foundations grants, as well \$42,000 from a local tax levy. Reductions in overweight and obesity were not observed during the grant period.

► **The Partnership:** The academic partner worked with health care providers on adoption of the clinical practice guidelines by area physicians. He gave numerous presentations on the project at area conferences. He also served on the advisory committee and assisted the project team in collecting and analyzing survey data.

► **Next Steps:** County government will fund continuation of some of the project activities. The tax levy approved by the county supports a half-time nutritionist to work with schools on further implementation.

GRANT FACTS

Grantee: Marathon County Health Department

Contact: Judy Burrows, Marathon County Health Department, judy.burrows@co.marathon.wi.us, 715-261-1905

Academic Partner: Kevin J. O'Connell, MD, Associate Professor, Department of Family Medicine, Wausau Residency Program, UWSMPH, kevin.oconnell@fammed.wisc.edu

Grant Award: \$448,898 over four years



COMMUNITY GRANT OUTCOME REPORT

Wisconsin Falls Reduction Project

Helping state's seniors step with confidence

In statewide testing, Sure Step and Stepping On programs help achieve a decline in falls among participating seniors



Dr. Jane Mahoney (white coat) oversees a home visit as part of the Wisconsin Falls Reduction Project. The program saw a 50 percent decrease in falls among participants in the Sure Step Program.

► **Description:** Falls are the leading cause of injury among those over 65. The Wisconsin Falls Reduction Project represented a statewide effort to reduce the incidence of falls by integrating two evidence-based programs into existing services. One program, *Sure Step*, a multi-component, one-to-one intervention, is the only program demonstrated to decrease falls among the cognitively impaired. The other, *Stepping On*, is a seven-week group class developed in Australia. The efforts were led by the Kenosha County Division of Aging and Disability Services, but tested statewide.

► **Results:** Participants in the *Sure Step* program (about 250) showed a 50 percent reduction in falls after six months. In addition, 75 Wisconsin health professionals were trained to administer the curriculum. Many organizations involved have incorporated the program into its regular offerings. *Stepping On* was provided to 612 older adults, garnering much enthusiasm from participants. While initial results showed little reduction in falls, a 40 percent reduction in falls was subsequently

shown once program improvements were incorporated.

► **The Partnership:** An established team, the academic partner assisted with study design, IRB protocol preparation, and led the implementation and analysis.

► **Next Steps:** The Wisconsin Institute for Healthy Aging (WIHA), a multi-partner organization, continues to administer *Stepping On* and *Sure Step*. WIHA seeks grants to expand the programs and to advocate for policy changes that would embed these prevention programs in Wisconsin's health care system. Kenosha and several other counties have added *Stepping On* to their public health offices or Aging and Disability Resource Centers. The CDC has funded the academic partner to disseminate *Stepping On* nationally. To date, almost 3,000 older adults across Wisconsin have taken *Stepping On*, and WIHA has trained leaders in five additional states (California, New York, Utah, Montana, Nevada).

GRANT FACTS

Grantee: Kenosha County Division of Aging and Disability Services

Contact: LaVerne Jaros, Director, Kenosha County Division of Aging & Disability Services, ljaros@co.kenosha.wi.us, (262) 605-6646

Academic Partner: Jane Mahoney, MD, Associate Professor, Department of Medicine, UWSMPH, jm2@medicine.wisc.edu

Grant Award: \$448,898 over three years



COMMUNITY GRANT OUTCOME REPORT

Reality Check 21

Eau Claire County kids delaying their first drinks

Series of targeted underage drinking interventions show positive outcomes in Eau Claire County



A program featuring ID checks at Country Jam in Eau Claire saw compliance with alcohol laws increase from 33 to 97 percent.

► **Description:** Alcohol use among high school and college students in Eau Claire County is greater than the national average. The Consortium for Substance Abuse Prevention in Eau Claire County started Reality Check 21 to reduce underage drinking. It targeted a variety of prevention domains (individual, peer, family, school, environment and community) using four evidence-based programs. All Stars (grades 6-8), Guiding Good Choices (ages 8-17), Staying Connected with Your Teen™ (ages 8-17), and Communities Mobilizing for Change. The programs seek to reduce alcohol use and limit access through changes in community practices and law enforcement.

► **Results:** Outcomes for Eau Claire County youth include decreases in: (1) youth reporting their first drink before age 15; (2) high school youth who report that alcohol is easy to obtain; (3) 12th grade students who report having five or more glasses of beer, wine, or liquor within a few hours. There also was an increase in youth reporting that their parents talked to them about the problems of alcohol use. Through a partnership with

Country Jam, an annual Eau Claire music festival, compliance for alcohol sales increased dramatically due to three policy changes: 1) parents were no longer allowed to serve their children alcohol; 2) staff were hired to oversee ID checks; and 3) new “alcohol” wristbands were issued.

► **The Partnership:** The academic partner played a key role in convening the consortium, preparing the grant application for this project, and maintaining visibility in the community.

► **Next Steps:** Reality Check 21 supported each community’s efforts to cultivate local ownership and participation. Project committees continue to serve as local strategy teams, determining specific strategies to decrease youth access to alcohol. Two grants were obtained to support these efforts and further reduce underage drinking — a three-year \$320,247 grant from Wisconsin Strategic Prevention Framework State Incentive Grant and a five-year \$625,000 federal Drug-Free Communities grant.

GRANT FACTS

Grantee: Eau Claire City-County Health Department

Contact: Francie Peardon, Community Advocacy Director/Supervisor, Eau Claire City-County Health Department, francie.peardon@co.eau-claire.wi.us (715) 839-5091

Academic Partner: Jennifer Eddy, MD, Associate Professor, Department of Family Medicine, Eau Claire Residency Program, UWSMPH, Jennifer.eddy@fammed.wisc.edu

Grant Award: \$450,000 over three years



COMMUNITY GRANT OUTCOME REPORT

Milwaukee Nurse-Family Partnership Program

Empowering new mothers and mothers-to-be

Nurse-Family Partnership Program provides support to pregnant women and new mothers in Milwaukee, and sees improvements in birth outcomes



The City of Milwaukee Health Department Nurse-Family Partnership Team of Nurses worked with expecting and new mothers to improve birth outcomes in the city.

► **Description:** The Milwaukee Nurse-Family Partnership (NFP) Program is an evidence-based, intensive nurse home visiting program that helps vulnerable first-time mothers. Each mother served is partnered with a Public Health Nurse early in her pregnancy and receives ongoing home visits that continue through her child's second birthday. Project goals were to decrease rates of pregnancy risk behaviors including smoking; alcohol and other drug use; decrease rates of preterm and low birth weight deliveries; increase inter-conception intervals; and decrease rates of infant death and injury.

► **Results:** Of the 110 babies born during the grant period, rates of prematurity and low birth weight were lower than the averages in the served ZIP codes. The children are developing appropriately, with only 4.5% needing further evaluation following a developmental screen. Only 4.5% of the enrolled mothers have had a subsequent birth, with a spacing average of about 17 months between births; 80% of these pregnancies were

planned by the mother and her partner. The families have also worked on self-sufficiency, with 39% improving their educational attainment and 33% entering the workforce.

► **The Partnership:** The academic partner was vital to moving the proposal through the IRB, assuring it maintained fidelity to the NFP evidence-based model, and obtaining more than \$700,000 of support from Columbia St. Mary's Hospital System. The project team remains connected to the academic partner and the Center for Urban Population Health, and are working to embed the program into maternal and child health systems.

► **Next Steps:** The project continues to thrive and is currently funded by State Maternal Child Title V Funds and a federal Substance Abuse and Mental Health Services Administration Grant. This funding will continue until October 2014.

GRANT FACTS

Grantee: City of Milwaukee Health Department

Contact: Mary Jo Gerlach, Public Health Nurse Supervisor, City of Milwaukee Health Department, mgerla@milwaukee.gov, 414-286-8104

Academic Partner: Geoffrey R. Swain, MD, MPH, Associate Professor, Department of Family Medicine, UWSMPH, swain@wisc.edu

Grant Award: \$426,942 over three years



COMMUNITY GRANT OUTCOME REPORT

Wisconsin Partnership For Childhood Fitness

Improving school fitness programs with eye on health

School-based fitness testing program sees significant improvements in activity levels and improves physical education programs in Wisconsin's schools



Students participate in fitness testing as part of the Wisconsin Partnership for Childhood Fitness program. The project led to improvements both in student fitness levels and in the physical education curriculum offered in Wisconsin schools.

► **Description:** This successful collaboration between the Wisconsin Department of Public Instruction, UW Pediatrics Department, and UW Population Health Institute sought to increase the number of youths who are physically fit and have a healthy weight. This project tested a national model school-based fitness assessment, Fitnessgram, and developed a central database to collect data in order to improve physical education programs.

► **Results:** Project leaders recruited 448 schools for the program, reaching 16,474 students. The test of Fitnessgram was successful; students showed increased physical activity and fitness levels. The project team developed a web-based data collection system, allowing for analysis of physical education programs. In addition to improvement across health indicators, the majority of schools improved the opportunities for physical activity they offer to students as a results of their participation in the project.

► **The Partnership:** The academic partners brought expertise in exercise, physiology testing, statistical analysis methods, information technology, and program evaluation. They were key collaborators on project design, implementation, and evaluation, as well as on state policy work that evolved as a result of this project.

► **Next Steps:** Project results have been disseminated to policymakers and researchers. Project leaders testified in support of a bill that would have made fitness testing mandatory in state schools. The Wisconsin Standards for Physical Education now recommend use of evidence-based testing programs like Fitnessgram. DHS received an \$859,043 Recovery Act (ARRA) grant, part of which is implementing an Active Schools program. The WPP awarded \$400,000 in continuation funding to test the predictive power of school fitness data and evaluate strategies and programs for physical education in schools.

GRANT FACTS

Grantee: Wisconsin Department of Public Instruction

Contact: Doug White, Director, Director of Student Services/Prevention and Wellness, douglas.white@dpi.wi.gov, (608) 266-5198

Academic Partners: Aaron L. Carrel, MD, Professor, Department of Pediatrics, UWSMPH, alcarrel@pediatrics.wisc.edu; D. Paul Moberg, PhD, Research Professor, Department of Population Health Sciences, UWSMPH, dpmoberg@wisc.edu

Grant Award: \$424,434 over three years



COMMUNITY GRANT OUTCOME REPORT

FIT Families

Showing success on nutrition and physical activity

Simple messages make a big difference as program is one of the few to demonstrate a positive impact on physical activity and nutrition in children



DRINK ALL YOUR MILK!

MAKE EVERY SIP COUNT
DRINK MORE HEALTHY BEVERAGES
Eat healthy. Be active. Your kids are watching.

For more information
call 800-368-7328 or visit
www.healthylivinginwisconsin.org

A MESSAGE FROM YOUR LOCAL FIT FAMILIES PROJECT AND HEALTHY EATING ACTIVE LIVING COALITION

The FIT Families Project team produced this ad to help encourage parents to model healthy nutritional behaviors for their children.

► **Description:** The number of overweight 2-4-year old children in Wisconsin has increased by more than 50 percent in the last decade. Fit Families is an individualized enhancement for Women, Infants, and Children Program families, implemented in six Wisconsin sites to prevent overweight and obesity and help families lead healthier lives. Enrolled families received monthly contacts from a Fit Families Counselor. The program also emphasized staff training and partnerships with community organizations to reinforce the messages with families. Fit Families messages were simple, and the educational materials were creative and informative. Four basic messages permeated this program – Make Every Bite Count; Make Every Sip Count; Move More, Watch Less; and Eat Healthy, Be Active-Your Kids are Watching.

► **Results:** This is one of few studies to document positive changes in preschool children's nutrition and physical activity behaviors. Evaluation indicated

increases in fruit and vegetable consumption, decreases in juice intake, decreases in screen time, and increases in physical activity in the intervention group, but not in a comparison group. The findings have been presented at national conferences. Submission to the American Journal of Public Health potentially will have an even wider impact. The Fit Families Kit will soon be available for project replication in Wisconsin and nationally.

► **The Partnership:** The academic partner provided input throughout the project and feedback on project evaluation.

► **Next Steps:** SNAP-Ed funds (formerly the Food Stamp Nutrition Education Program) are now being used to continue the program at four sites. Funds support the participant component and some staff training. The program will expand from four to nine centers in 2011-2012 and further as funding permits.

GRANT FACTS

Grantee: Wisconsin WIC Association

Contact: Linda Lee, MS, MPH, La Crosse County Health Department,
lee.linda@co.la-crosse.wi.us, (608) 785-9791

Academic Partners: Charlanne FitzGerald, MPH, Researcher, UW Population Health Institute,
cjfitzge@wisc.edu; Paul Moberg, PhD, Research Professor, Department of Population Health Sciences, UWSMPH

Grant Award: \$427,500 over three years



COMMUNITY GRANT OUTCOME REPORT

Coordinating Partnerships to Improve Access to Public Health Coverage

Extending health coverage through school outreach

Covering Kids and Families worked with seven school districts to share information about BadgerCare+, enabling students to obtain health coverage



One key outcome of the project was the production of an online toolkit to help school districts and communities provide guidance for obtaining coverage.

► **Description:** Evidence shows health insurance is vital to reducing health disparities by facilitating preventive care. The project supported a collaboration with Wisconsin school districts to identify efficient and sustainable ways to enroll eligible, uninsured children in BadgerCare+, the state's public health insurance program. The model was tested in seven school districts: Abbotsford, D.C. Everest, and Spencer (Marathon County); River Valley (which straddles three counties in rural southwest Wisconsin); Sun Prairie and Middleton (Dane County); and West Allis-West Milwaukee.

► **Results:** Enrollment in BadgerCare+ in pilot districts increased, mirroring a statewide trend. School staff reported increased knowledge of the program and indicated they planned to continue BadgerCare+ activities after the pilot concluded. Parents in the pilot districts were twice as likely as those in other districts to have heard about BadgerCare+ from their schools in multiple ways such as school newsletters, web site postings, promotional materials, and school enrollment

events. This project suggests that Wisconsin's public school system provides a natural environment to reach and assist children and their families.

► **The Partnership:** The academic partner helped lead early stages of project planning and implementation. She worked closely with the project team to refine the project as it progressed. This project built connections between UWSMPH, many UW-Madison departments, and community partners including Catholic Charities, Community Advocates, Inc., and Joining Forces for Families.

► **Next Steps:** The WPP awarded \$400,000 in continuation funding to test a model that joins with the state's Cooperative Educational Service Agencies (CESA) and UW Extension to support school districts in facilitating access to health care for families. The project has leveraged \$847,467 in federal, state, and foundation grants to fund further expansion.

GRANT FACTS

Grantee: Covering Kids and Families - Wisconsin

Contact: Michael Jacob, Project Coordinator, Covering Kids and Families, mjacob@wisc.edu, 608-261-1455

Academic Partners: Roberta Riportella, PhD, Department of Consumer Science, UW-Madison School of Human Ecology, rriorte@wisc.edu; Susan E. Skochelak, MD, MPH, formerly of Department Family Medicine, UWSMPH

Grant Award: \$418,545 over three years



COMMUNITY GRANT OUTCOME REPORT

Project Connect

ID checks and Teen Court seek to reduce drinking

Project Connect uncovered flaws in age verification checking during its two-pronged efforts to curb youth alcohol use in Columbia County



Teen Court volunteers are sworn in as part of Project Connect. The Teen Court proceedings stressed behavior change around youth alcohol use over criminal sanction.

► **Description:** Project Connect sought to reduce youth alcohol use by working with vendors to increase ID checks. Project Connect also sought to transform the Columbia County Juvenile Justice System from a tool of punishment to a tool of behavior change through the use of Teen Courts. Rather than simply provide sanctions, Teen Courts were designed to express expectations for youth, build resiliency skills, and give youth a leadership role in changing youth behavior.

► **Results:** The project found that the majority of alcohol sales to minors were a result of store clerks either failing to ask for identification or misreading the identification cards. This information prompted efforts to enhance readability of ID cards. Checks were limited to areas of the county where local law enforcement agreed to participate in the program. Participants in the Teen Court program found it to be a better system for first-time

offenders, and it resulted in a decline in recidivism. Other comments focused on the use of positive peer pressure and the effective engagement of youth to change negative behaviors. The major benefit to the respondent or teen court offender was the opportunity to give back to the community (54%) through community service. The percentage of teenagers reporting recent alcohol use fell during the grant period, continuing the trend of decline.

► **The Partnership:** The academic partner assisted the grantee and the community in defining a manageable focus to be evaluated. He then served in an advisory capacity.

► **Next Steps:** The project received \$10,000 funds from the Wisconsin Department of Transportation to work on alcohol compliance checks. A drinking diversion program supported by the grant is now self-sustaining.

GRANT FACTS

Grantee: Columbia County Connects

Contact: Tim Belleau, Director, Kenosha County Division of Aging & Disability, belleau(at)cesa5.k12.wi.us, (608) 742-2214

Academic Partner: Michael E. Fleming, MD, MPH, formerly Department of Family Medicine, UWSMPH, m-fleming@northwestern.edu

Grant Award: \$427,500 over three years



COMMUNITY GRANT OUTCOME REPORT

What Works: Reducing Health Disparities in Wisconsin Communities

Getting the word out on promising new practices

Where evidence is limited, the Wisconsin Promising Practices Program provides guidance to groups seeking to reduce health disparities.



The Smart Smiles program provides in-school dental care to children in Milwaukee and has shown promise in improving the health of children. A WPP grant supported the centralization of information on Smart Smiles and other promising practices so that other communities may test the programs.

► **Description:** This project identified and disseminated information about public health interventions to contribute to reductions in racial and ethnic health disparities in Wisconsin. The project focused on two health priority areas from Healthiest Wisconsin 2010 (obesity, overweight and physical activity; and access to primary and preventive health services), and on the state's two largest racial/ethnic minority groups — African-Americans and Latinos.

► **Results:** Extensive literature searches in the two health priority areas uncovered few evidence-based practices with demonstrated effectiveness for minority communities. The Wisconsin Promising Practices program was initiated in part because of this lack of clear direction for addressing disparities. Community-based organizations involved in efforts to address either of the two health priority areas among minorities were invited to apply to the program and document their efforts. This encouraged the organizations to focus on systematic

data collection. The summaries produced through the program provide a new resource for sharing information about promising local programs in our state—helping to fill the a gap left by the dearth of evidence-based programs in the literature.

► **The Partnership:** The academic partner teamed with the Wisconsin Department of Health Services to assist in identifying promising practices and provided evaluation guidance. Partnerships between project staff and the participating organizations were also mutually beneficial and a key feature of the project.

► **Next Steps:** Wisconsin Promising Practice program summaries are available through the Division of Public Health's Minority Health Program webpage (<http://www.dhs.wisconsin.gov/Health/MinorityHealth/prompractices/index.htm>). The summaries provide grassroots strategies for addressing disparities.

GRANT FACTS

Grantee: Department of Health Services - Division of Public Health

Contact: Patricia Guhleman, Director, DHS Bureau of Health Information and Policy, guhlepa@dhfs.state.wi.us, 608-266-1347

Academic Partner: D. Paul Moberg, PhD, Research Professor, Department of Population Health Sciences, UWSMPH, dpmoberg@wisc.edu

Grant Award: \$407,322 over three years



COMMUNITY GRANT OUTCOME REPORT

HealthWatch Wisconsin

Improving access to coverage and care in Wisconsin

HealthWatch Wisconsin improved the competency and capacity of the state's public health workforce, linking the underserved to the needed coverage and services

► **Description:** ABC for Health, Inc. launched HealthWatch Wisconsin (HWW), a community-academic partnership aimed at transforming the public health system by assuring a more competent and coordinated public health workforce to assist Wisconsin's underserved populations in linking to health care coverage and services.

► **Results:** The project established the HealthWatch Wisconsin Council (HWWC) comprised of a faculty partner and local, regional, and statewide representatives from the public health workforce. This led to the development of local coalitions. Project staff identified barriers to health care coverage and services and developed education and outreach tools to help remedy those problems. Systems set in place serve to help transform the health care landscape by providing web-based, on-demand training and educational materials to



HealthWatch Wisconsin provides training to the current public health workforce to assist underserved populations in accessing health care coverage and services.

the public health workforce on access to care and coverage issues. An annual conference was initiated involving key statewide stakeholders with a goal of developing and promoting a training agenda to improve the capacity of the public health workforce for those who need information about health care coverage.

► **The Partnership:** The academic partner served as a member of the Leadership Council and Executive Committee, and continues to be actively involved.

► **Next Steps:** HWW shared elements of this model with Wisconsin legislators, regulators and policy makers, including the Commissioner of Insurance, Department of Health Services, and advocacy organizations. HWW expects to continue to add membership, and is now self-sustaining.

GRANT FACTS

Grantee: Advocacy and Benefits Counseling for Health, Inc.

Contact: Bobby Peterson, Executive Director, ABC for Health, bobbyp@safetyweb.org, 608-261-6939

Academic Partner: Bruce Barrett, MD, PhD, Associate Professor, Department of Family Medicine, UWSMPH, bruce.barrett@fammed.wisc.edu

Grant Award: \$425,399 over three years



COMMUNITY GRANT OUTCOME REPORT

Measuring the Impact

Software makes home visits more effective for kids

New technology helps home visitors keep better data, which leads to better evaluation and improved outcomes for at-risk children.



A home visit is conducted in Manitowoc County using the software developed in through this grant. Employing the new technology led to better outcomes, increased efficiency, and improved data quality.

► **Description:** Significant public and private investments have been made in home visiting as a way to prevent child abuse, neglect, and injury. Yet despite these efforts, there has not been an effective way to measure the impact of home visiting services. The project sought to fill this gap, introducing computer-based evaluation programs to determine whether home visits were successful in improving outcomes.

► **Results:** This project developed software to help home visitors record information from home visits with families. Rather than handwriting data on paper forms and then entering it into a computer system upon return to the office, information is entered directly on the portable computer as home visits occur. The results of the completed electronic screenings are available immediately and can be discussed with the family. Evaluation revealed home visiting programs realized time

and cost savings, and improved completeness and quality of data collected when using the software.

► **The Partnership:** The academic partner assisted with the project's evaluation design, data analysis and data interpretation. She also was available throughout the project in a consultative role.

► **Next Steps:** This project is helping to build data collection and analysis infrastructure to better evaluate and implement home visiting in Wisconsin. The new technology makes for higher-quality data and allows progress to be measured systemically to ensure programs are achieving their goals. Wisconsin's Department of Health Services and the Department of Children and Families has expressed interest in replication of the technology. The findings have been published in the Children and Youth Services Review.

GRANT FACTS

Grantee: Children's Hospital and Health System - Child Abuse Prevention Fund

Contact: Jennifer Hammel, Director, Child Abuse Prevention Fund at Children's Hospital and Health System, jhammel@chw.org, (414) 231-4877

Academic Partner: Maureen S. Durkin, PhD, Dr.PH, Professor, Department of Population Health Sciences, UWSMPH, mdurkin@wisc.edu

Grant Award: \$381,879 over three years



COMMUNITY GRANT OUTCOME REPORT

Schools and Clinics United for Healthy Children and Youth

Schools and doctors join to improve nutrition

In Lakeland Union school district, physicians and educators adopt consistent practices around healthy weight, and join to plan health interventions

Rx for Healthy Active Living

Name _____ Date _____

Ideas for Living a Healthy Active Life

5 Eat at least 5 fruits and vegetables every day.
2 Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
1 Get 1 hour or more of physical activity every day.
0 Drink fewer sugar-sweetened drinks. Try water and low-fat milk instead.

My Goals (choose one you would like to work on first)

☐ Eat _____ fruits and vegetables each day. ☐ Get _____ minutes of physical activity each day.
☐ Reduce screen time to _____ minutes per day. ☐ Reduce number of sugared drinks to _____ per day.

Patient or parent/guardian signature

Doctor signature

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Healthy Active Living
An initiative of the American Academy of Pediatrics

The Rx for Healthy Living card was used to help students in the Lakeland Union School District adoption nutrition goals.

► **Description:** The purpose of this planning project was to improve eating and activity habits among children living within the geographic area of the Lakeland Union High School District in Oneida and Vilas Counties. This project created a formal partnership among five school districts and three primary care practices to adopt consistent policies and practices, and plan community interventions aimed to reduce childhood obesity.

► **Results:** Primary care providers developed a policy regarding childhood obesity that includes identifying and managing overweight or obese children and adolescents, standardizing patient education materials and a healthy lifestyles prescription. The five school district partners adopted several consistent policies and practices during the project. Two Physical Education Program (PEP) grants were submitted and awarded during the project. The work through the Schools and Clinics United for Healthy Children and Youth project was an impetus for the school districts in the Lakeland area to take action

regarding the future of children's health. This project is a good example of a model that can be used in any community to affect lasting change in local and institutional policies. This project utilizes a respected community person to bring lasting change to the community, the schools, and the medical profession on the issue of childhood obesity.

► **The Partnership:** The academic partner served as a bridge between primary care practitioners and the local school districts. His passion for building connections was vital to the success of the program and the success of the community-academic partnership.

► **Next Steps:** Three school districts adopted new policies related to physical education. The school districts involved received a combined \$1.56M through two Physical Education Program grants to continue this work.

GRANT FACTS

Grantee: Marshfield Clinic Research Foundation

Contact: Ronda K. Kopelke, Director, Center for Community Outreach,
kopelke.ronda@marshfieldclinic.org, 800-782-8581

Academic Partner: Thomas C. Gabert, MD, Department of Family Medicine, Marshfield Clinic
gabert.thomas@marshfieldclinic.org

Grant Award: \$50,000 over two years



COMMUNITY GRANT OUTCOME REPORT

Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women

Reducing cancer disparities among Latinas

Planned Parenthood of Wisconsin trained Lay Health Advisors to bring information about breast and cervical cancer screening to an underserved population



Mayra DeGraff, a lay health advisor or "Promotoras de Salud" trained through this program, attends a home health party at which information about annual cancer screenings was presented.

► **Description:** Breast cancer is the leading cause of cancer death among Latinas in the United States, and cervical cancer rates are twice as high as those of whites. Early detection of these cancers through mammography and Pap smear is critical to survival, but Latinas are less likely to get annual screening. The use of lay health advisors (LHAs) is a promising approach to reducing health disparities in underserved communities. The goal of this project was to test the effectiveness of Cuidandome, an LHA intervention to promote breast and cervical cancer screening among Latinas in Dane County. The main component of the study was the use of educational home health parties, led by LHAs and delivered through existing social networks.

► **Results:** This project tracked 353 women who participated in home health parties led by LHAs (known as Promotoras de Salud). Analyses showed statistically significant increases among home health party attendees

on multiple metrics: women who had received mammogram and a Pap smear during the last 12 months; women who intended to obtain a mammogram or Pap smear during the next 12 months; and knowledge of where to obtain the tests and information about the tests. The results suggest LHA interventions are effective at promoting breast and cervical cancer screening among low-accultured Latinas.

► **The Partnership:** The academic partner provided oversight on data collection activities and participated directly in program evaluation. An involved Community Advisory Board was identified as a key element of this successful project.

► **Next Steps:** In 2008, the WPP awarded \$90,000 to support further evaluation of this project by the academic partner. Early results are positive, which may expand the evidence-base for this type of approach.

GRANT FACTS

Grantee: Planned Parenthood of Wisconsin, Inc.

Contact: Meghan Benson, MPH, CHES, Director of Community Programs, Planned Parenthood of Wisconsin, meghan.benson@ppwi.org, 608-251-6587

Academic Partner: Ana P. Martinez-Donate, PhD, Assistant Professor, Department of Population Health Sciences, UWSMPH, martinezdona@wisc.edu

Grant Award: \$427,500 over three years

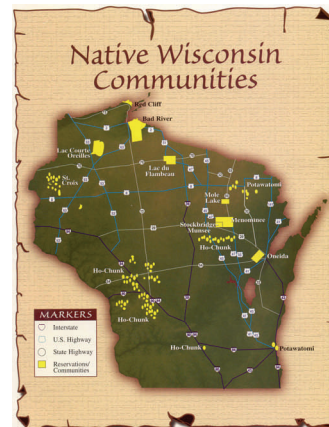


COMMUNITY GRANT OUTCOME REPORT

Honoring Our Children Urban/Rural Outreach Project

Helping American Indian children get a healthy start

Expansion of Healthy Start Initiative to partnering tribes sees improvements along numerous maternal and child health indicators



The Urban/Rural Outreach Project targeted four of the eleven Wisconsin Tribal communities, Lac Courte Oreilles, Lac du Flambeau, Stockbridge-Munsee, and St. Croix, along with the City of Milwaukee.

► **Description:** This project represented an expansion of Honoring Our Children, a federally funded Healthy Start Initiative to reduce American Indian infant mortality at partnering Wisconsin Tribal sites. It enabled nurses and outreach workers to provide prenatal and infant case management, health education, and home visits to parents. This project also reached across the state by providing training to all Wisconsin Tribal Maternal and Child Health nurses as a way to ensure high quality prenatal care coordination for all American Indian women.

► **Results:** The project achieved improvement in several maternal and child health indicators: women beginning prenatal care in the first trimester, percentage of infants who are breastfed, smoking during pregnancy, and infant deaths in those sites utilizing this program. This project also re-established outreach services in some tribes and recruited the Gerald L. Ignace Indian Health Center in Milwaukee as a new program site. Funding also provided

expansion of home-visiting, health education, and transportation services to tribes.

► **The Partnership:** The academic partner focused on program evaluation, bringing more than 15 years of experience in working with tribal health initiatives. Evaluation used a formative partnership approach, and integrated methods already in place resulting in reports specifically for each tribal site.

► **Next Steps:** Project staff are developing a tribal perinatal system action plan that will result in the development of policies and procedures for the program and includes services for pregnant women and infants using Medicaid Prenatal Care Coordination and Bright Futures Guidelines. These services include protocols for injury prevention, car seat distribution, screening infants/toddlers for developmental delays, maternal depression screening, and reproductive health services.

GRANT FACTS

Grantee: Great Lakes Inter-Tribal Council, Inc.

Contact: Cindy Weborg, HOC Program Director, cweborg@glitc.org, 715 588-1025; Michael Allen, Executive Director, Great Lakes Inter-Tribal Council, mallen@glitc.org.

Academic Partners: Charlanne FitzGerald, MPH, Researcher, UW Population Health Institute, cjfitzge@wisc.edu; D. Paul Moberg, PhD, Research Professor, Department of Population Health Sciences, UWSPH.

Grant Award: \$399,973 over three years



COMMUNITY GRANT OUTCOME REPORT

Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support

Adapting Group Prenatal Care for at-risk teens

Pilot test of Centering Pregnancy Program in one Milwaukee High School shows promise in improving birth outcomes for teenage mothers



This program adapted the Centering Pregnancy Program to a high school setting in Milwaukee, allowing pregnant students to gain social support and obtain health services without missing school time. All participants in the pilot program delivered full-term infants at healthy weights.

► **Description:** The evidence-based Centering Pregnancy Program (CPP) model seeks to improve birth outcomes through educational efforts stressing a different topic each month. This project tested whether a model usually delivered in a clinical setting could be modified to a public school setting. Implemented in a Milwaukee public high school, the project sought to increase pregnant teens' access to prenatal care and education to build efficacy and social support.

► **Results:** The project demonstrated that prenatal care could be effectively and efficiently delivered to a high-risk population, while maintaining school attendance. Although the numbers were small, all twelve enrollees in the program delivered full-term infants at healthy birth weights. The project team successfully wrote a parental consent policy in conjunction with Milwaukee Public Schools, which allowed for participation in the program.

Since the CPP was implemented on the high school campus, pregnant teens did not have to miss a day of school to attend the program. A school-based health educator and a nurse practitioner were available daily for the participants, along with the Midwifery and Wellness Center's midwife being on call each day and night of the week.

► **The Partnership:** The academic partner was instrumental in implementation of this project by providing guidance related to enrollment, assisting with modifications to the program, and delivering clinical services to the teens enrolled.

► **Next Steps:** The program is now funded through insurance, and is sustainable at the level of 12 students per year. The grantees will seek further grant funding to expand these efforts.

GRANT FACTS

Grantee: Aurora Sinai Medical Center Midwifery and Wellness Center

Contact: Eileen Nyholt, CNM, Aurora Sinai Medical Center Midwifery and Wellness Center, eileen.nyholt@aurora.org, 414-219-6649

Academic Partner: Jacquelyn Tilllett, CNM, Aurora Department of Obstetrics & Gynecology, jackie.tillet@aurora.org

Grant Award: \$66,937 over two years



COMMUNITY GRANT OUTCOME REPORT

Family Table Project

Gathering Barron County around the Family Table

Pilot test demonstrates success of Family Table model in engaging low-income families in participatory nutrition education and shared cooking opportunities



Groups in Barron County receive lessons in preparing healthy family-friendly meals as part of the Family Table Project.

► **Description:** This pilot project tested a community-based model for engaging low-income families in Barron County in shared cooking and nutrition education sessions. The team designed a practical and replicable model for establishing a family meal preparation program offering tangible nutritional, economic and social benefits to families. In addition, it implemented a pilot demonstration phase, providing hands-on learning for participating families. Project activities were designed in cooperation with participants, and focused on providing opportunities for learning about and practicing bulk preparation of nutritious, family-friendly recipes.

► **Results:** The Family Table Project successfully demonstrated a model for engaging families in participatory nutrition education and shared cooking opportunities. The combination of shared learning, hands-on activities, mutual assistance, socialization, and direct economic benefit provides an effective mix of incentives to support continued engagement by participants. The

project model builds a strong community partnership based on the existing resources and established programs of local organizations. Local partners include: UW-Extension, Head Start, County Nutrition Education Programs, food pantries, and schools. The Family Table model can be easily adapted to meet local needs.

► **The Partnership:** The academic partner provided leadership and hands-on involvement with project development and implementation. She helped guide the project's formative research activities and played an active role in curriculum planning and evaluation.

► **Next Steps:** In 2010, the effort expanded to Polk and Dunn Counties, securing \$45,000 in additional local support beyond the initial grant. A special summer session has been incorporated into the program model to connect participant families with direct purchases from local farms and farmers markets.

GRANT FACTS

Grantee: West Central Wisconsin Community Action Agency, Inc. (West CAP)

Contact: Thomas Quinn, Economic Assets Director, West Central Wisconsin Community Action Agency, tquinn@wcap.org, 715-265-4271

Academic Partner: Kirstin Q. Siemering, DrPH, RD, Researcher, UWSMPH Population Health Institute, siemering@wisc.edu

Grant Award: \$59,413 over two years

Oversight and Advisory Committee
Community-Academic Partnership Fund External Review Subcommittee

Jordan Bingham, MS

Healthy Communities Coordinator, Wisconsin Department of Health Services

Tom Deleire, PhD

Director La Follette School of Public Affairs, UW Madison

David Frazer, MPH

Community Partnerships and Communications Manager,
Center for Urban Population Health, UW-Milwaukee

Mark D. Gideonsen, MD

Associate Professor, Department of Family & Community Medicine, UW SMPH

Pat Guhleman, MS

Office of Policy & Practice Alignment, Division of Public Health

Jeremy T. Miner, MA

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Alexandra Wright, MS

Associate Director for Research Operations and Community Projects Health Innovative Program,
Department of Population Health Sciences, UW SMPH

Minutes
UW School of Medicine and Public Health (UW SMPH)
Wisconsin Partnership Program Education and Research Committee (PERC)
July 11, 2011 at 5:00PM – Room 4201 Health Sciences Learning Center

Members Present: Marc Drezner Norm Drinkwater (ex-officio), Jenny Gumperz, Craig Kent, Rick Moss, Greg Nycz, Tom Oliver, Pat Remington, James Shull

Members Absent: Betty Chewning, Byron Crouse, Rob Lemanske

Staff: Quinton Cotton, Cathy Frey, Mike Mirer, Ken Mount, Eileen Smith, Steve Smith

Invited Guests: Ricardo Lloyd, David Yang, William Schelman, Marisa Makey

1. Call meeting to order

Moss called the meeting to order at 5:07 p.m.

2. Decision on draft minutes of June 13, 2011

Remington seconded a motion by Shull to approve the draft minutes of June 13, 2011. The motion passed by unanimous vote.

3. Announcements

Wisconsin United for Health Foundation, Inc.

Moss reported that the Wisconsin United for Health Foundation board met on June 28, 2011 regarding the state of its negotiations with the UW Foundation regarding the management of the WPP endowment. All parties remain hopeful that a satisfactory outcome can be achieved. Discussions are ongoing.

New Investigator Program preliminary applications

Drinkwater reported that a subcommittee comprised of himself as chair, Betty Chewning, Byron Crouse, Rob Lemanske, and Rick Moss reviewed the 30 preliminary applications received in response to the New Investigator Program Request for Proposals. Each subcommittee member ranked the proposals as being in the top half or bottom half of those received. The subcommittee met to review and discuss the rankings. The top 15 proposals will be invited to submit a full application, which is due in September. All invited proposals were ranked in the top half by at least three of the reviewers.

September 12, 2011 PERC Meeting, 5-7:30

Moss reminded members that no August PERC meeting was scheduled. He expects the September 12, 2011 meeting to last at least 2 ½ hours rather than the usual two, and asked members to plan accordingly.

PP staff updates

Smith introduced Quinton Cotton, who started on July 5, 2011 as Program Officer overseeing the Lifecourse Initiative for Healthy Families (LIHF). Cotton comes to the WPP from the Planning Council for Health and Human Services, Inc. in Milwaukee. Among his duties at the Planning Council was as a project manager for Milwaukee LIHF. .

4. Oversight and Advisory Committee Report

Remington reported on two key actions from the June 15, 2011 Oversight and Advisory Committee. First, Tom Oliver presented on behalf of the Healthy Wisconsin Leadership Institute (HWLI). The HWLI is a practice-based education program funded in collaboration with MCW to provide training in communities. The OAC voted unanimously to approve funding for HWLI through the end of the current five-year plan in March 2014.

Remington then reported that, following lengthy discussion, the OAC voted to maintain the current allocation of funds between public health and provider education and research. OAC will revisit the allocation in December, when it usually reviews the allocation. The OAC had deferred its decision in December 2010 due to ongoing discussions between the Wisconsin United for Health Foundation board and the UW Foundation regarding fees charged for management of the endowment. Kent asked for clarification on whether PERC had any recourse should the OAC choose to change the allocation. Remington answered that the OAC has an oversight responsibility for the PERC. Kent asked about the OAC's general orientation toward research. Nycz responded that public members generally felt the best way to use the endowment on behalf of the people of Wisconsin was to use all the tools available – both research and direct intervention – to improve the health of the public. Remington said that most on the OAC felt it was important to have a reasonable balance between investments in community and research, although that was not a unanimous position. Moss added that the WPP has made programmatic commitments to maintain a balanced portfolio. He reiterated longstanding commitments by the PERC to work collaboratively with the OAC on projects of mutual interest. He said it is important to convey that solutions to improving the health of the state were not only to be found in immediate interventions, but also investments in research.

5. Presentation of Targeted RFA renewal grant application “Development of a Centralized UWSMPH Biobank”

Moss reminded the committee of the history of the proposal. PERC (then MERC) had renewed support of the Biobank in August 2010, awarding \$168,790 for one year. At the time, the committee resolved that future funding would be contingent on the Biobank team developing a business plan that would enable sustainability while gradually reducing PERC's commitment. The Biobank's new proposal sought \$234,790 over four years.

William Schelman, MD, PhD, Assistant Professor of Medicine and David Yang, MD, Assistant Professor of Pathology and Laboratory Medicine presented an overview of the targeted reapplication for *Development of a Centralized UW SMPH BioBank*. Schelman provided an overview of the Biobank's activities, including staffing levels, services provided, work processes,

and fee structures. In consultation with the IRB, it developed a system for investigators to request a limited number of anonymous tissue samples before gaining full IRB approval for a protocol. It also had seen growing interest for specific services, such as the preparation of tissue microarrays. Yang then presented 10-year revenue and expense projections for the Biobank. The proposed funding mix would see PERC decline gradually through 2015 with revenues from services provided playing an increasingly role in sustaining the program. Support from the School would be provided in the future, but would also decline as the Biobank becomes self sufficient.

Following the presentation, PERC's discussion centered on the following topics:

- The extent to which this project represented school infrastructure, and the PERC's role in developing those sorts of programs.
- The Biobank's connections to other WPP-funded programs, particularly the Survey of the Health of Wisconsin, which collects biological samples and has significant storage needs.
- The extent to which the Biobank team had engaged in strategic planning with the UW Cancer Center.
- The extent to which financial "red flags" should be formalized as signposts for reexamining expense levels.

Following the discussion, Drezner moved that the PERC approve the proposal, with the strong suggestion that the Biobank develop a strategic plan with the UW Comprehensive Cancer Center (reaching out if necessary to other resources) and assure the PERC in its progress reports that it had developed plans to model income and expenses. Remington seconded the motion.

Moss said that the PERC could only award funding through the end of the current Five-Year Plan in March 2014. The motion therefore would be to award \$187,790 for the 2 ½ years remaining in the Plan: \$93,700 the first year, \$70,500 the second year, and \$23,590 through March 31, 2014. PERC would have to act following implementation of the next Five-Year Plan to continue funding.

The motion was approved unanimously.

6. Financial Report

PERC Endowment and Cash Balances

Mount presented financial projections for the WPP endowment through June 30, 2011. The projected endowment is \$320M, 13.75 percent above its original value, with a cash balance of \$32M. This represents a slight decrease from the May projections.

Presentation and decision on 2010 Annual Report MERC non-supplanting attestation

Mount presented the Attestation of Non-Supplanting for MERC Initiatives. All MERC initiatives awarded or expended funds in 2010 were reviewed to determine whether the WPP had complied with the supplanting prohibition in the Insurance Commissioner's Order, as specified

in the criteria set forth in the addendum to the 2004-2009 Five-Year Plan. Mount attested that no supplanting had occurred in 2010.

Mouth gave an overview of the process. Mount will sign an attestation for the PERC. Mount and Dean Golden will sign an attestation on behalf of the SMPH. Darrell Bazzell, Vice Chancellor for Administration, will sign an attestation on behalf of UW-Madison. Mount then signed the attestation on the behalf of the PERC.

7. Draft Wisconsin Partnership Program 2010 Annual Report

Eileen Smith presented a draft of the WPP 2010 Annual Report, including the grant outcome reports. She reported that changes requested by committee members had been incorporated into the document after initial review in June. The document is in compliance with the Insurance Commissioner's Order, which requires extensive financial reporting and descriptions of the grants awarded in each calendar year. In addition, the annual report had been posted for public comment on the WPP website. No comments were received. Smith requested the committee accept the document.

Mount said that information regarding the financial management of the endowment by the UW Foundation would be added to the document prior to publication. Nycz moved acceptance of the report. Oliver seconded. The committee voted unanimously to accept the report.

8. Adjournment—Closed Session: Pursuant to Wis. Stat 19.85 (1) (c), (e), and (f) to determine the faculty finalists to be invited for interviews for the Collaborative Health Sciences Program. The meeting is expect to reconvene into open session

Schull seconded a motion by Remington to move into closed session to determine the faculty finalists to be interviewed for the Collaborative Health Sciences Program grants.

In closed session, the committee discussed the scores submitted by a 13-member review panel, the criteria reviewers used during the process, and a general assessment of the collaborations being proposed during this cycle. The PERC voted unanimously to invite five applicants to present during the meeting on September 12, 2011. Nycz moved that the committee move back into open session, Remington seconded.

Nycz moved that the decisions from closed session be accepted. Remington seconded. The vote was unanimous.

The proposals invited for presentation are (in alphabetical order):

- Development of a DNA methylation urine-based screen for lethal prostate cancer, David F. Jarrard, MD, Professor, Department of Surgery, UWSMPH
- Disruption of Biological Rhythms and Aging, Christopher A. Bradfield, PhD, Department of Oncology, UWSMPH

- Medical Homes for High Risk Pregnant Women in Southeast Wisconsin: Do They Improve Birth Outcomes?, Jonathan B. Jaffery, MD, MS, Associate Professor, Department of Medicine, UWSMPH
- Predicting Alzheimer's Disease using Multimodal Machine Learning, Sterling C. Johnson, PhD, Associate Professor, Department of Medicine, UWSMPH
- Preparing Health Educators to Address Behavioral Health Determinants through Health Care Settings, Richard Brown, MD, MPH, Professor, Department of Family Medicine, UWSMPH

Up to three proposals will be funded during this cycle.

9. Discussion and decision on no cost extension request for 2008 Collaborative Health Sciences Program award "Wisconsin Children's Lead Levels and Educational Outcomes"

Moss presented a request for a one-year no-cost extension from the PI, Marty Kanarak. Moss reported the extension was necessary due to difficulties enrolling subjects in the study. After working with the Milwaukee Public Schools, the PI had achieved success in enrolling subjects. Moss communicated the PI's assessment that one year will be enough time to complete measurement and data analysis. Nycz moved approval, Remington seconded. The vote was unanimous.

10. Interim progress report review: Evaluation of Cuidandome: A Communitywide Intervention to Promote Breast and Cervical Cancer Screening among Latinas -

Nycz presented the interim progress report from Ana Martinez-Donate, indicating that progress had been made. He expressed some concern that the data for the project was dependent on third parties. Virtually all of the grant funds have been spent. Nycz moved acceptance of this report, Schull seconded. The Report was accepted unanimously, with Remington abstaining due to a conflict.

11. Adjourn – next meeting July 11, 2011

Nycz seconded a motion by Remington to adjourn the meeting at 7:01pm. The motion passed by unanimous vote.

Recorder, Michael Mirer



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Health Innovation Program

Improving health care delivery in Wisconsin

Health Innovation Program creates innovative model, partnering researchers with health care organizations to improve health care delivery

► **Description:** Health services research is the study of health care delivery. The Health Innovation Program (HIP) is building the school's capacity in this area, using an innovative model of collaboration. These collaborations occur both between researchers and health care organizations (both UW-affiliated and statewide) and among researchers to help hone important new questions that ultimately lead to better care for patients in Wisconsin and beyond.

► **Results:** HIP has been successful in implementing its collaboration-based model, building partnerships with health care organizations, within UWSMPH, and beyond. It has focused its work on four priority areas — colorectal cancer, diabetes care, primary care redesign, and discharge communication — seeking to improve patient outcomes in these areas. HIP also has built a supportive environment for students, faculty, and staff interested in health services research.



Health Innovation Program director Maureen Smith (far left) meets with researchers and staff.

Collaborative working groups meet regularly to support the creation of new grant proposals and manuscripts. During the grant period, HIP-supported faculty and clinicians successfully competed for 23 grants and published 42 peer-reviewed studies, each focused on improving patient care.

► **Timeline for Application of Results:** Less than three years

► **Next Steps:** The MERC renewed funding for HIP, pledging \$874,546 to support the program. It also funded two new aims:

- The creation of a resource for rapid research and learning on a series of high-priority conditions designated by the federal government.
- The dissemination of best practices through a partnership with the Wisconsin Collaborative for Healthcare Quality.

GRANT FACTS

Principal Investigator: Maureen Smith, MD, PhD, MPH, Associate Professor, Departments of Population Health Sciences, Family Medicine, and Surgery, UWSMPH

Grant Program: Targeted Education and Research Program

Grant Award: \$1,508,728

Research Keywords: Health services research, quality of care, evidence-based practices, equity and disparities in care, patient-centered care, comparative effectiveness research

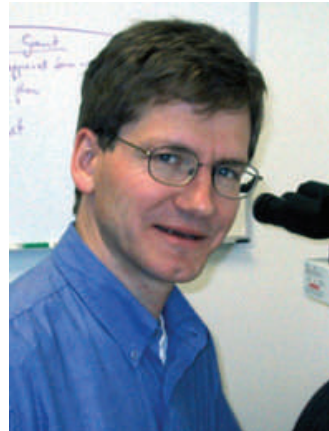


MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Individual Stroma-Targeting Therapy in Breast Cancer

Keeping cancer cells from getting comfortable

Disrupting signal exchanges between cancerous cells and host stromal cells may prevent the growth of breast cancer tumors



Dr. Andreas Friedl and his team have identified some of the ways cancer cells communicate with their hosts. Disrupting this process could lead to novel and individually-targeted breast cancer therapies.

► **Description:** Breast cancer growth is governed by two-way interactions between malignant cells and non-cancerous host elements (known as stroma). The overarching goal of this project was to develop patient-specific therapeutic strategies aimed at altering the signals sent by the non-cancerous stroma, and thus disrupt the communication process that allows cancer cells to grow and invade the surrounding tissue.

► **Results:** The investigators were successful in growing stromal cells and co-culturing them with breast carcinoma cells. The team isolated 68 patient cells, more than the 50 initially planned for. They identified several signaling pathways between the two types of cells, finding that different pathways led to cancer progression

in different patients. These results suggest that the disruption of stromal growth signals might be a feasible novel treatment strategy in human breast cancer. They also highlight the necessity of tailoring this treatment to specific patients.

► **Timeline for Application of Results:** 5 to 7 years

► **Next Steps:** The investigators are expanding the list of molecular targets and increasing the number of patients. They also will investigate why a class of drugs known as matrix metalloprotease inhibitors have been shown to be ineffective in breast cancer patients. They plan a grant application focusing on this topic to the National Institutes of Health. An application is pending with the U.S. Department of Defense.

GRANT FACTS

Principal Investigator: Andreas Friedl, MD, Professor, Department of Pathology & Laboratory Medicine, UWSPH

Grant Program: Collaborative Health Sciences Program

Grant Type: Clinical and Translational Research

Grant Award: \$272,251 over three years

Research Keywords: breast, stroma, fibroblasts, cancer, carcinoma



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

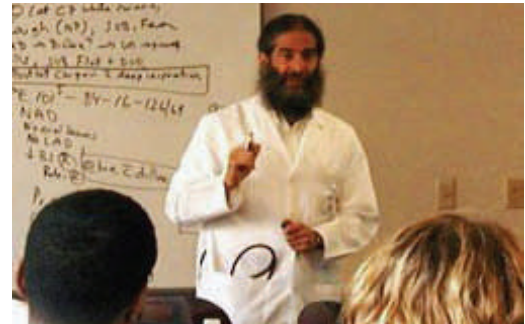
Healthy People/Healthy Systems: The OPTIMISE Model

Engineering better patient outcomes & resident training

Internal Medicine residency program redesign yields better experience for both patients and doctors and creates successes to build upon

► **Description:** OPTIMISE stands for “Outcomes of Patients and Trainees in a Model of Industrial & Systems Engineering.” This project employed the engineering perspective to improve patient care and medical resident learning in the Department of Medicine. The project targeted four specific aims: improving prevention, diagnosis, and management of chronic disease; improving patient safety by standardizing communication; improving medical resident performance; and maximizing evidence-based practice.

► **Results:** This project improved patient outcomes and strengthened the residency program by improving the evidence-based medicine skills of residents and increasing their adherence to national patient outcome measures. Meanwhile, a resident project focusing on transitions in care has led to a lower rate of



Dr. Bennett Vogelman led an overhaul of the Internal Medicine residency program, that used industrial and systems engineering methods to improve both patient outcomes and the educational experience for young doctors.

rehospitalization. As part of the internal medicine program, senior residents design a quality improvement project. Of the 47 projects designed during this grant, nearly 60 percent have been implemented, benefitting VA patients by reducing adverse drug reactions, enhancing acute and chronic disease management, improving patient safety, and facilitating interdisciplinary collaboration. Six of these practices have been published.

► **Timeline for Application of Results:** Less than 3 years

► **Next Steps:** Innovations have been incorporated into residency program. Staff members are in place to improve research competency of residents. Efforts are now underway to copy successes in fellowship programs.

GRANT FACTS

Principal Investigator: Bennett S. Vogelman, MD, Professor, Department of Medicine, UWSPH

Grant Program: Collaborative Health Sciences Program

Grant Type: Education

Grant Award: \$274,411 over three years

Research Keywords: systems-based practice, evidence-based medicine, quality improvement, self-reflection, commitment to change



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Reconstructing HIV Sequence Histories to Identify Potent Immune Responses

On the road to stopping HIV replication

By understanding how HIV avoids initial immune responses, researchers believe they may be able to chart a path toward a vaccine

► **Description:** HIV remains a major public health problem, but researchers have discovered that prophylactic drug or microbicide use may prevent infection following exposure. Some believe there is a potent natural immune response against HIV that occurs early after infection, but is overwhelmed as the virus replicates and mutates. Better understanding of this process will be a major component of an HIV vaccine.

► **Results:** The investigators developed a method using a rhesus macaque model and SIV (the virus that causes simian HIV) to identify early immune responses to SIV from which the virus rapidly escapes. Identification of these early immune responses would allow the design of a vaccine that would build upon these potent responses to improve the function of a HIV vaccine. The

A novel single cDNA amplicon pyrosequencing method for high-throughput, cost-effective sequence-based HLA class I genotyping

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ABSTRACT

Human leukocyte antigen (HLA) genotype influences the immune response to pathogens and transplants; accurate HLA genotyping is critical for clinical and research applications. Sequence-based HLA genotyping is limited by the cost of Sanger sequencing genomic DNA (gDNA) and resolving cis/trans alleles, hindering both studies correlating high-resolution genotype with clinical outcomes, and population allele frequency surveys. We present an assay for sequence-based HLA genotyping by titanium reduction of PCR products from a single, universally diagnostic polymerase chain reaction (PCR) product from HLA class I cDNA that captures most of exons 2, 3, and 4 used for traditional sequence-based genotyping. The amplicon is predicted to unambiguously resolve 85% of known alleles. A panel of 48 previously typed samples was assayed with this method, demonstrating 100% non-null allele typing concordance. This technique can multiplex at least 768 patients per sequencing run with multiplexed primers.

Findings from this grant were published in the *Journal of Human Immunology* in 2010.

investigators were unable to translate this method from the SIV model to the HIV model using human samples during the course of this grant. However, the work on the genetic material of the virus did result in significant advances that may aid future HIV vaccine studies.

► **Timeline for Application of Results:** 5 to 7 years

► **Next Steps:** The investigators are seeking grant funding to study SIV-specific immune responses in the intestinal mucosa. This would allow them to use the techniques developed during this grant to sequence the SIV genome and help identify the immune responses necessary to include as part of a future HIV vaccine for humans.

GRANT FACTS

Principal Investigator: David H. O'Connor, PhD, Assistant Professor, Department of Pathology and Laboratory Medicine, UWSPH

Grant Program, Type: New Investigator Program

Grant Type: Basic Sciences

Grant Award: \$99,995 over three years

Research Keywords: HIV, cytotoxic T lymphocytes, Immune response, HIV vaccine, latency



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

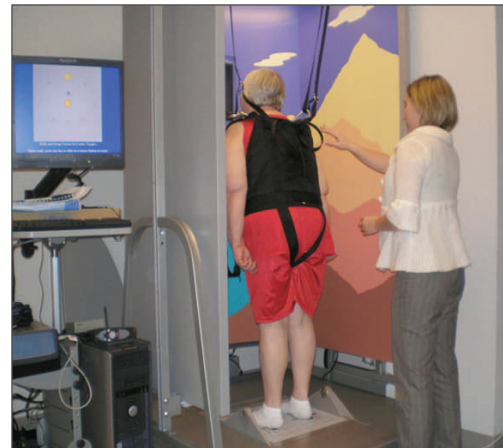
Falls Risk Detection and Gait Instabilities in Older Adults

Examining the stride to identify senior fall risk

By combining the Dynamic Gait Index with cognitive measures physicians may be able to better predict and prevent falls among seniors

► **Description:** Falls are the leading cause of injury among those over 65. The overall objective of this research was to define the ability of gait characteristics to accurately identify falls risk status in older adults. The project also tested whether strength and balance training could improve gait characteristics.

► **Results:** Results showed that a simple clinical measure, the Dynamic Gait Index (DGI), was a strong predictor of falls risk. Patients with a history of falls demonstrated diminished levels of postural control and scored lower on cognitive measures than those without a history of falls. When combined with a measure of cognitive function, DGI's ability to distinguish older adults with and without a history of recurrent falling was greatly enhanced.



This project found that subclinical cognitive decline in seniors significantly increases risk for falls.

► **Timeline for Application of Results:** Less than 3 years

► **Next Steps:** Cognitive evaluations typically are not included in examinations of older adults unless signs and symptoms warrant it. These findings indicate that changes in cognitive function considered to be subclinical can significantly increase falls risk. Therefore, the inclusion of a simple, clinical measure of cognitive function should be considered routine in falls risk screening. Further, programs and activities designed to improve cognitive function may be important in reducing falls risk in older adults. Work will continue due to \$50,000 in funding from the Wisconsin Comprehensive Memory Program. An NIH grant proposal is currently under development.

GRANT FACTS

Principal Investigator: Bryan C. Heiderscheit, PT, PhD, Associate Professor, Departments of Orthopedics & Rehabilitation and Biomedical Engineering, UWSMPH

Grant Program: New Investigator Program

Grant Type: Clinical and Translational Research

Grant Award: \$100,000 over two years

Research Keywords: gait, falls, older adults self-reflection, commitment to change



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

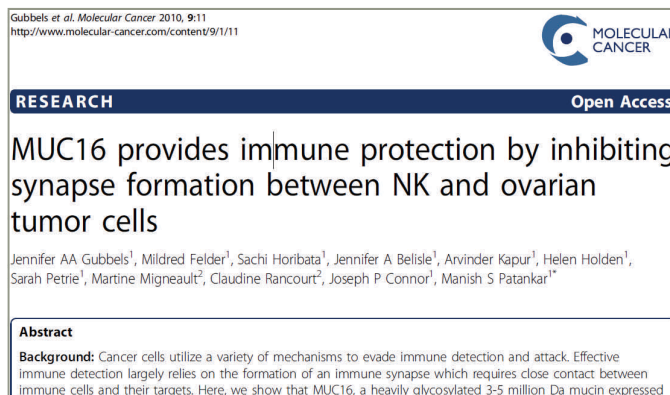
A new diagnostic test to monitor regression and recurrence of epithelial ovarian cancer

Test may allow earlier detection of ovarian cancer

Work with the MUC16 protein shows it may be a marker for ovarian cancer and identify preeclampsia in pregnant women

► **Description:** More than 300 women a year in Wisconsin die of ovarian cancer. One reason for this is that most tumors are discovered late. This proposal sought to develop a novel diagnostic test that would identify the disease at a much earlier stage, using the presence of a specific protein — MUC16 — that has been identified as a marker.

► **Results:** The data show that the presence of the protein, MUC16, can be used to differentiate between healthy women and ovarian cancer patients. The investigators have refined a potential clinical test that could lead to earlier detection of ovarian cancer. The effectiveness of the test will require further clinical investigation. The initial findings have been published in



Dr. Patankar and his teams published their findings in the *Journal of Molecular Cancer*

the journal *Molecular Cancer*. In addition, this test also appeared successful in predicting preeclampsia in pregnant women. This has expanded the potential impact of these findings. These findings have been submitted to a major medical journal as well.

► **Timeline for Application of Results:** 5 to 7 years

► **Next Steps:** The National Institutes of Health have pledged \$355,287 through an R21 grant to continue this work in a clinical study that will test these findings with a larger cohort of patients. The results of this study may allow for the proper formulation of a clinically useful diagnostic test for ovarian cancer and preeclampsia.

GRANT FACTS

Principal Investigator: Manish S. Patankar, PhD, Department of Obstetrics & Gynecology, UWSMPH

Grant Program: New Investigator Program

Grant Type: Clinical and Translational Research

Grant Award: \$98,738 over two years

Research Keywords: ovarian cancer, biomarker, early detection, disease monitoring, preeclampsia



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

The Relationship between Asthma and Obstructive Sleep Apnea (OSA) - A Pilot Study

Sleep apnea may lead to poor asthma control

Findings show obstructive sleep apnea may be a common reason for chronic asthma, suggesting clinicians should screen for the condition.

► **Description:** Asthma represents a significant public health burden, with 450,000 reported cases in Wisconsin. Many asthmatic individuals also report sleep disturbances, including symptoms of obstructive sleep apnea (OSA) such as snoring and daytime sleepiness. This project aimed to study the relationship of OSA with asthma, including the prevalence of OSA symptoms and their relationship with asthma control.

► **Results:** The investigators found that a high risk of OSA was associated, on average, with nearly three times higher odds for not-well-controlled asthma, when accounting for the presence of obesity and other factors known to worsen asthma. The associations were similar, regardless of the way of assessing asthma control. The findings suggest that obstructive sleep apnea is common

CHEST

Original Research

ASTHMA

Association of Obstructive Sleep Apnea Risk With Asthma Control in Adults

Mihaela Teodorescu, MD, FCCP; David A. Polomis, MD; Stephanie V. Hall, MPH; Mihai C. Teodorescu, MD; Ronald E. Gangnon, PhD; Andrea G. Peterson, MS; Ailiang Xie, PhD; Christine A. Sorkness, PharmD; and Nizar N. Jarjour, MD, FCCP

Findings: Unrecognized obstructive sleep apnea (OSA) may lead to poor asthma control and suboptimal therapy. Our objective was to evaluate the relationship between OSA risk and asthma control in adults.

The results of this study were published in the journal *Chest*.

and frequently unrecognized in asthma patients, outlining a need for clinicians to screen for it in those patients who have difficulty achieving adequate asthma control. The connections between OSA and asthma found through this project may suggest a new understanding of the causes of poor asthma control.

► **Timeline for Application of Results:** Less than 3 years

► **Next Steps:** The investigators have received \$237,000 to collaborate with the NIH-National Heart, Lung, and Blood Institute's Asthma Clinical Research Network and Severe Asthma Research Program to further test these findings.

GRANT FACTS

Principal Investigator: Mihaela Teodorescu, MD, Assistant Professor, Department of Medicine, UWSMPH

Grant Program, Type: New Investigator Program

Grant Type: Clinical and Translational Research

Grant Award: \$99,995 over three years

Research Keywords: asthma, sleep apnea, disease control, lower airways, inflammation



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Development of a Centralized UWCCC Biobank

Banking tissue specimens to invest in research

Creation of BioBank at the UW Cancer Center provides researchers with ready access to human specimens to advance research and discover new patient therapies



The BioBank team collects and stores human samples, aiding in population-based cancer studies.

► **Description:** The completion of the human genome project and the development of molecular screening technologies have made it possible to examine the interplay between genetics and disease and personalize medical delivery. This research requires large numbers of high quality specimens from patients to be collected, stored, and annotated to exacting standards. This grant supported the establishment of the University of Wisconsin Carbone Cancer Center (UWCCC) BioBank, with the goal of eventually meeting the biospecimen needs of all investigators in the University of Wisconsin School of Medicine and Public Health (UWSMPH).

► **Results:** The grant successfully established the BioBank. Through May 31, 2010, it had collected and

processed 5,296 specimens from 1,165 patients, incorporated computer tracking systems that support all of the BioBank's core functions, and assured compliance with all regulatory requirements. During the grant period, it provided samples for five published studies, ranging from exploring cancer cell biology studies to translational research focusing on biomarkers of cancer cells. The BioBank has been engaged in further studies that are awaiting grant funding.

► **Timeline for Application of Results:** Less than 3 years

► **Next Steps:** The WPP has provided continuation funding for the BioBank to help the project team develop a stable stream of revenue

GRANT FACTS

Principal Investigators: David T. Yang, MD, Department of Pathology and Laboratory Medicine, UWSMPH; William Schelman, MD, Department of Hematology and Oncology, UWSMPH

Grant Program: Targeted Awards

Grant Type: Clinical and Translational Research

Grant Award: \$402,412 over two years

Research Keywords: Biobank, tissue acquisition, tissue banking, serum banking



MEDICAL EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Shared Resources for Interdisciplinary Research for WIMR Phase 1

Bringing WIMR online quickly to advance research

Resources for UWSMPH's research platform of the future provided a seamless transition for investigators as they moved their labs to the new facility



WIMR is facilitating collaborative research on breast and prostate cancer, stem cells, and imaging sciences.

► **Description:** The Wisconsin Institutes for Medical Research (WIMR) is the interdisciplinary research platform for the future, providing UWSMPH scientists with the opportunity to translate research from basic discoveries to clinical and population health applications. Placing researchers in the same building and giving them opportunities to collaborate will lead to innovative research and scientific breakthroughs. The main research topics of investigators in WIMR Phase I are breast and prostate cancer, stem cells, and imaging sciences. This award provided shared resources for researchers in WIMR that fall into two major categories: shared molecular biology equipment, and animal facility caging and ancillary equipment necessary to operate a vivarium.

► **Results:** Expansion of the facility has led to new collaborations between varied SMPH departments, including surgery, cardiology, pediatrics and cancer research. By placing these resources in WIMR, they were immediately available to investigators as they moved into new space. Investigators have described them as “critical to the research” in WIMR.

► **Timeline for Application of Results:** Less than three years

► **Next Steps:** All equipment purchased with WPP funds is used in extramurally-supported research projects.

GRANT FACTS

Principal Investigator: Robert N. Golden, MD, Dean, UWSMPH

Grant Program: Targeted Education and Research Program

Grant Award: \$2,470,347

Research Keywords: Molecular biology, cancer, imaging science, cardiovascular, neuroscience

Medical Education and Research Committee
New Investigator Program Application Review Subcommittee

Alexandra Adams, PhD

Associate Professor, Department of Family Medicine, UW SMPH

Elaine Alarid, PhD

Associate Professor, Department of Oncology, UW SMPH

Howard Bailey, MD

Professor, Department of Medicine, UW SMPH

Ruth Benca, MD, PhD

Professor, Department of Psychiatry, UW SMPH

Neil Binkley, MD

Associate Professor, Department of Medicine, UW SMPH

Robert Blank, MD, PhD

Associate Professor, Department of Family Medicine, UW SMPH

Richard Brown, MD, MPH

Professor, Department of Family Medicine, UW SMPH

Norm Drinkwater (CHAIR), PhD

Professor, Department of Oncology, UW SMPH

Marlowe Eldridge, MD

Associate Professor, Departments of Pediatrics, UW SMPH

John Frey, MD

Professor, Department of Family Medicine, UW SMPH

Mike Gould, PhD

Professor, Department of Oncology, UW SMPH

Jenny Gumperz, PhD

Associate Professor, Department of Medical Microbiology and Immunology, UW SMPH

Bruce Klein, MD,

Professor, Department of Pediatrics, UW SMPH

Charles Mistretta, PhD

Professor, Department of Medical Physics, UW SMPH

Donata Oertel, PhD

Professor, Department of Neuroscience, UW SMPH

Robert Pearce, MD, PhD

Professor, Department of Anesthesiology, UW SMPH

Jeff Ross, MD

Professor, Department of Population Health Sciences, UW SMPH

Su-Chun Zhang, MD, PhD

Professor, Department of Anatomy, UW SMPH