

12/07/17

BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM

- I.4. Research, Economic Development,
and Innovation Committee
- Thursday, December 7, 2017
10:15 a.m. – 11:30 p.m.
Gordon Dining & Event Center
770 W. Dayton Street, 2nd Floor
Symphony Room
Madison, Wisconsin
- a. Approval of the Minutes of the October 5, 2017, 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 2016 Annual Report and the Report for the Period January 1, 2017 – June 30, 2017.
 - c. WiSys Innovation Engine Supports Faculty/Student Teamwork – UW-Parkside Highlights Pioneering “Green Vertical Farming” Concept – Led by Chancellor Debbie Ford.
 - d. Driving Global Leadership in Aquaponics and Aquaculture at UW-Stevens Point – Pathways from Idea to Commercialization – Led by Chancellor Bernie Patterson and Prof. Chris Hartleb.

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
WISCONSIN PARTNERSHIP PROGRAM
2016 ANNUAL REPORT & JANUARY 1-JUNE 30, 2017 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 (WPP), 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 December 2017 meeting of the Board of Regents, the Research, Economic Development, and Innovation Committee will convene to review both the 2016 Annual Report and the Report for the Period January 1, 2017-June 30, 2017 of the Wisconsin Partnership Program.

The Partnership Program is changing its reporting period to a fiscal year ending June 30, effective with the partial-year 2017 report. This brief report reflects this transition and covers program activities and expenses for the period January 1 through June 30, 2017. Therefore, the report is not only shorter, but also does not cover in depth all aspects of the work of the Partnership Program customary in a full 12-month report. The next report will cover the fiscal year from July 1, 2017 through June 30, 2018.

REQUESTED ACTION

No action required; for information purposes only.

DISCUSSION

In accordance with the Wisconsin Insurance Commissioner's Order and the Agreement, the 2016 Annual Report of the Wisconsin Partnership Program, covering the activities and expenditures from January 1, 2016 through December 31, 2016, and the Report for the Period January 1, 2017-June 30, 2017 are presented to the UW System Board of Regents. The reports provide 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).

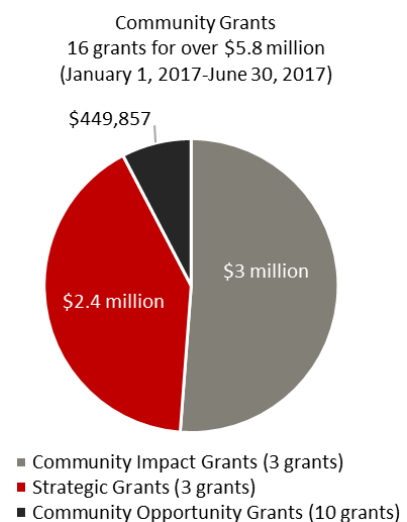
January 1, 2016 through June 30, 2017 in Brief

The Wisconsin Partnership Program (WPP) continues to support promising projects aimed at making Wisconsin a healthier state for all. Through its two governing bodies, the Partnership Education and Research Committee and the Oversight and Advisory Committee, the Partnership Program invested in research, education and community partnerships that address a myriad of health issues facing Wisconsin. 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. Since its inception in 2004, the WPP has supported projects in each of Wisconsin's 72 counties.

Improving Health in our Communities

The Oversight and Advisory Committee (OAC) through its community grant programs continues to support a wide range of community partnerships. From projects that strive to improve care for our state's senior citizens to awards that focus on access to healthy food, mental health services, healthy birth outcomes, and fighting the obesity epidemic, our grantees are addressing diverse issues. Particularly impressive are the learning collaboratives that have been developed within the Community Impact Grants Program. These collaboratives provide an opportunity for grantees from various organizations to share their unique strengths and expertise as they address shared challenges.

It is inspiring to see the collaboration and mutual support across so many different sectors. Additionally, the OAC launched two new community programs designed to support health equity and address the social determinants of health. The Community Catalyst Program provides funding to support creative health equity approaches designed with the goal of actively reducing gaps in access, outcomes, or opportunities. The Community Collaboration Grant Program also provides



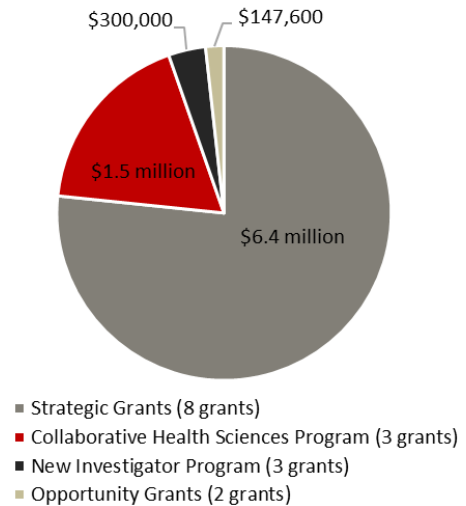
organizations with training and technical assistance to address health inequities stemming from the social determinants of health, such as income, employment, education, access to healthy food, and housing.

Promoting Health Through Education and Research

The Partnership Education and Research Committee 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. A unique project funded through the Collaborative Health Sciences Program seeks to improve the quality of life and survival of women living with triple negative breast cancer – a particularly devastating and deadly form of cancer. The Principal Investigator, Vincent Cryns, and his team of researchers are using a dietary approach to help prime cancer cells to make them more vulnerable to treatment. This novel approach has the potential to dramatically improve clinical outcomes in metastatic triple negative breast cancer.

The PERC is also bringing a health equity lens to its work through another unique project that focuses on measuring and publicly reporting disparities in the quality of care provided by many Wisconsin health systems. The project aims to improve patient care and outcomes by motivating poorly performing health systems to increase their focus on quality improvement as it relates to our most disadvantaged and vulnerable populations. PERC continues to support educational initiatives aimed at training health professionals to deal with the challenging public health issues of the 21st century. Through PERC's support, the UW Preventive Medicine Residency Program was launched to support the training of residents as public health and population medicine leaders skilled at working at the intersection of the public health and healthcare systems. This program aims to directly impact and improve the health of Wisconsin at the individual level and the population level.

Education and Research Grants
16 grants for over \$8.3 million
(January 1, 2016-June 30, 2017)



A Focus on Health Equity

A highlight of 2016 was a conference held by the Wisconsin Partnership Program: “Advancing Health Equity – Working Together to Understand and Improve Health for All”. The conference included representatives from academia, public health, health care, nonprofit organizations and businesses as well as community members. There were three primary goals for the conference: promote an equity lens to address health in Wisconsin; develop common language and understanding around health equity, and; share information regarding efforts that are moving the needle on health equity outcomes and discuss their applicability to Wisconsin. As a result, the WPP is moving towards a focus on health equity in the allocation of its resources and activities with a particular emphasis on the community grants programs.

Outcomes Report

An important component of the WPP evaluation framework is grant outcome reports on concluded projects. Grant outcome reports for the 28 projects which concluded in 2016 can be found in the Outcomes Report—a supplement to the annual report.

Five-Year Plan

In closing, it is important to note that in 2017 the Wisconsin Partnership Program began planning its 4th Five-Year Strategic Plan, covering the period of March 2019-2024. It will be presented to the Regents in December 2018.

RELATED REGENT POLICIES

Not applicable.



Making Wisconsin a Healthier State



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



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On behalf of the University of Wisconsin School of Medicine and Public Health, I am pleased to share with you the 2016 Annual Report of the Wisconsin Partnership Program.

In 2016, the Wisconsin Partnership Program continued to support promising projects aimed at making Wisconsin a healthier state for all. Through its two governing bodies, the Partnership Education and Research Committee and the Oversight and Advisory Committee, the Partnership Program invested in research, education and community partnerships that address a myriad of health issues facing our state.

One project, funded by the Partnership Education and Research Committee, seeks to improve the quality of life and survival of women living with triple-negative breast cancer—a particularly devastating and deadly form of cancer. Through this Collaborative Health Sciences Program award, Dr. Vincent Cryns and his team of researchers are using a dietary approach to help prime cancer cells to make them more vulnerable to treatment. This novel approach has the potential to dramatically improve clinical outcomes in metastatic triple negative breast cancer. Please see page 4 to learn more about this exciting new project.

The Oversight and Advisory Committee continues to support a wide range of community partnerships. From projects like the one on page 8 that works to improve care for our state's senior citizens, to awards that focus on criminal justice, access to healthy food, mental health services and more, our grantees are addressing diverse issues, focusing on the social determinants of health, and working to develop policies and programs that promote health. I am particularly impressed with the learning collaboratives that have developed within the Community Impact Grants program. These collaboratives

provide an opportunity for grantees from various fields to share their unique strengths and expertise as they address shared challenges. It is inspirational to see the collaboration and mutual support across so many different sectors.

This past year also marked the Wisconsin Partnership Program's continued efforts to bring an explicit lens of health equity to all of its work. In September 2016, the Advancing Health Equity conference brought together national leaders and more than 400 people from across the state to discuss how to better understand and improve health equity in Wisconsin. Both committees and the Wisconsin Partnership Program staff have carefully evaluated the information and feedback from the conference. We are now poised to take the next steps toward further incorporating health equity into the Wisconsin Partnership Program's vision and future investments. Please see page 10 for more information about this important work.

We are grateful for the generous endowment provided by Blue Cross & Blue Shield United of Wisconsin that led to the establishment of the Wisconsin Partnership Program. Our committees and staff recognize the great privilege and opportunity to support the work of many grantees and partners, both on campus and throughout communities, as together, we strive to improve the health and well-being of the people of Wisconsin.

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

Making Wisconsin a Healthier State

The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) was established in 2004, with the vision to make Wisconsin a healthier state for all through investments in research, education and community partnerships. Since its inception, the Partnership Program has worked to form partnerships both on campus and throughout the state that support a broad array of approaches to improve health here in Wisconsin and beyond.

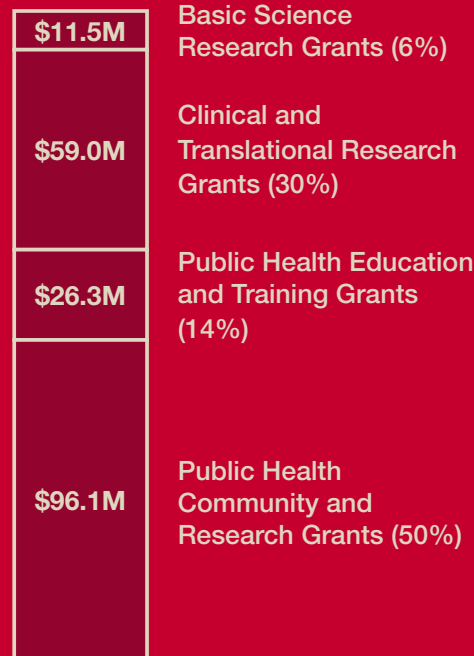
The work of the Wisconsin Partnership Program is governed by two committees: the Oversight and Advisory Committee (OAC) and the Partnership Research and Education Committee (PERC). The committees provide programmatic balance and emphasize innovation, creativity and excellence in processes for awarding grants and evaluating outcomes.

The primary responsibility of the OAC is to direct and approve funds for public health initiatives. This committee includes health advocate appointees who represent rural, urban, statewide and children's health as well as an appointee from the Office of the Commissioner of Insurance and appointees from the UW School of Medicine and Public Health.

The PERC allocates and distributes funds designated for medical, education and research initiatives that advance population health. The committee's broad representation includes SMPH leadership, faculty and staff with experience and expertise in basic science, clinical science, education and population health science.

The following pages highlight several projects and initiatives supported by the committees.

Grants Awarded by Type 2004–2016



Grants Awarded 2004–2016

426 grants
\$192.9 Million

Grants Awarded in 2016

23 grants
\$10.8 Million

Exploring New Treatments



RESEARCH HIGHLIGHT

**26 research
grants**

\$6.6 Million

**focus on many types
of cancer, screenings
and disparities
(2004–2016)**



A Novel Approach to Breast Cancer Treatment

Breast cancer is a leading cause of cancer deaths in women worldwide and in Wisconsin. Fifteen to twenty percent of these cancers are triple-negative breast cancer (TNBC), an aggressive type of cancer that has few effective treatments. TNBC can strike anyone but occurs more often in younger women, African American and Hispanic women and women who have the BRCA1 gene mutations. Women with metastatic TNBC have a poor prognosis due to the lack of alternatives to chemotherapy.

A new project funded in part by the Wisconsin Partnership Program in 2016 is aiming to improve treatment and health outcomes for women living with TNBC.

The project, *Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy* is exploring metabolic priming, a novel model for cancer therapy that uses diet to make cancer cells more vulnerable to a targeted new drug that kills tumor cells, but not normal cells.

Led by Vincent Cryns, MD, professor of medicine at the UW School of Medicine and Public Health, the project brings together a multidisciplinary team of scientists and clinicians with broad expertise in cancer biology, clinical trials, nutrition, metabolism and biostatistics. The team will explore whether reducing dietary intake of the nutrient methionine can improve a patient's

Breast cancer survivors Lorie Caffrey (left) and Sally Hollman (right) are two of the advocates who support the *Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy* study. They, along with others, bring their patient experiences and perspectives to the project, including patient outreach, education and recruitment. Says Hollman, “We are excited to support a study that could potentially revolutionize cancer treatment.”

response to the drug ONC201. Dr. Cryns’ group has shown that reducing methionine increases the ability of ONC201 to trigger tumor cells to die. The novel approach has the potential to dramatically improve clinical outcomes in metastatic TNBC by specifically targeting chemotherapy-resistant cancer stem cells that contribute to treatment resistance. The team also receives invaluable input from a team of breast cancer survivors, who serve as project advocates.

Methionine is abundant in meats, fish, eggs and some nuts but is generally low in vegetables and fruits. In the study, patients with metastatic TNBC are randomly assigned to a diet low in methionine, or a regular diet followed by ONC201. Patients on the low-methionine diet will consume

fruits and vegetables as well as a medical protein supplement shake that contains all essential amino acids except methionine. “Another advantage of this treatment is that it should cause fewer side effects than chemotherapy,” says Dr. Cryns. “The patients in our study have already had to endure the side effects of multiple chemotherapy drugs, which were unable to control their metastatic disease.”

“Our study is the first of its kind to use diet to prime triple-negative breast cancer cells to respond to a targeted cancer drug,” Dr. Cryns says. If the study is positive, a Phase III multicenter trial will follow. “Ultimately, we hope our findings will have a significant impact on the quality of life and survival of women living with triple-negative breast cancer.”

“Our study is the first of its kind to use diet to prime triple-negative breast cancer cells to respond to a targeted cancer drug.”

– Vincent Cryns, MD, Professor of Medicine,
UW School of Medicine and Public Health

Breast cancer survivors bring their collective perspective and patient experience as advocates in the *Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy* study.

The survivors will review patient education materials, participate in patient outreach, and bring their perspective to all aspects of the project, including planning, patient recruitment, carrying out trials and communicating results to the broader breast cancer community.

The group of advocates, including Sally Hollman and Lorie Caffrey, are excited to support a study that could potentially revolutionize cancer treatment and make a difference in the lives of women living with metastatic disease. Hollman says, “For many years I avoided thinking about my cancer experience, but eventually admitted to myself that it was part of me and something I shared with a community of survivors. By becoming an advocate, I can reach out to other members of this community and ensure that the patient’s perspective comes through all phases of the study.” She says, “As breast cancer survivors, our group is acutely aware of the urgent need for better treatments.”

Transforming Medical Education



EDUCATION HIGHLIGHT



1400 students
have participated
in the **TME**
curriculum changes

UW SMPH graduates are prepared to play a significant role in promoting health for people and populations throughout Wisconsin.

Beyond the Exam Room

Strategic funding from the Wisconsin Partnership Program is helping to prepare the next generation of physicians at the UW School of Medicine and Public Health. With support from the Partnership Program, the SMPH has redesigned its medical curriculum into a model that fully integrates basic, public health and clinical sciences throughout the medical student's education. Students learn to work in the exam room, and within communities and complex health systems—to understand how to care for both patients and populations.

In 2016, the Wisconsin Partnership Program funded the third and final phase of *Transforming Medical Education (TME)*, which supports the

implementation of the full three-phase ForWard Curriculum. The innovative competency-based curriculum ensures that SMPH graduates are well equipped to work in complex health systems and within local, regional, national and global communities to address key determinants of health.

Christine Seibert, MD, SMPH associate dean of medical education says, "SMPH's ForWard Curriculum develops a workforce that will be better prepared to play a role in creating healthier communities, improving health outcomes and decreasing disparities." She says, "Our students are developing skills that will equip them to address critical issues such as social determinants of health, bias and health equity, as

Early on in their training, SMPH medical students meet with local community leaders and members to learn about healthcare needs outside of the classroom. Here, community leader Nikki Conklin (left) meets with medical students Michael Nyugen and Adithy Nagarajan at the Lussier Community Education Center.

well as some of the largest health problems that our state faces — obesity, mental health issues and substance abuse.”

Helping students connect with community members is one part of the new model. Early on in their education, medical students leave their classrooms to meet with local community leaders. The medical school works in partnership with community organizations such as the Lussier Community Education Center, in Madison, Wisconsin. The center’s director, Paul Terranova, helps connect leaders from the local community with medical

students. The students attend small group discussions and hear from neighborhood leaders about the challenges and obstacles their community faces. They discuss access to healthcare, physician-patient relationships, as well as access to healthy food, physical activity, and other issues that influence health. Says Terranova, “It’s remarkable that some of the students’ first teachers are individuals without any medical experience or degree— who otherwise may be marginalized— but have tremendous life experience that can’t be conveyed in a textbook or classroom.”

“Support from the Wisconsin Partnership Program has helped us make meaningful changes in medical education. These changes will help our future physicians understand the world beyond the exam room, and how that world shapes the health of their patients.”

— Christine Seibert, MD, SMPH Associate Dean of Medical Education

The Population Health Service Fellowship Program at the UW School of Medicine and Public Health (SMPH) strengthens the ties between the SMPH campus and communities across Wisconsin. The program recruits and deploys promising early-career public health professionals to work for public health and community-based organizations throughout Wisconsin. Participants gain practical field experience in community-based, nonprofit,



governmental and health service organizations. Fellows like Salmafatima Abadin have the opportunity to advance their knowledge and skills as public health leaders.

During her fellowship, Abadin, a member of the 2015-2017 fellowship cohort, explored ways to better integrate, operationalize and institutionalize an equity lens in her public health work. Upon completion of the program, Abadin will continue her work as the Violence Prevention Research Coordinator with the Milwaukee Homicide Review Commission and the City of Milwaukee Health Department’s Office of Violence Prevention.

Through a strategic grant, the Oversight and Advisory Committee and the Partnership Education and Research Committee provide joint funding for the Population Health Service Fellowship program.

Since 2004, more than 59 fellows have provided service to more than 40 organizations and community partners throughout Wisconsin.

Promoting Healthy Communities



COMMUNITY HIGHLIGHT



8,000 +

**Number of seniors who have
taken Partnership-funded
falls prevention training
(2004–2016)**

Improving Care for Wisconsin's Seniors

Many of Wisconsin's most vulnerable senior citizens live in assisted living communities. Most of them are 75 years or older, need help with two or three daily living activities such as bathing, taking medications, dressing, going to the bathroom or eating, and many have multiple chronic conditions like hypertension or dementia. These individuals are grandparents, parents, neighbors and loved ones who need complex help.

In Wisconsin, assisted living is growing at a rapid pace, with fewer of these seniors living in nursing homes, and more now living in assisted living communities. Although nursing homes are subject to strict federal and state regulations surrounding their quality of care, there is limited oversight and support for assisted living sites.

A Wisconsin Partnership Program funded project, *Improving Assisted Living through Collaborative Systems Changes* seeks to improve quality of life for residents of Wisconsin's assisted living communities. The five-year \$1 million Community Impact Grant aims to do so by enhancing and expanding access to the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL), an established and tested quality improvement infrastructure.

WCCEAL is a group of dedicated people organized to improve the health of individuals living in Wisconsin assisted living communities. The innovative collaborative includes the Wisconsin Department of Health Services, the Wisconsin state ombudsman's program, four

Willard Lund (right), a resident of Skaalen Assisted Living in Stoughton, Wisconsin, and caregiver Delores Hayes enjoy a moment at Lund's piano. Skaalen is one of more than 400 assisted living facilities that participate in the *Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)*.

assisted living and residential provider associations, and the Center for Health Systems Research and Analysis (CHSRA), a University of Wisconsin-Madison research center. Currently, more than 430 assisted living communities are participating in the coalition, but this represents only 11 percent of the facilities in the state. This project aims to ensure that more assisted living residents have access to quality care by expanding the number of participating communities.

such as resident satisfaction, hospital readmissions, falls with injury, influenza cases; and to measure their progress toward quality improvement goals.

"WCCEAL provides the tools and reports the communities need to implement internal quality assurance and quality improvement throughout their systems, and ultimately, to help them achieve better outcomes for their residents," says David Zimmerman, PhD, UW-Madison

WCCEAL provides the tools and reports assisted living communities need to implement internal quality assurance and quality improvement throughout their systems, and ultimately, to help them achieve better outcomes for their residents.

— David Zimmerman, PhD, Professor Emeritus and former director, Center for Health Systems Research and Analysis, UW-Madison

Assisted living communities that participate in WCCEAL use quality improvement programs approved by Wisconsin Department of Health Services and researchers from the University of Wisconsin-Madison. Coalition participants have access to secure, interactive data that allows them to compare themselves to similar facilities; to benchmark their data using shared quality indicators

Professor Emeritus and former CHSRA director. Kevin Coughlin of the Wisconsin Department of Health Services says, "This approach allows facilities to take a strong role in improving themselves. By expanding the coalition's reach, we can make tremendous headway in improving care for more of Wisconsin's seniors."

Skaalen Assisted Living, in Stoughton, Wisconsin, is one of more than 400 assisted living communities that participate in the *Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)*. The assisted living community participates through LeadingAge Wisconsin, a statewide membership association and its Echelon quality improvement program, a WCCEAL-approved program.

Through Echelon, participating assisted living communities like Skaalen strive for excellence in their organizations and use WCCEAL data to identify areas for improvement. They use quality indicators such as:

- Falls with injury
- Hospital readmission
- Norovirus cases
- Influenza cases
- Staffing
- Food service
- Medication Management

Janice Mashak of LeadingAge Wisconsin says, "Involvement in WCCEAL helps us ensure we are giving the best care to our residents, and gives us the tools we need to make sure we are able to sustain that level of care." WCCEAL participants and their employees are committed to the well-being of their residents. Skaalen's Shari Kellogg, RN Manager, says, "When staff truly care about our residents, it's much easier to care for them and prioritize quality improvement efforts."

Health Equity

Health Equity Defined:

“The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”

Source: Healthy People 2020 –
U.S. Department of Health
and Human Services



Advancing Health Equity

How can we advance health? How can we improve health at a more rapid rate for people who are disproportionately suffering poorer health outcomes? How can we bring a lens of health equity to the decisions we make? On September 7, 2016, the Wisconsin Partnership Program hosted the conference, *Advancing Health Equity* to explore answers to these questions. More than 400 attendees, representing academia, public health, healthcare, nonprofit organizations, community organizers, businesses and community members, joined nationally recognized thought leaders and local experts to better understand how to address health disparities and advance health equity in Wisconsin.

SMPH Dean Robert Golden, MD, told participants that the conference was a first step in the Wisconsin Partnership Program's journey to expand the incorporation of health equity into the program's vision and framework for future investments. "This is the time to spark an inclusive effort to address the crucial imperative of health equity head on," said Dean Golden.

David Williams, PhD, MPH, of the Harvard T. H. Chan School of Public Health, addressed the social determinants of health, including race, socioeconomic status and environment, and the necessity to address the large socioeconomic gaps and policies that influence health. He discussed the importance of improving neighborhoods and

Dr. David Williams of the Harvard T.H. Chan School of Public Health shared a passionate message about health equity, from a national perspective. He addressed the importance of improving neighborhoods and strengthening communities. “Your zip code,” he said, “may be a stronger predictor of your health than your genetic code.”

strengthening the capacity of communities in order to improve health. “Your zip code,” he said, “may be a stronger predictor of your health than your genetic code.” Dr. Williams encouraged the audience to break down silos and collaborate across all sectors in order to improve health for everyone.

Other featured speakers included Susan Skochelak, MD, MPH, of the American Medical Association, on health equity and the role of medical education; Edward Ehlinger, MD, MPH, Minnesota Commissioner of Health, on partnerships and health

equity; and Sergio Aguilar-Gaxiola, MD, PhD, of University of California-Davis, Center for Reducing Health Disparities, on health equity and the role of research.

In his closing remarks, Dean Golden challenged participants, “Take your individual passions and follow them. Build partnerships to help achieve your goals. And most importantly, have resilience for the struggles ahead.” He said, “We know there will be challenges, but we are committed to the long game and to the ambitious, audacious goals we will set.”

“This is the time to spark an inclusive effort to address the crucial imperative of health equity head on.”

— SMPH Dean Robert Golden, MD



Dean Robert Golden, MD (far right), and conference speakers and panelists

Advancing Health Equity: The Next Steps

The intent of the *Advancing Health Equity* Conference was for the Wisconsin Partnership Program to gain insight and guidance to move forward with a strong focus on health equity. Program staff, as well as the Oversight and Advisory Committee and Partnership Education and Research Committee, have been carefully reviewing input and feedback from participants. Six main themes have emerged which the Wisconsin Partnership Program will use to inform its grant programs and strategic planning efforts:

1. Define health equity broadly; recognizing all groups that experience health inequities
2. Support efforts that address the social determinants of health—factors such as where we live, work, learn and play, that influence our health
3. Promote authentic community engagement in all efforts—including research, education and community partnerships
4. Support capacity building with communities to sustain commitments to health equity
5. Discover innovative and effective models that affect health equity; share those discoveries
6. Support innovative and effective models that affect health equity

To view the conference video, resources and summary report, visit [med.wisc.edu/partnership-health equity](http://med.wisc.edu/partnership-health-equity).

The Wisconsin Partnership Program makes strategic infrastructure investments in programs that address the mission of improving health, health equity and well-being in Wisconsin residents through investments in research, education, prevention practices and interventions and policy development. Two current initiatives, The Lifecourse Initiative for Healthy Families (LIHF) and the Obesity Prevention Initiative (OPI) focus on two of Wisconsin's most challenging public health concerns.

Lifecourse Initiative for Healthy Families



From 2011–2015, **babies born to
African American mothers**

in Wisconsin were nearly

**three times more
likely to die** before their first birthday than
babies born to white mothers.

Supporting Healthy Birth Outcomes

The Lifecourse Initiative for Healthy Families (LIHF) is a strategic initiative funded by the Wisconsin Partnership Program at the UW School of Medicine and Public Health to address the root causes of disparities in infant health outcomes in Wisconsin.

LIHF recognizes that for babies to be born healthy and stay healthy, mothers and families need to have access to quality healthcare and physical, social and economic environments that promote health throughout their lifetimes.

As part of its efforts to improve birth outcomes, LIHF supports collaboratives in Kenosha, Milwaukee and Racine counties, where more than 80 percent of Wisconsin's African American babies are born. The collaboratives are comprised of diverse stakeholders, including community residents and leaders from nonprofit, healthcare, business, public sector and faith-based organizations.

Each collaborative has unique, community-driven priorities to improve maternal and child health:

- The **Kenosha LIHF Collaborative** is improving navigation of mental health services for mothers and families in Kenosha. It is also increasing efforts to engage African American mothers in receiving appropriate mental health screening and support, particularly for postpartum depression. In addition, Kenosha LIHF is facilitating community-wide conversations about how to reduce stigma and promote environments supportive of maternal mental wellness.
- The **Milwaukee LIHF Collaborative** is working with local clinics to improve preconception and reproductive healthcare. To do so, it is implementing a pilot project

to test the effectiveness of the One Key Question® protocol. By asking “Would you like to become pregnant in the next year?” as a practice standard in primary care settings, the pilot project aims to ensure that women’s reproductive health needs are being met, such as receiving contraceptive counseling or preparing for a healthy pregnancy.

- The **Racine LIHF Collaborative** is working to improve breastfeeding rates among African American women. The Racine LIHF Breastfeeding Committee is pursuing better access to quality breast pumps for women on Medicaid and creating breastfeeding-friendly worksites in Racine, starting with the organizations represented within the collaborative. The collaborative also conducted a social media campaign during Black Breastfeeding Week featuring stories from community members to increase awareness about the benefits of breastfeeding and create positive social norms.

LIHF also provides leadership in statewide maternal and child health efforts. It works with the Wisconsin Department of Health Services and supports data collection through the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS). This data is essential for monitoring disparities in birth outcomes by providing insight into the experiences of mothers before, during and after pregnancy.

Through its use of multilevel strategies, LIHF continues its efforts to achieve more equitable birth outcomes.

The Lifecourse for Healthy Families (LIHF) communities have identified maternal mental health as a regional priority action topic. Maternal mental health is essential to the health and well-being of mothers, babies and families. Maternal mental illnesses such as perinatal depression or anxiety can affect:

- maternal physical, social and emotional health
- family relationships
- the infant’s physical, social and emotional development

Pre-pregnancy and postpartum depression symptoms are common in the LIHF communities, and African American mothers in LIHF counties report disproportionately high rates of postpartum depression symptoms and stressful life events that can pose a risk to mental health. Experience and research also tell us that African American women may face specific barriers to screening and mental health treatment, such as stigma, cultural beliefs, historical trauma, insurance coverage and other barriers related to accessing healthcare.

The collaboratives are working together to identify opportunities across the region to improve screening and referral processes, ensure access to culturally appropriate treatment options and reduce stigma and stress.

The Obesity Prevention Initiative



**39.4% of
Wisconsin
residents
are obese**

Source: Survey of the
Health of Wisconsin (SHOW)

Fighting Obesity in Wisconsin

The Obesity Prevention Initiative (OPI) is one of the Wisconsin Partnership Program's strategic initiatives aimed at impacting childhood obesity in Wisconsin. OPI, which includes communities, agencies, researchers, UW faculty and other stakeholders, uses a multifaceted approach that includes community-based research, outreach, surveillance and dissemination.

In 2016, Marathon County and Menominee County, the two OPI pilot communities testing models for childhood obesity prevention, took important steps toward creating system and environmental changes that support health and well-being in their respective communities.

Marathon County

After conducting a walkability audit to study pedestrian safety and explore pedestrian infrastructure improvements, Marathon County was ready to make their streets and sidewalks more accessible for its residents. Officials are using information collected from the audit to make budget decisions about improvements to sidewalks and streets, in part to meet the needs of residents with limited mobility. They are making significant environmental improvements including:

- Painting new crosswalks
- Flashing signs at the busiest intersections

Programs within the Obesity Prevention Initiative focus on issues related to improving nutrition and physical activity in Wisconsin communities. In Menominee County, the Menominee Wellness Initiative has expanded access to its tribal recreation center.

- Implementation of wayfinding signs that show pedestrians and bicyclists the distance in minutes to everyday locations

Menominee County

The Menominee Wellness Initiative is working to ensure that its approach to health and wellness is culturally relevant to its tribal residents. The initiative continues to focus on traditional food practices and ways to increase physical activity.

The group is examining existing food policies on the reservation and refining those policies to better reflect its culture and values. By promoting seasonal activities, such as foraging, making maple syrup and the traditional gathering and harvesting of wild rice, the Menominee Wellness Initiative is encouraging

access to culturally appropriate food and physical activity, while connecting residents to culture and history.

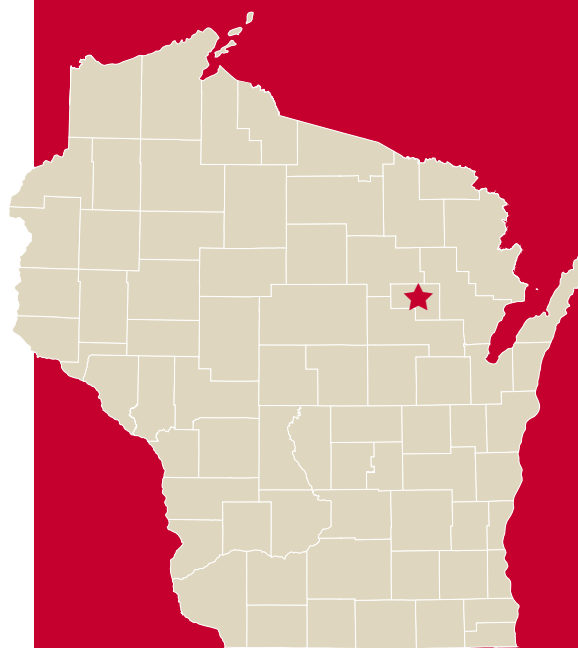
In 2016, as part of its efforts to promote physical activity, the initiative expanded access to its tribal recreation center. A new swipe-card system allows 24-hour access and makes it easier for second- and third-shift workers to access the facility. James Oshkeshequoam, a community partner from the Menominee Nation says, “Our new swipe-card system has allowed us to expand our center’s hours and remove a significant barrier to access.” He says, “Residents now have more opportunity and flexibility to use the fitness center—and can exercise on a schedule that works for them.”

“If you measure our tribe against state rankings, we are going to come up last – number 72 out of 72 counties. But if you measure our tribe by our strength, resilience and determination, we would be at the top of the list.”

– Guy Reiter (Anahkwet), Menominee County Community Organizer

More than #72

The Obesity Prevention Initiative partners in Menominee County are dedicated to improving health in their community. Community organizer Guy Reiter is inspired by his tribe’s commitment to wellness. He says, “If you measure our tribe against state rankings, we are going to come up last – number 72 out of 72 counties. But if you measure our tribe by our strength, resilience and determination, we would be at the top of the list.” They don’t think of themselves as ranking last in the state for health. Instead, they are working hard to build upon their strengths. Indigenous mindfulness activities focus on improving mental health and well-being and pre-contact feasts are helping the community reclaim their diet, food, stories and their connection to the environment.



More than
\$11 Million
 Amount currently leveraged
 by the 28 concluding grantees
 to sustain, replicate, or
 expand projects

71%
 of the 28 grants that
 concluded in 2016 focused on
health equity



For information about individual grant program outcomes see the annual “Outcomes Report” at med.wisc.edu/partnership-publications

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. Evaluative information is used to improve progress toward outcomes, inform funding decisions and understand the Partnership Program’s portfolio of funded grants. Wisconsin health trend data and published evidence are included in five-year planning processes to understand Wisconsin health trends and the most effective approaches to make a meaningful health impact.

The Wisconsin Partnership Program uses the following framework to evaluate its funding portfolio:

- Evaluation of the overall program, including information about capacity building, health impacts and sustainability
- Evaluation of the OAC and PERC committees by reviewing their funding portfolio and measuring outcomes of each grant program, such as sustained collaboration or systems change
- Evaluation of individual grants is primarily conducted by grantees and academic partners, but is reviewed by Partnership Program staff, including providing technical assistance

Each year, the Wisconsin Partnership Program reviews outcomes from concluding grants to learn from and improve further grantmaking, as well as to encourage dissemination and other forms of sustainability.

2016 Grant Outcomes

In 2016, 28 grants concluded, expending a total of \$5.5 million in funds focusing on a broad range of topics including:

- Access to health services
- Cardiovascular health
- Data and surveillance
- Healthcare delivery
- Infectious disease
- Injury and violence
- Maternal, infant and child health
- Mental health
- Nutrition
- Obesity
- Physical activity
- Public health work force development
- Social determinants of health (*the structural determinants and conditions—social, economic and environmental—in which all people are born, grow, live, work and age that affect health*)
- Substance abuse

Following are selected highlights from several 2016 concluded grants:

Community Grant Highlights

- **Wheaton Franciscan Healthcare – All Saints** implemented the CenteringPregnancy Program in Racine. The program provides pregnancy-related group education from obstetricians to expectant mothers who are due at the same time. The program was completed by 420 women, decreasing the average rate of preterm birth to 4.2 percent. In comparison, the national average is 11.5 percent.

- The **Wisconsin Chapter of the American Academy of Pediatrics** enhanced the system of care at Wingra Family Medical Center and improved provider education by training healthcare and social service students to link families to community resources. In one year, students screened 627 patients, of which 59 percent identified at least one need. The project estimates that it will screen at least 1,750 patients over the next two years.
- The **Great Lakes Inter-Tribal Council, Inc.** significantly increased nurses' knowledge about American Indian beliefs, values and customs, as well as awareness of institutional discrimination and recognition of the importance of cultural competence in healthcare.
- **Adams County Health and Human Services Department of Public Health** improved healthcare by gaining insurance coverage (through WEA Trust) for health navigation services in Adams County. Health navigators can often provide services and education to patients who have chronic health problems, reducing cost for insurance carriers and healthcare providers.

Research Grant Highlights

- **Dr. Amy Kind at the UW School of Medicine and Public Health Department of Medicine and collaborators** evaluated hospital discharge orders to nursing homes, identifying that orders frequently miss information. For example, they found that orders lacking information about the drug Warfarin resulted in greater risk of 30-day rehospitalization and/or death. The project is now developing interventions to improve this transitional process.

- **Dr. Caprice Greenberg at the UW School of Medicine and Public Health Department of Surgery and collaborators** developed a surgical coaching program, pairing surgeons with trained surgical coaches to enhance technical and interpersonal skills as part of their continuing professional development. The ultimate goal is to improve the quality and safety of surgical care. The coaching program received national interest, generating five additional coaching initiatives and receiving almost \$3 million in additional funding.
- **Dr. Nancy Pandhi at the UW School of Medicine and Public Health Department of Family Medicine and Community Health and collaborators** established a first-of-its-kind network and website in the U.S. on patient experiences at healthexperiencesusa.org, beginning with the launch of a module on young adults' experiences with depression. The module includes 250 video, audio and text clips from in-depth interviews. The project partners with three other universities and is the U.S representative for this international effort. The project will launch more than five additional modules over the next three to five years, including one on veterans with traumatic brain injury.

Learning

The Wisconsin Partnership Program emphasizes the importance of learning. How do projects incorporate lessons learned to improve further grantmaking? A major theme from review of the concluding 2016 community grants highlighted the need for grantees to ensure basic needs of participants are met before education-focused interventions can take place. Many interventions to address health may not have the intended impact without looking at the larger context, such as root causes, social determinants of health and racism.

Dissemination

The Wisconsin Partnership Program also emphasizes the importance of dissemination of project information such as results, lessons learned and other materials. Of the 28 grants ending in 2016, grantees have published 12 peer-reviewed publications, submitted or plan to submit 21 publications for review, given more than 80 local, national or international presentations, conducted more than 70 trainings, were featured in more than 24 print media stories and have one patent pending.

Other grantees demonstrated the importance of other forms of communication and dissemination. Community Groundworks, a Madison, WI-based nonprofit organization that connects people to nature and local food, published a book on principles of garden-based education. The publication was distributed to over 3,000 educators in Wisconsin and in 49 other U.S. States, Washington, D.C., and more than 35 countries around the world. Their work was also featured on Wisconsin Public Radio.

Strategic Investments

The Wisconsin Partnership Program makes strategic infrastructure investments in programs aimed at improving health. Four strategic grants were renewed in 2016.

- Transforming Medical Education
- Optimized Chronic Care for Smokers: A Comparative Effectiveness Approach
- Health Innovation Program
- Lifecourse Initiative for Healthy Families – Pregnancy Risk Assessment Monitoring System 2015-2016

Grants Awarded in 2016

In 2016, the Wisconsin Partnership Program awarded 23 grants for \$10.8 million. The following pages describe the grant programs and awarded projects.

Lifecourse Initiative for Healthy Families

Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS)

Principal Investigator: Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology, UW School of Medicine and Public Health

Amount: \$510,644

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 and Racine.

Community Grants Programs

The Partnership Program's Oversight and Advisory Committee (OAC) directs and approves funds for public health initiatives. In 2016, the committee made 12 awards through its community grants programs.

Community Impact Grants

Community Impact Grants provide up to \$1 million over five years to support large-scale, evidence-based, community-academic partnerships aimed at achieving sustainable policy, systems and/or environmental changes that will improve health, health equity and well-being in Wisconsin.

There were three Impact awards in 2016:

Improving Health Through Enhanced Work

Community Advocates' Public Policy Institute and UW-Milwaukee

This project will expand upon the success of Wisconsin's Transitional Jobs Program by facilitating access to primary and behavioral healthcare for job-seeking individuals in order to increase their employability, and assist with obtaining health insurance coverage. The project's goal is to help Wisconsin's jobless citizens not only obtain jobs, but thrive in the workplace and live healthier lives.

Legacy Community Alliance for Health (LCAH)

UniverCity Alliance, Green Tier Legacy Communities

This project aims to improve health and health equity at the community level by implementing a Health in All Policies (HiAP) approach, a proven framework for comprehensive and collaborative government action.

Race to Equity: Wisconsin

Kids Forward, formerly Wisconsin Council on Children and Families

This project will work with communities to develop local racial-equity policy agendas to improve the well-being of children and families of color in Wisconsin, and address the underlying social determinants of health that threaten the health and well-being of children and families regardless of race, ethnicity or class.

Community Opportunity Grants

Community Opportunity Grants provide up to \$50,000 in support for up to two years to implement and evaluate strategies identified in community health improvement plans and needs assessments. The grants are designed to enhance collaboration among public health departments, nonprofit organizations, hospitals, clinics, healthcare systems, schools, businesses and government leaders on community-identified health priorities.

In 2016, the Partnership Program's Oversight and Advisory Committee awarded nine community opportunity grants:

Community Health Worker-Led Postpartum Support Group for Latino Mothers and Infants <i>Centro Hispano, Madison</i>	<p>Centro Hispano of Dane County, in partnership with Access Community Health Center and the University of Wisconsin Department of Pediatrics, will implement a community-based health intervention integrating culturally tailored peer groups through a community health worker-led postpartum support group program for Latino mothers and infants.</p>
Create an Alcohol Reduction Strategies Toolkit for Community Use in Northwestern Wisconsin <i>Bayfield County Health Department, Bayfield and Ashland County</i>	<p>In this project, Bayfield and Ashland counties will work in partnership to address the harmful effects of alcohol abuse and misuse. The project will increase awareness of alcohol use and potential solutions among decision-makers, as well as facilitate changes to limit alcohol availability by focusing on outlet density, licensing and sales.</p>
Door County's Partnership Program to Enhance School Readiness for Children <i>Door County Public Health Department, Door County</i>	<p>The Door County Partnership for Children and Families will implement the "I Can Problem Solve" program for students ages 4 to 7 years, and the "Raising a Thinking Child" program for parents and caregivers to strengthen children's social, emotional, problem-solving and self-regulation skills and help improve healthy parent-child interactions.</p>
EatPlayGrow: Improving the Health of Cudahy's Youth <i>City of Cudahy Health Department, Cudahy</i>	<p>This project aims to improve knowledge of healthy foods, increase physical activity and establish healthy behaviors among children ages 2 to 5 years and their parents through the implementation of EatPlayGrow, an evidence-based strategy to reduce childhood obesity, for child care facilities.</p>
Every Student, Every Day Program <i>West Allis Health Department, West Allis</i>	<p>This project seeks to address the harmful effects of chronic absenteeism by eliminating barriers to regular school attendance. The project will promote presenteeism through policy development and outreach, with a focus on students K4 through third grade and over subsequent years, to expand scope and include all grades.</p>
Increasing Access to Nutritious Food Through Summer Food Service Programming <i>REAP Food Group, Madison</i>	<p>This project aims to evaluate the expansion of a meals program at new sites during summer months when many of Madison's children experience increased food insecurity. The project will also offer free meals for adult companions, increase consumption of fresh fruits and vegetables and increase awareness about healthy food choices.</p>
Smart Meds Program <i>United Way of Dane County, Madison</i>	<p>This project will implement the Smart Meds program in clinic-based pharmacies to provide low-income, at-risk older adults with Comprehensive Medication Reviews (CMR), an evidence-based screening tool, to help improve medication and chronic disease management.</p>
The Fond du Lac County YScreen Expansion Project <i>Fond du Lac School District, Fond du Lac</i>	<p>This project aims to prevent suicide and connect students with mental health problems to critical, timely services. It will expand and normalize a universal, voluntary, research-based emotional health screening system among all high school students in the county.</p>
Transgender Health: A New Horizon in Equity and Health Care <i>Fair Wisconsin Education Fund, Wisconsin</i>	<p>This project aims to improve the environment of healthcare for transgender and gender nonconforming youth in Wisconsin. It will build an online database of competent physical and mental health care providers, connect provider-advocates, and conduct provider trainings around the state of Wisconsin.</p>

Research and Education Grant Programs

The Wisconsin Partnership Program's Partnership Education and Research Committee (PERC) addresses issues of health and healthcare in a continuum that spans basic, clinical, translational and applied public health research as well as education and training. In 2016, PERC made the following awards.

Collaborative Health Sciences Program

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

In 2016, PERC made the following Collaborative Health Sciences awards:

Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy <i>Principal Investigator: Vincent Cryns, MD, Medicine (Endocrinology)</i>	Physicians and community partners, including breast cancer survivors, will explore metabolic priming, a novel model for cancer therapy that uses diet to make tumor cells more vulnerable to a cancer drug. The novel model has the potential to dramatically improve clinical outcomes in metastatic TNBC by specifically targeting chemotherapy-resistant cancer stem cells that contribute to treatment resistance.
Quantitative Models to Define Cancer Cell Heterogeneity and Predict Patient Drug Responses <i>Principal Investigator: Shigeki Miyamoto, PhD, Oncology</i>	This project aims to develop a new approach to predicting individual patient responses to therapies for multiple myeloma, a currently incurable cancer. It will construct a new approach to enable large-scale quantitative description of the phenotypic characteristics of cancer cells from individual patients and then develop mathematical models that best predict therapy responses of individual patients to different drug options.
Rapid Assessment of and Prophylaxis for Influenza in Dwellers of Long-Term Care Facilities (LTCF) <i>Principal Investigator: Jonathan L. Temte, PhD, Family Medicine and Community Health</i>	This project will test the effectiveness of very simple, inexpensive and adaptable technology for extremely early detection of influenza in LTCFs and the immediate transmission of test results to public health officials. The randomized, controlled clinical trial will assess the effect of onsite, rapid influenza detection at LTCFs on influenza-related hospitalizations, deaths and healthcare-associated costs over three influenza seasons.

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.

PERC made the following awards, which are typically \$100,000 over two years, in 2016:

Community-Based Continence Promotion: Mind Over Matter; Healthy Bowels, Healthy Bladder <i>Principal Investigator: Heidi Brown, MD, Obstetrics and Gynecology</i>	This project will test the effectiveness of using Mind Over Matter; Healthy Bowels, Healthy Bladder (MOM), a community-based workshop for older Wisconsin women to control incontinence symptoms, at senior centers. The project will develop a toolkit which will allow busy senior centers to more easily consider and incorporate MOM into their programming. Upon the project's completion, MOM will be ready for widespread dissemination in Wisconsin in partnership with the Wisconsin Institute for Healthy Aging (WIHA).
Investigating Retention in Care to Address Healthcare Disparities in Lupus: A Wisconsin Lupus Cohort <i>Principal Investigator: Christie Bartels, MD, Medicine (Rheumatology)</i>	This project aims to close the mortality gap in African American women in Wisconsin with lupus. It will confirm diagnoses in an urban group of lupus patients and study the impact of race and other predictors of keeping patients in care. Expected outcomes include an innovative approach to measure lupus care, and baseline data for future trials to improve health among the estimated 28,000 Wisconsinites with lupus.

Reprogramming β -cell Metabolism to Prevent and Rescue Type 2 Diabetes

Principal Investigator: Matthew Merrins, PhD, Medicine and Biomolecular Chemistry

This project proposes that activating a metabolic enzyme, pyruvate kinase, has the potential to prevent diabetes and rescue insulin secretion from the diabetic β -cell. The studies are needed to provide a firm scientific basis for a clinical intervention that preserves β -cell metabolic health in people.

Partnership Education and Research Opportunity Grant

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.

Improved Diagnosis of Familial Hypercholesterolemia in Children and Families through the Wisconsin Pediatric Lipid Consortium (WPLC)

Amy Peterson, MD, Pediatrics

This project establishes the Wisconsin Pediatric Lipid Consortium (WPLC), a network of pediatric healthcare clinics across the state to monitor the diagnosis and treatment of children with familial hypercholesterolemia (FH), a common inherited cholesterol disorder that leads to premature cardiovascular disease. The goal is to improve the diagnosis of children and their families, and implement early treatment in order to prevent cardiovascular disease in these individuals.

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, to selected investigators with relevant expertise to establish new initiatives aimed at addressing emerging health and healthcare needs in the state.

There were three strategic awards in 2016:

Optimized Chronic Care for Smokers

Principal Investigator: Michael C. Fiore, MD, MPH, Department of Medicine
Amount: \$450,000

This project seeks to develop treatment packages for clinical intervention in tobacco dependence and to improve the translation and delivery of effective tobacco dependence treatments into healthcare settings. It also aims to increase the reach of tobacco dependence treatment to help smokers not yet ready to quit, those who tried to quit and have relapsed, and populations where tobacco use is increasingly concentrated — the poor, minorities and special needs groups.

Statewide Partnerships with the Health Innovation Program (HIP): Enhancing Chronic Condition Management and Preventive Screening in Diverse Populations

Principal Investigator: Maureen Smith, MD, PHD, MPH, Departments of Population Health Sciences, and Family Medicine and Community Health
Amount: \$728,790

This project aims to support statewide innovations in chronic condition management and preventive screening with a focus on diverse populations. It builds on previous HIP activities that have engaged UW researchers and created strong partnerships with statewide organizations, extensive data resources and an outstanding environment for collaboration. The project goal will be accomplished by enhancing statewide health measurement and improvement activities conducted by partnering organizations and integrating these activities with the research activities of UW faculty who participate in HIP.

Transforming Medical Education 3.0 – Moving Medical Education Forward

Principal Investigator: Christine Seibert, MD, Associate Professor, Department of Medicine, Associate Dean for Medical Education
Amount: \$2,474,393

This project will implement a fully integrated, innovative, competency-based three-phase curriculum design. This includes integration of 10 critical longitudinal threads across four years of undergraduate medical education to ensure that SMPH graduates are prepared as physicians to play a significant role in promoting greater health for individuals and populations.

UW Institute for Clinical and Translational Research Grants

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

In 2016, the Wisconsin Partnership Program supported the following awards:

Active Living After Cancer: Building a Physical Activity Intervention into Clinical Care for Breast and Colorectal Cancer Survivors in Wisconsin

Principal Investigator: Lisa Cadmus Bertram, PhD, UW-Madison School of Education

Amount: \$37,494

This study proposes a 12-week, randomized physical activity trial to gather preliminary data on the feasibility and outcomes of an intervention that includes a technology-based physical activity tracker delivered within the context of the Survivorship Care Plan (SCP). The long-term goal is to support exercise rehabilitation as a standard component of cancer survivorship care.

Adapting the Physical Activity for Life for Seniors (PALS) Program for Older African Americans

Principal Investigator: Kimberlee Gretebeck, PhD, RN, UW-Madison School of Nursing

Amount: \$51,008

This project's goal is to take an effective physical activity program shown to improve physical function, and culturally adapt it for older African Americans, thereby increasing long-term physical activity and helping to delay or limit disability in this high-risk underserved group.

Application of Pedigree Data in an EHR for Precision Medicine

Principal Investigator: David C. Page Jr., PhD, UW School of Medicine and Public Health

Amount: \$30,318

This project will test the hypothesis that clinical phenotypes in families, defined by patient information in an electronic health record (EHR), can be used to collect, construct and interpret family histories. The goal is to identify clinically relevant diseases that can be predicted with EHR-linked familial data. This project will further the understanding of the importance of familial relationships to predict, prevent and treat human disease to advance precision medicine.

Breast Cancer Phenotyping and Prediction Using the Electronic Health Record (EHR)

Principal Investigator: Yirong Wu, PhD, UW School of Medicine and Public Health

Amount: \$24,958

The project aims to develop an innovative breast cancer machine-learned advice-based phenotyping (BMAP) model, which integrates physician expertise and machine-learned logic rules, for identifying subjects with the "most harmful" breast cancers from the EHR. The BMAP model will enable the use of the EHR data to develop risk prediction models for predicting the risk of the "most harmful" breast cancer.

Clinical Implementation of Mammography Screening Shared Decision-Making; Co-Funding: UW Carbone Cancer Center

Principal Investigator: Elizabeth S. Burnside, MD, MPH, MS, UW School of Medicine and Public Health

Amount: \$75,000

This multidisciplinary research team has developed an alpha version of the Breast Cancer Risk Estimator (B-CARE) embedded in the EHR at UW Health. An aim of this research is to determine core components of shared decision-making for mammography in women 40-49; and the long-term hypothesis is that B-CARE supported shared decision-making will improve the well-being of women and also improve public health outcomes.

<p>Contrast-Enhanced MRI to Diagnose Appendicitis: Translating a UW Protocol to a Community-Based Program with a Different Scanner Platform Principal Investigator: Michel Repplinger, MD, MS, UW School of Medicine and Public Health Amount: \$49,350</p>	<p>Although computed tomography (CT) is the standard imaging test used to diagnose appendicitis, it has potential risks, including nephrotoxicity and allergic reactions to the intravenous contrast agent, as well as radiation-induced cancers. This study aims to improve patient health by evaluating the use of safer imaging practices for a very common gastrointestinal surgical emergency, thereby mitigating the long-term risk of developing various cancers.</p>
<p>Development of a Toolkit to Support Shared Decision-Making in Breast Cancer Screening Principal Investigator: Sarina B. Schrager, MD, UW School of Medicine and Public Health Amount: \$15,000</p>	<p>B~CARE is an interactive electronic medical record (EMR)-embedded shared decision-making tool. It provides individual breast cancer risk assessment based on risk factors and breast density from previous mammograms as well as demonstrates risks and benefits of mammograms. The tool is designed to be used within a primary care encounter with joint input from the clinician and the patient. This award supports the development of a toolkit to help implement B~CARE in primary care settings, including dissemination of the toolkit to primary care clinicians and patients within UW Health clinics.</p>
<p>Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women Principal Investigator: Michael C. Fiore, MD, MPH, ME, UW School of Medicine and Public Health Amount: \$150,000</p>	<p>This project will test whether a smoking cessation intervention for pregnant women that extends postpartum (Striving to Quit) can be implemented and disseminated outside of the research environment that established its effectiveness.</p>
<p>Engaging Stakeholders in Integration of Preventive Care and Health Promotion in Specialty Clinics Principal Investigator: Christie M. Bartels, MD, MS, UW School of Medicine and Public Health Amount: \$100,000</p>	<p>Patients with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) experience premature cardiovascular disease (CVD) and lose on average of five years of life. However, these CVD risk factors are rarely addressed in specialty clinics, where 73 percent of RA and SLE visits occur. This research team has created and pilot-tested a staff-protocol intervention to address high BP and smoking in RA and SLE patients. The specific aims of this study will lay the groundwork for a future PCORI application to compare the effectiveness of this rheumatology staff protocol approach versus evidence-based annual nurse management in a multisite comparative effectiveness trial.</p>
<p>Engaging Stakeholders in Reducing Overtreatment of Papillary Thyroid Microcarcinomas Principal Investigator: Susan C. Pitt, MD, MPHS, UW School of Medicine and Public Health Amount: \$100,000</p>	<p>This study aims to engage stakeholders to help study the factors that lead to overtreatment of thyroid cancer. Knowing what causes overtreatment will allow the research team and stakeholder partners to develop, test and put into practice interventions that decrease overtreatment, reduce healthcare costs and improve the efficiency of healthcare delivery.</p>
<p>Mindful Policing: A Holistic Approach to Improving Officer Well-Being and Police Work Principal Investigator: Daniel Grupe, PhD, UW-Madison Amount: \$75,000</p>	<p>Police officers face extreme levels of occupational stress that can have deleterious effects on their physical and mental health, interpersonal relationships and job efficacy. Reducing the impact of stress will improve officer well-being as well as the overall well-being of the communities these officers serve. The overarching aim of this study is to adapt a mindfulness-based training program for the Madison Police Department, and to investigate this program's benefits on outcomes of practical significance for well-being and police work.</p>

Patient Engagement in Care Redesign: Identifying Effective Strategies for Measuring and Scaling the Intervention

Principal Investigator: Nancy Pandhi, MD, MPH, PhD, UW School of Medicine and Public Health, and Sarah Davis, JD, MPA, UW-Madison Law School and School of Pharmacy

Amount: \$150,000

National health reform efforts have mandated patient engagement as a critical component of primary care practice transformation, but clinical practices report being ill-prepared to engage patients in improving care quality. This research team developed, implemented and evaluated an intervention that successfully increased primary care teams' patients' involvement in quality improvement work at a single academic health system. This pilot will expand on the previous work and lay the foundation for a future proposal that will be a randomized, hybrid, effectiveness-implementation clinical trial of different training methods for patient engagement in quality improvement.

Reaching MyHEART: Website Design and Evaluation to Disseminate Young Adult Hypertension Education

Principal Investigator: Heather M. Johnson, MD, MS, UW School of Medicine and Public Health

Amount: \$14,677

In the U.S., over 10 million 18–39 year-olds have hypertension, increasing their risk of heart failure, stroke and chronic kidney disease. To address the unmet need in the delivery of hypertension care for young adults, the research team developed the MyHEART program, a multicomponent, theoretically based intervention designed to increase hypertension education and self-management skills among young adults with uncontrolled hypertension. This award supports the development of a MyHEART website that will be disseminated locally and nationally to clinical providers, healthcare systems and organizations committed to hypertension control.

Wisconsin Infant Study Cohort (WISC)

Principal Investigator: James E. Gern, MD, UW School of Medicine and Public Health

Amount: \$67,000

WISC is a birth cohort study designed to identify farming exposures that promote immune development and reduce the risk of developing respiratory illnesses and allergic diseases.

Grants Concluded in 2016

The following Community Grants concluded in 2016:

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
ACTIVATE: Advocacy for Children — Transformational Impact Via Action and Teamwork for Engagement	Wisconsin Academy of Pediatrics Foundation; Dipesh Navsaria, MD, Department of Pediatrics, UW School of Medicine and Public Health	CAPF	\$ 150,000	2 years, 6 months
Adams County Community Wellness Program	Adams County Health and Human Services Dept of Public Health; Alexandra Adams, MD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health; Rebecca Linskens, UW Carbone Cancer Center	CAPF	\$ 398,167	3 years, 7 months
Addressing the Mental Illness Tobacco Disparity: Peers Helping Peers	National Alliance on Mental Illness (NAMI) Wisconsin, Inc.; Bruce Christiansen, PhD, Department of Medicine, UW School of Medicine and Public Health	CAPF	\$ 149,999	2 years
Applying Clinical Data to New Public Health: A Model for Accountable Care Communities	Public Health-Madison and Dane County; Lawrence Hanrahan, PhD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	CAPF	\$ 49,933	2 years, 6 months

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Bringing Healthy Aging to Scale: Improving Wisconsin's Capacity to Implement and Sustain Evidence-Based Prevention Programs for Older Adults	Greater Wisconsin Agency on Aging Resources and Wisconsin Institute for Healthy Aging; Jane Mahoney, MD, Department of Medicine, UW School of Medicine and Public Health	CAPF	\$ 399,053	4 years
Building the Mentally Healthy Workplace	Mental Health America of Wisconsin; Jerry Halverson, MD, Department of Psychiatry, UW School of Medicine and Public Health	CAPF	\$ 149,930	3 years, 8 months
Centering Program of Racine Lifecourse Initiative for Healthy Families	Wheaton Franciscan Healthcare - All Saints; Teresa Johnson, PhD, UW-Milwaukee College Of Nursing	LIHF	\$ 148,764	3 years
Changing Views of Hunger: One Community at a Time	Feed My People, Inc; Mary Canales, PhD, UW-Eau Claire School of Nursing	CAPF	\$ 49,995	2 years
Community Action and Community Capacity Building for Type 2 Diabetes Prevention	Black Health Coalition of Wisconsin, Inc.; Alice Yan, PhD, UW-Milwaukee Zilber School Of Public Health	CAPF	\$ 56,034	3 years
Evaluation of the Bilingual Healthy Choices Program	Sixteenth Street Community Health Center; David Frazer, MPH, Center for Population Health, UW School of Medicine and Public Health	CAPF	\$ 149,481	2 years, 6 months
Growing Farm to School: Cultivating Childhood Wellness through Gardening	Community GroundWorks; Aaron Carrel, MD, Department of Pediatrics; Dale Schoeller, PhD, Department of Family Medicine and Community Health; Samuel Dennis Jr, PhD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	CAPF	\$ 399,629	3 years
Harvest of the Month Partnership	La Crosse County Health Department; Kirstin Siemering, DrPH, RD, Department of Population Health Sciences, UW School of Medicine and Public Health	CAPF	\$ 400,000	3 years, 7 months
Healthy Families Kenosha	Kenosha County Department of Human Services; David Riley, PhD, School Of Human Ecology, UW-Madison	LIHF	\$ 400,000	3 years, 6 months
Healthy Parents, Healthy Babies (Healthy Next Babies)	Aurora Health Care, Inc.; Ron Cisler, PhD, Department of Population Health Sciences, UW School of Medicine and Public Health	LIHF	\$ 400,000	3 years, 3 months

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Implementation of a Rock County Fetal Infant Mortality Review Team	Rock County Health Department; Sara Mckinnon, PhD, Department of Communication Arts, UW-Madison	LIHF	\$ 150,000	3 years
Increasing Cultural Congruence Among Nurses in Wisconsin	Great Lakes Inter-Tribal Council, Inc.; Audrey Tluczek, PhD, RN UW-Madison School Of Nursing; Robin Moskowitz Lecoanet, JD, Population Health Institute; Alton Smart, UW-Stevens Point, Department of Sociology and Social Work	CAPF	\$ 399,998	4 years, 6 months
Latino Youth Health Leadership Teams: Implementing the Healthy Activities Partnership Program for Youth (HAPPY II)	Centro De La Comunidad/United Community Center, Inc.; Samuel Dennis Jr, PhD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	CAPF	\$ 399,987	3 years, 3 months
Lifecourse Initiative for Healthy Families - PRAMS 2015-2016	Deborah Ehrenthal, MD, MPH, Department of Obstetrics & Gynecology, UW School of Medicine and Public Health	LIHF	\$ 209,950	1 year
Madison-Dane County Healthy Birth Outcomes	Public Health for Madison and Dane County; Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology, UW School of Medicine and Public Health	CAPF	\$ 49,471	3 years
Public Will Building to Reduce Obesity in the Latino Community of Milwaukee	CORE/EI Centro; Amy Harley, PhD, MPH, RD, UW-Milwaukee Zilber School of Public Health	CAPF	\$ 149,116	3 years
Reducing African American Infant Birth Disparities Through Decreased Prison Recidivism and Increased Living-Wage Employment of Mothers and Fathers	Racine Vocational Ministry; Helen Rosenberg, PhD, UW-Parkside	LIHF	\$ 149,996	3 years
Striving to Create Healthier Communities Through Innovative Partnerships	Lovell Johnson Quality of Life Center, Inc.; Lucy Mkandawire-Valhmu, PhD, RN, UW Milwaukee College of Nursing	LIHF	\$ 149,906	2 years, 10 months
Yoga's Effect on Fall Risk Factors in Rural Older Adults	Aging and Disability Resource Center; Paul Smith, MD, Department of Family Medicine and Community Health; Irene Hamrick, MD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	CAPF	\$ 49,998	2 years

LIHF = Lifecourse Initiative for Healthy Families

CAPF = Community-Academic Partnership Fund

The following Education and Research Grants concluded in 2016:

Title	Academic Partner/ Community Organization	Type	\$ Amount	Duration
Building an Accessible Database of Patient Experience for the U.S.	Nancy Pandhi, MD, PhD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	Opp	\$ 45,000	2 years
Discharge Order Completeness and 30-Day Rehospitalizations in Rural Wisconsin Nursing Home Patients	Amy Kind, MD, PhD, Department of Medicine, UW School of Medicine and Public Health	NIP	\$ 99,104	3 years
Mechanistic Insights into the Role of Grainyhead Proteins in Neural Tube Closure Defects	Melissa Harrison, PhD, Department of Biomolecular Chemistry, UW School of Medicine and Public Health	NIP	\$ 100,000	2 years
Nanoparticles for Treating Restenosis: Sustained and Targeted Local Drug Delivery	Lian-Wang Guo, PhD, Department of Surgery, UW School of Medicine and Public Health	NIP	\$ 100,000	2 years
The Wisconsin Surgical Coaching Program	Caprice Greenberg, MD, MPH, Department of Surgery, UW School of Medicine and Public Health	CHSP	\$ 499,958	4 years
Understanding HIV-1 Cell-to-Cell Transmission	Nathan Sherer, PhD, Department of Oncology, UW School of Medicine and Public Health	NIP	\$ 97,076	2 years, 2 months

CHSP = Collaborative Health Sciences Program

NIP = New Investigator Program

Opp = Partnership Education and Research Opportunity Grant

The following Institute for Clinical and Translational Research Grants (ICTR) concluded in 2016.

Title	Academic Partner/ Community Organization	Type	\$ Amount	Duration
Adapting the Physical Activity for Life for Seniors (Pals) Program for Older African Americans	Kimberlee Gretebeck, PhD, RN, UW-Madison School of Nursing; Jane Mahoney, MD, UW SMPH; Earlise Ward, PhD, UW-Madison School of Nursing; North/Eastside Senior Coalition (NESCO) Madison; Milwaukee County Department on Aging (MCDA); Wisconsin Institute for Healthy Aging	Dnl Research	\$ 150,000	1 year
Barriers Faced by Caregivers Managing Older Adults' Medications In Rural Areas	Kevin A. Look, PhD; Michelle Chui, PharmD, PhD, UW-Madison School of Pharmacy; Jane Mahoney, MD, UW SMPH; Clark County Aging Department, Greenwood and Loyal Housing Authorities	CCOR	\$ 74,801	1 year, 4 months
Forming and Sustaining Multi-Stakeholder Panels	Caprice C. Greenberg, MD, MPH, UW SMPH, Sharon Weber, MD, Gretchen Schwarze, MD, David Schneider, MD, Rebecca Sippel, MD, Heather Neuman, MD, Jessica Schumacher, PhD, UW SMPH; Pancreatic Cancer Action Network (PANCAN); Stakeholder Advisor group including patient, caregiver and providers	PCOR Supplement	\$ 25,000	1 year
Foundations for Successfully Engaging Hard-to-Reach Stakeholders	Barbara J. Bowers, PhD, RN, UW-Madison School of Nursing; Elizabeth Cox, MD, PhD, UW SMPH; Community Advisors on Research Design and Strategies (CARDS), Goodman Community Center, Parent and Teen Advisory Boards, American Family Children's Hospital	PCOR Supplement	\$ 49,991	1 year, 2 months
Imaging Neuroplasticity in Mild Cognitive Impairment	Andrew L. Alexander, PhD, UW SMPH; Barbara Bendlin, PhD, UW SMPH	ADRC	\$ 14,635	1 year
In Vivo Tau Imaging in Alzheimer'S Disease	Sterling C. Johnson, PhD, UW SMPH; Bradley Christian, PhD, UW SMPH	ADRC	\$ 15,000	1 year
Sleep-Disordered Breathing in Brain Injury	Paul E. Peppard, PhD, UW SMPH, Population Health Sciences; Sterling Johnson, MD. Erika Hagen, UW SMPH; Wisconsin Sleep Cohort	Transl Basic & Clin	\$ 99,999	1 year, 4 months

Title	Academic Partner/ Community Organization	Type	\$ Amount	Duration
Stepping On to Pisando Fuerte: Adapting an Evidence-Based Falls Prevention Program for Latino Seniors	Jane E. Mahoney, MD; Elizabeth Jacobs, MD, UW SMPH; Sarah Esmond, Collaborative Center for Health Equity; Latino Health Council, United Community Center, Centro Hispano, North/Eastside Senior Coalition (NESCO), JCS Consulting, Greater Wisconsin Agency on Aging Resources, United Translators	Dnl Research	\$ 148,935	2 years, 6 months
Surveillance of Hospital Acquired Infection Using Natural Language (Shainl)	Eneida A. Mendonca, MD, PhD, UW SMPH; Nasia Safdar, MD, UW SMPH and William S. Middleton Memorial Veterans Hospital	Transl Basic & Clin	\$ 48,973	1 Year
Sustaining Engagement of Blended Stakeholder Boards Across the Pcor Trajectory	Elizabeth D. Cox, MD, PhD, UW SMPH; Betty Chewning, PhD, UW-Madison School of Pharmacy; Project ACE Blended Advisory Board; American Family Children's Hospital Patient & Family Advisory Council; Katie Glass and Kathryn Murphy, American Family Children's Hospital, Child Life Services	PCOR Supplement	\$ 49,977	1 year
The "Angel'S" in the Details: The Five Ws of Deeply Engaging Patients in Research	Sarah Davis, JD, UW-Madison Law School, Center for Patient Partnership; Nancy Pandhi, MD, UW SMPH; Martha Gaines, UW-Madison Law School, Center for Patient Partnerships; Rachel Grob, UW SMPH, Center for Patient Partnerships; Pete Daly, Patient Liaison; Stakeholder Advisory Committee	PCOR Supplement	\$ 49,791	1 year
Using Developmentally Appropriate Educational Materials to Improve Child Behavioral Health and Family Relationships When Parents Are in Jail. Co-Funded by University of Minnesota	Julie A. Poehlmann-Tynan, PhD, UW-Madison; Rebecca Shlafer, University of Minnesota; Mary Huser, UW-Extension; Racine County Jail WI; Washington County Jail, MN	Special Pilot: "2013 Wisconsin-Minnesota CTSA Collaborative Health Equity Award"	\$ 76,307	2 years, 9 months

ADRC = Wisconsin Alzheimer's Disease Research Center

CCOR = Clinical and Community Outcomes Research

Dnl Research = Dissemination and Implementation Research

PCOR = Patient-Centered Outcomes Research

Transl Basic and Clin = Translational Basic and Clinical Research

Financial Overview

Financial Highlights

- Earnings, net of fees, on endowed funds for 2016 were \$16.1M
- Endowment distributions for program expenditures were \$15.7M
- Wisconsin Partnership Program grant and administrative expenditures for 2016 were \$17.7M
- Total program assets decreased \$1.6M

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 University of Wisconsin School of Medicine and Public Health (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 Vice Chancellor for Finance and Administration also has attested that UW-Madison and the UW System have complied with the supplanting prohibition.

OAC Review and Assessment of the Allocated Percentage of Funds

As outlined in its founding documents, the OAC annually reviews and assesses the allocation percentage for public health initiatives and for education and research initiatives. The OAC took up the matter on July 20, 2016. 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 reports consolidate activities of the UW Foundation and the SMPH for the years ending December 31, 2016 and December 31, 2015. Revenues consist of interest income and changes in market valuation of investments, 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 and recorded as Grant Expenses (Table 2). The Grants Payable liability reflects accrued awards less any expenses (Table 1).

Table 1: Statements of Net Assets

As of the Years Ended December 31, 2016 and 2015				
	2016		2015	
Assets				
Current Investments	\$	17,988,864	\$	19,743,245
Noncurrent Investments		339,996,169		339,837,826
Total Assets	\$	357,985,033	\$	359,581,071
Liabilities and Net Assets				
Liabilities				
Grants Payable	\$	40,182,827	\$	46,809,168
Total Liabilities	\$	40,182,827	\$	46,809,168
Net Assets				
Temporarily Restricted - Spendable	\$	(1,789,551)	\$	(6,671,016)
Temporarily Restricted - Endowment		37,764,015		37,615,177
Permanently Restricted - Endowment		281,827,742		281,827,742
Total Net Assets	\$	317,802,206	\$	312,771,903
Total Liabilities and Net Assets	\$	357,985,033	\$	359,581,071

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

For the Years Ended December 31, 2016 and 2015		
	2016	2015
Revenues		
Gifts Received	\$ -	\$ -
Interest Income	44,906	38,521
Change in Fair Value of Endowed Funds	16,101,099	(8,699,403)
Total Revenues	\$ 16,146,005	\$ (8,660,882)
Expenses		
OAC Initiatives		
Administrative Expenses	\$ 356,425	\$ 285,155
Grant Expenses	4,283,707	4,544,753
PERC Initiatives		
Administrative Expenses	661,933	529,573
Grant Expenses	5,813,637	19,868,038
Total Expenses	\$ 11,115,702	\$ 25,227,519
Net Increase/(Decrease) in Net Assets	\$ 5,030,303	\$ (33,888,401)

Financial Notes

Cash and Investments

The financial resources that support Partnership Program grants as of December 31, 2016, and December 31, 2015 (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.

Current Investments

Current investments consist of participation in the UW Foundation (UWF) Callable Pool. The primary investment objective of the Callable Pool is to preserve capital and provide liquidity when dollars are called. The Callable Pool is invested in high-quality, short-term fixed-income securities. The Wisconsin Partnership Program Callable Pool investments earn a fixed payout rate. On an annual basis, the UWF Investment Committee will determine the fixed payout rate for the following fiscal year.

Noncurrent Investments

Noncurrent investments consist of participation in the UW Foundation (UWF) Endowment portfolio. The primary investment objective of the Endowment portfolio is to maximize long-term real returns commensurate with the stated risk tolerance while providing distributions for current spending needs. The Endowment portfolio's asset allocation model is primarily equity oriented and includes public equities, equity-like vehicles such as private equity and real estate as well as fixed income.

The Endowment portfolio's asset allocation model is designed to seek broad exposure to the global capital markets, mindful of the benefits of diversification, to invest within the stated risk-tolerance level and to promote a cost-conscious investment model while investing within portfolio guidelines.

The UWF Investments team has managing fiduciary responsibility and monitors industry trends, explores and evaluates financial opportunities and works closely with the Investment Committee, whose members have significant experience in the investment field. The committee, guided by established Foundation policy, governs and provides oversight to the investment team.

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 Callable Pool, 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 Callable Pool 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. As of December 31, 2016, the balance of these funds is \$20.4 million in the Endowment portfolio. There is an additional \$19.5 million of funds available in the Callable Pool.

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, Expenses and Changes in Net Assets

Revenues

Revenues for the years ending December 31, 2016, and December 31, 2015 (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 \$3,112,854 and \$3,237,430 in 2016 and 2015, 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 qualified relationship.

Partnership Program funds exceed the newly established level, and the annual fee amounts in the preceding paragraph reflect this decrease. The Dean of the UW 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 2016 and 2015, these savings were \$262,651 and \$316,042, 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.

Expenses

Expenses for the years ending December 31, 2016, and December 31, 2015, 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).

Award amounts 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. Detailed information on OAC award amounts is shown in Tables 4 and 5, while PERC award amounts are in Tables 6 and 7.

Administrative Expenses

Administrative expenses include costs incurred by the Partnership Program in seeking and reviewing applications, monitoring and evaluating awards, and supporting other key components of compliance and infrastructure to maintain its grant-making activities. They do not include UW Foundation expenses, which are reported as a reduction of income and described in the Revenues narrative of the Statement of Revenues, Expenses and Changes in Net Assets in Table 2.

Partnership Program administrative expenditures were \$1,018,358 and \$814,728 for the years ended December 31, 2016 and December 31, 2015, respectively. Expenditures in 2016 were more than the prior year due to staff positions being filled throughout the entire year that had vacancies in the prior year. Additionally, the WPP hosted a Health Equity conference and purchased an online database software program in 2016. 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 and Associate Dean for Public Health. The UW-Madison Department of Human Resources and Office of Legal Services also provide in-kind support.

The Partnership Program's Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) annually approve the administrative budget. Allocation of these costs within the Statement of Revenues, Expenses 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 Expenses

For the Years Ended December 31, 2016 and 2015			
	2016		2015
Salaries	\$	612,917	\$ 467,115
Fringe Benefits		241,629	172,251
Supplies		64,192	5,981
Travel		13,797	10,618
Other Expenses		85,823	158,763
Total	\$	1,018,358	\$ 814,728
OAC (35%) Allocation	\$	356,425	\$ 285,155
PERC (65%) Allocation	\$	661,933	\$ 529,573
Total	\$	1,018,358	\$ 814,728

Table 4: OAC Awards – Summary 2004–2016

	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	2,824,529	2,824,529	-
Total 2011 OAC Funding	4,064,554	4,021,641	42,913
Total 2012 OAC Funding	4,516,404	4,302,964	213,440
Total 2013 OAC Funding	8,883,360	6,518,715	2,364,646
Total 2014 OAC Funding	7,219,468	3,686,752	3,532,716
Total 2015 OAC Funding	4,742,265	826,280	3,915,985
Total 2016 OAC Funding	4,844,641	49,011	4,795,631
Total OAC Funding (2004–2016)	\$ 64,121,365	\$ 49,256,035	\$ 14,865,329

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

Table 5: 2016 OAC Awards

Project Title	Type	Total Awarded	Total Expended	Grants Payable
STRATEGIC GRANTS				
Lifecourse Initiative for Healthy Families Pregnancy Risk Assessment Monitoring System	R	\$ 510,644	\$ 26,906	\$ 483,738
Healthy Wisconsin Leadership Institute*	E, S	884,140	-	\$884,140
COMMUNITY GRANTS				
United Way of Dane County: Smart Meds Program	E, S	50,000	229	49,771
Door County's Partnership Program to Enhance School Readiness for Children	E, S	49,934	11,022	38,912
Community Health Worker-Led Postpartum Support Group for Latino Mothers and Infants	E, S	49,934	1,345	48,590
EatPlayGrow: Improving the Health of Cudahy's Youth	E, S	45,000	-	45,000
Every Student, Every Day Program	E, S	49,000	-	49,000
The Fond du Lac County YScreen Expansion Project	E, S	49,959	-	49,959
Create an Alcohol Reduction Strategies Toolkit for Community Use in Northwestern Wisconsin	E, S	49,996	-	49,996
Increasing Access to Nutritious Food through Summer Food Service Programming	E, S	50,000	-	50,000
Transgender Health-A New Horizon in Equity and Health Care	E, S	50,000	3,475	46,525
Community Action and Community Capacity Building for Type 2 Diabetes Prevention*	E, S	6,034	6,034	-
COMMUNITY IMPACT GRANTS				
Improving Health Through Enhanced Work	E, R, S	1,000,000	-	1,000,000
Legacy Community Alliance for Health	E, R, S	1,000,000	-	1,000,000
Race to Equity Wisconsin	E, R, S	1,000,000	-	1,000,000
TOTAL 2016 OAC FUNDING		\$ 4,844,641	\$ 49,011	\$ 4,795,631

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

* This is a current year supplement to an award reported in a prior year.

Table 6: PERC Awards – Summary 2004–2016

	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	759,757	759,757	-
Total 2011 PERC Funding	1,139,588	1,139,588	-
Total 2012 PERC Funding	17,540,951	17,497,020	43,932
Total 2013 PERC Funding	5,711,021	5,390,202	320,819
Total 2014 PERC Funding	12,203,254	5,145,082	7,058,172
Total 2015 PERC Funding	19,950,734	7,809,777	12,140,957
Total 2016 PERC Funding	6,001,258	247,639	5,753,619
Total PERC Funding (2004–2016)	\$ 124,560,696	\$ 99,243,197	\$ 25,317,499

Table 7: 2016 PERC Awards

Project Title	Type	Total Awarded	Total Expended	Grants Payable
STRATEGIC GRANTS				
Survey of the Health of Wisconsin *	E, R, S	\$ 300,000	\$ -	\$ 300,000
Optimized Chronic Care for Smokers: A Comparative Effectiveness Approach*	R, S	450,000	44,391	405,609
Transforming Medical Education 3.0 - Moving Medical Education ForWard	E	2,474,393	109,079	2,365,314
Statewide Partnerships with the Health Innovation Program: Enhancing Chronic Condition Management and Preventive Screening in Diverse Populations	R, S	728,790	40,574	688,216
Lifecourse Initiative for Healthy Families Faculty Leader*	E, R, S	100,475	-	100,475
OPPORTUNITY GRANTS				
Improved Diagnosis of Familial Hypercholesterolemia in Children and Families Through the Wisconsin Pediatric Lipid Consortium	R	100,000	-	100,000
Improved Health Care Delivery to Wisconsin Amish Infants*	E, R, S	47,600	21,168	26,432
COLLABORATIVE HEALTH SCIENCES PROGRAM GRANTS				
Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy	R	500,000	-	500,000
Rapid Assessment of and Prophylaxis for Influenza in Dwellers of Long-Term Care Facilities	R	500,000	17,658	482,342
Quantitative Models to Define Cancer Cell Heterogeneity and Predict Patient Drug Responses	R	500,000	14,769	485,231
NEW INVESTIGATOR PROGRAM GRANTS				
Community-Based Continence Promotion: Mind Over Matter; Healthy Bowels, Healthy Bladder	R, S	100,000	-	100,000
Reprogramming B-Cell Metabolism to Prevent and Rescue Type 2 Diabetes	R	100,000	-	100,000
Investigating Retention in Care to Address Healthcare Disparities in Lupus: A Wisconsin Lupus Cohort	R, S	100,000	-	100,000
TOTAL 2016 PERC FUNDING		\$ 6,001,258	\$ 247,639	\$ 5,753,619

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

* This is a current year supplement to an award reported in a prior year.

Policies and Procedures

The Wisconsin Partnership Program's governing committees follow standard Request for Proposal (RFP) guidelines, requirements, multistep 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 multistep 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 participate in a team orientation and agree to a Memorandum of Understanding that outlines grant requirements, including 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.

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

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

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 (SMPH)
and includes representatives from the
Oversight and Advisory Committee
(OAC) as well as an external appointee.
The PERC allocates and distributes
funds designated for medical education
and research initiatives that advance
population health. The primary
responsibilities of the PERC are to:

- Direct and approve available funds for
education and research initiatives.
- Maintain a balanced portfolio of
investments in population health.
- Support 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

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

Faculty Representatives

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

Tracy Downs, MD *
Associate Professor, Department
of Urology; Assistant Dean of
Multicultural Affairs;
Representative: Clinical Faculty
Appointed April 2016

Corinne Engelman, MSPH, PhD
Associate Professor, Department of
Population Health Sciences
Representative: Public Health Faculty
Appointed April 2016

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
Resigned February 2016

Thomas Oliver, PhD, MHA*
Professor, Department of Population
Health Sciences
Representative: Public Health Faculty
Term Ended March 2016

James Shull, PhD*
Professor and Chair, Department
of Oncology
Representative: Basic Science Faculty

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
Chancellor for Research and Graduate
Education; Professor, Department
of Oncology

Wisconsin Partnership Program Liaisons

Office of the Chancellor Liaison

Paul M. DeLuca Jr., PhD
Provost Emeritus

Board of Regents Liaison

Tim Higgins, JD
Member, UW System Board of Regents

Wisconsin Partnership Program Staff

Eileen M. Smith, Assistant Dean
and Director

Andrea Dearlove, Senior Program
Officer

Michael Lauth, Accountant

Tonya Mathison, Administrative
Manager

Anne Pankratz, University Relations
Specialist

Helen Powling, Graduate Student
Project Assistant

Courtney Saxler, Program Officer

Nathan Watson, Administrative
Assistant

Kate Westaby, Evaluator

Debbie Wu, Financial Specialist

* 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
(866) 563-9810 (toll-free)
med.wisc.edu/partnership

Making Wisconsin a Healthier State



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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More than
**\$11
Million**
currently
leveraged by the
28 concluding
grantees to
sustain,
replicate
or expand
projects

71 percent
of the
28 concluding
grants focused
on **health
equity**

Overview

The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health was established in 2004 through a generous endowment from Blue Cross Blue Shield United of Wisconsin. The Wisconsin Partnership Program provides resources to fund research, education and community partnerships to improve the health of the people of Wisconsin.

Two committees carry out the Wisconsin Partnership Program's governance and funding decisions: 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.

In 2016, 28 Wisconsin Partnership Program community and research grants concluded. They focused on a broad range of topics including:

- Access to health services
- Cardiovascular health
- Data and surveillance
- Healthcare delivery
- Infectious disease
- Injury and violence
- Maternal, infant and child health
- Mental health
- Nutrition

- Obesity
- Physical activity
- Public health work force development
- Social determinants of health (*the structural determinants and conditions—social, economic and environmental—in which all people are born, grow, live, work and age that affect health*)
- Substance abuse

Grant Outcomes

Below are selected highlights from several 2016 concluded grants:

Community Grant Highlights

- **Wheaton Franciscan Healthcare – All Saints** implemented the CenteringPregnancy Program in Racine. The program provides pregnancy related group education from obstetricians to expectant moms with close due dates. The program was completed by 420 women, resulting in an average rate of preterm birth of 4.2 percent in comparison to the national average of 11.5 percent.
- The **Wisconsin Chapter of the American Academy of Pediatrics** enhanced the system of care at Wingra Family Medical Center and improved provider education by training healthcare and social service students to link families to community resources. In one year, students screened 627 patients, of which 59 percent identified at least one need. The project estimates that it will screen at least 1,750 patients over the next two years.

- The **Great Lakes Inter-Tribal Council, Inc.** significantly increased nurses' knowledge about American Indian beliefs, values and customs, as well as awareness of institutional discrimination and recognition of the importance of cultural competence in healthcare.
- **Adams County Health and Human Services Department of Public Health** improved healthcare by gaining insurance coverage (through WEA Trust) for health navigation services in Adams County. Health navigators can often provide services and education to patients who have chronic health problems, reducing cost for insurance carriers and healthcare providers.

Research Grant Highlights

- **Dr. Amy Kind at the UW School of Medicine and Public Health Department of Medicine and collaborators** evaluated hospital discharge orders to nursing homes, identifying that orders frequently miss information. They found that orders lacking information about the drug Warfarin resulted in greater risk of 30-day rehospitalization and/or death. The project is now developing interventions to improve this transitional process.
- **Dr. Caprice Greenberg at the UW School of Medicine and Public Health Department of Surgery and collaborators** developed a surgical coaching program, pairing surgeons with trained surgical coaches to enhance technical and interpersonal skills as part of their continuing professional development. The ultimate goal is to improve the quality and safety of surgical care. The coaching program received national interest, generating five additional coaching initiatives and receiving almost \$3 million in additional funding.
- **Dr. Nancy Pandhi at the UW School of Medicine and Public Health Department of Family Medicine and Community Health and collaborators** established a first-of-its-kind network and website in the United States on patient experiences at healthexperiencesusa.org, beginning with the launch of a module on young adults' experiences with depression. The module includes 250 video, audio and text clips from in-depth interviews. The project collaborates with three other universities and is the U.S. representative for this international effort. The project will launch more than five additional modules over the next three to five years, including one on veterans with traumatic brain injury.

Dissemination

Of the 28 grants ending in 2016, grantees have published 12 peer-reviewed publications, submitted or plan to submit 21 publications for peer-review, given more than 80 local, national or international presentations, conducted more than 70 trainings, were featured in more than 24 print media stories and have one patent pending.

One example of a grantee committed to increasing impact through dissemination is Community Groundworks, a Madison-based nonprofit organization that connects people to nature and local food. They published a book on principles of garden-based education that was distributed to more than 3,000 educators in Wisconsin and in 49 states, Washington, D.C., and in more than 35 countries around the world. Their work was also featured on Wisconsin Public Radio.

Grantee: The WIAAP Foundation, Inc. (The Wisconsin Chapter of the American Academy of Pediatrics)

Academic Partner: Dipesh Navsaria, MD, MPH, MSLIS, UW School of Medicine and Public Health, Department of Pediatrics

Dates: 7/1/2014-12/31/2016

Amount Spent: \$146,686

Program: Community Academic Partnership Fund

This systems change implemented by ACTIVATE led to identification of health barriers in almost 60% of patients, resulting in referrals to community resources.

ACTIVATE: Advocacy for Children — Transformational Impact via Action and Teamwork for Engagement

The Challenge: A number of organizations are advocating for child health in Wisconsin communities. These groups have expressed a desire to work in more effective and sustained collaborations. In addition, there is a need to offer health advocacy training to practicing, in-training physicians and other future health care and services providers.

Project Goal: ACTIVATE aimed to enhance healthcare providers' ability to advocate while prioritizing child advocacy initiatives. The group completed a community needs assessment to determine areas of focus in program and partnership development. The assessment identified many "gap" areas in Wisconsin health and development, including early intervention, healthcare delivery, obesity and food security.

Results: ACTIVATE implemented two child advocacy projects:

- The Clinical Resource Navigation Program (CRNP) was implemented at Wingra Family Medical Center in March 2016. This program expanded clinic-based screening for socioeconomic-based health barriers, and trained healthcare and social service students to work directly with families in need to link them to community resources. Since the launch of CRNP, students have screened 627 patients, with 59 percent of patients identifying at least one need. The needs most frequently identified were food, utilities, employment skills and medical supplies. Legal needs included tenant issues, immigration and family law, such as child support. The program averaged

120 open cases at any one time. In the past year, the CRNP had great success engaging students, enabling them to staff the clinic with navigators 40 hours per week. ACTIVATE estimates a minimum of 1,750 patients will be screened over the next two years; 1,000 of whom will have identified needs and work with navigators. Additionally, the CRNP program will be sustained through a grant from the David and Mary Anderson Foundation. This funding will incorporate community health workers as supervisors in the clinic to enhance students' ability to assist patients and better understand challenges of living in poverty and social and legal needs.

- The Kids Health Policy Project (KHPP) was established as a resource for accurate, reliable, non-partisan child health information for public and private policymakers who develop child health policy and legislation in Wisconsin. Policymakers were invited to contact the ACTIVATE team for child health data to inform policy decisions. KHPP provided a legislative briefing on innovative approaches to trauma informed care and was instrumental in the creation of the Wisconsin Legislative Children's Caucus in the Wisconsin State Legislature (legis.wisconsin.gov/topics/childrenscaucus/).

Through funding from the UW Morgridge Center for Public Service, this project will launch a three-credit service-learning course in fall 2017.

Adams County Community Wellness Program

The Challenge: Adams County has a large aging, low socioeconomic status population with a high burden of chronic disease. Adams County's rural location results in long travel distances for those seeking care, particularly specialty care. Local leaders have identified a need to improve chronic disease awareness, increase prevention and screening behaviors and promote informed patient decision-making to increase access to care.

Project Goal: The Adams County Community Wellness Program (CWP) aimed to reduce morbidity and mortality from chronic disease by:

- 1) Increasing prevention behaviors, use of screening tools and access to quality care
- 2) Improving access to voluntary support organizations and health care systems
- 3) Increasing community member knowledge and decision-making capacity
- 4) Developing a self-sustaining Adams County Community Wellness Program

Results: The CWP program utilized a Community Health Worker (CHW) who developed and provided educational sessions focusing on chronic diseases and community services to almost 200 participants in 17 educational sessions. A health navigator, who was a public health nurse, interacted with 241 clients and worked with them to identify and address health risks and issues. A follow-up survey showed that participants increased knowledge about appropriate behaviors and indicated positive lifestyle changes including many

receiving recommended screenings. As expected, it is too soon to see long-term results showing a reduction in chronic disease.

The grantee was a co-founding member of the six-county Central Wisconsin Health Partnership that integrates medicine, human services and public health initiatives by sharing quality services with all residents across the region. The partnership was approved by the Wisconsin Department of Health Services as a Comprehensive Community Services provider, including the CWP's health navigator, to reduce the effects of an individual's mental and substance abuse disorders.

Importantly, WEA Trust, the county employees' insurance carrier, now covers the CWP health navigator services to those insured by WEA Trust in Adams County. The agreement provides for payment of health navigator services and travel costs, opens up the program's services to younger clients and ensures sustainability for the CWP program.

Moving forward, the CWP expects to:

- Offer health navigator services to other commercial insurance providers
- Actively participate in care coordination planning, including accessing state funding
- Continue gathering outcome data to show the CWP model's impact
- Use the newly created community health specialist position, along with the health navigator, to continue outreach and education to community residents

Grantee: Adams County Health and Human Services Department of Public Health

Academic Partner: Alex Adams, MD, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health; Rebecca Linskens, MA, UW Carbone Cancer Center

Dates: 6/1/2013-12/31/2016

Amount Spent: \$387,229

Program: Community Academic Partnership Fund

Grantee: National Alliance on Mental Illness (NAMI) Wisconsin, Inc.

Academic Partner: Bruce Christiansen, PhD, UW School of Medicine and Public Health, Department of Medicine

Dates: 5/1/2014-4/30/2016

Amount Spent: \$149,999

Program: Community Academic Partnership Fund

Addressing the Mental Illness Tobacco Disparity: Peers Helping Peers

The Challenge: While smoking rates have declined from 45 percent in 1965 to 18 percent among the general population, the rate of smokers with persistent and severe mental illness remains above 50 percent. Smoking is a major contributor to the average 24 years of life lost by people with a severe mental illness. Further, the rate of smoking increases dramatically for more severe mental illness, increasing from 24 percent for those with a single mental illness to 54 percent among those with more than four diagnoses.

In Wisconsin, those with the most severe and disabling mental illnesses are cared for in Community Support Programs (CSP). CSPs provide comprehensive outpatient health and social services to improve the quality of life for these individuals and to prevent their institutionalization or incarceration.

Project Goal: The National Alliance on Mental Illness (NAMI) Wisconsin partnered with the UW Center for Tobacco Research and Intervention to implement a smoking cessation program at CSPs as a step toward developing effective interventions across the state.

Smoking cessation activities were tailored to each smoker and included a variety of approaches such as one-on-one counseling, goal setting, nicotine replacement products and group meetings. The intervention model became known as the “Bucket Approach” because it measured a

client’s interest in quitting, informed clinicians of which “bucket” their client fell in and indicated the appropriate smoking cessation activities for their stage of readiness.

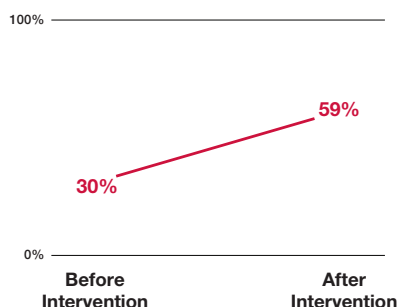
Results: After six months of CSP-wide smoking cessation services, daily cigarette consumption went down by 15.5 percent with two clients quitting for good.

More importantly, the messages and information presented during this project were shown to have lasting effects. In a post-intervention survey, 40 percent of clients had reduced their smoking by half or more.

These targeted interventions are now being integrated into the overall CSP clinical framework and treatment standards. Participating CSPs have experienced a culture shift and made a commitment to continue integrating smoking cessation goals into client treatment plans as standard practice. Through further dissemination, 45 CSP clinical staff statewide were trained regarding the “Bucket Approach.”

NAMI Wisconsin was awarded funds from the state Bureau of Prevention Treatment and Recovery to conduct five listening/training sessions in Milwaukee, Appleton, Lancaster, Pewaukee and Chippewa Falls to provide clinical staff with an orientation to the Bucket Approach and to learn about likely barriers to its dissemination and implementation.

Percent of clients who said they would prepare to quit



The project was successful in moving clients towards higher levels of readiness to quit smoking.

Applying Clinical Data to New Public Health: A Model for Accountable Care Communities

The Challenge: In mid-sized metropolitan areas, it is difficult to determine the magnitude of racial and ethnic health disparities. Surveys and rankings may mask underlying disparities because large population-level surveys do not offer enough information about small groups and small areas. However, electronic health data offers geographic and relatively objective clinical data to gauge disparities at the local level and inform how resources are allocated.

Project Goal: The Public Health Department of Madison and Dane County aimed to utilize the PHINEX (UW Electronic Health Record-Public Health Information Exchange) to longitudinally track obesity and chronic disease in the community. The project's goals were to inform public health planning and develop data-driven messages to engage diverse partners to support and implement public health initiatives for chronic disease prevention.

Results: The project analyzed de-identified electronic medical record data for more than 270,000 UW Health patients in the 2009-2012 timeframe. They reviewed overweight/obesity prevalence among children in Dane County as well as asthma and Type 2 diabetes.

The analysis assigned data to Madison aldermanic districts and determined the districts with the greatest burden of obesity/disease. Results indicated that four Madison aldermanic districts bear the greatest burden of disease across adult

obesity/overweight, adult and youth asthma and adult Type 2 diabetes. These districts are also home to a high percentage of low-income people and people of color – a finding that aligns with research that links race, poverty and neighborhood level factors to the community's health status.

The grantee found that resident movement and missing data among low socioeconomic populations made longitudinal tracking for public health challenging. The project also found that using electronic health record data requires advanced biostatistical resources, which is beyond the capabilities of most health departments.

The project shared data through the two reports with the Dane County Healthy Kids Collaborative, Madison alders and staff of the Madison Metropolitan School District. The reports included recommendations and links to strategies such as implementing Health in All Policies at the city and county level and providing better access to places for physical activity. The project data will continue to be shared with community partners including the Madison Food Policy Council, County Food Council, staff for the City of Madison comprehensive planning process and many others. The data has also been used to leverage funds for community partners and planning agencies working with Dane County populations.

Grantee: Public Health -
Madison and Dane County

Academic Partner:
Lawrence Hanrahan, PhD, MS,
UW School of Medicine and
Public Health, Department
of Family Medicine and
Community Health

Dates: 4/1/2014-9/30/2016

Amount Spent: \$42,318

Program: Community
Academic Partnership Fund

Grantee: Greater Wisconsin Agency on Aging Resources and Wisconsin Institute for Healthy Aging

Academic Partner: Jane Mahoney, MD, UW School of Medicine and Public Health, Department of Medicine

Dates: 4/1/2012-3/31/2016

Amount Spent: \$399,052

Program: Community Academic Partnership Fund

Living Well participants reported fewer emergency room visits and hospitalizations. Stepping On participants reported significantly fewer falls and emergency room visits.

Bringing Healthy Aging to Scale: Improving Wisconsin's Capacity to Implement and Sustain Evidence-Based Prevention Programs for Older Adults

The Challenge: The population of older adults in the United States is expected to nearly double in size over the next 25 years. Two of the greatest public health issues affecting older adults are falls and chronic conditions. Falls are sustained by one-third of older adults each year. Chronic conditions affect about 80 percent of older persons. Evidence-based self-management programs can reduce the incidence of falls and decrease healthcare utilization from chronic disease.

Project Goal: The goal of this project was to increase the ability of rural county aging offices, in collaboration with local partner healthcare and community organizations, to implement and sustain two evidence-based programs, Stepping On (a group-based falls prevention program) and Living Well (a chronic disease self-management program). Sixteen rural counties without workshops in the previous year were randomized to receive the quality improvement training for one year or to be on a waitlist to receive the training the following year.

Results: Counties participating in the quality improvement training significantly increased the number of workshops (1.31 per county), participants (12.81 per county), and completers (9.75) in rural Wisconsin counties. Living Well participants reported fewer emergency room visits and hospitalizations. Stepping On participants reported significantly fewer falls and emergency room visits.

The project also found key characteristics of agencies which had increased the number of workshops, including stable and supportive agency leadership and connections with external partners. The grantee revised materials for all leader programs to ensure their host agencies and respective county Aging and Disability Resource Centers use those elements to ensure success.

Falls prevention work has been supported by two additional grants from the Wisconsin Partnership Program to adapt Stepping On for Latino seniors and to sustain the program and exercise in an online setting. In addition, this work has led the Wisconsin Institute for Healthy Aging and the Greater Wisconsin Agency for Aging Resources to provide up-front training for coaches on the use of quality improvement methods.

Building the Mentally Healthy Workplace

The Challenge: A 2009 Wisconsin employer survey found that “almost two-thirds of respondents believed that behavioral health issues are ‘somewhat’ or ‘very’ prevalent in their workplace” yet almost half reported that their workplace does not have a specific plan to address employee mental health or wellness. A disconnect exists between the recognized impact of mental health disorders in the workplace and the lack of corresponding workplace practices.

Project Goal: The purpose of the project was to evaluate the impact of mental health interventions in the workplace on employee health and functioning. The main objectives of the project were to:

- Work with employer partners to modify existing supervisor/manager training to better meet their perceived needs with regard to the content and structure of the training
- Identify appropriate and acceptable employee education materials
- Develop and implement a robust evaluation of the impact of these interventions using survey data and health claims data

Results: The project successfully developed online training for supervisors and managers built around stories of individuals who had experienced mental health disorders. The training modeled how managers might respond in an effective manner that addresses both the needs of the individuals and of the organizations. Results showed improvement in knowledge and shifting perception of mental health issues. At baseline, only one percent of managers reported actively trying to improve the mental health of their workplace in the past six months compared to 63 percent at the final assessment. However, no statistically significant change in insurance claims data was found during the grant period.

Overall, the data seem to suggest an evolving culture shift toward enhanced sensitivity to mental health issues. The project has implications for workplace mental health that demonstrates that strong leadership buy-in and support may be critical.

The grantee is currently working on two efforts to further this work, including a grant for suicide prevention for middle-aged men using interventions at the workplace, and a planning symposium later this year on mental health and substance abuse parity for employers.

Grantee: Mental Health America of Wisconsin

Academic Partner: Jerry Halverson, MD, UW School of Medicine and Public Health, Department of Psychiatry

Dates: 5/1/2013-12/31/2016

Amount Spent: \$138,763

Program: Community Academic Partnership Fund

Grantee: Feed My People, Inc.

Academic Partner: Mary Canales, PhD, RN, UW-Eau Claire, School of Nursing

Dates: 6/1/2014-5/31/2016

Amount Spent: \$48,751

Program: Community Academic Partnership Fund

The Food as Medicine Partnership changed local agency systems by conducting food insecurity screenings and providing resources to help increase access to healthy foods.

Changing Views of Hunger: One Community at a Time

The Challenge: Food insecurity, defined as “the state of being without reliable access to a sufficient quantity of affordable, nutritious food,” goes far beyond hunger and is associated with increased hospitalizations and emergency department visits, increased risk of chronic diseases, more frequent instances of oral health problems and overall poor physical quality of life. One in eight residents and one in five Eau Claire children are food insecure.

Project Goal: The goal of this planning grant was to convene a broad-based coalition and create an evidence-based strategic plan for increasing access to healthy foods for low-income Eau Claire County residents.

Results: The broad-based coalition, the Food as Medicine Partnership (FAMP), included representatives from 17 local groups and agencies and two food insecure individuals. Coalition members created a strategic plan to increase access to healthy foods and reduce stigma associated with food insecurity. Members sought information regarding broad determinants of health and their effect on access to healthy foods. They demonstrated readiness to mobilize the Eau Claire community to implement the strategic plan, and identified specific steps to address food insecurity.

The Food as Medicine Partnership results were disseminated to approximately 200 participants through six local and statewide conferences. Attendees were trained about food insecurity, the key

components of the strategic plan, and successful local and regional organizations currently screening for food insecurity.

A significant impact of this grant was agreement among several coalition partners to use the following two evidenced-based food insecurity screening questions:

For each statement, please tell me whether the statement was “often true, sometimes true, or never true” for your household:

1. “Within the past 12 months we worried whether our food would run out before we got money to buy more.”
2. “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”

If clients answer *often* or *sometimes true* to at least one of the questions, they were provided resource guides for accessing local healthy food at locations such as:

- The Chippewa Valley Free Clinic
- The Hmong Mutual Assistance Association Hmong Elder Wellness program
- The Eau Claire Area School District’s Early Learning Center Head Start

To sustain this work, FAMP is now housed in Eau Claire County’s Healthy Communities Chronic Disease Prevention Action Team subgroup. The partnership continues to be comprised of involved and active members and is seeking additional funding.

Community Action and Community Capacity Building for Type 2 Diabetes Prevention

The Challenge: Diabetes is the seventh leading cause of death in the United States. In 2009, the overall estimated cost of diabetes in adults was a staggering \$6.10 billion in Wisconsin and \$1.19 billion in Milwaukee County, respectively. Type 2 diabetes disproportionally affects African American women. Women who present with Type 2 diabetes before pregnancy have an increased risk of adverse birth outcomes including miscarriage, birth defects, preterm delivery, early fetal death and infant death. There is also a gap in access to culturally relevant diabetes interventions for African Americans.

Project Goal: The project tested the feasibility of incorporating the Community Lay Health Advisor into a community-based lifestyle intervention to reduce risk for Type 2 diabetes in high-risk African American women. The grantee adapted the empirically supported Diabetes Prevention Program.

Results: The project conducted focus groups with 45 participants to understand the factors that influence physical activity and dietary behaviors for African American women. Thirty-eight participants completed the follow-up survey directly after the seven-week intervention, and 30 attended the six-month booster session. This project was successful in culturally tailoring an evidence-based diabetes prevention intervention. Lay Health Advisors were involved in this formative process and delivered intervention to the satisfaction of participants. Findings from the pilot intervention showed that participants experienced an increase in moderate-level physical activity and improved self-efficacy to manage symptoms and the disease in general. This project received a collaboration award from the UW-Milwaukee Zilber School of Public Health.

Grantee: Black Health Coalition of Wisconsin, Inc.

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

Dates: 7/1/2013-6/30/2016

Amount Spent: \$56,034

Program: Community Academic Partnership Fund

Grantee: Sixteenth Street Community Health Center

Academic Partner: Kaija Zusevics, PhD, MPH, CHES, UW-Milwaukee, College of Health Sciences; David Frazer, MPH, UW School of Medicine and Public Health, Center for Population Health

Dates: 4/1/2014-9/30/2016

Amount Spent: \$149,481

Program: Community Academic Partnership Fund

Evaluation of the Bilingual Healthy Choices Program

The Challenge: The Sixteenth Street Community Health Center (SSCHC) and its providers in Milwaukee have observed an alarming increase of overweight and obesity among their patient population. This trend is observed in Milwaukee more broadly, and specifically for Latino adults and youth. This project aimed to evaluate the SSCHC's bilingual Healthy Choices Program, which empowers participants to adopt healthier eating patterns and a more active lifestyle. Previous evaluation had been conducted informally and internally and no materials existed to share program practices, curriculum, or evaluation results more broadly.

Project Goal: This project aimed to strengthen the evaluation of the Healthy Choices curriculum and use the evaluation to build an evidence-based, family educational model for obesity intervention that can be replicated locally and nationally.

Results: The project convened community and academic advisors, reviewed the curriculum, its materials and evaluation tools, and made recommendations for improving the nutritional science rigor and cultural appropriateness. All aspects of the program were improved based on the recommendations. The team successfully implemented the updated 12-week intervention (based on the evaluation) to four cycles of families. Focus groups were implemented with graduates from the intervention, to further learn how to improve the recruitment, implementation and evaluation of the intervention.

The evaluation found that the program successfully decreased body mass index. Participants also changed their lifestyles based on the program. They drank less soda, ate out less, ate more fruits and vegetables and cooked more at home. Moreover, 60 percent of low-income families reported spending the same or less on food after making these healthier changes. They also reported an increase in their overall physical activity and a reduction of their stress levels. Finally, adult participants indicated that the program helped them to increase their family and community connection.

The project successfully sustained its work.

- It developed a plan to launch and promote the replication of Healthy Choices Model, including a website to promote the tool and model (sschc.org/health-community/healthy-choices/bilingual-model/)
- It developed a training toolkit that includes curriculum, evaluation tools, handouts and all the materials needed to replicate the model
- The group translated all materials, tools and curriculum to make them fully available in Spanish
- It published a bilingual cookbook with over 50 culturally appropriate recipes that were successfully tested with hundreds of program participants
- The project secured ongoing funding through the State of Wisconsin

Growing Farm to School: Cultivating Childhood Wellness through Gardening

The Challenge: In Wisconsin, 25 percent of Wisconsin high school students and approximately 29 percent of children age two to four are obese. Garden-based nutrition intervention programs have been shown to increase fruit and vegetable intake, health-related knowledge, willingness to taste, and preference for fruits and vegetables, in schools around the country. School gardening can also shape long-term healthy diet choices.

Project Goal: The project aimed to improve child health and nutrition by:

- Increasing the number of educational gardens at schools and childcare centers across Wisconsin
- Increasing consumption of fresh fruits and vegetables, as well as opportunities for regular time outdoors among children in Wisconsin
- Contributing to the evidence base that the comprehensive farm to school model, which includes gardening and garden-based nutrition education, improves child health outcomes

Results:

- Community GroundWorks provided trainings to 1,675 educators at 76 trainings across the state (more than four times their goal of 400 educators). Twenty-three new youth gardens have been added.
- The grantee produced more than 21 briefs covering a wide range of topics. One brief encouraged school garden language in school wellness policy. The number of districts with

garden or farm to school language in school wellness policies jumped from eight in 2013 to 14 in 2016. The latest publication on principles of garden-based education was initially distributed to more than 3,000 educators in Wisconsin, and to 49 additional states, Washington, D.C. and 35 countries.

- Evaluation results found that educator training on garden-based education best practices can lead to increases in self-efficacy for planning, maintaining and sustaining school gardens, as well as strengthen beliefs in the positive health outcomes of such programs. The project also found a trend indicating that students in schools with gardens reported higher exposure to different kinds of fruits and vegetables. School staff members also indicated that schools with gardens were more likely to serve local foods in the cafeteria and to taste test a richer variety of vegetables in the classroom.
- An informal statewide youth garden network grew steadily over the three-year grant. The project is sustained through a five-year Wisconsin Partnership Program Community Impact Grant to further build a movement around school- and childcare-based gardening initiatives.

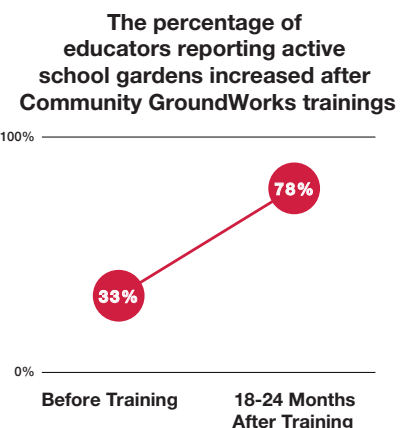
Grantee: Community GroundWorks

Academic Partners: Dale Schoeller, PhD, UW Department of Nutritional Sciences, Aaron Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics, Samuel Dennis, PhD, MS, MLA, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: 4/1/2013-3/31/2016

Amount Spent: \$399,618

Program: Community Academic Partnership Fund



Grantee: La Crosse County Health Department

Academic Partner: Kirstin Siemering, DrPH, RD, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: 8/1/2012-2/29/2016

Amount Spent: \$393,325

Program: Community Academic Partnership Fund

Harvest of the Month Partnership

The Challenge: In La Crosse County, 59 percent of younger adults and 73 percent of older adults are either overweight or obese. A diet high in fruits and vegetables is associated with decreased risk for chronic disease and improved weight management, yet 24 percent of adults and less than nine percent of teens consume the recommended five servings per day.

Project Goal: The La Crosse County Health Department developed the Harvest of the Month Partnership (HOM) to increase access to and consumption of fruits and vegetables among children and adults living in La Crosse County. The partnership included grocery stores, school districts, farmers, restaurants, community gardens, worksites, two local universities and the county health department. It aimed to increase the frequency with which locally produced fruits and vegetables were available on school menus in elementary schools and Head Start programs. The project also implemented a wellness policy at all Head Start Centers to promote healthy eating habits and fruit and vegetable consumption. Evidence-informed strategies were also implemented at two worksites.

Results: The health department distributed 107,968 produce samples at school sites. Participating districts also offered these same locally grown produce items at least monthly throughout the project. More than 13,000 samples were distributed at worksites. In addition, each school hosted a celebrity chef cooking class demonstrating the HOM food at least once per year. Holmen High School also held an annual “Iron Chef” competition, and featured the winning recipe on the school lunch menu. More than 5,000 educational handouts were distributed at worksites. Additional activities took place at several community sites.

This project established effective partnerships with community organizations enabling joint efforts to increase county residents’ fruit/vegetable consumption, promote local foods and support healthy eating habits. The project added wellness language to policies at four school districts, supporting area school gardens and farm to school programs. The project also worked with the school districts and food distributors to increase use of local foods. Head Start will continue to incorporate local produce in their breakfast and snack meals as well.

The project will be sustained with the policy and systems changes above and through a community partnership between participating school districts, La Crosse County Health Department, Gundersen Health System and Mayo Clinic Health System. Each partner agreed to contribute to the ongoing costs of the program for at least the next three years.

Increasing Cultural Congruence Among Nurses in Wisconsin

The Challenge: Despite recent advances in healthcare and prevention activities, there still exists a substantial disparity between the health status of American Indians and that of the general population in Wisconsin. Nurses are on the front lines of healthcare in tribal health clinics, yet few nurses have been trained in cultural competency, defined as “a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.” Because nurses are central to patient care, at both tribal and non-tribal facilities, their level of cultural competence skills can have a dramatic impact on a patient’s level of trust, and ultimately their compliance to prevention and treatment plans. Nurses are well situated to assist American Indian patients in improving their health.

Project Goal: The project aimed to improve the quality of nursing care received by American Indian patients in Wisconsin. This community-based quality improvement project had two objectives:

- To advance culturally congruent nursing practice by using traditional talking circles to educate nurses about American Indian cultures
- To increase the number of American Indian nurses by establishing a comprehensive support system for high school students interested in nursing

Results: A series of five talking circles, conducted at four Wisconsin American Indian communities, provided 32 nurses cultural immersion experiences with members of various tribal communities. Nurses learned tribal-specific beliefs, customs and traditions, and barriers (e.g., stereotyping) that interfere with the provision of high quality healthcare.

The project significantly increased nurses’ knowledge about American Indian beliefs, values and customs, as well as awareness of institutional discrimination and recognition of the importance of cultural competence in healthcare. Student support efforts resulted in 10 Lac du Flambeau youths reporting interests in nursing. The project also hosted two Native Nations Nursing Summits attended by native students, native nurses and non-native nurses. Almost 200 people attended. The team also developed two recruitment digital stories featuring American Indian nurses who practice in tribal communities, available at wearehealers.wisc.edu.

This project received a \$1.6 million U.S Health Resources and Services Administration grant to sustain and expand this effort. The project will develop support services to admit, retain and graduate 30 Native American nursing students.

Grantee: Great Lakes Inter-Tribal Council, Inc.

Academic Partner:

Audrey Tluczek, PhD, RN, FAAN, UW-Madison School of Nursing, Alton Smart, MSW, UW-Stevens Point Department of Sociology, Robin Moskowitz, JD, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: 7/1/2012-12/31/2016

Amount Spent: \$359,713

Program: Community Academic Partnership Fund

The project significantly increased nurses’ knowledge about American Indian beliefs, values and customs, as well as awareness of institutional discrimination and recognition of cultural competence in healthcare.

Grantee: Centro De La Comunidad/United Community Center, Inc.

Academic Partner: Samuel Dennis, PhD, MS, MLA, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: 4/1/2013-6/30/2016

Amount Spent: \$399,987

Program: Community Academic Partnership Fund

Latino Youth Health Leadership Teams: Implementing the Healthy Activities Partnership Program for Youth (HAPPY II)

The Challenge: The Bruce-Guadalupe Community School, housed at the United Community Center (UCC) in Milwaukee, helps students achieve academic success within a Hispanic community setting. This school serves 1200 children from K-8th grade. A recent pilot study at the school found that 52.5 percent of the children were overweight or obese. Research shows that high body mass index in adolescence leads to a host of poor health outcomes in adulthood. The project aimed to improve healthy eating and physical activity habits among Latino children at the Bruce-Guadalupe Community School.

Project Goal: The project provided culturally appropriate programming in physical activity, healthy eating, healthy neighborhoods and media literacy. The HAPPY II team delivered 256 extracurricular classes to a total of 48 Latino children over three years. Family education events engaged HAPPY participants and their families in educational activities and ranged from family-only events drawing 50-75 people to whole school events attracting about 300. The project introduced a summer bike camp for the HAPPY youth, their siblings, and other community youth (17 participants).

Results: Participants demonstrated measureable increases in knowledge about food, nutrition and healthy choices, physical activity, the body and the metabolic system. They also

learned about the health impacts of neighborhoods, including access to healthy food, safe places for physical activity, and how media influences unhealthy food choices. The students helped develop a lunch menu with healthier versions of typical school lunches, and helped publish "Your Own Healthy Lifestyle Book" for sharing with others. The students also demonstrated increased self-efficacy for healthy eating and physical activity.

The results and experiences of the HAPPY II program laid the foundation to collaborate with Carroll University's Health Sciences Program to modify and continue a similar after-school parent-and-child nutrition/exercise program in the fall of 2016. It will be led by Carroll graduate students, under faculty supervision. Carroll has committed 10-20 students who will rotate through the program each semester as part of their academic curriculum. This is a low-cost program for UCC, and provides a public health training opportunity for health sciences students in their academic preparation.

UCC will continue its collaborations with bicycling partners to incorporate group/family bicycling as an acceptable form of exercise for Latinos in and around the neighborhoods surrounding the school. It will add the two-week summer youth bike camp to the summer recreation program.

Madison-Dane County Healthy Birth Outcomes

The Challenge: In Dane County, there is, on average, an infant death or stillbirth every six days. Fetal Infant Mortality Review (FIMR) is a national process of collecting health, social, economic, cultural, safety and other information on every stillbirth and infant death in the first year of life. These systemic factors can then be addressed to improve birth outcomes and prevent future losses. Most FIMRs include a maternal interview component; however, Dane County's FIMR was missing this important data source.

Project Goal: This project enhanced Dane County's FIMR by collecting information directly from 29 mothers who experienced a stillbirth or infant death.

Results: The case review team gained valuable insights from including the mothers' perspective in this process. Themes from the interviews showed mothers:

- Had appreciation and desire to help improve maternal-child health outcomes
- Experienced racial discrimination and social isolation
- Had language, income and employment barriers
- Needed improved grief and bereavement support
- Wanted more information about pregnancy risks
- Provided feedback on the quality of services

The project identified recommendations that were presented to community partners and at statewide conferences. Several examples of action resulting from these recommendations include:

- Two local hospitals are working with grief and bereavement volunteers to support families that experience a loss
- Healthcare providers are identifying strategies using electronic health records to improve diabetes screening, diagnosis and management for women of reproductive age
- The Sleep Safe Sleep Well Initiative developed and implemented consistent messaging about infant sleep including a campaign in African American community churches. The messaging led to system changes in the community. One local homeless shelter and one hospital updated safe sleep policies and provided educational information to parents.

This work leveraged funding to expand the project through a 2014 Kohl's Cares Grant through the UW Health American Family Children's Hospital and a 2015 grant through the Madison Rotary Foundation. It is currently sustained through support from the federal Title V block grant.

Grantee: Public Health for Madison and Dane County

Academic Partner: Deborah Ehrenthal, MD, MPH, FACP, UW School of Medicine and Public Health, Department of Obstetrics & Gynecology

Dates: 7/1/2013-6/30/2016

Amount Spent: \$48,470

Program: Community Academic Partnership Fund

Grantee: CORE/EI Centro

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

Dates: 5/1/2013-4/30/2016

Amount Spent: \$148,742

Program: Community Academic Partnership Fund

Building capacity within communities to create their own change leads to sustained impact.

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

The Challenge: Current data indicates that 31 percent of Latinos in Milwaukee's neighborhoods are obese. This project wanted to engage the Latino community to collect their ideas for how to address and combat these statistics. The project team learned that a priority was to improve usability of outdoor spaces in targeted neighborhoods so that communities can increase physical activity.

Project Goal: The project trained Latina Community Health Promoters (Mujeres con Poder) and a Latina Community Action Board (CAB) to engage community members to take action by building public will toward:

- Implementing an action plan to address and improve environmental determinants of obesity
- Building community organizing capacity to influence policy towards creating lasting change in neighborhoods
- Creating an evaluation framework to measure the public health impact of community organizing efforts

Results: CAB and Mujeres con Poder learned that one way to increase opportunities for physical activity was to improve the overall physical environment of neighborhoods by reducing trash build up and increasing recycling. The project activities included raising awareness about the importance of recycling, making connections with government and city officials, advocating for more recycling containers and working with businesses and community organizations. They created an evaluation framework and identified a number of indicators leading to successful policy change in their neighborhood.

The Mujeres con Poder and CAB members actively sought out opportunities to approach community leaders (e.g., church leaders, business owners, elected officials) to discuss the issue of garbage and recycling and how these environmental factors affect the health of their community. This project also built awareness through media and community events, totaling approximately 265 one-on-one interactions at community events.

In July, the Mujeres con Poder received funding from the Aetna Foundation to continue their work into 2018. The group will also be working to broaden participation in order to advocate for city budget dollars to support the Mujeres con Poder and their outreach and engagement activities.

Yoga's Effect on Fall Risk Factors in Rural Older Adults

The Challenge: According to the Centers for Disease Control, one out of three adults, age 65 and older, falls each year. Currently, 14 percent of Wisconsin's population is over 65; this will increase to 21 percent by 2030. Falls are the leading cause of injury and deaths among older adults. Many people who fall, even if they are not injured, develop a fear of falling. This causes them to limit activities, and further reduces mobility and physical fitness.

Project Goal: Practicing yoga can lead to improved balance, flexibility, range of motion and strength, reducing the likelihood of injuries. Preliminary research shows that yoga interventions can reduce fear of falling and improve balance in older adults. However, further randomized trials are necessary to confirm this preliminary information. Thirty-eight participants were enrolled in the randomized intervention and completed the intervention in rural Grant, Iowa, and Green counties (79 percent of participants were female and 100 percent non-Hispanic white). Half were assigned to the free yoga classes.

Results: The interventions were proven safe, with no adverse consequences. As most participants were fit, scores had limited range to increase, but did improve on balance and gait assessments. Six months prior to the study, 15 participants reported a total of 27 falls, compared to 11 participants with 15.5 falls after the study.

The project successfully established a baseline of data and tools to conduct a larger randomized trial in the future. The group is seeking further funding to conduct a larger study with more robust falls measurements. It is also preparing a publication.

Grantee: Aging and Disability Resource Center

Academic Partner: Irene Hamrick, MD, UW School of Medicine and Public Health and Paul Smith, MD, UW School of Medicine and Public Health

Dates: 4/1/2014-3/31/2016

Amount Spent: \$48,364

Program: Community Academic Partnership Fund

Grantee: Wheaton Franciscan Healthcare – All Saints

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

Dates: 7/1/2013-6/30/2016

Amount Spent: \$116,883

Program: Lifecourse Initiative for Healthy Families

The national average preterm birthrate is 11.5%. After participating in this Centering Pregnancy Program, participants had a 4.2% preterm birth rate.

Centering Program of Racine Lifecourse Initiative for Healthy Families

The Challenge: The greater Racine area has one of the highest rates of infant mortality among African American and Hispanic women in Wisconsin, due in large part to disproportionate rates of prematurity. The CenteringPregnancy (CP) program has demonstrated a positive impact to help reduce disparities in birth outcomes among African American women.

Project Goal: The project used CenteringPregnancy, a program where expectant mothers, who are due at the same time, meet as a group with their physician. Each session included private time with the physician for exams; however, additional questions, concerns and solutions as well as general educational topics were discussed in a group setting. Topics included nutrition, breastfeeding, family relationships, labor, delivery, hospital procedures, infant care and feeding, postpartum experiences and more.

Results: CenteringPregnancy was completed by 420 women. CP was offered to all women, with primarily only white women initially enrolling. Significant efforts were made to provide culturally responsive outreach and marketing to women from groups with higher rates of infant mortality. As a result, 21.7 percent of the total women enrolled identified as African American and 20.7 percent identified as Hispanic.

The CP program found that women who participated had a rate of preterm birth at 4.2 percent while the national average is 11.5 percent. In addition, 73 percent of women in CP planned to breastfeed compared to 50 percent of women who did not participate in CP.

The project was successful at creating system change. Nurses changed their early pregnancy education to group sessions, informing patients about CenteringPregnancy, resulting in higher patient demand and more physicians trained in CP. Eleven obstetricians, including three African American obstetricians, were trained in facilitating CP groups.

Healthy Families Kenosha

The Challenge: In recent decades, African American families in Kenosha County experienced infant mortality at two to three times the rate of White families. The Kenosha Lifecourse Initiative for Healthy Families' community assessment identified needs for increased services for prenatal, preconception and interconception care and connecting new parents with parenting education/ services.

Project Goal: The Healthy Families Kenosha (HFK) Program aimed to improve parent-child interactions, prevent child abuse and neglect and promote optimal child development. The project worked with participating families to identify needs and goals and conducted intensive home visiting (based on the well-validated Healthy Families America model) and provided other services to new parents or referred them to other organizations.

Results: HFK was originally designed to deliver parenting education, but staff quickly realized that many families had more critical issues. Over two-thirds of families needed assistance finding adequate housing. Almost the same number wanted help finding a decent job. Over half needed help learning how to maintain a household budget, and just under half needed medical services.

The program reached a highly stressed, low-income group comprised of 47 women, 13 men, 48

babies and 62 siblings/other children. On average, families participated in the program for 10 months and received nearly 40 hours of direct contact per participant.

Families who received home visits prenatally were almost three times more likely to stay in the program and attain goals than families who started after the child's birth. Thus, the program aimed to recruit expecting families and were able to in 45 percent of cases.

Throughout the course of the program, 60 percent of families completed the program, a high rate for a population of individuals who have significant needs. Of those who completed, 28 percent attained some or all of their goals. The remaining 32 percent moved out of Kenosha County to be closer to supportive family. This was encouraged by the program and considered a success.

Ten mothers were surveyed using the Adult-Adolescent Parenting Index before and after the intervention. Total average scores in parenting competence improved. Parenting competence is linked to less child maltreatment and infant mortality.

The grantee received significant funding from the Child Abuse & Neglect Prevention Board to sustain their culturally appropriate parenting education programs.

Grantee: Kenosha County
Department of Human Services

Academic Partner: David
Riley, PhD, Professor Emeritus,
UW-Madison School of Human
Ecology

Dates: 7/1/2013-12/31/2016

Amount Spent: \$370,046

Program: Lifecourse Initiative
for Healthy Families

Grantee: Aurora Health Care

Academic Partner: Ron Cisler, PhD, UW School of Medicine and Public Health, Population Health Institute; UW-Milwaukee

Dates: 7/1/2013-9/30/2016

Amount Spent: \$326,140

Program: Lifecourse Initiative for Healthy Families

Spacing pregnancies within six months increases risk for prematurity, congenital disorders and more. Ninety-four percent of women served by Healthy Next Babies delayed another pregnancy by at least 12 months.

Healthy Parents, Healthy Babies (Healthy Next Babies)

The Challenge: The infant mortality rate for babies born to African American women is nearly three times that of their white counterparts in Milwaukee. Women who have experienced a premature birth are twice as likely to experience a second adverse birth. Improved health care strategy is needed to help close the infant morbidity and mortality gap.

Project Goal: The goal of Healthy Families, Healthy Next Babies (Healthy Next Babies) (HNB) project was to use an innovative model to decrease adverse birth outcomes among low-income African American mothers who are more likely to be at-risk for poor outcomes in a subsequent birth. Through family planning, health education, self-care and family/father support services, the project tended to the health of the mother and her newborn, and encouraged behaviors that would contribute to the healthiest possible pregnancy and birth in the future. The project developed, implemented and evaluated this model for African American women who had an infant currently in the Aurora Sinai Medical Center's Neonatal Intensive Care Unit (NICU).

Results: The project improved care and maximized existing services for African American mothers during the interconception period to develop skills to become adept at self-care.

Sixty-nine participants (goal: 40) were served with:

- 650 home visits
- 1,441 hours of direct delivery
- 2,794 in-person interventions (face-to-face or via telephone).

Ninety-four percent of mothers who participated in the evaluation (n = 34) delayed an additional pregnancy by at least 12 months. In addition, mothers were assessed for capacity to address stressors in their lives and thirteen (76.5 percent) had a positive change in stability (employment, housing, finances, child development, relationships, etc.) at follow-up while only four had a negative change.

HNB also achieved its goal to strengthen father involvement in African American families. The project successfully connected fathers to community resources and to their families. The fathers received support in men's health, employment services, parenting, child support, housing, education and more.

HNB achieved system change as Aurora Health Care and Aurora Family Service (AFS) have continued providing Healthy Next Babies services to more than 24 new moms and their NICU infants since the grant ended. The NICU families now represent 23 percent of all home visitation services. The grant has allowed for ongoing collaboration with Aurora Sinai Medical Center NICU, enabling systemic change in follow-up home-based services to the most vulnerable families.

Implementation of a Rock County Fetal Infant Mortality Review Team

The Challenge: Rock County has one of the highest rates of African American infant mortality in the state of Wisconsin at 17 deaths per 1000 births. Although Rock County has had a child death review team since 2006, there has been no analysis of fetal death such as stillbirth and death due to extreme prematurity, a primary cause of death in the African American community.

Project Goal: This project aimed to develop and implement a Fetal Infant Mortality Review (FIMR) team in Rock County. FIMR is an action-oriented community process that reviews all fetal deaths over 20 weeks gestation and infant deaths up to age one. Eight maternal and paternal interviews were conducted and de-identified data was collected. All data was reviewed by the FIMR team and the African American Service Advisory Team, providing additional cultural perspective to the unique issues of African American health in the community.

Results: The project identified a need to improve the cultural competence of Rock County health systems, promote safe sleep practices, encourage interpregnancy spacing and provide grief resources. As a result, Rock County Public Health Department has implemented the Sleep Baby initiative with area hospitals and other community agencies. Safe sleep trainings are held with Child Protective Services staff, Women, Infants, and Children staff and hospital staff on obstetrical and pediatric floors at the hospitals in Rock County. Area hospitals are considering changes around current safe sleep policies to incorporate uniform messaging and best practices.

Additionally, there is a great difference between the care in the maternity/labor unit delivering a stillborn versus the emergency room. Many grief resources are only offered in the maternity unit. None of the local hospitals have a set protocol related to emergency room staff and their support role. The hospitals on the FIMR team are working together to improve this.

The partnerships and relationships established through the FIMR team have been vital to broadening this initiative to make systems-level changes. The FIMR team hopes to engage team members from each health system going forward.

Grantee: Rock County Health Department

Academic Partner: Sara McKinnon, PhD, UW-Madison, Department of Communication Arts

Dates: 7/1/2013-6/30/2016

Amount Spent: \$127,567

Program: Lifecourse Initiative for Healthy Families

Grantee: Racine Vocational Ministry

Academic Partner: Helen Rosenberg, PhD, University of Wisconsin-Parkside

Dates: 6/1/2013 – 5/31/2016

Amount Spent: \$143,978

Program: Lifecourse Initiative for Healthy Families

Reducing African American Infant Birth Disparities through Decreased Prison Recidivism and Increased Living-Wage Employment of Mothers and Fathers

The Challenge: Imprisonment rates have been growing steadily since 1973, while the racial makeup of prisons has shifted towards an increasingly large proportion of African American inmates. Previous studies have found that parental incarceration increases the probability of infant death by 29.6 percent and that infants of recently incarcerated fathers have 90 percent higher odds of post neonatal mortality than otherwise comparable infants (Wildeman, 2010). By helping formerly incarcerated parents develop skills, get jobs and abate anti-social thinking patterns, Racine Vocational Ministry is combating one of the many major underlying causes of African American health disparities in birth outcomes.

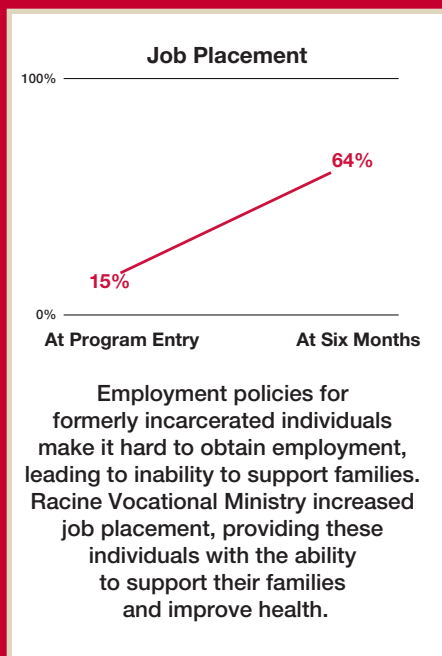
Project Goal: The project provided 54 African American individuals who were previously incarcerated and their families an array of programming including life skills development, cognitive interventions, intensive case management, temp-to-work job training, permanent job placement and employment and educational support.

Results: Fifteen percent of clients had jobs at program entry and Racine Vocational Ministry was able to place 64 percent into employment at six months. Clients entered the program with high levels of depression, anxiety and stress. These conditions were reduced slightly at six months, but markedly reduced after one year. Working clients reported lower levels of depression and anxiety than those not working.

In Wisconsin, previously incarcerated individuals recidivate at a rate of 15 percent after one year, 24 percent after two years, and 32 percent after three years. The clients in the program recidivated at much lower levels of 7 percent, 11 percent and 14 percent. Reduced recidivism translates to stable jobs, family systems and the ability to live in more social and civically engaged ways.

A policy to encourage clients to garner new friendship networks reinforced the science that social networks positively impact attitudes and behaviors. In addition, clients stated they have strong support from family, friends and their significant others. As social networks expanded and deepened, family relationships frequently saw a correlating improvement.

Despite the small sample size, outcomes from this study are encouraging. Previously incarcerated individuals can be integrated into the community with support from agencies and programs that offer them practical job skills, cognitive programming and training in 'soft skills' that are important to career development. As families become more economically stable and engage the community in more social ways, stress is reduced. A reduction in chronic stress encourages healthy family systems that allow for healthy birth outcomes.



Striving to Create Healthier Communities through Innovative Partnerships

The Challenge: For the last two decades, Wisconsin has seen little improvement in the rate of African American infant deaths. Wisconsin ranks as one of the worst states in African American infant mortality, with the majority of these deaths occurring in Milwaukee.

Project Goal: Striving to Create Healthier Communities embraced the vision of the Milwaukee Lifecourse Initiative for Healthier Families (LIHF) Collaborative that all African Americans in Milwaukee have healthy birth outcomes and less stress. The project tested Birthing Project USA, the only national African American maternal and child health program in the nation. They recruited and trained 28 community volunteers to serve as Sister Friends. These volunteers provide psychosocial support to 20 Little Sisters — pregnant African American women in Milwaukee.

Results: Data indicated that Little Sisters benefited from participating in the project. Milwaukee's rate of pre-term birth is 12-14 percent, but only 10 percent of babies born from Little Sisters were preterm. Participants reported more strong and helpful relationships—demonstrating that the program creates space for development of important connections and social support. The program also provides vital links to community resources and opportunities for personal growth and development.

The inconsistency of the Little Sisters' participation in the project was a challenge. The project identified two related needs that affected participation: housing and incarceration. Policies that support pregnant women and women with young children in identifying safe and affordable housing are needed in order to address poor birth outcomes. Secondly, alternatives to incarceration are needed so that fathers are not incarcerated for petty crimes and are available to provide support to their pregnant partners and their children.

The Lovell Johnson Quality of Life Center established new partnerships with the Parenting Network and Planned Parenthood and have identified further potential partners. The project is seeking funding to sustain its work and two manuscripts have been submitted for publication.

Grantee: Lovell Johnson
Quality of Life Center, Inc.

Academic Partner: Lucy
Mkandawire-Valhmu, PhD, RN,
UW-Milwaukee, College of
Nursing

Dates: 3/1/2014-12/31/2016

Amount Spent: \$116,335

Program: Lifecourse Initiative
for Healthy Families

Grantee: Caprice Greenberg, MD, MPH, UW School of Medicine and Public Health, Department of Surgery; Douglas Wiegmann, PhD, MS, UW-Madison College of Engineering

Dates: 12/1/2012–11/30/2016

Amount: \$497,092

Program: Collaborative Health Sciences Program

The Wisconsin Surgical Coaching Program has been sustained and expanded, receiving almost \$3 million in additional funding.

The Wisconsin Surgical Coaching Program

The Challenge: Recent studies have demonstrated the importance of a surgeon's technical skill and teamwork in determining patient outcomes although limited opportunities exist to improve skill once formal training is completed. Surgical coaching has the potential to address limitations in current approaches to continuing medical education, which often does not incorporate the critical concepts of adult learning theory.

Project Goal: The Wisconsin Surgical Coaching Program pairs surgeons with a trained surgical coach to improve their technical, cognitive and interpersonal skills. The project aimed to:

- Identify key coaching principles in other highly technical disciplines
- Develop and pilot a video-based coaching program for Wisconsin surgeons
- Evaluate the educational value of the video-based coaching program

Results: The project initially studied athletes, teachers and musicians and constructed a framework to guide design and development of coaching interventions in procedure-based health care. The framework identified three domains to target for performance improvement: technical skill, cognitive skill and nontechnical skill (e.g., leadership skills). The framework included the coaching steps of setting goals, encouraging and motivating and developing and guiding.

Peers nominated eight surgeons to serve as coaches. Coaches received training, rooted in the framework that included interactive discussions of peer-coaching principles and role expectations. Twelve surgeons

representing a variety of practice settings throughout Wisconsin volunteered to be paired with surgical coaches. The coaching sessions were video recorded and analyzed to identify positive strategies and potential pitfalls for coaching. Positive strategies included framing coaching as a partnership and making the coachee responsible for self-directed learning. Potential pitfalls included offering premature advice; equating coaching with teaching residents or medical students and appearing ill-prepared to facilitate the conversation.

This program generated national interest and five additional coaching initiatives with the University of Michigan, Northwestern University, the Americas Hernia Society Quality Collaborative, Project ADOPT (Assuring and Defining Outcomes through Procedural Training), and adapting from interest in Project ADOPT, creation of a national program, the Laparoscopic Total Extraperitoneal Hernia Course with SAGES, supported by Medtronic. In addition, investigators are currently working with D2P (Discovery to Product), a partnership between UW-Madison and the Wisconsin Alumni Research Foundation (WARF), and other potential collaborators, to develop a sustainable dissemination model for this work.

The project has leveraged almost \$3 million, including two R01 grants, to further expand surgical coaching. The project has resulted in four published manuscripts, eight poster and five oral presentations at local and national conferences, and more than 30 invited research presentations, national and international visiting professorships and grand rounds.

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

The Challenge: One in four Medicare patients discharged to nursing homes is rehospitalized within 30 days. In Wisconsin, more than 31,000 older adults receive care in nursing homes each year, with rehospitalizations costing over \$30 million annually.

Patients rely on the hospital to fully communicate care plans to nursing homes, most often through discharge orders, which convey information such as medications, activity level and medical follow-up. Nursing homes use discharge orders to create a plan of care for the patient. If orders are omitted, patients may receive sub-optimal nursing home care leading to rehospitalizations. However, evidence linking the completeness of discharge orders to patient outcomes is lacking.

Project Goal: The project aimed to better understand whether incomplete orders affect patient outcomes. Specifically, the research team looked at:

- The extent to which omissions of discharge orders for Warfarin instructions, activity level and medical follow-up impact local 30-day rehospitalizations in patients discharged from rural, community-based Wisconsin hospitals to nursing homes. Discharge orders and work-process data were abstracted for a random sample of patients discharged to nursing homes from three community-based rural Wisconsin hospitals and linked to local rehospitalization and provider data.
- Whether hospitals workflows and provider training/specialties impact discharge order completeness in

these rural Wisconsin hospitals. Sixty-four providers participated in focus groups as part of this assessment.

Results: Communication of physical therapy recommendations between hospitals and nursing homes was very poor and associated with a trend towards worse 30-day outcomes. Discharge orders most frequently omitted recommendations for assistance required for mobility (nearly 100 percent), followed by recommendations for use of assistive devices (88 percent) and maintaining patient safety (68 percent).

The project also demonstrated that 23.7 percent of patients had all Warfarin discharge communication components missing from their hospital discharge summaries/orders. Omission of essential discharge communication regarding Warfarin management in patients transitioning to nursing homes was associated with increased risk for poor 30-day outcomes, including rehospitalization and mortality.

Finally, the project produced a new method for researchers to increase reliability when abstracting unstructured electronic medical record-based data (e.g., text data) across multiple sites. Currently, three publications and two presentations have resulted. This work will continue to inform the development of quality measures, interventions and patient care guidelines to enhance the transitional care quality of nursing home patients in Wisconsin and beyond.

Grantee: Amy Kind, MD, PhD, UW School of Medicine and Public Health, Department of Medicine

Dates: 7/1/2013-6/30/2016

Amount Spent: \$99,104

Program: New Investigator Program

Grantee: Melissa Harrison, PhD, UW School of Medicine and Public Health, Department of Biomolecular Chemistry

Dates: 4/1/2014-3/31/2016

Amount Spent: \$100,000

Program: New Investigator Program

Mechanistic Insights into the Role of Grainyhead Proteins in Neural Tube Closure Defects

The Challenge: During embryonic development, one of the most common and crippling human birth defects results from the failure to properly form the neural tube. Irregularities in this process can cause a wide range of defects, including herniation of the spinal cord, absence of major portions of the brain, and protrusions of the brain through the skull. While some environmental and genetic factors influencing neural tube closure have been identified, children continue to be born with neural tube defects. Infant mortality rates from neural tube closure defects are 11.1 per 100,000 live births in the state of Wisconsin for 2005-2008. This rate is more than twice that of other states, and higher than the national average of 9.2 per 100,000 live births.

Project Goal: The project aimed to understand the molecular events underlying neural tube closure with the ultimate goal of decreasing the rate of these crippling birth defects. Specifically, they studied a transcription factor family, Grainyhead (GRH), known to cause folate-resistant neural tube closure defects in preclinical models.

Results: The project identified thousands of genes controlled by GRH. The team further researched how the GRH protein activates and represses sets of genes. Grainyhead binding to DNA is remarkably constant across embryonic development, but the absence of Grainyhead changes gene expression dramatically over those same time points. This research helped to determine the functional roles of the GRH protein in the hopes of ultimately defining a genetic cause for neural tube defects and suggesting possible treatments or preventative measures.

The investigator collaborated with international faculty experts to assist with the highly complex analyses. The generated data resulted in a published manuscript as well as a poster presentation and served as the foundation for a funded grant from the American Cancer Society.

Nanoparticles for Treating Restenosis: Sustained and Targeted Local Drug Delivery

The Challenge: Each year more than one million vascular reconstructions are performed in the United States to treat cardiovascular disease. Such surgical procedures can trigger intimal hyperplasia that narrows blood vessels, leading to restricted blood flow. Current methods of preventing intimal hyperplasia cannot be applied in certain procedures such as bypass and vascular access for dialysis. Additionally, there are no methods of drug delivery that offer sustained drug release or target specific cells.

Project Goal: The project aimed to use nanoparticles in hydrogel to facilitate sustained release of rapamycin and target drug delivery to vascular smooth muscle cells. Rapamycin is a compound used to help prevent intimal hyperplasia.

Results: The project was able to increase release time of the drug from two weeks to three months using a new type of nanoparticle combined with a durable hydrogel. Even three months after its application in preclinical models, intimal hyperplasia remained at a very low level. The nanoparticles were able to target smooth muscle cells in the culture dish.

This successful project will, in the long term, lead to a drug delivery method that benefits patients undergoing vascular surgery. The project was sustained with a \$2.5 million National Institutes of Health R01 grant. Thus far, three publications and six presentations from local to international settings have resulted.

Grantee: Lian-Wang Guo, PhD, UW School of Medicine and Public Health, Department of Surgery

Dates: 9/1/2014-8/31/2016

Amount Spent: \$100,000

Program: New Investigator Program

This successful project will, in the long term, lead to a drug delivery method that benefits patients undergoing vascular surgery.

Grantee: Nathan Sherer, PhD,
UW School of Medicine and
Public Health, Department of
Oncology

Dates: 9/1/2014-10/31/2016

Amount Spent: \$97,076

Program: New Investigator
Program

Understanding HIV-1 Cell-to-Cell Transmission

The Challenge: Despite the availability of combined antiretroviral therapy, HIV-1 infection remains a growing problem in Wisconsin with particular impact on underrepresented populations with limited access to quality healthcare. More than 6,000 Wisconsinites are living with HIV with about 200 new infections diagnosed each year. Antiviral therapy can slow progression to AIDS but does not cure infection. Complications from drug therapy, the high cost of treatment, issues of multi-drug resistance and the lack of a vaccine demonstrate a continuing need to identify new treatment strategies. Recent research suggests a direct cell-to-cell mode of spread of HIV-1 may contribute to the persistence of HIV-1 infection. A thorough understanding of this process is crucial for the development of new treatments that will abolish HIV-1 transmission and persistence.

Project Goal: The project aimed to determine the:

1. Mechanism of human immunodeficiency virus type 1 (HIV-1) cell-to-cell transmission
2. Impact of HIV-1 infection on cell-to-cell interactions in the context of a complex cell population

Results: This project resulted in powerful new techniques for studying HIV using advanced live cell imaging. A cutting-edge model was established for studying HIV pathogenesis in tissue microenvironments. Moreover, they discovered new roles for two viral proteins, Gag and Envelope, in driving the formation and turnover of the synapses in which the virus spreads. They also identified unanticipated roles of proteins that regulate the spread of infection. These findings inform new ongoing work to disrupt these new virus-host interactions toward new antiviral strategies.

The first phase of this work was published in 2016 in the *Journal of Virology* and two additional manuscripts and a review are in preparation. The project received two additional grants totaling more than \$320,000 to sustain its work, has submitted for further funding and applied for a patent.

Building an Accessible Database of Patient Experience for the U.S.

The Challenge: Patients and caregivers facing a new diagnosis or making a health-related decision often value other people's experiences with the same diagnosis. There is growing awareness of the importance of internet-based patient experience information in shaping patient's decisions about treatment choices. In nine other countries, a Database of Information about Patient Experience (DIPEX) –developed by researchers at Oxford University –has impacted patients, clinicians, quality improvement professionals, clinical educators and policymakers.

Project Goal: In combination with funding from other partners, the project aimed to make the UW School of Medicine and Public Health the host institution to launch DIPEX-USA, a network and website for researching patient experiences. The project also aimed to pilot the first DIPEX-USA module focusing on depression in young adults. This group often receives inadequate treatment and could benefit from understanding other people's experiences of diagnosis and treatment.

Results: The project established a first-of-its-kind network and website in the United States on patient experiences. The Health Experiences Research Network (HERN; formerly called DIPEX-USA) is a partnership between four universities: University of Wisconsin-Madison, Oregon Health and Sciences University, Johns Hopkins University and Yale University. HERN received approval as the tenth international member and became the U.S. representative

to DIPEX International. The HERN network created and launched healthexperiencesusa.org.

The first module "Young Adults' Experiences with Depression" includes 250 video, audio and text clips. It was developed using 40 in-depth interviews with young adults with depression. The research team also worked closely with an inclusive advisory panel including patients with depression.

The website is currently being disseminated nationwide through a combination of publications and presentations, along with social media and advocacy group partnerships. In summer of 2017, a Traumatic Brain Injury module, which will be developed in partnership with the UW Department of Veterans Affairs, will be launched and a minimum of six additional modules are anticipated over the next three to five years.

There has been widespread national and international recognition of the importance of this work as evidenced by many invited local, national and international presentations. The project is sustained with pilot funding from the Macy Foundation to test a curriculum based on the depression module and the UW Institute for Clinical and Translational Research for disseminating the depression module. In addition, the team has submitted several other grant applications, and anticipates submitting proposals for federal funding in the next couple of years.

Grantee: Nancy Pandhi, MD, PhD, MPH, UW School of Medicine and Public Health, Department of Family Medicine and Community Health and Rachel Grob, PhD, MA, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: 12/1/2014-11/30/2016

Amount Spent: \$45,000

Program: PERC Opportunity Grant

The project established a first-of-its-kind network and website in the United States on patient experiences.



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
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



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Report for the Period January 1, 2017 – June 30, 2017 Making Wisconsin a Healthier State

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The Wisconsin Partnership Program was established at the University of Wisconsin School of Medicine and Public Health in 2004 through a generous and visionary endowment gift from Blue Cross and Blue Shield United of Wisconsin.



On behalf of the University of Wisconsin School of Medicine and Public Health, I am pleased to present this report of the Wisconsin Partnership Program, highlighting the program's activities and awards from January 1–June 30, 2017. This six-month report reflects the Wisconsin Partnership Program's transition from reporting on a calendar-year basis to a July through June 30 fiscal year. Please see the Financial Overview on page 12 for details.

In 2017, the Oversight and Advisory Committee launched two new community grant programs designed to address health equity and the social determinants of health. This explicit approach to improving health equity is consistent with the goals and vision of the Wisconsin Partnership Program. Please see page 4 for more information on the new Community Catalyst and Community Collaboration grant programs.

The Partnership Education and Research Committee funded an innovative strategic research grant that also focuses on improving health equity in Wisconsin. The new project will measure and publicly report disparities in the quality of care for many Wisconsin health systems, with the ultimate goal of improving healthcare and patient outcomes for Wisconsin's most vulnerable citizens. You can read more about this new initiative on page 5.

We would like to thank our partners on campus and throughout Wisconsin communities who share our vision of making Wisconsin a healthier state for all.

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

Improving Health in Wisconsin

Since its inception in 2004, the Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) has supported a broad range of meaningful and impactful work aimed at improving the health of the people of Wisconsin. Through these projects and initiatives, Wisconsin Partnership Program grantees are addressing some of the state's most compelling health issues. Their work has the potential to solve today's health problems as well as improve human health far into the future.

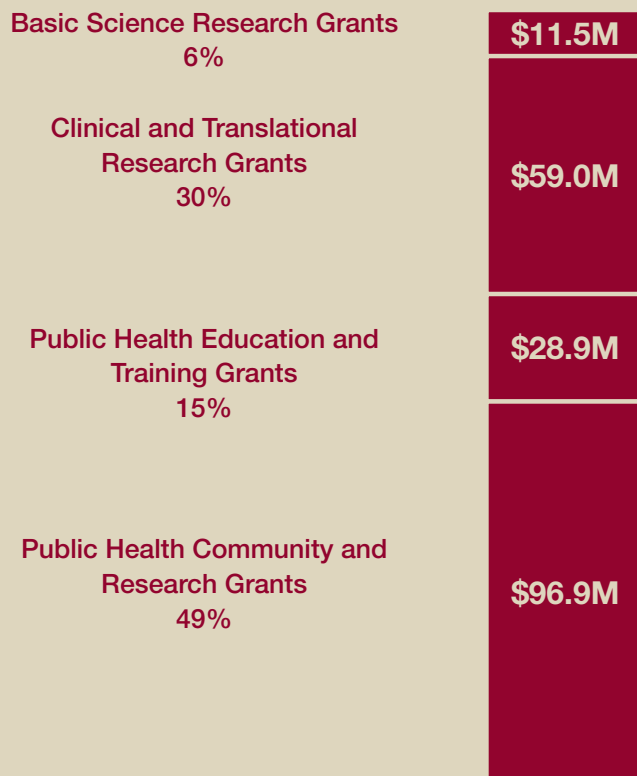
Change in Fiscal Year End

This six-month report reflects the Wisconsin Partnership Program's transition from reporting on a calendar year basis to a July through June 30 fiscal year. As a result, the Wisconsin Partnership Program is providing this six-month financial report for the fiscal period January 1, 2017–June 30, 2017. This report highlights the projects and initiatives that were supported during this period.



The Wisconsin Partnership Program has supported projects in every Wisconsin county. 2004–present

Grants Awarded by Type 2004 – June 30, 2017



Grants Awarded 2004 – June 30, 2017

**429 grants
\$196.3 Million**

Grants Awarded January 1 – June 30, 2017

**3 grants
\$3.3 Million**

The Wisconsin Partnership Program used research and recommendations from many entities to develop the Community Catalyst and Community Collaboration Grant programs, including:

- Survey responses from more than 400 participants who attended the program's 2016 health equity conference
- Feedback from grantees and reviewers from past award programs
- Input from 50 individual stakeholders as well as state and national funders
- Research on other requests for proposals that address capacity, health equity and training
- Input from Oversight and Advisory Committee members

Advancing Health Equity

In 2017, the Wisconsin Partnership Program continued its work to advance health equity through the design and launch of two new community grant programs and a strategic award.

New Community Grant Programs Address Health Equity

The Partnership Program's Oversight and Advisory Committee (OAC) directs and approves funds for public health initiatives. During the period January 1, 2017–June 30, 2017, the committee launched two new community grant programs—the Community Catalyst Grant and the Community Collaboration Grant—both designed specifically to address health equity and the social determinants of health.

Community Catalyst Grant

The overarching goal of the Community Catalyst Grant program is to provide funding to support creative health equity approaches designed with the goal of actively reducing gaps in access, outcomes or opportunities.

Catalyst Grants are intended to support projects in the early stages of development with:

- A clear focus
- A clearly identified audience
- An innovative plan to reduce inequities

The Request for Partnerships (RfP) for the Catalyst Grant was released on June 23, 2017. The maximum award amount is \$50,000 over two years.

Community Collaboration Grant

The Community Collaboration Grant is a new grant program that will provide organizations with training and technical assistance to address health inequities stemming from the social determinants of health, such as income, employment, education, access to healthy food and housing. To be considered, organizations must have limited access to resources and face high health needs in their communities.

Grantees will receive support as they strengthen and expand their current assets and partnerships, develop community-driven plans and take action toward local policy, systems

Health equity defined:

The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Source: Healthy People 2020 – U.S. Department of Health and Human Services

and environmental change to improve the social determinants of health. Grantees will implement community-driven strategies to advance health equity using already-existing community assets.

The Request for Partnerships (RfP) for the Community Collaboration Grant was released on June 23, 2017. The maximum award amount is \$300,000 over four years.

The OAC currently oversees these two grant programs as well as the Community Impact Grant program. Whereas the Impact Grants and Collaboration Grants provide resources and technical assistance to achieve policy, systems and environmental (PSE) changes that impact health equity, the Catalyst Grant program is designed to recognize shorter-term opportunities for health equity impact.

Addressing Health Equity through Wisconsin Health Systems

The Wisconsin Partnership Program's Partnership Education and Research Committee (PERC) supports a wide range of research and education programs that have great potential to impact health in Wisconsin. In 2017, PERC awarded a new strategic grant that aims to improve health outcomes by working with Wisconsin health systems.

Although Wisconsin ranks high in overall quality of healthcare nationally, the state performs poorly with respect to disparities in quality of care—measuring worse than the U.S. average on most reported metrics. These gaps in quality contribute to the poor health outcomes for underserved populations, such as people with lower income

and less education, racial and ethnic minorities, people with disabilities and residents of urban and rural areas.

The project *Measuring and Addressing Disparities in the Quality of Care among Wisconsin Health Systems* will measure and publicly report the disparities in quality of care for many health systems in Wisconsin.

The project is a joint effort of the Wisconsin Collaborative for Healthcare Quality (WCHQ), a nationally recognized collaborative to improve healthcare quality through public reporting of quality metrics for Wisconsin health systems, the Health Innovation Program (HIP) and the Collaborative Center for Health Equity (CCHE). WCHQ includes 38 healthcare organizations—22 large health systems—and represents 65 percent of Wisconsin primary care physicians and 60 percent of all Wisconsin physicians. Both the CCHE and HIP are located within the UW School of Medicine and Public Health. The CCHE, which is supported by the UW Institute for Clinical and Translational Research (ICTR), connects partners from the state's rural, urban and tribal communities with university faculty, staff and students to advance long-term, mutually beneficial partnerships in teaching, research and service initiatives to improve health equity in underserved communities of Wisconsin. The Health Innovation Program seeks to improve healthcare delivery and population health across the state and nation through health systems research. The Wisconsin Partnership Program provides funding to HIP to support health services research that directly benefits Wisconsin residents.



Pictured: Principal Investigator Maureen Smith, MD, PhD, MPH, Departments of Population Health Sciences, Family Medicine and Community Health

Through public reporting of healthcare quality measures, the project aims to improve patient care and outcomes by motivating poorly performing health systems to increase their focus on quality improvement as it relates to health disparities—an approach that has been successful in Minnesota. The long-term goal is to create a positive feedback loop within the state whereby disparities are measured, results are reported publicly, health systems compare themselves to peers, and poorly performing systems are motivated to undertake improvement activities to address disparities.

The successful completion of the proposed project could directly benefit Wisconsin's most disadvantaged and vulnerable citizens by raising the visibility of gaps in care and motivating health systems to undertake targeted improvements that directly address these disparities.

Grants Awarded January 1–June 30, 2017

Research and Education Grant Programs

Strategic Education and Research Grants

Through its Strategic Education and Research Grants program, the Partnership Education and Research Committee provides significant levels of funding, sometimes over an extended time period, to selected investigators with relevant expertise to establish new initiatives aimed at addressing emerging health and healthcare needs in the state.

There were two strategic awards in 2017:

Measuring and Addressing Disparities in the Quality of Care Among Wisconsin Health Systems

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

Award: \$791,841

This project will measure and publicly report disparities in the quality of care for many health systems in Wisconsin. Through public reporting of healthcare quality measures, the project aims to improve patient care and outcomes by motivating poorly performing health systems to increase their focus on quality improvement as it relates to health disparities. The successful completion of the proposed project could directly benefit Wisconsin's most disadvantaged citizens by raising the visibility of gaps in care and motivating health systems to undertake targeted improvements that directly address these disparities.

UW Preventive Medicine Residency (PMR) Program

Principal Investigator: Patrick Remington, MD, MPH, Associate Dean for Public Health, UW School of Medicine and Public Health

Award: \$529,084

This two-year strategic education grant supports the training of SMPH preventive medicine residents as public health and population medicine leaders who will be skilled at working and conducting scholarship at the intersection of the public health and healthcare systems. This grant has the ability to directly impact and improve the health of Wisconsin, at the individual level and the population level. PMR program graduates will significantly enhance the public health workforce and increase the capacity of physician leaders who can successfully promote health in individuals, as well as communities.

There was one strategic award jointly funded by the Partnership Education and Research Committee and Oversight and Advisory Committee:

Wisconsin Population Health Service Fellowship Program: Improving Health and Health Equity Through Service and Training

Lead Academic Partner: Thomas Oliver, PhD, MHA, Professor, Department of Population Health Sciences

Award: \$2,028,748

This project will provide advanced training to the next generation of public health leaders while, at the same time, providing direct service to community partners to address Wisconsin's most pressing public health challenges. Fellows and the organizations they serve will advance their capacity to plan, implement and evaluate innovative strategies for population health improvement. Fellows gain diverse public health experiences, competencies and skill development through unique placement sites, learning opportunities and mentoring. This grant will focus specifically on strengthening training in health equity and collaborative leadership.

UW Institute for Clinical and Translational Research Grants

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

During the period January 1–June 30, 2017, the Wisconsin Partnership Program supported the following awards:

Building the Capacity of Schools to Address the Social and Emotional Needs of Latino Students and Their Families: Implementation and Evaluation of the Fortalezas Familiares Program in Schools

*Principal Investigator: Carmen Valdez,
UW-Madison School of Education*

Amount: \$150,000

Given that Latino youth have lower rates of mental health service utilization than other racial or ethnic minority youth (Cardemil et al., 2005), it is also critical to reach and engage these youth and families in accessible and familiar environments, such as schools. Fortalezas Familiares (FF; Family Strengths) is a 14-week intervention aimed at restoring family stability and engagement, and addressing sociocultural stressors specific to immigrant Latino families (Valdez, Abegglen, & Hauser, 2013). Outcomes of four pilot trials have shown FF to be feasible in community settings and acceptable for families who reported increased family unity, better communication, improved psychological functioning in mothers and fathers and improved child behavioral and emotional outcomes.

Engaging Stakeholders to Develop a Patient-Centered Approach to Improve Older Adult Patient Ambulation During Hospitalization

*Principal Investigator: Barbara King, PhD,
UW-Madison School of Nursing*

Amount: \$100,000

The objective of this project is to collaborate with older adults to build a stronger intervention to improve patient ambulation during a hospital stay. Adults aged 65 and older will be recruited to participate in a patient advisory council. Discussion and analysis about perceptions and experiences with ambulation during hospitalization and collaboration in redesigning the existing system-based intervention, MOVIN, will be guided by the Patient Work System conceptual framework and content analysis (qualitative methodology).

Engineering Cancer Survivorship Care Planning to Address Primary Care Information Needs in Order to Improve Health Outcomes for Cancer Survivors

*Principal Investigator: Amye Tevaarwerk,
MD, UW School of Medicine and Public Health*

Amount: \$75,000

Since 2006, the Institute of Medicine (IOM) has recommended personalized care plans as one solution to facilitate communication and coordination of care between oncology and primary care. These plans, summarizing diagnosis, treatment and follow-up recommendations, are to be prepared for survivor and their primary care provider (PCP).

Faith and Community in Action: Increasing Knowledge and Management of Depression in African American Communities

*Principal Investigator: Earlise Ward, PhD,
UW-Madison School of Nursing*

Amount: \$100,000

Major Depressive Disorder (MDD) and stress among African American women are of special concern because of multiple vulnerabilities, including low socioeconomic status, poverty, discrimination and high rates of chronic illness, all of which are related to MDD being underdiagnosed, misdiagnosed or dismissed as a normal part of aging among this group. Despite being burdened by MDD, older African American women are not seeking professional help. This project proposes to recruit, engage, establish and sustain a 10-member faith-based community advisory board (FB-CAB); work with the FB-CAB to adapt a culturally sensitive depression intervention to facilitate development of a new faith-based depression intervention (FAITH), and optimize FAITH and future trial design with patient partners' input.

Instrument Development for a Social Network Analysis (SNA) of Antibiotic Prescribing in Skilled Nursing Facilities

Principal Investigator: Christopher Crnich, MD, UW School of Medicine and Public Health

Amount: \$75,000

This project proposes the development and validation of a data collection instrument for conducting a social network analysis of the skilled nursing facility antibiotic prescribing network. The goal is to investigate how the interactions between the nursing home staff and primary care providers (PCPs) influence the decision to prescribe an antibiotic. By studying these interactions between nursing home staff and PCPs, the project aims to improve how healthcare professionals work together as a team to deliver the best care possible to older adults.

Testing Novel Methods for Analyzing and Correcting Root Causes of Patient Harm

Principal Investigator: Douglas Wiegmann, PhD, UW-Madison College of Engineering

Amount: \$150,000

Medical error is the third-leading cause of death in the United States. Root Cause Analysis (RCA) is a commonly used method to analyze events that impact quality and safety. Despite that, RCA has very limited utility in helping analyze the causes of human error or generating effective corrective actions. If healthcare is to become safer, more appropriate RCA methods for analyzing and correcting errors need to be deployed. The goal of this project is to test the feasibility of integrating the HFACS and HFIX methodologies into UW Health's RCA program. Results will be used to develop an implementation toolkit, which could facilitate the widespread implementation of these new tools and positively impact patient safety at the state and national levels.

UW Health BerbeeWalsh Emergency Department Research Services Program

Principal Investigator: Manish Shah, MD, UW School of Medicine and Public Health

Amount: \$50,000

The overall goal of this project is to create the UW Health BerbeeWalsh Emergency Department (ED) Research Services Program to identify and enroll eligible ED patients and visitors into research studies and complete research protocols for those studies. This core institutional resource will advance the research mission of the BerbeeWalsh Department of Emergency Medicine and support acute care researchers throughout the institution. Successful establishment of this program will support the broader institutional need to develop a more efficient clinical and translational research enterprise.

Grants Concluded January 1–June 30, 2017

You can review the complete outcomes report for grants concluded January 1, 2017 through June 30, 2017 online at med.wisc.edu/partnership-publications.

The following Community Grants concluded in 2017:

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Richland FIT	Richland County HHS Public Health; Neil Bard, MD, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	CAPF	\$ 399,966	4 years
Community Safety Data Repository Project	Milwaukee Health Department, Office of Violence Prevention; Marisa Stanley, MPH, UW-Milwaukee	CAPF	\$ 400,000	4 years
Dementia Wellness Project for Underserved African American Elders	Milwaukee Health Services Inc. (MHSI); Gina Green-Harris, Center for Urban Population Health	CAPF	\$ 400,000	3 years, 3 months
Improving Well Being Among Wisconsin Older Adults	Kenosha County Division of Aging and Disability Services; Carol Ryff, PhD, Institute on Aging, UW-Madison	CAPF	\$ 150,000	3 years
Understanding the Impacts of Adverse Childhood Experiences to Improve Prevention Services	Central Racine County Health Department; James Dimitri Topitzes, PhD, UW-Milwaukee Helen Bader School of Social Welfare; Joshua Mersky, UW-Milwaukee Helen Bader School of Social Welfare	Comm Opp	\$ 50,000	1 year, 5 months
Perinatal Smoking Cessation Services - NorthWest Wisconsin	Wisconsin Women's Health Foundation, Inc.	Comm Opp	\$ 50,000	1 year, 6 months
No Longer an Island: Creating a Place-Based Men's Peer Outreach and Social Support Network	Tyler Weber, Walnut Way Corp.; Amy Harley, PHD, UW-Milwaukee; David Frazer, MPH, Center for Urban Population Health	LIHF	\$ 399,995	3 years, 9 months
Direct Assistance for Dads (DAD) Project	Bevan Baker, City of Milwaukee Health Department; Geoffrey Swain, MD, MPH, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	LIHF	\$ 400,000	3 years, 10 months

CAPF = Community-Academic Partnership Fund

Comm Opp = Community Opportunity

LIHF = Lifecourse Initiative for Healthy Families

The following Education and Research Grants concluded in 2017:

Title	Principal Investigator	Type	\$ Amount	Duration
Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making	Elizabeth Burnside, MD, MPH, Professor, Department of Radiology, UW School of Medicine and Public Health	CHSP	\$ 500,000	4 years, 4 months
The Effectiveness of an Integrated Mental Health and Primary Care Model for Wisconsin Patients with Severe Mental Illness	Nancy Pandhi, MD, PhD, MPH, Assistant Professor, Department of Family Medicine and Community Health, UW School of Medicine and Public Health	NIP	\$ 99,962	2 years, 6 months
Characterization of the role of PASTA Kinases in Beta-lactam Resistance	John-Demian Sauer, PhD, Assistant Professor, Department of Medical Microbiology and Immunology, UW School of Medicine and Public Health	NIP	\$ 100,000	2 years
Repurposing FDA-Approved Drugs as Therapeutics for Age-Related Macular Degeneration	Aparna Lakkaraju, PhD, Associate Professor, Ophthalmology and Visual Sciences, UW School of Medicine and Public Health	NIP	\$ 99,000	2 years

CHSP = Collaborative Health Sciences Program

NIP = New Investigator Program

The following Institute for Clinical and Translational Research Grants (ICTR) concluded in 2017:

Title	Academic Partner/ Community Organization	Type	\$ Amount	Duration
Application of Pedigree Data in an Electronic Health Record for Precision Medicine	David Page, PhD, Professor, Department of Biostatistics and Medical Informatics, UW School of Medicine and Public Health; Marshfield Clinic Research Institute	UW-MC	\$ 50,000	1 year
Breast Cancer Phenotyping and Prediction Using the Electronic Health Record	Yirong Wu, PhD, Associate Scientist, Department of Radiology, UW School of Medicine and Public Health; Marshfield Clinic Research Institute	UW-MC	\$ 50,000	1 year

Title	Academic Partner/ Community Organization	Type	\$ Amount	Duration
Big Data for Little Kids: Establishing Population Effectiveness of Maternal and Child Health Programs	Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology, UW School of Medicine and Public Health; Wisconsin Department of Health Services, Wisconsin Department of Public Instruction, Wisconsin Association for Prenatal Care, Madison/Dane County Health Department, Milwaukee Health Department	CCOR	\$ 75,000	1 year, 7 months
My Life, My Dialysis Choice: Assessing the Effects of a Dialysis Decision Aid on Patient/Nephrologist Communication	Margaret Wise, PhD, UW-Madison School of Pharmacy; Medical Education Institute	CCOR	\$ 75,000	2 year, 6 months
Active Living after Cancer: Building a Physical Activity Intervention into Clinical Care for Breast and Colorectal Cancer Survivors in Wisconsin	Lisa Cadmus-Bertram, UW-Madison School of Education, Department of Kinesiology; Gilda's Club; Breast Cancer Recovery Foundation	CCOR	\$ 75,000	1 year, 6 months
Improving the Care of Children with Spinal Muscular Atrophy	Matthew Halanski, MD, Department of Orthopedics and Rehabilitation, UW School of Medicine and Public Health; Families of Spinal Muscular Atrophy	PCOR	\$ 99,645	1 year, 6 months
Engaging Stakeholders in Reducing Overtreatment of Papillary Thyroid Microcarcinomas	Susan Pitt, MD, MPH, Department of Surgery, UW School of Medicine and Public Health; Marshfield Clinic Health System; Thyroid Cancer Survivors' Association Inc; Medical College of Wisconsin; Dean/St. Mary's Hospital	PCOR	\$ 100,000	1 year
Adapting the Physical Activity for Life for Seniors (PALS) Program for Older African Americans	Kimberlee Gretebeck, PhD, RN, UW-Madison School of Nursing; North/Eastside Senior Coalition; Milwaukee County Department on Aging	Dnl	\$ 150,000	1 year, 7 months

CCOR = Clinical and Community Outcomes Research

UW-MC = Co-funded pilot; University of Wisconsin and Marshfield Clinic

Dnl Research = Dissemination and Implementation Research

PCOR = Patient-Centered Outcomes Research

Financial Overview

Financial Highlights

- The Wisconsin Partnership Program is changing its reporting period to a fiscal year ending June 30, effective with this report
- Earnings, net of fees, on endowed funds for the six months ended June 30, 2017 were \$27.2 million, while the similar amount for the full calendar year 2016 was \$16.1 million
- Endowment distributions for program expenditures from January through June were \$7.9 million
- Wisconsin Partnership Program grant and administrative expenditures for the six months ended June 30, 2017 were \$9.4 million
- Total program assets increased \$17.8 million between December 31, 2016 and June 30, 2017

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, the Wisconsin Partnership Program funds may not be used to supplant funds or resources available from other sources. The UW School of Medicine and Public Health (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 Vice Chancellor for Finance and Administration also has attested that UW-Madison and the UW System have complied with the supplanting prohibition.

OAC Review and Assessment of the Allocated Percentage of Funds

As outlined in its founding documents, the Oversight and Advisory Committee (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 July 19, 2017. 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 reports consolidate activities of the Wisconsin Foundation and Alumni Association (WFAA) and the SMPH for the six months ended June 30, 2017. The Wisconsin Partnership Program is changing its reporting period to a fiscal year ending June 30, effective with this report. This change is made following the adoption of a June 30 year-end by the Wisconsin Foundation and Alumni Association, formerly the University of Wisconsin Foundation. The University of Wisconsin System also reports on a June 30 fiscal year.

Revenues consist of interest income and changes in market valuation of investments, 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 Committee initiatives (PERC–65 percent). Approved awards have been fully accrued and recorded as Grant Expenditures (Table 2). The Grants Payable liability reflects accrued awards less any expenditures (Table 1).

Table 1: Statement of Net Assets

As of June 30, 2017		
Assets		
Current Investments	\$	16,678,487
Noncurrent Investments		359,117,609
Total Assets	\$	375,796,096
Liabilities and Net Assets		
Liabilities		
Grants Payable	\$	34,512,916
Total Liabilities	\$	34,512,916
Net Assets		
Temporarily Restricted - Spendable	\$	3,717,531
Temporarily Restricted - Endowment		55,737,907
Permanently Restricted - Endowment		281,827,742
Total Net Assets	\$	341,283,180
Total Liabilities and Net Assets	\$	375,796,096

Table 2: Statement of Revenues, Expenses and Changes in Net Assets

For the Six Months Ended June 30, 2017		
Revenues		
Gifts Received	\$	-
Interest Income		20,137
Change in Fair Value of Endowed Funds		27,167,460
Total Revenues	\$	27,187,597
Expenses		
OAC Initiatives		
Administrative Expenses	\$	167,368
Grant Expenses		895,993
PERC Initiatives		
Administrative Expenses		310,827
Grant Expenses		2,332,433
Total Expenses	\$	3,706,621
Net Increase/(Decrease) in Net Assets	\$	23,480,976

Financial Notes

Cash and Investments

The financial resources that support Wisconsin Partnership Program grants as of June 30, 2017 (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 Wisconsin Foundation and Alumni Association (WFAA). As needed, funds are transferred to the SMPH to reimburse expenditures.

Current Investments

Current investments consist of participation in the WFAA Callable Pool. The primary investment objective of the Callable Pool is to preserve capital and provide liquidity when dollars are called. The Callable Pool is invested in high quality, short-term fixed income securities. The Wisconsin Partnership Program Callable Pool investments earn a fixed payout rate. On an annual basis, the WFAA Investment Committee will determine the fixed payout rate for the following fiscal year.

Noncurrent Investments

Noncurrent investments consist of participation in the WFAA Endowment portfolio. The primary investment objective of the Endowment portfolio is to maximize long-term real returns commensurate with the stated risk tolerance, while providing distributions for current spending needs. The Endowment portfolio's asset allocation model is primarily equity oriented and includes public equities, equity-like vehicles such as private equity and real estate, as well as fixed income.

The Endowment portfolio's asset allocation model is designed to seek broad exposure to the global capital markets, mindful of the benefits of diversification, to invest within the stated risk-tolerance level, and to promote a cost-conscious investment model while investing within portfolio guidelines.

The WFAA Investments team has managing fiduciary responsibility and monitors industry trends, explores and evaluates financial opportunities, and works closely with the Investment Committee, whose members have significant experience in the investment field. The committee, guided by established Foundation policy, governs and provides oversight to the investments team.

Change in Investment Allocation

The Wisconsin Partnership Program has historically maintained funds that have been distributed from the Endowment and are available for expenditure in the WFAA Callable Pool, as described in the Current Investments section of this report. As of December 31, 2012, the Wisconsin Partnership Program moved \$10 million of funds from the Callable Pool 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. As of June 30, 2017, the balance of these funds is \$21.6 million in the Endowment portfolio. There is an additional \$18.4 million of funds available in the Callable Pool.

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 on or before June 30, 2017. 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 June 30, 2017.

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 WFAA, and the principal is not available to be spent for Partnership Program purposes.

Statement of Revenues, Expenses and Changes in Net Assets

Revenues

Revenues for the six months ended June 30, 2017 (Table 2), consist of two components: (1) interest income, which has been recorded as earned throughout the period; 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 WFAA Endowment Fund.

The change in fair value of endowed funds is shown after fees have been deducted (net of fees). The WFAA incurs management fees for both external and internal asset managers, and records its revenues net of these fees. In addition, the WFAA 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 \$1,586,589 for the six months ended June 30, 2017. Revenues are shown after these fees have been deducted.

Effective January 1, 2012, the WFAA 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 qualified relationship. 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 for public health initiatives. This proposal was formally accepted by the OAC. These savings were \$144,252 for the six months ended June 30, 2017.

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

Expenses

Expenses for the six months ended June 30, 2017 consist of grant awards as described above, and administrative expenditures. All expenditures fall under one of the two major components identified in the Wisconsin Partnership Program's 2014–2019 Five-Year Plan: public health initiatives (OAC–35 percent) and partnership education and research initiatives (PERC–65 percent).

Award amounts 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. Detailed information on OAC award amounts is shown in Tables 4 and 5, while PERC award amounts are in Tables 6 and 7.

Administrative expenses include costs incurred by the Wisconsin 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 WFAA expenses. The UW School of Medicine and Public Health also provides in-kind support.

The Wisconsin Partnership Program's Oversight and Advisory Committee and Partnership Education and Research Committee annually approve the administrative budget. Allocation of these costs within the Statement of Revenues, Expenses and Changes in Net Assets (Table 2) is based on a 35 percent OAC/65 percent PERC split.

Table 3: Administrative Expenses

For the Six Months Ended June 30, 2017		
Salaries	\$	319,635
Fringe Benefits		129,067
Supplies		3,710
Travel		3,279
Other Expenditures		22,504
Total	\$	478,195
OAC (35%) Allocation	\$	167,368
PERC (65%) Allocation	\$	310,827
Total	\$	478,195

Table 4: OAC Awards–Summary 2004–June 30, 2017

	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	2,824,529	2,824,529	-
Total 2011 OAC Funding	4,064,554	4,054,280	10,274
Total 2012 OAC Funding	4,497,782	4,422,625	75,157
Total 2013 OAC Funding	8,783,601	7,208,899	1,574,701
Total 2014 OAC Funding	7,219,468	4,554,982	2,664,485
Total 2015 OAC Funding	4,742,265	1,269,819	3,472,446
Total 2016 OAC Funding	4,844,641	360,252	4,484,390
Total January 1 through June 30, 2017 OAC Funding	1,014,374	-	1,014,374
Total OAC Funding (2004 - June 30, 2017)	\$ 65,017,357	\$ 51,721,530	\$ 13,295,827

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

Table 5: January 1 to June 30, 2017 OAC Awards

Project Title	Type	Total Awarded	Total Expended	Grants Payable
STRATEGIC GRANT				
Wisconsin Population Health Service Fellowship Program: Improving Health and Health Equity Through Service and Training	E, S	\$ 1,014,374	\$ -	\$ 1,014,374
TOTAL OAC FUNDING FOR THE SIX MONTHS ENDED JUNE 30, 2017		\$ 1,014,374	\$ -	\$ 1,014,374

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

Table 6: PERC Awards–Summary 2004–June 30, 2017

	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	759,757	759,757	-
Total 2011 PERC Funding	1,139,588	1,139,588	-
Total 2012 PERC Funding	17,538,085	17,537,918	167
Total 2013 PERC Funding	5,711,021	5,714,740	(3,719)
Total 2014 PERC Funding	12,203,254	6,763,798	5,439,456
Total 2015 PERC Funding	19,950,734	11,425,419	8,525,315
Total 2016 PERC Funding	6,001,258	1,080,687	4,920,571
Total January 1 through June 30, 2017 PERC Funding	2,335,299	-	2,335,299
Total PERC Funding (2004 - June 30, 2017)	\$ 126,893,129	\$ 105,676,040	\$ 21,217,089

Table 7: January 1 to June 30, 2017 PERC Awards

Project Title	Type	Total Awarded	Total Expended	Grants Payable
STRATEGIC GRANTS				
Measuring and Addressing Disparities in the Quality of Care Among Wisconsin Health Systems	R	\$ 791,841	\$ -	\$ 791,841
UW Preventive Medicine Residency Program	E, S	529,084	-	529,084
Wisconsin Population Health Service Fellowship Program: Improving Health and Health Equity Through Service and Training	E, S	1,014,374	-	1,014,374
TOTAL PERC FUNDING FOR THE SIX MONTHS ENDED JUNE 30, 2017		\$ 2,335,299	\$ -	\$ 2,335,299

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, multistep 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, Wisconsin Partnership Program staff members provide training and technical assistance for grant applicants throughout the year. Staff facilitate in-person and webcast training sessions for applicants, as well.

Review and Monitoring

All grant applications undergo a multistep review by Wisconsin 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 participate in a team orientation and agree to a Memorandum of Understanding that outlines grant requirements, including 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 Wisconsin 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 Wisconsin 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 Wisconsin 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 Wisconsin Partnership Program understand the most effective means to address population health issues and to improve health in Wisconsin.

In addition, both the Partnership Education and Research Committee and Oversight and Advisory Committee are committed to applying a health equity lens to their grant programs, grantmaking and strategic planning. This approach will be further established in the 2020–2025 Five Year Plan.

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.

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 Healthcare

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
Term ended March 2017

SMPH Appointees

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

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 (SMPH) and includes representatives from the Oversight and Advisory Committee (OAC) as well as an external appointee. The PERC allocates and distributes funds designated for medical education and research initiatives that advance population health. The primary responsibilities of the PERC are to:

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

SMPH Leadership

Marc Drezner, MD
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

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

Faculty Representatives

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

Tracy Downs, MD*
Associate Professor, Department of Urology
Assistant Dean of Multicultural Affairs
Representative: Clinical Faculty

Corinne Engelman, MSPH, PhD
Associate Professor, Department of Population Health Sciences
Representative: Public Health Faculty

Elizabeth Jacobs, MD*
Associate Professor and Associate Vice Chair for Health Services Research, Departments of Medicine and Population Health Sciences
Representative: Public Health Faculty
Term ended March 2017

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

Oversight and Advisory Committee Appointees

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

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

Ex-officio

Elaine Alarid, PhD
Professor, Oncology
Appointed January 2017

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

*PERC Executive Committee member

Wisconsin Partnership Program Liaisons

UW-Madison Office of the Chancellor

Paul M. DeLuca Jr., PhD
Provost Emeritus

UW System Board of Regents

Tim Higgins, JD
Member, UW System Board of Regents

Wisconsin Partnership Program Staff

Eileen M. Smith, Assistant Dean
and Director

Andrea Dearlove, Senior Program
Officer

Michael Lauth, Accountant

Tonya Mathison, Administrative
Manager

Anne Pankratz, University Relations
Specialist

Helen Powling, Graduate Student
Project Assistant

Courtney Saxler, Program Officer

Nathan Watson, Administrative
Assistant

Kate Westaby, Evaluator

Debbie Wu, Financial Specialist



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
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

**WISYS INNOVATION ENGINE SUPPORTS FACULTY/STUDENT
TEAMWORK – UW-PARKSIDE HIGHLIGHTS PIONEERING
“VERTICAL GREEN FARMING” CONCEPT**

BACKGROUND

University of Wisconsin-Parkside Chancellor Debbie Ford serves on the Advisory Committee for WiSys Technology Foundation and will lead a discussion highlighting student/faculty collaboration. This effort represents an innovative approach to green farming in small spaces. The project received early support from WiSys and Systemwide recognition for the student inventor.

REQUESTED ACTION

For information only.

DISCUSSION

Ideas for new products can come from anywhere. The idea for a new, low-cost, vertical farming system originated with UW-Parkside student Nikolai Lumpkins. With mentorship support from Dr. Daryl Sauer, Assistant Professor of Chemistry, Nikolai was able to develop and refine his concept.

WiSys assisted in providing technical support to protect the intellectual property in the project. Nikolai and his professor will join Chancellor Ford to describe the development process and to highlight next steps in the plan for commercialization of what became known as “The Pillar” project. This project took first place at the WiSys Annual Innovation Showcase held this past summer at UW-Platteville.

RELATED REGENT POLICIES

Not applicable.

DRIVING GLOBAL LEADERSHIP IN AQUAPONICS AND AQUACULTURE AT UW-STEVENSONS POINT – PATHWAYS FROM IDEA TO COMMERCIALIZATION

BACKGROUND

UW-Stevens Point Chancellor Bernie Patterson will introduce a discussion on the university's industry partnerships that have spurred the growth of the aquaponics and aquaculture industries in Wisconsin and beyond.

Aquaponics, or integrated fish and soil-less plant farming, represents a transformational global business opportunity for small- and large-scale food production. The aquaponics and aquaculture programs at UW-Stevens Point provide industry-led research experiences for undergraduates while preparing a high-quality workforce for this rapidly expanding 21st Century industry.

The commercial successes of numerous Wisconsin-based aquaponics and aquaculture enterprises recognize the heightened focus on food safety, the desire for locally grown products, and the increasing demand for sustainable harvesting practices.

REQUESTED ACTION

Information only.

DISCUSSION

Dr. Chris Hartleb will lead the discussion and introduce industry partners. He is a UW-Stevens Point Professor of Fisheries Biology. He is also Director of the Northern Aquaculture Demonstration Facility & Aquaponic Innovation Center. Over the past several years, Hartleb has been recognized as a UW System Regent Scholar and is the recipient of a UW System Economic Development Incentive Grant for his work.

Industry leaders across the globe have recognized Dr. Hartleb for his expertise in aquaponics and aquaculture and for his collaboration and focus on student success. UW-Stevens Point's private-sector partners include Northside Enterprises, which has developed a fast growing, hybrid walleye for Wisconsin's aquaponics industry; Nelson and Pade, Inc. a national leader in aquaponics; and Superior Fresh, which recently opened the largest U.S.-based aquaponics/aquaculture facility for the production of Atlantic salmon and fresh vegetables at its new location just south of Eau Claire, Wisconsin. Co-presenter Brandon Gottsacker, CEO of Superior Fresh, will join Dr. Hartleb to provide additional information on the globally notable aquaponics initiatives his organization has recently brought to commercialization.

RELATED REGENT POLICIES

Not applicable.