

BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM

I.1. Education Committee

10:30 a.m. Education Committee

Thursday, December 5, 2013
1820 Van Hise Hall
Madison

a. Consent Agenda:

1. Approval of the Minutes of the October 10, 2013, Meeting of the Education Committee.

- b. UW-Milwaukee, Approval of a Ph.D. in Kinesiology.
[Resolution I.1.b.]

- c. UW-Platteville, Approval of a School of Business.
[Resolution I.1.c.]

- d. The University of Wisconsin School of Medicine and Public Health,
The Wisconsin Partnership Program – Dean Robert Golden:

1. Acceptance of the 2012 Annual Report; and
2. Approval of the Wisconsin Partnership Program 2014-2019 Five-Year Plan.
[Resolution I.1.d.(2)]

e. Report of the Senior Vice President:

1. Faculty Workload, Quality of Education, and Compensation;
2. Update on 30-credits General Education Core Transfer; and
3. Freshman Admissions Policy Review.

Program Authorization (Implementation)
Doctor of Philosophy in Kinesiology at
UW-Milwaukee

EDUCATION COMMITTEE

Resolution I.1.b.

That, upon the recommendation of the Chancellor of the University of Wisconsin-Milwaukee, as well as the President of the University of Wisconsin System, the Chancellor be authorized to implement the Doctor of Philosophy in Kinesiology.

**NEW PROGRAM AUTHORIZATION
DOCTOR IN PHILOSOPHY IN KINESIOLOGY
UNIVERSITY OF WISCONSIN-MILWAUKEE**

BACKGROUND

This proposal is presented in accordance with the procedures outlined in Academic Planning and Program Review (ACIS 1.0, Revised August 2012, available at <http://www.uwsa.edu/acss/planning/>). The new program proposal for a Doctor in Philosophy in Kinesiology at the University of Wisconsin-Milwaukee is presented to the Board of Regents for consideration. The institution has submitted the authorization document and a letter of institutional commitment from the university's Provost.

REQUESTED ACTION

Approval of Resolution I.1.b., authorizing the implementation of the Doctor of Philosophy in Kinesiology degree program at the University of Wisconsin-Milwaukee.

DISCUSSION

As a public university focused on integrative research and academic programs, which prepare leaders to serve diverse communities, UW-Milwaukee (UWM) proposes to add the Doctor of Philosophy (Ph.D.) in Kinesiology in order to fill a critical gap in the university's graduate program array in the health sciences. A doctoral-level program in Kinesiology is currently offered at UWM as a track within the Ph.D. program in Health Sciences, established in 2005.

Enrollment growth in programs offered by the Department of Kinesiology warrants the addition of this research-focused, terminal degree to the existing B.S. and M.S. in Kinesiology. Because the curricular and research infrastructure already exists, UWM expects that the resources needed to implement the Ph.D. in Kinesiology will be minimal.

The proposed Ph.D. in Kinesiology will facilitate a variety of career paths for graduates including: academic teaching, research, and/or administrative positions within colleges and universities; careers in nonprofit service and research organizations; policy-making positions in government agencies and institutions; and careers in for-profit businesses.

The program will require students to complete a minimum of 58 graduate credits beyond the Master's degree. The curriculum will be comprised of five main components: (1) the core curriculum, (2) an area of emphasis, (3) a cognate area, (4) electives, and (5) a dissertation. This curriculum will produce successful scholars who will have the ability to create, evaluate, apply, and advance knowledge.

RECOMMENDATION

The University of Wisconsin System Administration recommends approval of Resolution I.1.b., authorizing the implementation of the Doctor of Philosophy in Kinesiology at the University of Wisconsin-Milwaukee.

RELATED REGENT AND UW SYSTEM POLICIES

Regent Policy 4-12: Academic Program Planning, Review, and Approval in the University of Wisconsin System.

Academic Information Series #1 (ACIS-1.0; revised August 2012): Statement of the UW System Policy on Academic Planning and Program Review.

**REQUEST FOR AUTHORIZATION TO IMPLEMENT A
DOCTOR OF PHILOSOPHY DEGREE IN KINESIOLOGY
AT THE UNIVERSITY OF WISCONSIN-MILWAUKEE
PREPARED BY UW-MILWAUKEE**

ABSTRACT

The Doctor of Philosophy in Kinesiology is designed as an interdisciplinary research-focused program that will provide balanced, comprehensive, doctoral-level training in theoretical perspectives, research methodology, and statistics that will reflect an integration of scientific discovery and application in the field of Kinesiology. Graduates will seek careers in higher education, nonprofit service and research, for-profit research, and governmental agencies.

PROGRAM IDENTIFICATION

Institution Name

University of Wisconsin-Milwaukee (UWM)

Title of Proposed Program

Kinesiology

Degree/major designation

Doctor of Philosophy (Ph.D.)

Mode of Delivery

Residential, on-campus program consisting of classroom-, technology-, and laboratory-based instruction.

Projected Enrollment by Year Five

It is expected that the program will enroll 17 students when it reaches steady-state. Based on experience, the attrition rate in the program is expected to be low. The program will enroll a mix of in-state and out-of-state students.

Tuition Structure

Standard UWM graduate tuition in the amount of \$5,797.91 per semester will be charged for resident students and \$12,030.71 for non-resident students (\$8,108.55 for Minnesota residents with reciprocity). There is no plan to increase tuition in the future beyond general tuition increases.

Department or Functional Equivalent

Department of Kinesiology

College, School, or Functional Equivalent

College of Health Sciences

Proposed Date of Implementation

Fall 2014

INTRODUCTION

Rationale and Relation to Mission and Strategic Plan

Kinesiology is “the study of physical activity and its impact on health, society, and quality of life” (American Kinesiology Association), and plays a vital role in the prevention and treatment of many chronic diseases, the prevention and treatment of acute and chronic injuries, and the maintenance/enhancement of participation across all levels. The proposed Kinesiology Ph.D. program will contribute to UWM’s mission in the following ways: By providing doctoral-level research and educational opportunities to students interested in Kinesiology and its subfields, the program will directly address UWM’s mission “to continue development of a balanced array of high quality doctoral programs in basic disciplines and professional areas.” It will also advance UWM’s mission “to engage in a sustained research effort which will enhance and fulfill the University’s role as a doctoral institution of academic and professional excellence” through an emphasis on dissertation research in the program.

Strategic planning at UWM is guided by the vision that UWM will become a “top-tier research university.” The proposed program will fill a critical gap in the program array in the health sciences field through the addition of a *research-focused* terminal degree (Ph.D. Kinesiology), thus enabling UWM’s program array to fit the vision guiding the strategic planning process. The proposed Ph.D. program is a natural fit with the array of programs offered by the Department of Kinesiology that includes pre-professional (B.S. in Kinesiology and a jointly-offered B.S. in Nutritional Sciences with the Department of Biomedical Sciences), professional (B.S. in Athletic Training and the Doctor of Physical Therapy), and research (M.S. in Kinesiology) degrees.

The mission of UWM’s Department of Kinesiology is to optimize human health and wellness by promoting physical activity, improving life participation, and enhancing performance across the lifespan through a culture of dynamic learning, discovery, and engagement. The department aspires to be internationally recognized for its integrative research and academic programs that prepare transformational leaders who positively impact diverse communities. This vision is well-aligned with the vision of UWM to become “[...] a top-tier research university.”

Kinesiology is currently a track within the Ph.D. program in Health Sciences, launched eight years ago. Kinesiology faculty have participated in training scholars within that program. Since 2005, in response to student demands, the programs in Kinesiology have grown and have resulted in an increase in the number of Kinesiology faculty lines from 12 to 17, which now

allow adequate breadth and depth to offer a stand-alone Ph.D. degree. Compared to the Ph.D. in Health Sciences, the Ph.D. Kinesiology degree will allow for greater focus in the core curriculum on Kinesiology-related research paradigms through graduate seminars, and focused research methods courses. However, most of the infrastructure to deliver the new degree already exists in courses developed for the M.S. in Kinesiology and Ph.D. in Health Sciences degrees. Therefore, the new resources needed to launch this program will be minimal.

Optimizing existing resources leads to several benefits in creating a stand-alone Ph.D. Kinesiology degree. The first is that it will be a more recognizable degree program both for potential students and for future employers. Better recognition value will likely increase the number and quality of students applying to the program, and it will also make graduates more competitive for faculty positions nationwide. Related to this is the fact that the national ranking system for Kinesiology departments only includes those who offer their own Ph.D., and the ability to be ranked will raise the overall profile of the department and all of its academic programs.

While the number of Kinesiology-focused students in the Ph.D. in Health Sciences degree may decrease, the growth of the Ph.D. in Kinesiology will likely lead to an increase in the overall number of Ph.D. graduates from the College of Health Sciences. This is critical because there is a need to narrow the gap between the demand for advanced academic programming among future health professionals and the need for highly-trained scholars in the field of Kinesiology. A Ph.D. in Kinesiology will provide greater depth of understanding of the science of improving people's lives through movement.

As evidence of this, according to the Bureau of Labor Statistics, there is strong predicted growth in the medical and allied health fields, over the next 10 years (Athletic Training = 28%, Physical Therapy = 39%, and Registered Dietitians = 20%), which indicates strong future demand for clinical professional programs (e.g., Athletic Training, Dietetics, and Physical Therapy). There is also strong demand and job outlook for health, nutrition, and exercise-related fields. External factors such as the Affordable Care Act, adult obesity rate projections, and the nature of the health industry, affect the need and demand for professionals trained in strategies to increase physical activity, improve nutritional choices, and promote overall health. These factors will lead to a greater demand for Ph.D.-trained faculty to educate these professionals.

The Department of Kinesiology at UWM is uniquely able to meet national market need by training scholars in a department that includes a mix of faculty with clinical and non-clinical backgrounds generating research that ranges from basic to applied. This is consistent with UWM's goal to "[...] provide a wide array of degree programs, a balanced program of applied and basic research, and a faculty who are active in public service." The specific vision of the Kinesiology Ph.D. program will be: To foster the development of leading scholars who have the ability to create, evaluate, apply, and advance knowledge at the intersection of the human movement and health sciences.

Need as Suggested by Current Student Demand

The goal of the Ph.D. Kinesiology program in the first few years is to reach an approximately 1:1 ratio of students to faculty, which is consistent with expectations of a healthy Ph.D. program. This goal of sustaining 15-17 total Ph.D. students is attainable based on recent applications to the Ph.D. Health Sciences with a Kinesiology focus. There have been a total of 25 applicants for the Ph.D. in Health Sciences who were focused on Kinesiology in the past three years, eleven of which matriculated in the Ph.D. in Health Sciences program as of fall 2013. Based on this history, there is strong student demand for a Ph.D. Kinesiology at UWM that will allow the Department of Kinesiology to reach its enrollment targets. The department expects approximately eight applicants per year, with approximately half of the students matriculating into the program. The program expects to admit at least three students per year initially, and four per year thereafter, funding the majority (but not all) of those students. Table 1 below lists the 5-year enrollment projections.

Table 1: 5-Year Enrollment Projections for the Ph.D. in Kinesiology

Year	Implementation Year	2nd year	3rd year	4th year	5th year
New students admitted	3	3	4	4	4
Continuing students	7 (transfers from Ph.D. Health Sciences)	10	13	13	13
Total enrollment	10	13	17	17	17
Graduating students	0	0	4	4	4

Need as Suggested by Market Demand

University faculty with a Ph.D. in Kinesiology degree teach and train students who are pursuing pre-professional (e.g., the B.S. in Kinesiology) and professional degrees (e.g. the Doctor in Physical Therapy, the M.S. in Occupational Therapy, and the B.S. in Athletic Training), and the demand for faculty with a Ph.D. in Kinesiology degree continues to grow.

Nationally, the number of students enrolled in Kinesiology programs grew by 50% between 2003 and 2008 (American Kinesiology Association). At UWM, the number of students enrolled in the B.S. in Kinesiology doubled during that time. Additionally, according to the Bureau of Labor Statistics, the demand for physical therapists is expected to grow by 39% in the next 10 years -- which would result in a growth of enrollment in the B.S. degree programs. Therefore, there is a national need for Kinesiology faculty to handle this growth.

As evidence of this market demand, as of October 27th, 2013, there were approximately 101 positions posted for faculty in Kinesiology and related departments in the *Chronicle of Higher Education*. The market demand is also very strong when considering the number of open

faculty positions in physical therapy programs nationally. A Ph.D. in Kinesiology is one of the most common terminal degrees possessed by potential applicants for physical therapy faculty positions, because many of scientific questions regarding rehabilitation are rooted in sub-disciplines of Kinesiology, such as biomechanics, neuroscience, or exercise physiology. In order to be qualified for faculty positions in clinical programs such as Athletic Training and Physical Therapy, a terminal degree is typically required. The Doctor of Physical Therapy (D.P.T.) degree is an entry-level professional degree and does not meet this standard, requiring these individuals to pursue a terminal research degree, such as a Ph.D. in Kinesiology.

There are currently 44 positions posted on the American Physical Therapy Association website requiring both Physical Therapy and Ph.D. credentials. Similarly, according to the Commission on Accreditation in Physical Therapy Education Fact Sheet, AY 2012-13, there were approximately 350 current and projected vacancies in Physical Therapy education programs.

Existing and future vacancies in these programs will likely increase the demand for faculty to train these health professionals. UWM is uniquely suited to meet the demand for faculty in athletic training and physical therapy, since the Department of Kinesiology includes faculty with Athletic Training/Ph.D. and Physical Therapy/Ph.D. credentials who support its B.S. in Athletic Training and Doctor of Physical Therapy programs. There have been 10 graduates from the Ph.D. Health Sciences program at UWM who were advised by Kinesiology faculty. Nine of those graduates currently hold tenure-track faculty positions at institutions nationwide, yielding a 90% academic job placement rate.

Emerging Knowledge and Advancing New Directions

Faculty in the Department of Kinesiology are on the cutting edge of impacting individual health through basic science questions focused on mechanisms of function and injury, and applied questions focusing on development of physical activity, training, and rehabilitation interventions to improve individuals' performance and quality of life. Department of Kinesiology faculty are focused on understanding the psychosocial, physiological, and neuromechanical aspects of physical activity, performance, and rehabilitation. The combination of expertise across this continuum allows for integrated approaches to physical function that are unique among Departments of Kinesiology. This integrated approach is critical in a health care environment focused on health promotion and disease and prevention.

DESCRIPTION OF PROGRAM

General Structure

Institutional Program Array

The College of Health Sciences offers pre-professional, professional, and research-focused degrees through its five academic departments (Communication Sciences & Disorders, Occupational Sciences & Technology, Biomedical Sciences, Healthcare Informatics & Administration, and Kinesiology). The College of Health Sciences also offers a

multidisciplinary Ph.D. in Health Sciences degree, allowing all of the above-named departments to offer courses and concentrations. The Department of Kinesiology offers pre-professional (B.S. in Kinesiology), accredited professional (B.S. in Athletic Training and Doctor of Physical Therapy), as well as research (M.S. in Kinesiology) degrees. The department also jointly offers a B.S. in Nutritional Sciences degree with the Department of Biomedical Sciences. The Ph.D. Kinesiology degree will be the second Ph.D. in the college, and the first that is housed within a department in the college.

Comparable Programs in the University of Wisconsin System

Currently, UW-Madison is the only university in Wisconsin offering a Ph.D. in Kinesiology. UW-Madison has offered its support for a Ph.D. in Kinesiology at UWM. UWM's proposed doctorate will differ from Madison's Ph.D. primarily through an emphasis on human movement and health, and the substantive content and methodological perspectives that accompany this curricular focus. More specifically, UW-Madison's Ph.D. in Kinesiology, housed in the School of Education, has a strong integration of the natural sciences disciplines, and offers its students an opportunity to specialize in one of seven different specialty areas within the field of Kinesiology.

The UW-Milwaukee program will be housed in the College of Health Sciences, which provides a basis for the Department of Kinesiology's strong integrative approach to the study and analysis of human movement through the integration of clinical application and scientific inquiry. The proposed program will be centered on the strengths of the UW-Milwaukee Kinesiology faculty (e.g., interdisciplinary faculty and staff, applied and fundamental research focus, and integration and value of the social sciences).

Comparable Programs outside Wisconsin

There are a total of 77 Ph.D. Kinesiology programs in the United States. In the Great Lakes Region (i.e., Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin), there are currently only eight programs that offer a Ph.D. in Kinesiology, including the program at UW-Madison. The two geographically-closest programs outside of the state that offer a Ph.D. in Kinesiology are the University of Illinois-Chicago and the University of Minnesota-Twin Cities.

Collaboration

The proposed program facilitates ongoing educational and research collaboration with current partners within the College of Health Sciences, and with other academic units at UWM (e.g., the College of Nursing, the Center for Urban Population Health, the Zilber School of Public Health, and the College of Engineering and Applied Science), the Milwaukee community (e.g., the Medical College of Wisconsin, the U.S. Department of Veterans Affairs, Marquette University, the Milwaukee School of Engineering, the Milwaukee County Department on Aging, the Clinical & Translational Science Institute, and the Milwaukee Fire Department, etc.), as well as other institutions nation- and worldwide (e.g. UW-Madison, the University of Massachusetts, West Virginia University, Cambridge University, and the University of Jyväskylä Finland).

Diversity

The Department of Kinesiology is committed to recruiting and retaining a diverse group of students and faculty. Consistent with the mission of the University of Wisconsin-Milwaukee "to further academic and professional opportunities at all levels for women, minority, part-time, and financially or educationally disadvantaged students," individuals of diverse backgrounds will be encouraged to pursue study in the Ph.D. in Kinesiology program. The challenge of attracting and retaining women and minority students in science and engineering fields has been described in great detail in the 2004 National Science Foundation report, "Women, Minorities, and Persons with Disabilities in Science and Engineering."

This recruitment challenge, however, has not been as pronounced in Kinesiology as it has been for other science and engineering fields, with 50% of UWM departmental faculty being women. The proposed Ph.D. in Kinesiology will provide an opportunity for Wisconsin residents (and non-residents) to obtain an affordable doctoral degree from one of the nation's top urban research universities.

Student Learning Outcomes and Objectives

Program Goal 1: The UWM Ph.D. in Kinesiology will provide students with advanced theoretical, methodological, and analytical abilities with which to create, interpret, evaluate, apply, and disseminate Kinesiology knowledge in their areas of specialization. More specifically, the Department has established the following student learning outcomes.

Students will:

- demonstrate a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of Kinesiology and Health Sciences;
- make informed judgments on complex issues in Kinesiology and on the related fields of Health Sciences, often in the absence of complete data; and be able to communicate their ideas and conclusions, clearly and effectively, to specialist and non-specialist audiences;
- demonstrate the general ability to conceptualize, design, and implement a project for the generation of new knowledge, applications, or understanding at the forefront of Kinesiology and Health Sciences, and to adjust the project design in the light of unforeseen problems;
- demonstrate a detailed understanding of applicable techniques for research and advanced academic inquiry in Kinesiology and related Health Sciences;
- create and interpret new Kinesiology and/or related Health Sciences knowledge in their area of expertise, through original research or other advanced scholarship, of a quality to satisfy peer review, to extend the forefront of the discipline, and to merit publication; and

- demonstrate the qualities and transferable skills necessary for employment in academics, industry, or a clinical setting, requiring the application of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.

Program Goal 2: The Ph.D. in Kinesiology will recruit and matriculate highly-qualified candidates for doctoral education.

Program Goal 3: The Ph.D. in Kinesiology will increase scholarly productivity of faculty and students in the Department of Kinesiology.

Program Goal 4: The Ph.D. in Kinesiology will contribute to the continued evolution, as well as national and international growth of Kinesiology through engagement in national and international organizations and foundations.

Assessment

The department will use a process for continuous evaluation of learning objectives that will begin in the first year the program is offered. Initially, these assessments will be based on student performance in courses and exams. Outcomes, such as success of graduates of the program, will be added to the evaluation process when students graduate with the proposed degree.

Internal self-study: The aim of the self-study conducted by the Graduate Program Director will be to ensure that program and learning objectives are achieved as stated. This evaluation will incorporate the information collected from the assessment methods listed below. The Kinesiology Department Graduate Faculty Committee will meet annually to discuss the evaluations and modify the program on an as-needed basis.

Program admissions and enrollment: The number of applications for admission to the program, the number of students accepted to the program, and the number of students enrolled in the program will be correlated to determine success in recruiting and retaining high-quality students. Factors such as GRE scores, undergraduate and graduate major, and undergraduate and graduate GPA will be monitored to evaluate the strength of the applicant pool.

Student learning: Records will be maintained on students' grades in core coursework and independent research coursework; length of time-to-degree; student pass rate on the preliminary exam and in the doctoral defense; and the number of student presentations and publications, as well as on grant submissions to aid in the analysis of program's success in preparation of students as independent scholars. Finally, at the time of the preliminary exam and oral defense of the dissertation, the student's committee members will be asked to formally assess (in writing) the student's progress towards achieving the doctoral program learning objectives.

Student and faculty evaluation of courses: At the end of each semester, students will review the content and instructor for program courses. For example, they will be asked how well the content delivered aligned with the course learning objectives. This information will be used

to assess and improve course quality. In addition, the Department has a formalized peer review of teaching processes that will be implemented for Departmental courses. The peer review of teaching will provide peer-to-peer feedback on course content as well as quality of instruction.

Peer review: In accordance with UWM Graduate Faculty Committee (GFC) requirements, the program will undergo a full review after the first five years of operation, and every ten years thereafter. The internal self-study (described above) will serve as the foundation for the review conducted by the GFC.

Alumni assessment: A key program assessment will be the job placement rate of its graduates. In addition, once students matriculate through the program, alumni will be asked to complete an exit survey evaluating the strengths and weaknesses of the program with respect to program goals, quality of preparation for the job market, and avenues for improvement. This information will be updated every three years and used to maintain an alumni directory that will be populated with information regarding current employer, job title, salary, and contact information.

Faculty assessment: The degree to which this program will assist in increasing faculty productivity and national/international presence will also be assessed by the number of presentations, publications, and grant proposals generated by department faculty. Additionally, faculty involvement in national and international organizations will be tracked.

Curriculum

With a focus on the interrelationships between human movement and health, the foundation of the Ph.D. in Kinesiology curriculum will provide students with both the classroom and experiential training that is critical to becoming a successful scholar. It is expected that this degree will take an average of four to five years for a full-time student to successfully complete. In accordance with both the university's and the department's historical and current strengths and future growth agendas, the program will focus on developing scholars in areas of emphasis that align with faculty expertise. The proposed program will facilitate a variety of career paths for students, including: academic teaching, research, and/or administrative positions within colleges and universities; careers in nonprofit service and research organizations; policy-making positions in government agencies and institutions; and careers in for-profit businesses using Kinesiology research knowledge and skills.

The program will require students to complete a minimum of 58 graduate credits beyond the Master's degree, or 79 credits beyond the Bachelor's degree. The curriculum will be comprised of five main components: (1) the core curriculum, (2) an area of emphasis, (3) a cognate area, (4) electives, and (5) a dissertation. All coursework will be decided upon and approved by the students' Ph.D. committees. In addition to formal coursework, other milestones a student will be required to successfully complete include a preliminary examination, a dissertation proposal, and a dissertation defense.

This curriculum will produce successful scholars who will have the ability to create, evaluate, apply, and advance knowledge. The curriculum, grounded by a strong integration and

valuation of both natural and social sciences into the department's research and teaching, and a focus on the lifespan (from infants to older adults), will provide students with excellent research training for entry into academic and research careers. Credit distribution will be as follows:

	Students entering with an M.S.	Students entering with a B.S.
Core Curriculum	16 credits, minimum	22 credits, minimum
Area of Emphasis Curriculum	15 credits, minimum	21 credits, minimum
Cognate	9 credits, minimum	12 credits, minimum
Electives	6 credits, minimum	12 credits, minimum
Dissertation	12 credits	12 credits
TOTAL	58 credits	79 credits

Core Curriculum

The core curriculum will focus on developing the knowledge and skills necessary for students to conduct sound and innovative research, and to develop as a scholar. Coursework included in the core curriculum focuses on research methodology and design, statistical analysis, ethical conduct of research, professional development, and teaching and learning coursework.

Seminar*	1 credit repeated 4 times with different content
<i>KIN 901 or other comparable option</i>	
Teaching and Learning course	3 credits
<i>KIN 909; OST 990</i>	
Research Methodology and Design	3 credits
<i>KIN 705 or comparable option</i>	
Statistics	6 credits (minimum)
<i>Possible eligible courses include, but are not limited to KIN 702, SocWrk 961, SocWrk 962, SocWrk 963, SocWrk 964.</i>	

**The seminar course will expose students to recent research pertinent to Kinesiology and Health Sciences. Additionally, the seminar will be used to facilitate professional training including, but not limited to, manuscript preparation and review, time management, and presenting to scientific and public audiences.*

Area of Emphasis Curriculum

Students will select an area of emphasis in line with their advisor's expertise. These areas are broadly defined by physiological, psychosocial, and neuromechanical aspects of human movement. Students will take an array of courses, offered within and outside the Department of Kinesiology, exploring the main dimensions of that area. The coursework for

these three areas of emphasis largely exists for students in the M.S. in Kinesiology and the Ph.D. in Health Sciences programs. For example, the neuromechanics area requirements could be met by the following, currently offered courses: KIN 520 (Neuromechanics Research Methods), KIN 561 (Control of Human Voluntary Movement), KIN 720 (Introduction to Biomechanics Research Methods), KIN 725 (Interdisciplinary Themes in Biomechanics), and KIN 764 (Neurophysiology of Human Movement).

Similar arrays of courses exist for students in physiological and psychosocial emphasis areas. The academic area of specialization within Kinesiology will be identified prior to the student's entry into the program. The student's doctoral committee will be charged with reviewing their program of study to ensure that sufficient doctoral level coursework will be/has been completed.

Cognate

The cognate area, within or outside the courses offered by the Department of Kinesiology, will complement the student's area of concentration (e.g., area of emphasis: Exercise Physiology; cognate: Nutrition), and will be identified by the end of the first year of coursework. Coursework in the cognate area may include classes offered within and outside the Department of Kinesiology. As with the area of emphasis curriculum, the student's doctoral committee will be charged with reviewing the program of study to ensure that sufficient doctoral-level coursework has been completed.

Electives

Students will have the opportunity to broaden their knowledge by taking supplemental courses in teaching and learning, grant writing, manuscript preparation, professional development, and other areas that complement their areas of emphasis.

Dissertation

The completion of a dissertation, consisting of original research, will be the final step in earning a Ph.D. in Kinesiology from the University of Wisconsin-Milwaukee.

Program Review

UWM's graduate program review process can be found at:
<http://www.graduateschool.uwm.edu/faculty-staff/governance/graduate-program-reviews/>.
New programs are required to undergo a full review at five years by the UWM Graduate Faculty Committee that will assess overall program quality. Aspects of the program to be evaluated to assess the creation and maintenance of quality will include, but not be limited to:

- Student performance (grades and thesis quality);
- Diversity of studies (range of issues and courses taken by students);
- Student evaluations of the faculty and program;
- Diversity of participation in the program from different types of students and career objectives; and
- Outside observations from persons involved in the field of Kinesiology.

Any quality review will examine the range of issues addressed by students, the background of students who enter the program, and the types of jobs and activities in which

students engage after completing the program. All three of these factors will be examined in terms of social equity and inclusiveness of excellence. Engaging external reviewers in the process ensures benchmarking the program in relation to the disciplinary norm.

Accreditation

There is no accreditation requirement for Ph.D. programs in Kinesiology.

Institutional Commitment (See attached Letter of Commitment from Provost Britz)

University of Wisconsin-Milwaukee						
Cost and Revenue Projections For the Ph.D. in Kinesiology						
	Items	Projections				
		Year 1	Year 2	Year 3	Year 4	Year 5
I	Enrollment (Cumulative Headcount)	10	13	17	17	17
II	Enrollment (Cumulative FTE)	10	13	17	17	17
III	Number of Faculty/Instructional Staff (FTE)	2.664	2.664	3	3	3
IV	Number of other Staff (FTE)	0.5	0.5	0.5	0.5	0.5
V	Revenue					
	<i>From Tuition</i>	\$160,000	\$208,000	\$272,000	\$272,000	\$272,000
	<i>From Fees</i>					
	<i>Other (including reallocation)</i>	\$158,400	\$110,400	\$80,000	\$80,000	\$80,000
	Total Revenue	\$318,400	\$318,400	\$352,000	\$352,000	\$352,000
VI	Expenses					
	Salaries plus Fringes					
	<i>Faculty/Instructional Staff</i>	\$266,400	\$266,400	\$300,000	\$300,000	\$300,000
	<i>Other Staff</i>	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000
	Other Expenses					
	<i>Facilities</i>					
	<i>Equipment</i>					
	<i>Other: Marketing and S&E</i>	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
	Total Expenses	\$318,400	\$318,400	\$352,000	\$352,000	\$352,000
VII	Net Revenue	\$0	\$0	\$0	\$0	\$0



Academic Affairs

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August 16, 2013

To: Kevin P. Reilly, President, University of Wisconsin System

From: Johannes J. Britz, Provost and Vice Chancellor

A handwritten signature in black ink, appearing to read "J. Britz", with a stylized flourish at the end.

Re: Authorization to implement a Ph.D. in Kinesiology

Per UW System guidelines for new program development, I am writing to you to assure the support of the University of Wisconsin – Milwaukee for the proposed Doctor of Philosophy (Ph.D.) in Kinesiology.

The proposed program will provide balanced, comprehensive doctoral-level training in theoretical perspectives, research methodology, and statistics that will reflect an integration of scientific discovery and application. As an outgrowth of the existing Ph.D. program in Health Sciences, the proposed program offers students the choice to specialize in an aspect of Kinesiology. The graduates of the program will be prepared for careers in academics, nonprofit service and research, for-profit research, and governmental agencies.

The authorization document has been vetted through campus faculty governance processes – at the department, school, and campus levels. The proposal meets all of the UWM standards and expectations for quality and rigor at the master's level. Upon implementation, the program will be reviewed at the five-year mark and subsequently according to the regular campus program review process.

Since all of the courses students will take in this program already exist in the various departments at UWM, there are no additional instructional costs to deliver this program. The Dean has committed the resources needed for the program development, marketing and some student assistance.

I am excited to send this request for authorization for approval with my strong support. If you have any questions, please contact Vice Provost Dev Venugopalan.

- c: Stephen Kolison, Sr. Associate Vice President, UWSA Academic and Student Affairs
- Mark Nook, Sr. Vice President, UWSA Academic and Student Affairs
- Carmen Faymonville, Spl. Asst.to Sr. Vice Pres., UWSA Academic and Student Affairs
- Chukuka Enwemeka, Dean, College of Health Sciences
- Dev Venugopalan, Vice Provost, UWM Academic Affairs

Establish a School of Business at
UW-Platteville

EDUCATION COMMITTEE

Resolution I.1.c.

That, upon the recommendation of the Chancellor of the University of Wisconsin-Platteville, as well as the President of the University of Wisconsin System, the UW System Board of Regents authorizes the establishment of a School of Business at UW-Platteville.

AUTHORIZATION TO ESTABLISH A SCHOOL OF BUSINESS AT UW-PLATTEVILLE

BACKGROUND

This proposal is presented in accordance with the procedures outlined in Academic Planning and Program Review (ACIS 1.0, Revised August 2012, available at <http://www.uwsa.edu/acss/planning/>). The request for the reorganization of the Department of Business and Accounting into a School of Business at the University of Wisconsin-Platteville is presented to the Board of Regents for consideration. UW-Platteville has submitted a written request, as well as relevant attachments, including current and proposed organizational charts, in support of reorganizing the current Department of Business and Accounting into a School of Business.

REQUESTED ACTION

Approval of Resolution I.1.c., authorizing the reorganization of the Department of Business and Accounting into a School of Business.

DISCUSSION

The University of Wisconsin-Platteville's mission highlights the institution's commitment to serve as an educational, cultural, and economic development resource to southwestern Wisconsin by providing academic programs that meet the region's need for graduates in a range of academic disciplines. The College of Business, Industry, Life Science and Agriculture (BILSA) serves this mission by offering degree programs in agriculture, biology, business and accounting, media studies, and industrial studies. Programs within the College emphasize both theoretical and applied knowledge and experiential learning opportunities. The College is comprised of the School of Agriculture and four academic departments, including Biology, Business and Accounting, Industrial Studies, and Media Studies.

The Department of Business and Accounting currently houses a B.S. in Business Administration and a B.S. in Accounting. The department also houses four online graduate programs that are administered cooperatively with the UW-Platteville Distance Learning Center: an M.S. in Project Management, an M.S. in Organizational Change Leadership, an M.S. in Integrated Supply Chain, and an M.S. in Distance Education Leadership. The undergraduate business and accounting programs enroll approximately 1,240 major students annually. The graduate programs enroll approximately 630 students annually. The number of enrolled students within the Department of Business and Accounting's academic programs is comparable to student enrollments within the UW-Platteville School of Agriculture and the UW Platteville School of Education.

The proposed reorganization of the Department of Business and Accounting into a School of Business will build financial development opportunities between UW-Platteville and its partners. Such partnerships will enable the proposed School of Business to better grow and respond to the workforce and economic development needs within the tri-state region. The

proposal to establish a School of Business at UW-Platteville was approved by the UW-Platteville Academic Budget Commission and by the Faculty Senate on April 23, 2013, and has been endorsed by the Chancellor.

While the reorganization of the Department of Business and Accounting into a School of Business will poise the unit for future growth, the current administrative structure is sufficient to operate the unit. Functionally, the proposed School of Business will maintain its current operating and reporting structures. There will be no new faculty lines, staff, or facilities. The School of Business will be housed in the existing College of Business, Industry, Life Science, and Agriculture (BILSA). The current position of the Departmental Chair will be reclassified as a position of Director, who will report to the Dean of the College of BILSA. No new instructional programs, separate and distinct from the nature of academic programs currently offered within the Department of Business and Accounting will be developed by UW-Platteville as part of this reorganization.

RECOMMENDATION

The University of Wisconsin System recommends approval of Resolution I.1.c., authorizing the reorganization of the Department of Business and Accounting into a School of Business at the University of Wisconsin-Platteville.

RELATED UW SYSTEM POLICIES AND STATE STATUTES

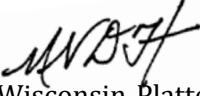
Academic Information Series #1 (ACIS-1.0; revised August 2012): Statement of the UW System Policy on Academic Planning and Program Review.

Section 36.09(1)(gm), Wis.Stats.



UNIVERSITY OF WISCONSIN
PLATTEVILLE
ACADEMIC AFFAIRS

TO: Dr. Stephen Kolison
UW System Associate Vice President for Academic & Faculty Programs

FROM: Dr. Mittie Den Herder 
Provost, University of Wisconsin-Platteville

DATE: June 21, 2013

RE: Designation as a School of Business

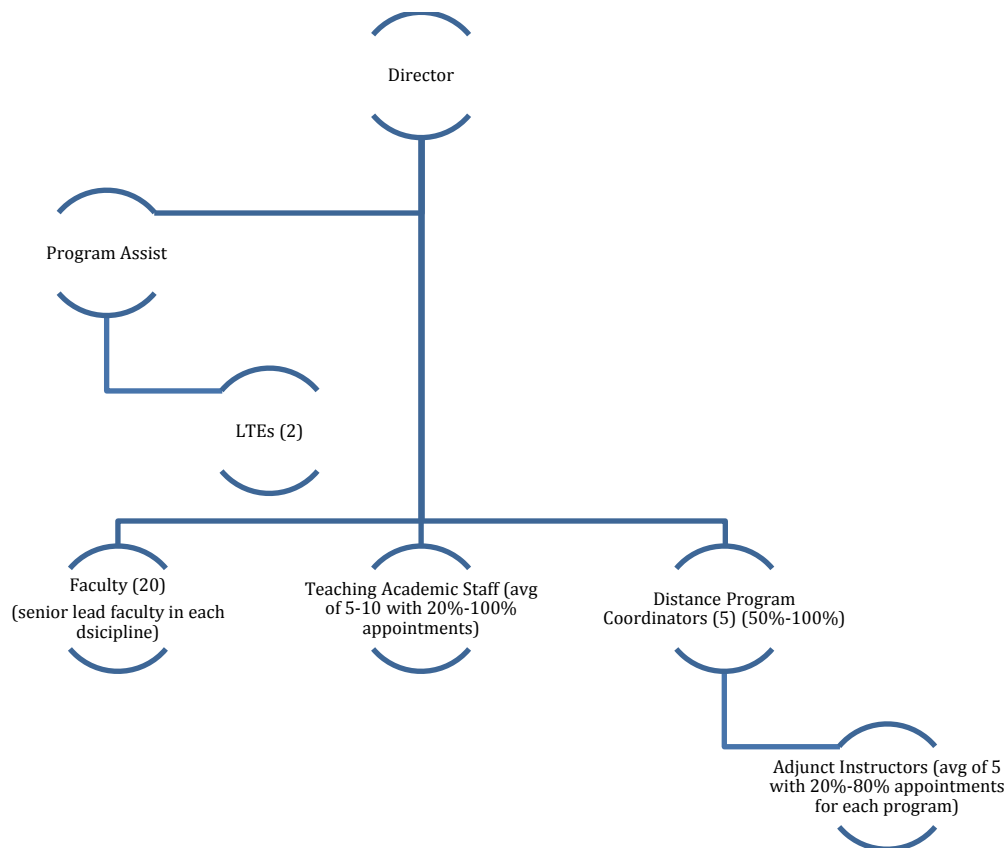
The Department of Business & Accounting has requested a designation as a School of Business. I concur with this request for the following reasons:

1. The designation is appropriate due to size and breadth of programs offered through the Department. This unit is one of the largest on campus in both numbers of majors and of tenure/tenure-track faculty positions. The size and complexity are similar to the other two Schools on campus, The School of Agriculture (approximately 800 majors & 17 faculty) and the School of Education (approximately 1000 majors & 22 faculty.)
2. The unit offers multiple degrees at the undergraduate and graduate level using multiple delivery systems.
 - a. Bachelor of Science in Business Administration
 1. On campus & distance majors: approx. 1100
 2. On campus minors: approx. 150
 - b. Bachelor of Science in Accounting
 1. On campus majors: approx. 140
 2. On campus minors: approx. 25
 - c. Master of Science in Project Management
 1. Distance program majors: approx. 540
 - d. Master of Science in Organizational Change Leadership
 1. Distance program majors: approx. 30 (new in 2012)
 - e. Master of Science in Integrated Supply Chain
 1. Distance program majors: approx. 50 (new in 2012)
 - f. Master of Science in Distance Education Leadership
 1. Distance program majors: approx. 10 (new in 2012)

All programs within this unit continue to grow.

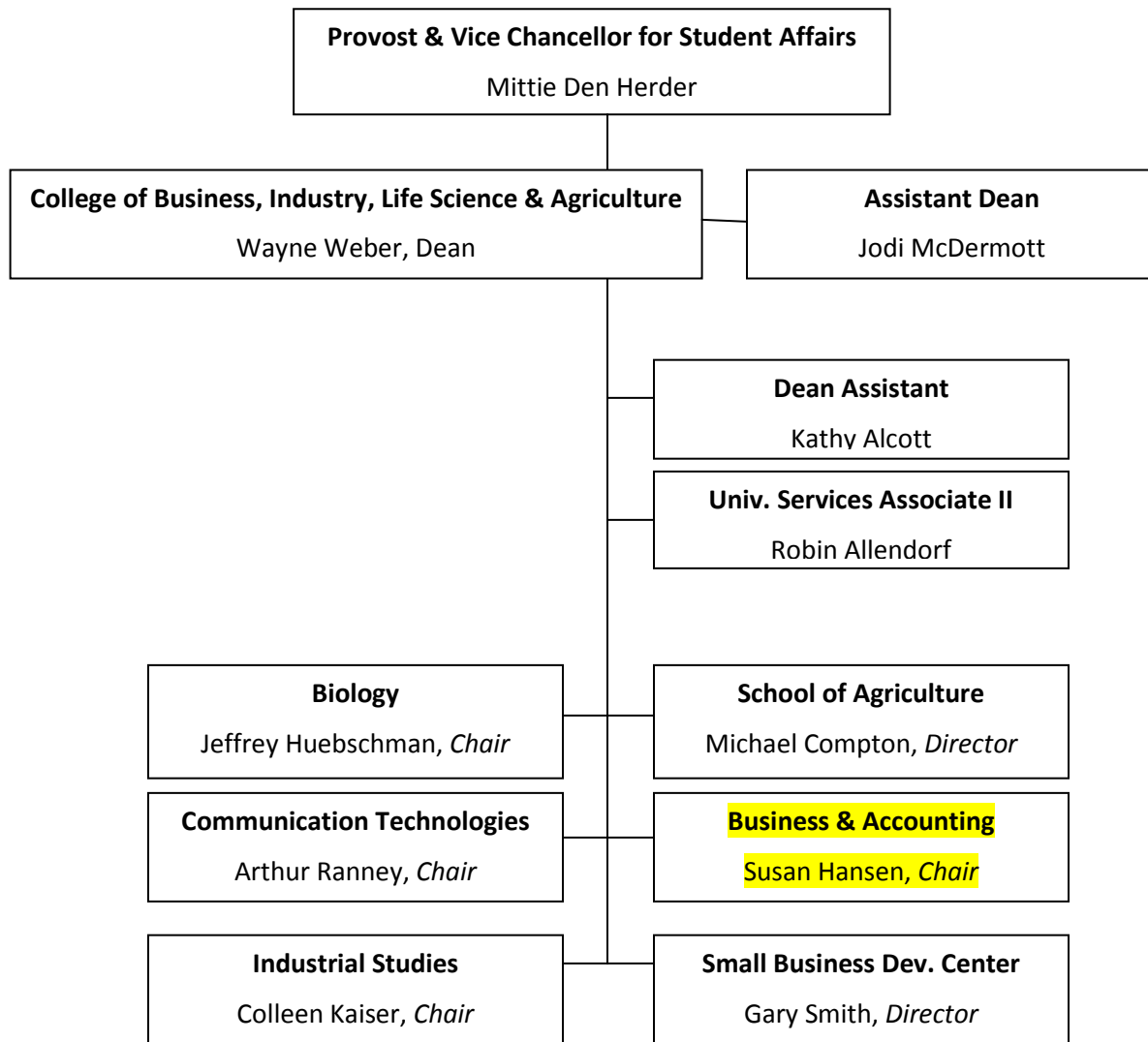
3. The identity as a School of Business recognizes all the undergraduate and graduate programs offered in the unit and communicates the breadth of programs to the public.
4. The Department voted to approve the title to be: School of Business.
5. The unit meets the criteria for a School designation on this campus as defined by the Academic Planning Council and Faculty Senate.
6. The Department's request has been reviewed by the University Academic Budget Commission and the Academic Planning Council. The Academic Planning Council forwarded their recommendation to support the designation to Faculty Senate. Faculty Senate voted to approve on April 23rd.

While the designation as a School will poise this unit for future growth, the current administrative structure is sufficient for the near term future. The structure will be as follows:

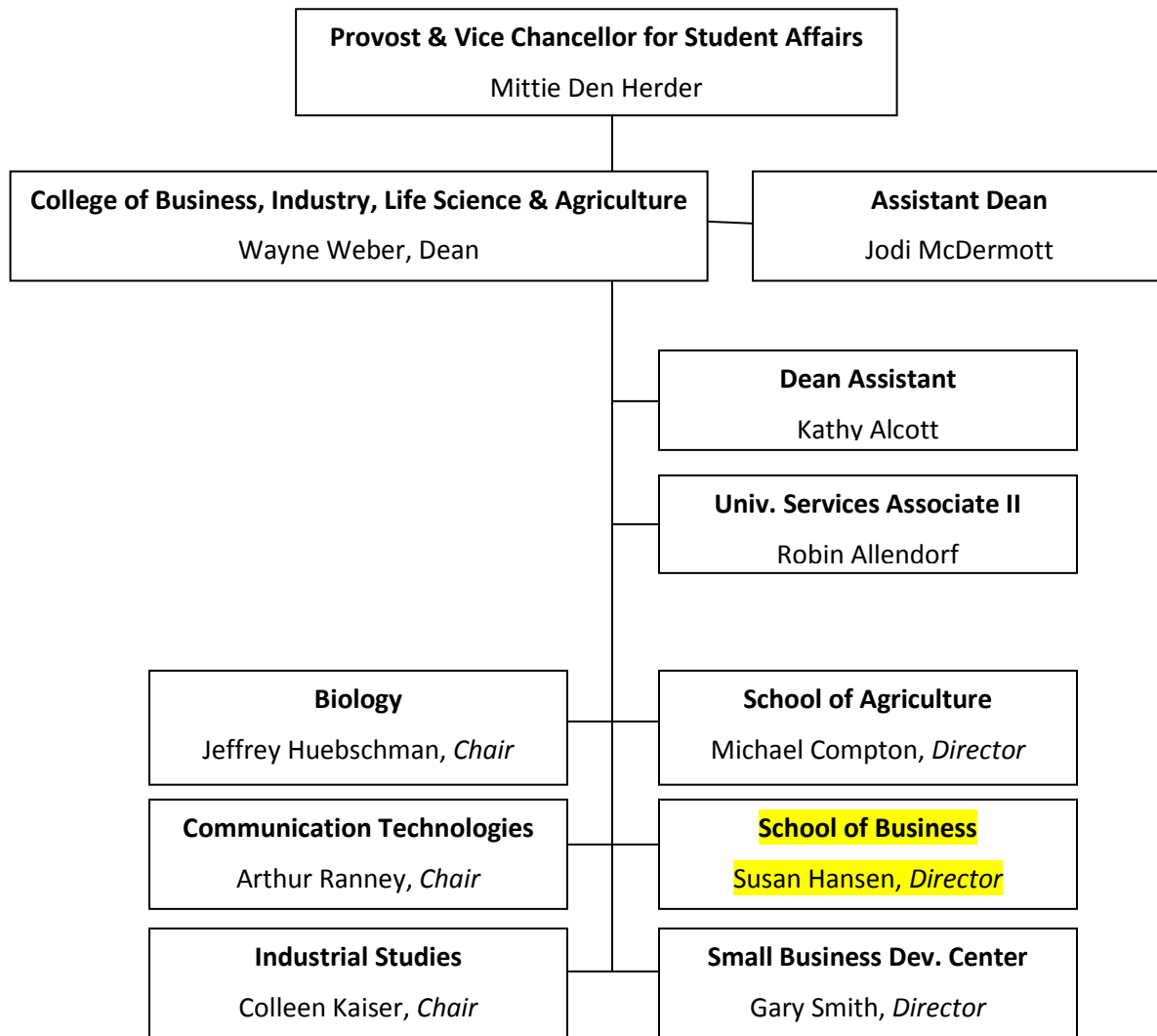


University of Wisconsin-Platteville Current Organizational Structure 2013-14

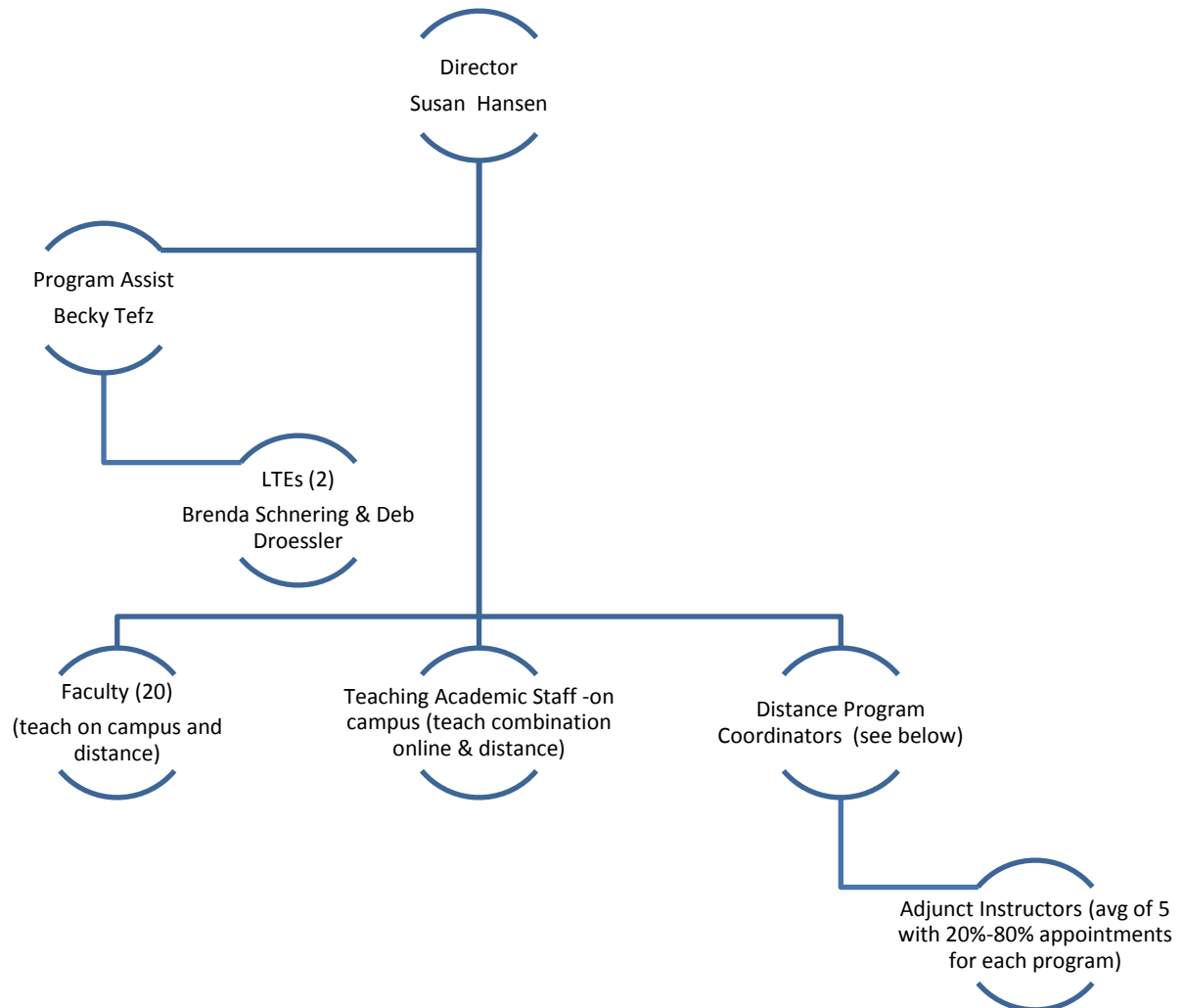
Business, Industry, Life Science, and Agriculture



University of Wisconsin-Platteville Tables of Organization (Proposed) Business, Industry, Life Science, and Agriculture



UW-Platteville Proposed School of Business Organizational Chart



Distance Coordinators:

Christine Storlie: Business Administration undergraduate program

Bill Haskins: Project Management Master's program

David Heimerdinger: Integrated Supply Chain Management Master's program

Caryn Stanley: Organizational Change Leadership Master's program

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
WISCONSIN PARTNERSHIP PROGRAM
2012 ANNUAL REPORT**

BACKGROUND

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin to a for-profit stock corporation and the distribution of the proceeds from the sale of stock to the UW School of Medicine and Public Health (UW SMPH) and the Medical College of Wisconsin. In accordance with the Order, thirty-five percent of the funds were allocated for public health initiatives and sixty-five percent for education and research initiatives to advance population health. The Wisconsin United for Health Foundation, Inc. (WUHF) was created by the Insurance Commissioner to oversee the distribution of the proceeds, to approve the inaugural five-year plans of each school, and to receive subsequent five-year plans, annual reports on expenditures, and financial and program audits.

The Order required the UW System Board of Regents to create an Oversight and Advisory Committee (OAC) consisting of four public members (health advocates) and four UW SMPH representatives appointed by the Regents, and one member appointed by the Insurance Commissioner. In accordance with the Order, the OAC is responsible for directing and approving the use of funds for public health. The committee also reviews, monitors, and reports to the Board of Regents through the annual reports on the funding of education and research initiatives.

The UW SMPH, in collaboration with the OAC, developed the inaugural Five-Year Plan (2004-2009) describing the uses of the funds. The plan also called for the appointment of the Partnership Education and Research Committee (PERC) by the UW SMPH to be composed of a cross-section of the faculty, representatives of the OAC, and leaders of the UW SMPH, to direct and approve the allocation for education and research initiatives.

Following approval of the Five-Year Plan by the Board of Regents in April 2003, the plan was reviewed and subsequently approved by WUHF in March 2004. Immediately thereafter, the WUHF transferred the funds to the UW Foundation for management and investment based on the Agreement between the UW Foundation, the Board of Regents, and WUHF (Agreement). Since March 2004, the OAC and the PERC, collectively known as the Wisconsin Partnership Program (WPP), have been engaged in seeking proposals from community organizations and faculty, respectively, and in making awards in accordance with the Order, the Five-Year Plan, and the Agreement. During 2008, the UW SMPH, in collaboration with the OAC and the PERC, developed the second Five-Year Plan (2009-2014), which was presented to and approved by the Board of Regents in December 2008.

As required by the Order and the Agreement, the UW SMPH, in collaboration with the OAC, must develop annual reports on the WPP's activities and expenditures of funds for review by the Board of Regents. At the December 2013 meeting of the Board of Regents, the Education

Committee will convene to review the 2012 Annual Report of the Wisconsin Partnership Program.

REQUESTED ACTION

No action required; for information purposes only.

DISCUSSION

In accordance with the Wisconsin Insurance Commissioner's Order and the Agreement, the 2012 Annual Report of the Wisconsin Partnership Program (WPP), covering the activities and expenditures from January 1, 2012 through December 31, 2012, is presented to the UW System Board of Regents. The Annual Report describes the activities leading to the awarding of grants by the OAC and by the PERC for projects that advance population health in Wisconsin.

2012 In Brief

The WPP represents a far-reaching commitment by the UW SMPH to improve the health and well-being of Wisconsin residents through investments in research, education, prevention practices and interventions, and policy development. The WPP looks to the power of collaborative relationships – with community leaders, educators, and researchers – to advance its mission of improving the health of the people of Wisconsin. The Annual Report offers an excellent opportunity to learn more about the many ways the program is responding to Wisconsin's public health challenges and introduces new directions, new partnerships, and new collaborations with the objective of building healthier communities throughout the state.

In 2012, the WPP, through the OAC and the PERC, awarded \$22.3 million in grants to improve the health and lives of individuals, families and communities. The program continued its focus on the state's most pressing health challenges, including racial disparities in infant mortality, through its support of the Lifecourse Initiative for Healthy Families. Planning began for a major interdisciplinary initiative to tackle the state's obesity epidemic – a problem that will be the focus of the next five years with the goal of driving down Wisconsin's obesity rate.

The OAC awarded 30 grants totaling approximately \$5 million to partnerships focused on improving health in communities across the state. Community initiatives include an Emergency Medical Services project to improve care for aging rural adults, a mental health initiative focused on workplace education and training, and a project using culturally framed interventions, including lay health education, navigation and peer mentor programs, to increase breast cancer screening in the American Indian population.

The PERC awarded 13 grants totaling more than \$17 million to support applied public health, clinical and basic science research and education, including collaborations aimed at breast cancer research. Other initiatives, aimed at laying the groundwork for a state of the art Environmental Health Center, and reducing the number of re-hospitalizations within 30 days of discharge to a nursing home, were also funded. Additionally, the PERC renewed its support of the Survey of the Health of Wisconsin to continue its research on the health needs and

determinants of health in Wisconsin, as well as its support of the Institute of Clinical and Translational Research dedicated to strengthening and expanding biomedical and health sciences research at the University of Wisconsin-Madison and the Marshfield Clinic.

The OAC and the PERC continued to work collaboratively by jointly supporting the Lifecourse Initiative for Healthy Families – a major multi-year initiative to improve birth outcomes among African Americans with a focus on four targeted communities: Beloit, Kenosha, Milwaukee, and Racine. Community action plans were developed to address the conditions that make infant mortality more likely among African American women and their families, and that serve as the basis for implementation of local projects to address the problem. Both committees have also made a commitment to support the Wisconsin Population Health Service Fellowship – a two-year service and training program for early career public health professionals. The success of this program is measured by the retention of two-thirds of its graduates as public health professionals in Wisconsin. It offers an invaluable service to community-based organizations and local and state public health agencies by developing the next generation of public health leaders.

A highlight of 2012 was the inaugural Joint Conference of the Medical College of Wisconsin and the UW SMPH featuring the partnership programs at both institutions and their respective projects and initiatives to improve Wisconsin's health. The conference promoted the successes and lessons learned from those funded efforts and presented an impressive scope of work to benefit communities throughout the state.

In conclusion, the WPP's 2012 Annual Report, the ninth in the history of the program, illustrates the valuable work of the Oversight and Advisory Committee, and of the Partnership Education and Research Committee. These committees are responsible for ensuring the best possible stewardship of an endowment dedicated to addressing the state's most pressing health problems.

Outcome reports for the 29 projects concluding in 2012 can be found in a supplement to the Annual Report



Wisconsin Partnership Program

University of Wisconsin School of Medicine and Public Health

Partnerships for a Healthy Wisconsin 2012 ANNUAL REPORT



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON



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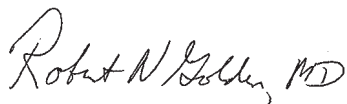
A Message From the Dean

The Wisconsin Partnership Program's Annual Report offers an excellent opportunity to learn more about the many ways the program is responding to Wisconsin's public health challenges. The grant activities described in the Annual Report introduce new directions, new partnerships and new collaborations. We also share some of the exciting results of concluded grants and their level of success in helping to build healthier communities throughout the state.

Each year since its founding in 2004, the Wisconsin Partnership Program has sought to support community-academic partnerships, create a portfolio of innovative research and design new educational programs for future public health and health care leaders. At the same time, these efforts have had a profound and lasting impact on the UW School of Medicine and Public Health. We have worked rigorously to incorporate public health principles, practices and perspectives in all of the school's missions: education, research, patient care and community engagement. The Wisconsin Partnership Program continues to provide the strategic direction, resources and commitment necessary to make progress toward making Wisconsin a healthier state.

In 2012, the Wisconsin Partnership Program awarded \$22.3 million in grants to improve the health and lives of individuals, families and communities. The program continued its focus on the state's most pressing health challenges, including racial disparities in infant mortality, through its support of the Lifecourse Initiative for Healthy Families. A commitment was also made to launch a major interdisciplinary initiative to attack the state's obesity epidemic — a problem that will be the focus of the next five years.

The 2012 Annual Report is informative and illustrative of the Wisconsin Partnership Program's dedication to improve the health of the people in our state. While we continue to face major challenges in these efforts, we are pleased and encouraged with the formation of productive community partnerships, the successful launch of several public health initiatives that are now being replicated, the expansion of our research agenda and the incorporation of public health principles in the education of our trainees. These are important and measurable steps toward building a healthier Wisconsin for all.



Robert N. Golden, MD
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 (SMPH), in coordination with the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), presents the 2012 Annual Report of the Wisconsin Partnership Program (WPP).

This report covers activities and expenditures from January 1, 2012 through December 31, 2012. 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 guides the distribution of funds resulting from the conversion of Blue Cross and Blue Shield United of Wisconsin to a for-profit corporation.

Highlights from 2012 include:

Supporting Communities. OAC awarded 30 grants totaling \$4.9 million to partnerships focused on improving health in communities across the state and ensuring that Wisconsin's future public health workforce needs are met. Community initiatives include an Emergency Medical Services (EMS) project to improve care for aging rural adults, a mental health initiative focused on workplace education and training, and a project using an intergenerational approach to increase breast cancer screening in the American Indian population.

Investing in Education and Research. PERC awarded 13 grants totaling \$17.4 million to support applied public health, clinical and basic science research

and education, including collaborations aimed at breast cancer research

and a planning grant to lay the groundwork for a state-of-the-art Environmental Health Center at UW-Madison. PERC grants included \$4.2 million over three years to the Survey of the Health of Wisconsin (SHOW) to continue research on the health needs and determinants of health in Wisconsin.

Strategic Planning. OAC and PERC held strategic planning sessions and a joint meeting focused on developing a targeted obesity initiative, and began the process of conceptualizing the partnership program's 2014–2019 Five-Year Plan.

Measuring Outcomes. Twenty-nine final reports from projects concluding in 2012 were accepted by the respective committees. Outcome reports for each project can be found in a supplement to this report. The outcome reports include projects addressing Wisconsin's risky alcohol behavior through coordinated and strategic policy approaches, initiating a countywide intervention to tackle obesity in a rural area and assessing trends in health and health disparities.

"The scope of work is impressive and the collaboration between MCW and UW makes me feel like I'm part of something even bigger."

— Medical College of Wisconsin and the UW School of Medicine and Public Health Joint Conference Attendee

*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.

David Frazer, MPH, UW-Madison Center for Urban Population Health and Lilliann Paine, MPH student at UW-Milwaukee's Zilber School of Public Health, were among 300 participants at the inaugural joint conference of the Medical College of Wisconsin and the UW School of Medicine and Public Health that took place in Milwaukee in fall 2012.



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: \$150K to \$400K over three years; Development: Up to \$50K over two years	Wisconsin-based nonprofit, 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 eliminate disparities in birth outcomes among Wisconsin's African Americans	Expands access to care, strengthens support networks and addresses social and economic inequities through collaboratives in Beloit, Kenosha, Milwaukee and Racine	Implementation: \$150K to \$400K over three years; Development: Up to \$50K over two years	Wisconsin-based nonprofit, 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 Service Fellowship	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 educational approaches that address Wisconsin's public health issues	Funds innovative proposals from new faculty, which may be leveraged for external funding	Up to \$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	Up to \$500K over three years	UW School of Medicine and Public Health full and associate professors, senior and distinguished scientists	Dependent on project goals; communities may be a 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 Program	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 a collaborative partner	Responsible for implementing the project	Public health education and training, applied public health, clinical and translational and basic science research

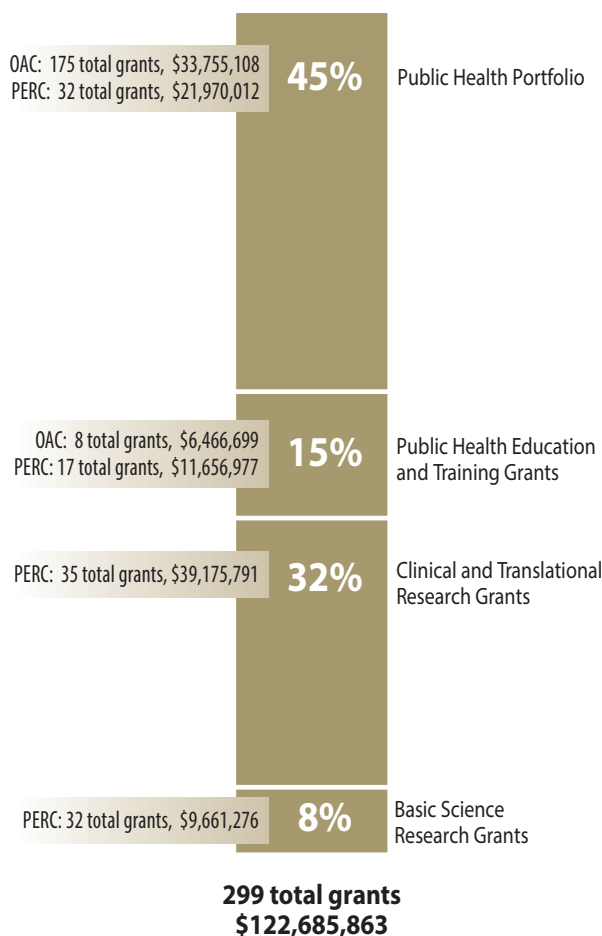


OAC-PERC Collaboration. The Wisconsin Partnership Program's two governing bodies — the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) — work collaboratively to build healthier communities.

Examples of this productive partnership include:

- **Lifecourse Initiative for Healthy Families (LIHF).** This major multiyear initiative to improve birth outcomes in Wisconsin was launched with a \$10 million commitment from OAC. In 2012, the initiative's four targeted communities celebrated their final planning product and began implementing community action plans. The first Request for Partnerships (RfP) was released for community projects to improve birth outcomes among African Americans. Additionally, PERC is supporting the recruitment of a faculty leader in maternal and child health in the coming year.
- **Targeted Obesity Initiative.** A new multidisciplinary collaboration led by PERC will address obesity, the number one health issue identified by grantees and applicants, UW faculty and staff and other key stakeholders surveyed by the Wisconsin Partnership Program in 2012 and 2013.
- **Wisconsin Population Health Service Fellowship.** A two-year service and training program for early-career public health professionals, the fellowship addressed state priorities ranging from minority health to emergency preparedness in 2012, and attracted almost \$1 million in grant resources for community and public health projects. Funded by OAC since its inception in 2004, and supported by both committees last year, the fellowship retains two-thirds of its graduates as public health professionals in Wisconsin.

Total Grant Awards by Type: 2004-2012



Leading the Way Conference. September 27, 2012 marked the inaugural joint conference of the Medical College of Wisconsin's Advancing a Healthier Wisconsin program and the University of Wisconsin School of Medicine and Public Health's Wisconsin Partnership Program. Following eight years of programming, and distributing more than \$200 million for projects and initiatives to improve Wisconsin's health, the conference promoted the successes and lessons learned from those funded efforts. Goals included increased connections and exchange of ideas among community participants and researchers, increased awareness of the scope of community partnerships and wider dissemination of achievements.

Community-Academic Partnership Fund

Grants awarded through the Community-Academic Partnership Fund by the Oversight and Advisory Committee address the goals of Wisconsin's state health plan, *Healthiest Wisconsin 2020*. The list of newly-funded grants reflects a dedication to a balanced portfolio of geographically and culturally diverse partnerships, an emphasis on addressing health disparities and a combination of education and research-focused initiatives. The grants projects also demonstrate a commitment to community engagement supporting the transformation to an integrated school of medicine and public health and alignment with the Wisconsin Idea — the philosophy that UW research should be applied to solve problems and improve the quality of life for all Wisconsin residents.

Grants Awarded in 2012

Implementation Grants. The OAC awarded five implementation grants of up to \$400,000 over three years.

Adams County Community Wellness Program

Adams County faces reduced life expectancy due to chronic diseases such as cancer, diabetes and heart disease, and consistently ranks in the bottom five in the *County Health Rankings*. In addition, residents are experiencing fair or poor health at a rate higher than the statewide average and have high rates of obesity, tobacco use and inadequate physical activity — all significant factors in the development of chronic disease. This rural project will enlist community health workers and health navigators in efforts to assist residents with prevention strategies and help alleviate access issues.

Community Partner: Adams County Health and Human Services, Department of Public Health

Academic Partner: Alexandra Adams, MD, PhD, Family Medicine, SMPH

Community Safety Data Repository Project

The prevention of violence is a significant public health issue. The link between violence and social issues such as education, employment, poverty, housing and economic development has been well established. Public health practitioners are now working closely with police departments and other Milwaukee area agencies to build relationships and implement strategies that engage an array of partners in the prevention of violent crimes. This project aims to improve the availability and quality of data to answer questions about the changing patterns of land use, property values and migration issues related to crime prevention.

Community Partner: Milwaukee Health Department, Office of Violence Prevention

Academic Partner: Eric Gass, PhD, Public Health, UW-Milwaukee

Growing Farm to School: Cultivating Childhood Wellness through Gardening

Obesity in children is a significant public health concern in Wisconsin. Evidence suggests a myriad of health benefits from eating fruits and vegetables, however, little progress has been made toward increasing consumption rates in children.

Kindergarten and first grade students from Kennedy Elementary School in Madison planted broccoli at the Goodman Youth Grow Local Farm. OAC grantee Community GroundWorks partners with the Madison Metropolitan School District and Goodman Community Center to offer farm-based educational programs on gardening, food preparation and nutrition.



As part of a community-academic partnership to build a healthy environment in Richland County, high school students participated in a photo project designed to raise questions and suggest solutions for barriers to physical activity and healthy nutrition.



The project aims to improve the health and wellness of Wisconsin children through garden-based nutrition education at schools, child care centers and after-school programs across the state.

Community Partner: Community GroundWorks

Academic Partner: Dale Schoeller, PhD, Nutritional Sciences, UW-Madison

Latino Youth Health Leadership Teams: Implementing the Healthy Activities Partnership Program for Youth

Teams of students from the Bruce Guadalupe Community School will be recruited to participate in a program to increase physical activity and improve eating habits with an emphasis on media influences and environmental factors. This school serves about 975 children from K-8th grade, of which 80 percent qualify for free or reduced lunches, 65 percent receive special education. The program will directly engage 90 middle school students and their families, with the expectation of reaching the entire student body and their families over the three-year grant. This project builds on the work accomplished through a Collaborative Health Sciences Program grant awarded by PERC.

Community Partner: United Community Center

Academic Partners: Samuel Dennis, Jr., PhD, MLA, Landscape Architecture, UW-Madison

Richland FIT: Academic Partnership to Build a Healthy Environment in Rural Richland County

Richland County has the highest rate of overweight adults in Wisconsin and the seventh highest rate of children enrolled in the Women, Infants and Children (WIC) program. The *County Health Rankings* identified Richland County as an area with low access to healthy food. Project staff will work with businesses, health

professionals, schools and community members to create countywide environmental change designed to increase accessibility of healthy food for adults and children. This project aims to raise awareness and create change using a solid commitment from the Richland County medical community and other important stakeholders.

Community Partner: Richland County Health & Human Services, Public Health

Academic Partners: Peggy Olive, MSW, Richland County, UW-Extension; Neil Bard, MD, Family Medicine, SMPH

Small Implementation Grants. The OAC awarded two implementation grants of up to \$150,000 over three years.

Building the Mentally Healthy Workplace

Mental illness results in more days of work loss and work impairment than many other chronic conditions. Nationally, approximately 217 million work days are lost annually due to productivity declines related to mental illness and substance abuse disorders, costing employers billions each year. People with mental illness are discouraged from gainful employment by stigmatizing beliefs and attitudes, as well as systemic and environmental barriers and disincentives. Wisconsin employers are participating in this project with a combined goal of increasing employees' ability to seek help and increasing managers' skills to respond to employees in need.

Community Partner: Mental Health America of Wisconsin

Academic Partner: Jerry Halverson, MD, Psychiatry, SMPH

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

Milwaukee has among the highest prevalence rates of obesity and chronic disease in Wisconsin. Within this project's targeted Milwaukee communities, 30 percent of families live below the poverty line, 31 percent of residents are obese and 70 percent have inadequate fruit and vegetable consumption. This project will train community health promoters and a community action board to implement a "public will building" process to engage residents to take action and implement solutions to the obesity epidemic.

Community Partner: CORE/El Centro

Academic Partner: Amy Harley, PhD, Health Sciences, UW-Milwaukee

Development Grants. The OAC awarded 16 development grants of up to \$50,000 over two years.

Adopting an Easy-to-Read Medication Label in Wisconsin

National studies indicate that adverse drug events are responsible for 3.6 million office visits per year, 700,000 emergency room visits and 117,000 hospitalizations. In one study, 46 percent of patients across all literacy levels misunderstood one or more medication dosage instructions. Seniors are at risk of misunderstanding drug labels and misusing medications, leading to negative health outcomes such as falls. National pharmacy chains have developed 31 different label styles, resulting in variability in the clarity and complexity of dosage instructions. This pilot study explores factors affecting adoption of new standards for patient-centered medication labeling.

Community Partner: Health Literacy Wisconsin, a division of Wisconsin Literacy, Inc.

Academic Partner: David Mott, PhD, Pharmacy, UW-Madison

CESA #9 Active and Healthy Schools

Counties represented in Cooperative Educational Service Agency #9 in northern Wisconsin have high rates of obesity and physical inactivity. This project will pilot-test a program to increase students' level of physical activity during the school day among 4th graders in three targeted elementary schools, which

have a higher than state average of students eligible for the National School Lunch Program. The program will include active recess, active energy breaks in the classroom and increased physical education time.

Community Partner: Cooperative Educational Service Agency #9

Academic Partner: Aaron Carrel, MD, Pediatrics, SMPH

Community Action and Community Capacity Building for Type 2 Diabetes Prevention

Type 2 diabetes disproportionately affects African American women. The project aims to test the feasibility of lay health advisors in a community-based participatory research approach to translate and adapt the empirically supported *Diabetes Prevention Program*. The goal is to reduce risk factors for type 2 diabetes among overweight or obese African American women.

Community Partner: Black Health Coalition of Wisconsin, Inc.

Academic Partner: Alice Yan, MD, PhD, Public Health, UW-Milwaukee

Community-Based EMS Pilot Project

This rural pilot project in Shawano County will position Emergency Medical Services providers to become the eyes and ears for physicians and social service agencies. EMS providers will be trained to work with the elderly when responding to a 911 non-life threatening call. Using a screening tool outlining key risk factors, EMS providers will refer individuals to an appropriate health care or social service agency.

Community Partner: Northeast Wisconsin Technical College

Academic Partner: Robert Jecklin, PhD, Health Education and Health Promotion, UW-La Crosse

Development of a Curriculum to Support *Healthy Bites*, A Wisconsin Guide for Improving Childhood Nutrition

Obesity rates, particularly among low-income children from minority populations, are increasing around the country and the state. Research suggests that children are most amenable to dietary changes at an early age and, because a majority of Wisconsin children are in child care, the project seeks to implement nutritional improvements in early care and education settings. A *Healthy Bites* evidence-based curriculum, based on the *Healthy Bites* resource guide, will be developed and piloted.

Community Partner: Celebrate Children Foundation

Academic Partner: Tara LaRowe, PhD, Family Medicine, UW-Madison

"Community-academic partnerships have brought rich resources to many communities. The capacity of faculty to assist with evaluation and content expertise is highly valued by communities."

— Wisconsin Public Health Association Board of Directors

E-Z Access to Health Project

African American youth in Milwaukee experience high rates of teen pregnancy, sexually transmitted infections and HIV infection. This Milwaukee-based project will pilot test the use of youth-led, culturally-specific strategies to increase knowledge about sexual and reproductive health in a community-based, non-clinical setting. The purpose is to inform, engage and support African American youth age 14 to 25 to make healthy decisions about reproductive and sexual health behaviors and increase access to reproductive and sexual health services.

Community Partner: Urban Underground

Academic Partner: Paul Florsheim, PhD, UW-Milwaukee

Great Dane Exchange: Exploring the Reasons for the Success of the Wisconsin State Employee Health Plan Insurance Exchange

Since the early 1980s, the Wisconsin State Employee Health Plan has operated health insurance exchanges in each of Wisconsin's 72 counties. In Dane County, state employee individual and family plans are less expensive than in counties without plans competing for state employees. This project will research and analyze Dane County's health insurance model to determine which factors play a role in lower premiums.

Community Partner: Community Advocates, Inc.

Academic Partner: John Mullahy, PhD, Population Health Sciences, SMPH

Madison-Dane County Healthy Birth Outcomes

There has been a threefold increase in the infant mortality rate among African Americans in Dane County in the last several years. Understanding the experience of families who have lost their babies is a valuable approach to address community factors that may be related to infant health disparities. A maternal home interview tool will be developed and integrated with the Dane County Fetal and Infant Mortality Review, a national evidence-based model to improve birth outcomes and prevent infant deaths.

Community Partner: Department of Public Health for Madison and Dane County

Academic Partner: Whitney Witt, PhD, MPH, Population Health Sciences, SMPH



Camara Jones, MD, MPH, PhD, who conducts research on the social determinants of health and equity at the Centers for Disease Control and Prevention, presented a UW Population Health Institute seminar and met with health leaders in Madison and Milwaukee in May 2012.

Menominee Community Journey to Wellness

Menominee County, made up of the Menominee Reservation, is the poorest Wisconsin county and currently ranks last in Wisconsin's *County Health Rankings*. The Menominee people suffer from high rates of cardiovascular disease, type 2 diabetes and rising cancer rates that may be due to rapidly increasing rates of obesity. Realizing the need for a comprehensive, collective and sustainable plan, tribal leaders created a community engagement committee to address childhood obesity. This project coordinates efforts through a strategic evaluation process using data to drive decision-making for prevention efforts.

Community Partner: Menominee Indian School District.

Academic Partner: Alexandra Adams, MD, PhD, Family Medicine, SMPH

Prenatal Virtual Home Visitation Program

Healthy birth outcomes are dependent on the mothers' physical, mental, emotional and social well-being. Malnutrition, prenatal exposure to tobacco, alcohol, other drugs and maternal stress have negative consequences for early brain and child development and can potentially result in pre-term births or infants born with special needs. Compounding these factors is the reality of limited access to resources in rural Wisconsin. Home visitation programs can be effective with families of children who are most at risk for poor development. This feasibility project takes home visiting one step further by testing visitation services for women and teens in rural Taylor County by combining virtual technology and a model parent education and family support program.

Community Partner: Parent Resource Center of Taylor County

Academic Partner: Patricia Caro, PhD, Education, UW-Stevens Point

Safe and Healthy Food for the Hungry

Food pantries are key components of the local food environment for tens of thousands of individuals in Wisconsin. Reliance on pantries has increased 56 percent in Wisconsin since the onset of the recession. Food pantry inventories have never been systematically evaluated for food safety and nutritional quality, nor has a systematic effort been made to engage and educate pantries as active partners in improving the safety and nutritional quality of distributed food. This project will review food inventory, procurement and distribution issues with the goal of improving access to adequate, safe and nutritious food for low-income people in Wisconsin.

Community Partner: Wisconsin Community Action Program Association

Academic Partners: Amber Canto, MPH, RD, CD, UW-Extension; Barbara Ingham, PhD, Food Science, UW-Madison

Training Intergenerational Health and Wellness Messengers to Address American Indian Breast Cancer Disparities

Breast cancer is the most common cancer among American Indian women and a leading cause of cancer death. American Indian women tend to be diagnosed at a younger age, have more advanced disease at diagnosis and have the lowest five-year survival rate of any racial

or ethnic group. Late stage diagnosis and subsequent high mortality from breast cancer are at least partially explained by low screening rates. Culturally-framed interventions, including lay health education, navigation and peer mentor programs, have been successful in many American Indian communities. This project builds upon these evidence-based models while using a recognized cultural strength in American Indian families and communities: strong, women-centered intergenerational networks and relationships. Through training workshops with youth health messengers and peer educators in Milwaukee and Oneida Counties, American Indian youth will gain the knowledge, skills and confidence necessary to discuss breast health with women in their communities.

Community Partner: Wisconsin Pink Shawl Initiative

Academic Partner: Shannon Sparks, PhD, Human Ecology, UW-Madison

Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin

There is a link between adverse childhood events and poor adult health outcomes including substance abuse, depression, cardiovascular disease, diabetes, cancer and premature mortality. *The ACE Study*, conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, was the first large-scale study of childhood precursors of adult health risk behaviors, disability, disease and premature mortality. The study connected reports of adverse childhood events with health and social well-being data. This project aims to enhance public health surveillance systems, a priority of the State Health Plan, with childhood adversity measures to drive policy, practice and resource allocation to reduce and prevent adverse childhood experiences. Long-term, the project provides the foundation for improved adult health outcomes and reduction of health disparities statewide.

Community Partner: Wisconsin Children's Trust Fund

Academic Partners: Barbara Knox, MD, Pediatrics, SMPH; Kristen Shook Slack, PhD, Social Work, UW-Madison

Winnebago County STI Task Force: Comprehensive Sexual Health Education Pilot Program

Two of the most commonly reported communicable diseases in Wisconsin are the sexually transmitted infections chlamydia and gonorrhea. In Winnebago County, about 70 percent of chlamydia infections are among 15 to 24 year olds. Research demonstrates that comprehensive sex education delays initiation of sexual activity, reduces the number of partners, and increases contraceptive use. The aim of this project is to develop and pilot a middle school sexual health curriculum based on National Sexuality Education Standards, and to measure the impact on student knowledge and risky sexual behavior in comparison with current sex education curricula.

Community Partner: Winnebago County Health Department

Academic Partner: Juyeon Son, PhD, Sociology, UW-Madison

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

The University of Wisconsin Population Health Institute developed a population health model indicating that the strongest factors to influence health outcomes are socioeconomic determinants of health, such as employment, community safety and social support. However, social determinants of health remain neglected at the “action level,” particularly with regard to systemic efforts to solve public health problems. This project will build the foundation for an alliance dedicated to improving health outcomes across the state by providing training and education to communities ready to implement evidence-based practices and policies that address these social determinants.

Community Partner: WISDOM

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

YMCA/UW Department of Obstetrics and Gynecology Partnership Promoting Healthy Weight in Pregnancy

Obesity in pregnancy, excess gestational weight gain and postpartum weight retention are associated with severe, long-term adverse health outcomes for women and their children. Wisconsin now ranks number one among states with the highest rate of African American adult female obesity in the nation, a rate nearly double that of white women. Data shows that the South Madison

Redevelopment District, which is home to the most racially diverse population in Dane County, faces a myriad of social and health disparities. This partnership will assess current needs of underserved women in South Madison, evaluate community readiness and design pilot programs aimed at promoting healthy weight for low-income women before, during and after pregnancy.

Community Partner: YMCA of Dane County, Inc.

Academic Partner: Cynthia Anderson, MD, MPH, Obstetrics and Gynecology, SMPH

Grants Concluding in 2012

Seventeen community grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report.

Implementation Grants

Got Dirt? Garden Initiative

Brown County

This project promoted youth gardens as a viable strategy to increase access to and consumption of fruits and vegetables.

It Takes a Community to Help a Smoker

The Salvation Army of Wisconsin and Upper Michigan Door-to-door surveys assessed smoking prevalence and beliefs in two Milwaukee neighborhoods.

Keeping Kids Alive in Wisconsin

Children's Health Alliance of Wisconsin

The project team developed a system to identify the risk factors and circumstances of child deaths in Wisconsin.

Underage Drinking: A Parent Solution

Partners in Prevention—Rock County, Inc.

The intervention helped to reduce underage drinking rates in Edgerton, Wisconsin.

Wisconsin Population Health Service Fellowship

Population Health Sciences

The public health workforce benefits from a diverse corps of highly skilled young professionals.

Development Grants

Allied Community Cooperative

Allied Wellness Center

A neighborhood social-cooperative model is designed to build healthier communities from within.

Building Effective Partnerships to Reduce Risky and Problem Alcohol Use

Health First Wisconsin

This statewide project represented a strategic step toward reducing the financial and human toll of risky alcohol use.

Collaborative AODA Service: Identifying Cost Effective Models

Jewish Family Services, Inc.

The project team investigated models of integrated mental health and substance abuse treatment.

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

Walnut Way Corp.

African American men in Milwaukee's Lindsay Heights neighborhood benefit from a place to make social connections and to negotiate life stressors.

Improving Employer Mental Health Practices

Mental Health America of Wisconsin

Project findings suggest that reducing stigma related to mental illness can help employers respond more effectively.

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

CORE/El Centro

The project took an evidence-based approach to building public support for change.

Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools

Aurora Psychiatric Hospital

Milwaukee teens report increases in their motivation to reduce or stop their substance abuse.

Richland County Community Academic Partnership For Obesity Prevention

Richland County HHS Public Health

Community members work to create countywide environmental change.

Lifecourse Initiative for Healthy Families (LIHF)

The Lifecourse Initiative for Healthy Families (LIHF) is a multi-year program created by the UW School of Medicine and Public Health and the Wisconsin Partnership Program to address the state's high rates of African American infant mortality, among the worst in the nation. With a \$10 million pledge from OAC, the effort targets the southeast cities of Beloit, Kenosha, Milwaukee and Racine, which account for nearly 90 percent of African American births in the state.

Addressing one of Wisconsin's most complex and critical health challenges — infant mortality — requires an approach that builds strong relationships among community stakeholders. The Lifecourse Initiative promotes partnerships and cooperation in local communities by supporting the work of collaboratives. Using a collaborative strategy provides a framework for communities to build and energize a broad base of support to drive community change.

A two-phase initiative, the planning phase resulted in the establishment of LIHF collaboratives and community action plans. The implementation and evaluation phases place emphasis on actionable strategies that address conditions that make experiencing infant mortality more likely among African American women and their families.

Highlights in 2012 included:

Community action planning. More than 500 community stakeholders participated in a two-year planning process that led to the development of local action plans. Plans reflect each community's priorities and vision for improving healthy birth outcomes. The LIHF collaboratives unveiled action plans in April 2012, highlighting “what works” to improve healthy birth outcomes. The collaboratives were successful at influencing public conversation on infant mortality by promoting the Lifecourse Perspective as a framework for understanding and developing “lifecourse-informed” solutions to address infant mortality.

Community leadership. A steering committee, appointed by the OAC and comprised of 18 maternal and child health experts, health care professionals and community advocates, provided guidance and leadership on the initiative's overarching goal to eliminate racial disparities in birth outcomes in Wisconsin.

Faculty leadership. A nationwide search for a faculty leader in maternal and child health was launched in 2012. Funded through PERC, this faculty addition to the UW School of Medicine and Public Health will engage health care providers and academic partners, promote interdisciplinary research and educational collaborations, advocate for public policies affecting maternal and child health and provide leadership for the Lifecourse Initiative.



Regina Hendrix and her daughter Ryann attended an April 2012 event to launch Beloit's community action plan. Born prematurely at 32 weeks, baby Ryann's journey to thrive was featured at LIHF collaborative meetings and in local publications, and became an inspiration for the Beloit community to support healthy birth outcomes.



The Kenosha LIHF Collaborative raised funds from health organizations and community sponsors to sponsor a community baby shower providing gift bags to more than 100 expectant women and families. Pictured are Evette Rowley (left), former project assistant and Pamela Smith, program manager for the Kenosha LIHF Collaborative.

Community grants. The Wisconsin Partnership Program released its first Request for Partnerships (RfP) in 2012 for project grants to complement and enhance the Lifecourse Initiative's collaborative strategy. Funding priorities informed by community action plans included: social support networks for pregnant women, new mothers and families; prenatal care; home visitation programs; access to medical homes; and family supports, including fatherhood involvement and family sustaining jobs.

Grants Awarded in 2012

The Wisconsin Partnership Program's Oversight and Advisory Committee awarded each community \$250,000 through collaborative implementation grants to advance sustainable solutions to eliminate disparities in birth outcomes. Each collaborative will coordinate and mobilize their stakeholders around priorities identified in their community action plan, serving as credible strategic leaders who drive local and regional change.

Grants Concluding in 2012

Four LIHF collaborative grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report.

Beloit Lifecourse Initiative for Healthy Families

Stateline Community Foundation

Local media and the Beloit LIHF Collaborative increased public awareness about the state's infant mortality crisis.

Kenosha Lifecourse Initiative for Healthy Families

Black Health Coalition of Greater Kenosha

The Kenosha LIHF Collaborative is a key community resource for information on healthy birth outcomes in Kenosha County.

Milwaukee Lifecourse Initiative for Healthy Families

Planning Council for Health and Human Services, Inc.

Among the Milwaukee LIHF Collaborative's top recommendations is strengthening African American families by increasing father involvement.

Racine Lifecourse Initiative for Healthy Families

The Johnson Foundation at Wingspread

The Racine LIHF Collaborative reached more than 1,000 community members to raise awareness about the state's disparities in infant mortality.

Healthy Wisconsin Leadership Institute

A joint program of the UW School of Medicine and Public Health and Medical College of Wisconsin, the Healthy Wisconsin Leadership Institute (HWLI) provides public and community health education and leadership training for the state's public health workforce.

The HWLI holds regional workshops throughout Wisconsin and also sponsors the Community Teams Program. This program provides training and technical assistance in collaborative leadership and public health skills from state and national experts as teams tackle their community health priorities. Community-facilitated logic models and grant writing are just two of the workshops offered through the Community Teams Program.

Seven teams from around the state participated in the program in 2012. Teams worked on improving birth outcomes, improving access to mental and behavior health services and reducing cases of sexually transmitted diseases among youth. Other projects included a plan to improve family stability for children in foster care and a model to increase the state's capacity in community health improvement planning.

Six teams were selected for the 2012–2013 cohort, including representatives from health care and human services, faith communities, tribal nations, local businesses, public health agencies, academia and government. Community teams and projects include:

- **Burnett County Poverty Task Force:** reducing poverty as a health improvement strategy in Burnett County
- **Jefferson County and Fort Healthcare:** addressing adult and childhood obesity in Jefferson County
- **Jackson County's AACTION (Alcohol Awareness Community Team Influencing Our Neighbors):** reducing underage drinking in Jackson County
- **Northwoods LEAN (Linking Education, Activity and Nutrition):** increasing physical activity and improving nutrition to reduce and manage chronic disease in Oneida and Vilas Counties
- **Statewide Active Communities Team:** multiple communities across Wisconsin working together to create infrastructure improvements that encourage increased physical activity
- **Youth Suicide Prevention Task Force:** communities of Wittenberg, Birnamwood and the Ho-Chunk tribe addressing mental health needs and preventing youth suicide

Co-directed by Karen Timberlake, JD of the UW Population Health Institute and Peter Layde, MD, MSc of the Medical College of Wisconsin, HWLI was created in 2005 to develop a sufficient and competent workforce, a priority of the state health plan, *Healthiest Wisconsin 2020*.

"HWLI helped our team gain the momentum needed to implement a community-based program to increase healthy eating choices among middle and high school students."

— Pam Bork, Community Teams Participant

Wisconsin Healthy Leadership Institute participants in 2012, the Healthier Douglas County team focused on obesity prevention through environmental and policy changes that encourage healthy physical activity and eating choices.



Wisconsin Population Health Service Fellowship

The Wisconsin Population Health Service Fellowship recruits and deploys early-career public health professionals to work for public health and community-based organizations throughout Wisconsin. The Fellowship combines service, by addressing some of the state's most pressing public health challenges and attracting resources to community and public health — with workforce development, by building population health skills and experience in future public health leaders.

In 2012, the Wisconsin Partnership Program, through OAC and PERC, continued support of the Fellowship program by providing \$534,526 for the upcoming year.

Thirty-eight fellows have participated in the program since its inception in 2004. Fellows train in governmental, nonprofit, rural and urban settings and directly impact local and statewide initiatives. The program has retained 65 percent of its graduates, who are now employed as public health professionals in Wisconsin.

Accomplishments in 2012 included:

Funding. Secured nearly \$1 million to support public health efforts in Wisconsin. Funds supported training for childcare workers to support breastfeeding, home visiting for new mothers to decrease post-partum depression, creating a wellness cooperative in a low-income Madison neighborhood and developing a health impact assessment curriculum.

Policy and systems development. Supported the development and adoption of policies for newborn screening and a foodborne illness outbreak protocol for the city of Milwaukee.

Workforce development. Developed a webinar on HIV/STI prevention, conducted training for Wisconsin Department of Health Services employees and provided outreach and communications support to the Milwaukee Consortium for Hmong Health.

Communicable disease prevention. Provided analysis of tuberculosis and hepatitis C outbreaks in Milwaukee, which informed the follow-up strategies of public health nurses.

Health equity. Provided statewide trainings and presentations at the American Public Health Association annual conference on using Health Impact Assessments as a tool for public health improvement. Developed a new public health worker orientation and a health equity resource guide, featured on the Wisconsin Center for Health Equity website.

Directed by Thomas Oliver, PhD, MHA of the UW School of Medicine and Public Health, the Fellowship program is conducted in partnership with the Wisconsin Department of Health Services' Division of Public Health, the City of Milwaukee Health Department and other public and private organizations across Wisconsin.

Five new fellows joined preceptors and UW faculty at a 2012 orientation for the Wisconsin Population Health Service Fellowship.



New Investigator Program

The New Investigator Program (NIP) helps promising researchers at the level of assistant professor take innovative approaches to improving health in Wisconsin. Funded projects span the continuum of basic, clinical, social/behavioral and population sciences. PERC awarded \$400,000 to four new investigators in 2012.

Grants Awarded in 2012

Cholecystokinin in the Survival of Human Pancreatic Islets

Diabetes is a disease that affects almost 300,000 people in Wisconsin, a number that has nearly doubled over the past 15 years and is expected to triple in the next 15 years. Obesity is a major risk factor for type 2 diabetes. A key problem in type 2 diabetes is ongoing death of pancreatic beta-cells that produce insulin. The hormone cholecystokinin (CCK) can prevent beta-cell death in mouse models of diabetes. This project tests the ability of CCK to protect human beta-cells and explore its treatment potential for type 2 diabetes.

Dawn Davis, MD, PhD, Medicine, SMPH

Award: \$100,000 over 18 months

Circulating Tumor Cells in Renal Cell Carcinoma: Biomarkers for Personalized Medicine

Renal cell carcinoma is the eighth leading cause of cancer death in the United States. Despite many new treatment options, metastatic kidney cancer remains incurable with a median survival less than two years. This project uses a novel technology developed at UW-Madison to capture tumor cells in the bloodstream, known as circulating tumor cells, from patients with kidney cancer, and test them for sensitivity to anti-cancer therapies. The goal is personalizing therapies and developing better treatment options for Wisconsin patients with kidney cancer.

Joshua Lang, MD, MS, Medicine, SMPH

Award: \$99,964 over two years

Discharge Order Completeness and 30-Day Rehospitalizations in Rural Wisconsin Nursing Home Patients

Of the five million Medicare patients discharged from hospitals to nursing homes each year, one in four is rehospitalized within 30 days. In Wisconsin, these rehospitalizations cost more than \$30 million annually.

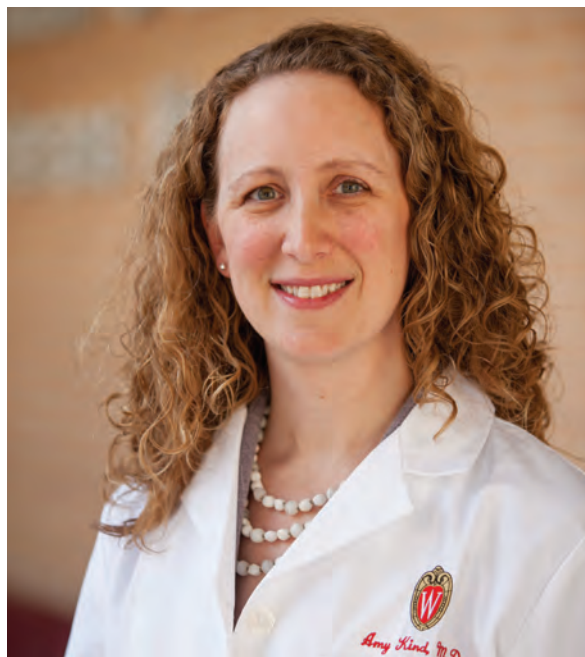
The Partnership Education and Research Committee (PERC) supports innovative efforts in research and education with the overall goal of improving the health of Wisconsin residents through three grant programs. Two of these programs are based on a "Request for Application" model, in which junior faculty (New Investigator Program) or collaborative groups of established faculty (Collaborative Health Sciences Program) submit their best ideas for review by a panel of scientific experts. The third grant category, the Targeted Education and Research Program, is intended to address emerging or critical needs identified by PERC. Individual or groups of faculty are invited to apply for funding through this program.

Poor hospital-nursing home communication at the time of hospital discharge can lead to readmission, especially for patients with dementia who often have limited ability to advocate for needed care.

The project evaluates the association between discharge orders and local rehospitalization data for a random sample of patients discharged to nursing homes in 2012 from three rural Wisconsin hospitals. This work holds the potential to improve hospital-nursing home communication and patient care throughout Wisconsin.

Amy Kind, MD, PhD, Medicine, SMPH

Award: \$99,104 over two years



New Investigator grantee Amy Kind, MD, PhD, is studying the frustrating problems in transitional care that can send patients back to the hospital after they've been discharged to nursing homes.

Photo: John Maniaci/UW Hospital & Clinics

Illustrated by this whimsical sign for his lab, New Investigator grantee Andrew Mehle, assistant professor in Medical Microbiology and Immunology, explores how the influenza virus moves from birds to pigs and ultimately, to people.

Illustration: A. Gottardo, Nature



A. Gottardo, Nature

Dissecting Cross-Species Transmission of Influenza Virus

Infections from seasonal influenza viruses cause up to 36,000 deaths per year in the United States and are a frequent cause of patient visits to health care providers in Wisconsin. These seasonal infections are punctuated by pandemic outbreaks as new viruses move from animals to humans, often causing high mortality.

This project explores the diversity of influenza hosts and the process by which the virus jumps species. Findings could suggest strategies to prevent influenza virus from jumping across species, to limit the spread after transmission has occurred and to help predict, and possibly prevent, future widespread outbreaks of the flu.

Andrew Mehle, PhD, Medical Microbiology and Immunology, SMPH

Award: \$100,000 over two years

Grants Concluding in 2012

Three New Investigator Program (NIP) grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report.

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

Corinne Engelman, PhD, MSPH, Population Health Sciences, SMPH

Findings inform public health recommendations and clinical practices guidelines on adequate vitamin D levels.

Positron Emission Tomography (PET) Imaging of Tumor Angiogenesis

Weibo Cai, PhD, Radiology, SMPH

This grant project explored new ways to measure cancer tumor progression.

Probiotics for Prevention of Infection by Multiresistant Bacteria

Nasia Safdar, MD, PhD, MS, Medicine, SMPH

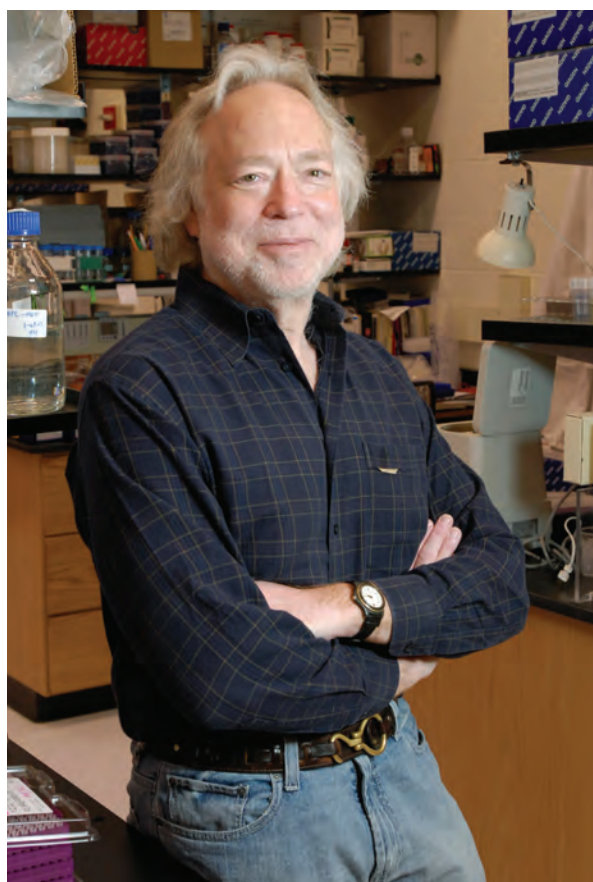
The study was designed to assess the use of probiotics to reduce resistant bacteria.

Collaborative Health Sciences Program

The Collaborative Health Sciences Program supports the novel ideas and approaches of associate and full professors and senior and distinguished scientists, with an emphasis on interdisciplinary research and education to address compelling public health issues. A collaborative team representing basic, clinical, social/behavioral and/or population sciences leads funded projects. The Partnership Education and Research Committee (PERC) awarded nearly \$1.5 million to three projects in 2012.

Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses

This project will explore the use of bisphosphonate (BP) drugs for breast cancer prevention. A multidisciplinary



Michael Gould, oncologist with the McArdle Laboratory for Cancer Research, and a multidisciplinary team conduct PERC-funded research to explore breast cancer genetics and drugs that prevent breast cancer.

team will develop strategies for the short-term administration of FDA-approved BP drugs to prevent breast cancer with minimal to no toxicity.

The team will develop a mouse model to test the hypothesis that BP drugs activate the immune cells found in the breast to kill developing cancer cells and also to change the nature of breast cells, making them more resistant to malignant transformation. Findings from the mouse studies will be validated in a pilot clinical trial with female volunteers at high risk for developing breast cancer.

Principal Investigator: Michael Gould, PhD, Oncology, SMPH

Co-Principal Investigators: Howard Bailey, MD, Medicine, SMPH; Lee Wilke, MD, Surgery, SMPH

Award: \$499,997 over three years

Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making

Although screening mammography reduces overall mortality from breast cancer, it is not without negative consequences, such as unnecessary interventions, patient anxiety and increased health care use. This multidisciplinary project will design and test a clinical decision support tool (CDST) to facilitate conversations and shared decision-making between patients and clinicians as the optimal approach for determining whether and how to screen women for breast cancer with mammography.

An integrated team of physicians, communication and population health specialists and community partners will develop and test this novel CDST, the Breast Cancer Risk Estimator (B-CARE). Accessible online and in the electronic health record, this support tool will help patients and physicians weigh the “benefits” of mammographic screening to improve breast cancer detection and the “harms” of false positives in improving population health.

Principal Investigator: Elizabeth Burnside, MD, MPH, Radiology, SMPH

Co-Principal Investigators: Amy Trentham-Dietz, PhD, MS, Population Health Sciences; Lee Wilke, MD, Surgery, SMPH

Award: \$500,000 over three years



Caprice Greenberg, associate professor in the Department of Surgery, leads a Collaborative Health Sciences grant project focused on improving performance and safety in surgical care.

Wisconsin Surgical Coaching Program

This multidisciplinary collaboration between University of Wisconsin faculty and surgeons throughout the state is designed to improve surgical performance and the quality and safety of surgical care in Wisconsin. With input from the Wisconsin Surgical Society, the UW Schools of Engineering, Music and Education, the Department of Surgery and the UW football program, project leaders will adapt methodology, theory and key coaching principles from these disciplines to develop a video-based coaching program for Wisconsin surgeons.

The initiative aims to decrease technical errors and improve surgical performance in any care setting. Participating surgeons and surgical coaches will evaluate the educational value and impact of video-based coaching on patient safety.

Principal Investigator: Caprice Greenberg, MD, MPH, Surgery, SMPH

Co-Principal Investigator: Douglas Wiegmann, PhD, Industrial and Systems Engineering, UW-Madison College of Engineering

Award: \$499,958 over three years

Grants Concluding in 2012

Three Collaborative Health Sciences Program grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report. Titles of projects and Principal Investigators are listed below:

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

Pamela Kling, MD, Pediatrics, SMPH

Project findings indicated that at-risk pregnancies were predictive of iron deficiency at birth.

Menominee Smoking Cessation Clinical Trial

Stevens Smith, PhD, Medicine, SMPH

The project added cultural tailoring to standard, evidence-based treatment for American Indian smokers.

Reducing Infant Mortality Disparities in Wisconsin

Gloria Sarto, MD, PhD, Obstetrics and Gynecology, SMPH

Project findings confirmed that the ready availability of social, economic and service resources contributes to healthy birth outcomes.



Targeted Education and Research Program

Targeted Education and Research Program awards are designed to take new approaches to health and health care issues in response to the state's emerging needs. Successful proposals advance biomedical research; promote the application of education and research to prevention, diagnosis and treatment of disease; and disseminate knowledge to communities. Application to this program is by invitation from PERC. The Partnership Education and Research Committee pledged a total of \$15.2 million to five projects in 2012.

Grants Awarded in 2012

Environmental Health Center Strategic Planning Grant

Despite progress in environmental regulation over the last 40 years, exposure to toxic chemicals is still a major threat to the public's health. This one-year planning grant lays the groundwork for a state-of-the-art Environmental Health Center at UW-Madison with the goal of positioning Wisconsin as a leader in environmental health research.

The grant takes novel approaches to understanding environmental toxicology through collaborations among scientists from different disciplines. Funds will be used to look at how genes respond to environmental threats within cells through model *in vivo* (mouse) and *in vitro* systems as well as parallel patterns of response in a Wisconsin human population sample. This research will address health disparities by identifying population vulnerabilities and susceptibilities to environmental exposure and providing a more complete picture of the human response to environmental threats.

Christopher Bradfield, PhD, Oncology, SMPH

Award: \$200,000 over one year

Institute for Clinical and Translational Research

The Institute for Clinical and Translational Research (ICTR) will continue to strengthen and expand biomedical and health sciences research at the University of Wisconsin-Madison and Marshfield Clinic. The goal is to transform health-related research into a continuum, extending from investigation through discovery to translation into clinical practice, linking research to real and measurable improvement in the health of Wisconsin. This renewal application included a new aim to increase the use of research to improve practices, programs and policies; to disseminate research results through existing community, practice and policy networks; and to facilitate dissemination and implementation of research results between investigators and their community partners.

Read more about WPP's partnership with ICTR on page 23.

Marc Drezner, MD, Medicine, Institute for Clinical and Translational Research, SMPH

Award: \$10,200,003 over three years

Making Wisconsin the Healthiest State

With renewal funding, the UW Population Health Institute will continue to support the Wisconsin Partnership Program's commitment to making Wisconsin a healthier state for all by measuring, assessing and reporting on the state's health and health disparities; supporting local efforts in health improvement; and promoting statewide impact on policy, systems and environmental changes for health.

Building on two previous awards that produced several reports, including the *Health of Wisconsin Report Card 2010*, *Wisconsin Health Trends: 2011 Progress Report* and *What Works? Policies and Programs to Improve Wisconsin's Health*, this project augments those efforts by tracking Wisconsin's progress in health improvement over time and providing information on the data, policies and programs needed to address locally identified gaps in health.

Karen Timberlake, JD, Population Health Sciences, Population Health Institute, SMPH

Award: \$463,354 over three years

Each year, the Survey of the Health of Wisconsin (SHOW) travels to more than 70 neighborhoods around Wisconsin. A random sample of households is selected and participants provide confidential health information via an interview, self-administered questionnaire and a brief physical exam.



Planning Grant for a Preventive Medicine Residency Program

This two-year planning grant aims to establish an accredited Preventive Medicine Residency program. Preventive Medicine is a board certified medical specialty focused on improving the health of populations through clinical and public health approaches. Based on national models and current UW residency programs, the Preventive Medicine Residency program will seek to build partnerships for practicum training, secure extramural funding and, ultimately, accreditation by the Accreditation Council for Graduate Medical Education.

Once established, the program will benefit the preventive medicine and public health workforce in Wisconsin and position the School of Medicine and Public Health to apply to the Centers for Disease Control and Prevention for a Prevention Research Center.

Patrick Remington, MD, MPH, Population Health Sciences, SMPH

Award: \$167,600 over two years

Survey of the Health of Wisconsin

With renewed funding, the Survey of the Health of Wisconsin (SHOW) will continue its research on the health needs and determinants of health in Wisconsin. Initially funded by PERC in 2004, SHOW has met its recruitment goals, leveraged federal funding and supported community-academic partnerships in both rural and urban areas of the state.

This three-year funding cycle aims to maintain SHOW's population health research infrastructure for tracking trends in priority health indicators and supporting research on the multiple determinants of health and health disparities, facilitate population health data

dissemination and educational initiatives, and provide a flexible platform and infrastructure that supports ancillary studies.

F. Javier Nieto, MD, PhD, MPH, Population Health Sciences, SMPH

Award: \$4,199,997 over three years

Grants Concluding in 2012

Six Targeted Education and Research Program grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report. Titles of projects and Principal Investigators are listed here:

Advancing Evidence-Based Health Policy in Wisconsin

Jonathan Jaffery, MD, MS, Medicine, SMPH

The project focuses on engaging faculty, scientific investigators and students in policy-relevant work and translating their research findings for use by policy leaders.

Institutional Clinical and Translational Science Award

Marc Drezner, MD, Medicine, Institute for Clinical and Translational Research, SMPH

ICTR supports research that is translated to practical improvements in community health and health equity.

Making Wisconsin the Healthiest State

Karen Timberlake, JD, UW Population Health Institute, SMPH

Published reports and databases focus health improvement efforts and measure Wisconsin's health in comparison to other states.

Recruitment of Middle-Aged African Americans for Studies of Preclinical Alzheimer's Disease: Development of a Minority Recruitment Model in Milwaukee

Mark Sager, MD, Medicine, SMPH

The project established the first African American dementia diagnostic clinic in Milwaukee Health Services, a federally qualified health center.

Regenerative Medicine Program

Timothy Kamp, MD, PhD, Medicine, SMPH

Researchers work collaboratively to investigate and pioneer new treatments such as stem cell therapy for advanced heart disease.

Survey of the Health of Wisconsin (SHOW)

F. Javier Nieto, MD, PhD, MPH, Population Health Sciences, SMPH

SHOW surveys nearly 1,000 Wisconsin residents each year to identify needs and target resources.

Institute for Clinical and Translational Research

The Wisconsin Partnership Program has a strong partnership with the Institute for Clinical and Translational Research (ICTR), led by executive director Marc Drezner, MD, around a common goal of improving the health of Wisconsin communities. With substantial support from WPP since its inception in 2006, ICTR announced renewal funding of \$41.5 million from the National Institutes of Health in July 2012, one of the largest grants ever awarded to the School of Medicine and Public Health.

WPP supports ICTR's community-academic partnership program and Type 2 Translational Pilot Grant Awards, in which researchers collaborate closely with communities.

2012 Pilot Projects

Pharmacotherapeutic Intervention to Improve Treatment Engagement Among Alcohol-dependent Veterans After Hospital Discharge

Problem alcohol use is a crucial health issue and rates of use among veterans, particularly combat-exposed veterans, exceed those in the general population — with fewer than four percent of veterans accessing needed treatment. Despite the availability of medications to assist patients, non-adherence has been a barrier to recovery. The availability of a long-acting monthly

injectable medication may overcome this barrier. This pilot will work with inpatient veterans at the William S. Middleton Memorial VA Hospital to understand the impact of medication adherence upon engagement in behavioral treatment for alcohol use disorders.

Randy Brown, MD, PhD, FASAM, Family Medicine, SMPH

Award: \$49,124

A Video Analytic Approach to Deconstructing Surgical Skill

Studies have shown that more people die annually from adverse events in the health care system than from car accidents, breast cancer or AIDS and that the majority of these events originate in the operating room and are due to a technical error. This project will develop a quantifiable measure of surgical technical skill in the unique collaboration between industrial engineers and surgeons. Such a measure of technical skill is the critical first step to a better understanding of surgical skill and the design of interventions to reduce technical errors, improve patient safety and save lives.

Caprice Greenberg, MD, MPH, Surgery, SMPH

Collaborators: Madison Surgical Society; Wisconsin Surgical Society

Award: \$50,000

Improving Bone Health Among Older Adults in Rural Wisconsin Communities

Almost one in two women and one in four men will have a bone fracture due to osteoporosis in their lifetime. As the U.S. and Wisconsin populations age, the numbers of adults experiencing osteoporosis-related fractures are dramatically rising. Preventive and diagnostic measures exist; however, they are extremely underused. This project proposes a new intervention to improve osteoporosis preventive behaviors that participants find helpful, and improve older adults' calcium and vitamin D intake and intentions to discuss osteoporosis risk and testing with primary providers.

Diane Lauver, PhD, RN, Nursing, UW-Madison

Collaborators: Washington County Aging and Disability Resource Center

Award: \$50,000

Coalition Building for Community Health in Milwaukee

Milwaukee consistently ranks poorly in Wisconsin in morbidity, mortality and other health determinants. However, a community effort to cleanup and redevelop contaminated land in the Menomonee River Valley has put Milwaukee at the forefront of a national movement to redefine what constitutes a healthy community: a place where residents can access primary health care services, purchase nutritious foods, exercise in safe and attractive recreation spaces and work in jobs that produce a family-supporting income. This project will try to uncover what enhances or impedes the development of multidisciplinary partnerships that can lead to a community's ability to identify, mobilize and address social problems.

Laura Senier, PhD, MPH, Family Medicine, SMPH; Community and Environmental Sociology, UW-Madison

Collaborators: Sixteenth Street Community Health Center; Wisconsin Department of Natural Resources

Award: \$50,000

Improving Health Outcomes after Breast Cancer Treatment: Assessing the Impact of Survivorship Care Plans on Wisconsin Cancer Survivors

With 65 percent of individuals diagnosed with cancer surviving five years or more, cancer care must expand beyond its traditional short-term focus to the management of long-term health risks and treatment of side effects. Many survivors are unsure about the details of diagnosis, treatment and follow-up testing and are unprepared for chronic side effects. This project engages cancer survivors in the assessment of "survivorship care plans" and will also explore the differences in education and support needs of those with access to rural versus urban resources.

Amye Tevaarwerk, MD, Medicine, SMPH

Collaborators: Marshfield Clinic Research Foundation; Marshfield Survivorship Program Advisory Council; Security Health Plan

Award: \$25,000

Grants Concluding in 2012

Youth Chef Academy: Effectiveness of a Plant-based Cooking, Nutrition and Food System Education Course for Urban Middle School Students

Amy Harley, PhD, MPH, UW-Milwaukee School of Public Health

The project team worked with Milwaukee middle school students, teachers, school administrators and grocers to promote healthy eating with a focus on increased vegetable consumption.

Reducing Work Disability in Breast Cancer Survivors

Mary Sesto, PhD, Orthopedics and Rehabilitation, SMPH

Employers and breast cancer survivors developed innovative ways to allow people who wanted to return to work to do so without undue fatigue and physical pressure.

Testing Maps and Graphics to Promote Safe Drinking Water from Private Wells

Dolores Severtson, PhD, UW-Madison School of Nursing

Researchers worked to better understand how the public interprets maps that are created to depict risk (i.e., arsenic in water wells), which therefore, can influence beliefs and impact decisions.

Family-Focused Intervention for Latino Families Affected by Parental Depression: A Community Collaboration

Carmen Valdez, PhD, Counseling Psychology, UW-Madison School of Education

This pilot project designed and tested a culturally-relevant, family-based intervention to support Latino mothers with depression.

Governing Committees

The Wisconsin Partnership Program 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 Partnership Education and Research Committee (PERC).

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 health advocates.
- Comment and advise on the PERC’s expenditures.

The primary responsibilities of the PERC 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 communities and health leaders statewide.

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)

Christine P. Holmes, MSW, Secretary

(Resigned October 2012)

President and CEO, Penfield Children’s Center

Advocacy Category: Children’s Health

Kenneth Taylor, MPP

(Appointed December 2012)

Executive Director, Wisconsin Council on Children and Families

Advocacy Category: Children’s Health

Katherine Marks, BA

Outreach Specialist, Wisconsin Women’s Business Initiative Corporation

Advocacy Category: Urban Health

Douglas N. Mormann, MS, Vice Chair

Public Health Director, 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

Insurance Commissioner’s Appointee

Martha E. Gaines, JD, LLM

(Resigned August 2012)

Clinical Professor of Law, UW Law School

Director, Center for Patient Partnerships, UW Law School

SMPH Representatives

Philip M. Farrell, MD, PhD

Professor Emeritus, Pediatrics and Population Health Sciences

Susan L. Goelzer, MD, MS, CPE

Professor, Anesthesiology, Medicine and Population Health Sciences

Associate Dean for Graduate Medical Education

Cynthia Haq, MD

Professor, Family Medicine and Population Health Sciences

Director, Training in Urban Medicine and Public Health

Patrick Remington, MD, MPH, Chair

Professor, Population Health Sciences

Associate Dean for Public Health

Lifecourse Initiative for Healthy Families Steering Committee

Fredrik (Frits) Broekhuizen, MD

Professor, Obstetrics and Gynecology, Medical College of Wisconsin

Georgia Cameron, MBA, BS, RN

Deputy Director of Southeastern Region, State of Wisconsin Division of Public Health

Ron Cisler, PhD, MS

Professor, Health Sciences, UW-Milwaukee

Associate Professor, Population Health Sciences, SMPH

Director, Center for Urban Population Health, Aurora Sinai Medical Center

Deborah Embry, MBA

Director, Racine Mayor’s Office of Strategic Partnerships
Grant Facilitator, City of Racine Mayor’s Office

Philip M. Farrell, MD, PhD, Co-Chair

Professor Emeritus, Pediatrics and Population Health Sciences, SMPH

Veronica Lawson Gunn, MD, MPH, FAAP

Medical Director, Community Services Division, Children’s Hospital and Health Systems

Cynthia Haq, MD

Professor, Family Medicine and Population Health Sciences,
SMPH
Director, Training in Urban Medicine and Public Health

Mark Huber

Vice President for Social Responsibility, Aurora Health Care

Reverend James Ivy

New Zion Baptist Church

Tito L. Izard, MD

President and Chief Executive Officer, Milwaukee Health
Services, Inc.
Clinical Associate Professor, Family Medicine, SMPH

Cheryl Jackson, JD**Sheri Johnson, PhD, MA**

Assistant Professor, Pediatrics, Medical College of Wisconsin

Murray Katcher, MD, PhD

Chief Medical Officer, Bureau of Community Health Promotion
Director, State Maternal and Child Health

Katherine Marks, BA, Co-Chair

Outreach Specialist, Wisconsin Women's Business Initiative
Corporation

Stephen C. Ragatz, MD, FAAP

Chair, Pediatrics, Wheaton Franciscan Healthcare-St. Joseph

Betty Stinson, BA

Chair, Racine Infant Mortality Coalition

Jack Waters

Executive Director, Kenosha Community Health Center

Lora Wiggins, MD

Chief Medical Officer, Wisconsin Division of Health Care
Access and Accountability

Members of the Partnership Education and Research Committee

The PERC is broadly representative of the faculty, staff and leadership of the UW School of Medicine and Public Health, and also includes representatives from the Oversight and Advisory Committee and an external appointee.

SMPH Leadership

Marc Drezner, MD

Professor, Medicine
Senior Associate Dean for Clinical and Translational Research
Director, Institute for Clinical and Translational Research

Richard Moss, PhD, Chair

Professor, Cell and Regenerative Medicine
Senior Associate Dean for Basic Research, Biotechnology
and Graduate Studies

Elizabeth Petty, MD

Professor, Pediatrics
Senior Associate Dean for Academic Affairs

Patrick Remington, MD, MPH

Professor, Population Health Sciences
Associate Dean for Public Health

Department Chairs

K. Craig Kent, MD

Professor and Chair, Surgery

James Shull, PhD

Professor and Chair, Oncology

Faculty Representatives

Jenny Gumperz, PhD

Associate Professor, Medical Microbiology and Immunology
Representative: Basic Sciences Faculty

Robert Lemanske, MD

Professor, Pediatrics and Medicine
Representative: Clinical Faculty

Tom Oliver, PhD

Professor, Population Health Sciences
Representative: Public Health Faculty

Ex-officio

Norman Drinkwater, PhD

Professor, Oncology

Academic Staff Representative

D. Paul Moberg, PhD

Research Professor, Population Health Sciences

Oversight and Advisory Committee Appointees

Patrick Remington, MD, MPH, Chair

Professor, Population Health Sciences
Associate Dean for Public Health

Greg Nycz

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

External Appointee

Betty Chewning, PhD

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

Wisconsin Partnership Program Staff

Eileen Smith, Assistant Dean and Director

Cathy Frey, Associate Director

Quinton Cotton, Program Officer

Mary Jo Knobloch, Senior Program Officer

Tonya Mathison, Administrative Manager

Ann McCall, Project Assistant

Catherine Puisto, Administrative Assistant

Karen Roach, Communications Specialist

Steve Smith, Financial Specialist

Policies and Procedures

"Our academic partners provided the technical support we needed and were inclusive in the planning process."

— OAC grantee

The Wisconsin Partnership Program's governing committees follow standard Request for Proposal (RfP) guidelines and selection criteria, proposal requirements and a multi-step review process that are consistent with the program's policies and procedures. Throughout the year, WPP evaluates the progress and outcomes of funded grants using progress and final reports, financial status reports, oral presentations and site visits.

Training and Technical Assistance. WPP staff provide training and technical assistance to ensure the greatest potential for success in developing and submitting proposals. For example, 21 of 29 Community-Academic Partnership Fund project teams invited to submit full applications in 2012 received training during the application process, either individually or during Technical Assistance Days. Held on the UW-Madison campus in August 2012, Technical Assistance Days provided personalized training for community project teams on topics such as grant writing, financial and budget issues, evaluation and community-academic partnerships. WPP also offers webcast training sessions for all applicants.

Review and Monitoring. All grant applications undergo a rigorous multi-step review, including:

- Technical review verifying eligibility and compliance with proposal requirements.
- Expert review consisting of independent assessment and scoring.
- Full committee review of top-ranked proposals and interview of applicants, as applicable.
- Individual grantee orientations.
- Memorandum of Understanding outlining requirements such as progress reports, financial status reports and a final report on a schedule determined by the funding committee.

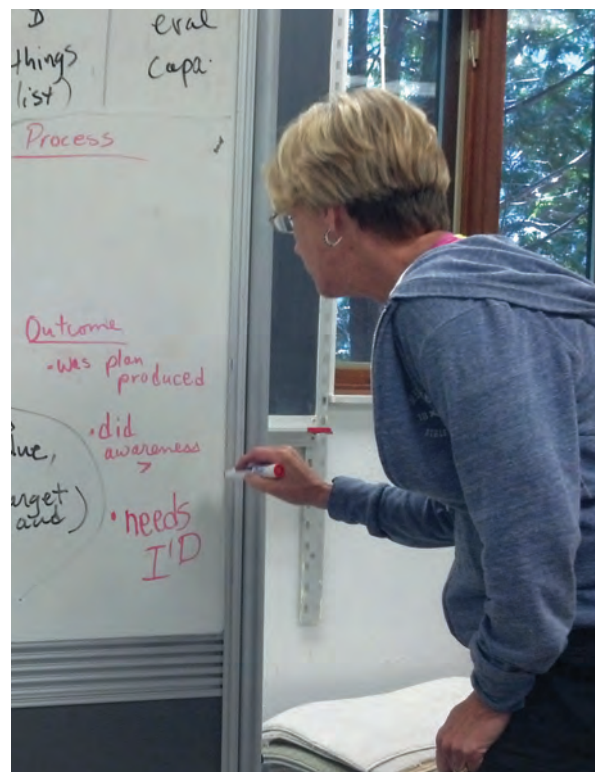
Open Meetings and Public Records Laws. The Wisconsin Partnership Program conducts its operations and processes in accordance with the state of Wisconsin's Open Meetings and Public Records Laws. Meetings of OAC and PERC and their respective subcommittees are open to the public and held in accordance with the law. Agendas and minutes are posted on the WPP website and in designated public areas.

Diversity Policy. The Wisconsin Partnership Program is subject to and complies with the diversity and equal opportunity policies of the Board of Regents of the

University of Wisconsin System and UW-Madison. OAC and PERC 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 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 WPP understand the most effective means to address population health issues and to improve the health of the public. The policy is available on WPP's website, med.wisc.edu/wpp.



Wisconsin Partnership Program staff and UW faculty provide training for community project teams on topics such as developing logic models to evaluate the effectiveness of their programs.

Financial Overview

Net endowment returns were positive for the year with the endowment balance growing by \$12.8 million after distributions. The endowment distributed \$13.3 million in 2012. Total program assets increased approximately \$14.9 million or 5 percent.

Administrative Expenses

Wisconsin Partnership Program (WPP) administrative expenses were \$863,070 and \$1,089,174 for the years ending December 31, 2011 and 2012 respectively. The UW School of Medicine and Public Health also provides in-kind support for WPP administrative expenses from the Office of the Dean; Senior Associate Dean for Basic Science, Biotechnology and Graduate Studies; Senior Associate Dean for Finance; and Associate Dean for Public Health; and from the Department of Human Resources, Office of Legal Services and UW Health Public Affairs.

The administrative budget is approved annually by the Oversight and Advisory and Partnership Education and Research committees. Allocation of costs in the Income Statement on page 29 is based on a 35 percent/65 percent split. Detail expenditures for the period are as follows:

Table 1: Administrative Expenses

For the Years Ended December 31, 2012 and 2011		
	2012	2011
Total Salaries	\$605,310	\$592,310
Total Fringe Benefits	\$267,215	\$204,723
Other Expenditures		
Supplies	\$10,696	\$18,882
Travel	\$12,361	\$13,111
Other Expenses	\$193,592	\$34,044
Total	\$1,089,174	\$863,070
OAC (35%) Allocation	\$381,211	\$302,075
PERC (65%) Allocation	\$707,963	\$560,996

Nonsupplanting 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 nonsupplanting, which was approved by the Wisconsin United for Health Foundation, Inc. The WPP's supplanting policy can be found in the Appendix to this report.

Annual Report

Based on the nonsupplanting determination made by the Senior Associate Dean for Finance, the Dean of the School of Medicine and Public Health has attested to compliance with the supplanting prohibition in 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.

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 June 20, 2012. It was moved to retain the allocation of 35 percent for public health initiatives and 65 percent for education and research initiatives until the next vote in June 2013. The motion passed unanimously.

Change in Investment Allocation

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

Accounting

The following financial report consolidates activities of the UW Foundation and the SMPH for the years ending December 31, 2011 and 2012. Revenues consist of investment income and market valuation and expenditures consist of administrative and program costs. All expenses and awards are reported as either public health initiatives (OAC–35 percent) or partnership education and research initiatives (PERC– 65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown on page 29.

Financial Notes

Table 2: Balance Sheet

For the Years Ended December 31, 2012 and 2011		
	2012	2011
ASSETS		
Current Investments	\$24,706,801	\$32,652,967
Non Current Investments	\$317,004,578	\$294,184,304
Total Assets	\$341,711,378	\$326,837,272
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts Payable	\$-	\$-
Grants Payable	\$26,186,675	\$14,625,947
Total Liabilities	\$26,186,675	\$14,625,947
Net Assets*		
Temporarily Restricted - spendable	\$8,521,876	\$18,027,021
Temporarily Restricted - endowment	\$25,175,086	\$12,356,563
Permanently Restricted - endowment	\$281,827,742	\$281,827,742
Total Net Assets	\$315,524,704	\$312,211,326
Total Liabilities & Net Assets	\$341,711,378	\$326,837,272

Table 3: Income Statement

For the Years Ended December 31, 2012 and 2011		
	2012	2011
REVENUES		
Gifts Received	\$-	\$-
Investment Income	\$76,238	\$71,983
Realized gains/(losses) on investments	\$26,289,185	\$(2,147,890)
Total Revenues	\$26,365,423	\$(2,075,907)
EXPENDITURES		
OAC Initiatives		
Administrative Expenditures	\$381,211	\$302,074
Grant Expenditures	\$4,725,558	\$4,126,436
PERC Initiatives		
Administrative Expenditures	\$ 707,963	\$560,995
Grant Expenditures	\$17,237,313	\$1,039,523
Total Expenditures	\$23,052,046	\$6,029,028
Net Increase (Decrease) in Net Assets	\$3,313,377	\$(8,104,935)

Cash and Investments

The financial resources that support WPP grants for the years ending December 31, 2011 and 2012 are generated from funds released by the Wisconsin United for Health Foundation, Inc., 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 the School of Medicine and Public Health 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.

Noncurrent Investments

Noncurrent investments consist of participation in the UW Foundation endowment portfolio. The objective of the endowment portfolio is to achieve a long-term return that creates an income stream to fund programs, preserves the real value of the funds and provides for real growth. To achieve this, the endowment is invested in a diversified portfolio that includes 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 Oversight and Advisory Committee or Partnership Education and Research Committee approval. The liability reflects the total amount of the grant award, which ranges from one to three years in length, less any payments made before December 31 of the reporting year. Any subsequent modifications to grant awards are recorded as adjustments of the grant expense in the year the adjustment occurs.

Net Assets

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

Temporarily Restricted — Spendable Fund:

The portion of net assets relating to funds which have been distributed from the endowment fund, along with related income that are available to the program. These funds are available for both grants and administrative expenses of the program.

Temporarily Restricted — Endowment Fund:

The portion of net assets relating to realized gains or losses related to the permanently restricted funds that have not been distributed and remain within the endowment portfolio as of December 31, 2012.

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

Grants payable are recorded as of the date of Oversight and Advisory Committee or Partnership Education and Research Committee approval. The liability reflects the total amount of the grant award, which ranges from one to three years in length, less any payments.

Revenues

Revenues for the years ending December 31, 2011 and 2012 consist of two components: (1) investment income, which has been recorded as earned throughout the year; and (2) net realized gains/(losses) on investments, which represents the difference between the original cost of investments and the sales proceeds (realized) or the fair market value at the end of the year (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 revenues net of these fees. In addition, the UW Foundation assesses an expense recapture fee of 1 percent of endowed funds to finance its internal operations (including administration, accounting, internal investment management and development). The expense recapture fees were \$3,085,636 and \$2,858,058 in 2011 and 2012 respectively. Revenues of the Wisconsin Partnership Program are shown after these fees have been deducted.

In 2011, the UW Foundation modified its policy regarding the investment recapture fee, to be implemented effective January 1, 2012. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above \$250,000,000 per account. WPP funds exceed the newly established level and the 2012 fees of \$2,858,058 reflect this decrease. The Dean of the School of Medicine and Public Health decided that the savings from this fee reduction will be fully allocated to the Oversight and Advisory Committee for public health initiatives. In 2012 this savings was \$153,632.

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

Expenditures

Expenditures for the years ending December 31, 2011 and 2012 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 percent) and partnership education and research initiatives (PERC–65 percent).

Table 4: OAC Awards – Summary 2004-2012

Project Title	Total Award	Total Expended	Grants Payable
Total 2004 OAC Funding	\$8,779,958	\$8,779,958	\$-
Total 2005 OAC Funding	\$4,635,692	\$4,635,692	\$-
Total 2006 OAC Funding	\$6,259,896	\$6,259,896	\$-
Total 2007 OAC Funding	\$4,641,892	\$4,641,892	\$-
Total 2008 OAC Funding	\$-	\$-	\$-
Total 2009 OAC Funding	\$2,751,349	\$2,540,472	\$210,877
Total 2010 OAC Funding	\$2,902,536	\$1,793,613	\$1,108,923
Total 2011 OAC Funding	\$4,173,604	\$1,366,532	\$2,807,072
Total 2012 OAC Funding	\$4,867,166	\$334,415	\$4,532,751
Total OAC Funding (2004-2012)	\$39,012,092	\$30,352,469	\$8,659,623

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

Table 5: 2012 OAC Awards

Project Title	Type ¹	Total Award	Total Expended	Grants Payable
IMPLEMENTATION GRANTS				
Adams County Community Wellness Program	E,S	\$398,167	\$-	\$398,167
Building the Mentally Healthy Workplace	E,R	\$149,930	\$-	\$149,930
Community Safety Data Repository Project	R,S	\$400,000	\$-	\$400,000
Growing Farm to School: Cultivation Childhood Wellness through Gardening	E,S	\$399,629	\$-	\$399,629
Latino Youth Health Leadership Teams: Implementing the Healthy Activities Partnership Program for Youth	E,S	\$399,989	\$-	\$399,989
Public Will Building to Reduce Obesity in the Latino Community of Milwaukee	E,R	\$149,116	\$-	\$149,116
Richland FIT: Academic Partnerships to Build a Healthy Environment in Rural Richland County	E,S	\$399,966	\$-	\$399,966
DEVELOPMENT GRANTS				
Adopting an Easy-to-Read Medication Label in Wisconsin	R	\$49,929	\$-	\$49,929
CESA #9 Active and Healthy Schools	R,E	\$48,815	\$-	\$48,815
Community Action and Community Capacity Building for Type 2 Diabetes Prevention	E	\$50,000	\$-	\$50,000
Community-Based EMS Pilot Project	E,R,S	\$19,998	\$-	\$19,998
Development of a Curriculum to Support Healthy Bites, A Wisconsin Guide for Improving Childhood Nutrition	E,R	\$49,983	\$-	\$49,983
E-Z Access to Health Project	E,S	\$50,000	\$-	\$50,000
Great Dane Exchange: Exploring the Reason for the Success of the Wisconsin State Employee Health Plan Insurance Exchange	R	\$49,997	\$-	\$49,997
Madison - Dane County Healthy Birth Outcomes		\$49,471	\$-	\$49,471
Menominee Community Journey to Wellness	E,R,S	\$49,614	\$-	\$49,614
Prenatal Virtual Home Visitation Program	E,S	\$50,000	\$-	\$50,000
Safe and Healthy Food for the Hungry	E,R	\$49,914	\$-	\$49,914
Training Intergenerational Health and Wellness Messengers to Address American Indian Breast Cancer Disparities	E,S	\$50,000	\$-	\$50,000
Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin	R,E	\$50,000	\$-	\$50,000
Winnebago County STI Task Force: Comprehensive Sexual Health Education Pilot Program	E	\$49,290	\$-	\$49,290
Wisconsin Health Equity Alliance (WHEA): Driving Policy Change to Improve Health in Wisconsin	E	\$49,947	\$-	\$49,947
YMCA/UW Dept of Obstetrics and Gynecology Partnership Promoting Healthy Weight in Pregnancy	R,S	\$49,356	\$-	\$49,356
LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES GRANTS				
Beloit Lifecourse Initiative for Healthy Families	E,S	\$250,000	\$13,274	\$236,726
Kenosha Lifecourse Initiative for Healthy Families	E,S	\$250,000	\$70,800	\$179,200
Milwaukee Lifecourse Initiative for Healthy Families	E,S	\$250,000	\$27,219	\$222,781
Pregnancy Risk Assessment Monitoring System	E,R	\$269,529	\$34,212	\$235,317
Racine Lifecourse Initiative for Healthy Families	E,S	\$75,000	\$55,076	\$19,924
Racine Lifecourse Initiative for Healthy Families Continuation	E,S	\$175,000	\$-	\$175,000
PUBLIC HEALTH EDUCATION & TRAINING				
Wisconsin Population Health Service Fellowship	E,S	\$534,526	\$133,833	\$400,693
Total 2012 OAC Funding		\$4,867,166	\$334,415	\$4,532,751

¹ E = education, R = research, S = service (community based)

Table 6: PERC Awards – Summary 2004-2012

Project Title	Total Award	Total Expended	Grants Payable
Total 2004 PERC Funding	\$7,835,411	\$7,835,411	\$-
Total 2005 PERC Funding	\$13,001,789	\$13,001,789	\$-
Total 2006 PERC Funding	\$9,081,619	\$9,081,619	\$-
Total 2007 PERC Funding	\$5,511,524	\$5,511,524	\$-
Total 2008 PERC Funding	\$6,164,574	\$5,909,226	\$255,348
Total 2009 PERC Funding	\$19,716,515	\$18,711,154	\$1,005,361
Total 2010 PERC Funding	\$760,366	\$639,646	\$120,720
Total 2011 PERC Funding	\$1,590,691	\$507,193	\$1,083,499
Total 2012 PERC Funding	\$17,393,049	\$2,330,923	\$15,062,125
Total PERC Funding (2004-2012)	\$81,055,537	\$63,528,485	\$17,527,053

Table 7: 2012 PERC Awards

Project Title	Type ¹	Total Award	Total Expended	Grants Payable
COLLABORATIVE HEALTH SCIENCES PROGRAM				
Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses	R	\$499,997	\$-	\$499,997
Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making	R	\$500,000	\$-	\$500,000
Wisconsin Surgical Coaching Program	R	\$499,958	\$6,641	\$493,317
NEW INVESTIGATOR PROGRAM				
Cholecystokinin in the Survival of Human Pancreatic Islets	R	\$100,000	\$-	\$100,000
Circulating Tumor Cells in Renal Cell Carcinoma: Biomarkers for Personalized Medicine	R	\$99,964	\$-	\$99,964
Discharge Order Completeness and 30-Day Rehospitalization in Rural Wisconsin Nursing Home Patients	R	\$99,104	\$-	\$99,104
Dissecting Cross-Species Transmission of Influenza Virus	R	\$100,000	\$-	\$100,000
TARGETED PROGRAMS				
Environmental Health Center Strategic Planning Grant	R	\$200,000	\$-	\$200,000
Institute for Clinical and Translational Research	E,R	\$10,200,003	\$758,460	\$9,441,543
Making Wisconsin The Healthiest State	R,S	\$463,354	\$-	\$463,354
Planning Grant for a Preventive Medicine Residency Program	E	\$167,600	\$8,470	\$159,130
Survey of the Health of Wisconsin	E,R,S	\$4,199,997	\$1,421,622	\$2,778,375
Wisconsin Population Health Service Fellowship	E,S	\$267,263	\$135,731	\$131,532
Total 2012 PERC Funding		\$17,397,240	\$2,330,923	\$15,066,317

¹ E = education, R = research, S = service (community based)

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Wisconsin Partnership Program

University of Wisconsin School of Medicine and Public Health

Grant Outcome Reports 2012



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON



ABOUT THIS REPORT: This supplement to the Wisconsin Partnership Program's 2012 Annual Report presents one-page outcome reports of 29 grant projects concluding in 2012. Highlighting the work completed by faculty and community partner grantees, these summary reports are designed to inform the state's public health and research communities about the findings of WPP-funded grant projects so that their results can be disseminated to wider audiences. The reports are also featured on the program's website at med.wisc.edu/wpp.

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COMMUNITY GRANT OUTCOME REPORT

Creating Youth Gardens to Curb Childhood Obesity

This project promoted youth gardens as a viable strategy to increase access to and consumption of fruits and vegetables.



Gardening benefits children's health and well-being, their attitudes toward their environment and connections to community.

► **Description:** The **Got Dirt? Garden Initiative** designed a process to establish youth gardens at elementary schools and childcare centers throughout Wisconsin.

► **Relevance:** Nutrition research supports the role of increased fruit and vegetable consumption for prevention of cancer, heart disease and obesity.

► **Partnerships:** Brown County UW-Extension, the Wisconsin Department of Health Services and the UW Pediatric Fitness Clinic helped develop this initiative. Support from other community partners increased buy-in from schools, childcare and after-school sites.

► **Results:** Workshops conducted by Wisconsin Master Gardener Volunteers and others trained over 1,000 youth educators and online surveys documented the establishment of 122 youth gardens throughout the state. This intervention focused on improving the school environment to facilitate change. Garden tool kits and manuals were developed to assist youth educators in starting gardens.

Analysis of 30 gardening (intervention) sites and 30 control sites indicated that youth in the intervention group were significantly more willing to try new fruit at home, to choose fruit as a snack instead of chips or candy and to choose vegetables as a snack instead of chips or candy. The control group showed no statistically significant changes.

This project proved to be an important backdrop for communities applying for grants through the Transform Wisconsin Fund and also served as the impetus for a WPP implementation grant to cultivate childhood wellness through gardening.

► **Published article:** Meinen, A., Frieze, B., Wright, W., Carrel, A. (2012). "Youth Gardens Increase Healthy Behaviors in Young Children." *Journal of Hunger and Environmental Nutrition*.

GOT DIRT? GARDEN INITIATIVE

Grantee: Brown County

Contact: William Wright, bwright@baycomwi.com

Academic Partner: Aaron Carrel, MD, Pediatrics, SMPH, alcarrel@pediatrics.wisc.edu

Award: \$427,068 over four years



COMMUNITY GRANT OUTCOME REPORT

Mobilizing a Community To Reduce Tobacco Use

Door-to-door surveys assessed smoking prevalence and beliefs in two Milwaukee neighborhoods.



Surveyors were selected from the community, which greatly assisted in the door-to-door efforts.

► **Description:** The **It Takes a Community to Help a Smoker** project developed smoking cessation and prevention strategies and conducted door-to-door surveys in two of the lowest socioeconomic status ZIP code areas in metropolitan Milwaukee. The survey was designed to assess beliefs about smoking and quitting by impoverished smokers in relation to past quitting behavior and intention to quit in the future.

► **Relevance:** Little is known about the smoking and quitting beliefs of the very poor (\$15,000 or less annual family income) because they tend not to be included in research.

► **Partnerships:** The Salvation Army of Wisconsin and Upper Michigan partnered with the St. Vincent DePaul Society, UW Center for Tobacco Research and Intervention and the Wisconsin Tobacco Prevention and Control Program. This project included the guidance of a stakeholder's group from the community.

► **Results:** 654 people completed the survey (a response rate of 78.3 percent), and self-reported smoking prevalence was 42.1 percent. Sixty-eight percent reported annual household incomes of less than \$15,000, compared to 30.8 percent in the community as a whole and 13 percent of households nationally. Outreach activities included community-developed billboards, flyers in local stores and presentations to community residents, often through faith-based social services.

► **Published article:** Christiansen, B., Reeder, K., Hill, M., Baker, T. and Fiore, M. (2012). "Barriers to Effective Tobacco Dependence Treatment for the Very Poor." *Journal of Studies on Alcohol and Other Drugs*.

IT TAKES A COMMUNITY TO HELP A SMOKER

Grantee: The Salvation Army of Wisconsin and Upper Michigan

Contact: Kevin Reeder, Kevin_Reeder@usc.salvationarmy.org

Academic Partner: Bruce Christiansen, Medicine, SMPH, bc1@ctri.medicine.wisc.edu

Award: \$430,612 over four years



COMMUNITY GRANT OUTCOME REPORT

Emerging as a National Leader in Child Death Review

The project team developed a system to identify the risk factors and circumstances of child deaths in Wisconsin.

► **Description:** The **Keeping Kids Alive in Wisconsin** project team built a statewide multidisciplinary Child Death Review (CDR) tracking system, using case review and data collection to improve child health and safety and prevent child deaths. In addition to tracking, the project team worked with more than 30 counties to develop a coordinated child death review team.

► **Relevance:** First developed in 1978, CDR now has a large national presence due to various initiatives such as the U.S. Department of Health and Human Service's Healthy People 2020, which calls for a review of all deaths to children under age 18 due to external causes.

► **Partnerships:** A collaborative partnership among Children's Health Alliance of Wisconsin, the Injury Research Center at the Medical College of Wisconsin and the state departments of Justice, Health Services and Children and Families created the foundation for the CDR system and local multidisciplinary teams to be successful.

► **Results:** Thirty-nine CDR teams were created or restructured to follow this prevention-based model during the grant period. County teams have improved the quality of their reviews and data collection. Local CDR teams report having a greater appreciation for how meaningful data can assist their communities in



learning from these unfortunate tragedies and act as a catalyst for prevention. The Child Death Review system will be expanded through an implementation grant awarded by the Wisconsin Partnership Program in 2012.

Wisconsin has emerged as a national and international leader in a variety of aspects of child death review. In 2011, a fellow from the University of Edinburgh observed Wisconsin's CDR program as part of a yearlong fellowship on CDR around the world. Webinars developed for Wisconsin's local teams have been used by the National Center for Child Death Review. Project staff collaborated on an article published in *Injury Prevention*, and provided technical assistance to CDR programs in Arkansas, Florida, Iowa and Wyoming.

KEEPING KIDS ALIVE IN WISCONSIN

Grantee: Children's Health Alliance of Wisconsin

Contact: Abby Collier, Children's Health Alliance of Wisconsin, ajcollier@chw.org

Academic Partner: Timothy Corden, MD, Pediatrics, SMPH, tcorden@mcw.edu

Award: \$416,963 over four years



COMMUNITY GRANT OUTCOME REPORT

Parents Making a Difference in Curbing Underage Drinking

The intervention helped to reduce underage drinking rates in Edgerton, Wisconsin.



Billboards, banners, posters and informational booths targeted parents in the Edgerton school district with messages about youth alcohol access.

► **Description:** The **Underage Drinking: A Parent Solution** project team focused on reducing underage alcohol use among Edgerton School District adolescents through prevention strategies involving school, family and community.

► **Relevance:** Underage drinking is a pervasive and growing problem nationally, and Edgerton youth report drinking at rates higher than the county, state and national averages. The National Academy of Sciences reported that reducing underage drinking cannot be successfully achieved by focusing on youth alone; greater attention must be given to environments in which drinking takes place and the situations in which adults drink.

► **Partnerships:** The project team collaborated with the Rock County Public Health Department, the Edgerton School District and the Edgerton Coalition for a Healthy Community.

► **Results:** According to Youth Risk Behavior Surveillance System data, drinking rates declined among Edgerton students in grades 10 to 12 from 2005 to 2009: the number who reported having at least one drink in the last 30 days dropped from 55 percent to

46 percent; binge drinking rates decreased from 44 percent to 31 percent; and the first use of alcohol before the age 13 dropped from 36 percent to 25 percent.

Assessment data were collected through surveys, community focus groups and interviews with key community leaders. The project team developed an intervention, “Parents Make the Difference,” and delivered an educational session to 175 parents. A community information campaign of advertisements, articles and press releases for events such as prom and graduation delivered messages about brain development and how parents and the local environment contribute to underage drinking.

The project was successful at raising the awareness of underage drinking with a focused target population. Parents involved in prevention efforts report better communication with their children about choosing low-risk behaviors, a better understanding of adolescent development and more adult supervision during youth events. The school district’s athletic code has mandated stricter penalties for alcohol and other drug use.

UNDERAGE DRINKING: A PARENT SOLUTION

Grantee: Partners in Prevention—Rock County, Inc.

Contact: Kate Baldwin, Partners in Prevention—Rock County, Inc., kate.partners@sbcglobal.net

Academic Partner: Douglas Piper, PhD, UW Population Health Institute; Michael Fleming, MD, MPH, Family Medicine, SMPH

Award: \$416,746 over four years



COMMUNITY GRANT OUTCOME REPORT

Developing a Model for Community Wellness

A neighborhood social-cooperative model is designed to build healthier communities from within.



Fresh Madison Market owner Jeff Mauer (right) joined Allied community members and wellness center staff to celebrate the 2012 grand opening of Freshmobile, designed to bring fresh produce to city neighborhoods underserved by traditional grocery stores.

► **Description:** The **Allied Community Cooperative** developed a social-cooperative model to support residents in Madison's Allied-Dunns Marsh neighborhood. This model emphasized resident-led initiatives and a network of peer support that is inherent in cooperatives.

► **Relevance:** Madison's Allied Dunns-Marsh neighborhood has a high number of African American and Latino families who live under the poverty level.

► **Partnerships:** Partnerships with 25 businesses and organizations such as Madison Community Cooperatives, Boys and Girls Club and Wisconsin Campus Compact led to additional grants totaling nearly \$20,000, including funding for a one-year VISTA volunteer and a grant to improve access to technology.

► **Results:** The cooperative hired an Allied resident who, like many of her neighbors, had faced challenges related to issues of poverty; she learned new job skills and became an exceptional community organizer and outreach worker. Cooperative members worked to create a food cart business and developed skills in strategic planning, team building and small business development. Other resident-led activities included the development of parent support groups, a neighborhood newsletter, a recycling education project, community dances and dinners.

Neighborhood apartment complexes benefitted from container gardens and a farmer's market vegetable stand that evolved into Freshmobile, a health food delivery solution. Sponsored by Fresh Madison Market and other health and community organizations, this sustainable way to bring fresh fruit and vegetables to the Allied area and other neighborhoods throughout the city resulted in residents being hired in livable wage jobs.

ALLIED COMMUNITY COOPERATIVE

Grantee: Allied Wellness Center

Contact: Susan Corrado, Allied Wellness Center, alliedcomcoop@gmail.com

Academic Partner: Brent Hueth, PhD, Agriculture and Applied Economics, UW-Madison, hueth@wisc.edu

Award: \$50,000 over one year



COMMUNITY GRANT OUTCOME REPORT

Reducing Risky Alcohol Use Through Policy Work

This statewide project represented a strategic step toward reducing the financial and human toll of risky alcohol use.

► **Description:** The **Building Effective Partnerships to Reduce Risky and Problem Alcohol Use** project emphasized collaboration to support advocates, researchers and other public health professionals working to implement environmental and policy-based approaches to reduce the public health impacts of risky alcohol use.

► **Relevance:** Risky and problematic alcohol use, and the negative consequences associated with it, is one of Wisconsin's most pressing issues. The estimated cost of excessive alcohol consumption in Wisconsin was \$6.8 billion in 2012.

► **Partnerships:** State and local partners attended a planning summit in June 2011 to assess the need for and interest in statewide alcohol policy.



Wisconsin ranks number one in the United States in rates of binge drinking.

► **Results:** With input from leaders at the prevention summit, the project team hosted regional meetings to refine the goals, strategies and tools needed to move forward on both the state and local level. Health First Wisconsin developed a website (<http://healthinpractice.org/alcohol-misuse-prevention>) for coalition partners, policymakers and the public with links to timely resources. Social media and conference calls created a forum for ongoing conversations and disseminating information, research and educational materials to partners throughout the state.

Expansion of the state leadership team is underway. The leadership team will analyze data collected from various venues and determine what priorities will unite and facilitate continued collaboration around the state. A good example of building statewide capacity to act on a problem through policy, this project led to a \$400,000 implementation grant awarded by the Wisconsin Partnership Program in 2012.

BUILDING EFFECTIVE PARTNERSHIPS TO REDUCE RISKY AND PROBLEM ALCOHOL USE

Grantee: Health First Wisconsin

Contact: Maureen Busalacchi, Health First Wisconsin, mbusalacchi@healthfirstwi.org

Academic Partner: Richard Brown, MD, PhD, Family Medicine, SMPH, rlbrown@wisc.edu

Award: \$50,000 over one year



COMMUNITY GRANT OUTCOME REPORT

Redesigning Systems for Mental Health Treatment

The project team investigated models of integrated mental health and substance abuse treatment.



Co-occurring disorders interact and affect each other: when a mental health problem goes untreated, the substance abuse problem usually gets worse. And when alcohol or drug abuse increases, mental health problems usually increase too.

► **Description:** The **Collaborative AODA Service: Identifying Cost Effective Models** project explored best practice or evidence-based models for the development of multi-agency shared services and training in outpatient treatment for patients with a dual diagnosis of mental illness and substance abuse issues.

► **Relevance:** Nationally, there is a gap in the provision of cost effective and accessible mental health services for individuals who experience both severe psychological distress and a substance abuse disorder or dependency. Only a fraction of individuals with co-occurring emotional and substance abuse histories receive appropriate treatments.

► **Partnerships:** The Counseling Center of Milwaukee (now Pathfinders Milwaukee, Inc.), Jewish Family Services and Aurora Family Services are three major providers of outpatient mental health services in the metropolitan Milwaukee area. A three-agency team completed two comprehensive evaluations of mental

health and substance abuse service delivery systems with the assistance of their partners at UW-Madison and UW-Milwaukee.

► **Results:** The three partner agencies identified training and structural needs across agencies, as well as the degree of organizational readiness to adopt treatment innovations and several intervention models for potential local implementation.

The project reaffirmed the need for a comprehensive system redesign. The current mental health and substance abuse service delivery systems typically operate independently from each other and from other community support systems (case management, housing, etc.). Exploring and evaluating other programs revealed lack of widespread recognition of the common co-occurrence of substance abuse and mental illness and the need for dually-trained clinicians.

COLLABORATIVE AODA SERVICE: IDENTIFYING COST EFFECTIVE MODELS

Grantee: Jewish Family Services, Inc.

Contact: Jim Welsh, Jewish Family Services, Inc., jwelsh@jfsmilw.org

Academic Partner: Randall Brown, MD, PhD, Family Medicine, SMPH, randy.brown@fammed.wisc.edu

Award: \$55,281 over two years and six months



COMMUNITY GRANT OUTCOME REPORT

Developing a Men's Wellness Network to Reduce Health Disparities

African American men in Milwaukee's Lindsay Heights neighborhood benefit from a place to make social connections and to negotiate life stressors.

► **Description:** The **Developing a Men's Wellness Network to Improve Community Health Outcomes** team addressed a significant need to improve the health of African American men by engaging them in the leadership of physical, social and health promotion activities in Milwaukee's Lindsay Heights neighborhood.

► **Relevance:** African American men in Milwaukee suffer high disparities in health, including the highest mortality rates in the country, yet they are underrepresented in health research and health promotion programs.

► **Partnerships:** Walnut Way, Inc. and its partners at the Center for Urban Population Health, UW-Milwaukee Zilber School of Public Health and the YMCA Northside launched the Lindsay Heights Men's Wellness Council in 2011. The council was designed as a venue for African American men to explore the meaning of health, critical determinants of health and areas of action in their community.



Members of a men's wellness group in Milwaukee participated in a panel discussion at the community premiere of their documentary film, *No Longer An Island*.

► **Results:** For 18 months, a small group of African American men met monthly to discuss issues of health and wellness. Though the project initially focused on physical activity in men, council members quickly discovered that a more holistic approach was needed to focus on emotional, mental and financial well-being. Discussions brought to light the tremendous isolation and pressure African American fathers and men experience, leading to their self-definition as "an island of one." Members found that the council meetings provided the critical space needed to make social connections, negotiate life stressors and learn from experiences of other men. Based on these findings, key recommendations and an action plan were submitted to the Lifecourse Initiative for Healthy Families, which led to implementation funding.

The council's efforts resulted in a documentary film, *No Longer An Island*. The film was intended to inform local and national audiences interested in developing health promotion programs tailored to African American men. The project team has presented its findings at several conferences and plans to submit the film to the American Public Health Association film festival and develop a journal manuscript for submission in 2012.

DEVELOPING A MEN'S WELLNESS NETWORK TO IMPROVE COMMUNITY HEALTH OUTCOMES

Grantee: Walnut Way Corp.

Contact: Jessie Tobin, Walnut Way Corp., Jessie@walnutway.org

Academic Partner: Amy Harley, PhD, Health Sciences, UW-Milwaukee, harley@umn.edu

Award: \$50,000 over one year and seven months



COMMUNITY GRANT OUTCOME REPORT

Addressing Mental Health Issues in the Workplace

Project findings suggest that reducing stigma related to mental illness can help employers respond more effectively.

► **Description:** The **Improving Employer Mental Health Practices** project identified two interventions to help employers respond more effectively to employees experiencing problems in the workplace related to mental illnesses: manager training on mental illness and employee education to reduce stigma and increase help-seeking behavior.

► **Relevance:** The prevalence of mental health disorders in Wisconsin and the significant gap in treatment creates a need to find new ways to provide early identification and education of individuals with such disorders.

► **Partnerships:** Through a survey of employer members of The Alliance (a nonprofit employer-owned health cooperative) and the Business Health Care Group, key informant interviews and focus groups, the project team explored employer attitudes and activities related to mental health in the workplace and identified potential workplace interventions. An advisory board, including employer, consumer and professional partners, in addition to national and international organizations working on workplace mental health provided guidance.

► **Results:** A strategic plan provided recommendations along with metrics that can be used to measure the impact of employer



Mental health issues heavily impact the workplace: one in five people will experience a mental illness directly.

mental health interventions and an evaluation design that could be used in a pilot program. Results are also available on the website of Wisconsin United for Mental Health.

Strong employer engagement, including considerable interest in an implementation project, suggests that employers recognize the value of these interventions. A pilot program is currently being tested and supported by a \$150,000 implementation grant in 2012. This bodes well for future efforts and the potential to make the workplace more responsive and helpful to employees who may be experiencing mental disorders.

IMPROVING EMPLOYER MENTAL HEALTH PRACTICES

Grantee: Mental Health America of Wisconsin

Contact: Shel Gross, shelgross@tds.net

Academic Partner: Jerry Halverson, MD, Psychiatry, SMPH, jhalverson@wisc.edu

Award: \$49,915 over one year and six months



COMMUNITY GRANT OUTCOME REPORT

Residents Uniting to Reduce Obesity in the Latino Community

The project took an evidence-based approach to building public support for change.



Community action board members participated in a leadership exercise at the 2013 Wisconsin Minority Health Month Forum in Milwaukee.

► **Description:** The **Public Will Building to Reduce Obesity in the Latino Community of Milwaukee** team engaged community members around the topic of obesity and developed an action plan that recognizes community values and the environment in which the community lives, works and plays.

► **Relevance:** The largely Spanish-speaking Latino immigrant population on the south side of Milwaukee is an underserved community with high rates of obesity and barriers to good health.

► **Partnerships:** Proyecto Salud is a grassroots collaborative project of two agencies, CORE/El Centro and Aurora Walker's Point Community Clinic. Proyecto Salud's work is carried out through community health promoters trained to provide one-on-one health education, lead group activities around preventive health and organize community-driven efforts for change.

► **Results:** Proyecto Salud developed the Mi Voz Mi Barrio ("my voice, my neighborhood") project and convened a 13-member community action board, comprised of members affected by obesity. Community health promoters facilitated discussions with community members and identified changing the built environment as a priority issue to solving the obesity problem.

The community action board focused on built environmental issues such as cleaning up streets to encourage outdoor recreation and working on public policies that affect the quality of life. The goal is to build capacity to address larger issues, which will have broader impact on the health of the community. Implementation of the action plan will be realized through an implementation grant of \$400,000 awarded by the Wisconsin Partnership Program in 2012.

PUBLIC WILL BUILDING TO REDUCE OBESITY IN THE LATINO COMMUNITY OF MILWAUKEE

Grantee: CORE/El Centro

Contact: Ana Paula Soares Lynch, CORE/El Centro, anapaula26soares@gmail.com

Academic Partner: Amy Harley, PhD, Health Sciences, UW-Milwaukee, harley@uwm.edu

Award: \$49,991 over one year and three months



COMMUNITY GRANT OUTCOME REPORT

Interviewing Teens About Their Own Substance Abuse

Milwaukee teens report increases in their motivation to reduce or stop their substance abuse.

► **Description:** The **Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools** project team trained social services staff in Milwaukee area high schools to conduct Brief Motivational Interviewing (BrMI), an evidence-based approach designed to increase willingness to engage in counseling and reduce or stop their substance use.

► **Relevance:** It's difficult for high schools to provide in-school counseling for teens at risk for substance abuse and related high-risk behaviors.

► **Partnerships:** Given preliminary results, Aurora Health Care, Aurora Behavioral Health Services and Aurora Psychiatric Hospital have embarked on a continuation of this study to determine if these findings can be replicated and extended.

► **Results:** School social services staff, students and parents formed a project team to adapt the BrMI model for a school setting and developed training and materials. Teens at two Milwaukee area suburban high schools enrolled in the study and they were



Adolescents have the highest rates of new cases of drug and alcohol addiction.

provided four sessions of BrMI delivered by a BrMI-trained social services staff member from the high schools. Baseline and end-of-treatment data were collected from all students.

Students and BrMI-trained staff found the BrMI acceptable and useful and students showed a statistical trend of increased motivation to reduce or stop their substance use. They found the personalized feedback reports to be helpful and reported knowing more about substance abuse treatment resources.

REDUCING YOUTH SUBSTANCE ABUSE THROUGH BRIEF MOTIVATIONAL INTERVIEWING IN SCHOOLS

Grantee: Aurora Psychiatric Hospital

Contact: Michael Bohn, MD, Aurora Behavioral Health Center, michael.bohn@aurora.org

Academic Partner: Patricia Kokotailo, MD, MPH, Pediatrics, SMPH, pkkokota@pediatrics.wisc.edu

Award: \$66,972 over three years and two months



COMMUNITY GRANT OUTCOME REPORT

Creating a Coalition to Reduce Obesity in Richland County

Community members work to create countywide environmental change.



Richland County residents used personal experiences and photos to express their ideas for increasing physical activity and promoting healthy nutrition.

► **Description:** The **Richland County Community-Academic Partnership for Obesity Prevention** team created a coalition, Richland Fitness in Total (Richland FIT), and developed a plan to address the high rates of overweight and obesity in Richland County.

► **Relevance:** With an adult obesity rate of 32 percent, Richland County ranked 56 of 72 overall in Wisconsin's 2013 County Health Rankings.

► **Partnerships:** With a subsequent Community Transformation Grant and partnerships with community organizations, including the Richland School District, Richland Medical Center and UW Extension, the coalition is implementing a plan to increase physical activity and the availability of healthy foods for all residents. Richland FIT has also partnered with a local newspaper and radio station to launch "FITness Champions," a series highlighting community members who have made commitments to be healthy.

► **Results:** Richland FIT attracted participation from the medical, education, public health, recreation and business communities. Richland FIT completed an assessment of community barriers and assets and developed a strategic plan to prevent obesity by increasing physical activity and promoting healthy nutrition.

A community assessment involving focus groups, key informant interviews, environmental audit surveys and a photo voice project. This creative project invited county residents to capture their environment and experiences in photos and use their "voice" to raise questions and suggest solutions for barriers to physical activity and healthy nutrition. For example, seniors in the county have identified safety and isolation issues related to exercising.

This project was awarded a \$400,000 implementation grant by the Wisconsin Partnership Program in 2012.

RICHLAND COUNTY COMMUNITY-ACADEMIC PARTNERSHIP FOR OBESITY PREVENTION

Grantee: Richland County Health and Human Services, Public Health

Contact: Marianne Stanek, Richland County Public Health, stanekm@co.richland.wi.us

Academic Partner: Neil Bard, MD, Family Medicine, Richland Medical Center,
neil.bard@richlandmedctr.com

Award: \$50,000 over one year



COMMUNITY GRANT OUTCOME REPORT

Improving Birth Outcomes in Beloit

Local media and the Beloit LIHF Collaborative increased public awareness about the state's infant mortality crisis.



Regina Hendrix and her daughter Ryann attended the launch of Beloit LIHF's community action plan in April 2012. Born prematurely at 32 weeks, baby Ryann's journey to thrive was featured at collaborative meetings and in local publications, and became an inspiration for the Beloit community to support healthy birth outcomes.

► **Description:** As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Beloit established a collaborative to enhance coordination in service delivery systems and work toward community change at environmental, policy and system levels. The collaborative developed a community action plan that reflects the community's vision and strategies for improving healthy birth outcomes.

► **Relevance:** An African American baby born in Beloit is almost two times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

► **Partnerships:** The Beloit LIHF Collaborative recruited more than 90 members, including participants from the medical and faith-based communities and representatives from 40 local organizations and agencies. Working with Beloit College, residents created a community pictorial by using cameras to capture snapshots of places that demonstrate how their health is influenced by the social determinants of health, where residents live, learn, work, play and worship.

► **Results:** Established in 2010, the Beloit LIHF Collaborative participated in a two-year planning process, including a community needs assessment, site visits, discussion groups and the involvement of nearly 200 community residents. After reviewing evidence-based programs and promising practices, recommendations in Beloit's community action plan focused on three key areas to improve healthy birth outcomes: improve access to health care, strengthen African American families and address social and economic inequities. The collaborative leveraged additional financial resources of \$40,440 from local private foundations.

The collaborative will focus its future work on strengthening families through increased father involvement, promoting a culturally competent systems navigator to assist with access to services and strengthening cultural competency among service providers.

The Beloit community action plan is available at www.med.wisc.edu/LIHF.

BELOIT LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES

Community Partner: Cheryl Jackson, JD, cafj521@yahoo.com

Award: \$250,000 over two years



COMMUNITY GRANT OUTCOME REPORT

Improving Birth Outcomes in Kenosha

The Kenosha LIHF Collaborative is the key community resource for information on healthy birth outcomes in Kenosha County.



Attendees at an April 2012 event to launch Kenosha's community action plan included (from left): Cindy Johnson, Kenosha County Division of Health; Wisconsin Senator Bob Wirth; Rev. Janice Cummings; and LIHF Steering Committee member Georgia Cameron, Wisconsin Division of Public Health.

► **Description:** As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Kenosha established a collaborative to enhance coordination of services among local agencies and organizations that work toward improving health, strengthening families and addressing policy and systems change. The collaborative developed a community action plan that reflects the vision and strategies for improving the health for African American women, infants and families in the Kenosha community.

► **Relevance:** At the onset of the Kenosha LIHF project, an African American baby born in Kenosha was almost three times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

► **Partnerships:** Kenosha LIHF created new connections with key public and private organizations across multiple sectors to address social and health factors that adversely impact women, fathers, children and families. The collaborative benefitted from a

partnership with The Mahone Fund and the Kenosha Community Health Center to help engage the business and corporate sectors to support strategies that promote health and healthy birth outcomes.

► **Results:** More than 110 agency leaders and residents participated in the planning process, which included a community-needs assessment, site visits to learn about promising interventions and discussion groups to inform development of the community action plan. In 2012, the Kenosha LIHF Collaborative raised funds from health organizations and community sponsors to sponsor a community baby shower providing gift bags to more than 100 expectant women and families.

Strategies during implementation will focus on service coordination among the LIHF grantees that address father involvement, home visiting, group prenatal care and racism.

The Kenosha community action plan is available at www.med.wisc.edu/LIHF.

KENOSHA LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES

Community Partner: Pamela Smith, pamela.smith@kenoshacounty.org

Award: \$250,000 over two years



COMMUNITY GRANT OUTCOME REPORT

Improving Birth Outcomes in Milwaukee

Among the Milwaukee LIHF Collaborative's top recommendations is strengthening African American families by increasing father involvement.



The 150-plus attendees at an April 2012 event to launch Milwaukee's community action plan included (from left): Katherine Marks, Wisconsin Women's Business Initiative Corporation; Margaret Henningsen, Women's Fund of Greater Milwaukee; James Causey, Milwaukee Journal Sentinel; Earnestine Willis, Medical College of Wisconsin; Kathleen Pritchard, Planning Council for Health and Human Services, Inc.; Shawn Green, Social Solutions LLC; and Paula Penebaker, YWCA of Greater Milwaukee.

► **Description:** As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Milwaukee established a collaborative to enhance coordination in service delivery systems and work toward community change at environmental, policy and system levels. The collaborative developed a community action plan that reflects the community's vision and strategies for improving healthy birth outcomes.

► **Relevance:** An African American baby born in Milwaukee is almost three times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

► **Partnerships:** Nearly 400 citizens and community leaders participated in the Milwaukee LIHF Collaborative's two-year planning process. Strong partnerships with the Women's Fund of Greater Milwaukee, Public Allies Milwaukee, the Black Health Coalition of Wisconsin and the Milwaukee Fatherhood

Initiative helped attract involvement of local funders, women of reproductive age and fathers.

► **Results:** Established in 2010, the Milwaukee LIHF Collaborative's comprehensive planning process resulted in a community action plan to eliminate racial disparities in infant mortality. The plan's key recommendations were to expand health care access for African American families over the lifecourse, strengthen African American families by increasing father involvement and reduce poverty among African American men and their families.

An African American Task Force provided guiding principles and vetted all recommendations. The People's Institute was invited to Milwaukee to share strategies to promote understanding the role of power dynamics in community change work.

The Milwaukee community action plan is available at www.med.wisc.edu/LIHF.

MILWAUKEE LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES

Community Partner: Kathleen Pritchard, Planning Council for Health and Human Services, Inc.,
kpritchard@planningcouncil.org

Award: \$250,000 over two years



COMMUNITY GRANT OUTCOME REPORT

Improving Birth Outcomes in Racine

The Racine LIHF Collaborative reached more than 1,000 community members to raise awareness about the state's disparities in infant mortality.



Police Chief Art Howell shared his personal connection to the infant mortality crisis at an event to launch the Racine community action plan in April 2012.

► **Description:** As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Racine established a collaborative to enhance coordination in service delivery systems and work towards community change at environmental, policy and system levels. The collaborative developed a community action plan that reflects the community's vision and strategies for improving healthy birth outcomes.

► **Relevance:** An African American baby born in Racine is almost three times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

► **Partnerships:** The Racine LIHF Collaborative organized local home visiting providers with the goal of creating an access point for families seeking support services.

► **Results:** Established in 2010, the Racine LIHF collaborative explored approaches to create system and social change through new and existing programs, such as the Birthing Project: Sister/Friends and the YMCA's Focus on Father Initiative. Racine LIHF's community action plan was created after an in-depth review of research, data, community discussions and site visits. Key recommendations included increasing support for young adults, mothers and fathers, neighborhood access to services and a mentorship/navigation program that connects individuals to services.

The collaborative leveraged over \$460,000 from public and private sources for recommended existing and evidence-based programs services to support pregnant women and their families and address relationship building, stress reduction and the role of fathers in the lives of their children.

The Racine community action plan is available at www.med.wisc.edu/LIHF.

RACINE LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES

Community Partners: Carole Johnson, The Johnson Foundation at Wingspread;
Sharon Schulz, Racine Kenosha Community Action Agency, sschulz@rkcaa.org

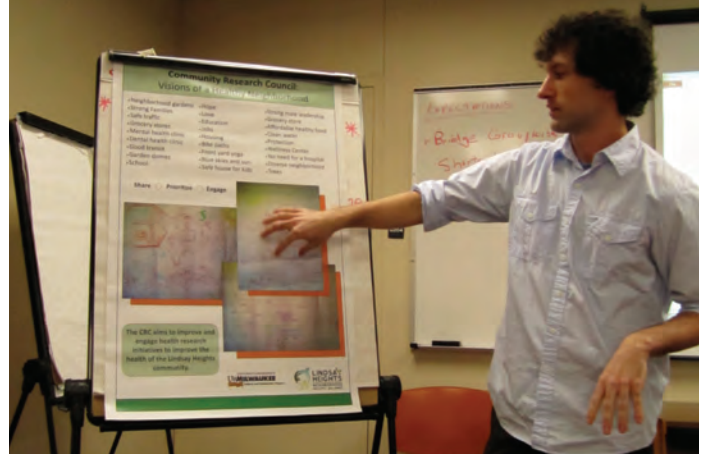
Award: \$250,000 over two years



EDUCATION AND TRAINING GRANT OUTCOME REPORT

Building the Next Generation of Public Health Leaders

The public health workforce benefits from a diverse corps of highly skilled young professionals.



Tyler Weber presented findings from his fellowship work with the Milwaukee Health Department and the Lindsay Heights Neighborhood Health Alliance.

► **Description:** The **Wisconsin Population Health Service Fellowship** recruits and deploys early-career public health professionals to work for public health and community-based organizations throughout Wisconsin. Created in 2004 as one of the first initiatives of the Wisconsin Partnership Program, the fellowship combines service — by tackling some of the state's most pressing public health challenges and attracting resources to community and public health — with workforce development, by building population health skills and experience in future public health leaders.

► **Relevance:** More than 65 percent of program graduates in the past five years have remained in practice in Wisconsin, contributing to the experience, skill level and diversity of the Wisconsin public health workforce.

► **Partnerships:** Fellows are placed in a wide range of rural and urban community-based organizations, from the Rural Wisconsin Health Cooperative, to the United Way and the Lindsay Heights Neighborhood Health Alliance.

► **Results:** In 2011–2012, the program provided the services of 11 full-time fellows to 12 organizations and other community partners throughout the state. More than \$1 million was secured through fellow involvement in grant writing for public health efforts in the areas of health impact assessment, public health accreditation and preparation, treatment alternatives to prison, improved birth outcomes and violence prevention.

Fellows often gain public recognition for their work. For example, Rashonda Jones, a second-year fellow, was accepted into the 2012 City Match City Leaders program. A national organization for urban leaders in maternal and child health, City Match selects emerging leaders to participate in an intensive eight-month training. Jones is using the opportunity to strengthen her contributions to maternal and child health in Milwaukee.

WISCONSIN POPULATION HEALTH SERVICE FELLOWSHIP

Grantee: Population Health Sciences

Contact: Marion Ceraso, mceraso@wisc.edu

Academic Partner: Tom Oliver, PhD, Population Health Sciences, SMPH, troliver@wisc.edu

Award: \$534,526 over one year and two months



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Measuring Vitamin D Levels in Wisconsin Residents

Findings inform public health recommendations and clinical practices guidelines on adequate vitamin D levels.



A diet rich in foods such as mushrooms, fish, milk and eggs is effective in addressing vitamin D deficiency.

► **Description:** The **Genetic and Environmental Predictors of Serum Levels of 25-hydroxyvitamin D** project analyzed data from 303 people enrolled in the Survey of the Health of Wisconsin (SHOW) to determine how amounts of sun exposure based on change in skin color, amounts of vitamin D intake from foods and supplements, and genetic factors interact to influence levels of vitamin D in the blood.

► **Relevance:** Vitamin D is critical for health, and low levels in the blood are associated with bone disease, cancer, autoimmune diseases, infectious diseases and type 2 diabetes. Sunlight absorbed through the skin is an important source of vitamin D, along with intake from foods and supplements. Yet there is little data on how these behavioral factors interact with genetic factors to affect levels of vitamin D in the blood.

► **Results:** Findings indicated that genes and both sun exposure and vitamin D intake may interact to influence vitamin D concentrations in the blood. This has important implications for the design of genetic studies of all health outcomes and for public health recommendations and clinical practices guidelines regarding the achievement of adequate vitamin D levels.

The project led to several new collaborations with clinicians and three additional grant applications. Project data also contributed to the hands-on experience of graduate and medical students in a new genetic epidemiology course. One manuscript is under review and a second is in preparation.

GENETIC AND ENVIRONMENTAL PREDICTORS OF SERUM LEVELS OF 25-HYDROXYVITAMIN D

Principal Investigator: Corinne Engelman, MSPH, PhD, Population Health Sciences, SMPH

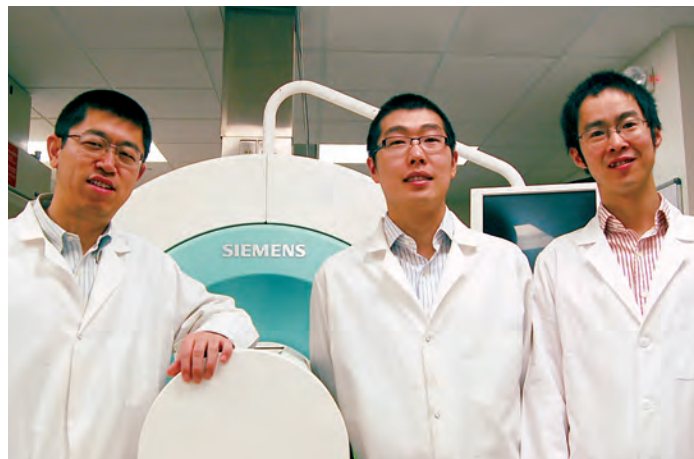
Grant Program: New Investigator

Award: \$90,000 over two years

PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Enabling Personalized Therapies to Fight Cancer

This grant project explored new ways to measure cancer tumor progression.



Weibo Cai, PhD, (left) and members of his research group, Yin Zhang and Hao Hong, in front of a Siemens Inveon microPET/microCT hybrid scanner.

► **Description:** The **Positron Emission Tomography Imaging of Tumor Angiogenesis** project investigated noninvasive positron emission tomography (PET) scan markers that will allow clinicians to personalize cancer therapy.

► **Relevance:** PET scans can help identify cancer patients who will benefit from a particular type of therapy, guide the administration of the right drug at the right time and show doctors whether the therapy is working. This “personalized medicine” approach will also have applications in other diseases such as heart attack and stroke.

► **Results:** The project worked on optimizing the radiochemistry for labeling cancer-binding peptoids, in addition to creating several new tracers for PET imaging of tumor growth and cancer progression. These tracers can specifically bind to receptors that are overexpressed on tumor vessels, such as CD105 and VEGFR, which are known to correlate with poor survival of cancer patients.

The principal investigator has secured \$2.4 million in research grants, and several major grants are pending. The PI has published 16 articles related to this grant and is teaching a dedicated course (Medical Physics 719) on molecular imaging at UW-Madison, a unique undertaking that has been well reviewed.

► **Published articles:**

Zhang, Y., Hong, H., Niu, G., Valdovinos, H., Orbay, H., Nayak, T., Chen, X., Barnhart, T., Cai, W. (2012) “Positron emission tomography imaging of vascular endothelial growth factor receptor expression with ⁶¹Cu-labeled lysine-tagged VEGF121.” *Molecular Pharmaceutics*.

Hong, H., Yang, K., Zhang, Y., Engle, J., Feng, L., Yang, Y., Nayak, T., Goel, S., Bean, J., Theuer, C., Barnhart, T., Liu, Z., Cai, W. (2012) “In vivo targeting and imaging of tumor vasculature with radiolabeled, antibody-conjugated nano-graphene.” *ACS Nano*.

POSITRON EMISSION TOMOGRAPHY IMAGING OF TUMOR ANGIOGENESIS

Principal Investigator: Weibo Cai, PhD, Radiology, SMPH

Grant Program: New Investigator

Award: \$90,000 over two years

PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Preventing Infection by Drug- Resistant Bacteria

The study was designed to assess the use of probiotics to reduce resistant bacteria.



The use of probiotics (the strains of bacteria that would normally be present in a healthy human digestive tract) has increased dramatically in the treatment of medical conditions.

► **Description:** The **Probiotics for Prevention of Infection by Multiresistant Bacteria** project conducted a randomized controlled trial to examine the role of probiotics for reducing resistant bacteria in high-risk patients.

► **Relevance:** Drug-resistant bacteria are a major cause of severe infections in health care institutions in the United States. A strategy for reducing and containing resistant bacteria has tremendous public health impact.

► **Results:** The project demonstrated the feasibility and safety of conducting a randomized trial of probiotics for drug-resistant bacteria in high-risk patients. The trial determined the effect of a probiotic versus a placebo in eradicating intestinal and nasal colonization. A subsequent pilot study looked at sustained eradication and the reduction in infection over six months. Emerging literature suggests that the beneficial impact of a probiotic is unlikely to remain beyond a few weeks of administration, and this project supports those findings.

Data from this study has been used to apply for federal funding to complete larger randomized trials. Based on this study, the principal investigator received a VA Merit Grant and is leading a large randomized controlled trial on probiotics at the Veterans Hospital in Madison. The PI collaborated with UW faculty in the department of bacteriology, and gave presentations at community hospitals throughout the state on the role of probiotics in infectious diseases. The PI has received funding from the National Institutes of Health to conduct a randomized trial on probiotics for resistant bacteria in older adults and is collaborating with investigators at Medical College of Wisconsin to examine probiotics for prevention of infections in pregnant women. A pending R21 application in this area is under review.

► **Dissemination:** Abstract presented at the Association for Professionals in Infection Control annual national meeting, 2013.

PROBIOTICS FOR PREVENTION OF INFECTION BY MULTIRESTANT BACTERIA

Principal Investigator: Nasia Safdar, MD, MS, Medicine, SMPH

Grant Program: New Investigator

Award: \$100,000 over two years



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Studying Iron Deficiency in Infants

Project findings indicated that at-risk pregnancies were predictive of iron deficiency at birth.



Increased awareness and early identification of newborns at risk for iron deficiency will improve long-term health outcomes.

► **Description:** The **Closing the Gap on Pediatric Health Disparities** project compared risk factors during pregnancy with iron status at birth to determine the prevalence of iron deficiency in high-risk infants. Other aims included developing better diagnostic tools for screening at birth and discerning the clinical and developmental impact of iron deficiency anemia in one-year-old infants.

► **Relevance:** About 5,000 Wisconsin infants become iron-deficient yearly, with children born to mothers from low socioeconomic backgrounds twice as likely to be iron deficient as other children. Iron deficiency in early cognitive development can lead to long-term public health consequences. Early identification could improve outcomes.

► **Results:** Project findings showed poorer iron status at birth after at-risk pregnancies complicated by maternal iron deficiency, diabetes, gestational hypertension or fetal growth restriction. The study indicated that self-reported stress and obesity, previously

unrecognized as risk factors, might worsen iron status at birth. A summative greater number of risk factors conferred poorer iron status. Data showed that deficient iron status in at-risk, but apparently healthy newborns occurs earlier than 12 months, suggesting that increased awareness and early identification of these newborns are needed for interventions to improve long-term outcomes.

The project also analyzed a method for newborn screening of iron status using blood samples on paper filter cards. Ongoing research is exploring the relationship between iron deficiency in prenatal and postnatal development and permanent changes in iron metabolism and disease susceptibility.

► **Published article:** Phillips, A., Shafranski, S., Baxter, R., Fischer, B., Coe, C., Kling, P. (2011). "Enrollment and participation of Latina women in a birthing center clinical research study in Wisconsin: barriers and suggestions for future research." *Wisconsin Medical Journal*.

CLOSING THE GAP ON PEDIATRIC HEALTH DISPARITIES: DISCERNING THE CAUSES AND CONSEQUENCES OF IRON DEFICIENCY IN INFANCY

Principal Investigator: Pamela Kling, MD, Pediatrics, SMPH

Co-Principal Investigator: Anthony Auger, PhD, Psychology, UW-Madison

Co-Principal Investigator: Christopher Coe, PhD, Psychology, UW-Madison

Grant Program: Collaborative Health Sciences

Award: \$404,169 over three years



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Helping American Indians Quit Smoking

The project added cultural tailoring to standard, evidence-based treatment for American Indian smokers.



START (Stop Tobacco Abuse Renew Tradition) study team led the first clinical trial to report long-term abstinence rates for American Indian smokers who received cessation treatment, including medication and counseling.

► **Description:** In many American Indian (AI) tribes, there is a long history of using naturally-grown tobacco for ceremonial and sacred purposes. To address the special cultural and historical role of tobacco in AI communities, the **Menominee Smoking Cessation Clinical Trial** tested the efficacy and safety of a culturally-tailored smoking cessation treatment versus a standard cessation treatment to help AI smokers in the Menominee community quit the use of commercial tobacco.

► **Relevance:** Prevalence rates of smoking in Wisconsin AI communities are significantly higher than rates of smoking in other racial and ethnic groups. These high rates of smoking in AI communities have resulted in health disparities as reflected in high rates of smoking-related cancer and heart disease.

► **Results:** Researchers from the University of Wisconsin-Madison and UW-Milwaukee partnered with the Menominee Indian Tribe of Wisconsin to develop the culturally-tailored

cessation treatment. The project recruited 103 AI smokers through the Menominee Tribal Clinic in Keshena to participate in a clinical trial known as START (Stop Tobacco Abuse Renew Tradition). The study was the first to report long-term (six-month) abstinence rates for AI smokers who used the cessation medication varenicline (Chantix), along with evidence-based cessation counseling which was provided by a Menominee AI counselor. A key finding was that study participants who had more smokers in their immediate and extended family had a significantly harder time quitting smoking. The study also offered preliminary evidence that varenicline can be safely used with this population.

Qualitative results show promise for future tailoring of smoking prevention and cessation approaches in tribal communities. This partnership led to a National Cancer Institute funded pilot study, and discussions about research collaborations with two additional Wisconsin tribes. Two manuscripts are under review.

MENOMINEE SMOKING CESSATION CLINICAL TRIAL

Principal Investigator: Stevens S. Smith, PhD, Medicine, SMPH
Co-Principal Investigator: Leah Arndt, PhD, Psychology, UW-Milwaukee

Grant Program: Collaborative Health Sciences

Award: \$415,270 over three years



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Reducing Infant Mortality Disparities in Wisconsin

Project findings confirmed that the ready availability of social, economic and service resources contributes to healthy birth outcomes.



Madison mothers and their babies benefit from a breastfeeding support group at the African American Breastfeeding Alliance of Dane County, Inc.

Photo: Hershey Barnett-Bridges

► **Description:** **Reducing Infant Mortality Disparities in Wisconsin** examined the factors, public policies and programs that affect birth outcomes, and compared results in Dane and Racine counties to draw inferences about what succeeded in improving infant mortality rates in Dane County.

► **Relevance:** Infant mortality, specifically the disparities in birth outcomes between white and African American infants, is one of the most critical health problems facing Wisconsin. Currently the state's infant mortality rate among African Americans is the fifth worst in the nation, and 86 percent of these infant deaths occur in southeast Wisconsin, including Racine County.

► **Results:** The project established a Community Advisory Board and generated extensive community involvement with use of volunteers, community agencies and medical, graduate and undergraduate students. The project team collected data in four separate studies, all of which compared Dane and Racine counties: Medicaid coverage and infant mortality, a survey of

African American and white mothers, community asset mapping and hospital birth record analysis. The project partnered with the Dane and Racine county health departments, health care representatives and community members to conduct the medical record reviews and surveys.

Review of hospital birth records indicated overall improvements in minimizing the risk factors associated with poor birth outcomes in Racine County. Findings confirmed that the availability of social, economic and service resources contributes to healthy birth outcomes in Dane and Racine counties, and recommended further research targeting highly concentrated and contiguous neighborhoods with high deprivation.

► **Published article:** Schlenker, T. and Ndiaye, M. (2009) "Apparent Disappearance of the Black-White Infant Mortality Gap: Dane County, Wisconsin, 1990-2007." *Morbidity and Mortality Weekly Report*.

REDUCING INFANT MORTALITY DISPARITIES IN WISCONSIN

Principal Investigator: Gloria Sarto, MD, PhD, Obstetrics and Gynecology, SMPH
Co-Principal Investigator: Barbara Wolfe, PhD, Population Health Sciences, SMPH
Co-Principal Investigator: Thomas Schlenker, MD, MPH, Public Health, Madison and Dane County

Grant Program: Collaborative Health Sciences

Award: \$425,232 over three years



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Providing Policymakers with Public Health Information and Research

The project focuses on engaging faculty, scientific investigators and students in policy-relevant work and translating their research findings for use by policy leaders.



UW health researchers participated in briefings and symposia and informed policy audiences at the state Capitol.

► **Description:** The **Advancing Evidence-Based Health Policy in Wisconsin** project is an educational resource for public policymakers, researchers and private sector partners on matters of public health and health care policy. The project focuses on issues of immediate concern in the health care environment, such as the implementation of the Affordable Care Act, as well as ongoing public health concerns such as drunk driving and mental health.

► **Relevance:** Jointly funded with the Office of the UW-Madison Chancellor, this partnership of the UW Population Health Institute, the La Follette School of Public Affairs and the Wisconsin Joint Legislative Council provides an infrastructure to meet the ongoing needs of faculty, scientific investigators and students for external engagement, translation, dissemination and relevance in the health policy arena.

► **Results:** Policy considerations among public and private sector stakeholders were informed through a dozen state Capitol briefings and symposia in the past three years. This programming

has been linked to the evolution of several bills, regulations or sub-regulatory policy. More than 1,000 people attended briefings during the grant period with each program's average attendance increasing to over 100. The project also reaches an expanded audience through media coverage such as the Wisconsin State Journal, Wisconsin Public Radio; *Wisconsin Eye* (Wisconsin's C-SPAN network) routinely televises its programs; and the project website features program materials, resources and video archives (www.evidencebasedhealthpolicy.org).

Academic investigators developed decision-relevant research and engaged with policy audiences at Capitol briefings and other venues. Medical students participated in policy case studies and two mock legislative visits, addressing daily physical education in public schools and the use of antibiotics in animals.

► **Dissemination:** "The Evidence-Based Health Policy Project: Wisconsin's Knowledge-Exchange Model," Webinar to Mental Health America, 2011.

ADVANCING EVIDENCE-BASED HEALTH POLICY IN WISCONSIN

Principal Investigator: Jonathan Jaffery, MD, MS, Medicine, SMPH

Grant Program: Targeted Education and Research

Award: \$156,000 over three years



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Translating Knowledge into Health Improvements

ICTR supports research that is translated to practical improvements in community health and health equity.

► **Description:** The **Institute for Clinical and Translational Research (ICTR)** has created an environment that transforms research at UW-Madison and the Marshfield Clinic into a continuum from investigation through discovery to translation into community practice, bridging the most basic research to practical improvements in the health of Wisconsinites.

► **Relevance:** The Wisconsin Partnership Program has built a strong partnership with ICTR. With a common goal of improving the health of communities, ICTR supports community-partnered research that translates new and existing knowledge into improvements in clinical practice, community health programs and health policy.

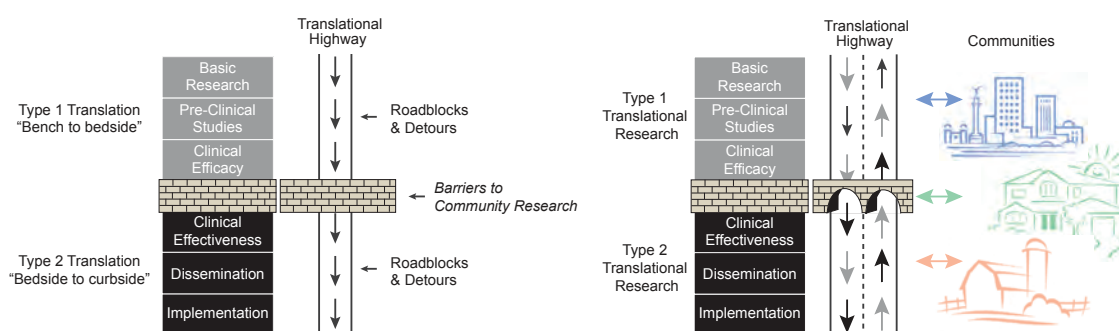
► **Results:** During this three-year grant period, ICTR used WPP funds to make community engagement and research a major focus of its activity. For example, WPP funds supported 25 community-engaged research grant pilot awards, totaling nearly \$1.9 million. These academic-community partnerships resulted in more than \$1 million in new extramural research funding. Examples of successful collaborative initiatives included a pilot project to improve the safety and quality of life in Wisconsin assisted living facilities, and a collaborative team investigation of the effectiveness that pharmacist medication therapy management has in preventing falls among older adults. Through the ICTR community-academic partnership program, UW faculty engaged 225 community partners in their research.

To better understand issues of significant importance to Wisconsin, such as aging, obesity, health equity and medication management, ICTR has participated in the development of several practice-based research networks including the Community-Academic Aging Research Network, the Public Health Practice-Based Research Network and the Pharmacy Practice Enhancement and Action Research Link.

With the substantial support from the Partnership Program, ICTR announced in 2012, renewed National Institutes of Health funding of \$41.5 million over five years, one of the largest grants ever awarded to the School of Medicine and Public Health.

PERC awarded a third grant of \$10.2 million over three years to ICTR in 2012 to expand its programs, including widespread efforts to disseminate and implement research, ultimately contributing to a direct impact on community health and health equity.

Pathways for ICTR's successful community-academic partnerships



INSTITUTE FOR CLINICAL AND TRANSLATIONAL RESEARCH

Principal Investigator: Marc Drezner, MD, Medicine, SMPH

Grant Program: Targeted Education and Research

Award: \$10,185,996 over three years



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

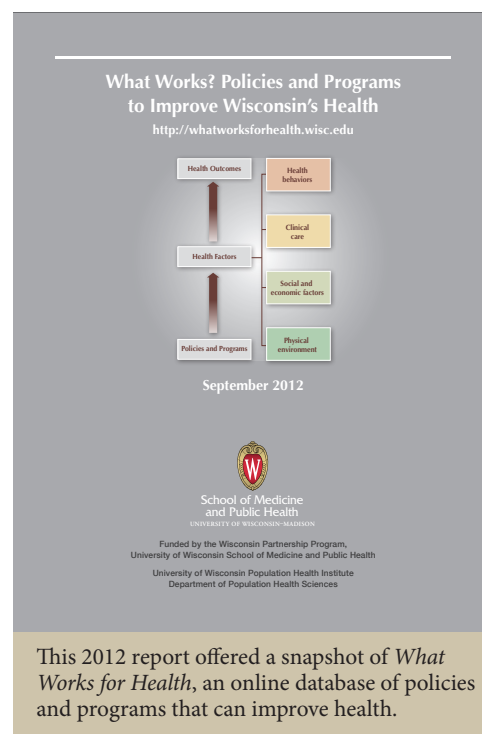
Making Wisconsin the Healthiest State

Published reports and databases help focus state health improvement efforts and measure Wisconsin's health in comparison to other states.

► **Description:** The **Making Wisconsin the Healthiest State** project measures Wisconsin's overall health, health disparities and progress on key health indicators in comparison to other states. The project also supports local efforts in health improvement and statewide impact on policy, systems and environmental changes for health.

► **Relevance:** Funded by the Wisconsin Partnership Program since 2004, this initiative makes significant contributions to population health improvement through its continuous research and dissemination of evidence-informed policies and programs, its profile of health disparities in Wisconsin and assessment of health priorities.

► **Results:** The project has supported exploration and adoption of evidence-based policy strategies and programs by private and public sector policy makers at the local and statewide level. Specifically, the What Works for Health database incorporates numerous evidence-based program and policy suggestions that are used by community grant applicants, public health professionals, and leaders of health improvement efforts across sectors. In addition, insights from the project's published reports and



databases served as guiding documents during the creation of the Healthiest Wisconsin 2020 state health plan and inform the Wisconsin Partnership Program's efforts to direct and focus resources aimed at improving health in Wisconsin.

As part of the County Health Rankings and Roadmaps program, this initiative has leveraged additional financial support from the Robert Wood Johnson Foundation to create a national *What Works for Health* database.

► **Published reports:** *Health of Wisconsin Report Card 2010*, *Wisconsin Health Trends: 2011 Progress Report*, *What Works? Policies and Programs to Improve Wisconsin's Health* and *Opportunities to Make Wisconsin the Healthiest State*.

MAKING WISCONSIN THE HEALTHIEST STATE

Principal Investigator: Karen Timberlake, JD, Population Health Sciences, SMPH

Grant Program: Targeted Education and Research

Award: \$463,635 over three years



PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Studying Alzheimer's Disease in African Americans

The project established the first African American dementia diagnostic clinic in Milwaukee Health Services, a federally qualified health center.



Lifestyle interventions and early detection could delay the onset or slow the progression of Alzheimer's disease.

► **Description:** The **Recruitment of Middle-Aged African Americans for Studies of Preclinical Alzheimer's Disease** project expanded recruitment and baseline testing of the Wisconsin Registry for Alzheimer's Prevention (WRAP) study to include adult children of African Americans with Alzheimer's disease living in Milwaukee County. WRAP is designed to identify neuropsychological, genetic and lifestyle markers of incipient Alzheimer's disease in adult children of parents with Alzheimer's disease. This information is a necessary first step in developing new treatments and lifestyle interventions to delay the onset or slow the progression of the disease.

► **Relevance:** African Americans are twice as likely as Caucasians to develop Alzheimer's disease, but much less likely to be diagnosed and treated for the disease.

► **Results:** WRAP study participation increased by 8 percent during the grant period, resulting in nearly 200 African American and Latino enrollees. Memory assessments of study participants

recorded high rates of diabetes (43 percent), high blood pressure (82 percent) and high lipid levels (55 percent), suggesting that memory loss may be related to the presence of these conditions, as well as anxiety and depression.

The project team worked with Milwaukee Health Services to establish the first diagnostic memory clinic in a federally qualified health center, specifically for the African American community. The project also created a care coordination program connecting African Americans with dementia to support services, provided access to research studies and encouraged the Milwaukee community to take a role in early detection and prevention of Alzheimer's disease.

Originally funded by the Wisconsin Partnership Program in 2008, Milwaukee Health Services is providing infrastructure support for the memory clinic; and the Helen Bader Foundation in Milwaukee provided \$300,000 in support for the project.

RECRUITMENT OF MIDDLE-AGED AFRICAN AMERICANS FOR STUDIES OF PRECLINICAL ALZHEIMER'S DISEASE: DEVELOPMENT OF A MINORITY RECRUITMENT MODEL IN MILWAUKEE

Principal Investigator: Mark Sager, MD, Medicine, SMPH

Grant Program: Targeted Education and Research

Award: \$219,543 over three years



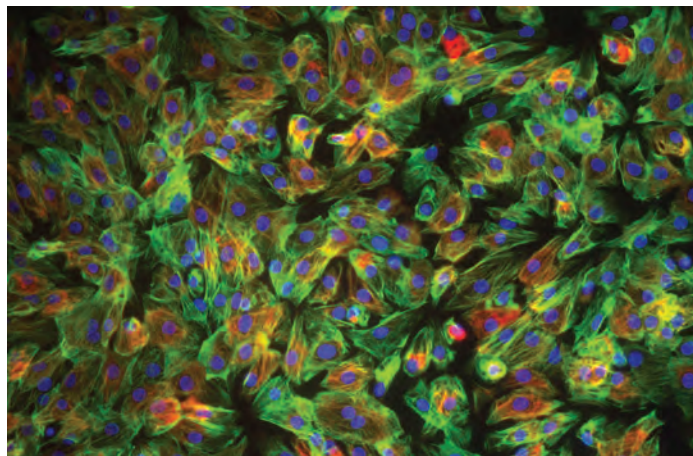
PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Providing Interdisciplinary Resources in Regenerative Medicine

Researchers work collaboratively to investigate and pioneer new treatments such as stem cell therapy for advanced heart disease.

► **Description:** The project helped launch the **Regenerative Medicine Program** on campus by supporting key core services, including an immunology core to understand how cells can be successfully transplanted without being rejected by the immune system and an imaging core to track transplanted cells at the microscopic level.

► **Relevance:** These interdisciplinary resources support stem cell research and the ultimate translation of research to new therapies for degenerative diseases of the brain, heart, blood and joints.



Stem cell research has provided unprecedented opportunities to study human diseases and develop new therapies.

► **Results:** The Regenerative Medicine Program and associated cores provided the cornerstone to establish the Stem Cell and Regenerative Medicine Center at UW-Madison in 2007, which currently includes more than 80 faculty members spanning disciplines ranging from basic biology to clinical medicine. Center investigators have worked collaboratively to develop cell-based therapies and conduct clinical trials such as stem cell therapy for advanced heart disease.

Center faculty have successfully competed for more than a dozen grants and published more than 30 reports. Now funded by the UW Foundation, the UW School of Medicine and Public Health and UW Graduate School, the center also provides unique educational opportunities for the public and K-12 students.

REGENERATIVE MEDICINE PROGRAM

Principal Investigator: Timothy Kamp, MD, PhD, Medicine, SMPH

Co-Principal Investigator: William Burlingham, PhD, Surgery, SMPH

Co-Principal Investigator: Clive Svendsen, PhD, Anatomy, SMPH

Co-Principal Investigator: Jamey Weichert, PhD, Radiology, SMPH

Grant Program: Targeted Education and Research

Award: \$1,106,250 over four years

PARTNERSHIP EDUCATION AND RESEARCH GRANT OUTCOME REPORT

Surveying Health Conditions in Wisconsin

SHOW surveys nearly 1,000 Wisconsin residents each year to identify needs and target resources.

► **Description:** The **Survey of the Health of Wisconsin (SHOW)** gathers data on critical health conditions in Wisconsin and provides a resource for education and training of undergraduate, graduate and medical students.

► **Relevance:** Findings from SHOW present a comprehensive picture of the health of Wisconsin residents. SHOW evaluates the success of programs and policies and helps to target resources where they are most needed.

► **Results:** The program has collected neighborhood data on food and nutrition and statewide objective measures of height, weight and blood pressure. It partnered with the state health department to conduct the first-ever oral health screenings of Wisconsin adults and collected blood samples from Great Lakes fishers, exploring their exposure to persistent chemicals such as PCBs and dioxins. The program has established a biorepository to support research exploring individual susceptibility to environmental threats and to translate clinical findings into population health programs.

SHOW partnered with Wood and La Crosse counties and Milwaukee's Lindsay Heights neighborhood to conduct targeted community assessments. SHOW has received more than 100 data requests and built an inventory of 50-plus publications on topics such as the impact of the statewide smoking ban on population exposure to second-hand smoke. SHOW staff has presented and disseminated results at more than 150 local, state, national and



The SHOW survey has three parts: a home interview, a booklet of health questions and a visit to a local survey center for additional health interviews and some physical measurements.

international conferences. The program has also worked with 15 graduate-level students from UW-Madison, UW-La Crosse and Viterbo University.

The program received a \$5.5 million grant from the National Heart Lung and Blood Institute for health disparities research and \$500,000 from the National Centers for Disease Control and Prevention for community-based evaluation. SHOW will continue to build its fee-for-service infrastructure, with ancillary study income to date totaling nearly \$1 million.

SURVEY OF THE HEALTH OF WISCONSIN (SHOW)

Principal Investigator: F. Javier Nieto, MD, PhD, MPH, Population Health Sciences, SMPH

Grant Program: Targeted Education and Research

Award: \$3,825,145 over three years

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

Approve the 2014-2019 Five-Year Plan
Wisconsin Partnership Program
UW School of Medicine and Public Health

EDUCATION COMMITTEE

Resolution I.1.d.(2)

That, upon recommendation of the President of the University of Wisconsin System and the Chancellor of the University of Wisconsin-Madison, the UW System Board of Regents approves the 2014-2019 Five-Year Plan of the Wisconsin Partnership Program, which was collaboratively developed by the Oversight and Advisory Committee and the Partnership Education and Research Committee of the UW School of Medicine and Public Health, in accordance with the Order of the Insurance Commissioner and the Grant Agreement between the UW System Board of Regents, the UW Foundation, and the Wisconsin United for Health Foundation, Inc.

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
WISCONSIN PARTNERSHIP PROGRAM
2014-2019 FIVE-YEAR PLAN**

BACKGROUND

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin to a for-profit stock corporation and the distribution of the proceeds from the sale of stock to the UW School of Medicine and Public Health (UW SMPH) and the Medical College of Wisconsin. In accordance with the Order, thirty-five percent of the funds were allocated for public health initiatives and sixty-five percent for education and research initiatives to advance population health. The Wisconsin United for Health Foundation, Inc. (WUHF) was created by the Insurance Commissioner to oversee the distribution of the proceeds, to approve the inaugural five-year plans of each school, and to receive subsequent five-year plans, annual reports on expenditures, and financial and program audits.

The Order required the UW System Board of Regents to create an Oversight and Advisory Committee (OAC) consisting of four public members (health advocates), four UW SMPH representatives appointed by the Regents, and one member appointed by the Insurance Commissioner. The UW SMPH, in collaboration with the OAC, developed the inaugural Five-Year Plan (2004-2009) describing the uses of the funds.

As required by the Insurance Commissioner's Order and the Agreement, every five years the UW SMPH, in collaboration with the OAC and the PERC, must create a new plan describing the categories of future investments. In anticipation of the expiration of the current Five-Year Plan in March 2014, both committees have been engaged for the past 18 months in extensive strategic planning, evaluating, and seeking information leading to the development of the 2014-2019 Five-Year Plan of the Wisconsin Partnership Program.

The OAC and the PERC have exercised due diligence in the drafting of the plan to insure that the requirements of the Insurance Commissioner's Order have been met, including seeking public input and providing for OAC's role to advise and comment on the PERC's activities. In accordance with the Insurance Commissioner's Order, the UW System Board of Regents' approval is required for the new plan, which covers the accomplishments of the current Five-Year Plan, the future direction and categories of initiatives, and the program and financial management of funds over the next five years.

REQUESTED ACTION

Approval of Resolution I.1.d.(2), approving the 2014-2019 Five-Year Plan of the Wisconsin Partnership Program of the UW School of Medicine and Public Health.

DISCUSSION

The 2014-2019 Five-Year Plan is the third since the inception of the WPP. As the WPP, through the OAC and the PERC, developed this plan, consideration was given to sustaining successful programs, and to determining which health issues required priority attention. The committees assessed current grant programs, debated new initiatives, measured and evaluated impact, and sought public comment. Affirming the overarching strategies of the Plan (stewardship, balance, and collaboration) and the goal to achieve lasting impact on the health of the people of Wisconsin, was a guiding principle of the committees' development of the plan.

Narrowing the focus of the grants to a smaller range of topics, translating and disseminating successes, promoting sustainability, and developing stronger connections between WPP grantees to enhance opportunities for collaboration and partnerships and to provide greater impact, are the foundation of the Plan. The committees are dedicated to applying these principles throughout their grant-making for the benefit of the people of Wisconsin.

Examples of a balanced array of projects to promote health improvement, awarded during the past five years, have yielded impressive accomplishments, enabling leaders in public health and education, policy makers, scientists, and clinicians to address health challenges in innovative ways and in alignment with the following strategic outcomes:

- creation of new research and discovery;
- translation and dissemination of knowledge;
- development of new educational models uniting public health and medicine;
- development of new programs, policies, and practices;
- innovations through new collaborations and partnerships;
- improved community health capacity; and
- sustained program impact.

Oversight and Advisory Committee

New Initiative

The OAC identified a new initiative, the Opportunity Grant Program, to support short-term projects in order to leverage local funding opportunities that enhance communities' capacity to collaborate with the health care system on mutually identified priorities. Through capitalizing on funding provided by the Affordable Care Act, the Hospital Community Benefit Program, and the Critical Access Hospital program, this new grant category will promote connections to address community health needs and issues.

Continuing Initiatives

The OAC will continue to support its cornerstone program, the Community-Academic Partnership Grants, which directly serves Wisconsin communities by funding local, regional, or statewide public health programs, and prevention efforts. This program relies on successful community collaboration with academic partners within the UW School of Medicine and Public Health and across the UW System. The goal is to bring together the expertise of communities and UW faculty and staff, which will ultimately produce long-term changes in the design and

delivery of health care, in public health service, and in sustainable improvements in population health.

The OAC will also continue its support of the Healthy Wisconsin Leadership Institute (HWLI) – a public health leadership and training program, jointly created by the WPP and the Medical College of Wisconsin’s Advancing a Healthier Wisconsin program. The HWLI Community Teams Program has been very successful in responding to local needs. More than 40 communities have applied policy, systems, and environmental approaches to their health initiatives, thereby strengthening their partnerships in the process. In the next five years, the HWLI will create a model for rapid response technical assistance for communities struggling with particular aspects of their initiatives.

Partnership Education and Research Committee

New Initiatives

The PERC will broaden its support of the transformation of the medical curriculum to include all of the School’s educational programs in the development of new educational models uniting public health and medicine. This will require addressing the following:

- Developing strong statewide community partnerships for community service learning, research, and engagement opportunities for students and trainees,
- Building inter-professional education, research, and community service learning opportunities within and across health professions to improve the quality of public health and health care delivery across the state, and
- Enhancing distance education resources for students, trainees, faculty, staff, mentors, and community partners.

A highlight of the Five-Year Plan is its focus on obesity prevention. The PERC, in collaboration with the OAC, will take the lead on launching this initiative through the support of broad-based efforts to address obesity – a problem prevalent throughout Wisconsin and a precursor to many chronic diseases. The PERC will fund the infrastructure for the statewide Obesity Prevention Network pilot comprehensive community interventions, develop a childhood obesity surveillance system, and initiate a statewide marketing and messaging plan.

The PERC will also be developing a new grant category – the Opportunity Grants Program. Similar to the OAC’s program, PERC will provide start-up funding in support of high-profile, innovative projects that have the potential for substantial leveraging.

Continuing Initiatives

The PERC will continue its three current grant programs – the New Investigator Program, the Collaborative Health Sciences Program, and the Strategic Education and Research Program. The New Investigator and Collaborative Health Sciences programs are based on a competitive Request for Proposal, whereby regular funding opportunities are open to UW School of Medicine and Public Health faculty and academic staff, as well as to their UW and community collaborators. Through the Strategic Education and Research Program, the PERC selects faculty

experts to apply for funding to develop, implement, and sustain major initiatives in selected topic areas in alignment with the WPP's goals and objectives.

Examples of the Strategic Program are the Institute for Clinical and Translational Research – a partnership of the health sciences schools and the Marshfield Clinic; the Survey of the Health of Wisconsin, the first research survey of its kind to measure information and data on Wisconsin's critical health conditions; and, Transforming Medical Education – focused on integrating clinical medicine and public health by teaching both patient-centered and community and population-based approaches.

Joint Investments - Oversight and Advisory Committee and the Partnership Education and Research Committee

The committees are committed to working together to promote program integration through joint investments in focused areas.

New Initiative

As previously mentioned above, the PERC, in collaboration with OAC, will launch the obesity prevention initiative. The chair of the Planning Committee has described the work ahead: "The importance of this public health challenge in Wisconsin cannot be minimized. It must be addressed in a meaningful, systematic, and coordinated way to have a lasting impact. Unless there is a measurable level of success in reversing obesity rates, the state's health systems will be overwhelmed." The primary goal is to drive down the obesity rate in Wisconsin. Short-term objectives include testing strategies for effectiveness, and involving public policy makers in the implementation of the initiative.

Continuing Initiatives

The OAC took the lead, in collaboration with PERC, in developing the Lifecourse Initiative for Healthy Families, with the aim of improving birth outcomes among African Americans in southeastern Wisconsin. The disparity in birth outcomes is one of the most critical public health issues in Wisconsin, a problem that has only increased over the past three decades. An African American infant in this state is three times more likely to die than a white infant, primarily due to prematurity, low birth weight, and sudden unexpected infant death. Over the next five years, the WPP will aim to show a reduction in the number of African American women experiencing poor birth outcomes.

The OAC and PERC will continue their joint support of the Population Health Service Fellowship Program. This program employs early-career public health professionals in governmental or community-based organizations to address public health issues, such as preventing injuries, reducing exposure to occupational and environmental risks, and promoting healthy communities. Over the next five years, the Fellowship Program will expand training in underserved communities and further integrate medicine with population health training.

Expansion of the WPP's Evaluation Efforts

Determining the impact of the WPP's investments in research, education, and community partnerships is critical. During the course of this Five-Year Plan, there will be an expansion of evaluation efforts, to go beyond monitoring progress and assessing outcomes of individual grants. Evaluating the impact of grant categories, such as the New Investigator Program, the Community-Academic Partnership Program, and the Education and Training Programs, as well as assessing the WPP's progress towards achieving the overall mission, vision, strategies, and outcomes enumerated in the Five-Year Plan, must be accomplished to ensure the WPP's stakeholders and the public that the program's efforts are benefitting the state.

RECOMMENDED ACTION

The University of Wisconsin System Administration recommends approval of Resolution I.1.d.(2), approving the 2014-2019 Five-Year Plan of the Wisconsin Partnership Program of the UW School of Medicine and Public Health.



2014 - 2019 Five-Year Plan

Wisconsin Partnership Program

University of Wisconsin School of Medicine and Public Health



**School of Medicine
and Public Health**
UNIVERSITY OF WISCONSIN-MADISON



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Acronyms

WPP.....Wisconsin Partnership Program	MPH..... Masters in Public Health
OAC.....Oversight and Advisory Committee	NIH..... National Institutes of Health
PERC.....Partnership Education and Research Committee	NORC..... Nutrition and Obesity Research Center
UWSMPHUniversity of Wisconsin School of Medicine and Public Health	PRC..... Prevention Research Center
CDC.....Centers for Disease Control	SHOW Survey of the Health of Wisconsin
DHS.....Department of Health Services	TME..... Transforming Medical Education
ICTR.....Institute for Clinical and Translational Research	UWF University of Wisconsin Foundation
LIHFLifecourse Initiative for Healthy Families	WARM Wisconsin Academy for Rural Medicine
MCWMedical College of Wisconsin	WOPN Wisconsin Obesity Prevention Network
	WUHF..... Wisconsin United for Health Foundation

Letter from the Dean

It is a pleasure and a privilege to present the 2014-2019 Five-Year Plan of the Wisconsin Partnership Program (WPP) to our many stakeholders. The plan reflects numerous thoughtful discussions of past accomplishments as well as future directions. We began by carefully assessing the grantmaking of the WPP's two governance committees, the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC). Both committees evaluated myriad factors—what was achieved, and what merits greater attention—as they map progress toward the WPP's vision of making Wisconsin a healthier state for all.

The University of Wisconsin School of Medicine and Public Health (UWSMPH) is always mindful of the unprecedented good fortune, and enormous responsibility, that accompanied the creation of the WPP. Given significant resources to invest in community engagement, research and education, we fully embrace our obligation to be transparent, accountable, collaborative and innovative as we broaden our approach to service, education and research by incorporating public health principles and practices.

Toward that end, I am pleased to announce that the UWSMPH has received the 2013 Spencer Foreman Award for Outstanding Community Service, presented annually by the Association of American Medical Colleges. The Award recognizes exceptional programs that go well beyond the traditional role of academic medicine by being responsive to community and social needs and by exhibiting true partnerships with communities. The WPP's dedication to community engagement set the stage for this honor.

Appraisal of the entire WPP portfolio illustrates its depth and breadth, and reflects the charge to the PERC and OAC to ensure a substantial return on their investments to make Wisconsin a healthier state. From its inception, the WPP has promoted collaboration between community partners and University faculty to achieve the greatest impact. Collaboration extends to the committees as well, as they respond to creative ideas to solve the many public health challenges facing Wisconsin. In all of these efforts, the Wisconsin Idea—extending the boundaries of the University to the far corners of the state—remains our central theme.

As both committees engaged in strategic planning, they focused on examples of the WPP's past and current efforts to build healthier communities. Some examples include: innovative transformation of the UWSMPH curriculum, which has attracted national recognition; the growing number of community partnerships; new research collaborations among faculty; broader statewide dissemination and application of research results; replication of successful community programs; and expanded education and training for the current and future public health workforce.

The committees have identified future joint funding priorities, accelerating the WPP's progression toward more strategic grantmaking. One example of this more focused, innovative approach is the healthy birth outcomes initiative in African American communities. This was a cornerstone of the 2009-2014 Five-Year Plan, and these efforts continue. Strategic funding will expand with the Obesity Prevention Initiative described in the following pages. This initiative is critical because the obesity epidemic is widespread, sparing no community or socioeconomic strata from its devastating effects.

As you read this plan, I hope you will find it to be a valuable reference—regarding not only the WPP's past and current accomplishments, but also the aspirations and expectations we hold for the future.

Robert N. Golden

Robert N. Golden
Dean, UW School of Medicine and Public Health
Vice Chancellor for Medical Affairs



Introduction

This 2014-2019 Five-Year Plan is the third since the inception of the Wisconsin Partnership Program (WPP). The WPP was created in 2004 as a result of the conversion of Blue Cross/Blue Shield United of Wisconsin to a for-profit enterprise. The proceeds of the sale were distributed to the two Wisconsin medical schools to improve the health of the public. The WPP expresses appreciation to Blue Cross/Blue Shield United of Wisconsin for these resources to benefit the people of the state and for its foresight in selecting the two medical schools as the stewards of these funds.

In its stewardship of the funds the WPP has, since the beginning, closely adhered to its foundation documents—the Insurance Commissioner's Order, the WPP Five-Year Plan, and the grant agreement covering the responsibilities and obligations of the Wisconsin United for Health Foundation, Inc. (WUHF), the UW Foundation and the UW System Board of Regents. Two committees govern the WPP's compliance, the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), which ensure that grantmaking efforts are aligned with the mission and vision of the WPP.

This Five-Year Plan is the culmination of 18 months of strategic discussions within the OAC and PERC. Both governance committees reviewed progress in light of the WPP's mission to serve the public health needs of Wisconsin, and to reduce health disparities through research, education and community partnerships.



The WPP remains committed to maintaining a balanced portfolio of investments in programs and initiatives that encompass community-academic partnerships, innovative education and training initiatives for students, fellows and the public health workforce, and basic, clinical, translational and applied public health research—all embodying the Wisconsin Idea. Toward that end, the WPP has distributed 329 grants totaling more than \$129 million (from WPP's inception, see Figure 1).

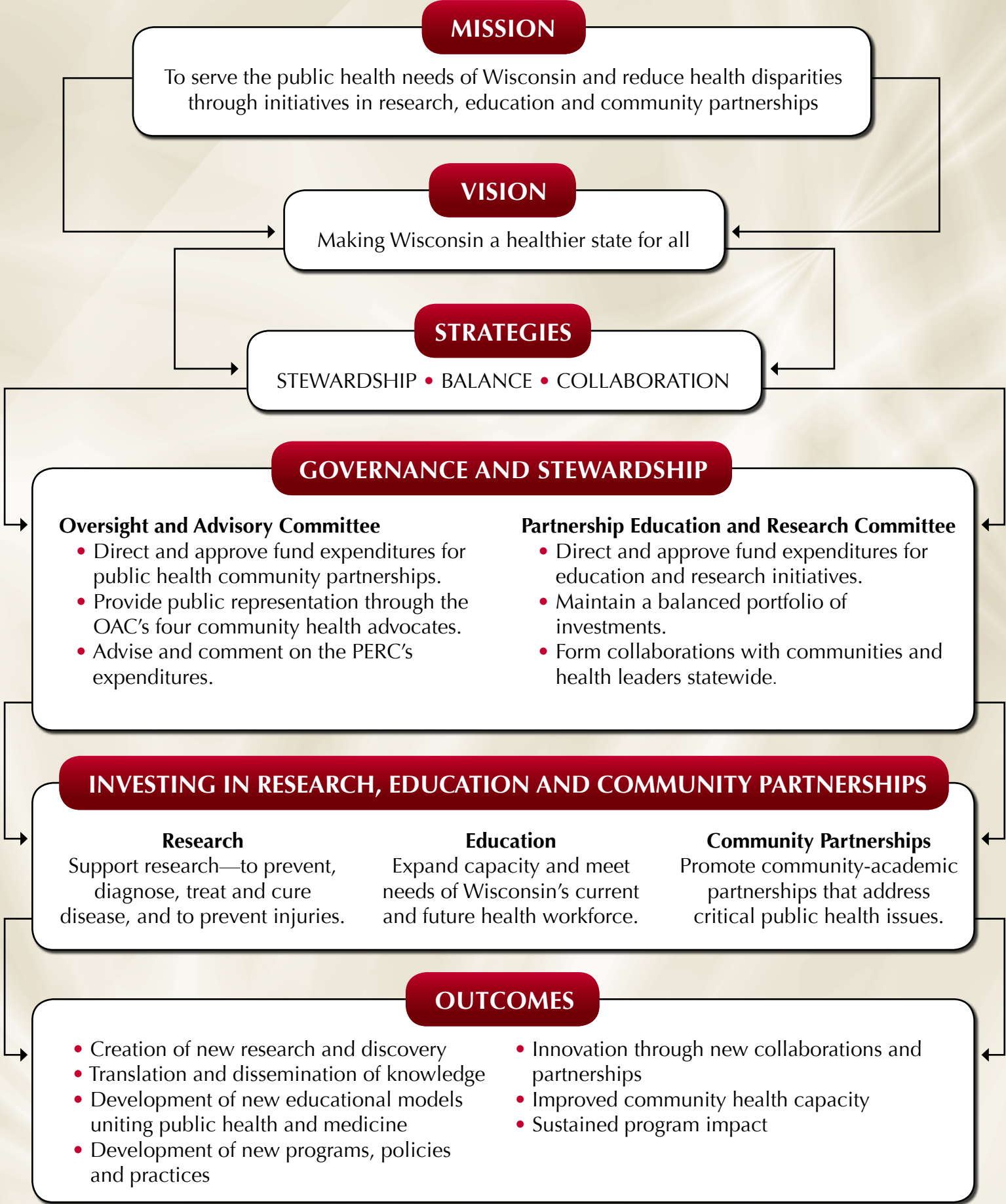
Figure 1. Total WPP Grant Awards—since 2004

As the committees developed this Five-Year Plan, they gave consideration to sustaining successful programs and determining which health issues required greater attention. The committees assessed current grant programs, debated new initiatives, measured and evaluated impact, and sought public comment. There was affirmation of the overarching strategies of this Plan—stewardship, balance and collaboration—and of the goal to achieve lasting impact on the health of the people of Wisconsin.

As the OAC and PERC discussed the ways in which the WPP's investments could benefit the state in significant, measurable ways, the committees made a commitment to address one of the state's most complicated public health challenges—obesity. The committees also discussed how to be more responsive both to community needs and to faculty ideas.

Narrowing the focus of grants to a smaller range of topics, translating and disseminating successes, promoting sustainability, and developing stronger connections between WPP grantees to enhance opportunities for collaboration and to provide greater impact—these were the primary principles accepted in this Plan. The committees are dedicated to applying these principles throughout the WPP's grantmaking—for the benefit of people statewide.

2014-2019 Five-Year Plan FRAMEWORK



Impact of the Wisconsin Partnership Program

The WPP is approaching 10 years of:

- Advancing health, and preventing injury and disease
- Transforming the education of the health workforce
- Building healthier communities

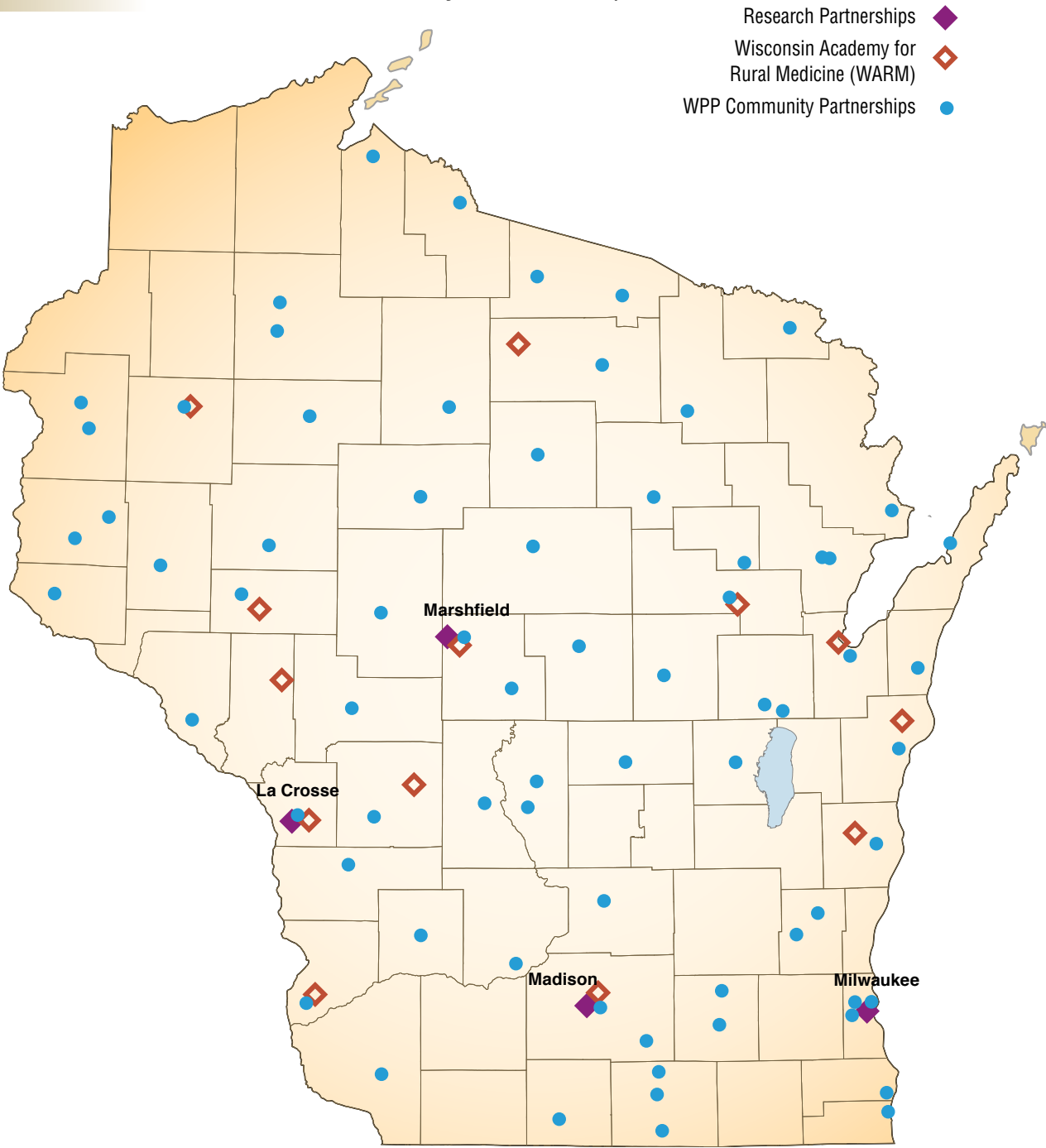
Total awards since 2004: \$129 Million to 329 grantees

Leveraged support from grantees: \$226 million

The WPP-funded projects:

- Engage UW faculty/staff as academic partners: 130
- Support researchers in innovation: 150
- Benefit students and trainees: 1,000
- Partner with community organizations: 164
- Serve counties across Wisconsin: All 72 counties

Research, Education and Community Partnerships



Accomplishments of the 2009-2014 Five-Year Plan

The WPP has invested in a balanced array of projects to promote health improvement (Figure 2), and those projects have yielded impressive accomplishments. The WPP’s awards have enabled leaders in public health, educators, policy makers, scientists and clinicians to address serious health challenges in innovative ways.

Through funding approved by the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), the programs and projects have yielded important accomplishments and successfully aligned with the WPP’s targeted outcomes as noted on the following pages. Following each outcome is one of the many examples of successful projects.



Figure 2. WPP Total Awards by Type—since 2004

Creation of New Research and Discovery – providing opportunities for researchers to form new interdisciplinary collaborations, supporting new investigators in launching successful careers, expanding research interests into new areas and moving research from the laboratory to the bedside and into communities.

Filling a Critical Need: Identifying Possible New Antibiotics
“Wisconsin Infectious Disease Drug Discovery” (PERC funded 2007-2011)
Because developing new antibiotics has slowed dramatically, the goal was to identify possible new antimicrobial drugs—by bringing together researchers from a variety of disciplines. (The 12 collaborators on the project were from the UWSMPH, the School of Pharmacy, the College of Agricultural and Life Sciences and the College of Letters and Science.) The investigators identified candidates for potential anti-bacterial and anti-fungal drugs, which are currently undergoing refinement and pre-clinical testing. This campus-wide collaboration is now the basis for launching an infectious disease drug discovery research program of unprecedented strength and breadth.

Translation and Dissemination of Knowledge – supporting research and programs aimed at extending interventions and best practices into communities, connecting faculty with health care providers and community organizations throughout the state, and providing opportunities to address local health problems.

Significantly Increasing Kids’ Activity Levels—by Improving School Fitness Programs
“Wisconsin Partnership for Childhood Fitness” (OAC funded 2007-2014)
The OAC provided funds to the Wisconsin Department of Public Instruction for two projects that tested and expanded a national model school-based fitness assessment, Fitnessgram. Results show greater physical activity and improvements in fitness levels, and 448 schools (serving 16,474 students) consequently use Fitnessgram. Phase two of this project aims to reduce disparities in fitness levels among children/adolescents statewide.

Development of New Educational Models Uniting Public Health and Medicine – integrating public health principles and practices into the medical school curriculum, developing new degree and certificate programs focusing on public health, coordinating fellowship opportunities with public health agencies, and training graduates to work in Wisconsin communities.

Promoting Medical Practice in Rural Wisconsin
“Wisconsin Academy for Rural Medicine (WARM)” (PERC funded 2004-2011)
Created with WPP funding in previous plans, WARM is dedicated to increasing the number of physicians who will ultimately practice in rural Wisconsin. There are now three WARM sites—Marshfield Clinic, Gundersen Health System in La Crosse, Aurora/Aurora BayCare in Green Bay. WARM also spurred development of new clerkships offered outside of Madison. Close to 60 percent of WARM graduates have entered primary care residencies and/or have residencies in Wisconsin, which is predictive of future workforce practice needs.

Development of New Programs, Policies and Practices – supporting research and programs to: advance evidence-based health interventions, policies and practice patterns in the community; bring together diverse groups around challenging public health issues; launch programs that inform policy; and break down walls that traditionally separated research from practice.

Tracking Wisconsin’s Health—to Understand Successes and Issues Needing Attention
“The Survey of the Health of Wisconsin (SHOW)” (PERC-funded since 2004)
Extensive data (biologic samples and information from in-depth interviews) from this innovative statewide surveillance program can reveal causes of both wellness and poor health, track trends over time and aid research. Data are available to all researchers, including partners such as the Wisconsin Department of Health Services (DHS). The data have helped: evaluate the impact of the statewide smoking ban, explore neighborhood economics and fast food outlets in relation to health, and examine the risks associated with Superfund sites. SHOW data will also help inform the emerging Obesity Prevention Initiative (see page 20).

Innovation through New Collaborations and Partnerships – emphasizing novel interdisciplinary research collaborations and creating community-academic partnerships as a way to promote innovative and promising collaborative efforts.

Helping State’s Seniors Step with Confidence—and without Falls
“**Wisconsin Falls Reduction Project**” (OAC funded 2006-2010)
Because falls are the leading cause of injury among those over 65, this project used two evidence-based programs in collaboration with state government and community-based partners. One program, Sure Step, which showed a 50 percent reduction in falls, also trained many health professionals in the curriculum. The second program, Stepping On, resulted in a 40 percent reduction in falls. (Note: To aid in the project’s sustainability and the implementation of its findings, the PERC recently funded a new collaboration of experts to develop, test and widely disseminate Keep On Stepping On.)

Improved Community Health Capacity – continually developing partnerships with community-based organizations across the state to improve and enhance the capacity for improving community health. Whether a neighborhood, rural county or urban city—all are the physical and cultural settings for promoting healthy lifestyles.

Homicides Reduced by 52 Percent—vs 9.2 Percent in Control-Site Neighborhoods
“**Expanded Community Role in the Milwaukee Homicide Review Commission (MHRC)**” (OAC funded since 2005)
This project provided funding to the Milwaukee Police Department (MPD) to build local capacity in promoting healthy and safe neighborhoods and to create valuable conduits between community members and the MPD to reduce violence. The data showed “a statistically significant reduction in homicides in Milwaukee. Specifically, where the MHRC was involved (the intervention sites), homicides were reduced 52 percent compared to 9.2 percent in the control sites.”

Sustained Program Impact – supporting research and programs that offer promise for sustained policy strategies or health impact, providing initial funding for transformative projects, maximizing leveraging opportunities and focusing on sustainability as a program goal. See Figure 3 for the extent to which faculty have leveraged PERC’s support to gain added funding.

Securing Millions in NIH Funding for UWSMPH
“**Institute for Clinical and Translational Research (ICTR)**” (PERC-funded since 2006)
A partnership of the Health Sciences Schools and Marshfield Clinic, ICTR helps transfer research findings into clinical practice, community health programs and health policy. Through the ICTR Community-Academic Partnership Program, UW faculty engaged 225 community partners in their research. In 2012, with support from the WPP, ICTR received National Institutes of Health funding of \$41.5 million over five years, one of the largest grants ever awarded to the UWSMPH.



Figure 3. Additional Funding from Other Sources (e.g., the National Institutes of Health, the Centers for Disease Control and private foundations)

Developing This Five-Year Plan

The two governing committees, the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), participated in strategic planning meetings over 18 months to identify funding priorities that would make Wisconsin a healthier state. The WPP also convened a Five-Year Planning Subcommittee to provide regular feedback on the plan’s development.

Guiding the entire planning process were the WPP’s strategic goals (Table 1). These goals were developed in response to feedback from public and stakeholder input.

Table 1: WPP Strategic Goals for 2014-2019
Advance stewardship role by prioritizing, planning, managing and strategically allocating resources.
Identify opportunities where investments will benefit the state in significant, measurable and lasting ways.
Engage in innovative interdisciplinary research, and transform health education, with the goal of creating healthier communities.
Focus, expend and leverage resources strategically among a range of approaches related to health (behavior, social and economic factors, physical environment)—to produce better health outcomes for Wisconsin residents.
Build partnerships and collaborate with others to maximize opportunities for capacity building, collective impact and collaborative leadership.
Engage key representatives and stakeholders to ensure that community needs and interests are respected.
Share and disseminate new knowledge and tools from funded projects as they relate to practices, policies and strategies among our statewide partners.
Evaluate major programs and strategic initiatives to document the return on the investments.

- During their planning, both committees sought to:
- Create a balanced approach for allocating resources
 - Optimize project investments likely to have the greatest impact
 - Address the state’s most significant health issues
 - Consider the interests of key stakeholders, including the public

The WPP relied on the Making Wisconsin the Healthiest State project as a starting point for project investments. Initiated and funded through a WPP grant, the project—now replicated in states nationwide—provides ongoing assessments of the health of the people of Wisconsin.

“A nutrient poor diet, excess consumption of calories, and low levels of physical activity are major causes of obesity, premature death and a range of chronic conditions. Healthy behaviors while young are important for later health outcomes.”

— Opportunities to Make Wisconsin the Healthiest State, 2013

According to an update from this project—the 2013 *Wisconsin Health Trends: Progress Report*—Wisconsin is making progress toward the WPP goal of living longer. However, these data suggest that not everyone in the state is living better. If left unaddressed, many of the trends Wisconsin is now experiencing—including increasing rates of adult obesity, low birth weight babies, people who report their overall health to be fair or poor, along with worsening social and economic factors—will lead to poorer health outcomes and more disparities in the future.

Current trends in health outcomes and health factors are markedly different for different subgroups within the state’s population. Efforts to improve health through the WPP must consider the full array of factors that influence how long and how well we live.

To proceed with the planning, leadership and staff from both Wisconsin medical schools, UWSMPH and Medical College of Wisconsin (MCW), met regularly to discuss opportunities for collaboration, while also sharing results from public input. The Leading the Way Conference, sponsored by the UWSMPH and MCW, convened over 300 grantees, applicants and stakeholders to highlight both successes and lessons learned with the intent of informing future planning.

To reach the broadest possible audience, the WPP sponsored a six-month web survey, inviting participation via email and e-alert reminders. Responses came from individuals across the state representing nonprofit, community-based, or governmental organizations, the UW System and health care providers.

In a more targeted survey, the WPP received input from 1,086 individuals affiliated with a WPP grant or application, including principal investigators, collaborators, academic partners and leaders of community organizations. The survey sought input—from those most familiar with WPP programs—about health priorities and processes for improving grantmaking.

When asked in open-ended questions about the most important priorities they would like the WPP to address in the next five years, respondents most often noted the following:

- Obesity-related topics
- Alcohol and drug abuse
- Mental and behavioral health issues
- Improved African American infant mortality
- Enhanced health promotion and disease prevention efforts
- Improved access to health care
- Social determinants of health

Survey participants referred to the prevention of **obesity and obesity-related topics—including childhood obesity, diabetes, nutrition and fitness—three times as often** as any other health issue.

There were clear parallels between the Making Wisconsin the Healthiest State findings and the health priorities enumerated by public survey participants. Details about the issues prioritized by the committees can be found on page 13 (OAC) and 16 (PERC).



Oversight and Advisory Committee Future Investments

The role of the Oversight and Advisory Committee (OAC) is to improve health by awarding grants for community-academic partnerships and targeted initiatives. The OAC focuses on promoting evidence-based health promotion and disease prevention programs, as well as effective community and system policies and practice changes. The OAC funds programs that respond to diverse community needs and assets, and that ultimately are expected to result in sustained health improvement.

Strategic Planning Process

The objective of the OAC’s strategic planning process was to develop a funding strategy that would reflect not only the WPP’s mission and vision, but also the OAC’s goals to maximize long-term impact. Broad discussion topics included providing solutions to Wisconsin’s health problems, identifying how funding can have the greatest impact, and leveraging public and private support to sustain successful projects. Throughout the planning process, the OAC considered input from key stakeholders and from the public (see the Developing This Plan section, page 11).

Overall Approach to Investments

The OAC’s strategic priorities and initiatives are grounded in the WPP’s eight core goals (Table 1). The OAC’s overall approach includes investing in:

- Developing, testing and adopting evidence-based solutions through community-academic partnerships—specifically through the Community-Academic Partnership Grant program
- Leveraging resources in partnership with local, state and national groups—through the new Opportunity Grant Program
- Supporting public health workforce development—through the Healthy Wisconsin Leadership Institute, and the Wisconsin Population Health Service Fellowship Program (the latter described on page 22)

The OAC will prioritize funding encompassing the strategies of stewardship, balance and collaboration.

Stewardship – The OAC will seek to fund programs that maximize the social return on investments, leverage resources, and benefit the state in significant, measurable and lasting ways. The OAC will annually review the expenditure policy to align with strategic opportunities.

Balance – The OAC will develop a framework that allows for balanced allocation of resources across a range of programs and involving various health approaches—including policy, advocacy, system and environmental strategies. Part of this framework is described in the report *Opportunities to Make Wisconsin the Healthiest State*. This report examines four major components: individual health behaviors, clinical care, social and economic factors, and the physical environment.

Collaboration – To optimize impact and return on investment, the OAC will work in concert with internal and external strategic partners including UWSMPH institutes, centers and programs, as well as external partners across the UW System, at the Medical College of Wisconsin (MCW), and at statewide health organizations. The OAC will annually review progress toward goals as related to its strategic partnerships. The committee will also emphasize connections among grantees that have similar aims.

“By focusing on investments that will promote evidence-based changes in our health—as applied to individual behaviors as well as our physical and social setting—the OAC is creating healthier communities and ultimately a healthier Wisconsin.”

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

“Cooperation between public health and health care can help identify the most critical issues and the populations at risk, as well as help promote optimal local solutions.”

— Douglas N. Mormann, MS
Public Health Director, La Crosse County Health Department

OAC Grant Programs

New Initiative

Opportunity Grant Program

Improving overall health requires public-private partnerships between the public health sector, Wisconsin’s businesses and the health care delivery system. To promote these interactions, the OAC will develop and implement a new grant category, the Opportunity Grant Program. This program will provide a small amount of funding to support short-term projects to leverage local and emerging funding opportunities. The goal is to enhance communities’ capacity to collaborate with the health care system on community-identified priorities.

The Opportunity Grant Program can capitalize on funding provided by the Patient Protection and Affordable Care Act, the Hospital Community Benefit Program, the Critical Access Hospital Program and other private sector entities. The program will promote connections to address community health needs and issues, including the underlying causes of poor health. Through a rolling application process, these grants will be strategic, flexible, responsive and timely.

Continuing Initiatives

Community-Academic Partnership Grants

The Community-Academic Partnership Grants directly serve Wisconsin communities by supporting local, regional or statewide public health programs and prevention efforts. This cornerstone program relies on successful community collaboration with academic partners within the UWSMPH and across the UW System. The goal is to bring together the expertise of communities and UW faculty and staff, which will ultimately produce long-term changes in the design and delivery of health care, in public health services and in sustainable improvements in population health. Funded programs progress from generating and testing partnerships and ideas to adopting and testing evidence-based programs. The funding continuum ranges from development awards to implementation awards.

To strengthen WPP’s commitment to Wisconsin’s most pressing public health priorities, the OAC will refocus the allocation of Community-Academic Partnership Grant funds in two major areas: community-based grants to respond to local needs, and priority-focused grants within strategic funding initiatives. These focused funding initiatives include the Lifecourse Initiative for Healthy Families and the Obesity Prevention Initiative, jointly funded by the PERC (see page 20). To improve health and reduce health disparities, the OAC will also emphasize projects addressing health inequities in underserved urban and rural populations. This is not a separate focus area but will be an underlying priority for all Community-Academic Partnership Grants.

To help create lasting impact, the OAC’s strategies include making larger multi-year commitments, and promoting substantial community engagement. Through a Request for Partnerships, the program will emphasize the following four components:

System-Level Change — Involves investigating, developing or implementing efforts that improve public health, the health care system and social or environmental conditions that address the root causes of poor health.

Sustained Change — Requires building community capacity in policy and advocacy work, integrating change into existing programs, changing the environment and engaging the affected population(s).

Evaluation — Examines success by setting an attainable scope, creating clear and measurable goals, assessing impact and ultimately adding to the field of research or community practice.

Dissemination — One of the critical issues impeding improvements in public health today is the gap between effective programs and how those efforts are shared and implemented in communities. A key priority is to promote, disseminate and expand evidence-based strategies and best practices to improve health and prevent disease. There is an added emphasis on creating a “two-way street” among researchers, public health professionals, the health care system and business leaders.

Healthy Wisconsin Leadership Institute

The Healthy Wisconsin Leadership Institute (HWLI, www.hwli.org) is a public health leadership and training program, jointly created by the WPP and MCW’s Advancing a Healthier Wisconsin endowment.

Improving health in Wisconsin will require new partnerships that reach beyond traditional boundaries of public health and health care. The HWLI Community Teams program responds to local needs using a successful model for shared learning. More than 40 communities have applied policy, systems and environmental approaches to their health initiatives, strengthening their partnerships in the process.

Going forward, the WPP’s four key areas for OAC project investments—system-level change, sustained change, evaluation and dissemination—will create a framework for HWLI programs and will more tightly integrate with the WPP overall. This framework will also help link communities working on similar issues, with the goal of building capacity statewide.

The HWLI will create a model for rapid response technical assistance for communities struggling with particular aspects of their initiatives. Examples include offering easily accessible real-time skill-building components, and calling on HWLI alumni for peer training and networking.

The overarching mission of the Partnership Education and Research Committee (PERC) is to allocate funds for innovative research and education initiatives dedicated not only to health promotion and prevention, but also to the diagnosis, treatment and cure of disease, with an emphasis on reducing health disparities.

Through its grant programs—Collaborative Health Sciences, New Investigator and Strategic—the PERC has embraced the strategies of stewardship, balance and collaboration,

and has aligned its investments accordingly. The committee has also been mindful of the importance of sustainability by emphasizing the need to leverage external support, enabling programs to grow to their full potential. And through community-based research, and education and training initiatives, the PERC continues to foster and strengthen partnerships between the UWSMPH and communities statewide to benefit the people of Wisconsin in lasting and measurable ways.

“The PERC acts as a catalyst to promote exceptional innovations in education and interdisciplinary research. By focusing on dissemination as well, successful research findings will be incorporated into practice, ultimately fostering healthier communities in our state.”

**— Richard Moss, PhD, PERC Chair
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor of Cell and Regenerative Biology**

Strategic Planning Process

To develop this Five-Year Plan, the PERC held strategic planning sessions which led to reaffirming several principles and programs while also setting the stage for new initiatives. Aiding in this process were stakeholder surveys (see Developing This Five-Year Plan, page 11), which provided a valuable assessment of the PERC’s efforts as well as ideas for future initiatives.

Overall Approach to Investments

During strategic planning the following issues were addressed:

Creating balance in allocating resources – The PERC funds education and research based on the concept of a balanced portfolio—whereby awards span the spectrum from basic science to clinical science to translational and applied public health research to education. The committee also strongly supports continuation of projects that connect investigators across disciplines and into communities. Equally important to the committee is making adjustments in resource allocation as grant outcomes are evaluated, to ensure alignment with the WPP’s strategic priorities.

Evaluating stewardship – THE PERC reaffirmed its commitment to rigorous monitoring of grants to measure progress, accomplishments and impact. The committee also plans to promote connections among grantees with similar aims by providing added direction regarding expectations, collaboration and evaluation of outcomes. The PERC will proactively engage principal investigators to assess progress early in a grant’s implementation—with the goal of ensuring successful outcomes.

Creating a framework to allocate resources for education initiatives – A continuing priority is Transforming Medical Education—a program integrating public health principles and practices into the medical curriculum. The committee made a commitment to expand educational support beyond medical education to new program areas (see details, page 18).

Evaluating resource allocation and anticipated impact

– Because completely assessing impact is unrealistic while a grant is being implemented, the PERC follows up with former grantees three to five years after the grant concludes, to more fully assess its impact. The committee will now expand evaluation, assessing not only individual grants but grant categories to understand the full impact of funding strategies. (See details about Evaluation on page 23.) As noted earlier, the WPP has leveraged \$226 million in federal, private foundation and other funding (Figure 3).

Assessing the collaboration between the PERC and OAC

– The PERC recognizes that the committees’ collective vision and resources must be brought to bear on the most pressing public health challenges, such as infant mortality and obesity. Committee collaboration, a cornerstone of the WPP, is accomplished through joint funding of programs (such as the Lifecourse Initiative for Healthy Families, page 21, and the Population Health Fellowship Program, page 22), joint meetings, overlapping membership and regular updates on each committee’s activities. These efforts will be expanded with the implementation of the new Obesity Prevention Initiative. The committees will also work together to increase faculty involvement in community research and to enlist more faculty in partnering with communities on local projects.

Identifying a need for and developing a strategic initiative

– After an extensive review, the PERC elected to address a challenging and multidimensional public health problem—the obesity epidemic—and asked the OAC to join them in planning this effort. The PERC sought out expertise from those at UW-Madison, the Wisconsin Department of Health Services, and the Wisconsin Obesity Prevention Network, funded by the OAC. The PERC also appointed a planning committee composed of representatives from the entities noted above, as well as from the Medical College of Wisconsin. The Obesity Prevention Initiative is described on page 20. During the course of this Five-Year Plan, the PERC will review opportunities for launching another strategic initiative addressing a serious, yet-to-be-selected health issue.

PERC Grant Programs

New Initiatives

To expand its portfolio and build on the success of its current grant programs, the PERC will implement the following three new initiatives over the next five years.

Advancing the Educational Vision and Mission of UWSMPH

The PERC will continue to advance the UWSMPH's educational mission by supporting the innovative training and development of future health care professionals and biomedical scientists, guided by these goals, to:

- Improve the quality and affordability of patient-centered health care delivery
- Address health disparities
- Respond in a timely and efficient manner to public and community health needs
- Enhance the health and well-being of the people of Wisconsin

The UWSMPH's education mission encompasses exceptional education programs for biomedical science, genetic counseling, medical, physician assistant, physical therapy, public health and population health—and for undergraduate and graduate students in these specialties. The UWSMPH will enhance these programs to better address statewide health needs—and to address anticipated health care workforce challenges related to implementation of the Affordable Care Act—by building closer partnerships with other UW schools, such as Nursing and Pharmacy, and with health care systems and communities statewide. Toward that end, the PERC will address the following:

- **Creating a future health care and public health workforce—and biomedical research community—well equipped to address the state's diverse health care needs and to reduce health disparities.** Innovative pipeline and recruitment programs will build the diversity needed across different health care and scientific professions to meet the health needs of underrepresented populations.
- **Developing strong statewide community partnerships for community service learning, research and engagement opportunities for students and trainees.** This will ensure ongoing community education partnerships that meet anticipated community health needs.

- **Building meaningful inter-professional education, research and community service learning opportunities within and across health professions to improve the quality of public health and health care delivery across the state.** Inter-professional student, community, faculty and staff learning communities will train and mentor students across health professions.

- **Enhancing distance education resources for reliable delivery of educational content to students, trainees, faculty, staff, mentors and community partners across the state.** Online educational opportunities will create a virtual learning community focused on improving health in Wisconsin.

Obesity Prevention Initiative

The PERC, in collaboration with the OAC, will support broad-based efforts to address obesity in Wisconsin. The PERC will support infrastructure for the Obesity Prevention Initiative, pilot comprehensive community interventions, develop a childhood obesity surveillance system and initiate a statewide marketing and messaging plan. For details, see page 20.

Opportunity Grants Program

The Opportunity Grants Program will provide start-up funding in support of high-profile, innovative projects that have the potential for substantial leveraging. Funding will be considered for novel approaches that can improve upon traditional practice and show potential for immediate benefit. The program design will be strategic, flexible and timely.

Continuing Initiatives

The PERC will continue its three current grant programs—the New Investigator Program, Collaborative Health Sciences Program and Strategic Education and Research Program—given their notable success since their inception. The New Investigator and Collaborative Health Sciences programs are based on a competitive Request for Proposal (RFP), whereby regular funding opportunities are open to UWSMPH faculty and academic staff, as well as to their UW and community collaborators. Through the Strategic Education and Research Program, the PERC selects faculty experts to apply for funding to develop, implement and sustain major initiatives in selected topic areas.

Collaborative Health Sciences Program

The Collaborative Health Sciences Program supports novel ideas and new approaches on the part of established researchers. These grants emphasize collaborative, interdisciplinary research and education both within and outside the UWSMPH. This program will continue to address compelling public health issues by developing new collaborations and directions, leveraging resources, and launching new programs.

New Investigator Program

The New Investigator Program (NIP) allows assistant professors, early in their careers, to pursue innovative research and education efforts related to health improvement. The NIP supports preliminary work on important health issues, which, if successful, is likely to result in leveraging other funds and widespread dissemination of results. The NIP is an important component in advancing the careers of new UWSMPH faculty through pursuing projects that advance the health of the state.

Strategic Education and Research Program

Strategic Education and Research grants are usually long term. They require continued funding from the PERC to fully establish the funded activity, to show sustained impact and to support needed infrastructure for innovative research and education initiatives. These programs, which are reviewed for renewal on a three-year basis, are:

- **Institute for Clinical and Translational Research (ICTR)** – Initially funded by the PERC in 2006, ICTR (www.ictr.wisc.edu) is a partnership of the Health Sciences Schools and Marshfield Clinic. A key function of ICTR is to serve as a bridge, allowing basic research to achieve practical improvements in health. ICTR accomplishes this by facilitating the transfer of research findings into clinical practice, community health programs and health policy—as a way to improve health and health care delivery in Wisconsin communities.

- **Survey of the Health of Wisconsin (SHOW)** –The first research survey of its kind to measure information and data on Wisconsin's critical health conditions, SHOW has gained community attention (www.med.wisc.edu/show/survey-of-the-health-of-wisconsin/35828). Initially funded by the PERC in 2004, SHOW tracks trends in priority health indicators, supports research on the multiple determinants of health and health disparities, and facilitates population health data dissemination, educational initiatives and improvements in health policy.

- **Transforming Medical Education (TME)** – Building on past support from the WPP, the main goal of TME is to ensure that future physicians are well equipped to work in complex health systems and to serve urban and rural communities across Wisconsin (www.med.wisc.edu/news-events/transforming-the-curriculum-improving-medical-education/885). Toward that end, innovations in the medical student curriculum are focused on fully integrating clinical medicine and public health by teaching both patient-centered and community and population-based approaches. Developing knowledge in health care system quality improvement, community engagement, and advocacy will be a major focus in the coming years.

“At UWSMPH we are immersed in both patient-centered and community-based approaches to practicing medicine. When we build strong relationships with communities early in medical school, we can ensure that our graduates will continue this practice throughout their careers. These relationships, based on mutual trust and understanding, are what will ultimately benefit communities and individuals statewide.”

— Surbhi Singhal, MD Student, Class of 2016
Referring to the Transforming Medical Education Program

To achieve two goals—greater impact from WPP project investments and added leveraging of other funding resources—the Partnership Education and Research Committee (PERC) and the Oversight and Advisory Committee (OAC) will work to promote program integration through joint investments in focused areas.

These joint investments, allowing alignment of research, education and community partnerships, form a cornerstone of the transformation to a School of Medicine and Public Health (SMPH). Such project investments also help transfer health-related discoveries from academia to communities and from communities to academia.

With that in mind, a joint OAC-PERC subcommittee will develop long-term strategies for increasing UWSMPH faculty engagement in communities. The subcommittee will determine the needed project investments and will develop a plan with the School’s strategic partners such as the Collaborative Center for Health Equity (CCHE), Healthy Wisconsin Leadership Institute (HWLI), Wisconsin Population Health Institute, Center for Urban Population Health (CUPH) and Community-Academic Aging Research Network (CAARN).

New Initiative
Obesity Prevention Initiative

Both committees place a high priority on this challenging public health issue, given that obesity is prevalent in the state and a precursor to many chronic diseases such as type 2 diabetes, cardiovascular disease, hypertension, joint disease and multiple cancers. Data from Survey of the Health of

Wisconsin (SHOW) reveal that—of the Wisconsin adults who were surveyed and tested by SHOW between 2008 and 2012—**73 percent** were either overweight or obese. Though there are fewer data on children, **25 percent** of high school students and **31 percent** of children ages 2-4 years are overweight or obese. This is drastically higher than the prevalence of 12 percent and 5 percent cited 50 years ago.

To launch the Obesity Prevention Initiative, the PERC selected experts—from faculty members, state government representatives and nonprofit advocates—to form a Planning Committee in early 2013. Data from SHOW helped to assess the impact of previous interventions and to formulate an initial plan.

The primary goal of the Initiative is to drive down the obesity rate in Wisconsin; short-term objectives include testing strategies for effectiveness, and involving public policymakers. There are four components:

- Developing infrastructure to coordinate the work of multiple partners
- Piloting targeted, multi-level community intervention in several locations
- Establishing a childhood obesity surveillance system, to track obesity and related indicators (data that are currently lacking in the state)
- Creating statewide messaging to help the public understand how daily decisions routinely affect their health and offer positive solutions to obesity prevention

“The importance of this public health challenge in Wisconsin cannot be minimized. It must be addressed in a meaningful, systematic and coordinated way to have a lasting impact. Unless there is a measurable level of success in reversing obesity rates, the state’s health systems will be overwhelmed.”

—Alex Adams, MD, PhD, Associate Professor of Family Medicine, Chair of the WPP Obesity Prevention Planning Committee

“The investments of the WPP will work to identify and promote pregnancy and birthing practices that have been most successful for African American women and their babies. These investments will also diminish the known practices and procedures that lead to poor birth outcomes—so that we can reverse this life-stealing trend of high infant mortality.”

— Shawn Green, Executive Director of the Faith Partnership Network, Community Representative in the Milwaukee Lifecourse Initiative

A number of University and community partners will be engaged:

- Wisconsin Obesity Prevention Network (WOPN), currently funded by the OAC, comprises researchers, government representatives, community leaders, advocates and funders, all working to reduce obesity. WOPN will help identify strengths, gaps and potential opportunities for interventions. The network will also coordinate communications and statewide messaging efforts.
- Nutrition and Obesity Research Center (NORC), pending NIH funding, will apply multidisciplinary research to understand the impact of nutrition on chronic disease.
- Prevention Research Center (PRC), pending CDC funding, will take the lead on community-based research and evaluation. The Center will develop the childhood obesity surveillance system.
- Survey of the Health of Wisconsin (SHOW), with its extensive data on obesity prevalence, can identify community intervention targets.
- Other partners will include the Medical College of Wisconsin, the Wisconsin Department of Health Services (DHS), nonprofits and advocacy groups, public health departments and healthcare providers statewide, as well as employers, insurers and others involved in offering health care as a result of the Affordable Care Act.

Continuing Initiatives

Lifecourse Initiative for Healthy Families

The disparity in birth outcomes between white and non-white births is one of the most critical public health issues in Wisconsin, a problem that has only increased over the past three decades. Concentrated in southeastern Wisconsin, where 90 percent of the state’s African American babies are born, African American infant mortality rates are among the highest in the country. An African American infant in this state is three times more likely to die than a white infant, primarily due to prematurity, low birth weight and sudden unexpected infant deaths.

To confront this health issue, the WPP developed a long-term funding initiative to investigate, plan for and ultimately eliminate such disparities. The aim of the Lifecourse Initiative for Healthy Families is to reduce health disparities by focusing on the needs of African American women and families. The WPP uses a framework that seeks to improve determinants of health throughout the lifespan. The Lifecourse Initiative has three goals:

- Improve the health status of African American women
- Improve infant health and survival
- Eliminate racial disparities in birth outcomes

The OAC pledged \$10 million to this issue, investing in an extensive two-year process that emphasized unique community action plans, greater public awareness, a detailed evaluation framework and community collaboratives. Collaboratives include community residents, business, government and other groups working together to improve community conditions to support healthier birth outcomes. The OAC also funded 23 development and implementation awards for group prenatal care, family and community support and father involvement intervention projects.

Over the next five years, the WPP aims to show a reduction in the number of African American women experiencing poor birth outcomes. To achieve this, the WPP will continue to address this complex health issue through multi-sector, collaborative-based interventions that connect stakeholders who share a common interest. Efforts focus on changing community-level structures, processes and policies to promote African American health and well-being.

Building on the initial planning, there are three integrated program components:

Faculty and Academic Leadership: The PERC will support a faculty leader and expert in maternal and child health to develop the UWSMPH capacity in research, education, clinical care and community services. The faculty expert will also provide leadership to engage health care providers, investigators and academic partners to promote implementation of evidence-based interventions; and to develop core resources, education and research opportunities for improving women and infant care.

Regional Program Office: The OAC will support the Lifecourse Initiative Regional Program Office in partnership with the Center for Urban Population Health, a Milwaukee-based affiliate of the UWSMPH, UW-Milwaukee and Aurora Health Care. The Center will provide technical assistance and operational support to sustain the local collaboratives and help coordinate projects and communication across the region. In partnership with the WPP, the Center will also help coordinate a comprehensive evaluation of the initiative.

Development and Implementation Grants: The OAC will support development and implementation grants through the Community-Academic Partnership Fund. These grants will test and adopt evidence-based approaches in the geographically targeted regions. Working with the collaboratives, the Regional Program Office will use community plans, epidemiological data and research-supported interventions to recommend evidence-based, multi-level programs.

Wisconsin Population Health Service Fellowship
The Wisconsin Population Health Service Fellowship employs early-career public health professionals in governmental or community-based organizations to address public health issues such as preventing injuries, reducing exposure to occupational and environmental risks, and promoting healthy communities. To accomplish these goals, Fellows are trained to use multiple intervention strategies with a focus on population-based health improvement.

Over the next five years, the Wisconsin Population Health Service Fellowship will expand training in underserved communities and will further integrate medicine with population health training. Strategies include retaining Fellow positions for preventive medicine residents and creating shared learning opportunities among Fellows and medical/public health students. The Fellowship program will also partner with the UWSMPH Public Health and Primary Care Innovations in Medical Education initiative (PRIME) that trains physicians to incorporate health promotion and disease prevention into practice. This will encourage important exchanges of current issues, challenges and solutions in medicine and public health.

Evaluation

The WPP has made a significant commitment to evaluating its grantmaking and determining the long-term contributions of funded programs—while guided by the framework on page 6. Evaluation efforts will improve the process for awarding funds and supporting grantees. In addition, evaluation will offer ways to increase effectiveness and achieve even greater impact.

The WPP bases the evaluation strategy on a framework that responds to the WPP’s accountability, stewardship and strategic needs and can evolve as needed. Moreover, the process will allow stakeholders to receive program updates in a timely manner. The WPP will measure progress and impact at three levels, which are outlined below (Figure 4).

Monitoring Individual Grants

The WPP staff will continue to monitor individual grants throughout the funding period to ensure compliance and progress toward stated goals. WPP staff hosts an orientation with each new grantee to ensure full understanding of all policies and procedures. The Oversight and Advisory Committee (OAC) or the Partnership Education and Research Committee (PERC) review any individual grants with significant issues. Final outcome reports summarize the relevance and primary outcomes of each project.

Evaluating Grant Program Categories

To understand the full impact of funding strategies, and to improve program management, each of the WPP’s program categories will be evaluated separately. The evaluation involves quantitative and qualitative data collection and analysis, augmented by interviews and surveys of past grantees.

Specific evaluation areas of interest are noted below.

Community Partnerships: Evaluation will focus on themes surrounding sustained partnerships between communities and faculty from UW-Madison and other UW Systems schools; increased community capacity; the ability to sustain and expand successful programs; the dissemination of knowledge; and improvements in community and population health.

Research Initiatives: Themes explored through evaluation include development of new interdisciplinary collaborations, creation and dissemination of new knowledge, career advancement of new investigators, and leveraging of resources.

Education and Training: Evaluation will assess progress in the transformation to an integrated School of Medicine and Public Health. The evaluation will also measure the needs, capacity and leadership of Wisconsin’s public health workforce in areas such as program planning, implementation, evaluation, advocacy and policy.

Strategic Initiatives: Strategic initiatives—such as the Obesity Prevention Initiative and the Lifecourse Initiative for Healthy Families—have comprehensive evaluation plans based on specific goals and outcomes. The WPP will assess progress and will revise strategies and funding decisions if needed.

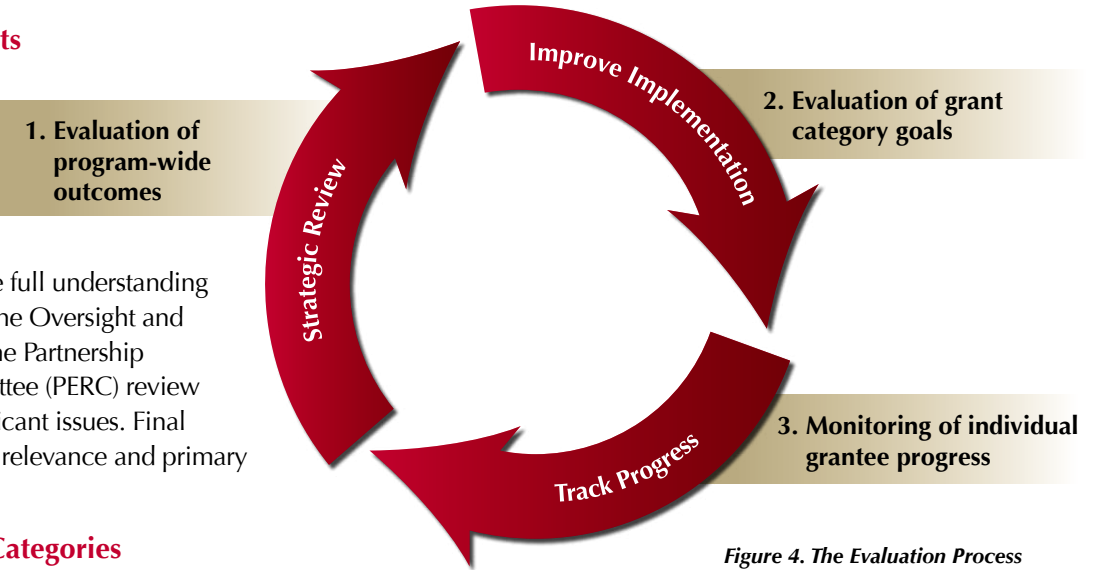


Figure 4. The Evaluation Process

Program-Wide Evaluation

Program-wide evaluation assesses the WPP’s progress towards achieving the overall vision, mission, strategies and outcomes enumerated in the Five-Year Plan Framework (page 6). The WPP will continue to rely on data from the Making Wisconsin the Healthiest State project in order to assess progress toward health improvement. According to this framework, health improvement has several corollaries, including reducing overall mortality, morbidity or health disparities, and improving quality of life. This project tracks proven policies, recommends the most effective interventions and highlights areas requiring further research.

Monitoring and measuring impact at all stages of grantmaking will allow the WPP to track progress, improve programs and inform future funding decisions in order to provide the greatest benefit to the state. Annual reports will provide results and updates from the previous year’s evaluation efforts, such as ways to provide greater accountability as a means of effective stewardship.

Program and Financial Management

Policies and procedures related to management and stewardship of WPP funds are governed by the following foundation documents: the Insurance Commissioner’s Order of March 28, 2002; the Grant Agreement between the Wisconsin United for Health Foundation, Inc. (WUHF), the University of Wisconsin Foundation, and the University of Wisconsin System Board of Regents, dated March 24, 2004; and the current Five-Year Plan.

Program Management

The administrative staff of the WPP provides a full range of services—advising on program direction, supporting applicants and grantees, monitoring grants, assessing progress and ensuring compliance with the WPP’s requirements and responsibilities. Led by a director, the WPP staff also benefits from significant in-kind program support from the administration and staff of the UWSMPH and UW-Madison.

This support from UWSMPH administration also has held administrative costs in 2012 to approximately 5 percent of total grant awards, or .32 percent of the total endowment as of December 31, 2012. (Administrative costs are funded from the two accounts of education and research, and public health—65 percent and 35 percent, respectively.)

The WPP is mindful of its roles involving exemplary financial stewardship and return on investment. The administrative budget, including staffing and other expenses, is monitored monthly by the director and reviewed and approved annually by the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC).

University of Wisconsin Foundation Policies and Investments

The University of Wisconsin Foundation (UWF) manages the investment of all funds for the WPP. As required, separate accounting is maintained for both the public health and the education and research components of the program. For investment purposes, the funds are divided between the Expendables Portfolio and the Endowment Portfolio of UWF. Each portfolio is invested following the policies and allocation guidelines of UWF.

Consistent with the Order and Grant Agreement, WPP funds received from WUHF are treated as a permanent endowment. This means the original principal transfers of \$266,598,534 in 2004 (\$30,000,000 of the original transfer was not endowed) and \$15,229,208 in 2007 must be

maintained in perpetuity. These funds have been invested in the Endowment Portfolio.

The Endowment Portfolio is invested in a global mix of equity-like assets (a target allocation of 75 percent of the portfolio and includes private equity investments and real estate) and fixed-income assets (a target of 25 percent of the portfolio). Given this asset allocation, the Foundation board has set a long-term expected return of 7.1 percent for the Endowment Portfolio. This is lower than the expected return several years ago due to the unusually low interest rate environment and the consequent conservative assumptions made about fixed income returns. Actual performance will of course vary greatly around the expectation in any given year, subject to the variance of the market.

The current UW Foundation income distribution policy calls for the distribution of 4.5 percent of the endowment balance based on the average value of the pool over the past 16 quarters. In addition, the Foundation charges a 1 percent expense recapture on the endowment pool up to a balance of \$250 million and a 0.7 percent on balances beyond that level. In a year when the endowment pool earns its long-term expected return, the pool would grow by 1.6 percent—which at present is what is required to roughly keep up with inflation and preserve the real purchasing power of the endowment. Since its inception in 2004, the WPP has received \$282 million in endowed funds. As of June 30, 2013, the total value of the funds in the Endowment Portfolio has grown to \$338 million (including \$20 million in distributed funds that are invested in the Endowment Portfolio). So even through a financial crisis of historic proportions, the purchasing power of the endowment has been preserved. Specific information regarding the UWF endowment is available at www.supportuw.org/publications/endowment-report/.

Wisconsin Partnership Program
Value of Funds Held at the University of Wisconsin Foundation

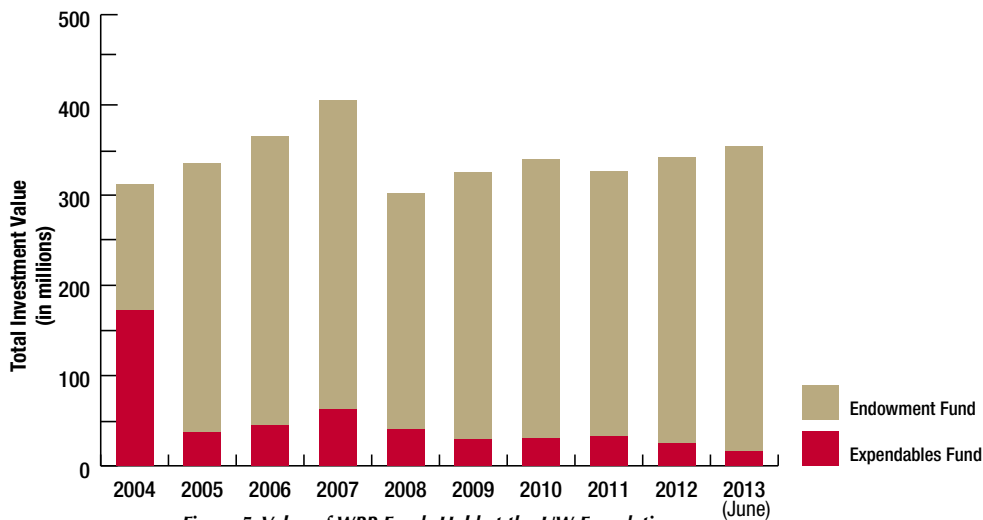


Figure 5. Value of WPP Funds Held at the UW Foundation

Income made available to spend from the income distribution policy described previously may be invested in the Expendables Portfolio and/or the Endowment Portfolio, while the original principal and undistributed returns are invested only in the Endowment Portfolio. The objectives of the Expendables Portfolio are to preserve principal and provide short-term interest on funds until they are expended. Leadership of the UWSMPH and the WPP determine whether some of the annual 4.5 percent income distribution should be kept in the Endowment Portfolio for a period of time so that those funds can continue to receive the higher returns expected from that portfolio. When the funds are needed for program awards, they are transferred to the Expendable Portfolio. In this way, the WPP seeks to obtain higher returns on the annual income distribution funds, while meeting its commitments to funded programs. These decisions are discussed with both the OAC and PERC.

Figure 5 shows the total value of funds invested at UWF, including the breakdown of funds between the Expendables and Endowment Portfolios. Specific items to note include:

- During the first year of the program, the investment of funds into the Endowment Portfolio was made during four quarters following a dollar-cost-averaging model. The chart reflects the lower level of funds in the Endowment Portfolio at that time.
- The chart shows an increase in the Expendables Fund in 2007 and June 30, 2008, of approximately \$15 million. This reflects the 2007 funding from WUHF which was subsequently invested in the Endowment Fund.
- The decision to invest income available to spend in the Endowment Portfolio was made in late 2012 with \$10 million being invested in 2012 and an additional \$10 million in early 2013.
- The total investment value dropped considerably from 2007 to 2008, reflecting the dramatic decline in the stock market, and has now returned to a level of approximately \$350 million.

The UW Foundation pays management fees to external asset managers and records its revenues net of these fees. In addition, the Foundation assesses an expense recapture fee of 1 percent of endowed funds to finance its internal operations. In 2011, the Foundation modified its policy regarding the investment recapture fee, to be implemented effective January 1, 2012. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above \$250,000,000 per account. For purposes of this fee, all WPP endowment investments are treated as one account and the WPP began experiencing this lower fee in 2012. The Dean of the UWSMPH has decided that the savings from this fee reduction are allocated fully to the OAC.

Spending Policy

The WPP has experienced a number of different investment and spending cycles. In the early years, investment returns were good and the program was ramping up its award process so available funds exceeded awards, producing a significant balance of expendable funds. The program began increasing awards which was immediately followed by a period of significant investment losses. This resulted in a brief halt in new awards and reductions to the funding of existing awards. The program then maintained a balance where award amounts were based on expected available income. The balance of funds available for expenditure has again increased and the OAC and PERC will be making awards in excess of anticipated income in 2013 and 2014, while still maintaining a reasonable balance of available funds in the event of another significant market decline.

The current income distribution policy of the UW Foundation is to distribute 4.5 percent of the endowment balance based on the average value of the pool over the past 16 quarters. This decision sets the annual amount of funds to be released from the endowment for expenditure. The OAC and PERC make annual decisions on spending based on the overall available funds. When funds are available from prior annual income distributions and their earnings, the WPP may make awards at a higher level to maximize impact. In no circumstance will the corpus of the endowment be spent down.

In 2013, the OAC and PERC are anticipating making awards that will exceed 4.5 percent of endowed funds to gradually decrease the level of available funds that have accumulated from past income distributions and their earnings. The higher level of awards will remain in place until the balance of available funds from prior income distributions and their earnings is reduced to an appropriate level. The WPP will monitor the spending policy closely and may limit spending to less than 4.5 percent of endowed funds if a decline in investment returns indicates that this would be prudent.

The program will continue to preserve assets for future funding while addressing the pressing public health issues facing Wisconsin.

Distribution and Allocation of Funds

Throughout the WPP’s history, the allocation of funds has been 35 percent public health and 65 percent medical education and research. The WPP has divided all funds received from the WUHF into distinct accounts using this ratio. The value of the permanently endowed accounts also reflects this ratio and will do so unless the allocation is changed. The total balance of funds (endowment and available for spending) will not reflect this exact ratio as the spending of available funds is not identical between the public health and medical education and research initiatives. Additionally, the reduction in the UW Foundation expense recapture fee is allocated entirely to the OAC as noted above.

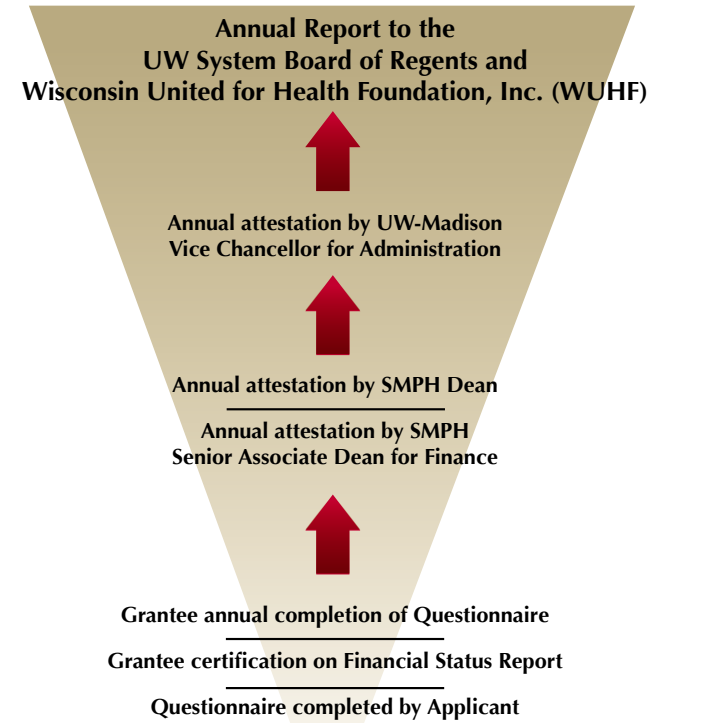
Annual Budget

Consistent with the spending policy, both the OAC and PERC develop and approve annual budgets, which determine the number and size of awards. These budgets are based on the anticipated available funds and incorporate existing commitments. In addition, the administrative budget undergoes an annual review and approval process by both the OAC and PERC. This budget is then allocated to each committee based on the existing allocation of funds, which is currently 35 percent/65 percent.

Supplanting Policy

The Order includes a prohibition of using the WPP funds “to supplant funds or resources that are available from other sources.” This non-supplanting provision remains a key requirement of the entire program and of all its grantees (Figure 6). A monitoring system has been developed to make sure these funds are not used to replace existing funds, whether at the level of the University of Wisconsin or of an individual grant recipient.

To insure compliance at the University and the UWSMPH levels, annual written fiscal attestations are required of the Vice Chancellor for Administration of UW-Madison, the Dean of the UWSMPH and the Senior Associate Dean for Finance of the UWSMPH. These statements are included in the annual report of the WPP presented to the UW System Board of Regents and WUHF. Individual grant recipients are required to complete questionnaires when applying for funds and with each annual funding cycle, as well as attest to non-supplanting as part of their financial reports. During the first 10 years of the WPP, the non-supplanting policies have been continuously clarified and strengthened. The WPP monitors the effectiveness of the policies on an ongoing basis and will continue to revise these policies as needed to insure compliance.



Financial Monitoring and Reporting

Since its inception, the WPP has strived to create a responsible and transparent reporting process that meets the requirements of both the Order and Grant Agreement. Key elements have included separate financial and accounting for the funds of the program at both UW-Madison and the UW Foundation. The WPP also has maintained separate accounts for the public health and medical education and research allocations of the program.

To monitor individual awards, a series of financial reports is periodically completed by grant recipients. These reports are reviewed by staff and reported in aggregate to the OAC and PERC. Any questions raised by the reports are investigated by staff. Should a significant question of compliance or appropriateness arise, staff reports the issue to the OAC or PERC as appropriate. Along with the recipient prepared reports, information on PERC grant expenditures is fully available to the program and the Fiscal Affairs Department of the UWSMPH. To better monitor external grant recipients of the OAC, the WPP has begun a periodic review process using an external accounting firm. The WPP selects external grant recipients for review. The external accountants provide a summary of their findings to the WPP for each grant being reviewed.

The WPP has prepared an annual financial report for each year of its existence. The report, incorporated into the WPP’s annual reports, encompasses the investment activity from UWF as well as the expenditure activity from UW-Madison. The annual report is approved by the OAC and PERC and sent to the UW System Board of Regents. After acceptance by the Regents, it is forwarded to WUHF for review and public comment.

As prescribed by the Order, the WPP undergoes periodic program and financial audits at least every five years. In 2009, the UW Foundation and the UWSMPH underwent financial reviews by Grant Thornton and the State of Wisconsin Legislative Audit Bureau, respectively. In addition the WPP underwent a program evaluation by the Legislative Audit Bureau which issued Report 10-6 in May of 2010 and a review of selected projects, Report 10-7, also in May 2010.

Assessment of the Allocation between the Public Health and Education and Research Components

The OAC has the authority under the Order to increase or decrease the 35 percent of funds allocated for public health. As stipulated by the Order, a change in the allocation requires a two-thirds vote of all members of the OAC at the time of approval of the Five-Year Plan. The process has been reported each year in the annual report and will be continued in future annual reports.

In October of 2013 the OAC voted to maintain the 35 percent/65 percent allocation for the subsequent 12 months.

Committee Memberships

Oversight and Advisory Committee (OAC) Members

- Health Advocate Appointees**
Katherine Marks, BA
Wisconsin Women’s Business Initiative Corporation
Category: Urban Health
Term Ends: October 2014
- Douglas N. Mormann, MS, Vice Chair
Public Health Director, La Crosse County Health Department
Category: Statewide Health Care
Term Ends: October 2014
- Greg Nycz
Executive Director, Family Health Center of Marshfield, Inc.
Director of Health Policy, Marshfield Clinic
Category: Rural Health
Term Ends: October 2016
- Kenneth Taylor, MPP, Secretary
Executive Director, Wisconsin Council on Children and Families
Category: Children’s Health
Term ends: October 2016

Insurance Commissioner’s Appointee

- Barbara J. Zabawa, JD, MPH
Whyte Hirschboeck Dudek S.C.
Term ends: March 2017

SMPH Appointees

- Philip M. Farrell, MD, PhD
Professor Emeritus, Departments of Pediatrics and Population Health Sciences
Term Ends: October 2016
- Susan L. Goelzer, MD, MS, CPE
Professor, Departments of Anesthesiology and Population Health Sciences
Term Ends: October 2014
- Cindy Haq, MD
Professor, Departments of Family Medicine and Population Health Sciences
Term Ends: October 2014
- Patrick Remington, MD, MPH, Chair
Associate Dean for Public Health
Professor, Population Health Sciences
Term Ends: October 2016
- Richard Moss, PhD (ex-officio)
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Cell and Regenerative Biology

Partnership Education and Research Committee (PERC) Members

- Richard Moss, PhD, Chair
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Cell and Regenerative Biology
- Marc Drezner, MD
Senior Associate Dean for Clinical and Translational Research
Director, Institute for Clinical and Translational Research
Professor of Medicine
- Elizabeth Petty, MD
Senior Associate Dean for Academic Affairs
Professor, Pediatrics
- Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Population Health Sciences
- K. Craig Kent, MD
Professor and Chair, Surgery
Term expires: March 2014
- James Shull, PhD
Professor and Chair, Oncology
Term ends: March 2014

Faculty Representatives

- David Allen, MD
Professor, Pediatrics
Representative: Clinical Faculty
Term expires: March 2014
- David Andes, MD
Associate Professor and Division Head, Infectious Disease, Medicine and Medical Microbiology and Immunology
Representative: Clinical Faculty
Term expires: March 2015
- Jenny Gumperz, PhD
Associate Professor, Medical Microbiology and Immunology
Representative: Basic Science Faculty
Term expires: March 2014
- Elizabeth Jacobs, MD
Associate Professor and Associate Vice Chair for Health Services Research
Medicine and Population Health
Representative: Public Health Faculty
Term expires: March 2015
- Patricia Keely, PhD
Professor, Cell and Regenerative Biology
Representative: Basic Science Faculty
Term expires: March 2015
- Tom Oliver, PhD
Professor, Population Health Sciences
Representative: Public Health Faculty
Term expires: March 2014
- D. Paul Moberg, PhD
Research Professor, Population Health Sciences
Representative: Academic Staff
Term expires: March 2014

- External Appointee**
Betty Chewning, PhD
Professor, School of Pharmacy
Representative: External Faculty
Term expires: March 2014

Oversight and Advisory Committee Appointees

- Greg Nycz
Executive Director, Family Health Center of Marshfield, Inc.
Director of Health Policy, Marshfield Clinic
Term ends: March 2014
- Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Population Health Sciences
Term ends: March 2014
- Norman Drinkwater, PhD (ex-officio)
Professor, Oncology

University of Wisconsin System Board of Regents’ Liaison

- Tim Higgins

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LIHF Program Officer
- Tonya Mathison
Administrative Manager
- Ann McCall, Graduate Student
Project Assistant
- Catherine Puisto
Administrative Assistant
- Steve Smith
Accountant

Figure 6. Non-Supplanting Policy



**School of Medicine
and Public Health**

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