

9/26/2016

BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM

- I.4. Research, Economic Development,
and Innovation Committee
- Thursday, October 6, 2016
10:45 a.m. - 12:15 p.m.
UW-Eau Claire
Davies Center, Ojibwe Ballroom (330)
Eau Claire, Wisconsin
- a. Approval of the Minutes of the August 18, 2016, Meeting of the Research, Economic Development, and Innovation Committee
 - b. The University of Wisconsin School of Medicine and Public Health: The Wisconsin Partnership Program – Acceptance of the 2015 Annual Report
 - c. Approval of School of Medicine and Public Health Appointments to the Oversight and Advisory Committee of the Wisconsin Partnership Fund for a Healthy Future
[Resolution 1.4.c]
 - d. Creativity, Innovation, Teamwork – UW-Barron County Team Takes Top Honors at the Rube Goldberg National Competition – Led by UW Colleges Professor Christa James-Byrnes
 - e. Business and Community Mobilization – UW-Eau Claire Focus on Economic Development, Undergraduate Research and Business Partnerships: CEO panel – Led by Chancellor James Schmidt

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
WISCONSIN PARTNERSHIP PROGRAM
2015 ANNUAL REPORT**

EXECUTIVE SUMMARY

BACKGROUND

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation, and the distribution of the proceeds from the sale of stock to the University of Wisconsin School of Medicine and Public Health (SMPH) and the Medical College of Wisconsin. In accordance with the Order, 35 percent of the funds were allocated for public health initiatives and 65 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 SMPH representatives appointed by the Regents upon recommendation of the Dean of the SMPH, 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 on the funding of education and research initiatives through the Wisconsin Partnership Program's annual reports.

The 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 SMPH, to be composed of a cross-section of the faculty, representatives of the OAC, and leaders of the 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 the WUHF in March 2004. Immediately thereafter, 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, have been engaged in seeking proposals from community organizations and faculty, respectively, and in making awards in accordance with the Order, the Agreement, and the Five-Year Plan. The current Five-Year Plan (2014 – 2019) was presented to and approved by the Board of Regents in December 2013.

As required by the Order and the Agreement, the SMPH, in collaboration with the OAC, must develop annual reports on the Wisconsin Partnership Program's activities and expenditures of funds for review by the Board of Regents. At the October 2016 meeting of the Board of Regents, the Research, Economic Development, and Innovation Committee will convene to review the 2015 Annual Report of the Wisconsin Partnership Program. The Report is attached.

REQUESTED ACTION

No action required; for information purposes only.

DISCUSSION

In accordance with the Wisconsin Insurance Commissioner's Order and the Agreement, the 2015 Annual Report of the Wisconsin Partnership Program, covering the activities and expenditures from January 1, 2015, through December 31, 2015, is presented to the UW System Board of Regents. The annual report provides an overview of the Wisconsin Partnership Program's grant programs as well as a snapshot of the portfolio of projects funded by the Oversight and Advisory Committee (OAC) and by the Partnership Education and Research Committee (PERC).

2015 In Brief

The Wisconsin Partnership Program represents a far-reaching commitment by the UW School of Medicine and Public Health (SMPH) to improve the health and well-being of Wisconsin residents through investments in community partnerships, education, and research. The Wisconsin Idea—the principle that the university should improve lives beyond classrooms and research laboratories—is embodied in the activities of the Wisconsin Partnership Program (WPP) with its commitment to advancing health equity and making Wisconsin a healthier state for all. 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 provides an excellent opportunity to learn how the program is responding to Wisconsin's public health challenges through new directions, partnerships, and collaborations aimed at building healthier communities throughout the state.

Improving Health in Our Communities

In 2015, the OAC launched two major competitive community grant programs to address a wide range of health issues facing Wisconsin communities. The new funding mechanisms provide a greater focus on impact, collaboration, and sustainability and enhance WPP's ability to address large-scale health initiatives. The grant programs, Community Opportunity Grants and Community Impact Grants, were each designed with a unique purpose and scope. Eleven Community Opportunity Grants totaling nearly \$540,000 were awarded to address a wide range of topics, including obesity, alcohol and other drug abuse, child abuse, and mental health. The two-year grants span eight Wisconsin counties and were awarded to public health departments and nonprofit organizations. The Community Impact Grants support and extend innovative health projects that will affect the lives of Wisconsinites of all ages, races, and backgrounds. The

four awards each total \$1 million over five years and emphasize robust community-university collaborations.

Promoting Health Through Education and Research

The PERC addresses issues of health and health care along a continuum that spans basic, clinical, translational and applied public health research, as well as education and training. In 2015, PERC funded 13 projects through its four major grant programs. For example, four Collaborative Health Sciences Program awards in the amount of \$500,000 each addressed the following: infant health and early childhood literacy, clinical treatment of HIV, opioid misuse prevention, and antibiotic resistance. Four New Investigator Program awards in the amount of \$100,000 each addressed the following: improving ophthalmology care in rural communities, the role of dietary interventions in managing Type 2 diabetes, improving antibiotic stewardship for long-term care facility residents, and finding new treatment options targeting subtypes of colorectal cancer.

The PERC also renewed four of its long-term strategic grants: Advancing Evidence-Based Health Policy in Wisconsin, Institute for Clinical and Translational Research, Making Wisconsin the Healthiest State, and Survey of the Health of Wisconsin. These programs provide the infrastructure, data, measurements, and training to support researchers and educators who are addressing emerging health and health care needs in the state.

In addition, the PERC and OAC together remain committed to addressing two of the most challenging public health issues in Wisconsin: improving birth outcomes in the African American community through the Lifecourse Initiative for Healthy Families, and finding solutions to the obesity epidemic through the Obesity Prevention Initiative.

Impact and Learning

The WPP has made a significant commitment to evaluate the impact of awarded grants and determine the long-term contributions of funded programs. Data has been used to improve grantee progress toward outcomes and funding decisions, and to understand the portfolio of funded grants. With the addition of an evaluation position in 2015, a new framework has been developed to inform evaluative analysis and reporting at three levels: external audiences, PERC and OAC, and internal analysis and use for process improvement.

The evaluation framework has collected evidence since the inception of the WPP in 2004 of grantees' success in leveraging an additional \$322 million from extramural federal agencies and private foundations to sustain their projects.

Outcomes Report

An important component of the WPP evaluation framework is grant outcome reports on concluded projects. Grant outcome reports for the 26 projects which concluded in 2015 can be found in the Outcomes Report—a supplement to the annual report.

In closing, it is important to note that in 2015, Wisconsin Partnership Program leadership began strategic discussions regarding how to more explicitly focus on issues of health equity in order to positively impact the health of everyone in our state; especially those

populations which disproportionately experience poorer health outcomes. As part of this long-term commitment, the WPP hosted a day-long conference on September 7, 2016, that engaged national and local experts and invoked discussion about how addressing issues of health equity is a crucial part of achieving health, equity, and well-being for all residents of our state.

RELATED REGENT POLICIES

Not applicable.



2015 Annual Report

Wisconsin Partnership Program

Making Wisconsin a healthier state for all



Wisconsin
Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Message from the Dean

On behalf of the UW School of Medicine and Public Health, I am pleased to present the Wisconsin Partnership Program's 2015 Annual Report.

Founded with the vision of making Wisconsin a healthier state for all through investments in research, education and community partnerships, the Wisconsin Partnership Program continued its support of promising work in each of these areas in 2015. This report provides a snapshot of the portfolio of exciting projects across our state.

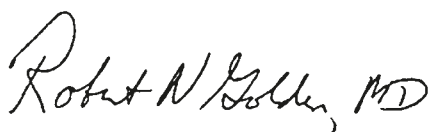
Within the following pages are stories that illustrate the Wisconsin Idea at work: groundbreaking research on the role of genetics in the diagnosis and treatment of asthma and lung disease, innovative programs for increasing the accessibility and relevance of continuing education, and strong community-academic partnerships that are applying evidence-based approaches to the obesity epidemic.

Last year marked an exciting shift in the Wisconsin Partnership Program's funding mechanisms with the launch of two new major community grant programs. The Community Opportunity and the Community Impact grant programs focus on cross-sector collaborations.

In 2015, the Wisconsin Partnership Program began to explore the best ways to incorporate the advancement of health equity as a crucial component of its vision and a framework for future investments. The Partnership Program has always strived to reduce health disparities in Wisconsin; now, we want to ensure that this commitment is explicit and focused. We will seek a balanced portfolio of long-term goals coupled with more

immediate impacts on health equity. Our new community grant programs will ask applicants to address health challenges through an equity lens. This commitment will continue to evolve in 2016 as the Wisconsin Partnership Program hosts a major conference on health equity to explore the best approaches for addressing this important issue.

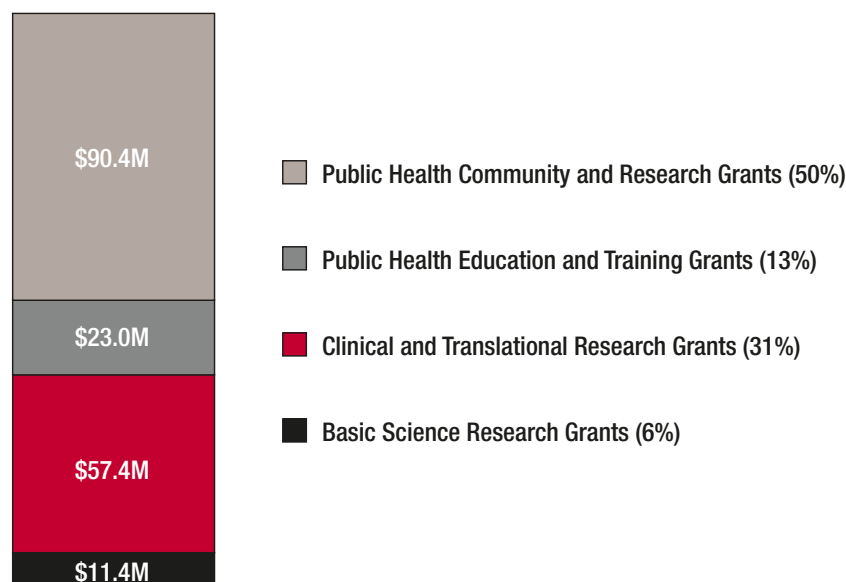
We will always be deeply appreciative of the generous endowment from Blue Cross & Blue Shield United of Wisconsin and the visionary leadership which led to the establishment of the Wisconsin Partnership Program in 2004. Our program's greatest strengths reside in the connections that are created among people and communities across the state. Whether in the laboratory, classroom or community, through investigation, dissemination or community engagement, our grantees are demonstrating remarkable levels of dedication and commitment to the advancement of health in Wisconsin. Through the growing network of partnerships and programs, we will achieve the shared vision of creating healthier communities across our state.



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



Grants Awarded by Type 2004–2015



Grants Awarded 2004 – 2015

408 grants for \$182.1 million

Grants Awarded in 2015

29 grants for \$24.7 million

Transforming Health through Partnerships

The Wisconsin Partnership Program represents a far-reaching commitment of the University of Wisconsin School of Medicine and Public Health (SMPH) to greatly improve the health of people in Wisconsin for years to come. An embodiment of the Wisconsin Idea, the Partnership Program supports research and education that goes beyond the classroom and laboratory, to benefit individuals and families throughout Wisconsin communities. The program fosters partnerships and collaboration between academic experts, researchers, public health officials, patients and community members as well as agencies, organizations and other stakeholders. These partnerships support a broad array of approaches that address health and well-being in the state and beyond.

The work of the Wisconsin Partnership Program is governed by two complementary committees. The Oversight and Advisory Committee (OAC) is charged with directing and approving funds for public health initiatives and the Partnership Education and Research Committee (PERC) supports a remarkable breadth of research and education programs that have great potential to impact the health of the people of Wisconsin.

OAC includes public representatives from urban and rural communities, an appointee from the Office of the Wisconsin Commissioner of Insurance and representatives from the UW School of Medicine and Public Health.

PERC's broad representation includes SMPH administrative leaders, department chairs and faculty representatives from both basic science and clinical departments and faculty with expertise in population health science.

Both committees provide oversight advice and programmatic balance, and emphasize innovation, creativity and excellence in processes for awarding grants and evaluating outcomes.

Improving Health in Our Communities

In 2015, the Partnership Program's Oversight and Advisory Committee launched two major competitive community grant programs to address a wide range of health issues facing Wisconsin communities. The new funding mechanisms provide a greater focus on impact, collaboration and sustainability and enhance the Partnership Program's ability to address large-scale health initiatives. The new grant programs were each designed with a unique purpose and scope.

Community Opportunity Grants Program

The Community Opportunity Grants program provides up to \$50,000 for up to two years to support implementation and evaluation strategies identified in local Community Health Needs Assessment plans and Community Health Improvement Plans as required by the Affordable Care Act (ACA) and state law. The grants program also enhances collaboration among public health departments, nonprofit organizations, hospitals, clinics, health care systems, schools, businesses and government leaders on local health priorities.

In 2015, the Wisconsin Partnership Program awarded 11 Community Opportunity Grants totaling nearly \$540,000 to address a wide range of topics, including obesity, alcohol and other drug abuse, child abuse and mental health. The two-year grants span eight Wisconsin counties and were awarded to public health departments and nonprofit organizations.



Advancing School-Based Mental Health in Dane County, a 2015 Community Impact Grant, will develop an innovative model of school-based mental health care within the Madison Metropolitan School District (MMSD). Members of the Behavioral Health in Schools Program coordination team at Schenk Elementary School include (left to right) Dr. Emmett Durtschi, Principal; Dr. Tally Moses, Academic Partner, UW-Madison School of Social Work; Tom Kaufman, Clinical Coordinator and therapist; Jeanette Deloya, Coordinator of Mental Health Supports; and Tara Schluesche, School Psychologist.

In 2015, OAC made the following Community Opportunity Grant Awards:

Understanding the Impacts of Adverse Childhood Experiences to Improve Prevention Services: <i>Central Racine County Health Department, Franksville</i>	Using data from home-visiting programs in Racine, this project will evaluate the prevalence of adverse childhood experiences and their relationship to risk factors for poor birth outcomes and child abuse and neglect.
School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth: <i>GSAFE, Madison</i>	Through this project, select school districts will receive technical assistance to implement gender-inclusive student non-discrimination policies.
Jackson County Drug-free Communities Initiative: <i>Jackson County Health Department, Black River Falls</i>	The project will enhance systems coordination among alcohol and other drug abuse services in Jackson County to reduce the harmful consequences of drug use, abuse and addiction.
Improving Early Childhood Comprehensive Systems: <i>Kenosha County Division of Health, Kenosha</i>	Mental health providers and stakeholders will be equipped with screening tools and information to build trauma-informed practices into the system of care in Kenosha and mitigate toxic stress in the social-emotional development of children from birth to age 5.
Improving the Health Status for Amish and Mennonites in Western Wisconsin: <i>La Farge Medical Clinic, Vernon Memorial Healthcare Foundation, La Farge</i>	This project aims to improve health literacy among Amish and Mennonites while collaborating with UW-Madison partners for the provision of specialized care services for children with complex genetic and metabolic disorders.
Lifestyle Initiative for Fitness Empowerment (LIFE) Foundation: <i>Cross Plains</i>	This project will implement two evidence-supported strategies designed to increase physical activity and improve community access to nutritious foods.
Healthy People Lincoln County: “Problems Can Be Solved in the Garden”: <i>Lincoln County Health Department, Merrill</i>	Workshops, education classes and mentoring programs will give community members the knowledge, skills and tools to change behaviors and increase healthy food consumption.
5210 Across Dane County: <i>UnityPoint Health-Meriter, Madison</i>	The 5-2-1-0 evidence-based educational project will support primary care providers with a framework to effectively communicate with their patients and families about healthy behaviors: 5 fruits and vegetables per day, 2 hours or less of screen time, 1 hour of daily physical activity and 0 sugary drinks.
Healthier Together Pierce and St. Croix Counties Enhancing School Physical Activity: <i>Pierce County Health Department, Ellsworth</i>	This project will provide technical assistance, training and resources to implement the Wisconsin Department of Public Instruction's Active Schools: Core 4+ strategies to create sustainable changes in student physical activity.
Providers and Teens Communicating for Health (PATCH) Program – Milwaukee: <i>Wisconsin Alliance for Women's Health, Madison</i>	This project seeks to empower Milwaukee teens to speak openly with health care providers about sensitive topics such as sexual health, mental health, drug and alcohol use, relationships and safety.
Perinatal Smoking Cessation Services – Northwest Wisconsin: <i>Wisconsin Women's Health Foundation, Madison</i>	Through this project, pregnant women will have access to home visits and tele-counseling services to encourage a smoke-free home and to increase the likelihood of maintaining smoke-free status at six months postpartum.

Community Impact Grants Program

The Partnership Program’s Community Impact Grants program is designed to address the overall health, health equity and well-being of Wisconsin communities through support for large-scale, evidence-based, community-academic partnership initiatives. These partnerships require substantial community engagement to achieve sustained policy, system and environmental change, and must be supported by robust evaluation and effective dissemination.

In 2015, the Wisconsin Partnership Program awarded four Community Impact Grants that support and extend innovative health projects that will affect the lives of Wisconsinites of all ages, races and backgrounds. The new awards each total \$1 million over five years, and bring robust community-university collaborations.

Photo by Community Groundworks



The Cultivate Health Initiative, a 2015 Community Impact grant, will develop the Wisconsin School Garden Network, which will provide technical assistance and direct support to 200 educational gardens throughout Wisconsin.

In 2015, OAC made the following Community Impact Grant awards:

Cultivate Health Initiative (CHI): Growing the School Garden Network	The Cultivate Health Initiative (CHI) will develop the Wisconsin School Garden Network in five regions of Wisconsin. It will provide direct technical assistance to 200 educational garden program sites and support to more than 2,000 educators to reach a diverse population of 90,000 children in both urban and rural settings.
Improving Assisted Living Quality Through Collaborative System Change	This grant will expand the reach of an existing quality-improvement coalition formed in 2009 to help these communities share information and assess their progress toward quality-improvement goals.
From Punishment to Restoration: Reimagining Criminal Justice to Improve the Health of Wisconsin’s Families and Communities	This project aims to improve population-level health in Wisconsin by changing re-entry processes when incarcerated individuals are re-integrated into society.
Advancing School-Based Mental Health in Dane County	The Advancing School-Based Mental Health in Dane County project will work toward the goal of improving the well-being and school performance of students with mental health concerns by refining an existing pilot model of integrated mental health services.

Creating a Healthier Hometown

The LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation, a grassroots nonprofit organization in Cross Plains, WI, was awarded a Community Opportunity Grant in 2015 to improve health for members of its rural community. Founder Jane Busch, a lifelong resident of Cross Plains, academic partner Daniel Jarzemsky, MD, a physician at the UW Health Cross Plains Clinic, and the LIFE Foundation are employing two key strategies to achieve their goal.

The *Empower Social Support* strategy is comprised of the Empower program and a Step Up walking club. The Empower Program is a healthy lifestyle program within a social support network.

The biweekly Empower Adults support group offers weigh-ins, waist circumference measurements, group discussions, food and activity journals and presentations by wellness experts. In the first 12 weeks, the group collectively lost 297 pounds and 99.5 inches off their waists. “I’m so proud of them,” said Jane. “They are taking exercise classes, walking on treadmills, practicing portion control and using food calorie apps!”

Empower Adults promotes physical activity. “We have such a beautiful, scenic community,” said Jane, “and we’d like to see people take advantage of that.” The Step Up walking program encourages participants to use a weekly walking log and pedometer and meet for a weekly group walk.

Through the programs, participants have gained better control over their diabetes, lost weight, reduced blood pressure and for many, improved their quality of life. Empower Kids and Empower Employees are scheduled to begin later in 2016.

The project also aims to help improve nutrition in Cross Plains. The *Gardens Grow* strategy creates home, community, childcare and senior gardens to improve access to fruit and vegetables. Home gardeners receive free seeds and tips from master gardeners, and a community gardens program provides 30 garden plots at a local park. Garden beds raised to wheelchair and standing heights provide easier access at the local senior center. The child care garden program incorporates a “Read It, Grow It, Eat It” theme by working with the local library and a dietician to create healthy classroom snacks.

For Jane and Dr. Jarzemsky, their partnership represents a deep commitment to making Cross Plains a healthier place to live and work. “I truly believe that dietary modification and exercise can have a huge impact on the health of our patients and community,” said Dr. Jarzemsky. They are both grateful for the support the program has received from the Village of Cross Plains and from the businesses, organizations and community members who share their commitment to building a healthy community.



The LIFE Foundation uses a 2015 Community Opportunity grant to promote healthy living. Their Step Up walking club enjoys a scenic walk in Cross Plains, WI.

Making Strategic Investments in Health

The Wisconsin Partnership Program makes strategic infrastructure investments in programs that address the mission of improving health and well-being in Wisconsin residents through investments in research, education, prevention practices and interventions and policy development. These include the Lifecourse Initiative for Healthy Families (LIHF) and the Obesity Prevention Initiative (OPI), jointly funded by OAC and PERC.

Working Together to Fight Obesity

The Obesity Prevention Initiative was launched in 2014 to address Wisconsin's obesity epidemic. The project provides the infrastructure to bring together communities, agencies, organizations, researchers, UW faculty and other stakeholders to:

- develop a childhood obesity surveillance system
- promote statewide communications
- test and implement a community-based model for childhood obesity prevention in two Wisconsin counties

In 2015, the Initiative conducted significant research on the burden of obesity, its causes and consequences, and potential interventions, which resulted in 11 publications that were featured in the *Wisconsin Medical Journal* in 2016.

The Initiative is also developing a childhood obesity surveillance system. “Our comprehensive public health surveillance system draws on data from diverse sources including electronic health records, vital statistics, in-person surveys, school-based assessments and environmental audits,” said Sara Lindberg, OPI Program Director for Evaluation and Surveillance. “The system is the only one of its kind in the country. It will tell us where Wisconsin is now in terms of obesity and related illness, and will guide our efforts in reducing and preventing obesity in the future.”

Right: Programs within the Obesity Prevention Initiative focus on issues related to improving nutrition and physical activity in Wisconsin communities.



In 2015, healthTIDE was launched as the community engagement arm of the Obesity Prevention Initiative. healthTIDE connects partners and organizations across the state who focus on a wide range of issues related to improving physical activity and nutrition.

Marathon County and Menominee County are the two pilot communities testing models for childhood obesity prevention. In 2015, both counties worked to bring many diverse stakeholders and community partners together to understand their respective community's needs and goals.

In 2015, Marathon County focused on expanding its Healthy Eating Active Living (HEAL) Coalition as a multi-sector partnership. Its priorities include increasing access to healthy food options and creating opportunities for active living. The coalition is currently exploring access to community gardens and pedestrian infrastructure improvements.

In Menominee County, a core team of community builders identified common priorities around community cohesion, language and culture revitalization. The Menominee Nation is exploring how reclaiming their culture can restore healthier eating and physical activity. The Menominee Wellness Initiative created three areas of focus: gardening/traditional food practices, local food systems and increasing opportunity for physical activity.

In 2015, multiple Menominee communities hosted "feasts" to share traditional food and celebrate culture, language, community and health. Organizers are exploring options for organic farming and traditional gathering and harvesting of wild rice.

As a result of their efforts to understand and engage their communities, both Marathon and Menominee counties are better poised to prevent obesity and promote wellness. The lessons learned in these counties will prove extremely valuable in the expansion of the Obesity Prevention Initiative's work to other Wisconsin communities.

Left: Third graders from a Menominee elementary school carry in the weekly harvest from their indoor growing system. The system helps provide fresh produce that is used by the school's food service.



“Our culture and history are so important to our identity as a people. The feasts are a form of cultural expression that help unify our community. We are a natural people, and by rekindling our feasts we are reconnecting with our culture and working to address obesity by connecting with natural, seasonal foods.”

– Anahkwet,
Menominee Community Organizer



Volunteers in Marathon County conduct a walkability audit to study pedestrian safety and evaluate how walking – the healthy choice – is also the safe and easy choice.

Improving Birth Outcomes in Wisconsin Cities

The Lifecourse Initiative for Healthy Families (LIHF) addresses disparities in African American infant mortality and morbidity in the cities of Kenosha, Milwaukee and Racine, where 85 percent of the state's African American babies are born, and where an African American infant is three times more likely to die than a white infant. More than 20 project grants in these communities address a wide range of issues aimed at improving prenatal care, increasing family and community support and improving community conditions so that African American women and their families have healthy birth outcomes.

Improving Mental Health and Prenatal Care

In a recent grant, *Strong Families, Healthy Homes*, the Mental Health America (MHA) of Wisconsin and academic partner Alice Yan, PhD, assistant professor of community health and behavioral health promotion at the University of Wisconsin-Milwaukee, sought to address mental health and stress among Milwaukee families in areas with the highest rates of infant mortality. The project supported pregnant African American women who had a history of mental illness or substance abuse. The women received individualized services, participated in prenatal education programs and connected with mental health providers. Program results showed that participants' babies were born at healthy birth weights and that the women felt an increased sense of control over their lives.

Increasing Family Support

The Kenosha *Fatherhood Involvement Planning Project*, a partnership between the Racine Kenosha Community Action Agency (RKCAA) and academic partner David Pate, PhD, associate professor of social welfare at UW-Milwaukee, recognized the importance of reaching out to individuals who are close to new and expectant mothers. The RKCAA worked through their supplemental nutrition program for Women, Infants and Children (WIC) to engage new and expectant fathers when they visited the Kenosha WIC office. The project surveyed and conducted focus groups with men to better understand their needs and then piloted strategies to include fathers in programming activities. The project team then developed a comprehensive Father Involvement Model that increases father participation in WIC-related activities and links fathers to additional programming and support services. The Racine Family YMCA provided training to RKCAA staff on how to implement the Nurturing Father Program, a promising practice designed to teach parenting and nurturing skills to men.

Improving Community Conditions

LIHF project grants also address community conditions that impact family health and birth outcomes. *Reducing African American Infant Birth Disparities Through Decreased Prison Recidivism and Increased Living-Wage Employment of Mothers and Fathers* is a community partnership between the Racine Vocational Ministry and academic partner Helen Rosenberg, PhD, professor of sociology and anthropology at the University of Wisconsin-Parkside. It addresses the problem of repeat offenses as they

relate to family economic stability and poverty in Racine. "It is our belief that as income improves and families are kept together, chronic stress levels will diminish and, in the process, reduce the high infant mortality and low birth outcomes experienced in our target neighborhoods," said James Schatzman, founder and executive director of the Racine Vocational Ministry. This project provides returning African American ex-offenders and their families with life skills development, job training, job placement and employment and educational support.

"Infant mortality rates are a powerful reflection of the health of a community," said Deborah Ehrenthal, MD, MPH, associate professor of obstetrics and gynecology at the UW School of Medicine and Public Health and faculty director of the Lifecourse Initiative. "Poverty, race, stress and environmental factors are a few of the many determinants that impact the health of a mother and her child," she said. Through the Lifecourse Initiative, community collaboratives and projects focus on improving health care, increasing family and community support and improving community conditions to positively impact birth outcomes. The program's surveillance and evaluation efforts guide the initiative as it assesses its overall impact in reducing African American infant mortality in Wisconsin.

In 2015, the following LIHF project was funded:

<p>Lifecourse Initiative for Healthy Families – Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS)</p> <p>Principal Investigator: Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology, UW School of Medicine and Public Health</p> <p>Amount: \$209,950</p>	<p>PRAMS supplements birth certificate and hospital data by surveying mothers about their health and health-related behaviors before, during and after pregnancy. This award allows PRAMS to continue oversampling of African American women in the LIHF counties of Kenosha, Milwaukee, Racine and Rock.</p>
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In 2015 a LIHF Project Grantee Forum was held at the Zilber School of Public Health at UW-Milwaukee. The forum provided project grantees an opportunity to share lessons learned and strengthen connections.

Promoting Health Through Education and Research

The Wisconsin Partnership Program's Partnership Education and Research Committee (PERC) addresses issues of health and health care along a continuum that spans basic, clinical, translational and applied public health research, as well as education and training. In 2015, PERC funded 13 projects through its four major grant programs.

Collaborative Health Sciences Program

The Collaborative Health Sciences Program provides up to \$500,000 over three years to support the efforts of established SMPH investigators to initiate new programs of collaborative, interdisciplinary research and education aimed at addressing public health issues that have not yielded to traditional approaches.

In 2015, PERC made the following awards:

Big Data for Little Kids: The Impact of Prenatal Interventions on Birth Outcomes and School Readiness

Principal Investigator: Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology

This project will assess data in five Wisconsin counties with the greatest health and educational disparities to better understand the impact of prenatal programs on infant health and early childhood literacy. Ultimately the goal is to inform strategies to reduce racial disparities in preterm delivery and adverse infant health outcomes.

Paradigm Shifting, High Throughput Assay for Serial Quantification of HIV Reservoirs

Principal Investigator: Robert Striker, MD, PhD, Department of Medicine

Better clinical treatment and a potential cure for HIV resides in shrinking or eliminating the reservoir of long-lived infected immune cells which replicate the virus just days after therapy is stopped. This project will develop and validate an automated, affordable assay to measure the size of the reservoir. By helping researchers gain a mechanistic understanding of how reservoirs grow and shrink, this assay represents a critical step forward in HIV treatment and in ultimately finding a cure.

Screening in Trauma for Opioid Misuse Prevention (STOMP)

Principal Investigator: Randall Brown, MD, PhD, Department of Family Medicine and Community Health

This project will pilot a screening tool to assess patient risk of opioid misuse and is expected to result in better screening and early intervention, ultimately reducing opioid misuse, addiction and overdose deaths.

Winning the War on Antibiotic Resistance in Wisconsin: The WARRIOR Study

Principal Investigator: Nasia Safdar, MD, PhD, Department of Medicine

This project explores how the diversity of organisms in the gastrointestinal tract, or gut, play a role in preventing antibiotic resistant infections including multidrug resistant organisms (MDRO) and if diets high in fiber can lead to lower MDRO colonization. The project will collect detailed health information using the Survey of the Health of Wisconsin (SHOW) and ultimately aims to reduce the number of MDRO infections in Wisconsin and beyond.

New Investigator Program

The New Investigator Program provides opportunities for early-career SMPH faculty to initiate new, innovative pilot projects that, if successful, can lead to more substantial support from federal and other granting agencies.

In 2015, PERC made the following awards (typically \$100,000 over two years)

<p>Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings</p> <p>Principal Investigator: Yao Liu, MD, Department of Ophthalmology and Visual Sciences</p>	<p>This project will expand the use of telecommunications for eye care delivery to increase access to screening and improve eye screening rates in underserved, rural Wisconsin communities. It will test interventions to overcome identified barriers to tele-ophthalmology in order to reduce vision loss from diabetic retinopathy in communities that have limited access to eye screening.</p>
<p>Improved Glycemic Control Through Reduction of Specific Dietary Amino Acids</p> <p>Principal Investigator: Dudley Lamming, PhD, Department of Medicine</p>	<p>The project aims to better understand the impact of the amino acid composition of the diet on glycemic control, metabolism and weight gain, and examine the potential efficacy of altered dietary amino acid intake as a sustainable intervention to improve blood sugar levels and minimize weight gain.</p>
<p>Improving Antibiotic Stewardship for Long-Term Care Facility Residents Treated in the Emergency Department</p> <p>Principal Investigator: Michael Pulia, MD, Department of Emergency Medicine</p>	<p>This project aims to create a model of antibiotic use by identifying key stakeholder perspectives on appropriate care of long-term care facility (LTCF) residents treated in the emergency department (ED). The findings will inform a refined antibiotic stewardship ED intervention that improves antibiotic use for LTCF patients.</p>
<p>Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer</p> <p>Principal Investigator: Dustin Deming, MD, Department of Medicine</p>	<p>This project aims to advance treatment options for patients with colorectal cancer. It uses innovative methods to investigate combinations of directed therapies to target subtypes of colorectal cancer. These novel combinations will likely be more effective and better tolerated than standard cytotoxic chemotherapy regimens and may hold promise for applicability across other cancer types.</p>

Education and Research Opportunity Grants

Education and Research Opportunity Grants provide pilot funds of up to \$150,000 over two years to jump-start innovative projects that have the potential for transformative impact on health.

There was one award in 2015:

<p>Engaging Clinicians in Online Social Learning to Close Knowledge Gaps in Community Health: Pilot Focus on Obesity and Mental Health Care</p> <p>Principal Investigator: Elizabeth Petty, MD, SMPH Academic Affairs</p>	<p>My Lifelong Learning Online Communities (MyLLOCs) seeks to create an innovative interactive e-learning program that combines online social learning modalities with traditional e-learning formats in order to improve access to high-quality and innovative interprofessional continuing education activities for primary care and other community-based health care providers across Wisconsin.</p>
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Strategic Education and Research Grants

Through its Strategic Education and Research Grants program, the Wisconsin Partnership Program provides significant levels of funding, sometimes over long periods of time, to selected investigators with relevant expertise to establish new initiatives aimed at addressing emerging health and health care needs in the state.

There were four awards in 2015:

Advancing Evidence-Based Health Policy in Wisconsin Principal Investigator: Karen Timberlake, JD, Department of Population Health Sciences	This project connects lawmakers, researchers and others in the public and private sector to advance Wisconsin’s health through two goals: provide policymakers, in both the public and private sectors, with timely, nonpartisan, high-quality information for evidence-based decision-making, and increase the involvement of UW faculty research and teaching activities in topical issues of state public policy.
Institute for Clinical and Translational Research (ICTR) Principal Investigator: Marc Drezner, MD, Institute for Clinical and Translational Research	The Wisconsin Partnership Program provides funding to ICTR to support their shared goal of improving health in Wisconsin. ICTR’s community engagement core is an important component of the Partnership Program’s commitment to community-academic partnerships aimed at improving health.
Making Wisconsin the Healthiest State Principal Investigator: Karen Timberlake, JD, Department of Population Health Sciences	The Making Wisconsin the Healthiest State project seeks to understand and improve health across Wisconsin and has three primary aims: to measure, assess and report on Wisconsin’s health and health disparities, to support local efforts in health improvement and to support statewide impact on policy, systems and environmental changes for health.
Survey of the Health of Wisconsin (SHOW) Principal Investigator: Paul Peppard, PhD, Department of Population Health Sciences	SHOW is a novel program for monitoring population health. It gathers information about the health of state residents living in both urban and rural areas and offers new opportunities for epidemiologic and translational health research and policy development.

Zooming in on Childhood Asthma

In Wisconsin, 14 percent of adults and 10 percent of children have been diagnosed with asthma, and asthma visits to the emergency room alone cost more than \$23 million annually. Researchers at the University of Wisconsin continue to build on a strong tradition of excellence in research aimed at improving treatment for patients with asthma.

In 2005, Dr. Xin Sun, professor of medical genetics at the UW School of Medicine and Public Health, received a New Investigator Program award from

the Wisconsin Partnership Program. The goal of this project was to better understand the molecular and genetic mechanisms involved in lung formation and lung diseases like asthma and cancer. “The New Investigator award gave me the boost I needed to begin to study this vital organ,” said Dr. Sun. Her findings helped lay the groundwork for future research and funding into the treatment of lung disease, and set her on a trajectory toward novel discovery.

In 2014, Dr. Sun received her second award from the Wisconsin Partnership Program. *Zooming*

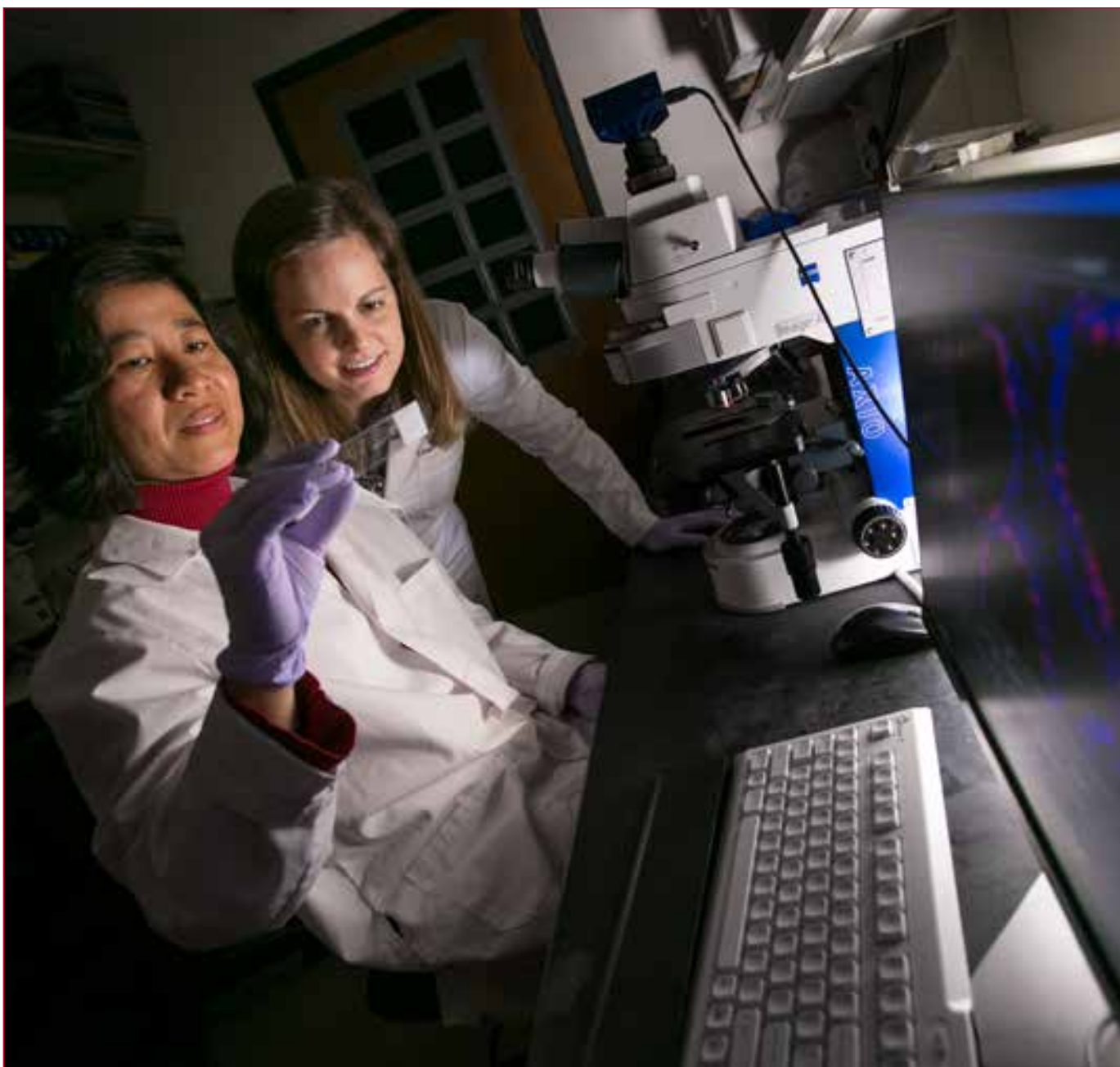
in on Childhood Asthma: Disease Causality and Personalized Medicine, a Collaborative Health Sciences Program award set out to first pinpoint the genes that cause asthma, then determine how abnormal function of these genes leads to asthma in distinct gene-specific ways. Ultimately, the goal is to use the new causal genes as guides to treat asthma on a patient-specific basis.

The goals of this study were based on the findings of the Childhood Origins of ASThma (COAST) study, one of the largest and longest-running asthma birth cohort

studies in the nation, led by Drs. Robert Lemanske and James Gern, professors of pediatrics and medicine at the UW School of Medicine and Public Health. The study established a novel example of gene and environment interactions that are important in the causes of asthma. “Now our goal is to map the genetic differences in people with asthma and those without it,” said Dr. Sun. “We know there are many variants and we need to determine if these mutations are causing asthma.” The study investigates individual gene function in the lung when the gene is altered. The findings can help determine how to treat different types of asthma.

During the study, Dr. Sun and her team made an unexpected breakthrough when they found that an uncommon and little-studied type of cell in the lungs acts like a sensor, linking the pulmonary and central nervous systems to regulate immune response in reaction to environmental cues. The cells, known as pulmonary neuroendocrine cells (PNECs) are associated with a wide range of human lung diseases, including asthma, pulmonary hypertension, cystic fibrosis and sudden infant death syndrome. “These cells make up less than one percent of the layer of cells that lines the respiratory tract,” said Dr. Sun, “but our findings conclude that they are capable of receiving, interpreting and responding to environmental stimuli such as allergens or chemicals mixed with the air we breathe.” This discovery may provide insights for new treatment options for a wide range of serious lung diseases.

Right: Dr. Xin Sun (left) and post-doctoral fellow Dr. Leah Nantie



Combatting Infectious Disease

A project funded by the Wisconsin Partnership Program brought together campus basic scientists and clinical infectious disease and population health faculty to focus on translating new discoveries into clinical advances aimed at reducing the threat of infectious disease.

The project created the Wisconsin Center for Infectious Disease (WisCID) to investigate microbiological areas of public health importance and translate the research findings into new treatments and preventive measures in response to the alarming rise of drug-resistant infections.

Infectious disease is the second leading cause of death worldwide and new threats from disease-causing, antibiotic-resistant micro-organisms are occurring at an alarming rate. Dr. Bruce Klein, professor of pediatrics and medical microbiology and immunology and principal investigator of WisCID said, “The virtual

Center was designed to integrate what at the time of the award were fragmented efforts of outstanding campus physicians and scientists to allow them to better apply the tools of microbiology, immunology and public health to combat these threats.”

The Center’s main goal was to foster interdisciplinary research and training in microbiology and infectious disease that promoted discovery and translated into public health benefits. WisCID was especially successful in fostering new collaborations and extramurally funded research in antimicrobial drug discovery, symbiosis (beneficial microbiology) and immunity and inflammation.

WisCID fostered many collaborations and initiatives including a pilot project grant program that leveraged additional funding within its first year. One of the projects, led by Dr. Tony Goldberg, professor of pathobiological sciences at the University of Wisconsin School of Veterinary Medicine, investigated novel tools for viral discovery and pandemic prevention.

WisCID was also successful in supporting training in microbiology and infectious disease. The Center provided learning opportunities for 40 pre- and post-doctoral trainees. Post-doctoral student Grisha Chen focused his research on understanding strategies that bacterial pathogens use to survive inside mammalian cells and cause disease.

“WisCID was successful in achieving its goals,” said Dr. Klein. “The project fostered new collaborations and extramurally funded research, expanded training opportunities through funding of Microbes in Health and Disease, a National Institutes for Health (NIH) supported training program, and provided a pre- and post-doctoral training program.”

The project’s focus on drug discovery was particularly successful and helped leverage a five-year, \$16 million NIH Center for Excellence in Translational Research (CETR) grant at UW-Madison focused on anti-microbial drug discovery.

WisCID Helps Leverage Funding for New Research

The Wisconsin Center for Infectious Disease (WisCID), funded by the Wisconsin Partnership Program, helped leverage a five-year \$16 million National Institutes of Health (NIH) Center for Excellence in Translational Research (CETR) grant at UW-Madison. The grant aims to find new sources of antibiotics to combat the rising number of dangerous and deadly antibiotic-resistant infections.

A multidisciplinary team of researchers led by Dr. David Andes, professor of medicine and division chief of infectious diseases, is using this funding to

study natural products from microbes isolated from insects and marine animals for antibiotic development.

“Our team has developed a completely new model for anti-infective drug discovery,” Dr. Andes said. “We have developed novel ways of finding new antibiotics and testing them rapidly. It’s a fresh approach catalyzed by complementary input from basic and physician scientists, microbiologists, chemists and pharmacologists who are thinking about the same thing.”

The team is looking at two groups of relevant microbes: fungi associated with infections in

immunocompromised patients like cancer and transplant patients, and the bacteria responsible for the majority of U.S. hospital infections. “There are patients in almost every hospital with infections that have absolutely no treatment options,” said Dr. Andes. But the team is seeing promising results. “We’ve been finding large numbers of new compounds at a rate greater than what the pharmaceutical industry ever did,” said Dr. Andes.

To date, 400 novel compounds have been discovered which are being tested for development as antibiotics.



Dr. Bruce Klein and post-doctoral fellow Dr. Nydiaris Hernandez

Engaging Physicians in a Novel Approach to Continuing Education

A new project funded by the Partnership Program takes an innovative approach to making continuing education more accessible and relevant to primary care providers and community-based health care providers in Wisconsin.

The project will develop My Lifelong Learning Online Communities (MyLLOCs) an interactive e-learning program that combines online social learning modalities with traditional e-learning formats and aims to improve access to high quality and innovative interprofessional online education.



Above: Barbara Anderson (left) and Julie Martinelli of the UW SMPH Office of Continuing Professional Development prepare a content review for MyLLOC – Obesity.

Dr. Elizabeth Petty, Senior Associate Dean for Academic Affairs at the UW School of Medicine and Public Health and principal investigator of the project, recognized that not all primary care physicians or health professionals have access to high-quality, leading-edge educational opportunities. “Providers may not have the time or budget to travel to a conference,” said Dr. Petty. “Through MyLLOCs, we can make learning more accessible, affordable and convenient. Learners will be able to come together in an online space to experience the power of social learning, access content from national experts and ultimately improve the health of their patients.”

MyLLOCs uses a “Just in Time” teaching and learning strategy that provides the participant with a learning solution when and where they need it, rather than on a deferred basis.

“We asked ourselves how we could apply technology in a new way to reach primary care providers and community-based health professionals,” said Dr. Petty. “MyLLOCs will provide a streamlined format to disseminate public health information and important research findings. Participants will be able to share successful approaches and experience interprofessional networking benefits similar to those you would gain by attending a conference.”

The project will launch two pilot communities in 2016. MyLLOC-Obesity and MyLLOC-Mental Health will target two of Wisconsin’s highest priority health issues.

During the development phase, co-investigator Barbara Anderson, Director of the Office of Continuing Professional Development, and the project team will select a technology platform and collaborate with community-based content leaders and SMPH experts to design the curriculum for both pilot communities.

Content will be featured in several formats:

- Journals
- Podcasts
- Videos
- Blogs
- Interactive cases

“Learners will be able to explore strategies to apply what they’ve learned to their own practice or community by engaging with peers, asking questions and sharing outcomes within the MyLLOC,” said Anderson.

MyLLOC-Obesity and MyLLOC-Mental Health will connect health care providers around the state with colleagues facing similar challenges. “Participants will have the opportunity to move outside their clinic walls and engage with the greater health care community. Patients throughout Wisconsin will benefit through the improved care they may receive from these health care providers,” said Dr. Petty.

Partnering with ICTR to Improve Health in Wisconsin

The Wisconsin Partnership Program provides funding to the UW Institute for Clinical and Translational Research (ICTR) to support their shared commitment to community — academic partnerships aimed at improving health in Wisconsin. Grants range in focus from clinical, community and patient-centered outcomes to dissemination and implementation of evidence-based, community-driven interventions.

In 2015, the Wisconsin Partnership Program supported the following awards:

Addressing Postpartum Depression in Wisconsin Home-Visiting Programs: Dissemination/Implementation of the Evidence-Based Mother-Infant Therapy Group

Principal Investigator: Roseanne Clark, PhD, UW School of Medicine and Public Health
Amount: \$150,000

This pilot uses the evidence-based Mother-Infant Therapy Group to improve the capacity of home visiting and public health providers in Wisconsin to address mental health needs of pregnant women in underserved populations.

Barriers Faced by Caregivers Managing Older Adults' Medications in Rural Areas

Principal Investigator: Kevin Look, PharmD, PhD, UW School of Pharmacy
Amount: \$74,801

The project will examine the challenges and barriers faced by this population and identify strategies to help overcome these barriers. Ultimately the goal is to improve the safety and appropriateness of medication use by older adults in rural areas who receive assistance from a family caregiver.

Big Data for Little Kids: Establishing Population Effectiveness of Maternal and Child Health Programs

Principal Investigator: Deborah Ehrenthal, MD, MPH, UW School of Medicine and Public Health
Amount: \$75,000

This pilot will support the creation of a data system to analyze the reach and impact of Prenatal Care Coordination (PNCC), and will support future efforts to examine the impact of policies, programs and the environment on women's and children's health and children's educational outcomes.

Imaging Neuroplasticity in Mild Cognitive Impairment

Principal Investigator: Andrew Alexander, PhD, UW School of Medicine and Public Health
Amount: \$15,000

This research aims to determine whether imaging short-term neuroplasticity is predictive for individual patients of either future conversion to Alzheimer's disease or the effectiveness of cognitive training therapies.

Improving the Care of Children with Spinal Muscular Atrophy

Principal Investigator: Matthew Halanski, MD, UW School of Medicine and Public Health
Amount: \$99,645

This pilot will develop an electronic multicenter, multidisciplinary database containing validated outcome measures and clinical data to allow comparisons between different treatments and outcomes to determine optimal care for complex children as well as patient/family-entered data and quality-of-life measures to evaluate how treatments affect patient and family life. Investigators will use data and lessons learned to submit a PCORI grant to expand the database allowing clinicians to compare the effectiveness of various interventions for this population.

In-Vivo Tau Imaging in Alzheimer's Disease

Principal Investigator: Sterling Johnson, PhD, UW School of Medicine and Public Health
Amount: \$15,000

The overarching hypothesis is that the spatial pattern of tau-related pathology may explain the very earliest cognitive changes that occur in Alzheimer's disease. The objective of the pilot is to validate a new tracer of tau pathology known as [F-18]THK5117.

<p>My Life, My Dialysis Choice: A Decision and Patient/Nephrologist Communication Tool</p> <p>Principal Investigator: Margaret Wise, PhD, UW School of Pharmacy</p> <p>Amount: \$75,000</p>	<p>This pilot will incorporate a dialysis decision-aid tool into the nephrology clinic workflow and analyze whether patients in this group had more dialogue with their clinician and made different dialysis decisions than those who did not have the decision-aid tool. The project will assess the feasibility of integrating the tool within clinic workflow.</p>
<p>Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations</p> <p>Principal Investigator: Betty Chewning, PhD, UW School of Pharmacy</p> <p>Amount: \$149,797</p>	<p>This study will implement and evaluate a six-week session of Tai Chi Fundamentals (TCF) in three community organizations serving older adults and evaluate the effectiveness of the TCF program, study the barriers and facilitators to TCF implementation and prepare a package of TCF with recommendations for dissemination and use.</p>
<p>The Role of Duration of Sleep-Disordered Breathing in Brain Injury</p> <p>Principal Investigator: Paul E Peppard, PhD, UW School of Medicine and Public Health</p> <p>Amount: \$100,000</p>	<p>The hypotheses are that long-term exposure to sleep-disordered breathing (SDB) in adults results in brain injury that is quantifiable by structural and functional neuroimaging; and that intermittent hypoxia, sleep disruption and vascular pathology mediate, to varying degrees, the association between SDB and brain injury. The study will provide pilot and baseline neuroimaging studies that assess brain volumes, ischemic lesions, white matter health and cerebral blood flow.</p>
<p>Surveillance of Hospital-Acquired Infections Using Natural Language (SHAINL)</p> <p>Principal Investigator: Eneida Mendonça, MD, PhD, UW School of Medicine and Public Health</p> <p>Amount: \$49,845</p>	<p>This study aims to develop and test a prediction model of clostridium difficile infection (CDI) that incorporates clinical data from electronic health records, such as CDI signs and symptoms and effect of treatment, including patient-centered outcomes such as diarrhea, incontinence, dehydration and functional limitation. These data are critical to devising effective treatment and prevention strategies for CDI.</p>

Bridging the Communication Gap in Surgical Decision Making

Dr. Gretchen Schwarze, assistant professor of surgery at the UW School of Medicine and Public Health was awarded an ICTR Patient-Centered Outcomes Research Award to develop an intervention aimed at improving communication and understanding between older patients facing high-risk operations and their surgeons. Through the project, Engaging Stakeholders to Develop a Patient Navigation Tool for High-Risk Surgery, Dr. Schwarze and her team of academic and community collaborators designed a tool to help older patients considering major surgery make decisions that are in line with their goals and preferences.

Each year, 10,000 Wisconsinites aged 65 years and older will decide whether to undergo a high-risk operation such as heart bypass or risky cancer surgery. Though these surgeries offer many benefits, they also carry significant risk for death or serious complications. Although surgeons use informed consent to disclose risks, there is often a gap in understanding regarding complications, unwanted outcomes and quality-of-life expectation after surgery.

Interviews with patients and their family members helped Dr. Schwarze, a vascular surgeon and medical ethicist, identify this gap in the decision-making process.

“For these patients, surgery could mean unwanted outcomes, including loss of independence, prolonged life-support or long-term nursing home care, but it wasn’t something that they understood,” she said. Dr. Schwarze and her team engaged a Patient Family Advisory Council (PFAC) comprised of older adults who recently had high-risk surgery or family members of older people who had high-risk surgery, and other stakeholders, including surgeons and patient advocates, to inform the design of a Question Prompt List (QPL). The QPL aims to help patients and providers engage in a discussion about issues that are not routinely addressed, including potential trade-offs of having surgery and realistic expectations regarding life after surgery. “This type of discussion

helps patients decide if surgery is right for them and allows them to better anticipate possible outcomes and care needs after surgery,” said Dr. Schwarze.

The PFAC identified several critical questions related to a patient’s decision-making process, clarification of postoperative expectations, and support with advance care planning, that were reflected in the QPL. It was then shared with community focus groups, including Spanish-speaking audiences, for input and refinement.

“The QPL is designed to help patients access the surgeon’s knowledge in a way the patient will understand and it gives family members the opportunity to discuss possible outcomes at a time when the patient, family and surgeon are together and able to do so.” “By better understanding what their lives might look like after surgery, these patients are better equipped to make a decision that’s right for them.”

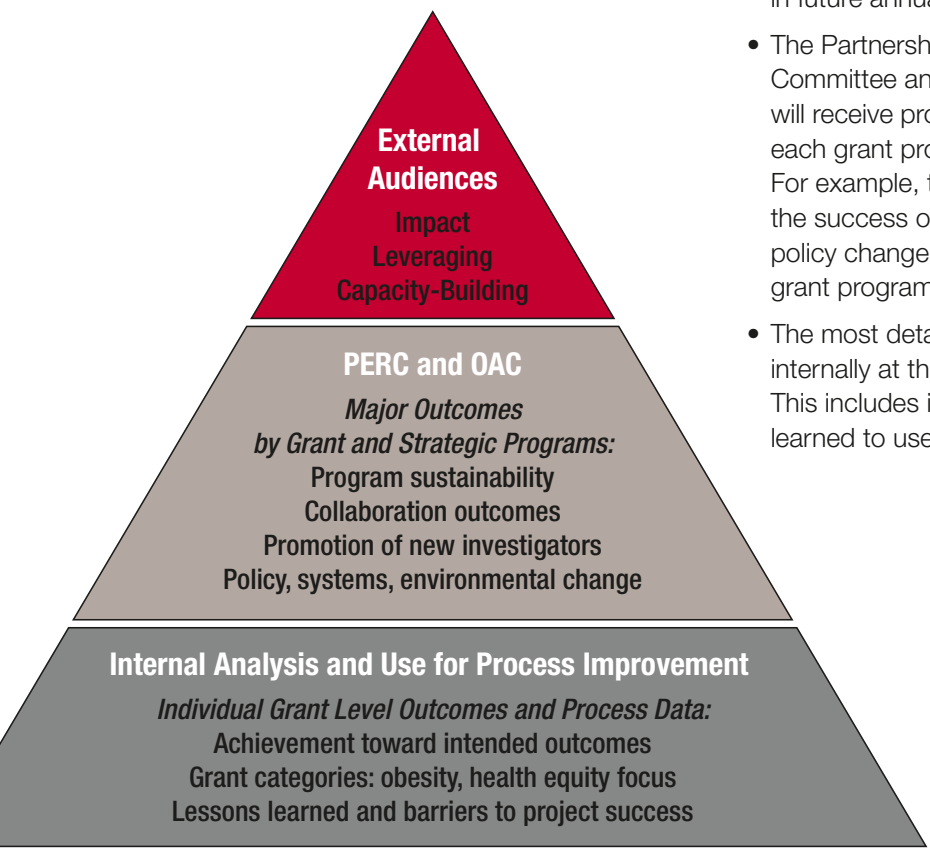
Dr. Schwarze and her team have received additional funding through a \$2.1 million award from the Patient-Centered Outcomes Research Institute (PCORI) to conduct a national multi-site randomized controlled trial aimed at determining if the QPL intervention increases patient participation in decision-making and reduces post-treatment regret and conflict.

Right: Dr. Gretchen Schwarze uses a Question Prompt List (QPL) to help older patients make informed decisions regarding having major surgery.



Impact and Learning

The Wisconsin Partnership Program has made a significant commitment to evaluate the impact of awarded grants and determine the long-term contributions of funded programs. Data has been used to improve grantee progress toward outcomes, funding decisions, and to understand the portfolio of funded grants. With the addition of an evaluation position in 2015, the capacity exists to more robustly use data to continue improvement and learning efforts.



A new framework has been developed (see Figure 1) to inform evaluative analysis and reporting at three levels:

- External audiences will be presented with outcome information to better understand health impacts of partnership-funded work and improve transparency. This includes categorizing outcomes into capacity building (e.g., new devices or methods, coalition development); impact (e.g., new therapies, measurable health improvements, systems change); and leveraged funds as an indicator of grant sustainability. This information will be shared in future annual reports.
- The Partnership Education and Research Committee and Oversight and Advisory Committee will receive process and outcome information for each grant program to inform funding decisions. For example, the committees will be able to assess the success of the collaborative team as well as policy change outcomes for each community grant program.
- The most detailed information will be utilized internally at the staff level to improve processes. This includes identification of barriers and lessons learned to use in future grant programming.

Figure 1. Wisconsin Partnership Program's levels of evaluation to increase understanding and learning and improve processes.

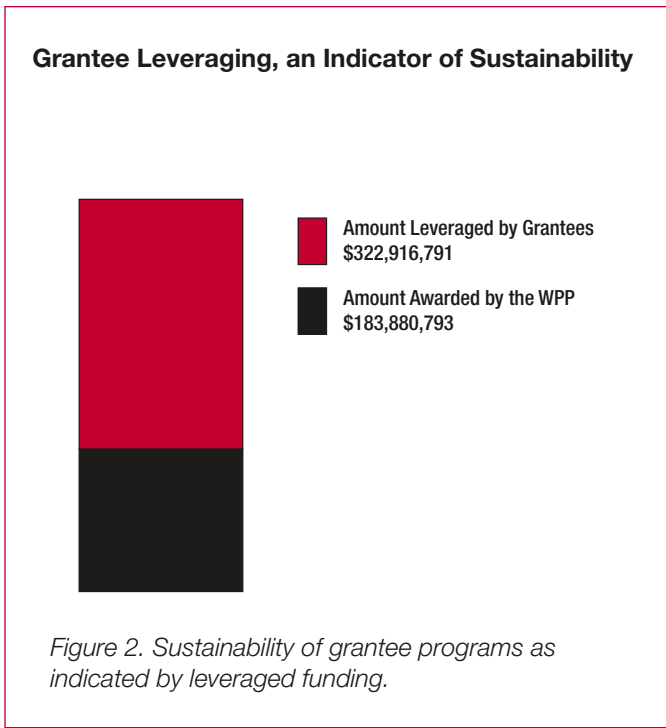


Figure 2. Sustainability of grantee programs as indicated by leveraged funding.

Sustainability of grant projects can be demonstrated by many indicators, one of which is leveraging. The Wisconsin Partnership Program defines leveraging as committed grants or contracts from other funders that sustain or expand a Partnership Program funded project. Leveraging demonstrates that other funders believe the project merits additional funding. The Wisconsin Partnership Program's current level of leveraging for grantees is shown in Figure 2. Sustainability is an indicator used at all three levels to inform understanding and learning.

Grants Concluded in 2015

Improving Health in Our Communities - Community Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Bethel AME Church Jobs for Fathers	Brenda Atlas, Bethel African Methodist Episcopal Church; Jeffrey Lewis, PhD, UW-Extension	LIHF	122,896	2 years
The BYIn Program - Beloit Youth Internship Program	Pentecostal Tabernacle Church; Brian Christens, PhD, Associate Professor, School of Human Ecology	LIHF	41,646	1 year, 6 months
Family Connectedness for New and Expectant Mothers	Debra Lemke, Children's Service Society of Wisconsin; Mary Jo Baisch, PhD, RN, Nursing, UW-Milwaukee	LIHF	50,000	1 year, 6 months
Family Peer Navigation and Home Visit Project	Nancy Brooks, Children's Service Society of Wisconsin; Sara Busarow, MD, MPH, Department of Population Health Sciences	LIHF	116,656	2 years
Focus on Fathers Initiative	Jeff Collen, Young Men's Christian Association; Noelle Chesley, PhD, Sociology, UW-Milwaukee; Sarah Halpern-Meekin, PhD, Sociology, UW-Milwaukee	LIHF	111,036	2 years, 3 months
Normalizing Breastfeeding: Building Social Support and Community Capacity	Dalvery Blackwell, African American Breastfeeding Network; Courtenay L. Kessler, MS, UW-Milwaukee and UW School of Medicine and Public Health, Center for Urban Population Health	LIHF	149,953	2 years
Preserving Infant and Child Health	Children's Health Alliance of Wisconsin	LIHF	398,469	3 years
PWNS Birthing Project	Professional Women's Network for Services, Inc; Teresa Johnson, PhD, Nursing, UW-Milwaukee	LIHF	130,925	2 years
UNCOM Initiative For Healthy Families	Anthony Shields, United Neighborhood Centers of Milwaukee; Mary Jo Baisch, PhD, RN, Nursing, UW-Milwaukee	LIHF	95,867	2 years, 6 months
Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin	Wisconsin Children's Trust Fund	LIHF	47,425	2 years
Winnebago County STI Task Force - Comprehensive Sexual Health Education Pilot Program	Winnebago County Health Department	LIHF	39,482	2 years 6 months
Adopting an Easy-to-Read Medication Label in Wisconsin	Health Literacy Wisconsin, a division of Wisconsin Literacy, Inc.	CAPF	42,891	2 years
Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating Community Health Improvement Processes and Plans (CHIPP)	Wisconsin Association of Local Health Departments and Boards	CAPF	349,140	4 years
LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation Cross Plains Community Project	LIFE Foundation/Village of Cross Plains	CAPF	35,360	1 year, 2 months
The Menominee Community Journey to Wellness	Menominee Indian School District	CAPF	44,214	2 years
Prenatal Virtual Home Visitation Program	Indianhead Community Action Agency	CAPF	49,500	2 years
Promoting Physical Activity in Child Care	Supporting Families Together Association	CAPF	388,148	4 years
Safe and Healthy Food for the Hungry	Wisconsin Community Action Program Association	CAPF	48,036	2 years
Safe Schools for Wisconsin's Transgender Youth	GSAFE	CAPF	50,000	1 year, 3 months
Wisconsin Obesity Prevention Network	Wisconsin Partnership for Activity and Nutrition (WI PAN)	CAPF	400,000	3 years

Continued: Improving Health in Our Communities - Community Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
YMCA/UW Dept. of Obstetrics and Gynecology Partnership Promoting Healthy Weight in Pregnancy	YMCA of Dane County, Inc; Cynthia Anderson, MD, Assistant Professor (CHS), SMPH Obstetrics and Gynecology	CAPF	24,132	2 years, 4 months

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

Promoting Health through Education and Research Grants Concluded in 2015

Title	Principal Investigator	Type	\$ Amount	Duration
Circulating Tumor Cells in Renal Cell Carcinoma: Biomarkers for Personalized Medicine	Joshua Lang, MD, Department of Medicine	NIP	99,964	2 years, 6 months
Cholecystokinin in the Survival of Human Pancreatic Islets	Dawn Davis, MD, PhD, Department of Medicine	NIP	100,000	2 years, 6 months
Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy	Scott Nagle, MD, PhD, Department of Radiology	NIP	99,839	4 years
Dissecting Cross-species Transmission of Influenza Virus	Andrew Mehle, PhD, Department of Medical Microbiology and Immunology	NIP	100,000	2 years
Predicting Alzheimer's Disease Using Multimodal Machine Learning	Sterling Johnson, PhD, Department of Medicine	CHSP	299,539	3 years
Wisconsin Center for Infectious Diseases (WisCID)	Bruce Klein, MD, Department of Pediatrics	Strategic	1,205,964	6 years, 2 months

CHSP = Collaborative Health Sciences Program NIP = New Investigator Program Strategic = Strategic Education and Research Program

Partnering with ICTR to Improve Health in Wisconsin - ICTR Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Better, Safer Care Through Clear Communication	Paul Smith, MD, UW School of Medicine and Public Health, Department of Family Medicine, Aging and Disability Center, Green County	CCOR	75,000	2 years, 5 months
A Community-based, Behavioral Intervention to Improve Screening for Hepatitis C Among High-risk Young Adults in Wisconsin	Ryan Westergaard, MD, PhD, MPH, UW School of Medicine and Public Health, Department of Medicine and Population Health Sciences, UW Hospitals and Clinics; AIDS Network-Madison; AIDS Resource Center of Wisconsin; WI Department of Public Health	CCOR	75,000	3 years
Expanding the Role of the Community Pharmacist in Falls Prevention	David Mott, PhD, UW School of Pharmacy, LaCrosse County Aging Unit, Aging and Disability Resource Center (ADRC) of Calumet, Waupaca and Outagamie counties; Brown County ADRC	PCOR Pilot	77,670	2 years, 6 months
Reducing Readmission After Complex Cancer Surgery: A Human Factors and Systems Engineering Approach	Sharon Weber, MD, UW School of Medicine and Public Health, Department of Surgery, UW Hospitals and Clinics; Pancreas Cancer Task Force; Carbone Cancer Center	PCOR Pilot	99,907	1 year, 2 months
Living Well with Memory Partners	Carey Gleason, PhD, MW, UW School of Medicine and Public Health, Department of Medicine, Wisconsin Institute for Healthy Aging; Alzheimer's and Dementia Alliance of Wisconsin	CCOR	75,000	1 year, 10 months
Pharmacotherapeutic Intervention to Improve Treatment Engagement Among Alcohol-dependent Veterans After Hospital Discharge	Randy Brown, MD, PhD, UW School of Medicine and Public Health, Department of Family Medicine, William S. Middleton Veterans Hospital	CCOR	49,124	2 years

Partnering with ICTR to Improve Health in Wisconsin - ICTR Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Improving Health Outcomes after Breast Cancer Treatment: Assessing the Impact of Survivorship Care Plans on Wisconsin Cancer Survivors	Amye Tevaarwerk, MD, UW School of Medicine and Public Health, Department of Medicine, Marshfield Survivorship Program Advisory Council, Security Health Plan	CCOR	25,000	2 years, 3 months
Stepping Up in Specialty Clinics to Reduce Blood Pressure	Christie Bartels, MD, UW School of Medicine and Public Health, Department of Medicine, UW Health Rheumatology Clinic	CCOR	75,000	1 year, 4 months
Engaging Stakeholders and Developing Partners in Mental Health and Primary Care Integration Research	Nancy Pandhi, MD, UW School of Medicine and Public Health, Department of Family Medicine, United Way of Dane County; WORT Community Radio; National Alliance on Mental Illness; Cornucopia, Inc; Access Community Health Centers; Center for Patient Partnerships, Group Health Cooperative; UW Health	PCOR	100,000	1 year, 5 months
Can Community Advisors Improve Recruitment of Underrepresented People?	Barbara Bowers, RN, PhD, UW Madison School of Nursing, Goodman Community Center; Lussier Community Education Center; Community Advisors on Research Design and Strategy members	PCOR Pilot	90,500	1 year
Evidence-Based Tobacco Dependence Treatment Clinician Days of Learning	Robert Adsit, MEd, UW School of Medicine and Public Health, Department of Medicine, health care systems in Eau Claire, Neenah and Milwaukee; UW Center for Tobacco Research and Intervention; to train 165 participating clinicians and health professionals	DISS SUPP	10,000	1 year
Using Technology to Improve Dissemination and Translation of Survey of the Health of Wisconsin (SHOW) Data to Public Health Officials and Stakeholders Across Wisconsin	Kristen Malecki, PhD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences; Mathew Walsh, PhD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences; Survey of the Health of Wisconsin (SHOW); Wisconsin Clearinghouse for Prevention; Marathon County Health Department; Winnebago County Health Department	DISS SUPP	9,926	1 year
The Wisconsin Sports Concussion Education Project (WISCEP)	Timothy McGuine, PhD, UW School of Medicine and Public Health, Department of Orthopedics and Sports Medicine, UW Health Sports Medicine; Alison Brooks MD, MPH, UW School of Medicine and Public Health, Department of Orthopedics and Rehabilitation; Wisconsin Academy of Family Physicians; Wisconsin Athletic Trainers Association; Wisconsin Association of School Nurses	DISS SUPP	4,940	1 year
Integration of Stepping On Fall Prevention Program into the University of Wisconsin Hospitals and Clinics	Hee Soo Jung, MD, UW School of Medicine and Public Health, Department of Surgery; UW School of Pharmacy; Wisconsin Institute for Healthy Aging; Dane County Fall Prevention Task Force; UW Hospitals and Clinics	DISS SUPP	5,000	1 year
Training and Support for the Implementation of the Transitioning Together Program for Adolescents with ASD and their Families	Leann Smith, PhD, UW-Madison, Waisman Center; WI LEND, University of Minnesota; Cincinnati Children's Hospital	DISS SUPP	15,000	1 year
Dissemination of Zoonotic Disease Research Findings to Key Government Organizations to Facilitate the Identification and Adoption of Prevention Priorities	Tony Goldberg, DVM, PhD, MS, UW School of Veterinary Medicine; Kabarole District Health Officer, Uganda; Kibale EcoHealth Project, Uganda	DISS SUPP	12,750	1 year
Using Developmentally Appropriate Educational Materials to Improve Child Behavioral Health and Family Relationships when Parents Are in Jail	Julie Poehlmann, PhD, UW School of Medicine and Public Health, School of Human Ecology; University of Minnesota; Dane County; Racine County; Washington County, MN; Dakota County, MN	Health Equity	76,794	2 years
Multi-Scale Statistical Analysis of Networks: Application to Group Analysis of Brain Connectivity Networks	Vikas Singh, PhD, UW School of Medicine and Public Health, Department of Medicine	Informatics	49,956	1 year, 2 months

Financial Overview

Financial Highlights

- Wisconsin Partnership Program expenditures for 2015 were \$15.9M
- The fair value of endowed funds declined \$8.7M
- Total program assets decreased \$24.5M
- Endowment distributions for program expenditures were \$15.5M

Supplanting Policy

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

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

OAC Review and Assessment of the Allocated Percentage of Funds

As outlined in its founding documents, the OAC annually reviews and assesses the allocation percentage for public health initiatives and for education and research initiatives. The OAC took up the matter on August 19, 2015. It was moved to retain the allocation of 35 percent for public health initiatives and 65 percent for education and research initiatives, and the motion was unanimously passed.

Accounting

The following financial report consolidates activities of the UW Foundation and the SMPH for the years ending December 31, 2015, and December 31, 2014. Revenues consist of interest income and changes in market valuation, while expenditures consist of administrative and program costs. All expenditures and awards are reported as either public health initiatives (OAC–35 percent) or partnership education and research initiatives (PERC–65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown in Tables 1 and 2.

Table 1: Statements of Net Assets

As of the Years Ended December 31, 2015 and 2014		
	2015	2014
Assets		
Current Investments	\$ 19,743,245	\$ 19,790,637
Noncurrent Investments	\$ 339,837,826	\$ 364,303,288
Total Assets	\$ 359,581,071	\$ 384,093,925
Liabilities and Net Assets		
Liabilities		
Grants Payable	\$ 46,809,168	\$ 37,433,620
Total Liabilities	\$ 46,809,168	\$ 37,433,620
Net Assets		
Temporarily Restricted - Spendable	\$ (6,671,016)	\$ 4,220,186
Temporarily Restricted - Endowment	\$ 37,615,177	\$ 60,612,377
Permanently Restricted - Endowment	\$ 281,827,742	\$ 281,827,742
Total Net Assets	\$ 312,771,903	\$ 346,660,305
Total Liabilities and Net Assets	\$ 359,581,071	\$ 384,093,925

Table 2: Statements of Revenues, Expenditures and Changes in Net Assets

For the Years Ended December 31, 2015 and 2014		
	2015	2014
Revenues		
Gift Received	–	–
Interest Income	\$ 38,521	\$ 28,612
Change in Fair Value of Endowed Funds	\$ (8,699,403)	17,171,553
Total Revenues	\$ (8,660,882)	\$ 17,200,165
Expenditures		
OAC Initiatives		
Administrative Expenditures	\$ 285,155	\$ 331,028
Grant Expenditures	\$ 4,544,753	\$ 7,005,160
PERC Initiatives		
Administrative Expenditures	\$ 529,573	\$ 614,766
Grant Expenditures	\$ 19,868,038	\$ 11,885,202
Total Expenditures	\$ 25,227,519	\$ 19,836,156
Net Increase/(Decrease) in Net Assets	\$ (33,888,401)	\$ (2,635,991)

Financial Notes

Cash and Investments

The financial resources that support Wisconsin Partnership Program grants as of December 31, 2015 and December 31, 2014 (Table 1) were generated from funds released by the Wisconsin United for Health Foundation, Inc., as prescribed in the Grant Agreement, as well as generated from investment earnings. All funds are in custody of and managed by the UW Foundation. As needed, funds are transferred to the SMPH to reimburse expenditures.

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

Current Investments

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

Noncurrent Investments

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

The UW Foundation uses quantitative models and 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 this risk will be mitigated through diversification of asset classes and investments within asset classes.

Change in Investment Allocation

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

Liabilities – Grants Payable

Grants payable are recorded as of the date of approval by the Oversight and Advisory Committee or Partnership Education and Research Committee. The liability reflects the total amount of the grant award less any payments made before December 31 of the reporting year. Any subsequent modifications to grant awards are recorded as adjustments of the grant expenditures in the year the adjustment occurs.

Net Assets

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

Temporarily Restricted — Spendable Fund: The portion of net assets relating to funds that have been distributed from the endowment fund, along with related income that is available to the program. These funds are available for the program's grants and administrative expenditures.

Temporarily Restricted — Endowment Fund: The portion of net assets derived from gains or losses to the permanently restricted funds that have not been distributed and remain within the endowment portfolio as of the end of each year.

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

Statements of Revenues, Expenditures and Changes in Net Assets

Revenues

Revenues for the years ending December 31, 2015, and December 31, 2014 (Table 2), consist of two components: (1) interest income, which has been recorded as earned throughout the year; and (2) the change in fair value of endowed funds, which represents the increase or decrease in the fair value of funds invested in the UW Foundation Endowment Fund.

The change in fair value of endowed funds is shown after fees have been deducted (net of fees). The UW Foundation incurs management fees for both external and internal asset managers and records its revenues net of these fees. In addition, the UW Foundation assesses an Institutional Advancement Fee of 1 percent of endowed funds to finance its internal operations including administration, accounting, and development. The name of this fee was changed in 2015. The fee was previously called the Expense Recapture Fee.

The Institutional Advancement Fees were \$3,237,430 and \$3,329,180 in 2015 and 2014, respectively. Partnership Program revenues are shown after these fees have been deducted.

Effective January 1, 2012, the UW Foundation modified its policy regarding the Investment Recapture Fee, now known as the Institutional Advancement Fee. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above \$250 million per account. Partnership Program

funds exceed the newly established level, and the annual fee amounts in the preceding paragraph reflect this decrease. The Dean of the School of Medicine and Public Health proposed that the savings from this fee reduction would be fully allocated to the Oversight and Advisory Committee (OAC) for public health initiatives. This proposal was formally accepted by the OAC. In 2015 and 2014, these savings were \$316,042 and \$355,364, respectively.

Endowment fund distributions to the spendable funds are based on the UW Foundation spending policy, which is applied to the market value of the endowment funds.

Expenditures

Expenditures for the years ending December 31, 2015, and December 31, 2014, consist of grant awards, as described above, and administrative expenditures. All expenditures fall under one of the two major components identified in the Partnership Program's 2014–2019 Five-Year Plan: public health initiatives (OAC—35 percent) and partnership education and research initiatives (PERC—65 percent). OAC award amounts are shown in Tables 4 and 5, while PERC award amounts are in Tables 6 and 7.

Administrative Expenditures

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

in the Revenues narrative of the Statements of Revenues, Expenditures and Changes in Net Assets in Table 2.

Partnership Program administrative expenditures were \$814,728 and \$945,794 for the years ended December 31, 2015, and December 31, 2014, respectively. Expenditures in 2015 were less than the prior year mainly because of multiple personnel recruitments during the first half of the year. The UW School of Medicine and Public Health (SMPH) also provides in-kind support for Partnership Program administrative expenditures from the Office of the Dean; Senior Associate Dean for Basic Science, Biotechnology and Graduate Studies; Senior Associate Dean for Finance; Associate Dean for Public Health; and Department of Human Resources. UW-Madison's Office of Legal Services also provide in-kind support.

The Partnership Program's Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) annually approve the administrative budget. Allocation of these costs within the Statements of Revenues, Expenditures and Changes in Net Assets (Table 2) is based on a 35 percent OAC/65 percent PERC split. Detailed administrative expenditures for each year are as follows:

Table 3: Administrative Expenditures

For the Years Ended December 31, 2015 and 2014		
	2015	2014
Salaries	\$ 467,115	\$ 556,835
Fringe Benefits	\$ 172,251	\$ 195,928
Supplies	\$ 5,981	\$ 6,657
Travel	\$ 10,618	\$ 8,540
Other Expenditures	\$ 158,763	\$ 177,834
Total	\$ 814,728	\$ 945,794
OAC (35%) Allocation	\$ 285,155	\$ 331,028
PERC (65%) Allocation	\$ 529,573	\$ 614,766
Total	\$ 814,728	\$ 945,794

Table 4: OAC Awards - Summary 2004–2015

	\$ Total Awarded	\$ 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	4,635,452	4,635,452	–
Total 2008 OAC Funding *	–	–	–
Total 2009 OAC Funding	2,715,147	2,715,147	–
Total 2010 OAC Funding	2,836,381	2,824,529	11,852
Total 2011 OAC Funding	4,072,761	3,941,132	131,629
Total 2012 OAC Funding	4,573,854	3,728,600	845,254
Total 2013 OAC Funding	9,273,382	4,289,144	4,984,238
Total 2014 OAC Funding	7,313,622	1,890,088	5,423,534
Total 2015 OAC Funding	4,742,412	16,548	4,725,864
Total OAC Funding (2004 - 2015)	\$ 59,838,557	\$ 43,716,186	\$ 16,122,371
*Due to the financial downturn during 2008–2009, the OAC did not approve any awards in 2008.			

Award amounts shown on the Statements of Revenues, Expenditures and Changes in Net Assets, as well as Tables 4–7 reflect the total award amounts made in any year over their complete duration. For example, an award of \$100,000 per year with a term of three years will be recorded as a \$300,000 award in the year it is made. OAC and PERC awards do not all have the same durations, nor are they on the same renewal timeframes. As such, the total awards in any given year will not necessarily equal the 35/65 ratio of funds between OAC and PERC. Over time, however, awards and actual expenditures will mirror the allocation percentages.

Table 5: 2015 OAC Awards

Project Title	Type	\$ Total Awarded	\$ Total Expended	\$ Grants Payable
COMMUNITY OPPORTUNITY GRANTS				
Jackson County Drug-Free Communities Initiative	S	50,000	–	50,000
LIFE Foundation Community Opportunity	S	49,962	–	49,962
Improving the Health Status for Amish and Mennonites in Western Wisconsin	E, S	49,743	–	49,743
Providers and Teens Communicating for Health (PATCH) Program - Milwaukee Implementation	S	50,000	–	50,000
School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth	E, S	50,000	–	50,000
Understanding the Impacts of Adverse Childhood Experiences to Improve Prevention Services	R, S	50,000	–	50,000
Healthier Together Pierce and St Croix Counties Enhancing School Physical Activity	S	50,000	–	50,000
Healthy People Lincoln County: “Problems Can Be Solved in the Garden”	S	50,000	–	50,000
Perinatal Smoking Cessation Services - Northwest Wisconsin	S	50,000	–	50,000
5210 Across Dane County	E, S	45,210	–	45,210
Early Childhood Comprehensive Systems (ECCS)	S	45,000	–	45,000
LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES GRANTS				
Lifecourse Initiative for Healthy Families - PRAMS 2015–2016	R, S	209,950	16,548	193,402
COMMUNITY IMPACT GRANTS				
Cultivate Health Initiative: Growing the Wisconsin School Garden Network	E, R, S	999,991	–	999,991
Advancing School-Based Mental Health in Dane County	E, R, S	1,000,000	–	1,000,000
Improving Assisted-Living Quality Through Collaborative System Change	E, R, S	1,000,000	–	1,000,000
From Punishment to Restoration: Reimagining Criminal Justice to Improve the Health of Wisconsin’s Families and Communities	E, R, S	992,556	–	992,556
TOTAL 2015 OAC FUNDING		\$4,742,412	\$16,548	\$4,725,864

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

Table 6: PERC Awards - Summary 2004–2015

	\$ Total Awarded	\$ 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	6,140,982	6,140,982	–
Total 2009 PERC Funding	19,682,808	19,682,808	–
Total 2010 PERC Funding	760,364	759,757	607
Total 2011 PERC Funding	1,139,588	1,139,588	–
Total 2012 PERC Funding	16,484,297	15,885,932	598,365
Total 2013 PERC Funding	5,827,087	3,413,744	2,413,343
Total 2014 PERC Funding	13,330,665	3,298,153	10,032,512
Total 2015 PERC Funding	19,950,734	2,308,764	17,641,970
Total PERC Funding (2004–2015)	\$118,746,868	\$88,060,071	\$30,686,797

Table 7: 2015 PERC Awards

Project Title	Type	\$ Total Awarded	\$ Total Expended	\$ Grants Payable
STRATEGIC GRANTS				
Survey of the Health of Wisconsin (SHOW)	E, R, S	3,898,569	1,031,988	2,866,581
Institute for Clinical and Translational Research (ICTR)	E, R	12,750,000	1,273,828	11,476,172
Advancing Evidence-Based Health Policy in Wisconsin	E, S	236,924	–	236,924
Making Wisconsin the Healthiest State	R, S	518,371	–	518,371
OPPORTUNITY GRANTS				
Engaging Clinicians in Online Social Learning to Close Knowledge Gaps in Community Health: Pilot Focus on Obesity and Mental Health Care	E	150,000	2,948	147,052
COLLABORATIVE HEALTH SCIENCES PROGRAM GRANTS				
Paradigm Shifting, High-Throughput Assay for Serial Quantification of HIV Reservoirs	R, S	499,761	–	499,761
Big Data for Little Kids: The Impact of Prenatal Interventions on Birth Outcomes and School Readiness	R, S	499,315	–	499,315
Winning the War on Antibiotic Resistance in Wisconsin: The WARRIOR Study	R	498,501	–	498,501
Screening in Trauma for Opioid Misuse Prevention (STOMP)	R, S	499,293	–	499,293
NEW INVESTIGATOR PROGRAM GRANTS				
Improved Glycemic Control Through Reduction of Specific Dietary Amino Acids	R	100,000	–	100,000
Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings	R, S	100,000	–	100,000
Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer	R	100,000	–	100,000
Improving Antibiotic Stewardship for Long-Term Care Facility Residents Treated in the Emergency Department	R	100,000	–	100,000
TOTAL 2015 PERC FUNDING		\$19,950,734	\$2,308,764	\$17,641,970

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

Policies and Procedures

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

Training and Technical Assistance

To ensure the greatest potential for successful proposals, Partnership Program staff members provide training and technical assistance for grant applicants throughout the year. Staff also facilitate in-person and webcast training sessions for applicants.

Review and Monitoring

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

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

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

Open Meetings and Public Records

As directed by the Order of the Commissioner of Insurance, the Partnership Program conducts its operations and processes in accordance with the state's Open Meetings and Public Records Laws. Meetings of the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) and their subcommittees are open to the public. Agendas and minutes are posted at med.wisc.edu/partnership and in designated public areas.

Diversity Policy

The Wisconsin Partnership Program is subject to and complies with the diversity and equal opportunity policies of the UW System Board of Regents and UW-Madison. Furthermore, the Partnership Program has developed a diversity policy to ensure diversity within the Partnership Program's goals, objectives and processes.

A commitment to diversity is integral to the Partnership Program's mission to serve the public health needs of Wisconsin and to reduce health disparities through research, education and community partnerships. The policy provides a broad perspective to help the Partnership Program understand the most effective means to address population health issues and to improve health in Wisconsin.

The policy is available online at med.wisc.edu/partnership.

Wisconsin Partnership Program Leadership

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

Oversight and Advisory Committee

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

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

Health Advocate Appointees

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

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

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

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

Insurance Commissioner's Appointee

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

SMPH Appointees

Philip M. Farrell, MD, PhD
Professor Emeritus, Departments of Pediatrics and
Population Health Sciences
Termed ended March 2015

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

Robert F. Lemanske, MD
Associate Dean for Clinical and
Translational Research
Professor, Departments of Pediatrics and Medicine
Appointed April 2015

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

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

Partnership Education and Research Committee

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

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

SMPH Leadership

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

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

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

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

Department Chairs

Patricia Keely, PhD
Professor and Chair, Department of
Cell and Regenerative Biology
Appointed April 2015

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

* PERC Executive Committee member

Faculty Representatives

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

David Andes, MD
Associate Professor, Departments of Medicine and
Medical Microbiology and Immunology
Division Head, Infectious Disease
Representative: Clinical Faculty
Term ended March 2015

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

Gregory D. Kennedy, MD, PhD
Associate Professor, Department of Surgery
Representative: Clinical Faculty
Appointed April 2015

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

James Shull, PhD*
Professor, Department of Oncology
Representative: Basic Science Faculty
Appointed April 2015

Oversight and Advisory Committee Appointees

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

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

Ex-officio

Norman Drinkwater, PhD
Associate Vice Chancellor for Biological Sciences,
UW-Madison Office of the Vice Chancellor for
Research and Graduate Education
Professor, Department of Oncology

Liaisons

UW-Madison Office of the Chancellor
Paul M. DeLuca Jr., PhD
Provost Emeritus

UW-Madison Board of Regents
Tim Higgins, JD
Member, UW System Board of Regents

Wisconsin Partnership Program Staff

Eileen M. Smith, Assistant Dean and Director

Quinton D. Cotton, Program Officer

Andrea Dearlove, Senior Program Officer

Michael Lauth, Accountant

Tonya Mathison, Administrative Manager

Anne Pankratz, University Relations Specialist

Nathan Watson, Administrative Assistant

Kate Westaby, Evaluator

UW School of Medicine and Public Health
750 Highland Ave. 4230 HSLC
Madison, WI 53705

(608) 265-8215
(866) 563-9810 (toll free)
med.wisc.edu/partnership

* PERC Executive Committee member



Wisconsin
Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

750 Highland Ave. 4230 HSLC
Madison, WI 53705
(608) 265-8215
med.wisc.edu/partnership



2015 Outcomes Report

Wisconsin Partnership Program

Making Wisconsin a healthier state for all



Wisconsin
Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Measuring Impact

The Wisconsin Partnership Program, created in 2004 by the Blue Cross & Blue Shield United of Wisconsin conversion, provides resources to fund research, education and community initiatives. It represents a far-reaching commitment of the University of Wisconsin School of Medicine and Public Health to improve the health of the people in Wisconsin for many years to come.

The Partnership Program's governance and funding decisions are carried out by two committees: the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC). The primary responsibility of the Oversight and Advisory Committee is to direct and approve funds for public health initiatives while the Partnership Education and Research Committee allocates and distributes funds for education and research initiatives that advance population health.

The Program gauges its impact by measuring outcomes of funded initiatives. This can include results such as development of new methods and therapies, capacity building, policy, systems and environmental change, measurable health improvements and more. The reports include outcomes ranging from statewide policy change that increases physical activity and nutrition for children in childcare to identification of new markers of resistance for cancer therapies leading to more personalized and better cancer treatment options.

Significant and lasting change has been demonstrated by the Partnership Program's funded initiatives. The following report describes, at length, the outcomes of these and other awards that ended in 2015.

Facilitators and Barriers to Wisconsin's Adoption of an Easy-to-Read Medication Label

Grantee: Wisconsin Health Literacy

Grant Title: Adopting an Easy-to-Read Medication Label in Wisconsin

Geographic Location: Statewide

Academic Partner: David A Mott, PhD, FAPhA, RPh, UW-Madison School of Pharmacy

Dates: 5/1/2013–4/30/2015

Amount: \$42,891

Program: Community Academic Partnership Fund



The Challenge: 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 particularly at risk of misunderstanding drug labels and misusing medications, leading to negative health outcomes such as falls. Also, national pharmacy chains have developed 31 different label styles, resulting in variability in the clarity and complexity of dosage instructions.

To address the labeling problem, in May 2013, the United States Pharmacopeia (USP) released a set of evidence-based standards for patient-centered medication labeling. The publication of these standards was a significant innovation; however, little has been done to adopt these standards in Wisconsin.

Project Goal: This project aimed to assess key pharmacy stakeholders' current attitudes toward the USP standards, likelihood of adoption and barriers to adoption. Wisconsin Health Literacy (WHL) conducted 17 interviews within settings that serve a geographically and racially representative sample of the population. Those interviewed included pharmacists and pharmacy managers (chain and independent), primary care providers, pharmacy software vendors, members of the USP and other states' pharmacy boards who had already enacted standards.

Results: Many key stakeholders were unaware of the new USP standards, but when informed, were quick to support their use. The main barrier in following the standards seemed to be that medication bottles had to be larger in order to fit the medication labels recommended by the USP. Therefore, local pharmacists felt that the necessary step in adopting the standards was with software developers, pharmacy owners and managers.

The interview findings were shared in a paper titled *"Adopting an Easy-to-Read Medication Label in Wisconsin."* In an ongoing effort to increase awareness of the USP standards and motivate voluntary adoption, the paper is being distributed in print and is available via the web at wisconsinliteracy.org.

The next phase of this project was sustained with funding from the Healthier Wisconsin Partnership Program at the Medical College of Wisconsin. As a result, Wisconsin Health Literacy is now conducting a two-year pilot involving implementing and evaluating label improvements at three pharmacy systems with 48 pharmacy sites and convening a Medication Label Summit in 2017. Wisconsin Health Literacy hopes to broaden adoption standards across the state.





Enhancing Collaborative Processes to Improve Community Health

Grantee: Wisconsin Association of Local Health Departments and Boards

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

Geographic Location: Statewide

Academic Partner: Julie Willems Van Dijk, PhD, RN, UW School of Medicine and Public Health, Population Health Institute

Dates: 4/1/201–03/31/2015

Amount: \$349,140

Program: Community Academic Partnership Fund

The Challenge: Community Health Improvement Processes and Plans (CHIPP) aim to identify and address local community health issues and are required for local health departments by the state of Wisconsin. Prior to this grant, there were limited formal models, standards or resources to support the process, and a significant lack of knowledge about the most effective practices. CHIPP quality varied greatly across the state.

Project Goal: The grantee conducted an assessment of current CHIPP resources and processes by conducting focus groups, an online survey, literature review and a national review of standards and best practices. Based on this assessment, an action plan, tools, resources and support services were developed to address gaps in the CHIPP process. Statewide partners and project

staff participated in the Wisconsin Partnership-funded Healthy Wisconsin Leadership Institute Community Teams training and then were paired with 10 communities with fewer resources and lower health rankings. The communities received technical assistance from trainees while completing several phases of CHIPP, setting objectives and identifying strategies and plans to implement priorities.

Results: This project resulted in a CHIPP model, tools and resources that the 10 communities have utilized and are now available on wicommunityhealth.org. A comprehensive data document, published on the website, allows those who conduct CHIPPs to identify a core set of health indicators and choose future targets for their indicators. Through collaborative efforts, 70 percent of these indicators are now available through the *County Health Rankings & Roadmaps* site, one of the most popular sites for collecting county health data.

Additionally, the project resulted in strong partnerships and shared resources and leadership. Collaboration involved state-level leadership as well as academic and community partnerships, which have been sustained. In addition, one of the pilot communities received accreditation and the others stated that they are adequately prepared to plan implementation of their community health priorities.

This project was sustained with a second Partnership Program grant that focuses on implementation and evaluation, and includes system and policy efforts. It will convene communities, utilize partnerships and support implementation of policy-oriented strategies to focus on the priority area of alcohol misuse.



Building a Culture of Fitness in a Rural Wisconsin Community

Grantee: LIFE Foundation/Village of Cross Plains

Grant Title: LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation Cross Plains Community Project

Geographic Location: Village of Cross Plains

Academic Partner: Daniel Jarzemsky, MD, UW School of Medicine and Public Health, Department of Family Medicine

Dates: 4/1/2014–5/31/2015

Amount: \$35,360

Program: Community Academic Partnership Fund



The Challenge: “We have no senior center, no teen center, no place to go to be active, and we do like our brats and beer,” replied Cross Plains community residents when asked by Cross Plains doctors about rising weights and sedentary lifestyles. In Cross Plains, 70.79 percent of adults are either overweight or obese. This number is higher than the percentage of overweight and obese people in the U.S. (68.5 percent), in Wisconsin (62.8 percent) and in Dane County (59.3 percent).

Project Goal: The project aimed to work with the Village of Cross Plains and surrounding townships to raise awareness about obesity, gather community input on possible strategies for improvement and garner support in the community for long-term, sustainable strategies. Collecting data from Cross Plains and the county, and coupling that with evidence-based scientifically supported interventions, the goal was to culminate with a comprehensive strategic plan ready for implementation with measurable outcomes.

Results: The project created a five-year strategic plan that includes a community wellness fitness center, multi-use trails, fitness classes, programs through UW Health Cross Plains, a pedometer walking club, walk-to-school programs, community gardens and farmers’ markets. The coalition is taking a collective impact approach to implement the five-year strategic plan.

Coalition membership grew from six to 27 members with a support network of 80 residents. It is comprised of community leaders in health care including doctors, a dentist, nurses, a pharmacist, a dietitian and EMS, as well as representatives from local government, law enforcement, school, fitness, nutrition and business.

The Village of Cross Plains and its Parks and Recreation Department agreed to a Memorandum of Understanding, voicing a commitment to the LIFE Foundation with a long-term co-administrative role in the sustainability of evidence-based fitness and

nutrition programs. A new community wellness fitness center is proposed in conjunction with a new village administrative building. Plans include an office for LIFE with a long-term advisory commitment to Parks and Recreation.

The LIFE Foundation goals and activities were shared in local newspaper articles, social media posts, presentations held at community events and meetings, press releases, LIFE brochures and a new health-focused website, crossplainslife.org. The foundation is continuing its work with a Wisconsin Partnership Program Community Opportunity Grant for \$50,000.





Menominee Community Workgroup Achieves Significant Policy, System and Environmental Changes

Grantee: Menominee Indian School District

Grant Title: The Menominee Community Journey to Wellness

Geographic Location: Menominee County

Academic Partner: Alex Adams, MD, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: 6/1/2013–7/31/2015

Amount: \$44,214

Program: Community Academic Partnership Fund

The Challenge: Menominee County, made up of the Menominee Reservation, is the poorest Wisconsin county and consistently ranks last in Wisconsin's County Health Rankings. 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. There is significant need to implement sustainable changes in family health behaviors to decrease obesity and chronic disease, thereby improving the health of future generations.

Project Goal: To address these and other challenges, the Menominee community created the Community Engagement Workgroup (CEW), a dedicated group within the tribe consisting of many sectors: academia, community, tribal clinic staff, school district staff, youth-serving organizations, human services, food distribution and more. The

Wisconsin Partnership Program funded the CEW to implement policy, systems and environmental changes and develop a comprehensive data management and evaluation plan for childhood obesity and health monitoring. The committee worked to identify shared goals, align activities, resources and evaluation measures, and create 90-day work plans to address actionable and achievable aims.

Results: Many new tribal members and organizations joined the CEW and all tribal agencies sent representatives. The CEW achieved significant policy, systems and environmental changes related to obesity that include:

Policy changes:

- Strengthened school nutrition policies and meal programs
- Implemented a tribal wellness policy to support employee physical activity during the workday
- Lengthened recreation center hours

Systems changes:

- Built a new grocery store on the reservation
- Provided students with healthy foods for the weekend through the school-based Smart Sacks program
- Developed gardening programs and school and community gardens

Environmental changes:

- Refinished the track and opened it to the community
- Developed new sidewalks in the primary research community
- Developed school and community gardens

The project also developed a data management and long-term evaluation plan for childhood obesity and health monitoring. The CEW's work continues via funding from other grants to the Menominee Nation. In addition, Menominee is one of the two pilot communities in the Wisconsin Partnership Program's Obesity Prevention Initiative (OPI).



Child and Infant Deaths Reviews Inform Prevention Efforts

Grantee: Children's Health Alliance of Wisconsin

Grant Title: Preserving Infant and Child Health

Geographic Location: Statewide

Academic Partner: Timothy Corden, MD, UW School of Medicine and Public Health, Department of Population Health Sciences; and Emmanuel Ngui, DrPH, UW-Milwaukee School of Public Health

Dates: 4/1/2012–12/31/2015

Amount: \$398,469

Program: Community Academic Partnership Fund



The Challenge: Each year more than 700 children and more than 400 infants die in Wisconsin. For every injury-related death there are 21 injury hospitalizations and 629 emergency department visits. The majority of these deaths and hospital visits are considered preventable. Fetal Infant Mortality Review (FIMR) and Child Death Review (CDR) share the common goal of preventing future deaths and injuries by identifying the risk factors and circumstances surrounding each death. Wisconsin CDR teams review most deaths to children younger than age 19 while FIMR teams review all infant deaths younger than age one and most stillbirths greater than 20 weeks gestation and/or 350 grams.

Project Goal: The purpose was to establish strong collaboration between two separate systems, FIMR and CDR, to increase effectiveness of prevention efforts in target counties. The project improved data collection, quality and interpretation, established

collaboration between FIMR and CDR and ensured FIMR/CDR teams gained experience in translating data into best practices, interventions and programs.

Results: The Case Reporting System from the National Center for Fatality Review and Prevention was expanded to include more than 50 variables focused on maternal, fetal and infant health. Wisconsin is automatically uploading birth and death records with free and automatic access to encourage use of the system from FIMR/CDR teams. At this time, more than 90 percent of CDR and FIMR teams use this data system.

The project increased the number of FIMR teams from two to eight and CDR teams from 49 to 57. The CDR team's coverage increased from 47 to 59 of Wisconsin's 72 counties. CDR teams exist for more than 93 percent of Wisconsin's child population younger than age 19.

Eight counties (Dane, Kenosha, Marinette, Milwaukee, Racine, Rock, Walworth and Wood) were provided technical assistance, including identification of ways to collaborate with existing CDR teams, assistance accessing records from medical or other institutions and help running and creating reports.

Data from Wisconsin's first joint CDR and FIMR report (located on the Children's Health Alliance website at chawisconsin.org) has been used to educate policymakers, inform prevention activities at the state and local level including creation of the educational home visiting tool, *Sleep Baby Safe*, and demonstrate the burden of sleep-related deaths in grant applications. The project leveraged funding from the Centers for Disease Control and Prevention (CDC) for a total of \$658,434 and the National Center for Fatality Review and Prevention for \$165,000.





Successfully Increasing Physical Activity in Early Childhood

Grantee: Supporting Families Together Association

Grant Title: Promoting Physical Activity in Child Care

Geographic Location: Statewide

Academic Partner: Alexandra Adams, MD, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: 7/1/2011–6/30/2015

Amount: \$388,148

Program: Community Academic Partnership Fund

The Challenge: Childhood obesity rates continue to reflect substantial health disparities with 43.9 percent of Native American children, 35.6 percent of Hispanic children and 23.5 percent of African American children being overweight. Children ages two to five are establishing eating habits and activity levels; therefore, this stage of development provides the ideal window of opportunity for developing foundations for physical activity and obesity prevention.

Project Goal: This project aimed to attain 120 minutes (half unstructured) of physical activity each day for toddlers and preschool children in 14 early care and education settings. The sites for the intervention were strategically chosen to include high proportions of children who are minorities or have lower socioeconomic status, including rural and urban communities. Providers received four hours of

training, which outlined evidence-based practices and policies, physical activity resources, equipment and curricula. Then they received individualized technical assistance, focusing, in part, on achieving parent engagement.

Results: Toddler and preschool children increased their average number of minutes of physical activity by 49 percent (see Figure 1). The project reached an average of 470 children each year. Additionally, 122 early care and education professionals were trained. These providers doubled the amount of teacher-led physical activities and included more intentional and planned activities. Providers also engaged parents in helping their children achieve physical fitness using strategies such as interactive activities during drop-off/pick-up and family fun nights with nutritious meals and physical activities.

The project sustained physical activity as sites with written activity policies of at least 60 minutes/day significantly increased. The project also collaborated

to influence statewide policy and licensing for early child care providers. Starting in 2017, Wisconsin's child care quality rating and improvement system will guide child care providers in offering 90 minutes of daily physical activity versus the previous 60-minute requirement.

Average Minutes of Physical Activity

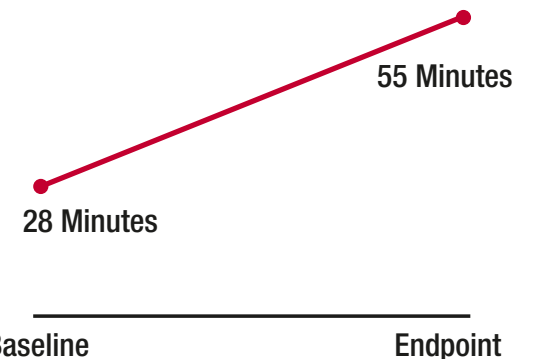


Figure 1. The average minutes of moderate to vigorous physical activity from the beginning of the program to the end increased 49 percent.

Safe & Healthy Food Pantries

Grantee: Wisconsin Community Action Program Association

Grant Title: Safe & Healthy Food for the Hungry

Geographic Location: Adams, Columbia, Dane, Kenosha and Racine counties

Academic Partner: Amber Canto, MPH, RDN, UW-Extension; and Barbara Ingham, PhD, UW-Madison Department of Food Science

Dates: 4/1/2013–03/31/2015

Amount: \$48,036

Program: Community Academic Partnership Fund



The Challenge: 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 in 2007. Despite this growing need and use, 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.

Project Goal: The objective of this grant was to develop and implement a food pantry self-assessment toolkit. Six food pantries and three Community Action Programs participated in the piloting and development of the toolkit that allows food pantry staff to:

- self-evaluate the quantity, nutritional quality and safety of current inventory

- develop strategies to align food procurement and distribution with food safety/dietary guidelines
- implement food distribution policies that ensure clients receive healthy food packages
- implement strategies to reinforce healthy food messages to clients in conjunction with the Supplemental Nutrition Assistance Program Education (SNAP-Ed) in an effort to improve client food choice

Results: The project successfully created a 74-page toolkit for food pantries. Additionally, UW Extension developed an online version of the toolkit, which includes supplemental training and discussion opportunities at fyi.uwex.edu/safehealthypantries/. All participating food pantries identified specific action items to improve the nutritional quality and food safety at their pantries, and added plans to develop policy statements related to nutrition and food safety.

The project received additional funding for \$8,520 from the Wisconsin Department of Public Health to print 600 color copies of the toolkit to disseminate to The Emergency Food Assistance Program (TEFAP) outlets statewide, TEFAP coordinating organizations and county extension staff. A presentation in July 2015 to the statewide TEFAP Advisory Council introduced the toolkit and explored ways it can be used. Also in July, 45 UW-Extension Family Living and Nutrition Education program educators were trained to use the toolkit.



Implementing Policy Change to Ensure Safe Schools for Wisconsin's Transgender Youth

Grantee: GSAFE

Grant Title: Safe Schools for Wisconsin's Transgender Youth

Geographic Location: Statewide

Academic Partner: Maurice Gattis, PhD, UW-Madison School of Social Work; Sara McKinnon, PhD, UW-Madison Department of Communication Arts; and Karma Chávez, PhD, UW-Madison Department of Communication Arts

Dates: 5/1/2014–7/31/2015

Amount: \$50,000

Program: Community Academic Partnership Fund

The Challenge: Currently, transgender and gender non-conforming students in Wisconsin's K–12 public schools are not protected against discrimination under state law. Students are harassed daily at school, and often have no access to a safe bathroom or locker room and are excluded from field trips or sports. As a result, many transgender children report feeling less connected, are absent from or late to school, drop out, have lower grade-point averages and have poorer health than peers.

Project Goal: The project aimed to conduct and disseminate research documenting the experiences of transgender and gender non-conforming youth in Wisconsin public schools, assist in school district policy change and develop a model intervention to reduce discrimination and improve educational and

health outcomes for transgender and gender non-conforming youth in Wisconsin public schools.

Results: The project supported non-discrimination policy change in the La Crosse, Monona Grove, Milwaukee, Racine and Superior school districts. The organization is now working with two additional school districts (Beloit and Shorewood) and continues to work with Superior to develop a train-the-trainers approach for effective implementation of policies that add protections for transgender and gender non-conforming youth.

Focus groups or interviews were conducted with transgender and gender nonconforming youth, parents of transgender youth, school administrators and professionals. Themes emerged and centered around feelings of safety, environmental accommodations, grades, acceptance and respect. Based on these results, a report titled, "School Experiences of Transgender and Gender Non-Conforming Students in Wisconsin" was created

which provides recommendations for school districts (gsafewi.org/).

The report was shared through various lists and networks including the Department of Public Instruction and the Department of Health Services. Additionally, the report was shared with more than six state agencies and the Adams-Friendship, Ashland, Beloit, Menominee Indian, Milwaukee and Racine school districts.

The project disseminated findings at five national conferences, was included in five media reports including the Wisconsin State Journal and Wisconsin Public Radio, and currently has two publications under review and a book contract with Columbia University Press.

The research team and community partner developed an intervention model that, through further support from the Wisconsin Partnership Program, will be implemented and evaluated in 2016 in two districts that have passed gender inclusive non-discrimination policies.



Gathering Data on Adverse Childhood Experiences to Inform Prevention Efforts

Grantee: Wisconsin Child Abuse and Neglect Prevention Board

Grant Title: Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin

Geographic Location: Statewide

Academic Partner: Barbara Knox, MD, UW School of Medicine and Public Health, Department of Pediatrics and Kristen Shook Slack, PhD, UW-Madison Department of Social Work

Dates: 7/1/2013–6/30/2015

Amount: \$47,425

Program: Community Academic Partnership Fund



The Challenge: Fifty-eight percent of Wisconsin adults have experienced one or more Adverse Childhood Experiences (ACEs). These include emotional, physical or sexual abuse, witnessing domestic violence, growing up in a household with substance abuse, mental illness, separated or divorced parents or having an incarcerated household member. The more cumulative ACEs individuals

experience, the more likely they are to have a variety of health and social problems later in life. Currently, ACE data is being collected in Wisconsin, however, studies recommended additional data regarding health and social issues be collected to better inform prevention and intervention efforts.

Project Goal: The project aimed to gather data on childhood poverty and neglect, further analyze existing data, provide education about ACEs to policymakers, and test the feasibility of including ACE data in public health surveillance systems and the County Health Rankings.

Results: The project developed and tested childhood poverty, neglect and resiliency questions. These questions were included in the 2014 and 2015 survey samples. Additional analysis was conducted on previous data resulting in increased understanding of ACE impacts on health outcomes and disparities. Figure 1 highlights major disparities in health

outcomes between those with no ACEs and those with four or more ACEs.

The project resulted in key individuals from state and local organizations trained as ACE Master Trainers who must conduct at least four ACE trainings throughout the state each year. Forty-three ACE Master Trainers have become active between 2014 and April 2016. In 2015 alone, they presented to approximately 3,300 individuals from settings that include Wisconsin governmental departments, local health departments, coalitions, tribes and other community organizations.

Additionally, recommendations based on the ACE data have been made to policymakers and a report has been disseminated at preventionboard.wi.gov.

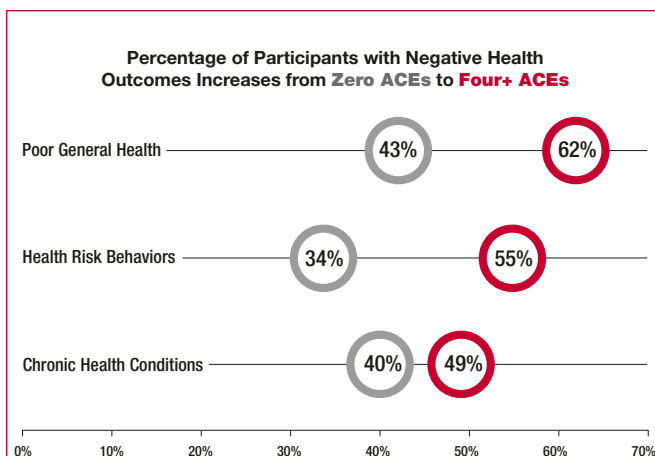


Figure 1. Prevalence of Health Category Indicators by ACE score
Source: Wisconsin BRFS, 2011-2013



Comprehensive Sexual Health Education Increases Student Acceptance and Improves School Climate

Grantee: Winnebago County Health Department

Grant Title: Winnebago County Comprehensive Sexual Health Education Pilot Program

Geographic Location: Oshkosh School District

Academic Partner: Juyeon Son, PhD, UW-Oshkosh Department of Sociology

Dates: 5/1/2013–10/31/2015

Amount: \$39,482

Program: Community Academic Partnership Fund

The Challenge: Two of the most commonly reported communicable diseases in Wisconsin are the sexually transmitted infections (STIs) chlamydia and gonorrhea. In Winnebago County, about 70 percent of chlamydia infections occur 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.

Project Goal: The aims of this project were to develop and pilot a middle school sexual health curriculum based on National Sexuality Education Standards, train health educators to deliver an approved curriculum and measure the impact on student knowledge and risky sexual behavior in comparison with current curricula. Initially, the Oshkosh school district's sex education curriculum was evaluated for gaps, including a need to focus on

identity, pregnancy and reproduction and healthy relationships. Training was provided to health educators in the Oshkosh school district. Two other school districts also attended training.

Results: The group that received comprehensive sexual health education had a higher average score in three focus areas: sexual identity, pregnancy and reproduction and STIs. However, overall there was no significant difference between the new and old curricula for increased knowledge of sexual health.

The new education did significantly affect awareness and the degree of openness toward more diverse sexual identities and gender equality. Students who identify as lesbian, gay, bisexual, transgender and queer (LGBTQ) are more likely to indicate that they felt sad or helpless, have considered attempting suicide or have actually attempted suicide compared to heterosexual students. This curriculum's focus on

identity offers a potential future strategy to prevent bullying and suicide among LGBTQ students and encourage acceptance of gender differences.

In 2016, the project will present results at the annual meeting of the Midwest Sociological Society and Safe Healthy Strong Conference, and plans to submit a manuscript for publication.



A Statewide, Integrated Approach to Obesity Prevention

Grantee: Wisconsin Partnership for Activity and Nutrition (WI PAN)

Grant Title: Wisconsin Obesity Prevention Network

Geographic Location: Statewide

Academic Partners: Dale Schoeller, PhD, UW-Madison College of Agricultural and Life Sciences; and Alexandra Adams, MD, PhD, UW School of Medicine and Public Health

Dates: 09/01/2012 – 08/31/2015

Amount: \$400,000

Program: Community Academic Partnership Fund



The Challenge: Recent data shows that 39 percent of third- through fifth-graders, 23 percent of high school students, and 64 percent of adults in Wisconsin are obese or overweight. The epidemic of obesity leads to increases in chronic diseases that have catastrophic effects on public health and medical costs. While many groups and organizations are working independently to address and prevent obesity, there is a need to coalesce efforts to avoid duplication and competition when moving research, public health and policy initiatives forward.

Project Goal: This project aimed to build and sustain the statewide Wisconsin Obesity Prevention Network (WOPN) based in a collective impact framework. The framework aims for collaborative participants to achieve a common agenda, create backbone support infrastructure, identify shared measurement systems, conduct mutually reinforcing activities and allow for continuous communication.

Results: WOPN has built organizational capacity and continues to serve as the support infrastructure of the effort by facilitating communication, building

coordination and promoting collaboration around obesity prevention strategies and interventions statewide. Through WOPN's efforts, an additional 50 organizations are now working together towards common goals. A statewide common agenda was established with input from advisors across the state representing government, nonprofits, the private sector and communities. Statewide priorities have been identified in the following settings: early childhood, schools, community-built environment and community-food systems/food retail.

Additionally, WOPN staff initiated or facilitated community-academic partnerships, which have brought together faculty from urban and regional planning, local food systems and food economies, dietetics and community studies with community leaders in local and state government, cooperative extension and nonprofit organizations. Successes of these partnerships include:

- The Wisconsin Early Childhood Obesity Prevention Initiative worked with the Wisconsin Department of Children and Families on the statewide quality

improvement system for childcare providers, influencing them to change physical activity criteria from 60 to 90 minutes daily and expand the nutrition criteria to include breastfeeding and youth gardening.

- WOPN received several grants including one to work on statewide public education and messaging to improve physical exercise by ensuring access to safe streets, and another grant to expand physical activity and education opportunities in school districts in Crawford County and the Fox Valley as well as the Northwest region of the state.

WOPN significantly contributed to the planning and development of the Partnership Program's 2014 Obesity Prevention Initiative, which invested \$8.6 million over five years. In 2015, WOPN changed its name to healthTIDE (healthTIDE.org).





Promoting Healthy Weight Before, During and After Pregnancy

Grantee: YMCA
Grant Title: YMCA and UW OBGYN Partnership Promoting Healthy Weight in Pregnancy
Geographic Location: City of Madison
Academic Partner: Cynthie Anderson, MD, MPH, UW School of Medicine and Public Health, Department of Obstetrics and Gynecology
Dates: 5/1/2013–08/30/2015
Amount: \$24,132
Program: Community Academic Partnership Fund

The Challenge: 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. Obesity has a disproportionate impact on low-income, minority women in Wisconsin. The South Madison Redevelopment District, home to the most racially diverse population in Dane County, faces such income and health disparities. Community initiatives that promote healthy weight before, during and after pregnancy can decrease tremendous health burdens.

Project Goal: The YMCA and UW School of Medicine and Public Health Department of Obstetrics and Gynecology partnership aimed to assess 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.

Results: The project assessed current needs in the South Madison area and found a gap in services related to prenatal and postpartum programming. Community members cited numerous barriers that kept them from using existing programs (see Figure 1). Also, the vast majority of participants had difficulty identifying existing resources in the community for women who were pregnant, planning pregnancy or post partum. Among community members who identified specific programs, there was more awareness of weight management and fitness programs than nutrition programs.

This project was successful in forming many collaborations, beginning with the Prenatal to One Working group (POWr). It brought together

and solidified invested partnerships with community members, community partners and academic partners.

Moving forward, the project plans to pursue programming that includes prenatal and postpartum fitness classes developed and offered in collaboration with the Department of Obstetrics and Gynecology and the YMCA of Dane County in the South Madison area.

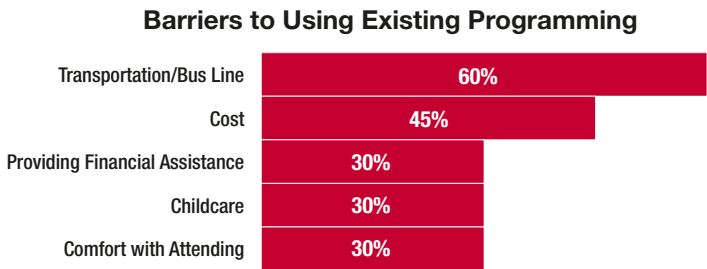


Figure 1. South Madison women identified the above barriers to utilizing local prenatal and postpartum services.

Helping Men Find Employment to Decrease Health-Related Stress

Grantee: Bethel African Methodist Episcopal Church

Grant Title: Bethel AME Church Jobs for Fathers

Geographic Location: City of Beloit

Academic Partner: Jeffrey Lewis, PhD, UW-Extension

Dates: 7/1/2013–6/30/2015

Amount: \$122,896

Program: Lifecourse Initiative for Healthy Families



The Challenge: In 2014, unemployment among African Americans in Wisconsin was the highest of any state. Some African American fathers face serious barriers to finding and keeping work, including lack of job skills and preparation, employment opportunities and employment-related support. By improving employment and financial conditions, fathers help reduce stress-related emotional, mental and physical health issues and provide support for positive family development.

Project Goal: The project aimed to provide pre-employment training and support for African American fathers in Beloit, ages 18 to 30 through “a community circle” and seminars. The program utilized an African American cultural and spiritual perspective and focused on unemployed and underemployed African American fathers who are single, non-custodial dads with high school education or less.

Results: The project was successful in providing pre-employment training for African American fathers. Program staff reports, final survey results and participants’ written comments suggest that the program increased pre-employment-related knowledge and skills and allowed each participant to establish goals and plans to secure employment.

The participants developed an individual employment plan which included a cover letter and resume, attended job fairs, learned strategies for approaching potential employers and received a schedule of employment workshops. Of participants who completed the full eight weeks (64 enrolled, 38 completed), 50 percent obtained employment while enrolled in the program.

The project also created new support networks for men. Participants reported that the program had a positive influence on their identity and helped them develop into more responsible fathers. The network has been sustained and integrated into church programming.



Developing a Youth Internship Program in Beloit

Grantee: Pentecostal Tabernacle Church of God in Christ

Grant Title: Beloit Youth Internship Program

Geographic Location: City of Beloit

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

Dates: 7/1/2013–6/1/2015

Amount: \$41,646

Program: Lifecourse Initiative for Healthy Families

The Challenge: The community of Beloit, Wisconsin faces many tough challenges. The unemployment rate among African Americans in Beloit is currently estimated at a staggering 18 percent and among African American youth ages 16-24 living in Beloit, the rate of unemployment is even higher at 46.5 percent. Youth-focused internship programs that aim to reduce the number of African American adults who are unemployed or underemployed are limited. Having financial security can help alleviate poor health outcomes associated with social and economic conditions.

Project Goal: This project aimed to develop the Beloit Youth Internship (BYIn) Program to provide meaningful internship experiences for African American youth in Beloit. Through mentoring and professional skills training, including leadership and

life coaching, the program encourages social and economic success during and after high school by putting students on the pathway to employment and/or higher education.

Results: The major result of this development project is that the BYIn Program design and template are ready for implementation. The program framework includes monthly seminars or workshops in the following major program areas: health and wellness, professionalism and developing business acumen, life planning and goal setting, career exploration, academic and post-secondary preparation, financial literacy, spirituality, parents seminars and connections, and leadership and community involvement. A mixed-method evaluation tool was developed to effectively gauge program success and adherence to objectives during implementation.

To inform program development, three focus groups were conducted with 17 students ages 13 to 16 and primarily from low-income homes. Participants shared intimate stories and ideas for ensuring program success and meeting the needs of the community.

Engaging the community was essential to successful development of the program. Commitments and partnerships were forged with Blackhawk Technical College, the School District of Beloit, the Beloit Fire Department, Beloit College and other area businesses and organizations to sponsor student interns, contribute and participate in seminar programming and offer meaningful pre-college experiences and opportunities consistent with program goals. Project staff are currently seeking grant opportunities to pilot the program.



Challenges for New and Expectant Mothers in Milwaukee

Grantee: Children's Service Society of Wisconsin

Grant Title: Family Connectedness for New and Expectant Mothers

Geographic Location: Milwaukee communities of Metcalfe Park, Amani/Franklin Heights and Lindsay Heights

Academic Partner: Mary Jo Baisch, PhD, RN, UW-Milwaukee College of Nursing

Dates: 1/1/2014–6/30/2015

Amount: \$50,000

Program: Lifecourse Initiative for Healthy Families



The Challenge: Being a new or expectant mother can be challenging. It is even more so when lacking social support systems, feeling isolated and living in a low-income neighborhood where high chronic stress and poverty create additional challenges. The Children's Service Society of Wisconsin (CSSW) uses a Family Finding Program designed for children in foster care, which encourages them to develop familial connections. CSSW proposed to test this model with families of new and expectant mothers living in low-income neighborhoods who lack an extended family support system. Research shows that family and social support is a determinant of health and can be vital during an infant's first year of life because mothers can learn from supportive individuals and are more likely to use health care services.

Project Goal: This project focused on improving family support systems using the evidence-based Family Finding Model. While traditionally a model used in child welfare, this project tested its applicability with high-risk pregnant women with few extended family members. After identifying healthy social supports, the study assessed changes in parenting abilities, maintaining medical appointments, reduced stress and levels of depression.

Results: Ultimately, the Family Finding model did not work in the population identified. It encountered significant barriers to enrollment as 237 individuals were contacted, yet only four women consented and enrolled. Specific barriers included expectant mothers' primary focus on survival needs, the strict inclusion criteria that only pregnant women could enroll and recruitment occurring in winter months. The project concluded that the social support model used was more relevant for women who had stable housing and employment and whose survival needs were being met. Also, it may be more applicable to young parents who had been in foster care as children and may have lost contact with family members.



Coordinating Services in a Culturally Competent Manner

Grantee: Children's Hospital of Wisconsin-Community Services; Children's Service Society of Wisconsin

Grant Title: Family Peer Navigation and Home Visit Project

Geographic Location: City of Beloit

Academic Partner: Sara Busarow, MD, MPH, UW School of Medicine and Public Health, Population Health Sciences

Dates: 7/1/2013–6/30/2015

Amount: \$116,656

Program: Lifecourse Initiative for Healthy Families

The Challenge: In Beloit, infants born to African American mothers are twice as likely to die before age one compared to infants born to white mothers. One cause may be the pervasive chronic stress in these women's lives. Community services are available that may help protect against chronic stressors, but many families find these services difficult to navigate. Culturally competent service providers who understand their community's norms must be positioned to provide these needed services.

Project Goal: The Family Peer Navigation (FPN) project aimed to assist Beloit African American families with navigating community systems by coordinating services and encouraging development of self-advocacy and leadership skills. The grantee organization, Children's Service Society of Wisconsin, also worked to improve the cultural competency of its

staff at the Exchange Family Resource Center Network (ExFRCN) to better serve clients and build trust among the diverse groups who access services.

Results: A total of 217 families were served during the project. Three levels of assistance were available, depending on family needs. Home visiting services were provided to 27 families, exceeding the goal of 20 families. Peer Navigators assisted 70 families with enhanced referrals or advocacy, far surpassing the goal of 30 families. Additionally, 120 families received information and simple referrals, though the initial goal was 200 families. On program feedback forms, the majority of clients reported increased knowledge and utilization of community resources and improved self-advocacy skills. Clients were also highly satisfied – 81 percent rated the program as a 9 or higher on a 10-point scale and 92 percent would recommend it to a relative or friend.

In order to provide more culturally competent service navigation, Peer Navigators were recruited from the target community and trained. Cultural competency training was also provided to all ExFRCN staff during the project. Survey results showed significant self-reported changes in staff cultural competency, including increased knowledge about the Beloit African American community, understanding of cultural differences and roles and increased leadership skills. Community partners reported greater awareness of the FPN project, understanding of its purpose and recognition of its role as a critical partner in community family systems. The organization is sustaining the project by funding a 0.5 FTE position to support parent leadership, self-advocacy and systems navigation.



Focusing on Fathers to Improve Children's Health and Well-Being

Grantee: Young Men's Christian Association

Grant Title: Focus on Fathers Initiative

Geographic Location: Racine County

Academic Partner: Noelle Chesley, PhD, UW-Milwaukee, Department of Sociology; and Sarah Halpern-Meekin, PhD, UW-Madison, School of Human Ecology

Dates: 6/1/2013–8/31/2015

Amount: \$111,036

Program: Lifecourse Initiative for Healthy Families



The Challenge: In the city of Racine, 39 percent of African American households live in poverty and a high percentage are headed by a single individual. Female-headed households with children are more likely to be living in poverty (33.6 percent) than households headed by only males (23.9 percent) or married-couple (9.3 percent) households. Involved fathers bring positive benefits to their children that no other person is as likely to bring and high-quality interaction by a father predicts better infant health.

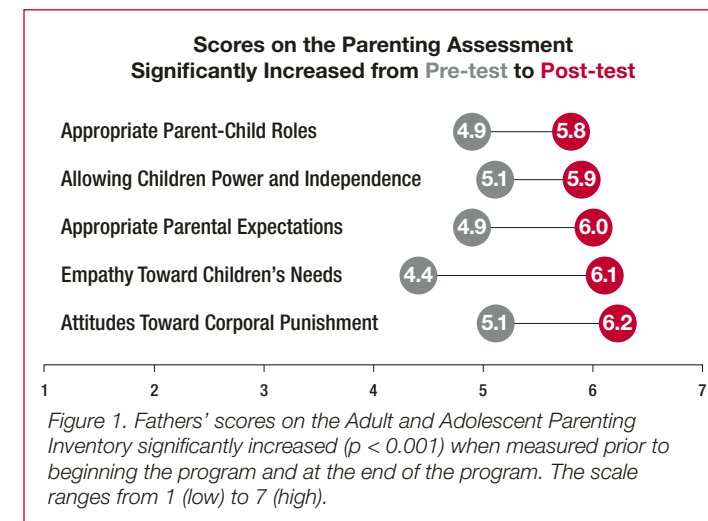
Project Goal: This project expanded the YMCA's Nurturing Fathers™ Program by adding sessions, participants, home visitation and a healthy relationship education component. Fathers were referred to a 13-session fatherhood education program that promotes the practice of responsible fatherhood. Fathers were also encouraged to enroll in home visitation to teach and model positive parenting, as well as a 15-hour marriage and relationship education program with their child's mother/significant other to improve the odds that participants will choose, remain in or develop healthy relationships.

Results: Over the two and a half years of the grant cycle, 300 men participated in the program. The program was successful in serving an at-risk population of men who were facing significant challenges: a substantial number are currently incarcerated; most had no education beyond high school; a majority had annual earnings below \$15,000; and most were parenting in complex families, having children with partners with whom they do not live.

Of the men who enrolled, two-thirds completed the program. Men who completed the program saw a significant increase in their parenting scores, representing a move toward lower-risk parenting attitudes (see Figure 1) over time. Some research has linked improvement in these attitudes to reducing subsequent risk of child maltreatment, thereby improving children's emotional well-being.

Funding to sustain programming was received from the United Way of Racine County. They will serve 120 fathers in the areas of employment, financial literacy

and healthy relationships. The program also affected other local systems, encouraging the staff to improve their interactions with fathers.





Improving Breastfeeding Among African American Women

Grantee: African American Breastfeeding Network

Grant Title: Normalizing Breastfeeding: Building Social Support and Community Capacity

Geographic Location: City of Milwaukee

Academic Partner: A. Michelle Corbett, MPH, CHES, UW Center for Urban Population Health

Dates: 7/1/2013–6/30/2015

Amount: \$149,953

Program: Lifecourse Initiative for Healthy Families

The Challenge: Breastfeeding exclusively for three to four months is related to significant decreases in infections, allergies, obesity, respiratory tract infections and many other health problems including a 50 percent decrease in Sudden Infant Death Syndrome (SIDS). Increased breastfeeding rates are associated with lower health care costs and improved infant survival. However, breastfeeding rates fall far below medical recommendations and the issue is most pertinent for African Americans whose breastfeeding rates are two and one-half times less than white mothers. Fifty-two percent of African American mothers initiate breastfeeding in the hospital, but only nine percent are exclusively breastfeeding at three months, and four percent are exclusively breastfeeding at six months.

Project Goal: The project aimed to increase knowledge of the value of breast milk and breastfeeding; increase breastfeeding initiation in the hospital; increase family support, especially among fathers; and build community capacity to better understand breastfeeding disparities as a public health issue. The goal was to reach 120 pregnant mothers and an additional 100 support individuals from their families. The project took place in Milwaukee with in-home lactation support for first-time breastfeeding mothers; Community Breastfeeding Gatherings (CBGs), which included educational sessions; presentations from family- and child-service organizations; and training Father Peer Advocates.

Results: This project gained local and national media coverage to help convey breastfeeding disparities, and the work was presented at a national maternal and child health conference.

Other project successes included:

- 113 pregnant mothers attended at least one CBG, just seven short of the targeted goal of 120.
- The project reached a total of 83 support persons. Encouragement from these individuals is necessary for sustainability of breastfeeding, a learned behavior. These supporters included 34 fathers who also received referrals to community resources and the chance to ask questions about pregnancy and parenting.
- The project's attendance at community events and health fairs increased awareness of the project and the benefits of breastfeeding.
- The project resulted in formation of new partnerships and an increase in referrals from hospitals, providers, WIC sites and prenatal care coordination organizations.
- The organization received funding from United Way of Greater Milwaukee and Waukesha County to continue CBGs.



Champions Improve Outcomes for Women and Children

Grantee: Professional Women's Network for Service, Inc.

Grant Title: PWNS Birthing Project

Geographic Location: Cities of Racine and Kenosha

Academic Partner: Teresa Johnson, PhD, UW-Milwaukee College of Nursing

Dates: 7/1/2013–6/30/2015

Amount: \$130,925

Program: Lifecourse Initiative for Healthy Families



The Challenge: African American infant mortality rates for Racine and Kenosha are 18.2 and 10.3 deaths per 1,000 births, respectively. The negative impact of stress on African Americans is highly correlated to inflammation during pregnancy which increases chances of a high-risk pregnancy that may include hypertension, diabetes, preterm labor and low- birthweight babies. Researchers continue to find evidence of the impact of stress on African Americans and new health care delivery and support models and methods are emerging that are meant to help women manage or decrease their stressors in order to achieve healthy pregnancy and birth outcomes.

Project Goal: Professional Women's Network for Service is recognized for introducing the Birthing Project in the Racine and Kenosha communities. The current grant aimed to expand recruitment and training of Sister Friend volunteers in the African American community who mentor, nurture and support pregnant women through pregnancy, birth

and infancy. The project focused on goal setting, handling racism, relationship building, relaxation, budgeting and soothing and coping techniques.

Results: The Birthing Project successfully assisted 100 percent of its mothers in receiving prenatal care and continued well-baby appointments. Eighty-five percent of women initiated breastfeeding and 90.5 percent of babies ($n = 38$) weighed over 5.5 pounds at birth. Forty-two participants were served during the grant period and 95 percent of the women identified as a racial minority. The project encouraged women to set educational and career goals prospectively for the next two to five years. At the end of the grant, 85 percent of mothers were in school, obtained work or both.

Since 2008, 30 percent of women who were initially participants have continued with the organization as volunteers and advocates. The women who serve as Sister Friends and mentors also strengthen inter-

generational connections and promote healthy pregnancy messaging and support to women in the community.

The project received the Nancy L. Henry Youth Advocate Award from the Racine Branch-National Association for the Advancement of Colored People in October 2014. The award was given to the Birthing Project Sister Friend Program for the practical, emotional and social support given to pregnant women ages 14 to 44 years of age for the last eight years. The project continues to find support in the community. It was featured in several local newspapers and received funding for one year from March of Dimes.





Healthy Pregnancy and Understanding Trauma's Role in Life Outcomes

Grantee: United Neighborhood Centers of Milwaukee (UNCOM)

Grant Title: UNCOM Initiative for Healthy Families

Geographic Location: City of Milwaukee

Academic Partner: Mary Jo Baisch, PhD, RN, UW-Milwaukee College of Nursing

Dates: 7/1/2013–12/31/2015

Amount: \$95,867

Program: Lifecourse Initiative for Healthy Families

The Challenge: In 2010, it was reported that Milwaukee County had an infant mortality rate of 10.0 per 1,000 live births, whereas Wisconsin has an infant mortality rate of 6.4. Most troubling is the African American infant mortality rate of 17.2 per 1,000 births; nearly three times the statewide rate. Preterm labor, one causal factor of infant mortality, is associated with stress related to poverty, racism and adverse childhood events or trauma.

Project Goal: United Neighborhood Centers of Milwaukee (UNCOM), a collaborative of eight agencies, aimed to develop drop-in centers for families experiencing stress. The project developed a curriculum focused on principles of reproductive health, potential impacts of stress on pregnancy, infant/child growth and development and healthy relationship skills. The project also conducted trauma-

informed care training for more than 200 staff from six neighborhood centers to recognize signs and symptoms of trauma and its widespread impact thereafter.

Results: The initiative was able to provide relevant, important health and wellness education in an open and inviting venue in three neighborhood centers. In discussion groups, participants were able to share parenting advice and learned important information about the relationships between stress, health and healthy pregnancy.

The curriculum was shared with all UNCOM agencies and three are actively implementing components of the curriculum. In a number of instances, information and training have been incorporated into existing and new UNCOM agency programming.

The program successfully developed and implemented a train-the-trainer program focusing on using a trauma-informed approach, and agency staff have begun to apply these principles in their interactions with neighborhood center members. Agency staff are now more willing to address pregnancy and other health-related issues in their organizations and provide services with a trauma-informed care approach.



Improving Prediction of Alzheimer's Disease

Grantee: Sterling Johnson, PhD, UW School of Medicine and Public Health, Department of Medicine, Geriatrics

Grant Title: Predicting Alzheimer's Disease Using Multimodal Machine Learning

Dates: 1/1/2012–2/31/2014

Amount: \$299,539

Program: Collaborative Health Sciences Program



The Challenge: Approximately 110,000 individuals in Wisconsin and 5.5 million nationally have Alzheimer's disease (AD), with that number projected to triple by 2050. Accurately diagnosing individuals with Alzheimer's prior to cognitive decline would allow for improved prevention and treatment and, hopefully, eventually a cure. This project identified a need to use a comprehensive variety of data sources and image analysis approaches to increase accuracy of diagnosis at several disease stages in order to best predict future cognitive decline.

Project Goal: The new methodology proposed to identify a multimodal disease marker using longitudinal imaging and cognitive and lab data sources to best identify Alzheimer's disease in different stages of severity. After developing a novel image analysis algorithm, it was applied to an

ongoing clinical trial aiming to have a more sensitive methodology for detecting treatment effects resulting in fewer individuals needed to participate in research studies, a constant goal in research.

Results: Partnerships were formed between the Department of Medicine, including the division of Geriatrics, and the Department of Biostatistics and Medical Informatics to develop a framework and algorithm for predicting early Alzheimer's disease. The project successfully developed a new method that included imaging, clinical and longitudinal data. They found this was superior to other approaches and then applied it to a clinical trial study. As expected, using this methodology improved estimation of treatment effects and reduced the needed number of subjects. The project also published seven papers, and

presented at multiple conferences to disseminate their work. A patent is pending. They also obtained two National Institutes of Health (NIH)-supported grants, including an R01, and have submitted another proposal for funding.



Defending Insulin Production to Treat Diabetes

Grantee: Dawn Belt Davis, MD, PhD, UW School of Medicine and Public Health, Department of Medicine

Grant Title: Cholecystokinin in the Survival of Human Pancreatic Islets

Dates: 2/1/2013–7/31/2015

Amount: \$100,000

Program: New Investigator Program

The Challenge: The prevalence of type 2 diabetes is rapidly climbing in Wisconsin and currently affects over 300,000 people in the state. Obesity is a major risk factor for type 2 diabetes. With obesity, individuals require more of the hormone insulin to maintain normal blood sugar levels. If they cannot meet the demand for more insulin, they develop elevated blood sugars and diabetes. The β -cells within the pancreas produce insulin, and a key defect in type 2 diabetes is increased β -cell death, leading to inadequate insulin production. There currently are not any therapies for diabetes that directly target β -cell survival. The hormone cholecystokinin (CCK) can protect against the destruction of β -cells in mouse models of diabetes, but had not been tested in human tissue.

Project Goal: The project aimed to examine whether the CCK hormone protects against β -cell death in human islets obtained from organ donors. The team transplanted human islets into a mouse, where they could study the response of these islets in a living organism. The mice were then treated with CCK or a control treatment for three weeks, and the amount of β -cell death was measured after the treatment.

Results: The project successfully demonstrated that the CCK hormone is able to protect human pancreatic β -cells from death. CCK has potential as a new therapeutic for patients with diabetes as it can help prevent the loss of the insulin-producing cells, allowing patients to maintain normal blood glucose levels.

A \$50,000 pilot from the Department of Medicine at the UW School of Medicine and Public Health was awarded to further elucidate the mechanism whereby CCK protects β -cells from death. The work has been presented at nine meetings or conferences and received an award for “Best Talk” at the Incretin 2015 symposium at the University of British Columbia, attended by international leaders in the field. This award provided key preliminary data for an R01 grant application from the National Institutes of Health.



Personalizing Treatment for Kidney Cancer

Grantee: Joshua Lang, MD, UW School of Medicine and Public Health, Department of Medicine

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

Dates: 2/1/2013–7/31/2015

Amount: \$99,964

Program: New Investigator Program



The Challenge: Kidney cancer is the most lethal urologic malignancy and the eighth leading cause of cancer death in the United States. Despite the advent of multiple therapies in the last decade, metastatic kidney cancer remains incurable with a median survival of less than two years. In fact, nearly all patients who initially benefit from those therapies develop resistance within a year. Given the significant toxicities and cost of current treatments, a critical need exists to personalize treatment for the greatest chance of benefit to patients.

Circulating tumor cells are shed from metastatic cancers into the blood of patients and can be predictive of treatment outcome. Only one technology is licensed by the FDA to evaluate circulating tumor cells (CTCs) and it is not effective in renal cancer.

Project Goal: The project aimed to capture CTCs from patients with kidney cancer. The goal was to investigate the molecular makeup of the CTCs to identify which therapeutic agents may be best for each individual.

Results: The project identified new CTC markers of resistance to cancer therapies. Results could identify early signs of treatment resistance, personalize treatments and allow for combinations of treatments to target cancer resistance. The research team established partnerships with multiple academic and industrial collaborators to move to the next steps, validating this CTC test for reproducibility and testing in large clinical trials. This network of partners is the infrastructure to performing multi-institution clinical trials across nearly every stage of kidney cancer. The project presented two abstracts and one oral presentation of results at national meetings.

This work has been presented at three International Conferences (Society for the Immunotherapy of Cancer, American Association for Cancer Research, American Urologic Association) and is currently under review for publication. A request for further funding support has been submitted to the National Institutes of Health in an R01 application as well as industry clinical trials.



New MRI Techniques Improve Therapeutic Fit for Cystic Fibrosis Patients

Grantee: Scott Nagle, MD, PhD, UW School of Medicine and Public Health, Department of Radiology

Grant Title: Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy

Dates: 06/01/2011–05/31/2015

Amount: \$99,839

Program: New Investigator Program

The Challenge: The average age of death for someone with cystic fibrosis (CF) is only 38 years old and 90 percent of people with CF die of lung disease. There are an increasing number of therapies and drugs being tested to help people with CF live longer; however, assessing the outcomes of these therapies on lung function has been problematic. Measures of outcomes do not capture early changes in lung function and current techniques such as computed tomography (CT) expose patients to radiation, increasing the risk of developing cancer later in life.

Project Goal: This project researched magnetic resonance imaging (MRI) techniques to evaluate lung structure and function without the risks of radiation exposure. The research project conducted multiple scans of 30 CF patients to compare how effectively

disease severity was reflected by MRI as compared to several other currently used techniques, including CT and chest X-ray.

Results: The research project produced several improved MRI methods for assessing lung function and structure in patients with CF and other lung diseases. Ultimately, the new techniques show potential for improving the fit of treatment to each individual CF patient, allowing for improved outcomes for these patients.

Preliminary results have been presented at nearly 20 conferences, including two international scientific meetings, and resulted in eight publications in scientific journals. In addition, the dataset from the project is valuable because, to the research team's knowledge, no other research has such a full range of MRI, CT and chest X-ray data on CF patients.

As a result of this work, CF drug studies are now beginning to use MRI to measure patient outcomes, and the primary investigator has impacted other cystic fibrosis researchers in many fields by advising on the use of lung MRI in research protocol development. The next step for this project includes a multicenter study to assess outcomes for a CF drug not yet approved in young children.



“Zoo for Flu” Model Helps Researchers Better Understand How Influenza Virus Transmits Across Species

Grantee: Andrew Mehle, PhD, UW School of Medicine and Public Health, Department of Medical Microbiology and Immunology

Grant Title: Dissecting Cross-Species Transmission of Influenza Virus

Dates: 2/1/2013–1/31/2015

Amount: \$100,000

Program: New Investigator Program

Right: Cells infected with different influenza viruses were engineered to express different colors. The green and red cells display two different viruses and the yellow cells are infected with both viruses.



The Challenge: Infections from seasonal influenza viruses cause up to 36,000 deaths per year in the United States. Seasonal infections are punctuated by pandemic outbreaks as new viruses move from animals to humans, often causing high mortality. As an agricultural state, Wisconsin residents are particularly susceptible to cross-species influenza virus transmission. Influenza is remarkably adept at infecting an array of hosts, each presenting a new environment the virus must navigate for successful infection. Recent data reveal a more diverse host range than previously known.

Project Goal: To provide critical information to help predict and prevent future pandemic influenza outbreaks, the goal of this project was to better understand the range of hosts, the barriers to transmission and the mechanisms of restriction. Using the “Zoo for Flu” model, the project team introduced engineered viruses to a large panel of cell lines from diverse hosts to identify barriers to cross-species

transmission. The project chose to assess the pandemic potential of a newly identified virus in bats. The team then characterized how and which pathways influenza uses to adapt and move between species.

Results: The findings impact understanding of how influenza jumps between species. The research team exposed a panel of cell lines from bats of diverse species to a typical human-origin influenza A virus. All of the tested bat cell lines were susceptible to influenza infection.

Also, research and surveillance will now be able to quickly assess threats posed by new strains. The team developed new technologies for rapid screening of cells for infection as well as genomic techniques to identify genetic changes that occur as the virus evolves. These techniques identified a new molecular mechanism exploited by influenza virus as it adapts to replication in bat cells.

The principal investigator received an R01 from the National Institutes of Health National Institute of Allergy and Infectious Diseases for \$1,250,000. The award will use tools developed from this project to generate preliminary data and execute aims. The study also resulted in collaborations within the United States and internationally. The principal investigator was invited to write a commentary for the journal *Viruses* and the work was selected in a highly competitive process for a talk at the 2014 Keystone Symposia: Cell Biology of Virus Entry, Replication and Pathogenesis. Two publications in the *Journal of Virology* discussed the project results.





Creating the Wisconsin Center for Infectious Diseases

Grantees: Bruce Klein, MD, UW School of Medicine and Public Health, Department of Pediatrics, Department of Medical Microbiology and Immunology

Grant Title: Wisconsin Center for Infectious Diseases (WisCID)

Dates: 7/1/2008–8/31/2014

Amount: \$1,205,964

Program: PERC Strategic

The Challenge: Despite advances made in reducing infectious diseases, the overuse of antibiotics has produced microbes that are resistant to the major antibiotics used against them. These threats are accentuated by lack of new antibiotics and the withering of the antibiotics pipeline as industry emphasizes the more lucrative development of chronic disease drugs. Compounding these crises is the recognition that microbes contribute to a far wider array of diseases than previously thought. In addition to well-known infectious diseases (e.g., tuberculosis, pneumonia and strep throat) that are responsible for much illness and 25 percent of deaths worldwide, microbes are associated with diseases and disorders previously thought to be due to other factors (e.g., stomach ulcers, cancer, colitis, atherosclerosis and schizophrenia).

Project Goal: The project aimed to create a virtual Center of Infectious Diseases to foster interdisciplinary research in microbiology and infectious disease, promote training in microbial sciences and rapidly translate resulting research discoveries into novel therapies and preventive measures. The Center was designed to integrate fragmented efforts of outstanding campus physicians and scientists allowing them to better apply the tools of microbiology, immunology and public health to combat infectious and inflammatory disease. The project also trained pre- and post-doctoral basic and clinical scientists in rigorous novel scientific methods essential to tackle key clinical and public health problems.

Results: WisCID fostered new collaborations and extramurally funded research in the areas of antimicrobial drug discovery, symbiosis (e.g., beneficial microbiology) and immunity and inflammation. It expanded research training opportunities through extramural funding of a National Institutes of Health (NIH)-supported T32 training

program entitled “Microbes in Health and Disease,” that is now in its second cycle with a total of 40 trainees supported. WisCID spawned a number of new grants and patents and helped leverage a five-year, \$16 million NIH Center Grant at UW-Madison focused on antimicrobial drug discovery. A multidisciplinary team of researchers led by Dr. David Andes, professor of medicine and division chief of infectious diseases, is using this funding to study natural products from insects, plants and marine organisms. To date, more than 400 novel compounds have been discovered that are being tested for development as antibiotics.

In the future, WisCID aims to compete for its third cycle of funding for the Microbes in Health and Disease training program, submit a precision medicine-focused proposal to PERC’s Collaborative Health Sciences Program, apply for a UW 2020 grant on microbiome and an NIH U01 on immunity/inflammation.





Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

750 Highland Ave. 4230 HSLC
Madison, WI 53705
(608) 265-8215
med.wisc.edu/partnership

October 7, 2016

Agenda Item I.4.c

UW School of Medicine and Public Health
Wisconsin Partnership Program
Oversight and Advisory Committee Reappointments

RESEARCH, ECONOMIC DEVELOPMENT, AND INNOVATION COMMITTEE

Resolution:

That, upon recommendation of the President of the University of Wisconsin System and the Chancellor of the University of Wisconsin-Madison, the Board of Regents approves the reappointment of Gregory Nycz and Kenneth Taylor and Drs. Robert F. Lemanske and Patrick Remington to the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program for four-year terms beginning November 1, 2016.

**UW SCHOOL OF MEDICINE AND PUBLIC HEALTH
WISCONSIN PARTNERSHIP PROGRAM
OVERSIGHT AND ADVISORY COMMITTEE REAPPOINTMENTS**

EXECUTIVE SUMMARY

BACKGROUND

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation and the distribution of the proceeds from the sale of stock to the University of Wisconsin School of Medicine and Public Health (SMPH) and the Medical College of Wisconsin. The Order required the UW System Board of Regents to create an Oversight and Advisory Committee consisting of nine members appointed for four-year, renewable terms. Four public members (health advocates) and four SMPH representatives are appointed by the Regents upon recommendation of the Dean of the SMPH, and one member is appointed by the Insurance Commissioner. In accordance with the Order, the Oversight and Advisory Committee is responsible for directing and approving the use of funds for public health initiatives. The committee also reviews, monitors, and reports to the Board of Regents on the funding of education and research initiatives through the Wisconsin Partnership Program's annual reports.

REQUESTED ACTION

Approval of Resolution 1.4.c, reappointing Gregory Nycz and Kenneth Taylor and Drs. Robert F. Lemanske and Patrick Remington to the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program for four-year terms beginning November 1, 2016.

DISCUSSION

In accordance with the Insurance Commissioner's Order and the Bylaws of the Oversight and Advisory Committee (OAC) approved by the Board of Regents in February 2001, the Regents are being asked to reappoint Gregory Nycz and Kenneth Taylor as two of the four public members (health advocates) and Drs. Robert F. Lemanske and Patrick Remington as two of the four UW School of Medicine and Public Health (SMPH) representatives for four-year terms effective November 1, 2016, through October 31, 2020.

Gregory Nycz is Director of Health Policy for Marshfield Clinic and Director of the Family Health Center of Marshfield, Inc., a federally and state-supported community health center. Under his leadership, the Family Health Center of Marshfield created nine dental health centers that provide oral health services to nearly 50,000 people annually, most of whom are uninsured or publicly insured.

Mr. Nycz, who completed a U.S. Public Health Service Primary Care Policy Fellowship in 1997, has led several research projects and has served on numerous state and national advisory groups and committees, including appointments to the NIH Director's Council of Public Representatives and the State of Wisconsin's Special Committee on Health Care Access. In 2014, Mr. Nycz was honored with Marshfield Clinic's Heritage Award in recognition of his more than two decades of commitment to bringing health care services to underserved rural areas and economically disadvantaged individuals and families.

As a rural health representative on OAC since its inception in 2002, Mr. Nycz has effectively and articulately provided expertise on issues related to health care access and rural health. Since 2004, he has served as OAC's public member representative on the Wisconsin Partnership Program's Partnership Education and Research Committee (PERC), which is responsible for allocating resources for innovative education and research initiatives. Mr. Nycz also participates on the PERC Executive Committee. He provides a valuable perspective to both committees on statewide and national public policies related to health care access and is a recognized leader on rural health issues. He has been actively engaged in the Wisconsin Partnership Program's discussions regarding development of a more explicit focus on issues of health equity and has brought a rigorous community voice to the deliberations.

Kenneth Taylor, MPP, is Executive Director of the Wisconsin Council on Children and Families (WCCF), a private, non-profit, non-partisan statewide organization focused on improving conditions for families and children. The WCCF, which was established 135 years ago, provides research, policy analysis, public education, and advocacy in the areas of health, economic security, safety, and education, all aimed at improving the well-being of Wisconsin's children. WCCF publishes the highly regarded "Race to Equity" report, bringing much-needed public attention to the alarming racial disparities in Dane County.

Since receiving his master's degree in public policy from the University of Chicago in 1994, Mr. Taylor has dedicated his career to improving health for children and families. Before assuming his leadership position with WCCF, Mr. Taylor was a policy advisor for the Wisconsin Department of Children and Families. He advised the Secretary on systems, policy, and practice changes leading to the reorganization of child and family services in Wisconsin to emphasize prevention, early intervention, and child protection.

Mr. Taylor has contributed greatly since joining the OAC as a children's health representative in 2012, including serving as the committee's Secretary and currently as the Vice Chair. He has brought his considerable experience as an advocate of children and families to the activities of the OAC and was a strong voice on the development and implementation of two new competitive community programs, the Impact Grants and the Opportunity Grants Programs. Additionally, Mr. Taylor has provided leadership and support for future programs focusing on health equity. He is a tireless advocate for those populations who disproportionately experience poor health outcomes and strives to be a crucial part of achieving health, equity, and well-being for all Wisconsin residents.

Robert F. Lemanske, MD, is Professor of Pediatrics and Medicine at the UW School of Medicine and Public Health (SMPH). In 2015, he assumed an important new role as SMPH

Associate Dean for Clinical and Translational Research. A pediatric allergist and immunologist by training, Dr. Lemanske's clinical practice and research interests focus on the pathophysiology and treatment of asthma in infants and young children. Since 1998, he has led a birth cohort study which has prospectively evaluated the contributions of genetic and environmental factors of childhood asthma and allergic diseases. Dr. Lemanske has also led three asthma clinical research networks, including AsthmaNet, a consortium designed to evaluate new and existing therapies for asthma in children and adults. Since 2001, he has been recognized by his peers as one of the best doctors in his specialty and in his community in *America's Top Doctors*.

During his nearly 18-month tenure on the OAC, Dr. Lemanske has been an active participant who brings his perspective and extensive experience as a practicing pediatrician and an outstanding researcher and teacher to the work of the committee. He came to the OAC with great knowledge about the Wisconsin Partnership Program as a former PERC member and applies his skills and vast experience to the OAC's procedures, processes, and decision-making.

Patrick Remington, MD, MPH, is the inaugural Associate Dean for Public Health and Professor of Population Health Sciences at the UW School of Medicine and Public Health. He is also faculty director of the newly established and recently accredited Preventive Medicine Residency Program. Before assuming his position as Associate Dean in 2009, Dr. Remington was Associate Director of the UW Comprehensive Cancer Center, Director of the Population Health Institute, and founding director of the Master of Public Health Program. He began his public health career at the Centers for Disease Control and Prevention. Before joining the Department of Population Health Sciences, he worked as an epidemiologist in the Wisconsin Division of Health, eventually serving as the first Chief Medical Officer for Chronic Disease and Injury Prevention.

Dr. Remington was an inaugural member of the OAC beginning in 2002. Later, he joined the Partnership Program's PERC as a representative of the public health faculty. He rejoined the OAC in 2010 and was shortly thereafter elected chair. Under his leadership, the OAC launched a major strategic initiative to tackle Wisconsin's obesity epidemic and made an explicit commitment to advancing health equity. Dr. Remington is a public health leader on both the state and national level with extensive experience in public health research, education, and service.

Continuity in the makeup of the OAC is especially important at this juncture as the committee undertakes a number of significant projects. They include the further development of health equity as a crucial component of the Wisconsin Partnership Program's vision and framework for future investments and beginning the Partnership Program's evaluation of current investments in preparation for the development of the next Five-Year Plan.

Robert Golden, Dean of the UW School of Medicine and Public Health, strongly endorses the nomination of Gregory Nycz and Kenneth Taylor and Drs. Robert F. Lemanske and Patrick Remington and, along with the Chancellor, recommends them to the Board of Regents for reappointment to the Oversight and Advisory Committee.

Resumes for the four nominees follow.

RELATED REGENT POLICIES

Not applicable.

Curriculum Vitae

GREGORY NYCZ, Family Health Center of Marshfield, Inc.
1000 North Oak Ave, Marshfield, WI 54449-5790 ♦ 715/387-9137

Education

B.S. Mathematics, Psychology, Computer Science, University of Wisconsin-Stevens Point, 1972
1997 U.S. Public Health Service Primary Care Policy Fellowship, March 16-21 and June 1-13, 1997

Professional History

1990 - Present: Executive Director, Family Health Center of Marshfield, Inc.
10/97 - Present Director, Health Policy, Marshfield Clinic
1980 - 9/97: Director, Health Systems Research Department, Marshfield Medical Research and Education Foundation, a Division of Marshfield Clinic, Marshfield, Wisconsin
1975 - 1980: Director of Information Systems, Marshfield Medical Foundation
1973 - 1975: Data Comptroller for Marshfield Medical Foundation, Harvard Center for Community Health and Medical Care Project
1972 - 1973: Biostatistician for Marshfield Medical Foundation, WI Regional Medical Contract

Selected Grant and Contract Positions

Co-Investigator (6/76-12/76): Mental & Medical Health Service Utilization, NIMH
Co-Investigator (9/77-3/79): The Quality of Mental Health Services in an Organized Primary Health Care Setting, NIMH
Project Director (10/78-6/83): Medicare Demonstration Program, Health Care Financing Administration
Project Director (7/79-6/80): Health in Underserved Rural Areas Grant, United States Public Health Service
Co-Investigator (9/79-11/80): The Effect of Primary Care Physicians Recognition of Emotional Disturbances in Patients, NIMH
Co-Investigator (11/1/89-11/30/90): Marshfield Clinic Practice Inputs and Cost Data Study, contract PPRC
Director (7/81-present): Family Health Center Program, United States Public Health Service
Project Director (10/85-12/31/94): WisconCare Program Fiscal Intermediary, Bureau of Community Health and Prevention, Wisconsin Division of Health, Department of Health and Social Services, #E/F 6021
Principal Investigator (10/88-7/93): Wisconsin Rural Health Research Center, Health Resources and Services Administration, PHS, DHHS

Professional Affiliations & Committee Memberships

National Association of Community Health Centers; State Coordinator, 1981 to present, past member of Legislative Committee, past Chair and current member of Rural Health Committee, past Chair and current member of Health Policy Committee, Chair of Advisory Group to National Health Center Practice Improvement Initiative, June 99 – present, Member of Elderly Subcommittee
National Association of Community Health Centers/National Rural Health Association Joint Task Force Committee, 1992 – present, Chair 12/2001 – 12/2002
Rural Health Care Advisory Group, American College of Physicians, 1992
National Rural Health Association; Statewide Health Resources Section
American Public Health Association; Community Health Planning Section
Wisconsin Primary Health Care Association: Board Member, 1982 - present; Chair, 1986 - April, 1989
Wisconsin Public Health Association
Association for Health Services Research
Wisconsin State Medical Society; Member of the Task Force on Rural Health, 1987/1988
State of Wisconsin, Department of Health and Social Services, Council on Pilot Projects for the Uninsured, by appointment, August, 1988 - 1991
Special Committee on Health Care Services, Subcommittee on a Wisconsin Health Insurance System, State of Wisconsin Legislative Council, Advisory Member by appointment, 1988/1989
Wisconsin Area Health Education Center System's Statewide Program Advisory Committee, 1990 – 1998
Northern Wisconsin Area Health Education Center (AHEC); Board Member, September 1992 – April 2004; Treasurer, November 1992 – April 2004

National Program Planning Committee member, conference entitled "Implementing Health Care Reform in Rural America - State and Community Roles to be held December 2-5, 1993, Des Moines, Iowa, June 1993 - December 1993 (work completed)

Wisconsin Dental Association, Access to Health Care Committee (formerly known as Ad Hoc Committee on the Underserved), 1993 - 2001

Citizen Planning Board, University of Wisconsin-Madison, Kellogg Food Systems Initiative, 1993-1997

Community Advisory Board, University of Wisconsin Medical School, 1992 - 1993

Medicare Work Group of the Rural Health Development Council of WI Dept of Development, 1994 - 1996

Wisconsin Medicaid Managed Care Statewide Advisory Group, March 1995 – 1997, also member of the Procurement and Contract Work Group and Rate Setting Work Group.

Consortium for Primary Care in Wisconsin (CPCW) Provider Work Force, 1995

Special Committee on Health Care Information, Public Member, 1996 - 1997

Technical Advisory Panel for the Project HOPE Walsh Center for Rural Health Analysis, 1996 –2003

Technical Advisory Panel for the National Opinion Research Center Walsh Center for Rural Health Analysis, January 2004 – present

Wisconsin Area Health Education Center System Board of Directors (formerly Partnership Council), January 1997 – April 2004, Vice Chair 1998 – 12/2001, Chair 12/2001 – April 2004

Advisory Group on Medicaid Funding of Graduate Medical Education, 1997

Great Lakes Inter-Tribal Council, Honoring Our Children Project Advisory Committee, 10/98 – present

Wisconsin's Turning Point: Taking Action to Transform the Public's Health Transformation Team, 1999-02

WI Turning Point Initiative, Phase II – Implementation Planning, Executive Committee, Nov 2000–2003

Wisconsin Coalition for Health Insurance Reform, 1998 – 2002

Wisconsin Population Health Institute Advisory Board (formerly Public Health and Health Policy Institute External Advisory Board), Summer 2001 – present

State of Wisconsin, Governor's Council on Workforce Investment, February 27, 2002 – December 2002

State of Wisconsin, Governor's Health Care Worker Shortage Committee, Summer 2002

University of Wisconsin Medical School Oversight and Advisory Committee, by appointment, health advocate, October 2002 - present

Children's Health Alliance, Healthy Smiles for Wisconsin Coalition, 2002 – present

Rural PACE Technical Program Advisory Group, December 2003 – present

State Public Health Plan Oversight Workgroup, March 2004 – present

UW Medical School, Medical Education and Research Committee, April 2004 – present

Rural Assistance Center Advisory Panel (Univ of North Dakota), 2006 – present

National Association of Community Health Centers, Policy Research Workgroup, 2006 – present; Co-Chair of Policy Research subgroup, September 2007 – present; Member of Tools for Community-Based Participatory Research (CBPR) subgroup, September 2007 – present

Geiger Gibson/RCHN Community Health Fdn Research Collaborative Advisory Committee, 2007–date

Wisconsin Public Health Workforce Strategic Leadership Consortium, September 2008 – present

National Institute of Health Director's Council of Public Representatives (COPR), April 2009 – March 2011

Council of Rural Initiatives Health Care Committee, 2009 – present

Dental Education Feasibility Study Advisory Committee, State of WI, DHS, December 2009 – present

PEW Children's Dental Campaign, Research Advisory Group, March 2010 – November 2010.

Wisconsin Payment Reform Initiative, Chronic Care Workgroup Committee, 2010 – present

Legislative Council Study Committee, Special Committee on Health Care Access, chaired by Sen. Olsen and Rep. Kessler, July 2010 – present

NACHC-Robert Graham Center Oral Health & Behavioral Health Workforce Report, Oral Health Advisory Group, August 2010 – present

UW School of Medicine and Public Health, Community Service Transformation Implementation Subcommittee, November 2010 – present

Clinical and Translation Science Institute at Children's National (CTSI-CN), A Joint Effort by Children's National Medical Center and The George Washington University Medical School, National Advisory Committee For Community Engagement In Research and Health Policy Member

Invitational Conferences

Health Care Reform in Rural Areas, an invitational forum sponsored by The Robert Wood Johnson Foundation and Arkansas Department of Health, Little Rock, Arkansas, March 10-12, 1993.

Integrated Health Care Delivery Systems, an invitational workshop sponsored by Health Care Financing Administration and Public Health Service, April 14-15, 1994, Washington, DC and follow-up workshop on June 20-21, 1994, Washington, DC. The purpose of the workshops were to provide the agencies advice on integrated health care delivery systems in rural areas.

Rural Health Network Development: Policy Issues and Options, an invitational meeting sponsored by the Robert Wood Johnson Foundation, conducted by Alpha Center, April 3-4, 1995, Washington, DC.

Consensus Conference on Health Status Gaps of Low Income and Minority Populations, sponsored by the Bureau of Primary Health Care, December 7-8, 1995, Washington, DC.

Advancing Research for Rural Community and Migrant Health Center Operations, sponsored by the National Rural Health Association, National Association of Community Health Centers and the Bureau of Primary Health Care, July 17-19, 1997, Kansas City, Missouri.

Rural Health Research Agenda Setting Conference, sponsored by the National Rural Health Association, facilitator for the Medicare Financing session, August 13, 2000, Washington, DC

Invitational Rural Health Policy Roundtable, Linking Health Services Research with Health Policy, Washington, DC, June 15-16, 2000

Invitational conference sponsored by New York Academy of Medicine, Roundtable on Enabling Services at Health Centers, Washington, DC, September 29, 2005.

Invitational meeting sponsored by HRSA, AHRQ and NACHC, Health Centers and the Medically Underserved: Building a Research Agenda, Rockville, MD December 2, 2005.

Invitational Rural Health Research Center Director's, NRHA Panel Workshop, Perspectives on the Medicare Modernization Act, Reno, Nevada, May 16, 2006.

Special Awards

American Dental Association Access Recognition Award, Milwaukee, WI, September 16, 1995

National Association of Community Health Centers Advocacy Award for outstanding work to advance the legislative agenda of the health center movement, December 13, 1996

Wisconsin Rural Health Association's "2000 Rural Health Achievement Award" in recognition of his leadership, innovation, and service for rural health in Wisconsin, presented at the Third Annual Rural Health Conference in Wisconsin Rapids, April 27, 2000.

NACHC Grassroots Advocacy Hall of Fame, in recognition of long time efforts and dedication to building Health Center Advocacy power and furthering the Health Center Policy Agenda at the federal level, March 20, 2007

Wisconsin Primary Health Care Association Lifetime Achievement Award, Health Center Hall of Fame, in recognition of improving the landscape for Health Centers, and/or improving public health care access for all, February 3, 2009

National Network for Oral Health Access, Oral Health Champion Award, October 26, 2010

Leadership Wisconsin, 2013 Leadership Excellence Award, Modeling the Way Award Runner-Up, for an exceptional commitment to outstanding leadership in Wisconsin, October 7, 2013.

Marshfield Clinic Heritage Award, In recognition of outstanding service to Marshfield Clinic, State of Wisconsin and beyond, December 10, 2014

Publications

Nycz GR, Schmelzer JR: Geographic Variation and Health expenditures. In Health in Rural North America: The Geography of Health Care Services and Delivery. Gesler W and Ricketts T (Eds). Rutgers University Press, 1992.

Schmelzer JR, Nycz GR: Access to Health Care - What are the Problems for Rural Populations?, Marshfield Clinic Bulletin, pp 3-15, Number 27, Fall 1992

Nycz, GR: Healthy People in Healthy Wisconsin Communities, Rural Health In Wisconsin newsletter, Wisconsin Rural Health Association, Vol 1, Issue 2, Winter 2001

Presentations

Improving Wisconsin's Health: Prevention, Policy and Priorities for Research, Moderator for "Improving Population Health through Better Access to Healthcare: Models from Oral Health", Country Springs Hotel, Waukesha, WI, November 29, 2007.

National Primary Oral Health Care Conference, "Family Health Center of Marshfield, Inc. Oral Health Expansion Program," San Diego, CA, December 11, 2007.

Testimony of Mr. Greg Nycz before the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Wednesday, March 5, 2008

Primary Health Care All-Grantee Meeting, Oral Health: New Approaches for Financing Services, National Harbor, MD, June 24, 2008

National Oral Health Conference, Solving Wisconsin's Oral Health Disparities – A Wisconsin Community Health Center Initiative, Progress Report and Future Assessment, Portland, OR, 04/19/09

Wisconsin Public Health Association Annual Conference, Panel presentation with Terri Kleutsch and Patti Krug, Solving Wisconsin's Oral Health Access Problems – Oh Yes We Can, Greg's presentation: Solving Wisconsin's Oral Health Disparities – A Wisconsin Community Health Center Initiative, Progress Report and Future Assessment, Appleton, WI, July 8, 2009.

National Primary Oral Health Conference, Solving Wisconsin's Oral Health Disparities – The Importance of Board and CEO Commitment, Nashville, TN, Nov 3, 2009.

Wisconsin Oral Health Coalition Regional Meeting, Update on Family Health Center/Marshfield Clinic Efforts to Solve Wisconsin's Oral Health Disparities, Eau Claire, Jan 26, 2010.

Michigan Oral Health Conference, Building Capacity to End the Problem of Oral Health Access to Care, Lansing, MI, Jun 10, 2010.

IOM, Committee on Oral Health Access to Services Public Workshop, San Francisco, CA, 07/27/10.

Healthcare Innovations Expo, Cannon Caucus Room, CHOB, Washington, DC, September 28, 2010

National Oral Health Conference, Addressing Oral Health Access and Disparities, A Regionalized, Integrated, Rural Dental System, Pittsburgh, PA, April 12, 2011

Community Health Centres: Acting Today, Shaping Tomorrow, Strategies to Improve Access to Appropriate Dental and Oral Health Care, Greg Nycz, G. Joseph Kilsdonk, AuD, MS, Amit Acharya, BDS, MS, PhD, Toronto, Ontario, Canada, June 9, 2011.

Participant, National Oral Health Conference, pre-conference workshop, Nuts and Bolts of Sustainability, Milwaukee, WI, April 28, 2012.

Panelist, Kaiser Family Foundation Dental Forum, Filling the Gaps: Dental Care, Coverage and Access, Washington, DC, June 19, 2012.

From Medicaid to the Marketplace: Accounting for Low-Income Enrollees, Preparing for the Federal Health Insurance Marketplace: A View from Wisconsin, June 14, 2013

Testimony of Greg Nycz (invitation), Subcommittee on Primary Health and Aging, Senate Committee on Health, Education, Labor and Pensions (HELP), Dental Crisis in America: The Need to Address Cost, Washington, DC, September 12, 2013.

Oral-Systemic Health Conference, Marshfield Clinic: Medical-Dental Primary Care Demo Project, Greg Nycz, Amit Acharya, BDS, PhD, Joseph Kilsdonk, AuD, MS, Marshfield, WI, October 4, 2013

University of Chicago, College of Dentistry, Lunch and Learn Session, A Comprehensive Generational Effort to Solve the Oral Health Crisis in Northern Wisconsin, February 28, 2014.

NASHP 27th Annual State Health Policy Conference, Blossoming Opportunities to Improve Diabetes Care and Reduce Costs, The Importance of Medical/Dental Integration In the Care of Diabetic Patients, Atlanta, Georgia, October 8, 2014.

National Association of Community Health Centers, Policy and Issues Forum, Meeting the Oral Health Needs of Your Community, Washington, DC, March 20, 2015.

Kaiser Media Fellowship Program: Implementing the Affordable Care Act in Wisconsin, The Persistently Silent Epidemic, Madison, WI, October 22, 2015.

KENNETH I. TAYLOR

525 Clifden Dr. Madison, WI 53711 (608) 236-4637

ktaylor@wccf.org

EXPERIENCE

Wisconsin Council on Children and Families, Madison, WI Executive Director

December 2009 – Present

- Responsible to the board of directors for all aspects agency operation.
- Research, communications, engagement and advocacy for children and families on: early care and education, health care, juvenile justice, economic security, child welfare, tax and budget, and racial equity.
- Write grants and raise funds to ensure organization's financial stability.

Wisconsin Department of Children and Families, Madison, WI Policy Advisor

November 2007 – December 2009

- Advised the Secretary on systems, policy and practice changes leading to the reform of child and family services in Wisconsin through prevention, early intervention and child protection.
- Worked with DCF staff to maximize efficiency and effectiveness of program investments.
- Worked with DCF divisions and other state agencies to improve service coordination and increase claiming of federal funds.

Dartington~i, Madison, WI Director

June 1999 – November 2007

Directed the American operation of an international policy and research organization concerned with improving the lives of children and families in need.

- Implemented new services and programs for children and families after analyzing evidence on need.
- Developed and disseminated evidence-based practice tools.
- Designed, negotiated and implemented performance frameworks and performance-based contracts for substitute care populations to improve outcomes and maximize the receipt of federal funding.
- Evaluated and monitored child and family programs and policies.
- Clients included public child welfare agencies [New York City, Philadelphia, Los Angeles, Massachusetts, Wisconsin, Tennessee, Las Vegas, Ireland, Northern Ireland] and non-profit agencies [The Milton Hershey School (PA); The Youth Campus (IL), The Kamehameha Schools (HI)].

Dartington Social Research Unit, Devon, England Consultant

September 1998 – April 1999

Consulted with English local authorities on issues relating to the well-being of children in need.

Illinois Department of Children and Family Services, Chicago, IL Special Assistant to the Director

April 1995 – September 1998

Responsible for planning and implementing system-wide reform efforts.

- Designed and implemented performance contracts for private foster care services, significantly increasing permanency and stability for fostered children. Received Innovations in American Government Award.
- Redesigned private agency monitoring and improved agency oversight.
- Designed and implemented federal waiver creating a new permanency category (subsidized guardianship).

Office of the Governor, Chicago, IL Policy and Issues Analyst: Special Counsel for Child Welfare

June 1994 – April 1995

United States Navy, Lieutenant, Oakland, CA Command Duty Officer and Communications Officer, USS Wichita

May 1988 – May 1992

EDUCATION

University of Chicago, Chicago, IL Masters Degree in Public Policy

September 1992 – May 1994

Duke University, Durham, NC Bachelors Degree in Political Science

August 1984 – May 1988

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: Lemanske, Robert F

eRA COMMONS USER NAME (agency login): LEMANSKE

POSITION TITLE: Professor of Medicine and Pediatrics

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of Wisconsin, Madison, WI	BS	05/1971	Chemistry
University of Wisconsin	MD	01/1975	Allergy
University of Wisconsin Hospital, Madison, WI	Internship	06/1976	Pediatrics
University of Wisconsin Hospital, Madison, WI	Resident	06/1978	Pediatrics
University of Wisconsin Medical School, Madison, WI	Fellow	06/1980	Allergy/Immunology
National Institute of Allergy and Infectious Diseases, Bethesda, MD	Fellow	12/1982	Research

A. PERSONAL STATEMENT

I am a Professor of Pediatrics and Medicine at the University of Wisconsin School of Medicine and Public Health, where I am the Associate Dean of Clinical and Translational Research and a member of the Division of Pediatric Allergy, Immunology, and Rheumatology. I am also the Deputy Executive Director of the NIH-funded Clinical and Translational Service Award (CTSA) at UW. I look forward to serving as PI (multiple) of this CTSA grant and leading the Translational Workforce Development and Education Programs. My research interests have focused primarily on the pathophysiology and treatment of asthma including mechanisms underlying pulmonary late phase reactions, virus-induced airway dysfunction, and asthma inception in infants and young children. I performed research in a rat model of virus-induced airway dysfunction, the results from which were used to begin a translational longitudinal birth cohort study on the origins of childhood asthma and allergic diseases termed the Childhood Origins of ASThma (COAST) study. COAST continues to be a Program Project Grant funded initially in 1998 by the NHLBI. I have also been the PI of NIH-funded multicenter asthma clinical trials networks in both adults and children beginning in 1993 and ongoing. My various research programs have resulted in over 265 peer reviewed publications as well as multiple book chapters and invited lectures both nationally and internationally. I have been fortunate to mentor a number of residents, fellows, and junior faculty members, including scholars in both the UW KL2 and TL1 pre-doctoral programs. I am the past Chair of the American Board of Allergy and Immunology and served on the NHLBI Research Council from 2003-07. I was the 2015-16 President of the American Academy of Allergy, Asthma, and Immunology (AAAAI) and was selected to receive the University of Wisconsin Medical Alumni Award in 2015. My extramural funding success record, mentoring history, and leadership experiences are significant attributes that convincingly support my role as Deputy Executive Director of ICTR and the head of the various Workforce Development Programs outlined in this CTSA renewal application.

1. Jackson DJ, Gangnon RE, Evans MD, Roberg KA, Anderson EL, Pappas TE, Printz MC, Lee WM, Shult PA, Reisdorf E, Carlson-Dakes KT, Salazar LP, DaSilva DF, Tisler CJ, Gern JE, Lemanske RF, Jr. (2008) Wheezing rhinovirus illnesses in early life predict asthma development in high-risk children. *American journal of respiratory and critical care medicine* 178(7): 667-72. PMID: 2556448
2. Lemanske RF, Jr., Mauger DT, Sorkness CA, Jackson DJ, Boehmer SJ, Martinez FD, Strunk RC, Szeffler SJ, Zeiger RS, Bacharier LB, Covar RA, Guilbert TW, Larsen G, Morgan WJ, Moss MH, Spahn JD, Taussig LM, Childhood Asthma R, Education Network of the National Heart L, Blood I. (2010) Step-up therapy for children with uncontrolled asthma receiving inhaled corticosteroids. *N Engl J Med* 362(11): 975-85. PMID: 2989902
3. Zeiger RS, Mauger D, Bacharier LB, Guilbert TW, Martinez FD, Lemanske RF, Jr., Strunk RC, Covar R, Szeffler SJ, Boehmer S, Jackson DJ, Sorkness CA, Gern JE, Kelly HW, Friedman NJ, Mellon MH, Schatz M, Morgan WJ, Chinchilli VM, Raissy HH, Bade E, Malka-Rais J, Beigelman A, Taussig LM, Care Network of the National Heart L, Blood I. (2011) Daily or intermittent budesonide in preschool children with recurrent wheezing. *N Engl J Med* 365(21): 1990-2001. PMID: 3247621

4. Caliskan M, Bochkov YA, Kreiner-Moller E, Bonnelykke K, Stein MM, Du G, Bisgaard H, Jackson DJ, Gern JE, Lemanske RF, Jr., Nicolae DL, Ober C. (2013) Rhinovirus wheezing illness and genetic risk of childhood-onset asthma. *N Engl J Med* 368(15): 1398-407. PMID: 3755952

B. POSITIONS AND HONORS

Positions and Employment

1979 - 1980	Clinical Instructor, University of Wisconsin School of Medicine-Department of Medicine, Madison, WI
1983 - 1988	Assistant Professor of Medicine and Pediatrics, University of Wisconsin, Madison, WI
1988 - 1993	Associate Professor of Medicine and Pediatrics (tenured status), University of Wisconsin School of Medicine, Madison, WI
1990 - 1993	Director, Allergy and Immunology Fellowship Training Program, University of Wisconsin Hospitals and Clinics, Madison, WI
1993 -	Professor of Medicine and Pediatrics, University of Wisconsin School of Medicine, Madison, WI
1993 - 2002	Co-director, Allergy and Immunology Fellowship Training Program, University of Wisconsin Hospitals and Clinics, Madison, WI
1998 -	Medical Director, Asthma, Allergy and Immunology Conference for Primary Care Residents in Wisconsin (Annual Program), Madison, WI
1999 - 2015	Head, Division of Pediatric Allergy, Immunology and Rheumatology, University of Wisconsin School of Medicine, Madison, WI
1999 - 2015	Director, Morris Institute of Respiratory Research, University of Wisconsin School of Medicine, Madison, WI
1999 - 2015	Director, University of Wisconsin Allergy and Immunology Conjoint Program, Madison, WI

Other Experience and Professional Memberships

1985 -	Fellow, American Academy of Allergy, Asthma, and Immunology
1988 -	Member, Society for Pediatrics Research
1994 - 2000	Board of Directors, American Board of Allergy and Immunology
1995 -	Member, National Asthma Education Program, NHLBI
2000 - 2001	Chairman, American Board of Allergy and Immunology
2001 - 2006	Board of Directors, American Academy of Allergy, Asthma and Immunology
2003 - 2007	Advisory Council Appointee, National Heart, Lung and Blood Institute (NHLB/NIH)
2011 - 2013	Member, University of Wisconsin Biologic Science Committee
2013 -	Co-chair, University of Wisconsin Biologic Science Committee
2013 - 2014	Secretary/Treasurer, American Academy of Allergy, Asthma and Immunology
2015 -	President, American Academy of Allergy, Asthma and Immunology

Honors

1974	Alpha Omega Alpha, Honor Medical Society
1975	Gibbs Zauft Award, University of Wisconsin
1975	Waisman Scholarship, University of Wisconsin
1990	Allergic Diseases Academic Award, NIAID
1992	John M. Sheldon Memorial Lectureship, American Academy of Allergy and Immunology
1994	Board of Directors, American Board of Allergy and Immunology
1997	Sheldon Siegal Lectureship, American Academy of Allergy, Asthma, and Immunology
2007	America's Top Pediatricians, Consumer's Research Council of America
2010	Madison's Top Doctors, Madison Magazine
2011	U.S. News Top Doctors List, U.S. News and World Report
2012	Castle Connolly Top Doctors (2012 - 2014), America's Top Doctors
2015	Recipient, University of Wisconsin Medical School Alumni Citation Award

C. CONTRIBUTIONS TO SCIENCE

1. My early research work involved exploring a rat model of mast cell-dependent cutaneous inflammatory responses. This model served as a method of interrogating biologic mechanisms responsible for human

cutaneous late phase reactions that were considered to be IgE-dependent and important in the development of allergic inflammatory responses in the skin and in other target organs (nose and lung) as well. I was able to define what contribution circulating neutrophils, eosinophils, and complement activation had on the development of these mast cell-dependent inflammatory responses.

- a. Lemanske RF, Jr., Kaliner MA. (1982) The experimental production of increased eosinophils in rat late-phase reactions. *Immunology* 45(3): 561-8. PMID: 1555258
 - b. Lemanske RF, Jr., Joiner K, Kaliner M. (1983) The biologic activity of mast cell granules. IV. The effect of complement depletion on rat cutaneous late phase reactions. *Journal of immunology (Baltimore, Md.: 1950)* 130(4): 1881-4.
 - c. Lemanske RF, Jr., Guthman DA, Oertel H, Barr L, Kaliner M. (1983) The biologic activity of mast cell granules. VI. The effect of vinblastine-induced neutropenia on rat cutaneous late phase reactions. *Journal of immunology (Baltimore, Md. : 1950)* 130(6): 2837-42.
 - d. Lemanske RF, Jr., Guthman DA, Kaliner M. (1983) The biologic activity of mast cell granules. VII. The effect of anti-neutrophil antibody-induced neutropenia on rat cutaneous late phase reactions. *Journal of immunology (Baltimore, Md. : 1950)* 131(2): 929-33.
2. Since my major clinical interest was asthma, I began to develop ways of studying mast cell-dependent inflammatory responses in the lung that involved assessments of airway physiologic responses in addition to evaluating immunologic and inflammatory pathways. This IgE-dependent model evolved into the study of another triggering factor for asthma: viral respiratory tract infections and the interactions that allergic sensitization and virus infections had on asthma development. Results in this rat model suggested that viral infections in the lung in atopic rats at a critical time in their development (weanling period) were highly likely to lead to the development of an asthmatic phenotype. Moreover, they indicated that dysfunctional interferon responses to infection were very important in these developments.
 - a. Kumar A, Sorkness RL, Kaplan MR, Lemanske RF, Jr. (1997) Chronic, episodic, reversible airway obstruction after viral bronchiolitis in rats. *American journal of respiratory and critical care medicine* 155(1): 130-4.
 - b. Sorkness RL, Castleman WL, Kumar A, Kaplan MR, Lemanske RF, Jr. (1999) Prevention of chronic postbronchiolitis airway sequelae with IFN-gamma treatment in rats. *American journal of respiratory and critical care medicine* 160(2): 705-10.
 - c. Mikus LD, Rosenthal LA, Sorkness RL, Lemanske RF, Jr. (2001) Reduced interferon-gamma secretion by natural killer cells from rats susceptible to postviral chronic airway dysfunction. *American journal of respiratory cell and molecular biology* 24(1): 74-82.
 3. The results generated in the rat model were so compelling that I proposed and received funding to initiate a high risk birth cohort termed the Childhood Origins of ASThma (COAST) study to determine if similar pathophysiologic and immunologic factors were important for the inception of childhood asthma. The COAST study has been funded by the National Heart Lung and Blood Institute (NHLBI) since 1998 and the cohort is now preceding through adolescence. The study has generated over 60 original publications and our group was one of the first to demonstrate that wheezing respiratory tract illnesses due to rhinovirus infections were one of the most significant risk factors for the subsequent development of childhood asthma.
 - a. Copenhaver CC, Gern JE, Li Z, Shult PA, Rosenthal LA, Mikus LD, Kirk CJ, Roberg KA, Anderson EL, Tisler CJ, DaSilva DF, Hiemke HJ, Gentile K, Gangnon RE, Lemanske RF, Jr. (2004) Cytokine response patterns, exposure to viruses, and respiratory infections in the first year of life. *American journal of respiratory and critical care medicine* 170(2): 175-80.
 - b. Lemanske RF, Jr., Jackson DJ, Gangnon RE, Evans MD, Li Z, Shult PA, Kirk CJ, Reisdorf E, Roberg KA, Anderson EL, Carlson-Dakes KT, Adler KJ, Gilbertson-White S, Pappas TE, Dasilva DF, Tisler CJ, Gern JE. (2005) Rhinovirus illnesses during infancy predict subsequent childhood wheezing. *The Journal of allergy and clinical immunology* 116(3): 571-7.
 - c. Jackson DJ, Gangnon RE, Evans MD, Roberg KA, Anderson EL, Pappas TE, Printz MC, Lee WM, Shult PA, Reisdorf E, Carlson-Dakes KT, Salazar LP, DaSilva DF, Tisler CJ, Gern JE, Lemanske RF, Jr. (2008) Wheezing rhinovirus illnesses in early life predict asthma development in high-risk children. *American journal of respiratory and critical care medicine* 178(7): 667-72. PMID: 2556448
 4. Since an important aspect of birth cohort studies is the ability to track disease development longitudinally, we have been able to show that allergic sensitization in most cases precedes the development of wheezing

illnesses. In addition, we have shown that both immunologic (high affinity IgE receptor) and genetic (17q21 chromosomal region) factors constitute two pathways for the development of childhood asthma that involve antecedent rhinovirus wheezing illnesses and that gender contributes to a number of demonstrable physiologic differences.

- a. Jackson DJ, Evans MD, Gangnon RE, Tisler CJ, Pappas TE, Lee WM, Gern JE, Lemanske RF, Jr. (2012) Evidence for a causal relationship between allergic sensitization and rhinovirus wheezing in early life. *American journal of respiratory and critical care medicine* 185(3): 281-5. PMID: 3297109
 - b. Durrani SR, Montville DJ, Pratt AS, Sahu S, DeVries MK, Rajamanickam V, Gangnon RE, Gill MA, Gern JE, Lemanske RF, Jr., Jackson DJ. (2012) Innate immune responses to rhinovirus are reduced by the high-affinity IgE receptor in allergic asthmatic children. *The Journal of allergy and clinical immunology* 130(2): 489-95. PMID: 3437329
 - c. Cadman RV, Lemanske RF, Jr., Evans MD, Jackson DJ, Gern JE, Sorkness RL, Fain SB. (2013) Pulmonary 3He magnetic resonance imaging of childhood asthma. *The Journal of allergy and clinical immunology* 131(2): 369-76 e1-5. PMID: 3563846
 - d. Caliskan M, Bochkov YA, Kreiner-Moller E, Bonnelykke K, Stein MM, Du G, Bisgaard H, Jackson DJ, Gern JE, Lemanske RF, Jr., Nicolae DL, Ober C. (2013) Rhinovirus wheezing illness and genetic risk of childhood-onset asthma. *N Engl J Med* 368(15): 1398-407. PMID: 3755952
5. One additional significant scientific contribution has been my involvement with three NHLBI-funded asthma clinical trials networks: Asthma Clinical Research Network (ACRN), Childhood Asthma Education and Research (CARE) Network, and currently AsthmaNet. The numerous results from these trials have informed national and international guidelines regarding asthma pathophysiology and treatment in both children and adults.
- a. Guilbert TW, Morgan WJ, Zeiger RS, Mauger DT, Boehmer SJ, Szeffler SJ, Bacharier LB, Lemanske RF, Jr., Strunk RC, Allen DB, Bloomberg GR, Heldt G, Krawiec M, Larsen G, Liu AH, Chinchilli VM, Sorkness CA, Taussig LM, Martinez FD. (2006) Long-term inhaled corticosteroids in preschool children at high risk for asthma. *N Engl J Med* 354(19): 1985-97.
 - b. Lemanske RF, Jr., Mauger DT, Sorkness CA, Jackson DJ, Boehmer SJ, Martinez FD, Strunk RC, Szeffler SJ, Zeiger RS, Bacharier LB, Covar RA, Guilbert TW, Larsen G, Morgan WJ, Moss MH, Spahn JD, Taussig LM, Childhood Asthma R, Education Network of the National Heart L, Blood I. (2010) Step-up therapy for children with uncontrolled asthma receiving inhaled corticosteroids. *N Engl J Med* 362(11): 975-85. PMID: 2989902
 - c. Zeiger RS, Mauger D, Bacharier LB, Guilbert TW, Martinez FD, Lemanske RF, Jr., Strunk RC, Covar R, Szeffler SJ, Boehmer S, Jackson DJ, Sorkness CA, Gern JE, Kelly HW, Friedman NJ, Mellon MH, Schatz M, Morgan WJ, Chinchilli VM, Raissy HH, Bade E, Malka-Rais J, Beigelman A, Taussig LM, Care Network of the National Heart L, Blood I. (2011) Daily or intermittent budesonide in preschool children with recurrent wheezing. *N Engl J Med* 365(21): 1990-2001. PMID: 3247621

Complete List of Published Work in My Bibliography: <http://1.usa.gov/1PNefCr>

D. RESEARCH SUPPORT

Ongoing Research Support

UL1TR000427

Drezner (PI)

07/01/15-05/31/17

NIH/NCATS

Institutional Clinical and Translational Science Award

The goal of the University of Wisconsin Institute for Clinical and Translational Research (UW ICTR) is to create an environment that transforms research into a continuum from investigation through discovery and to translation into real-life community practice, thereby linking even the most basic research to practical improvements in human health.

Role: Deputy Executive Director

P01HL070831

Jackson/Lemanske (MPIs)

07/01/02-06/30/18

NIH/NHLBI

Rhinovirus Infections and Asthma in Children and Adolescents

This grant evaluates gene by environment interactions, with specific emphasis on rhinovirus infections and their influence on the expression, regression, and progression of childhood asthma.

Role: Co-PI

U10HL098090 NIH/NHLBI AsthmaNet: UW-Madison Clinical and Translational Research Center This project is a collaborative adult and pediatric asthma clinical research network to evaluate new and existing therapies for asthma and basic disease mechanisms Role: Co-PI	Lemanske/Sorkness (MPIs)	09/30/09-06/30/17
T32AI007635 NIH/NIAID Wisconsin Allergy and Immunology Research, Training Program This grant provides funding for a postdoctoral training program for MD participants in clinical, translational, and basic science research related to allergic diseases and asthma. Role: Co-Director	Gern (PI)	09/01/15-08/31/20
R01 HL30045 NIH/NHLBI & University of Arizona ORal Bacterial EXtracts (ORBEX): Primary Prevention of Asthma and Wheezing in Children We propose the Oral Bacterial Extracts (ORBEX) trial to test the hypothesis that Bronchovaxom, given to 6-18 month old children at high risk for asthma, can prevent the development of persistent wheezing by age 3.5-4.5 years. We will perform a randomized, double-blind, placebo-controlled, two arm clinical trial with a total of 1076 children. Role: Co-Investigator	Martinez (PI)	05/04/16-04/30/21
233-PRJ93NP Wisconsin Partnership Program Zooming in on Childhood Asthma: Disease Causality and Personalized Medicine The goal of this project is to identify genes that are causal for childhood asthma, and develop genetic screening methods to increase precision of diagnosis. Role: Co-Investigator	Sun (PI)	02/01/15-01/31/18
133-PRJ31MB Pharmaxis Mannitol Challenge in COAST The goal of this project is to utilize Aridol (Mannitol) to evaluate airway responsiveness in the COAST cohort (250 children) at 11 and 13 years of age. Role: Project PI	Lemanske (PI)	11/01/09-12/31/99
<u>Completed Research Support</u>		
U19AI104317 NIH/NIAID Mechanisms and Environmental Determinants of Rhinovirus Illness Severity Rhinoviruses, originally known as "common cold viruses", cause lower respiratory illnesses such as childhood wheezing, influenza-like illness, and exacerbations of asthma and COPD. Unfortunately, no treatments or vaccines are available for HRV infections. We propose to identify new environmental and molecular determinants of HRV illness severity that will serve as a basis for new treatment strategies. Role: Co-Investigator	Gern (PI)	02/01/13-01/31/15
R01HL097134 NIH/NHLBI Investigating Effects of Viral Infection on Lung Development This grant uses animal and human models to investigate interactive effects of respiratory virus infections and host genetic factors on the developing lung, with the goal of increasing our ability to predict, prevent and treat recurrent wheezing and childhood asthma. Role: Co-PI	Lemanske/Sun (MPIs)	09/01/09-07/31/14

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Patrick L. Remington	POSITION TITLE Professor, Dept. of Population Health Sciences Associate Dean, University of Wisconsin School of Medicine and Public Health		
eRA COMMONS USER NAME (credential, e.g., agency login) premington			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
University of Wisconsin	BS	12/76	Molecular biology
University of Wisconsin Medical School	MD	05/81	Medicine
University of Minnesota, Minneapolis, MN	MPH	08/86	Epidemiology
Centers for Disease Control	--	8/86	Preventive Medicine

A. Personal Statement

My experience “practicing public health” at the Centers for Disease Control (CDC) (6 yrs), Wisconsin Division of Public Health (9 yrs), and UW Population Health Institute (10 yrs), provided me with a solid understanding of role for physicians in efforts to improve the health of populations. I developed the County Health Rankings, a national model for public health, used to mobilize action toward community health. I have over 25 years of experience developing and leading innovative public health programs, including being the UW Carbone Cancer Center’s Population Health Science Program (1997-2008); the UW Population Health Institute (2001-2008); and the Master of Public Health Program (2005-2009). In 2009 I was appointed the inaugural Associate Dean for Public Health, directing the transformation of our school to an integrated school of medicine and public health. In 2013, I received a 5-year grant from HRSA to integrate public health and primary care education for medical and PA students, and in 2014 I began as the first director of the UW’s Preventive Medicine Residency Program. I have authored or co-authored over 300 publications and teach courses on public health practice to undergraduate, medical, and public health students.

B. Positions and Honors**Positions and Employment****Other Experience and Professional Memberships**

Centers for Disease Control: Member, Community Preventive Services Task Force (2013-present); Editorial Board Member for Preventing Chronic Disease (2002-present) and MMWR (2006–present); Chair, Expert Advisory Committee for Health Related Quality of Life Surveillance (2008); Member, Advisory Committee for Mental Health Surveillance (2008); Council on Linkages (Public Health) member (2007-2009).

Institute of Medicine: Member, Quality Measures for the Healthy People Leading Health Indicators (2012-present); Member, Committee on Living Well with Chronic Diseases (2011); Member, Planning Committee for Health Data Initiative Conference (2011); Member, Planning Committee for Core Metrics for Better Care, Lower Costs, and Better Health Workshop (2012).

Robert Wood Johnson Foundation and the College Board: National Advisory Group for Public Health Practice-Based Networks (2007-present); Young Epidemiology Scholars (YES) Judge (2004-2011).

US Department of Health and Human Services. Member, Federal Advisory Committee for Health People 2020 (2008-2011).

Honors

Phi Eta Sigma Freshman Honor Society (1973); Phi Kappa Phi, Sophomore Honors (1974); Society of Mace, Trewartha Honors Undergraduate research scholarship (1975); Phi Beta Kappa, Honors Program graduate in molecular biology (1976); Alpha Omega Alpha Medical Society, Drs. Joseph Dean Award and Scholarship

(1981); Centers for Disease Control Group Award, Behavioral Risk Factor Surveys (1985); Delta Omega Honorary Public Health Society (1986); Sigma Xi Honorary Scientific Society (1987); United States Public Health Service Commissioned Officer Award (1988); Exceptional Performance Award, Wisconsin Division of Health (1989,90,91); Basic Prevention Award, Wisconsin Public Health Association (1992); Exceptional Performance Award, Wisconsin Division Health, Breast and Cervical Cancer Control (1994); Wisconsin Public Health Association, Barbara Lange Health Education Award (1996); State Medical Society of Wisconsin, Meritorious Service Award (2000); Lynn R. Smith Award for Excellence in Tobacco Control, American Cancer Society (2001); Centers for Disease Control Service Award, Outstanding Scientific Contributions to Public Health Award, for the Behavioral Risk Factor Surveillance System (2001); Dean's Teaching Award, UW Medical School (2003); Lynn R. Smith Award for Outstanding Leadership in Tobacco Control, American Cancer Society (2006); Wisconsin Public Health Association, Public Health Researcher of the Year (2007); Langmuir Lecturer, Centers for Disease Control (2010); Robert Wood Johnson Foundation, Research Paper of the Year (2011).

C. Selected Peer-reviewed Publications (Selected from appx. 170 peer-reviewed publications)

- Ahrens D, Uebelher P, Remington PL. Community and organizational characteristics of smoke free ordinance campaigns: a 15-city community evaluation. *Preventing Chronic Diseases* 2005;2(3):1-9.
- Mehrotra C*. Remington PL. Naimi TS, et al. Trends in total knee replacement surgeries and implications for public health, 1990-2000. [Journal Article] *Public Health Reports*. 120(3):278-82, 2005 May-Jun.
- Siomos EE*. Newsom RS. Camponeschi J. Remington PL. A statewide collaboration to monitor diabetes quality improvement among Wisconsin health plans. [Journal Article] *American Journal of Managed Care*. 11(5):332-6, 2005 May.
- McElroy JA*, Remington PL, Gangnon RE, et al. Identifying geographic disparities in the early detection of breast cancer using a geographic information system. *Prev Chronic Dis*. 2006 Jan;3(1):A10.
- Callcut RA, Kaufman S, Stone-Newsom R, Remington P, Mahvi D. Gender disparities in colorectal cancer screening: true or false? *J Gastrointest Surg*. 2006 Dec;10(10):1409-17.
- Fryback DG, Stout NK, Rosenberg MA, Trentham-Dietz A, Kuruchittham V, Remington PL. The Wisconsin Breast Cancer Epidemiology Simulation Model. *J Natl Cancer Inst Monogr*. 2006;(36):37-47.
- Stolzmann KL, Bautista LE, Gangnon RE, McElroy JA, Becker BN, Remington PL. Trends in kidney transplantation rates and disparities. *J Natl Med Assoc*. 2007 Aug;99(8):923-32.
- Peppard PE, Kindig DA, Dranger E*, Jovaag A*, Remington PL. Ranking community health status to stimulate discussion of local public health issues: the Wisconsin County Health Rankings. *Am J Public Health*. 2008 Feb;98(2):209-12.
- Kempf AM, Remington PL. New Challenges for Telephone Survey Research in the Twenty-First Century. *Annu Rev Public Health*. 2007 April;28:113-126.
- Peppard PE, Kindig DA, Dranger E*, Jovaag A*, Remington PL. Ranking community health status to stimulate discussion of local public health issues: the Wisconsin County Health Rankings. *Am J Public Health*. 2008 Feb;98(2):209-12.
- Rohan AM*, Booske BC, Remington PL. Using the Wisconsin County Health Rankings to catalyze community health improvement. *J Public Health Manag Pract*. 2009 Jan-Feb;15(1):24-32.
- Remington PL, Moberg DP, Booske BC, Ceraso M, Friedsam D, Kindig DA. Dissemination research: the University of Wisconsin Population Health Institute. *WMJ*. 2009 Aug;108(5):236-9, 255.
- Trembl K*, Conlon AE, Wegner MV, Baliker M, Remington P. Wisconsin's health department-university partnership model for comprehensive cancer control. *Prev Chronic Dis*. 2009 Apr;6(2):A58.
- Booske BC, Rohan AM*, Kindig DA, Remington PL. Grading and reporting health and health disparities. *Prev Chronic Dis*. 2010 Jan;7(1):A16. Epub 2010 Jan 15.
- Mokdad AH, Remington PL. Measuring health behaviors in populations. *Prev Chronic Dis*. 2010 Jul;7(4):A75. Epub 2010 Jun 15.
- Walsh MC*, Trentham-Dietz A, Schroepfer TA, Reding DJ, Campbell B, Foote ML, Kaufman S, Barrett M, Remington PL, Cleary JF. Cancer information sources used by patients to inform and influence treatment decisions. *J Health Commun*. 2010 Jun;15(4):445-63.
- Kindig DA, Booske BC, Remington PL. Mobilizing Action Toward Community Health (MATCH): metrics, incentives, and partnerships for population health. *Prev Chronic Dis*. 2010 Jul;7(4):A68. Epub 2010 Jun 15.

- Sprague BL*, Trentham-Dietz A, Remington PL. The contribution of postmenopausal hormone use cessation to the declining incidence of breast cancer. *Cancer Causes Control*. 2011 Jan;22(1):125-34. PMID: 21080050
- Sprague BL*, Trentham-Dietz A, Gangnon RE, Ramchandani R, Hampton JM, Robert SA, Remington PL, Newcomb PA. Socioeconomic status and survival after an invasive breast cancer diagnosis. *Cancer*. 2011 Apr 1;117(7):1542-51. PMID: 21425155
- Ceraso M, Gruebling K, Layde P, Remington P, Hill B, Morzinski J, Ore P. Evaluating community-based public health leadership training. *J Public Health Manag Pract*. 2011 Jul-Aug;17(4):344-9. PMID: 21617410
- Williamson AA, Fox BJ, Creswell PD*, Kuang X*, Ceglarek SL, Brower AM, Remington PL. An observational study of the secondary effects of a local smoke-free ordinance. *Prev Chronic Dis*. 2011 Jul;8(4):A83. Epub 2011 Jun 15. PMID: 21672407
- Remington PL, Booske BC. Measuring the health of communities--how and why? *J Public Health Manag Pract*. 2011 Sep-Oct;17(5):397-400. PMID: 21788775
- Remington P, Brownson R. Fifty Years of Progress in the Chronic Disease Epidemiology and Control. *MMWR MMWR Surveill Summ*. 2011 Oct 7;60 Suppl 4:70-7. PMID: 21976169
- Schapiro R, Stickford-Becker A, Foertsch J, Remington P, Seibert CS. Integrative Cases for Preclinical Medical Students: Connecting Clinical, Basic Science, and Public Health Approaches. *Am J Prev Med*. 2011 Oct;41(4 Suppl 3):S187-92. PMID: 21961663
- Athens JK*, Catlin BB, Remington PL, Gangnon RE. Using Empirical Bayes Methods to Rank Counties on Population Health Measures. *Prev Chronic Dis* 2013;10:130028. PMID: 23906329.
- Layde M*, Remington PL. Geographic and racial variation in teen pregnancy rates in Wisconsin. *Wis Med J* 2013;112(4):169-172.
- Vivian EM*, Colbert L, Remington PL. Lessons learned from a community based lifestyle intervention for youth at risk for diabetes. *J Obes Weight Loss Ther* 2013;3:191. PMID: 24353925.
- Nonnweiler T*, Pollock E*, Rudolph B, Remington P. Progress in reducing premature deaths in Wisconsin Counties, 2000-2010. *Wis Med J* 2013;112(5):211-14.
- Creswell PD*, Strickland R, Stephenson L, Pierce-Hudson K, Matloub J, Waukau J, Adams A, Kaur J, Remington PL. Look local: the value of cancer surveillance and reporting by American Indian clinics. *Prev Chronic Dis*. 2013 Nov 27;10:E197. PMID: 24286271.
- Remington PL, Catlin BB, Kindig DA. Monitoring progress in population health: trends in premature death rates. *Prev Chronic Dis*. 2013 Dec 26;10:E214. PMID: 24370109.
- Zeal C*, Remington P, Ndiaye M, Stewart K, Stattelman-Scanlan D. The epidemiology of maternal overweight in Dane County, Wisconsin. *Wis Med J* 2014;113(1):24-27.
- Alghnam S*, Palta M, Remington P, Mullahy J, Durkin M. The association between motor vehicle injuries and health related quality of life: a longitudinal study of a population-based sample in the United States. *Quality of Life Research* 2014 Feb;23(1):119-27.
- Stiff L*, Vogel L, Remington PL. Evaluating the Implementation of a primary care weight management toolkit. *Wis Med J* 2014;113(1):128-31.

*Indicates student/trainee author

D. Research Support

Ongoing Research Support

Robert Wood Johnson Foundation Co-Inv. (Catlin/Willems Van Dijk Co-Directors) 9/1/2014-8/31/2017
County Health Rankings Program
This is a grant to develop, implement, and evaluate strategies to use county health rankings to mobilize community health improvement efforts.
Role: Co-PI

Health Resources Services Administration (HRSA) **Remington (PI)**

8/1/12-7/31/17

UW-PRIME Program

This grant supports an educational program to integrate public health and primary care in the education of medical students and physician assistants.

Role: PI

Completed Research Support (last 3 years)

Wisconsin Division of Public Health

Remington (PI)

7/1/2011-6/30/2012

Diabetes Surveillance and Evaluation

To assist the state program in the conduct of diabetes surveillance and evaluation

Role: Principal Investigator

Robert Wood Johnson Foundation

Remington/Kindig (Co-PIs) 1/1/2009-8/31/2012

Mobilizing Action Toward Community Health (MATCH)

The goal of this grant is to evaluate strategies to use county health rankings to mobilize community health improvement efforts.

Role: Co-PI

UW-BARRON COUNTY TAKES TOP HONORS AT NATIONAL RUBE GOLDBERG SCIENCE COMPETITION

BACKGROUND

Each year, students from college campuses across the U.S. have an opportunity to compete in a national event to build the most effective Rube Goldberg-style mechanical contraption that will solve a task. Rube Goldberg (1883-1970) was a Pulitzer Prize winning cartoonist who was known for his “zany invention” cartoons. His spirit lives on in the Rube Goldberg competition today. The 2016 task was to open an umbrella in 45 steps or less.

Judging for the Rube Goldberg competition is based on a machine’s ability to successfully complete the task in two out of three attempts. Additional points are awarded for the general impression of the machine’s theme, teamwork, and overall “Goldberg” spirit. Previous UW System entries have included UW-Milwaukee and UW-Madison, which placed within the top three in 1990s competitions and UW-Stout, which took top honors in 2010 and 2011.

REQUESTED ACTION

For information only.

DISCUSSION

UW Colleges Professor Christa James-Byrnes will lead a discussion of the competitive project that took the top honors. The 2016 challenge captured the attention of engineering students at UW-Barron County, who entered a contraption with a Nicola Tesla theme.

Under the direction of Dr. James-Byrnes, the UW-Barron County students storyboarded and built their umbrella-opening machine and traveled to Columbus, Ohio, for the national finals. The UW-Barron County entry took first place in this national competition for Division III, which includes “all colleges” and drew teams from Purdue, the University of California-Berkeley, the University of Arizona, and many others. Division I and II levels are for elementary and high school students, respectively.

More information on the competition can be found at: <https://www.rubegoldberg.com/contest/>

RELATED REGENT POLICIES

Not applicable.

BUSINESS AND COMMUNITY MOBILIZATION

UW-EAU CLAIRE FOCUS ON ECONOMIC DEVELOPMENT, UNDERGRADUATE RESEARCH, AND BUSINESS PARTNERSHIPS: CEO PANEL

BACKGROUND

The University of Wisconsin-Eau Claire is consistently rated among the top ten public Midwestern universities and recognized nationally for quality academics and high return on investment. This year, the campus celebrates its centennial, marking strong growth from its State Normal School roots in 1916 to a diverse and expansive campus that today serves 10,460 students and offers 80+ majors and minors, plus 14 graduate programs. Undergraduate research is a priority, with 40% of students actively involved in research.

The close-knit UW-Eau Claire community—both on and off campus—inspires students to live what they learn by immersing themselves in internships, civic engagement, and community-based research. Through its outreach across the region, UW-Eau Claire works closely with business, healthcare, industry, other educational institutions, and government to solve problems and leverage opportunities for growth and innovation.

REQUESTED ACTION

Information only.

DISCUSSION

UW-Eau Claire Chancellor Jim Schmidt will highlight his institution's commitment to community and business mobilization and economic development. Joined by a panel of regional business and healthcare leaders, he will provide a look at how UW-Eau Claire is expanding innovative partnerships to strengthen the region. The panel will include:

- a. Dr. Randy Linton, President and CEO of the Northwest Wisconsin Region of Mayo Clinic Health System;
- b. Julie Manas, President and CEO of HSHS Sacred Heart Hospital;
- c. Nick Meyer, Editor, Publisher, and Owner of Volume One; and
- d. Mark Stoering, President, Xcel Energy of Michigan and Wisconsin.

RELATED REGENT POLICIES

Not applicable.