

BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM

I.4. Research, Economic Development,  
and Innovation Committee

Thursday, December 6, 2018  
9:00 a.m. – 10:15 a.m.  
UW-La Crosse Student Union  
Room 2120  
521 East Ave. N, La Crosse, Wisconsin

- a) Approval of the Minutes of the October 4, 2018, Meeting of the Research, Economic Development, and Innovation Committee
- b) UW-La Crosse Highlights WiSys-funded “OnRamp” Project Designed to Provide Better Understanding of Interconnected Systems
- c) Approval of the University of Wisconsin School of Medicine and Public Health Appointments to the Oversight and Advisory Committee of the Wisconsin Partnership Program  
[Resolution I.4.c]
- d) The University of Wisconsin School of Medicine and Public Health: The Wisconsin Partnership Program –Fiscal Year 2018 Annual Report.
- e) Approval of the University of Wisconsin School of Medicine and Public Health: The Wisconsin Partnership Program’s 2019-2024 Five-Year Plan  
[Resolution I.4.e]

**UW-LA CROSSE HIGHLIGHTS WISYS-FUNDED “ONRAMP” PROJECT DESIGNED TO PROVIDE BETTER UNDERSTANDING OF INTERCONNECTED SYSTEMS**

**BACKGROUND**

Computer systems are increasingly complex and interconnected via multicore processors and the internet. These high-performance computing (HPC) systems are notoriously difficult to use. The UW-La Crosse “OnRamp” is a web portal to help bridge the gap between traditional computing environments and HPC to teach students how to effectively use complex, interconnected systems. The project was developed by several UW-La Crosse students and supported by a series of grants, including one from WiSys.

**REQUESTED ACTION**

Information only.

**DISCUSSION**

Dr. Samantha Foley, Assistant Professor of Computer Science at UW-La Crosse, will discuss the “OnRamp” project, which has been developed by 11 students (9 undergraduates and 2 graduate students) over the last five years. The project has been supported by SIGCSE (a computer science education organization), XSEDE (a consortium of HPC centers to support and promote computational science at universities throughout the U.S.), and WiSys, among others. Through the foundational work of the earlier student participants, the current version of the software provides a more robust, secure, and feature-rich set of capabilities.

Looking ahead, the goal is to release “OnRamp” as an open-source software at the end of spring semester 2019. “OnRamp” would then be available for a wide range of users to learn high-performance computing online – from K-12 to higher education students, researchers, and those in the business sector.

“OnRamp” aims to create a well-prepared workforce ready to harness advanced computing in a wide variety of fields as the world becomes increasingly technology-driven. This presentation will describe the problem being addressed, explain the components of the software system, and highlight current and future aspects of the project and its benefits. The discussion will also include a broader review of how funding from WiSys and other internal and external agencies provide vital support to students and faculty in pursuit of this research initiative.

**RELATED REGENT POLICIES**

Not applicable.

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

**RESEARCH, ECONOMIC DEVELOPMENT, AND INNOVATION COMMITTEE**

Resolution I.4.c:

That, upon recommendation of the President of the University of Wisconsin System and the Chancellor of the University of Wisconsin-Madison, the Board of Regents approves the appointment of Dr. Amy Kind, Sue Kunferman, Katherine Marks and Dr. Richard Moss to the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program, effective immediately through October 31, 2022.

**WISCONSIN PARTNERSHIP PROGRAM– NOMINATION OF  
DR. AMY KIND, SUE KUNFERMAN, KATHERINE MARKS, AND DR. RICHARD  
MOSS TO THE OVERSIGHT & ADVISORY COMMITTEE**

**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 also approved 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 to improve the health of the people of Wisconsin.

The Order required the UW System Board of Regents to create an Oversight and Advisory Committee (OAC) consisting of nine members appointed for four-year, renewable terms. Four public members (health advocates) and four SMPH representatives are appointed by the Regents upon recommendation of the Dean of the SMPH, and one member is appointed by the Insurance Commissioner. In accordance with the Order, the OAC is responsible for directing and approving the use of funds for public health initiatives. The committee also reviews, monitors, and reports to the Board of Regents on the funding of education and research initiatives through the Wisconsin Partnership Program's annual reports.

In alignment with the Wisconsin Idea, the Wisconsin Partnership Program reaches beyond the campus to improve health in Wisconsin through community-academic partnerships, innovative research and educational programs, and community engagement.

**REQUESTED ACTION**

Approval of Resolution I.4.c, appointing four members to the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program, effective immediately through October 31, 2022.

**DISCUSSION**

In accordance with the Insurance Commissioner's Order and the Bylaws of the Oversight and Advisory Committee, the Board of Regents through the Research, Economic Development, and Innovation Committee has the following oversight responsibilities for the Wisconsin Partnership Program:

- Reviews annual reports
- Receives financial and programmatic audits, which are required at least every five years
- Approves five-year plans
- Appoints OAC members upon recommendation of the SMPH Dean



In accordance with the nomination process followed by the SMPH, Dean Robert Golden endorses appointment of the following nominees and recommends them for appointment by the Board of Regents:

Public member (health advocate) reappointments:

- **Sue Kunferman**, RN, MSN, CPM, Director and Health Officer for the Wood County Health Department
- **Katherine Marks**, BA, Community Engagement Liaison, City of Kenosha Mayor's Office

School of Medicine and Public Health reappointments:

- **Amy Kind**, MD, PhD, Associate Professor and Director of the Health Services and Care Research Program, Department of Medicine
- **Richard L. Moss**, PhD, Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies

#### **RELATED REGENT POLICIES**

Not Applicable

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH  
WISCONSIN PARTNERSHIP PROGRAM  
FISCAL YEAR 2018 ANNUAL REPORT**

**BACKGROUND**

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation. The Order also approved the distribution of the proceeds from the sale of stock to the University of Wisconsin School of Medicine and Public Health (SMPH) and the Medical College of Wisconsin.

The Wisconsin United for Health Foundation, Inc. (WUHF) was created by the Insurance Commissioner to oversee the distribution of the proceeds, approve the inaugural five-year plans of each school, and receive subsequent five-year plans, annual reports on expenditures, and financial and program audits. 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 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 initiatives. The OAC 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.

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

Following approval by the Board of Regents in April 2003, the inaugural Five-Year Plan was reviewed and subsequently approved by the WUHF in March 2004. Immediately thereafter, WUHF transferred the funds to the UW Foundation for management and investment based on the Agreement between the UW Foundation, the Board of Regents, and WUHF (Agreement).

Since March 2004, the OAC and the PERC, collectively known as the Wisconsin Partnership Program, have been engaged in seeking proposals from community organizations and faculty, respectively, and 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 6, 2018, meeting of the Board of Regents, the Research, Economic Development, and Innovation Committee will convene to review the FY 2018 Annual Report of the Wisconsin Partnership Program.

## **REQUESTED ACTION**

Information only.

## **DISCUSSION**

In accordance with the Order and the Agreement, the FY 2018 Annual Report of the Wisconsin Partnership Program (WPP), covering the activities and expenditures from July 1, 2017, through June 30, 2018, is presented to the UW System Board of Regents.

The WPP represents a far-reaching commitment by the University of Wisconsin School of Medicine and Public Health to improve the health and wellbeing of Wisconsin residents through investments in research, education, prevention practices and interventions, and policy development. The WPP looks to the power of collaborative relationships – with community leaders, educators and researchers – to advance its mission of improving the health of the people of Wisconsin.

Two committees, comprised of faculty and community members, govern the work of the WPP. The Oversight and Advisory Committee (OAC) directs and approves funds for public health initiatives. The Partnership Education and Research Committee (PERC) allocates funds for medical, education, and research initiatives aimed at improving population health. These two committees are responsible for ensuring the best possible stewardship of an endowment dedicated to addressing our state's most pressing health problems. The annual report provides an 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.

### **FY 2018 In Brief**

In FY 2018, the Wisconsin Partnership Program awarded over \$9.2 million in grants to improve the health and lives of individuals, families, and communities. The program continued its focus on the state's most pressing health challenges, including obesity, opioid addiction, and health inequities.

The OAC awarded 17 new grants to partnerships focused on improving health in communities across the state. Community grant programs include:

- A training program to reduce health disparities affecting Latina postpartum women;
- A smartphone application to provide a secure, confidential space for veterans and their family members to connect virtually with other veterans and family members, addressing the increased demand for non-clinical, peer-based mental health services;
- A project to improve opportunities for Milwaukee youth to decrease racial disparities in school suspension and incarceration;
- A pilot program for rural, community-based opioid treatment and recovery; and
- A project to train students and volunteers from Eau Claire, Marshfield, Stevens Point, and Wausau to connect clinic patients with community services.

The PERC awarded seven new grants to support basic, clinical, translational, and applied public health research, education, and training. These initiatives include:

- Exploring the role of gut bacteria in the development and treatment of Alzheimer's disease;
- Expanding the farm-based Wisconsin Infant Study Cohort to include Amish infants in an effort to identify environmental factors influencing immune development;
- Studying the mechanisms responsible for atrial fibrillation (AF) associated with high blood pressure, in anticipation of the development of new therapies, reduced treatment costs, and fewer patients affected by AF; and
- Improving access to high-quality surgical care in Wisconsin communities.

The WPP also provides funding to the UW Institute for Clinical and Translational Research to support community-academic partnerships aimed at improving health in Wisconsin. Initiatives include the following:

- A project that develops tailored recruitment strategies to facilitate improved research participation among disadvantaged individuals with Alzheimer's disease and their caregivers;
- A project that includes an interdisciplinary team of experts in oncology, cancer survivorship, primary care and engineering to improve health outcomes for cancer survivors;
- A project to develop a faith-based community advisory board to provide input on adapting existing intervention and future research to support and address the unique challenges that African American women face when dealing with depression; and
- A project that enlists patient and community stakeholders to design and assess an educational-behavioral intervention for African Americans with Type 2 diabetes.

The OAC and the PERC continued their commitment to work collaboratively on the Obesity Prevention Initiative. Combining the resources of both committees promotes a more comprehensive approach – ranging from community interventions to research and education initiatives – to address this challenging public health issue facing Wisconsin. Obesity prevention efforts include implementing evidence-based approaches to improve the built environment in Marathon County, enhancing tribal food systems through locally produced foods, and working with tribal communities to support local efforts to promote health equity.

One important highlight of FY 2018 was the development of the Wisconsin Partnership Program's fourth Five-Year Plan (2019-2024), which will set the course for future directions and emphasize WPP's commitment to health equity.

Grant outcome reports for the 25 projects which concluded in FY 2018 can be found in a supplemental report available here:

[https://www.wisconsin.edu/regents/download/meeting\\_materials/2018/december\\_6-7\\_2018/WPP\\_FY2018-Outcomes-Report.pdf](https://www.wisconsin.edu/regents/download/meeting_materials/2018/december_6-7_2018/WPP_FY2018-Outcomes-Report.pdf).

## **RELATED REGENT POLICIES**

Not Applicable

# Making Wisconsin a Healthier State

**Wisconsin Partnership Program**  
**ANNUAL REPORT | JULY 1, 2017–JUNE 30, 2018**



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

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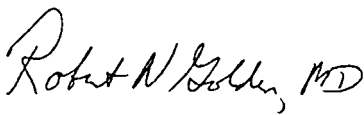
It is a pleasure to share the 2018 Annual Report of the Wisconsin Partnership Program. This report highlights activities and awards during the academic year of July 1, 2017 through June 30, 2018.

This report stimulates both reflection on the past as well as a view forward into the upcoming year and beyond. We recently embarked on the journey of developing the Wisconsin Partnership Program 2019-2024 Five-Year Plan. The new Plan will set the course for our future directions and will emphasize our commitment to health equity. The lens through which we understand and view health, and our focus on improving health for all, is vitally important to our vision.

We remain fully committed to research and education programs and partnerships that fuel knowledge, scientific discovery, and innovations in healthcare delivery. At the same time, the Partnership Program recognizes that many underlying factors, such as toxic stress, racism, healthy food environments, safe and stable housing, and community health have enormous impacts on health and well-being. We continue to develop meaningful community partnerships across the state to strengthen our approach to addressing these factors and advancing health equity.

We are grateful to Blue Cross Blue Shield United of Wisconsin for providing the endowment that created the Wisconsin Partnership Program. This legacy gift unites the remarkable resources, talent and expertise that lie within our community partners and the university, as together we work to improve health in Wisconsin. I believe that the work of the Wisconsin Partnership Program — through innovative research, education, healthcare workforce development and meaningful collaborations — will continue to lay the foundations for improved health in our state. I want to thank all of our community partners, the collaborating health systems and the faculty on our campus and throughout the UW System, who have joined us on this vitally important journey.

Sincerely,



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 through an endowment gift from Blue Cross Blue Shield United of Wisconsin's conversion to a stock insurance corporation. Its broad vision to improve the health of people of Wisconsin, now and for years to come is carried out through investments in research, education and community partnerships. In alignment with the Wisconsin Idea, the Partnership Program reaches beyond the campus to improve health.

Two committees, comprised of faculty and community members, govern the work of the Wisconsin Partnership Program. The Oversight and Advisory Committee (OAC) directs and approves funds for public health initiatives. The Partnership Education and Research Committee (PERC) allocates funds for medical, education and research initiatives aimed at improving population health. Their combined experience, expertise and perspectives greatly inform and enhance the Partnership Program's processes for awarding grants and evaluating outcomes.

## New Community Grant Programs

The Wisconsin Partnership Program recognizes that in order to understand and address the evolving health needs of Wisconsin's diverse populations and communities, it must continue to evaluate and refine its approach to grantmaking.

With this understanding, the Partnership Program launched two new community grant programs in 2017, each taking a unique approach to supporting community-driven work to improve health equity.\*

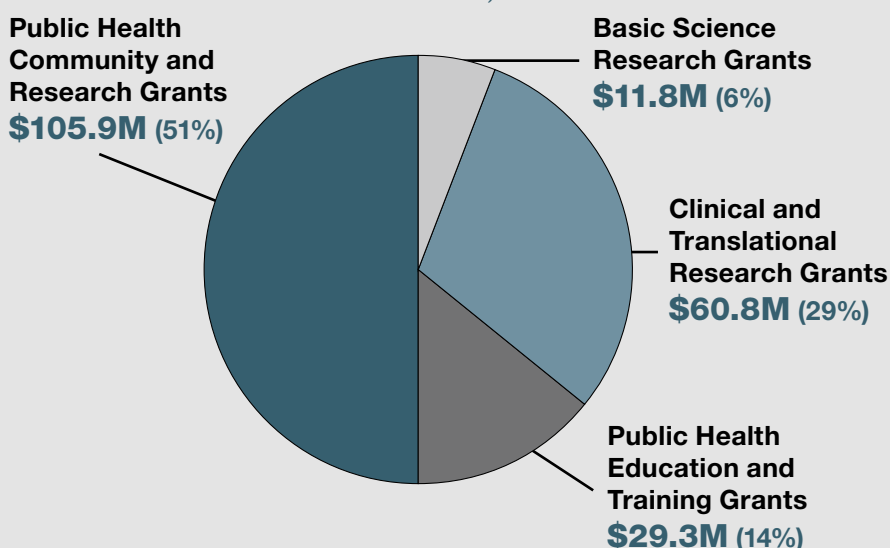
The **Community Catalyst Grant Program** provides catalyst funding to community-based organizations that are promoting innovative approaches to addressing complex health challenges. Eight organizations were awarded \$50,000 each over a period of two years. The new projects address a wide range of topics, including:

- Expanding mental health services for veterans through a smartphone app built to connect vets statewide
- Bringing opioid addiction awareness to schools through a unique documentary that features in-depth interviews with young Wisconsinites fighting to recover their lives and futures from addiction
- Expanding interest among the healthcare workforce to bring person-centered care to correctional settings; a unique partnership between the UW School of Medicine and Public Health, the Department of Corrections and nonprofit organizations led by formerly incarcerated individuals

See pages 13-14 for a complete list of awards and descriptions. The new projects are innovative and ambitious,

## Grants Awarded by Type

2004 - June 30, 2018



## Grants Awarded 2004–June 30, 2018

456 grants  
\$208 Million

## Grants Awarded July 1, 2017 - June 30, 2018

27 grants  
\$9.2 Million



*Healthcare professionals and community partners help launch a new class to address healthcare in Wisconsin's prison population. Pictured (left to right): Joan Addington-White, MD, SMPH Department of Medicine, Melissa Ludin, Ex-Incarcerated People Organizing, Nancy Bowens, NP, Oshkosh Correctional Institution, Paul Bekx, MD, Medical Director for the Bureau of Health Services, Department of Corrections, Johnnie Phiffer, Community Advocate and Speaker*

*Below: The project Black Men's Wellness Sustainable Initiative is taking an innovative approach to improve the health of African American males in Dane County through programs like Black Men Run, Brown Boys Read.*

and the grantees are committed to achieving greater health equity based on the unique needs of their communities and populations served.

The **Community Collaboration Grant Program** was designed in response to feedback from community-based nonprofits across the state that asked, "How can our small and growing organizations learn from all that the university has to offer the state?" This grant program gives Partnership Program staff time to develop trust-based relationships with community-driven organizations that are closest to some of the most complex health challenges that the state faces. In addition to funding, the organizations receive training and technical assistance that will equip them to make lasting change in their communities, enduring beyond the grant period. Five awards were made this year. The descriptions can be found on page 14 of this report.

\*The Wisconsin Partnership Program defines health equity as the attainment of the highest level of health for all people.<sup>1</sup> This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.<sup>2</sup>

1 From "The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020: Phase I Report: Recommendations for the Framework and Format of Healthy People 2020," 2008, by the Department of Health and Human Services, retrieved from [www.healthypeople.gov/sites/default/files/PhaseI\\_0.pdf](http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf).

2 From "What is Health Equity? and What Difference Does a Definition Make?" 2017, by the Robert Wood Johnson Foundation, retrieved from [www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf437343](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437343)







*Research participant Susan Gruber completes a memory exam with Susie Fernandez de Cordova, BS, a research specialist at the Wisconsin Alzheimer's Disease Research Center (ADRC). Both have experienced caring for loved ones with Alzheimer's and recognize that studies like those taking place at the Wisconsin ADRC have the potential to help others, including future family generations, who may be at risk for Alzheimer's disease.*

## Finding Answers to Alzheimer's Disease

Researchers across the country, including those at the University of Wisconsin, are working to understand Alzheimer's disease, the most common form of dementia, affecting more than 20 million individuals, families and caregivers in the United States. Despite decades of research, the cause of dementia due to Alzheimer's disease remains unknown, and the burden of the disease continues to grow. According to the Alzheimer's Institute at the UW School of Medicine and Public Health, as of 2017, 110,000 people in Wisconsin are living with Alzheimer's and that number is expected to grow to 130,000 by 2025.

In the project *Gut Microbiome Dynamics in Alzheimer's Disease*, a team of multidisciplinary researchers led by Barbara Bendlin, PhD, professor of medicine at the UW School of Medicine and Public Health, and Federico Rey, PhD, assistant professor of bacteriology, is exploring the role of gut bacteria in the development and treatment of Alzheimer's disease.

Previous studies conducted at UW-Madison show that people with dementia due to Alzheimer's disease have differences in their gut microbiome — the community of microbes, including bacteria, which reside in the gut — compared to people without dementia. Now, using a Collaborative Health Sciences Program grant, the researchers will extend this work by following participants in the Wisconsin Registry for Alzheimer's Prevention (WRAP) study and the Wisconsin Alzheimer's Disease Research Center (ADRC) over time to study how gut microbiome is related to brain changes. Using an animal model of Alzheimer's disease under controlled, germ-free conditions, they will determine which microbes are having an impact on the brain, and which mechanisms may underlie brain changes. Finally, in a first-of-its kind study, they will test whether it's feasible to change the gut microbiome using a fecal transplant in people with dementia due to Alzheimer's disease. Through these combined approaches, the researchers expect to maximize the expertise of investigators at UW to push the field of Alzheimer's research.

*“There is a lot of scientific excitement right now, and good things are happening in the field, including right here in Wisconsin.”*

– Barbara Bendlin, PhD, Professor of Medicine,  
UW School of Medicine and Public Health



*Pictured (left to right): Dr. Federico Rey, Dr. Barbara Bendlin and Nick Vogt, graduate student researcher, in the Wisconsin Alzheimer's Disease Research Center.*

Photo credit: Clint Thayer/Department of Medicine

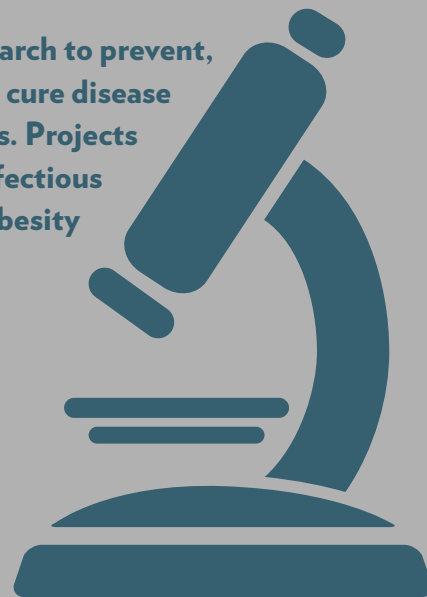
Ultimately, these findings may lead to new treatments for Alzheimer's disease. Drs. Bendlin and Rey are optimistic about the future. “We are just beginning to understand how gut microbes affect health in terms of disease and behavior,” says Dr. Rey. By determining how a modifiable factor—the composition of the gut microbiome—affects the risk for Alzheimer's disease, the researchers hope to open up a new area of research and discovery. Adds Dr. Bendlin, “There is a lot of scientific excitement right now, and good things are happening in the field, including right here in Wisconsin. Thanks to a strong partnership between the people of Wisconsin and the WRAP and ADRC programs, researchers in Wisconsin are well-positioned for this work.” Both Dr. Bendlin and Dr. Rey agree that their research is driven by the families who have been impacted by this devastating disease. Says Dr. Bendlin, “We have been studying adult children of parents with Alzheimer's disease for many years now. We want to find answers for them.”

## RESEARCH HIGHLIGHT

### 152 Research Grants

**\$114 Million**

**Grants support research to prevent, diagnose, treat and cure disease and prevent injuries. Projects focus on cancer, infectious disease, diabetes, obesity and more.**







*Jasmine Zapata, MD, MPH, a second-year resident in the UW Preventive Medicine Residency (PMR) Program and Clinical Instructor, UW Department of Pediatrics, uses the skills gained in the PMR program to advance her work on addressing the disparities in African American birth outcomes.*

## Preparing Leaders in Public Health and Preventive Medicine

The Wisconsin Partnership Program recognizes that in order to meet Wisconsin's evolving healthcare needs, we must ensure that future health professionals are well trained and prepared to care for entire communities as well as individual patients. Our education investments in programs such as the UW School of Medicine and Public Health Preventive Medicine Residency are helping to achieve this goal.

Established in 2014, the Preventive Medicine Residency (PMR) program is a two-year training program for physicians seeking to train across the full spectrum of healthcare and public health. PMR graduates are uniquely trained in population-based approaches to medicine and well-prepared for careers and leadership in areas such as local, state and federal health agencies, as well as health systems and community-based organizations. Preventive Medicine is one of 24 specialties recognized by the American Board of Medical Specialties and, at present, the UW PMR is the only accredited residency program in Wisconsin.

To date, four residents have graduated from the program, which recruits and trains two new residents annually. The program draws from Wisconsin, the nation and globally. The recruits and graduates reflect diverse backgrounds and medical specialties. Upon graduation, some pursue careers exclusively in public health, while others integrate preventive medicine into their clinical practices.

Patrick Remington, MD, MPH, SMPH Associate Dean for Public Health, says, "Funding from the Wisconsin Partnership Program has provided us the opportunity to fully develop and assure continuity of the residency program, and has helped position it to gain additional external support, as well." He adds, "We have quickly established a national reputation, reflected in our competitive pool of applicants."


The program's reputation was strengthened further when it achieved full, 10-year accreditation by the Accreditation Council for Graduate Medical Education and gained additional external funding through a competitive grant from the American Cancer Society.

*Right: Robert (Bobby) Redwood, MD, MPH, a graduate of UW Preventive Medicine Residency Program, is an emergency medicine physician at Divine Savior Hospital in Portage, Wisconsin. Beyond the emergency room, he uses his preventive medicine training to focus on antibiotic stewardship and infection prevention.*

And while success can be measured on the merits of accreditation and funding, the program's best representation of its work shines through its current residents and graduates.

Jasmine Zapata, MD, MPH, is a current resident and plans to join the faculty of the UW SMPH Department of Pediatrics upon graduation. Dr. Zapata explains how the residency program has shaped her career, "When I went into pediatrics, I knew I wanted to find a way to help people beyond the clinic. The residency has inspired my work around the disparities in African American birth outcomes, and has helped me find innovative methods of health promotion and community engagement to reach people more broadly." In addition to patient care and teaching, Dr. Zapata is a widely recognized public speaker and author. She is the founder of an international girls' empowerment movement and has worked extensively with the Foundation for Black Women's Wellness and many other community organizations.

Robert (Bobby) Redwood, MD, MPH, a graduate of the program, is currently an emergency medicine physician at Divine Savior Hospital in Portage, Wisconsin. He says, "Although I was well trained in emergency medicine, I wanted to reconnect with the public health aspect of medicine as part of my career vision." He uses his preventive medicine training to focus on antibiotic stewardship. He leads this effort within his emergency department and is involved in several statewide organizations, including the Department of Health Services Antimicrobial Stewardship Committee, Wisconsin Hospital Association and American College of Emergency Physicians. He says, "As an emergency medicine physician, I diagnose and stabilize patients. Through my PMR training, I am able to help prevent emergencies — like serious infections — from happening. It's a refreshing approach to work on prevention and I couldn't do it without the tools and knowledge I gained through my preventive medicine residency."

 Read more about our education investments at [med.wisc.edu/wisconsin-partnership-program/education/](https://med.wisc.edu/wisconsin-partnership-program/education/)



## EDUCATION HIGHLIGHT

# 32 Education and Training Grants

## \$29 Million

**Investments in education and training prepare health professionals to meet the unique health needs of Wisconsin in the 21st century.**







*The Southwestern Wisconsin Community Action Program (SWCAP), an anti-poverty agency that works with the five-county region of Grant, Green, Iowa, LaFayette and Richland counties, is using a grant from the Wisconsin Partnership Program to improve opioid treatment and recovery in rural Wisconsin.*

## Addressing Wisconsin's Opioid Problem

Opioid addiction is a complex problem that is affecting every community in Wisconsin – touching people of all backgrounds. Addressing the problem requires a multifaceted approach that focuses on education and prevention as well as treatment and recovery.

Two community grants supported by the Wisconsin Partnership Program are addressing the opioid challenge head on – one, through a statewide school program aimed at education and prevention; the second, through an innovative project focusing on treatment and recovery in rural Wisconsin.

In 2017, the **WisconsinEye Public Affairs Network** was awarded a \$50,000 Community Catalyst Grant to support its film *Straight Forward: The Truth about Addiction*. The film is a peer-to-peer documentary that discusses addiction through the lives of several young Wisconsinites in recovery, fighting to reclaim their futures. Funding from the Wisconsin Partnership Program supports the curriculum, lesson plans and statewide outreach efforts. The project's goal is to create

awareness about addiction and empower young people and their families with information and inspiration to live sober and successful lives.

Jon Henkes, WisconsinEye President, says, "Currently, there is not a message of prevention and education specifically targeted at this peer-to-peer level, and we hope to close that information gap." To date, more than 5,000 students, teachers and parents across Wisconsin have viewed the film. More school viewings, and public meetings, are scheduled throughout the state.

The project's goal is ambitious – to show the film in every middle and high school in Wisconsin by the end of the 2019 academic year. Says Henkes, "We can already see our message is having a powerful impact. Besides gaining understanding, kids are now showing the courage to have conversations about their use or risk for use, and we believe that's a step in the right direction."

Watch the film: [wiseye.org/Straight-Forward](http://wiseye.org/Straight-Forward)

The **Southwestern Wisconsin Community Action Program (SWCAP)**, an anti-poverty agency that works with the five-county region of Grant, Green, Iowa, LaFayette and Richland counties, received a five-year \$1 million Community Impact Grant to create the *Southwestern Recovery Pathways* program. The program will pilot a model of community-based opioid use treatment and recovery. The project's goal is to build a sustainable and replicable model of coordinated access to a range of medical, physical, emotional, social and economic wraparound services for people in recovery. At the center of the program, sober-living housing will aid recovery by providing an environment removed from negative influences and triggers, and will consist of monitoring, support and counseling. SWCAP will pilot the model in Richland and Iowa counties.

Says Walter Orzechowski, SWCAP Executive Director, "Funding from the Partnership Program allows us to focus specifically on addiction issues. Now we are able to combine the resources and services of SWCAP to meet the specific needs of people struggling with addiction and recovery — with the essential added component of sober-living housing." This is especially important in rural communities where challenges and pressures are high and resources are low. In addition, support from the Partnership Program has helped SWCAP position itself as a leader in addressing opioid addiction. The team recently received a \$250,000 grant from the Wisconsin Department of Health Services to advance its work. "We recognize that this epidemic has underlying social and economic challenges that can't be fixed strictly through medical and clinical treatment. We hope our approach offers one of many solutions to reducing the toll of addiction on our state."

In addition to these community grants, the Wisconsin Partnership Program supports opioid addiction research. The project *Screening in Trauma for Opioid Misuse Prevention (STOMP)* is developing a screening tool to predict risk for opioid misuse and related complications after traumatic injury, when people are at greater risk for misusing opioids. Researchers will pilot the implementation of the tool at University Hospital in Madison and four Wisconsin trauma centers.



Read the story at  
[med.wisc.edu/stomp](http://med.wisc.edu/stomp).

## COMMUNITY HIGHLIGHT

# 272 Community Partnership Grants

## \$65 Million

Community grant programs and community academic partnerships address critical public health issues including maternal, infant and

child health, health equity, drug and alcohol use, smoking, obesity and more.





## Impact and Learning

The Wisconsin Partnership Program's unique placement within the UW School of Medicine and Public Health ensures a culture that strongly values evidence to support evaluation and that provides significant university resources, talent and expertise that enhance outcomes and impact. Evaluation is woven throughout the grant process, culminating in grant outcome and evaluation reports that provide a valuable measurement of achievement and goals.

The Wisconsin Partnership Program evaluates its impact by measuring outcomes of its funding. Since 2004, the Wisconsin Partnership Program has determined our success by outcomes such as:

### Grantees financially sustaining projects, thereby extending the impact of their grants

Grantees have leveraged more than \$600 million from funders and organizations outside of the UW system

### Publication of grant results to create knowledge and disseminate learning

Partnership-supported individuals have produced more than 3,600 peer-reviewed publications

### Successfully building capacity of health professionals

UW SMPH medical school graduates, who just completed their first year of residency, increasingly rated the quality of their population/public health training as outstanding or excellent, rising from 33.3% in 2010 to 72.9% in 2017.

### Generating and disseminating health data to inform solutions to Wisconsin's toughest challenges

The 2018 Wisconsin Health Atlas provides ZIP code searchable obesity rate data partnered with actionable steps and connections to catalyze local change

Each year, the Wisconsin Partnership Program reviews outcomes from all concluded grants. The reviews help inform and improve further grantmaking and encourage dissemination and other forms of sustainability. Reports for concluded grants are published each year in an outcomes report, a supplemental publication to the annual report.



The 2018 Outcomes Report is available online at [med.wisc.edu/partnership-publications](http://med.wisc.edu/partnership-publications)

## Looking Ahead

The Wisconsin Partnership Program's evaluation strategy continues to evolve. As the program completes its five-year planning process, it is using evidence and community experience to identify goals and strategies and is exploring corresponding measurements and indicators. These measurable outcomes will allow the Partnership Program to assess progress toward improving health. The new evaluation plan will help the Wisconsin Partnership Program further understand impact and continuously refine its funding process to address new evidence and information.

## Grants Awarded July 1, 2017 – June 30, 2018

The Wisconsin Partnership Program awarded 27 grants for \$9.23 million for the period July 1, 2017–June 30, 2018.

### **Obesity Prevention Initiative**

*Marathon County Health Department*  
Amount: \$266,359;  
*Menominee Indian Tribe of Wisconsin*  
Amount: \$360,000;  
*WISDOM, Inc.* Amount: \$421,768;  
Academic Partner: Amy Hillgendorf,  
PhD, Assistant Scientist, School of  
Human Ecology

These community organizations are addressing health and obesity prevention in unique and community-specific ways. Marathon County is implementing evidence-based approaches to improve the built environment; Menominee Wellness Initiative is enhancing expanding, and refining tribal food systems through locally produced foods; and WISDOM is working in Marathon and three tribal communities (Menominee, Oneida, and Stockbridge Munsee) to support local organizing efforts to promote health equity.

## Community Grant Programs

The Oversight and Advisory Committee made the following 17 awards through its community grant programs.

### Community Catalyst Grants

The Community Catalyst Grants provide up to \$50,000 over two years. The grant program supports community-driven projects with innovative ideas to improve health equity in Wisconsin. There were eight awards in 2017.

#### **Community Health Workers: Working to Increase Knowledge of Mental Health and Nutrition for Postpartum Latina Moms During Home Visits**

*Centro Hispano of Dane County*

This project will develop a community-based wellness educational program to train Community Health Workers (CHWs) to reduce health disparities affecting Latina postpartum women through a home visiting program. The CHWs will also be trained in the skills needed to achieve sustainable employment beyond the grant program.

#### **Dryhootch Digital Forward Operating Base (DigitalFOB)**

*Great Lakes Dryhootch*

This project will create a smartphone application to address the increasing demand from veterans for non-clinical, peer-based mental health services. DigitalFOB will offer a secure, confidential space in which veterans and family members can connect virtually with other veterans and family members.

#### **Increasing Access to Quality Healthcare in Correctional Settings by Expanding Workforce Capacity**

*Nehemiah Community Development  
Corporation*

This project will assemble a cross-UW campus multidisciplinary class for medical, nursing, pharmacy and physician assistant students on correctional healthcare that will provide both an overview of the complicated criminal justice system and match future graduates to mentors delivering healthcare to people in prison.

#### **Getting Bike Equity Right: A River Rider Bike Share Initiative**

*Wood County Health Department*

This project will ensure that the health needs of the county's residents are reflected in the River Riders Bike Share Program through increased accessibility, improved infrastructure and community engagement. The project will add bikes that are accessible for people with disabilities and more supportive for the elderly and large-bodied individuals. The project will improve the bike share program's infrastructure through more signage, painted lanes and covered locations that can house bikes for year-round use.

<b>Parent Leadership as a Catalyst for Health Equity</b> <i>Supporting Families Together Association</i>	<p>This project will develop a parent leadership cohort to address Adverse Childhood Experiences (ACEs), the health inequities associated with childhood abuse and neglect and how they influence health and well-being later in life. Four teams statewide will form a cohort for shared and peer learning in order to increase parent knowledge of ACEs, increase leadership skills and launch community-based projects to prevent ACEs.</p>
<b>Straight Forward: The Truth About Addiction</b> <i>WisconsinEye Public Affairs Network</i>	<p>This grant supports the creation and statewide distribution of a curriculum for the film “Straight Forward: The Truth About Addiction.” The documentary features five young Wisconsinites of diverse backgrounds who share their stories of opioid and heroin addiction and recovery. Through the project, Wisconsin middle and high schools will show the film and use the accompanying curriculum. The project’s ultimate goal is to create awareness about Wisconsin’s addiction crisis and empower young people and their families with information and inspiration to live sober and successful lives.</p>
<b>Working Together to Eliminate Health Inequities and Disparities</b> <i>Health Connect Corp.</i>	<p>This project will complete the development of the online resource of free and subsidized healthcare and social services. The resource is designed to support the area’s most vulnerable and marginalized residents and connect them with the care and services they need by identifying nearby organizations that are able to provide care and services in real time. The project will initially serve Dane, Rock and Sauk Counties.</p>
<b>Youth Decarceration</b> <i>The Milwaukee Inner-City Congregations Allied for Hope (MICAH)</i> <i>Leaders Igniting Transformation (LIT)</i>	<p>This project aims to improve opportunities for Milwaukee youth at risk for expulsion and incarceration. The ultimate goal is to decrease racial disparities in school suspension and incarceration, and help reform inequities in disciplinary systems by addressing root causes of trauma and social determinants that lead to poor health.</p>

## Community Collaboration Grants

Community Collaboration Grants provide funding and training to strengthen community organizations and their ability to address health inequities. The following grantees received awards of \$300,000 over four years, as well as training and technical assistance.

<b>Common Wealth Development</b>	<p>A nonprofit community development corporation working to support and preserve the vitality of neighborhoods in the Madison Metropolitan area through an approach centered on racial equity and community-level health improvement</p>
<b>Family Health La Clinica and the Central Wisconsin Health Partnership</b>	<p>Organizations working together to improve health outcomes in the six-county region of Adams, Juneau, Green Lake, Marquette, Waupaca and Waushara counties</p>
<b>Foundation for Black Women’s Wellness</b>	<p>A nonprofit organization committed to eliminating health disparities that impact the lives of Black women and girls</p>
<b>Milwaukee Inner-City Congregations Allied for Hope (MICAH)</b>	<p>A multiracial interfaith organization committed to addressing social justice issues that impact the health and well-being of communities, including Milwaukee, Chippewa Valley and Fox Cities</p>

**Rebalanced-Life  
Wellness Association**

A community organization committed to reducing health disparities that adversely affect African American men and boys residing in Dane County

## 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 environmental changes that will improve health, health equity and well-being in Wisconsin.

The following four awards were made in December 2017:

**Connecting Campuses to Improve  
Health Equity**

*Marshfield Clinic, Family Health  
Center of Marshfield  
Academic Partner: Ruth Cronje, PhD,  
UW-Eau Claire*

This project aims to expand care to address the underlying factors that influence health. Students and community volunteers from Eau Claire, Marshfield, Stevens Point and Wausau will be trained to connect clinic patients who have unmet social needs with community services, such as food, energy, housing and transportation. The project's ultimate goal is to develop innovative ways for clinics and campuses to work within communities to improve health equity.

**Creating Conditions to Improve  
Housing for Wisconsin Families**

*Community Advocates' Public Policy  
Institute of Milwaukee  
Academic Partners: Marah A. Curtis,  
MSW, PhD, UW School of Social  
Work; Geoffrey Swain, MD, MPH,  
UW School of Medicine and  
Public Health*

This project will inform housing policies related to health, quality, stability or affordability to alleviate Wisconsin's housing crisis and its effect on public health.

**Southwestern Wisconsin Recovery  
Pathways**

*Southwestern Wisconsin Community  
Action Program (SWCAP)  
Academic Partner: Elizabeth Feder,  
PhD, UW School of Medicine and  
Public Health; Robin Mokowitz-  
Lecoanet, JD, UW School of  
Medicine and Public Health*

This project will create the Southwestern Wisconsin Recovery Pathways program to pilot a model of coordinated access to medical, physical, emotional, social and economic wraparound services for people in recovery from opioid addiction, ultimately to improve their chances of sustained recovery. The program, which also includes sober-living housing, will pilot this model with the goal of establishing a sustainable and replicable model of rural community-based opioid treatment and recovery.

**First Breath for Families**

*Wisconsin Women's Health  
Foundation  
Academic Partners: Bruce  
Christiansen, PhD, UW Center for  
Tobacco Research and Intervention;  
Michael Fiore, MD, MPH,  
UW Center for Tobacco Research  
and Intervention*

Through this project, the Wisconsin Women's Health Foundation will expand its efforts to bring tobacco cessation services to high-risk individuals, families and communities in order to reduce inequities and improve health for women, infants and families in Wisconsin.

## Research and Education Grant Programs

The Wisconsin Partnership Program's Partnership Education and Research Committee (PERC) addresses issues of health and healthcare across basic, clinical, translational and applied public health research as well as in education and training. In 2017, PERC made seven awards.

### Collaborative Health Sciences Program

The Collaborative Health Sciences Program (CHSP) recognizes that opportunities for success are greater through collaboration. The CHSP grants provide \$600,000 over three years to support established UW School of Medicine and Public Health 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.

PERC made the following Collaborative Health Sciences Awards in October 2017:

<b>A Cluster Randomized Trial to Assess the Impact of Facilitated Implementation on Antibiotic Stewardship in Wisconsin Nursing Homes</b> <i>Principal Investigator: Christopher Crnich, MD, PhD, Department of Medicine</i>	This project will explore how to improve the adoption and implementation of a urinary tract infection management improvement toolkit that has been developed by academic and community stakeholders for use in Wisconsin nursing homes. Ultimately, the team seeks to identify the best strategies to expand use of the toolkit, which should lower rates of inappropriate antibiotic use and therefore reduce antibiotic resistance in nursing homes.
<b>Gut Microbiome Dynamics in Alzheimer's Disease</b> <i>Principal Investigator(s): Barbara Bendlin, PhD, Department of Medicine; Federico Rey, PhD, Department of Bacteriology</i>	This project will explore the role of gut bacteria in the development and treatment of Alzheimer's disease. Previous studies conducted at UW-Madison show that people with dementia due to Alzheimer's disease have differences in their gut microbiome—the community of germs or bacteria that reside in the gut—compared to people without dementia. Now, the researchers will extend this work by following people longitudinally, as well as testing the feasibility of an intervention targeting gut microbiome. Ultimately, the information gained during the study could lead to new treatments for Alzheimer's disease.
<b>Integrated Metabolomics, Microbial Genomics and Immune Profiling in Early Infancy to Identify Biomarkers for Allergic Disease Prevention</b> <i>Principal Investigator: Christine Seroogy, MD, Department of Pediatrics</i>	This award expands the Wisconsin Infant Study Cohort—the only farm-based birth cohort study in the United States—to include Amish infants in order to identify farm-related microbes and other environment factors that influence immune development. This study will help determine the interaction between environment, immune function and the prevention of allergic diseases, and may provide a model for early detection and prevention of allergic diseases.

## New Investigator Program

The New Investigator Program is a funding program that, in alignment with other funding and support mechanisms, contributes to the career development of junior faculty in the UW School of Medicine and Public Health. Support from the Wisconsin Partnership Program provides opportunities for early-career faculty to initiate new, innovative educational or research pilot projects that, if successful, can lead to more substantial support from federal and other granting agencies. The awards are typically \$100,000 over two years.

The following awards were made in December 2017:

<b>Autologous Regeneration in Burn Injured Patients</b> <i>Principal Investigator: Angela Gibson, MD, PhD, Department of Surgery</i>	In response to the need to develop new methods to treat serious burns, this project aims to reduce the pain and suffering of burn patients by understanding how wound healing can be accomplished without grafting healthy skin. The proposed work will yield insights into wound healing processes that will help people who suffer burn injuries in Wisconsin and beyond.
<b>Mechano-Electrical Feedback in Pathophysiology of Atrial Fibrillation: Novel Strategy for Antiarrhythmic Therapy</b> <i>Principal Investigator: Alexey Glukhov, PhD, Department of Medicine</i>	Management of atrial fibrillation (AF) currently focuses primarily on preventing complications such as risk for heart failure and stroke, rather than curing the disease. This project will study the mechanisms responsible for AF associated with high blood pressure. Greater understanding of these mechanisms is expected to lead to the development of new therapies and ultimately reduce treatment costs and decrease the number of patients affected by AF.
<b>The Role of Nesprin 3 in Mammalian Neural Stem Cell Aging</b> <i>Principal Investigator: Darcie Moore, PhD, Department of Neuroscience</i>	This project will focus on understanding and improving the decline in stem cell function that occurs with age. In doing so, the project will identify new targets for improving stem cell function and reducing age-dependent diseases. The far-reaching goal of this project is to improve health during aging, ultimately leading to better cognitive function and independence for seniors and decreasing the medical costs and burdens of age-related diseases.

## Partnership Education and Research Committee (PERC) Opportunity Grant

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

<b>Improving Access to High-Quality Surgical Care in Wisconsin Communities</b> <i>Principal Investigator: Caprice Greenberg, MD, MPH, Department of Surgery</i>	The project supports the establishment of the Surgical Collaborative of Wisconsin and quality improvement projects in breast and colorectal cancer care across the state.
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## 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.

The Wisconsin Partnership Program supported the following awards during the period July 1, 2017–June 30, 2018

<p><b>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</b></p> <p><i>Principal Investigator(s): Carmen R. Valdez, PhD, UW-Madison School of Education</i>  <i>Amount: \$150,000</i></p>	<p>This project partners with schools and community mental health clinics to develop, implement and evaluate an implementation package for Fortalezas Familiares (Family Strengths) in schools.</p>
<p><b>Development of Tailored Approaches for Optimizing Research Engagement Among Disadvantaged Patients with Alzheimer's Disease and Their Caregivers in Acute Care Settings</b></p> <p><i>Principal Investigator(s): Andrea Gilmore Bykovskyi, PhD, RN, UW-Madison School of Nursing</i>  <i>Amount: \$49,990</i></p>	<p>This project will develop tailored recruitment strategies to facilitate improved research participation among disadvantaged individuals with Alzheimer's disease and their caregivers. This represents a critical first step towards addressing disparities in research participation among disadvantaged Alzheimer's patients.</p>
<p><b>Development of the Patient Advisor Training Strategies (PATS) Toolkit</b></p> <p><i>Principal Investigator(s): Betty L. Kaiser, PhD, RN, UW-Madison School of Nursing</i>  <i>Amount: \$14,793</i></p>	<p>Based on the highly successful Community Advisors on Research Design and Strategies (CARDS) developed within the UW School of Nursing, this award is to develop a toolkit to train patient stakeholders to give effective feedback on research processes and materials.</p>
<p><b>Engaging Stakeholders to Develop a Patient-Centered Approach to Improve Older Adult Patient Ambulation During Hospitalization</b></p> <p><i>Principal Investigator(s): Barbara J. King, PhD, RN, UW-Madison School of Nursing</i>  <i>Amount: \$100,000</i></p>	<p>The objective of this application is to collaborate with older adults to build a stronger intervention to improve patient movement during a hospital stay.</p>
<p><b>Engineering Cancer Survivorship Care Planning To Address Primary Care Information Needs in Order to Improve Health Outcomes for Cancer Survivors</b></p> <p><i>Principal Investigator(s): Amye J. Tevaarwerk, MD, UW School of Medicine and Public Health</i>  <i>Amount: \$75,000</i></p>	<p>This project employs an interdisciplinary team of experts in oncology, cancer survivorship, primary care and engineering to identify the necessary elements to develop a care plan to improve health outcomes for cancer survivors.</p>

<p><b>Faith and Community in Action: Increasing Knowledge and Management of Depression in African American Communities</b>  <i>Principal Investigator(s): Earlise C. Ward, PhD, RN, UW-Madison School of Nursing</i>  Amount: \$100,000</p>	<p>This project will develop a faith-based community advisory board to offer input on adapting an existing intervention and future research design to support and address the unique challenges that African American women face when dealing with depression.</p>
<p><b>Feasibility and Acceptability of a Pilot Culturally Specific Educational-Behavioral Intervention for African Americans With Type 2 Diabetes</b>  <i>Principal Investigator(s): Olayinka Shiyabola, PhD, B.Pharm, UW-Madison School of Pharmacy</i>  Amount: \$49,994</p>	<p>This project enlists patient and community stakeholders to design and determine the feasibility and acceptability of an educational-behavioral intervention focused on addressing culturally informed illness and medication beliefs, self-efficacy, and medication adherence among African Americans with Type 2 diabetes.</p>
<p><b>Instrument Development for a Social Network Analysis (SNA) of Antibiotic Prescribing in Skilled Nursing Facilities</b>  <i>Principal Investigator(s): Christopher J. Crnich, MD, UW School of Medicine and Public Health</i>  Amount: \$75,000</p>	<p>By studying the interactions between nursing home staff and primary care providers, the study aims to improve how healthcare professionals work together as a team to deliver the best care possible to older adults.</p>
<p><b>Testing Novel Methods for Analyzing and Correcting Root Causes of Patient Harm</b>  <i>Principal Investigator(s): Douglas A. Wiegmann, PhD, UW-Madison College of Engineering</i>  Amount: \$150,000</p>	<p>The goal of this project is to test the feasibility of integrating the Human Factors Analysis and Classification System (HFACS) and Human Factors Intervention Matrix (HFIX) methodologies into UW Health's root cause analysis program. Results will be used to develop an implementation toolkit, which could facilitate the widespread implementation of these new tools and improve patient safety.</p>
<p><b>UW Emergency Department Research Services Program</b>  <i>Principal Investigator(s): Manish Shah, MD, MPH, UW School of Medicine and Public Health;</i>  Amount: \$50,000</p>	<p>The overall goal of this proposal is to create the UW Emergency Department Research Services Program to identify and enroll eligible ED patients and visitors into research studies and complete research protocols for those studies.</p>



## Concluded Grants

Grants that concluded July 1, 2017 – June 30, 2018 are listed and featured in the 2018 Outcomes Report. View the report at [med.wisc.edu/wisconsin-partnership-program/publications-and-reports/](http://med.wisc.edu/wisconsin-partnership-program/publications-and-reports/).

The following grants, funded by the Oversight and Advisory Committee, concluded July 1, 2017 – June 30, 2018:

### Community Academic Partnership Fund (6)

Advancing Community Investment in Health: Implementation of the Innovations and Wellness Commons

Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening Community Health Improvement Implementation and Evaluation for Greater Impact

Northwoods LEAN (Linking Education, Activity and Nutrition): Pathways to Health

Reducing Alcohol Abuse Among LGBTQ Youth in Wisconsin

Southeastern Wisconsin Screening, Brief Intervention, and Referral to Treatment (SBIRT) Project

Women of Worth (WOW): Family-Centered Treatment Project

### Community Opportunity Grant Program (8)

5210 Across Dane County

Early Childhood Comprehensive Systems (ECCS)

EatPlayGrow: Improving the Health of Cudahy's Youth

Healthier Together: Pierce and St. Croix Counties Enhancing School Physical Activity

Healthy People Lincoln County: "Problems Can Be Solved in the Garden"

Improving the Health Status for Amish and Mennonites in Western Wisconsin

Providers and Teens Communicating for Health (PATCH) Program - Milwaukee Implementation

School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth

### Lifecourse Initiative for Healthy Families

The Young Parenthood Project: A Father Engagement Strategy for Healthy Families

The following Education and Research Grants, supported by the Partnership Education and Research Committee, concluded July 1, 2017 – June 30, 2018:

<b>Collaborative Health Sciences Program (5)</b>
Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses
Multiplexed In Vivo Device to Assess Optimal Breast Cancer Therapy
Once Stepping On Ends: Continuing a Group Falls Prevention Program via the Internet
PI3K/PTEN Targeted Therapy for HPV-Associated Cancers
Zooming in on Childhood Asthma: Disease Causality and Personalized Medicine
<b>New Investigator Program (5)</b>
Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings
Genetic Variants, Immune Dysregulation and Rheumatoid Arthritis
Implementing Combination Behavioral and Biomedical HIV Prevention Strategies through High Risk Sexual Networks
Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer
Understanding M. Tuberculosis Evolution Within and Between Hosts
<b>PERC Opportunity Grant</b>
Improved Healthcare Delivery to Wisconsin Amish Infants

There were 11 Institute for Clinical and Translational Research Grants supported by the Wisconsin Partnership Program that concluded July 1, 2017 – June 30, 2018:

Academic Effects of Concussion in High School Student Athletes
Addressing Postpartum Depression in Wisconsin Home Visiting Programs: Dissemination/Implementation of the Evidence Based Mother-Infant Therapy Group
Contrast-Enhanced MRI to Diagnose Appendicitis: Translating a UW Protocol to a Community-Based Program with a Different Scanner Platform
Development of a Toolkit To Support Shared Decision Making in Breast Cancer Screening
Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women
Engaging Stakeholders in Integration of Preventive Care and Health Promotion in Specialty Clinics
Engaging Stakeholders in Reducing Overtreatment of Papillary Thyroid Microcarcinomas
Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations
Mindful Policing: A Holistic Approach to Improving Officer Well-Being and Police Work
Patient Engagement in Care Redesign: Identifying Effective Strategies for Measuring and Scaling the Intervention
UW Emergency Department Research Services Program

# Financial Overview

## Financial Highlights

- Earnings, net of fees, on endowed funds for the fiscal year 2018 ending June 30, 2018 were \$28.7 million
- Endowment distributions, funds released for program and administrative spending, were \$15.9 million from July 1, 2017 through June 30, 2018
- Wisconsin Partnership Program grant and administrative cash-basis expenditures were \$16.4 million from July 1, 2017 through June 30, 2018
- Total program assets increased \$12.3 million between July 1, 2017 and June 30, 2018

## 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 fiscal year ending June 30, 2018. The Wisconsin Partnership Program changed its reporting period to a fiscal year ending June 30th effective June 30, 2017. The prior year report was for a six month period. This report is for a full fiscal year ending June 30, 2018. Year-by-year comparative reporting will return in the Fiscal 2019 Annual Report.

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: Statement of Net Assets)

**Table 1: Statement of Net Assets**

As of June 30, 2018		
<b>Assets</b>		
Current Investments	\$	16,661,829
Noncurrent Investments		371,467,594
<b>Total Assets</b>	<b>\$</b>	<b>388,129,423</b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Grants Payable	\$	30,142,496
<b>Total Liabilities</b>	<b>\$</b>	<b>30,142,496</b>
<b>Net Assets</b>		
Temporarily Restricted - Spendable	\$	8,812,458
Temporarily Restricted - Endowment		67,346,727
Permanently Restricted - Endowment		281,827,742
<b>Total Net Assets</b>	<b>\$</b>	<b>357,986,927</b>
<b>Total Liabilities and Net Assets</b>	<b>\$</b>	<b>388,129,423</b>

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

For the Fiscal Year Ended June 30, 2018		
<b>Revenues</b>		
Gifts Received	\$	-
Interest Income		73,232
Change in Fair Value of Endowed Funds		28,650,974
<b>Total Revenues</b>	<b>\$</b>	<b>28,724,206</b>
<b>Expenditures</b>		
OAC Initiatives		
Administrative Expenditures	\$	366,105
Grant Expenditures		6,434,718
PERC Initiatives		
Administrative Expenditures		679,909
Grant Expenditures		4,539,729
<b>Total Expenditures</b>	<b>\$</b>	<b>12,020,461</b>
<b>Net Increase/(Decrease) in Net Assets</b>	<b>\$</b>	<b>16,703,745</b>

# Financial Notes

## Cash and Investments

The financial resources that support Wisconsin Partnership Program grants as of June 30, 2018 (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 the 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, 2018, the balance of these funds is \$22.3 million in the Endowment portfolio. There is an additional \$18.3 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, 2018. 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, 2018.

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 fiscal year ending June 30, 2018 (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 (includes WFAA operations and advancement functions). The name of this fee was changed in 2015. The fee was previously called the Expense Recapture Fee.

The Institutional Advancement Fees were \$3,692,429 for the fiscal year ending June 30, 2018. 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 \$357,729 for the fiscal year ending June 30, 2018.

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 fiscal year ending June 30, 2018 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 grantmaking 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 Fiscal Year Ended June 30, 2018	
Salaries	\$ 652,966
Fringe Benefits	244,347
Supplies	11,197
Travel	15,460
Other Expenditures	122,044
<b>Total</b>	<b>\$ 1,046,014</b>
OAC (35%) Allocation	366,105
PERC (65%) Allocation	679,909
<b>Total</b>	<b>\$ 1,046,014</b>

**Table 4: OAC Awards–Summary 2004–June 30, 2018**

	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	4,054,280	4,054,280	-
Total 2012 OAC Funding	4,486,941	4,486,941	-
Total 2013 OAC Funding	8,629,570	7,925,510	704,060
Total 2014 OAC Funding	6,915,486	5,911,264	1,004,222
Total 2015 OAC Funding	4,740,941	2,125,402	2,615,539
Total 2016 OAC Funding	4,830,439	1,304,136	3,526,303
Total January 1 through June 30, 2017 OAC Funding	1,014,374	186,523	827,851
Total FY18 OAC Funding	6,929,372	333,733	6,595,639
<b>Total OAC Funding (2004 - June 30, 2018)</b>	<b>\$ 71,452,076</b>	<b>\$ 56,178,462</b>	<b>\$ 15,273,614</b>



**Table 5: July 1, 2017 to June 30, 2018 OAC Awards**

<b>Project Title</b>	<b>Type</b>	<b>Total Awarded</b>	<b>Total Expended</b>	<b>Grants Payable</b>
<b>Strategic Grants</b>				
OPI Community Organizing Initiative	E, S	\$ 421,768	\$ 109,369	\$ 312,399
Menominee Wellness Initiative	E, S	360,000	21,542	338,458
Community Engagement and Collective Impact: Marathon County	E, S	266,359	62,345	204,014
<b>Community Grants</b>				
Youth Decarceration	E, S	50,000	19,556	30,444
Straight Forward: The Truth About Addiction	E, S	50,000		50,000
Increasing Access to Quality Healthcare in Correctional Settings by Expanding Health Workforce Capacity	E, S	38,530	3,756	34,774
The Dryhooch Digital Forward Operating Base (DigitalFOB)	E, S	50,000	15,000	35,000
Working Together to Eliminate Health Inequities and Disparities	E, S	50,000	20,884	29,116
Parent Leadership as a Catalyst for Health Equity	E, S	50,000	417	49,583
Getting Bike Equity Right: A River Rider Bike Share Initiative	E, S	50,000	1,990	48,010
Community Health Workers: Working to Increase Knowledge on Mental Health and Nutrition for Post-Partum Latina Moms During Home Visits	E, S	50,000	7,031	42,969
Rebalanced-Life Wellness Association	E, S	300,000		300,000
Milwaukee Inner-City Congregations Allied for Hope (MICAH)	E, S	300,000		300,000
Family Health La Clinica and the Central Wisconsin Health Partnership	E, S	300,000		300,000
Foundation for Black Women's Wellness	E, S	300,000		300,000
Common Wealth Development	E, S	293,180	-	293,180
<b>Community Impact Grants</b>				
Creating Conditions to Improve Housing Policy For Healthier Families	E, S	1,000,000	19,636	980,364
Connecting Clinics, Campuses, and Communities to Advance Health Equity	E, S	1,000,000		1,000,000
Southwestern Wisconsin Recovery Pathways	E, S	999,535	3,221	996,314
First Breath Families: Helping Low-Income Moms Quit Smoking and Babies Grow Up Smoke-Free	E, S	1,000,000	48,986	951,014
<b>Total Oac Funding For The Fiscal Year Ended June 30, 2018</b>		<b>\$ 6,929,372</b>	<b>\$ 333,733</b>	<b>\$ 6,595,639</b>

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

**Table 6: PERC Awards–Summary 2004–June 30, 2018**

	<b>Total Awarded</b>	<b>Total Expended</b>	<b>Grants Payable</b>
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	17,538,085	-
Total 2013 PERC Funding	5,711,021	5,711,021	-
Total 2014 PERC Funding	12,179,890	9,284,202	2,895,688
Total 2015 PERC Funding	19,950,724	16,832,580	3,118,144
Total 2016 PERC Funding	6,001,258	2,962,066	3,039,192
Total January 1 through June 30, 2017 PERC Funding	2,335,299	656,082	1,679,217
Total FY18 PERC Funding	4,563,102	426,460	4,136,642
<b>Total PERC Funding (2004 - June 30, 2018)</b>	<b>\$ 131,432,857</b>	<b>\$ 116,563,974</b>	<b>\$ 14,868,883</b>

**Table 7: July 1, 2017 to June 30, 2018 PERC Awards**

<b>Project Title</b>	<b>Type</b>	<b>Total Awarded</b>	<b>Total Expended</b>	<b>Grants Payable</b>
<b>Strategic Grants</b>				
Survey of the Health of Wisconsin (SHOW) supplement	E,R,S	\$ 1,866,667	\$ 231,484	\$ 1,635,183
Transforming Medical Education 3.0 - Moving Medical Education ForWard (TME) supplement for Path of Distinction in Public Health, f.k.a. PRIME	E	398,266	102,221	296,045
<b>Opportunity Grants</b>				
Improving Access to High Quality Surgical Care in Wisconsin Communities	R,E	199,886	-	199,886
<b>Collaborative Health Science Program Grants</b>				
Integrated Metabolomics, Microbial Genomics and Immune Profiling in Early Infancy to Identify Biomarkers for Allergic Disease Prevention.	R	600,000	21,002	578,998
Gut Microbiome Dynamics in Alzheimer's Disease	R	599,871	-	599,871
A Cluster Randomized Trial to Assess the Impact of Facilitated Implementation on Antibiotic Stewardship in Wisconsin Nursing Homes	R	598,611	53,436	545,175
<b>New Investigator Program Grants</b>				
Autologous Regeneration in Burn Injured Patients	R	100,000	-	100,000
Mechano-Electrical Feedback in Pathophysiology of Atrial Fibrillation: Novel Strategy for Antiarrhythmic Therapy	R	99,801	7,212	92,589
The Role of Nesprin 3 in Mammalian Neural Stem Cell Aging	R	100,000	11,105	88,895
<b>Total Perc Funding For The Fiscal Year Ended June 30, 2018</b>	<b>E, S</b>	<b>\$ 4,563,102</b>	<b>\$ 426,460</b>	<b>\$ 4,136,642</b>

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

## Policies and Procedures

The Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) 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. In addition, staff facilitate in-person and webcast training sessions for applicants.

## 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 and the Partnership Education and Research Committee and their subcommittees are open to the public. Agendas and minutes are posted at [med.wisc.edu/partnership](http://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 OAC and PERC are committed to applying a health equity lens to their grant programs, grantmaking and strategic planning. The policy is available online at [med.wisc.edu/partnership](http://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. 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 and a representative of the Chancellor also serve as liaisons 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  
Community Outreach, City of Kenosha  
Category: Urban Health

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

Kenneth Taylor, MPP, Vice Chair  
Executive Director, Kids Forward  
Category: Children's Health

### Insurance Commissioner's Appointee

Vacant

### 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  
Resigned December 2017

Amy Kind, MD, PhD  
Associate Professor, Department of Medicine  
Representative: Public Health Faculty  
Appointed April 2018

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). The PERC allocates and distributes funds designated for 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  
Deceased June 2017

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

Paul Rathouz, PhD  
Professor and Chair, Department of Biostatistics and  
Medical Informatics  
Faculty Representative  
Appointed October 2017  
Resigned June 2018

## **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

Amy Kind, MD, PhD  
Associate Professor, Department of Medicine  
Representative: Public Health Faculty  
Appointed August 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, Department of Oncology  
Appointed January 2017

Norman Drinkwater, PhD  
Vice Chancellor for Research and Graduate Education,  
UW-Madison; Professor, Department of Oncology  
Resigned December 2017

\* PERC Executive Committee Member

### **In Memoriam**

Patricia Keely, PhD  
Professor and Chair, Department of  
Cell and Regenerative Biology  
June 24, 2017

## **Wisconsin Partnership Program Liaisons**

### **UW-Madison Office of the Chancellor**

Paul M. DeLuca Jr., PhD  
Provost Emeritus

### **UW System Board of Regents**

Tracey Klein, JD  
Member, University of Wisconsin System Board of Regents

## **Wisconsin Partnership Program Staff**

Eileen M. Smith, Assistant Dean and Director

Andrea Dearlove, Senior Program Officer

Tonya Mathison, Administrative Manager

Anne Pankratz, University Relations Specialist

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](http://med.wisc.edu/partnership)

UW School of Medicine and Public Health  
Wisconsin Partnership Program  
Approval of the Wisconsin Partnership Program's 2019-2024 Five-Year Plan

**RESEARCH, ECONOMIC DEVELOPMENT, AND INNOVATION COMMITTEE**

Resolution I.4.e:

That, upon recommendation of the President of the University of Wisconsin System and the Chancellor of the University of Wisconsin-Madison, the UW System Board of Regents approves the 2019-2024 Five-Year Plan of the Wisconsin Partnership Program, which was collaboratively developed by the Oversight and Advisory Committee and the Partnership Education and Research Committee of the UW School of Medicine and Public Health, in accordance with the Order of the Wisconsin Insurance Commissioner and the Grant Agreement between the UW System Board of Regents, the UW Foundation, and the Wisconsin United for Health Foundation, Inc.

December 7, 2018

Agenda Item I.4.e

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH  
WISCONSIN PARTNERSHIP PROGRAM  
2019-2024 FIVE-YEAR PLAN**

**BACKGROUND**

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation. The Order also approved 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, approve the inaugural five-year plans of each school, and receive subsequent five-year plans, annual reports on expenditures, and financial and program audits.

The Order required the UW System Board of Regents to create an Oversight and Advisory Committee (OAC) consisting of four public members (health advocates), four SMPH representatives appointed by the Regents, and one member appointed by the Insurance Commissioner. 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. 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 Grant Agreement and the Five-Year Plan.

As required by the Order and the Grant Agreement, every five years the SMPH, in collaboration with the OAC and the PERC, must create a new plan describing the categories of future investments. In anticipation of the expiration of the current Five-Year Plan on March 26, 2019, both committees have been engaged for the past 18 months in extensive strategic planning, evaluating, and seeking information leading to the development of the 2019-2024 Five-Year Plan of the WPP.

The OAC and the PERC have exercised due diligence in developing the plan to ensure that the requirements of the Order have been met, including seeking public input and providing for OAC's role to advise and comment on the PERC's activities. In accordance with the Order, the UW System Board of Regents' approval is required for the new plan, which includes a

framework outlining the WPP’s vision, mission, values, and strategies to improve health and health equity in Wisconsin; plans to measure progress and success over the next five years; fiduciary and stewardship responsibilities; and highlighted accomplishments over the past five years.

## **REQUESTED ACTION**

Approval of Resolution I.4.e, approving the 2019-2024 Five-Year Plan of the Wisconsin Partnership Program of the UW School of Medicine and Public Health.

## **DISCUSSION**

The 2019-2024 Five-Year Plan is the fourth since the inception of the Wisconsin Partnership Program (WPP). The Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) studied, discussed, and drafted strategies and targets; surveyed residents statewide, including previous applicants and grantees; solicited detailed input from community, medical, and public health experts; and sought public comment on the draft plan. An insert to the 2019-2024 Five-Year Plan describes the step by step planning process.

The 2019-2024 Five-Year Plan differs from previous plans as it does not include details about specific health issues or individual grant programs. This information can be found in the WPP’s annual reports, which are presented to the Board of Regents each year. The 2019-2024 Five-Year Plan describes the values that guide the WPP’s work and the strategies that will be employed to accomplish program goals. The plan includes an assessment of what the WPP has done well and will continue to do, and changes that will be necessary to accomplish WPP’s mission “to bring about lasting improvements in health and well-being and advance health equity in Wisconsin through investments in community partnerships, education and research.”

The changes in the 2019-2024 Five-Year Plan reflect an expanded view of and approach to public health that national and international experts have embraced. Science and evidence indicate that if the WPP is to expand its impact on health and the health disparities in the state, the program must view its work through a health equity lens. In practical terms, this means widening the view of health to understand and embrace the role that social determinants – conditions in the environment in which people are born, live, work, play, worship, and age that impact a wide array of health, functional abilities, quality-of-life outcomes – play in achieving overall health. The National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and many other organizations support initiatives to address the social determinants of health. The WPP will follow this lead by altering its programming to apply the emerging science on achieving health and health equity.

The program’s efforts over the next five years will focus on promoting innovation, advancing health equity, building community and healthcare capacity and leadership, and catalyzing change within the diverse systems which influence health. In alignment with the Wisconsin Idea, the WPP

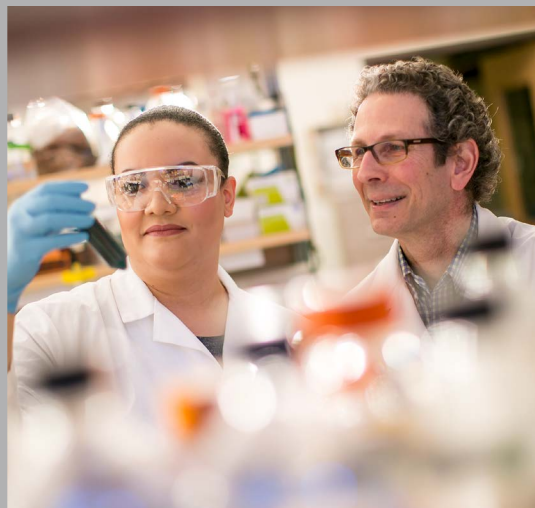
intends to extend the resources of the university to communities, health systems, and campuses, through the following strategies:

- Support the generation of new ideas and discoveries and their successful introduction into systems and practice.
- Invest in a broad range of programs and initiatives that cover the spectrum from basic science to clinical, translational and applied public health research and education.
- Encourage collaboration across disciplines and communities to stimulate innovative approaches to health challenges.
- Increase diversity in our health professions by building the capacity of health and public health professionals from underrepresented populations.
- Address the social determinants of health and root causes of complex health challenges.
- Engage multiple sectors and perspectives with a common focus toward health, health equity and sustainable systems change.
- Invest in community partnerships, education and research led by, or in authentic collaboration with, communities experiencing health inequities.
- Identify and cultivate relationships with community-based organizations committed to achieving health equity in order to support grassroots capacity and leadership.
- Invest in generating, organizing, applying and disseminating health and health-equity related data to ensure that our staff, leadership, grantees and partners have the information needed to advance health equity, innovate and catalyze systems change.
- Measure the results and outcomes of our projects and programs and adjust our tactics accordingly.

In accordance with the Wisconsin Insurance Commissioner's Order, WPP publishes an annual report highlighting earnings, endowment distributions, and expenses. As a supplement to its annual report, WPP also compiles an outcomes report summarizing the outcomes and impacts of concluded grants. WPP further demonstrates its fiduciary responsibilities and stewardship of the endowment funds by using grant review processes based on models from the NIH that follow strict protocols to ensure the highest quality reviews.

## **RELATED REGENT POLICIES**

Not Applicable



# Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

## **FIVE-YEAR PLAN**

**2019-2024**

*The Wisconsin Partnership Program is committed to supporting community, education and research partnerships to improve health and advance health equity. Cover photos (pictured left to right): Black Men Run, Brown Boys Read; Wisconsin Center for Infectious Disease (WisCID); UW School of Medicine and Public Health medical students, this photo by Todd Brown/Media Solutions*

## DEAN GOLDEN'S MESSAGE

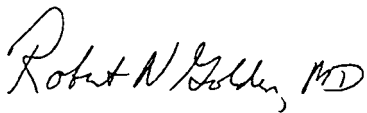
I am pleased to present the Wisconsin Partnership Program's 2019-2024 Five-Year Plan. It has evolved from 15 years of experience in grantmaking, intensive planning, assessing a wide range of outcomes and ongoing conversations with our community partners — all driven toward improving health and health equity in Wisconsin through investments in community partnerships, education and research.

Since the substantial investment of resources from the Blue Cross Blue Shield conversion fifteen years ago, our understanding of what creates health, and how we can apply these resources to attain it, has evolved. The goals and strategies within this plan bring us to the forefront of innovative approaches informed by current science and evidence; and they depend on a broader view of health with an explicit focus on health equity.

The Wisconsin Partnership Program defines health equity as the attainment of the highest level of health for all people.<sup>1</sup> This requires addressing obstacles to health, such as poverty, discrimination and their consequences (including lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.)<sup>2</sup> Public health experts across the country now understand that if we are to improve health, this work must be done through a health equity lens.

The Wisconsin Partnership Program's approach to achieving health and well-being for all Wisconsinites has evolved over the years in concert with both the science that illuminates new pathways, as well as the values and goals you will find in the pages of this plan. We are excited to bring this new vision to our work and hope this plan illustrates our strong commitment and enduring drive to improve health throughout our state.

Sincerely,



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



1: From "The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020: Phase I Report: Recommendations for the Framework and Format of Healthy People 2020," 2008, by the Department of Health and Human Services, retrieved from [https://www.healthypeople.gov/sites/default/files/PhaseI\\_0.pdf](https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf) ; 2: From "What is Health Equity? and What Difference Does a Definition Make?" 2017, by the Robert Wood Johnson Foundation, retrieved from [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf437343](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437343).



## INTRODUCTION

### A New Perspective on a Century-Old Pledge:

UW President Van Hise's famous 1904 statement became the basis for the Wisconsin Idea and remains the foundation for the missions of the university, the School of Medicine and Public Health and the Wisconsin Partnership Program.

The Wisconsin Partnership Program is committed to improving the health of every family of the state by supporting community partnerships, education and research that fuel knowledge, scientific discovery and innovations in health and healthcare delivery.

We know that communities across our state experience health in different ways, and have different paths towards achieving health. To improve health for all, we must expand our definition of health to include health equity, recognizing that factors such as racism and toxic stress, healthy food environments, safe and stable housing and community safety all have significant impact on health and well-being over the course of a lifetime.

This five-year plan represents a transition in the Wisconsin Partnership Program's approach to improving health and reducing health disparities. We know that moving the needle on health outcomes requires an expanded view of public health that experts nationally and internationally have embraced. We are moving to where the science is taking us:

*"Despite challenges, controversies, and unanswered questions, the tremendous advances in knowledge that have occurred in the past 25 years leave little room for doubt that social factors are powerful determinants of health. The consistency and reproducibility of strong associations between social (including socioeconomic) factors and a multitude of health outcomes in diverse settings and populations have been well documented, and the biological plausibility of the influence of social factors on health has been established."*

(Retrieved from National Institutes of Health, US National Library of Medicine: [ncbi.nlm.nih.gov/pmc/articles/PMC3863696/](https://ncbi.nlm.nih.gov/pmc/articles/PMC3863696/); From "The Social Determinants of Health: It's Time to Consider the Causes of the Causes," by Paula Braveman, Laura Gottlieb; Public Health Rep. 2014 Jan-Feb; 129 (Suppl 2)

*"I shall never be content until the beneficent influence of the University reaches every family of the state."*

*- Charles R. Van Hise,  
President, University of  
Wisconsin - Madison  
1903-1918*

Specifically, this means expanding our view of health to understand and embrace the role that social determinants of health play in achieving overall health. It means we will alter our programming to apply the emerging science on achieving health and health equity. Doing this work successfully will require bridging the expertise and the resources within our university with the lived experiences and expertise of the communities we serve. If we are to improve the health of every family of the state, the Wisconsin Partnership Program cannot always take the lead — whether it is in the design of research questions or community-based interventions, or the instruction of our students who will be the next generation of healthcare providers in a complex world.

With the framework provided in this plan, over the next five years we will build on the strengths of our university and continue to develop meaningful partnerships that will strengthen our ability to address all of the factors that influence health and advance health equity.

# FIVE-YEAR PLAN FRAMEWORK 2019-2024

## THE VISION

Everyone in Wisconsin will live healthy and full lives.

## OUR MISSION

To bring about lasting improvements in health and well-being and advance health equity in Wisconsin through investments in community partnerships, education and research.

## OUR VALUES

Academic Leadership • Community Voice • Creativity and Flexibility  
Multi-Sector Partnerships • Sustainability

## OUR GOALS

Promote Innovation • Advance Health Equity  
Build Capacity and Leadership • Catalyze Systems Change

## OUR STRATEGIES

Generate new ideas	Encourage collaboration	Address social determinants of health
Engage multiple perspectives	Invest in a broad range of initiatives	Increase diversity in healthcare delivery
Invest in community-led ideas	Cultivate new relationships to achieve health equity	Use data to catalyze systems change

## OUR FOUNDATION

Community Partnerships • Education • Research

## FIVE-YEAR PLAN FRAMEWORK

The 2019-2024 Plan is the fourth since the Wisconsin Partnership Program's inception. It is based on a set of core **values** that form a foundation for all of our efforts. Our **goals** address what we believe are the critical elements to achieving greater health in our state. Each **strategy** directly connects to one or more of our four main goals.

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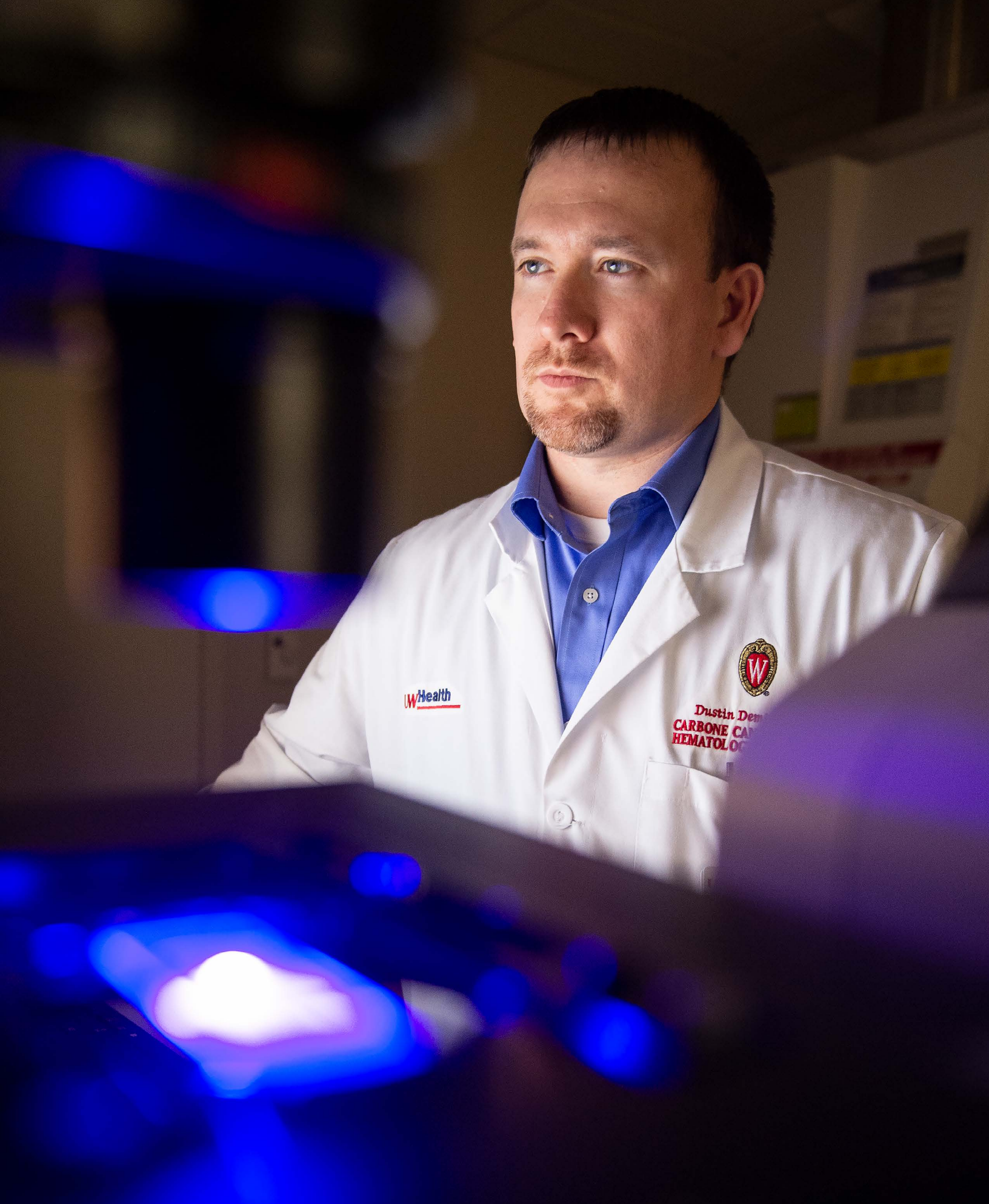
## OUR VALUES

In our pursuit of health, well-being and health equity for everyone in Wisconsin, the Partnership Program will prioritize:

- **Academic Leadership** – We hold ourselves to high standards and strive for excellence and rigor in research and education.
- **Community Voice** – We partner with communities and draw on local expertise to make decisions.
- **Creativity and Flexibility** – We challenge ourselves to stay nimble in our approaches, curious in our thinking, and open to opportunities that lead to sustainable improvements in health.
- **Multi-Sector Partnerships** – We know the best solutions to our most challenging issues come from drawing on diverse perspectives and the knowledge and assets of interdisciplinary teams.
- **Sustainability** – We understand that to be impactful, our work must endure beyond any specific investment.

*Dr. Dustin Deming is using a New Investigator Program Grant from the Wisconsin Partnership Program to further his research on developing treatments for subtypes of colorectal cancer. Through his research, Dr. Deming is striving to advance the treatment of colorectal cancer and develop innovative, personalized treatment for patients with cancer.*





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*Social Determinants of Health are the conditions and environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes.*

## OUR GOALS

The Wisconsin Partnership Program's investments in community partnerships, education and research efforts will focus on the following goals:

- **Promote Innovation** – To address complex health challenges, we will invest in new and evolving ideas and discoveries and their successful introduction into practice.
- **Advance Health Equity** – To achieve health equity, we will address the root causes of health inequities and the roles played by social determinants of health.
- **Build Capacity and Leadership** – To meet emerging health and healthcare needs, we will enhance the knowledge, skills and abilities of our community partners, applicants and grantees, as we learn from them as well.
- **Catalyze Systems Change** – To improve the health and well-being of the people of Wisconsin, we will work to improve policies and practices within the many diverse systems influencing health.

*Transforming Medical Education (TME) is an innovative education model supported by the Wisconsin Partnership Program. Funding for TME supported the development of the ForWard Curriculum, which infuses public health principles and practices into the School of Medicine and Public Health medical curriculum. Students graduate better prepared to think beyond the exam room and consider how social, economic and policy issues influence the health of the patients and populations they serve.*





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## OUR STRATEGIES

In alignment with the Wisconsin Idea, the Partnership Program will extend its resources — funding, expertise, staff and relationship building — to our partners across communities, health systems and campuses through the following strategies:

- We will support the generation of new ideas and discoveries and their successful introduction into systems and practice.
- We will continue to invest in a broad range of programs and initiatives that cover the spectrum from basic science to clinical, translational and applied public health research and education.
- We will encourage collaboration across disciplines and communities to stimulate innovative approaches to health challenges.
- We will increase diversity in our health professions by building the capacity of health and public health professionals from underrepresented populations.
- We will address the social determinants of health and root causes of complex health challenges.
- We engage multiple sectors and perspectives with a common focus toward health, health equity and sustainable systems change.
- We will invest in community partnerships, education and research led by, or in authentic collaboration with, communities experiencing health inequities.
- We will identify and cultivate relationships with community-based organizations committed to achieving health equity in order to support grassroots capacity and leadership.
- We will invest in generating, organizing, applying and disseminating health and health-equity related data to ensure that our staff, leadership, grantees and partners have the information needed to advance health equity, innovate and catalyze systems change.
- We will objectively measure the results and outcomes of our projects and programs and adjust our tactics accordingly.

*The Wisconsin Partnership Program's community grant programs support innovative, community-led approaches to achieve health and health equity throughout Wisconsin. Black Men Run, Brown Boys Read is a component of the Black Men's Wellness Sustainable Initiative, a Community Collaboration Grant, which is taking innovative approaches to address and improve the health of African American men in Dane County.*







The Wisconsin Partnership Program's grant programs, the primary mechanism for achieving our goals, include:

**Community Catalyst Grant:** Two-year grants to support community-driven, innovative health equity approaches, designed to reduce gaps in access, outcomes or opportunities.

**Community Collaboration Grant:** Four-year grants that provide training and technical assistance to applicants addressing health inequities. Grantees receive support as they strengthen and expand assets and partnerships, develop community-driven plans and take action toward systems change.

**Community Impact Grant:** Five-year grants to support large-scale, evidence-based, community-academic partnerships designed to achieve sustainable systems change that will improve health, health equity and well-being.

**Collaborative Health Sciences Program:** Three-year funding to support collaborative teams that propose novel ideas and new approaches to interdisciplinary research or education to advance health, healthcare and health equity.

**New Investigator Program:** Two-year funding to support early-career faculty in initiating innovative research or educational approaches that address Wisconsin's health issues. The program seeks innovative proposals from new faculty to support efforts to acquire external funding.

**Opportunity Grants Program:** Designed to be strategic, flexible and timely, these two-year grants provide start-up funding to support high-risk, high-profile, high-impact, state-of-the art education and research projects.

**Strategic Education and Research Grant Program:** Typically three-year renewable grants, the Wisconsin Partnership Program supports novel education and research infrastructure and programs vital to advancing population health and healthcare delivery in Wisconsin and beyond.

## HOW WE WILL IMPLEMENT OUR STRATEGIES

Since its beginning in 2004, the Wisconsin Partnership Program has primarily used grant funding to improve health; however, we are committed to doing more than simply funding good work. As the program has grown in experience, knowledge and partnerships, we better understand the importance and potential impact of offering more options to our grantees and partners. This evolution will help us achieve our goals of advancing health equity, building capacity and leadership, catalyzing systems change and promoting innovation.

- Continuous Quality Improvement in all Grant Programs
- Expansion of Partnerships and Collaborations
- Expansion of Communications and Outreach
- Convening Foundations and Other Funders
- Enhanced Technical Assistance and Collaborative Learning
- Increased Staff Training
- Continuous Evaluation of all Programs and Outcomes
- Increased Training and Support for Review Panels and Oversight Committees
- Organizing Conferences and Convening Stakeholders

## MEASURING PROGRESS AND SUCCESS

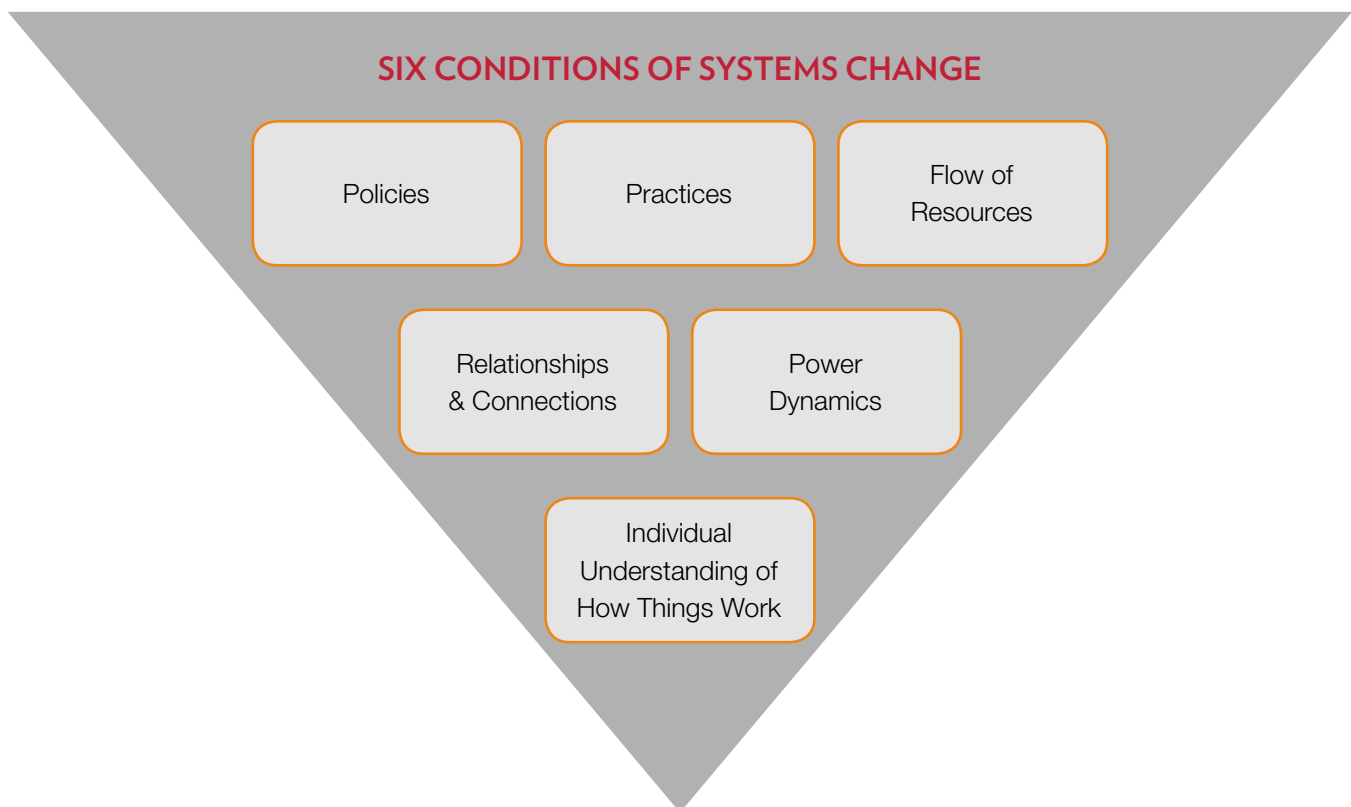
With this Five-Year Plan, we are positing that we will achieve greater health in our state if we make strong commitments to promoting innovation, building capacity and leadership, catalyzing systems change and explicitly addressing health equity. Many of our efforts toward these goals have proven effective (please see pages 16-19 of Highlighted Accomplishments).

Our changes in approach are grounded in an evolving understanding of **what creates health**. Led by organizations such as the Public Health Institute,<sup>3</sup> the County Health Rankings and Roadmaps,<sup>4</sup> the federal government's Centers for Disease Control,<sup>5</sup> Healthy People 2020,<sup>6</sup> and the World Health Organization,<sup>7</sup> we now understand that health is created by factors beyond

what happens within a doctor's office. Health is complex; our approach to achieving it and our evaluation plan will address that complexity.

The Wisconsin Partnership Program deeply values evidence as a way to ensure we are meeting our goals. The program's core beliefs rest on testing and assessing theories and outcomes. For this Five-Year Plan, we will adhere to an evaluation plan based on the extensive research and literature behind systems change and systems thinking. Our evaluation will assess how by shifting the conditions that hold problems in place (such as health disparities) will improve health.

This graphic is adapted from "Shifting the Systems that Hold Problems in Place."<sup>8</sup>



3: <http://www.phi.org/uploads/application/files/1zbb9quyvxlaw70rv4d15yay9q7o6s6hziispaz557vfutwks9.pdf> ;

4: <http://www.countyhealthrankings.org/what-is-health> ; 5: <https://www.cdc.gov/socialdeterminants/> ;

6: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> ; 7: <http://www.who.int/hia/evidence/doh/en/> ;

8: [https://www.fsg.org/publications/water\\_of\\_systems\\_change](https://www.fsg.org/publications/water_of_systems_change)

## FIVE YEARS FROM NOW

Striving to improve the health of a state is a bold and daunting undertaking. Health, by its very nature, is complex and there is no single causal path to achieving it. We are confident that if our expanded approach is successful, in five years:

- We will have found and implemented new ways to bridge the “beneficent” influence of the university with the voices, perspectives and leadership of those living in communities throughout Wisconsin who are also striving to achieve health and health equity.
- We will continue to evolve in our understanding of how to improve health and health equity.
- We will become a leader in addressing, answering and evaluating questions about how to improve the health and well-being of a diverse array of communities.
- We will have contributed to the understanding and acceptance that to achieve sustainable and lasting improvements in health, **we must do more than simply fund good work.**

The Wisconsin Partnership Program is more than a transactional funder of projects and programs. *We exist*

*to create change.* Our role is to spearhead innovation, share expertise, build bridges and catalyze partnerships — among the university and Wisconsin communities, visionary experts who look at health challenges from different perspectives, and government and private sector entities with shared missions to improve health.

We believe that by maintaining existing partnerships and forging new ones, by bringing together people with diverse backgrounds and viewpoints, by closely monitoring where we have succeeded and where we have not, we can improve health in our state. We consider this an ongoing goal, one requiring vision, energy and purpose, for the benefit of the people of Wisconsin.

## FIDUCIARY AND STEWARDSHIP RESPONSIBILITIES

The Wisconsin Partnership Program was created in 2004 as a result of the conversion of Blue Cross/Blue Shield United of Wisconsin to a for-profit enterprise. The Partnership Program expresses its continued appreciation and gratitude to Blue Cross/Blue Shield United of Wisconsin for these resources to benefit the people of the state and for its foresight in allowing the Wisconsin Partnership Program to put forward the remarkable resources, talent and expertise within the university and extend these to a network of partners working to improve health in Wisconsin.

In its stewardship of the endowment, the Wisconsin Partnership Program has closely adhered to its foundational documents — the Insurance Commissioner’s Order, the grant agreement and the Five-Year Plan. Two committees govern the program’s compliance and allocation of resources: the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), which ensure that our efforts are aligned with the mission and vision of the Partnership Program.



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## HIGHLIGHTED ACCOMPLISHMENTS

The Wisconsin Partnership Program at the UW School of Medicine and Public Health supported a broad range of health and healthcare initiatives under the previous five-year plan. The following highlights reflect the Program's continued success in supporting the creation of new research and discovery, innovative educational models and community-driven health improvement.

### BUILDING EDUCATIONAL CAPACITY AND LEADERSHIP

#### INCREASING HEALTH PROFESSIONALS IN RURAL WISCONSIN

The Wisconsin Academy for Rural Medicine (WARM) is a rural education program within the MD Program curriculum at the SMPH, first funded by the Partnership Program in 2004 and sustained through grants in 2005 and 2007. WARM students receive unique training in this four-year program to focus on rural practice and health care issues, with an emphasis on health disparities in rural populations. The goal of the program is to admit students who intend to practice rural medicine and ultimately help increase the number of physicians who practice medicine in rural Wisconsin to help improve the health of rural Wisconsin communities. To date, WARM has succeeded in placing 89% of its graduates in Wisconsin, including 47% in rural Wisconsin.

#### TRANSFORMING MEDICAL EDUCATION

From 2014-2019, the Wisconsin Partnership Program supported the third and final phase of Transforming Medical Education, an education initiative that fully integrates the school of medicine to include public health. The innovative curriculum ensures that graduates are prepared to work in both complex health systems and communities across the state to meet Wisconsin's evolving health needs.

### TRAINING FUTURE PUBLIC HEALTH WORKFORCE

The Wisconsin Population Health Service Fellowship Program trains a new generation of public health leaders by combining workforce development with community service. The program deploys early-career professionals to community-based organizations across the state. Since 2004, 72 fellows have provided service to more than 40 organizations to address a diverse range of public health issues.

### PROMOTING INNOVATION

#### ASSESSING OPTIMAL BREAST CANCER THERAPY

A team of researchers from engineering, medical oncology and surgery successfully developed the first-ever implantable device that both enables sustained local drug delivery and assessment of tumor response to determine the most effective anticancer drug combination for breast cancer patients. The small, implantable device allows efficient, minimally invasive delivery of drugs within a tumor, sparing future patients from unnecessary drug toxicity. With this device, specific drugs or drug combinations are delivered to different areas of the tumor; then surgical removal of the tumor with the devices in place enables assessment of drug effectiveness on affected cells. Researchers successfully demonstrated the technical capabilities of the device in mouse tumor models and are positioned to seek extramural funding to initiate human trials. The technology has been awarded a US patent and the team is applying for extramural funding to support studies of the device in human patients.

## COMBATING INFECTIOUS DISEASE

The Wisconsin Center for Infectious Disease (WisCID) created a cross-campus effort to address the alarming rise of drug-resistant infections and helped leverage a five-year \$16 million National Institutes of Health grant at UW-Madison to find new sources of antibiotics. To date, the research team has discovered more than 400 candidate compounds. They are moving rapidly to determine which compounds could be developed as clinical drugs.

## IMPROVING HEALTHCARE DELIVERY FOR AMISH INFANTS

A partnership between UW SMPH and La Farge Medical Clinic in Viroqua, Wisconsin is improving health for Amish infants through expanded newborn screenings. As a result of their grant activities, specific variant genetic tests are now available for affordable clinical testing for 22 genetic diseases, with many more in research phase for validation.

## TACKLING THE OPIOID EPIDEMIC

Screening in Trauma for Opioid Misuse Prevention (STOMP) is developing a screening tool to predict risk for opioid misuse and related complications after traumatic injury, when people are at greater risk for misusing opioids. Researchers will pilot the implementation of the tool at 5 Wisconsin trauma centers, including University Hospital in Madison. This work is expected to result in better screening and early intervention for opioid misuse.

## WEIGHING IN BY ZIP CODES

In 2018, health researchers from the Obesity Prevention Initiative (OPI) released a detailed ZIP code-level obesity map based on electronic health record data, meaning it is based on height and weight measurements taken when people are at their doctors' offices, rather than self-reported heights and weights. Wisconsin is the first state with a detailed ZIP code-level obesity map, which is an important step in identifying communities most affected by obesity and will allow for better targeting of resources for health improvement.

## COMMUNITY PARTNERSHIPS TO ACHIEVE HEALTH EQUITY

### EXPANDING NURSING EDUCATION IN NATIVE COMMUNITIES

Increasing Cultural Congruence Among Nurses in Wisconsin was a collaborative partnership, led by The Great Lakes Inter-Tribal Council with the UW-Madison School of Nursing, UW-Stevens Point and the UW SMPH to improve the quality of nursing care received by Native American patients in Wisconsin. They accomplished this by improving cultural competence and establishing a support system and pipeline for Native high school students interested in nursing. The researchers have since obtained \$1.6 million in federal funding to expand the enrollment of Native American nursing students at UW-Madison.

### IMPROVING HEALTH IN LATINO COMMUNITIES

Led by leaders and teachers at the United Community Center (UCC) in Milwaukee, and in partnership with faculty from UW SMPH, this initiative improved healthy eating and physical activity habits among its Latino youth, a community where more than 50 percent reported obesity or overweight. The team provided educational activities and physical activity opportunities to families over a three-year period. The project was extended through a collaboration with students at Carroll University's Health Sciences Program.

### LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES

Over the past five years, the Lifecourse Initiative for Healthy Families (LIHF) implemented a multi-sector health equity approach to promote healthy birth outcomes in African American communities. LIHF focuses its efforts in Kenosha, Milwaukee and Racine counties, where 85 percent of the state's African American babies are born, and where an African American infant is three times more likely to die than a white infant. The Milwaukee-based LIHF Program Office, along with providing technical



assistance, leadership and community engagement training to support the community-based LIHF collaboratives, has connected and convened other external partners who are critical to this work. The collaboratives' innovative approaches to addressing the disparities in infant mortality have been instrumental in efforts to improve prenatal care, increase family and community support, and improve community conditions for African American women and their families to achieve healthier birth outcomes. Highlights include:

**Systems Change:** Racine LIHF is working towards creating citywide breastfeeding-friendly worksites.

**Capacity Building:** Milwaukee LIHF obtained a grant from the Best Baby Zone, which will build the capacity of neighborhoods to improve health and well-being in families leading to healthier babies.

**Sustainability:** Kenosha LIHF has leveraged commitments totaling \$6.5 million dollars over the past five years; a dramatic investment in multiple infant mortality programs in Kenosha County.

## RETURN ON INVESTMENT

Grantees have leveraged **\$600 million** from organizations and funders outside the UW System to sustain their efforts and impacts. Grantees have sustained their projects through awards from external funders by almost three times the Partnership Program's investment.

The Wisconsin Partnership Program's mission is to bring about lasting improvements in health and well-being and advance health equity through investments in community partnerships, education and research. To date, our funding has supported work in **EVERY** county of our state. Below are a few highlights of what our partners are saying throughout the state.

“Without the Wisconsin Partnership Program funding, it would not be possible to expand programming intended to screen for and address needs related to the social determinants of health, incorporate the voices of the directly affected, and demonstrate the impact of this work on clinical outcomes, healthcare use patterns, and the satisfaction of patients, providers, community organizations, and campus and community volunteers. Wisconsin Partnership Program's focus on authentic engagement of the directly affected in solutions to promote health equity ensures that the programs it funds are truly community-driven and promotes effective, sustainable, long-term change. Opportunities for ongoing learning, collaboration, and technical assistance offered by the Wisconsin Partnership Program are unmatched by any other funder and ensure that grantees can work across traditional boundaries between geographies, municipalities, and sectors to have the greatest possible impact in Wisconsin communities.”

– Jay Shrader, Vice President  
Community Health and Wellness, Marshfield Clinic

“The Wisconsin Partnership Program has given the Menominee community the tools and support to bring synergy and collaboration to our health-focused agencies. The renewed focus on Food Sovereignty among the state's Native Nations and the development of our very own Department of Agriculture would not have happened if the foundation and network of our Menominee Wellness Initiative was not present. Partnership Program funding as well as the remarkable support provided by liaison staff has been a true blessing to the Menominee People.”

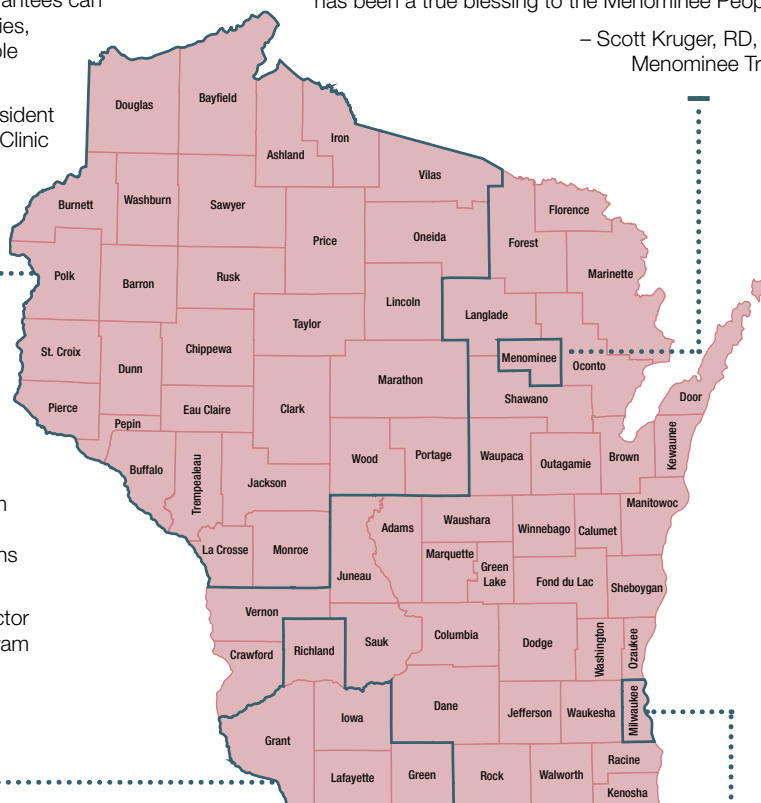
– Scott Kruger, RD, CD, CDE  
Menominee Tribal Clinic

“Because of severe economic and social pressures combined with the absence of providers, our rural farming communities in southwestern Wisconsin are experiencing an epidemic of opioid abuse disorders. The resources made available to us by the Partnership Program are all that we have to help us provide services to support persons with addictions to recover and live normal lives.”

– Walter Orzechowski, Executive Director  
Southwest Community Action Program

“In 2013, the African American Breastfeeding Network (AABN) received a grant from the Wisconsin Partnership Program as part of its Lifecourse Initiative for Healthy Families to help reduce infant mortality. Funding supported program structure and evaluation, and led us to develop a promising breastfeeding support model. This partnership propelled the organization into the local, state and national spotlight resulting in Center for Disease Control recognition and an Associated Press article of the organization's impact. Our work has been sustained beyond the grant to expand educational services. The community voice and families experiencing infant mortality have a direct link and pathway for honest dialogue that we optimistically foresee will reverse the landscape and tragedy of not only infant mortality but Black health.”

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African American Breastfeeding Network, Inc.



To learn more about what our partners are saying, visit

[med.wisc.edu/wisconsin-partnership-program/publications-and-reports/](http://med.wisc.edu/wisconsin-partnership-program/publications-and-reports/)



# 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](http://med.wisc.edu/partnership)

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## Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

# Wisconsin Partnership Program What Our Partners Are Saying

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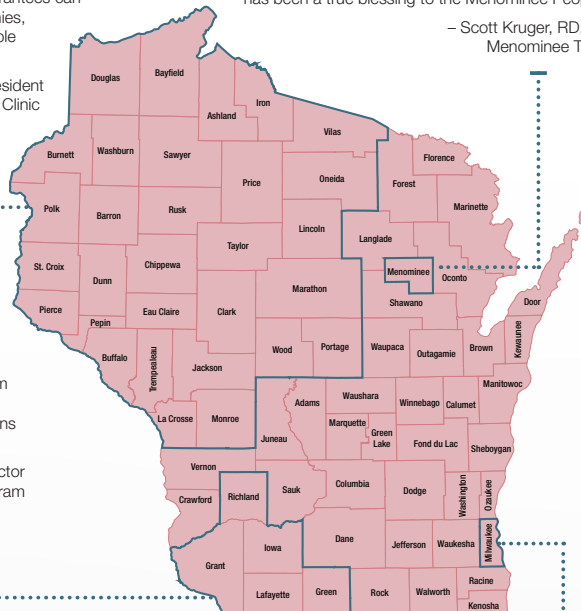
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# What Wisconsin Partnership Program Funding Has Meant to Communities

## OPIOIDS, MENTAL HEALTH, AODA, SUICIDE PREVENTION

**Grant, Green, Iowa, Lafayette and Richland Counties**

“Because of severe economic and social pressures combined with the absence of providers, our rural, farming communities in southwestern Wisconsin are experiencing an epidemic of opioid abuse disorders. The resources made available to us by the Wisconsin Partnership Program are all that we have to help us provide services to support persons with addictions to recover and live normal lives.”

**Walter Orzechowski, Executive Director, Southwest Community Action Program**

**Grant, Green Iowa, Lafayette, Richland, Rusk, Barron, Polk, Forest, Iron, Price, Oneida, Vilas, and Wood Counties. Forest County Potawatomi, Lac du Flambeau, and Sokaogon Chippewa tribal communities.**

“Throughout Wisconsin in all areas, but especially in the marginally-served rural communities, the problems of poor behavioral health including mental illness, addiction and suicide have worsened in the past few years. WPP’s financial support and their efforts to bring together their grantees to identify opportunities to amplify impact by working collaboratively was the catalyst for coordinated efforts to deal with these issues across county lines and traditional funding siloes, applying successful efforts from one rural location to another in a way that could not be accomplished otherwise.”

**Rachel Stankowski, Family Health Center of Marshfield and Walter Orzechowski, Executive Director, Southwest Community Action Program** [This quote is from two Community Impact Grantees that began working collaboratively due to WPP efforts.]

**Jefferson, Washington, Racine, Waukesha, and Milwaukee Counties**

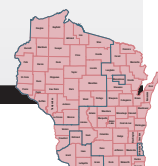
“Before we received the WPP award we were a group of communities working toward similar goals but we didn't know how to combine our efforts to move them forward. Our work centers around Screening, Brief Intervention and Referral to Treatment (SBIRT) protocols to address alcohol and other substance use among teens. The WPP connected us with an academic partner, Dr. Rich Brown, who taught us how to best implement this protocol and it also encouraged us to coordinate our work for greater impact. The WPP grant was also instrumental in bringing to Wisconsin additional multi-year, competitive grant funds for expanding SBIRT access in both school district and provider settings. The Partnership Program's emphasis on both academic partnerships and local community-based leadership was critical to the success and sustainability of these efforts.”

**Julie Whelan-Capell, IMPACT**

**Fond du Lac County**

“Funds received from the Wisconsin Partnership Program have provided more students the opportunity to be screened for mental health concerns in the school setting and be connected with further services if needed. These much needed services include referral to a community-based mental health provider for further evaluation of mental health symptoms and/or referral to a school counselor for continued support and monitoring.”

**Lindsey Bruins, Fond du Lac School District**



Wood, Marathon, Barron, Chippewa, Clark, Crawford, Dodge, Jefferson, Dunn, Eau Claire, Grant, St. Croix, Iron, Manitowoc, Dane, Outagamie, Pierce, Richland, Rusk, Sawyer, Taylor, Waushara, Wood, Jackson (Ho Chunk Nation, Hmong Association of Wisconsin Rapids, Lac Courte Oreilles Reservation) Counties

“Engaging Wisconsin Communities for Substance Abuse Prevention was a tremendously successful project that has made a positive impact within the city of Marshfield and many other Wisconsin communities. The funding supported a heightened community awareness of the risks and issues associated with underage drinking and in particular, the provision of alcohol to youth. This project also facilitated the establishment of Community Health Action Teams (CHATs) within the Marshfield Clinic system, a vehicle through which Marshfield Clinic leadership convene in each division (Central, North, West, East, Northwest) on a quarterly basis to advise, direct and consult with Marshfield Clinic Center for Community Outreach staff on the health improvement activities. Several of the members of clinic leadership are also recognized as faculty with the UW School of Medicine and Public Health, which serves to reinforce and expand the role of the UW medical school faculty in community health improvement activities. This vehicle has served to integrate community health improvement activities into the mission and work of the largest group medical practice in Wisconsin.”

**Ronda Kopelke, Former Director, Marshfield Center for Community Outreach**

### Statewide

“Wisconsin Partnership Funding was the catalyst for bringing WisconsinEye's addiction prevention film into many schools across the state. The educational materials that we have been able to develop to support the documentary have been critical to ensuring a greater impact on understanding the reach

of this epidemic. Young people are being empowered to stay strong in the face of the opioid crisis. However, it does not stop there; parents and community members are asking to be involved as well, extending the reach and impact of our Partnership Program award.”

**Jon Henkes, WisconsinEye**

### Jackson County

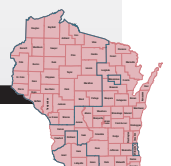
“Together for Jackson County Kids received a grant from the Wisconsin Partnership Program to improve agency and community collaboration around alcohol and other drug abuse. This funding enabled us to offer new opportunities for community education and create new community resources that would not have been possible without the support from WPP. The window for saving a life during an overdose is very small and life-saving assistance is needed very quickly in these situations. This funding supported training for local safety/rescue agencies on how to use overdose preventative drugs, which they all now carry and use to save lives. Funding from WPP was the catalyst in improving our community's chances of fighting the opioid epidemic and moving us forward in a positive direction. We now feel like we have a fighting chance in this battle due to improved education, additional resources and continued collaborations among passionate partners. Thank you WPP.”

**Lisa Listle, Jackson County**


### Statewide

**This testimonial refers to three grants to community organizations with the Center for Tobacco Research and Implementation (Bruce Christiansen, PHD) as academic partner.**

“My community-based research focuses on addressing tobacco use by our most vulnerable smokers. The Wisconsin Partnership Program supported this work even before the wider tobacco control community fully recognized the importance of addressing tobacco disparity populations. It has made three enduring







partnerships between the Center for Tobacco Research and Intervention (UW-CTRI) and key community agencies possible. In 2007, Partnership funding permitted us to establish a partnership with the Salvation Army to address tobacco use by smokers living in poverty. This initial funding lead to numerous additional projects and this partnership continues today, over ten years later. In 2014, the Partnership program funded a collaboration between UW-CTRI and The National Alliance on Mental Illness – Wisconsin (NAMI-Wisconsin) to address tobacco use by those affected by a mental illness or other addiction. This partnership continues through other projects and endures today. Most recently, in 2018, the Partnership program began funding the Wisconsin Women's Health Foundation (WWHF) and UW-CTRI to expand WWHF's innovative program to help low-income women who smoke across the state. Partnership funding has permitted new smoking

cessation programing for our most vulnerable populations who continue to smoke in large numbers.”

**Bruce Christiansen, UW Center for Tobacco Research and Implementation**

### Statewide

“Funding from the Wisconsin Partnership Program has significantly impacted our ability to serve low-income pregnant and postpartum women, and their families, statewide. Specifically, their support allowed our First Breath perinatal smoking cessation program to expand our reach in both urban and rural communities by implementing a new Ask-Advise-Refer model that is easier for clinics and service agencies to incorporate into their workflows.”

**WI Women's Health Foundation**

## PUBLIC HEALTH, HEALTHCARE, AND HEALTHCARE WORKFORCE

### Polk, Burnett, Barron, Ashland, Iron, Vilas, Bayfield Counties

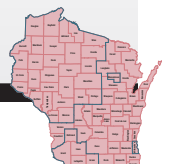
“The partnership grant awarded to the Great Lakes Inter-Tribal Council, Inc. (GLITC) afforded our UW School of Nursing opportunities to collaborate with GLITC in addressing two important goals: advancing culturally congruent care for American Indian people and increasing the number of American Indian youth interested in nursing careers. It also strengthened and expanded relationships between our School and tribal communities throughout WI. It supported the inception of the Native Nations Nursing Summits, now an annual event. The Partnership Project also laid the foundation for a federal Health Resources and Services Administration Nursing Workforce Diversity grant--a four-year \$1.3 million dollar project designed to increase the number of American Indian nurses in WI. These two projects contributed to the university's most recent approval of our School of Nursing to be one of three units involved

in a cluster hire intended to create a research nexus of environment, health and community within Native American contexts. The School of Nursing is planning to recruit an Assistant Professor of Nursing and Native American Chronic Disease Prevention and Management. The impact of that initial Partnership Program grant will extend for many years.”

**Great Lakes Inter-Tribal Council: Increasing Cultural Congruence Among Nurses in Wisconsin; Audrey Tluczek, PHD, RN, FAAN, School of Nursing**

### Menominee County

“The Wisconsin Partnership Program has given the Menominee community the tools and support to bring synergy and collaboration to our health-focused agencies. The renewed focus on Food Sovereignty among the state's Native Nations and the development of our very own Department of Agriculture would not have happened if the foundation and network of our



Menominee Wellness Initiative was not present. WPP funding as well as the remarkable support provided by liaison staff has been a true blessing to the Menominee People.”

**Scott Krueger, RD, CD, CDE, Menominee Tribal Clinic**

**Adams, Barron, Buffalo, Chippewa, Clark, Dunn, Eau Claire, Jackson, Juneau, Lincoln, Marathon, Oneida, Portage, Price, Rusk, Taylor, Trempealeau, Vilas, Washburn, Waupaca, and Wood Counties**

“Without the Wisconsin Partnership Program funding, it would not be possible to expand programming intended to screen for and address needs related to the social determinants of health, incorporate the voices of the directly affected, and demonstrate the impact of this work on clinical outcomes, healthcare use patterns, and the satisfaction of patients, providers, community organizations, and campus and community volunteers. Wisconsin Partnership Program’s focus on authentic engagement of the directly affected in solutions to promote health equity ensures that the programs it funds are truly community-driven and promotes effective, sustainable, long-term change. Opportunities for ongoing learning, collaboration, and technical assistance offered by the Wisconsin Partnership Program are unmatched by any other funder and ensure that grantees can work across traditional boundaries between geographies, municipalities, and sectors to have the greatest possible impact in Wisconsin communities.”

**Jay Shrader, Vice President, Community Health and Wellness, Marshfield Clinic**

**Douglas, Bayfield, Iron, Ashland, Burnett, Washburn, Sawyer, Price, Oneida, Polk, Barron, Rusk, Taylor, Lincoln, St. Croix, Dunn, Chippewa, Eau Claire, Clark, Marathon, Wood, Portage, Monroe, Jackson, La Crosse, Trempealeau, Buffalo, Pepin, Pierce Counties**

“Without Wisconsin Partnership Program funding, it would not be possible to expand

experiential learning opportunities in health equity to multiple Wisconsin institutions of higher learning. Wisconsin Partnership Program funding is supporting the development of health equity curricular and co-curricular initiatives at multiple UW System institutions to ensure a further pipeline of professionals and citizens who understand health equity and have practical skills to promote it. We are proud UW-Eau Claire faculty and students are part of the Community Connections Team program and proud of the value this program is adding to communities in our catchment area.”

**Patricia A Kleine, Provost and Vice Chancellor for Academic Affairs, UW-Eau Claire**

**Juneau, Adams, Waushara, Marquette, Green Lake, Waupaca Counties**

“The member counties of the Central WI Health Partnership (CWHP) who represent the “Central Sands” agricultural region of central Wisconsin, are home to a rural population of 157,800 with an average per-capita income of \$23,500. Among the poorest in the state, this population historically ranks in the bottom quarter of Wisconsin counties for health determinants as determined by the County Health Rankings in a range of areas that directly affect mental health and physical well-being. Partnership Program support has allowed us to develop a continuum of care within the CWHP region that centers on community wellness and natural supports. By engaging leaders and empowering the community, we hope to improve health outcomes.”

**Central WI Health Partnership**

**Northern Wisconsin Tribal Communities**

“Over the last few years WISDOM has been able to expand its community organizing work to engage the Native American Communities in Northern Wisconsin. This profound work has helped us learn how to not be just multi-racial and multi-faith, but also multi-cultural. We have seen great work happening with tribes reclaiming their language and ensuring that their



language and traditions are taught to the next generation. We would not have been able to do this work if the Wisconsin Partnership Program had not changed their emphasis to focus on health equity.”

**Catoya Roberts, CO-Director, WISDOM**

### Rock County

“In Rock County we have been very fortunate to participate in the WPP-funded Healthy Wisconsin Leadership Institute (HWLI) Community Teams Program and Coach Team Program. This experience has paid dividends to not only our health department and health systems, but to our community at large. The HWLI team helps us to think outside of the box, to push ourselves outside of our comfort zone, and to move the work forward. Through the Wisconsin Partnership Program’s investment in the Healthy Wisconsin Leadership Institute (HWLI) we are working every day to make Rock County a healthy and inclusive place for all.”

**Kelly Klingensmith, MPH Community Health Education Coordinator & Health Equity Alliance of Rock County (HEAR) Coordinator Rock County Public Health Department**

**Shawano, Waupaca, Outagamie, Waushara, Winnebago, Calumet, Marquette, Green Lake, Fond du Lac, and Menominee Counties**

“The Healthy Wisconsin Leadership Institute (HWLI) has been a great experience for the East Central Health in Planning Team. As a team, we have gained knowledge, skills and tools that make our work more effective and efficient. The HWLI has also strengthened relationships within our multidisciplinary team, which has resulted in a greater collective impact for our region. In addition to being very responsive, HWLI staff create an engaging learning environment where we have exponentially increased our amount of health and team-building knowledge.”

**Tom Baron, East Central Wisconsin Regional Planning Commission**

**The Healthy Wisconsin Leadership Institute has also supported this work in the following counties: Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Dane, Douglas, Dunn, Eau Claire, Fond du Lac, Green Lake, Iowa, Jackson, Jefferson, Kenosha, La Crosse, Langlade, Lincoln, Marathon, Marquette, Menominee, Milwaukee, Monroe, Oneida, Outagamie, Pierce, Polk, Portage, Richland, Rock, Shawano, St. Croix, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood.**

### Statewide

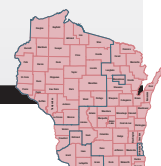
“Without the WPP grant, the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) would not be where it is today.

- Our collaborative is stronger than ever reaching both rural and urban assisted living communities in most of our counties statewide, impacting the health and quality of life of over 11,000 assisted living residents.
- The grant has allowed us to work closely with a new association, the Milwaukee Area Allied Provider Network (MAAPN), made up of primarily minority owned businesses, many who serve residents with significant health disparities.
- Due to WPP, the Centers for Medicare and Medicaid Services (CMS) agreed to match Federal Administrative funding because they see that membership in a WCCEAL community can benefit Medicaid beneficiaries.”

**Kevin Coughlin, Department of Health Services Long Term Care**

### Dane County

“I wanted to express my support for the direction taken by Wisconsin Partnership Program to stay on the cutting edge of public health and make room for innovative approaches that address the root causes of health inequities. Without this approach, Nehemiah would not have been able to develop and offer a new course at UW



addressing health care specifically in correctional settings. Training future health care providers to be aware of how our criminal justice system operates and the specific effects of incarceration on health and the health of communities across Wisconsin and the nation will put UW Madison on the map once again as a national leader on this issue. WPP's grant programs recognize community partners, who specifically address social determinants of health on a daily basis,

to be experts on an equal playing field as their academic partner.

This recognition allows for not only stronger, more informed research, but also increases the knowledge base and opens new avenues of inquiry and innovation."

**Karen Reece, PhD, Vice President of Research and Education, Nehemiah Center for Urban Leadership**

## EARLY CHILDHOOD EDUCATION AND PEDIATRIC HEALTH

### Vernon County

"Support from the Wisconsin Partnership Program fostered a collaborative community-academic partnership aimed at improving newborn screening and health care delivery to Wisconsin Amish children. With this award, we were able to rapidly diagnose numerous genetic disorders through development of low cost genetic testing and improved access to newborn screening. The partnership enabled by our award has left a growing legacy. Not only has our project improved the health of Amish children in Wisconsin, it has informed approaches to medical care for all children. Our Wisconsin Partnership Program award has enriched student educational experiences and nurtured new biomedical research studies."

**Christine Seroogy, MD, SMPH Pediatrics**

### Door County

"Because of the funding provided by the Wisconsin Partnership Program, the Door County Public Health Department, UW-Extension Door County, Door County Partnership for Children and Families, and the Sturgeon Bay School District collaborated to provide training and support to enhance the social and environmental conditions for Door County parents and pre-K through second grade children. This funding was essential in allowing our organizations to bring these programs

to Door County – and to provide them free of charge to the community. Because of the success we have seen in the past two years, our goal is to continue offering these programs throughout Door County."

**Candis Dart, Coordinator, Door County Partnership for Children and Families**

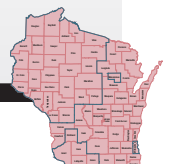
### Milwaukee County


"Working with the Wisconsin Partnership Program has been invaluable. Through the partnership with WPP, we have been able to expand critical programming to Milwaukee youth. This partnership has allowed us to create a fellowship leadership development model for young people to be trained on health inequalities, positive youth impact, and storytelling for change. Without a solid partnership and support from the staff at Wisconsin Partnership Program, this would not have been possible. We greatly appreciate their thoughtfulness around their grant making, and striving for impact where needed."

**Dakota Hall, Executive Director, Leaders Igniting Transformation (LIT)**

### Marquette, Monroe, Winnebago, Sawyer, Forest Counties

"We've had the privilege of being supported by the Wisconsin Partnership Program to expand a pilot of a statewide program that aimed to decrease





early childhood obesity rates through increased physical activity in early education settings. The expansion focused on communities of color and of lower socioeconomic status. The resources and supports piloted have now been integrated into training, technical assistance and the evaluation criteria for YoungStar, Wisconsin's Child Care Quality Rating and Improvement System.

The Partnership Program has also supported our efforts to promote the five protective factors against child abuse and neglect by connecting parents and bolstering a sense of community. Together, these parents are developing and mastering leadership skills that will advance community-driven projects aimed at reducing adverse childhood experiences.

Without the Wisconsin Partnership Program and its strategic funding priorities, we would not have been able to have impact in ways that build capacity and sustainability across local communities in our state. We are deeply appreciative of the resources and supports that Wisconsin Partnership Program has put behind our initiatives, so that we can advance the health equity starting with our youngest children and families.”

**Jill Hoiting, Director, Supporting Families Together Association**

### **Milwaukee County**

“According to state and national data, chronic absenteeism — which has a profoundly negative effect on student achievement — is closely correlated with ongoing and/or unmet health care needs (U.S. Department of Education, 2016). Our WPP grant focused on the importance of school attendance, and of addressing the health barriers related to chronic absenteeism. Our grant has enabled us to provide parent engagement activities, focus groups, and supports for families in transition; in addition, the grant was critical in encouraging collaboration with other community partners. Most critical has been our collaboration with our local health department. Their nurses have spoken with local pediatricians and clinics to share the information about chronic absenteeism and how it is the leading cause/determinant of high school graduation. The WPP grant provided us with funding needed to address the barriers of health disparities that prevent the children of my community from attending school and reducing their educational opportunities for a healthier life.”

**Marla Blom, West Allis / West Milwaukee School District**

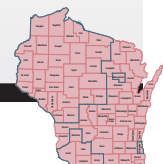
## **INFANT MORTALITY AND LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES (LIHF)**

### **Racine County**

“The Lifecourse Initiatives for Healthy Families (LIHF), in my opinion, is the only collaborative in Kenosha and Greater Racine that has been successful in bringing all the key players together including grass roots organizations that are on the front lines to discuss the issues and working to solving the problem of infant mortality. By working together, we have been instrumental in addressing the goals and long-term strategies to improve the health of our women and children.

We also create a better impact to improve the relationship between women and health care providers, more awareness about support services and resources, and support for fathers. The LIHF work is not finished. There are still long-term efforts to save lives and save our community.”

**GeorgAnn Stinson-Dockery; Kenosha & Racine LIHF Collaborative Member. President, Professional Women's Network for Service, Program Director, Birthing Project USA-Southeast Wisconsin**





### Racine County

“Racine LIHF has been a significant force in raising awareness in Racine about infant mortality. Before attending a LIHF meeting in 2010, I did not know anything about an infant mortality rate or the impact it has on a community. As parents who have lost an infant, my husband and I understand the pain and more importantly the need for support. Through LIHF, we realized that we were not alone. As a direct result of attending a LIHF meeting, I created a business to provide transportation for pregnant women and households with infants to medical appointments. LIHF has definitely changed lives including my family. I look forward in LIHF continuing its work in Wisconsin.”

**Nicole Urquhart, Baby Express Transportation, Owner, Racine LIHF Collaborative Co-Chair**

### Milwaukee County

“Over the past five years there has been significant foundational work done through the LIHF program in Milwaukee. LIHF has been able to sustain its partners and really begin to educate those around areas that can significantly affect outcomes for children and families. Through strong collaborations, LIHF has been able to identify specific areas that we believe will provide guidance for our work moving forward: community engagement, housing, and access (through transportation) to medical appointments. Consistency of messages throughout our communities is imperative for having significant impact.”

**Wanda J. Montgomery, Director of Community Partnerships, Children's Hospital of Wisconsin, Milwaukee LIHF Steering Committee Co-Chair**

### Kenosha County

“LIHF has given voice to the persistent disparities of Infant Mortality, evidenced based interventions and strategies that have been implemented because of collaborative discussions to help reduce the rates within our community. LIHF has been the engine to address

elements of social determinants of health within the African American community that includes strengthening families and addressing Mental Health concerns through the Home Visitation program and access to health care.”

**Gwen Perry-Brye, RNC, DNP, Clinical Services Director/Asst. Health Officer, Kenosha County Health Department, Kenosha LIHF Convening Agency**

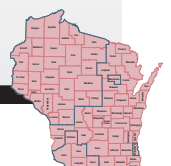
### Dane County

“Our organization was created specifically for the purpose of addressing and eliminating the stagnant and persistent health disparities that color Black women's lives in this community--and across Wisconsin. Wisconsin leads the nation in Black infant mortality, and is the only state where the life expectancy of Black women is declining. The urgency of resolving these disparities and others cannot be underscored enough. The Wisconsin Partnership Program provides a critical and necessary pathway to bolstering and advancing sustainable solutions to address these challenges, rooted in powerful partnerships and collaboration. The many initiatives and projects funded by the program across the state are making real and measurable gains, and are doing so in unprecedented ways by bringing community, campus and other key stakeholders across many sectors together for lasting impact and shared accountability for improving the well-being of every member of our community. With WPP's support, we can and are transforming the health and well-being of all of Wisconsin's citizens--including the most marginalized.”


**Lisa Peyton-Caire, Founder and President, Foundation for Black Women's Wellness**

### Dane County

“Funding from the Wisconsin Partnership Program is an excellent exemplar for supporting public health initiatives lead by the community directly affected by health inequalities. WPP's financial investment to support the efforts of Latinas community wellness workers to







work with post-partum Latina moms' in areas of self-care, mental health and baby/ infant breastfeeding and nutrition, is a clear statement of wanting to move the needle on health equity for all Latino families in Dane County. WPP understands that health equity will not be achieved under the current state of affairs in health care policy, delivery, and

funding. In contrast, when we look at health outcomes through the lenses of equity and cultural intelligence, we end-up with well-being and social justice. Two completely different perspectives, but yet two sides of the same coin.”

**Mariela Centeno, Director of Wellness Programs, Centro Hispano of Dane County**

## SUPPORT FOR MEDICAL AND PUBLIC HEALTH EDUCATION

**Since its inception, the WPP has provided robust support to educational efforts through the following programs. The success of these programs is illustrated through their impact, sustainability and the testimonials of medical students, residents, and medical faculty included below:**

### **Transforming Medical Education**

“Support from the Wisconsin Partnership Program has helped us make meaningful changes in medical education that will help our future physicians understand the world beyond the exam room, and how that world shapes the health of their patients. We are also proud to be part of a program that is the first of its kind in the country.”

**Shobina G. Chheda, MD, MPH, Associate Dean for Medical Education**

“AT UW SMPH we are immersed in both patient-centered and community-based approaches to practicing medicine. When we build strong relationships with communities early in medical school, we can ensure that our graduates will continue this practice throughout their careers. These relationships, based on mutual trust and understanding, are what will ultimately benefit communities and individuals statewide.”

**Surbhi Singhal, MD Student, Class of 2016**

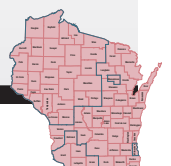
“The new curriculum’s integrated model will help students learn medical facts and concepts in the context of a wider, more relational view of medicine and public health. It will allow for powerful, transformative learning through deeper and longer relationships with patients in the context of real-world health system experiences.”

**Kyla Lee, MD, Director of Gundersen’s Traditional Medical Students Program**

### **UW SMPH Preventative Medicine Program**

“The connections and broader perspectives of public health, health systems and academia made during my residency through various rotations and projects have proven to be invaluable. The lens through which I now practice family medicine and approach scholarly and community projects is so much more well-informed. I also have a toolkit of resources that I would have never discovered without my training experience.”

**Karina Atwell, MD, MPH (family practice physician Verona Family Medicine Clinic)**



"I have seen how our "big picture" training allows us to promote interventions that reach whole communities at the same time that we account for the individual preferences and the human factors involved in our health care. UW Madison gave me the opportunity to learn and practice my passion, and provided me all the resources required to be successful in my career path."

**Maria Mora Pinzon, MD, MPH, Assistant Researcher UW SMPH UW Alzheimer's Institute**

### **Wisconsin Academy of Rural Medicine**

"My clinical training in Wisconsin's rural communities was the highlight of my medical education. Working with rural underserved populations has provided valuable insight into the unique needs of rural communities and the challenges faced by rural health care providers."

"As a WARM student, I had hopes and aspirations that I would get more hands-on experience, as well as be the small-town doctor that so many movies depict. In general, it was all true, and I got much more hands-on experience than my colleagues in the regular program."

**Matthew Herbst, MD '15**

"In WARM, we experience firsthand what it is like to be a community doctor. The mentorship is phenomenal."

**Matthew Herbs, MD '15**

"Having the opportunity to train in a rural environment for my third and fourth years of medical school and for residency deepened my resolve to be a rural general practitioner- in part, because I saw the need in rural areas."

**Nathan Vakharia, MD' 11**

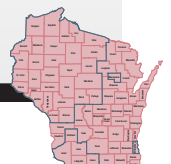
### **Master's in Public Health Program**

"My experiences at UW with the MPH Program have been integral in developing as a physician and person. The coursework and capstone project provided a foundation for practicing ethical medicine while striving to confront modern public health issues as a member of a multi-disciplinary team. I was prepared to identify and address social determinants of health witnessed on shifts in the emergency department, at the capitol, and globally. From climate change to environmental disasters to communicable disease, I collected a toolbox of skills to apply to any situation both now and in the future."

**Caitlin Rublee, MD, MPH**

"I really enjoyed my experiences with the MPH Program and would highly recommend the program to all physicians who desire a deeper understanding of our healthcare system and population health while gaining the tools and expertise needed to work collaboratively towards a healthier society."

**Mal Mathur, MD, MPH**





## Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH