



# **Making Wisconsin a Healthier State**

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Wisconsin Partnership Program  
**ANNUAL REPORT**  
JULY 1, 2018–JUNE 30, 2019



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

The Wisconsin Partnership Program was established at the UW School of Medicine and Public Health in 2004 through a generous endowment gift from Blue Cross Blue Shield United of Wisconsin's conversion to a stock insurance corporation. The Partnership Program expresses its continued gratitude for this gift to benefit the people of Wisconsin.

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I am pleased to present the Wisconsin Partnership Program's 2019 Annual Report. Among the most significant events of the past year was the approval and launch of the Wisconsin Partnership Program's 2019-2024 Five-Year Plan.

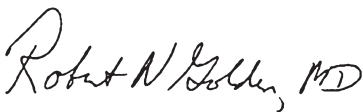
Since its inception, the Wisconsin Partnership Program has worked to improve health in Wisconsin. Its investments include research to understand, prevent and cure diseases; education and training programs to prepare health professionals to meet the evolving needs of Wisconsin's patients and populations; and community partnerships to address critical public health issues.

The 2019-2024 Five-Year Plan represents a transition in the Partnership Program's strategy for improving health. Just as the health challenges facing our state are evolving, so is our approach to addressing them. While the scope of "public health" still includes traditional public health, issues such as immunizations and tobacco use, we recognize the need to expand our view in a way that embraces the role that social determinants can play in achieving health equity and improving health outcomes. Factors such as housing quality, educational opportunities, social connections and employment status influence the risks and outcomes for diseases such as cancer, diabetes and Alzheimer's, as well as overall health status.

Please take a moment to read more about the updated goals on the following page. These goals, as well as the Partnership Program's grantmaking activities, reflect a forward-thinking vision and commitment to improve health and advance health equity in Wisconsin.

We look forward to doing our part to ensure that the people of Wisconsin will live full and healthy lives in communities that are also healthy and vibrant. We are grateful to our partners across campuses and communities, including those highlighted in this report and many more, who work on a daily basis to bring this vision to fruition.

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 is committed to bringing about lasting improvements in health and well-being and advancing health equity through investments in community partnerships, education and research. It aspires to the vision that everyone in Wisconsin will live full and healthy lives.

To date, the Wisconsin Partnership Program has awarded 491 grants totaling over \$231 million, and has supported projects in every county in Wisconsin. Its investments support a broad range of projects, spanning basic, clinical and translational research, education and workforce development and public health initiatives.

### Expanding Our Vision: The 2019–2024 Five-Year Plan

In March 2019, the Wisconsin Partnership Program launched its 2019–2024 Five-Year Plan. The plan, which was

developed over the course of the previous year, outlines how the Partnership Program will achieve progress toward its mission to improve health and well-being in Wisconsin.

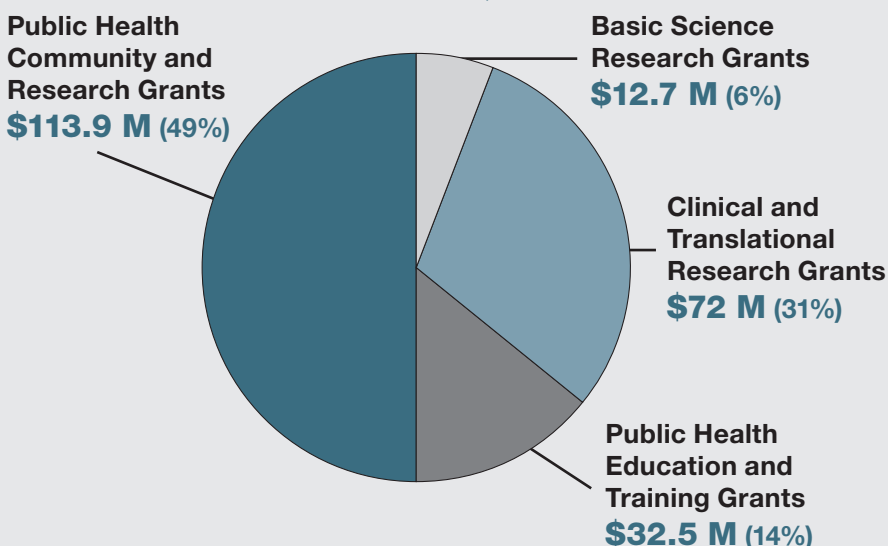
The Wisconsin Partnership Program remains committed to improving health by supporting community partnerships and education and research initiatives that fuel knowledge, scientific discovery and innovations in health and healthcare delivery. In addition, the 2019–2024 Five-Year Plan represents a transition in the Partnership Program's approach to improving health and reducing health disparities, recognizing that to truly improve health for everyone, we must expand our view of health with an explicit focus on health equity.

This expanded view aligns with emerging evidence and research from institutions including the National Institutes of Health, the Center for Disease Control and the Robert Wood Johnson Foundation, that support an expanded view of public health, recognizing that the health of a community and its people depends on a strong and stable foundation.

The Partnership Program is governed by two committees comprised of faculty and community members. 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 expertise and backgrounds guide the Partnership Program's processes for reviewing and awarding grants and evaluating outcomes.

### Grants Awarded by Type

2004 - June 30, 2019



### Grants Awarded 2004–June 30, 2019

**491 grants**  
**\$231 Million**

### Grants Awarded July 1, 2018 - June 30, 2019

**35 grants**  
**\$22 Million**



Housing quality, access to healthy food, income stability, social inclusion and educational opportunities are some of the things that help build that foundation and impact health and well-being over the course of a lifetime.

The Partnership Program's steadfast commitment to improving health and advancing health equity is reflected in the Five-Year Plan's goals. These goals drive its investments in research, education and community partnerships:

- **Promote Innovation:** To address complex health challenges, we will invest in new and evolving ideas and discoveries and their successful introduction into practice.
- **Build Capacity and Leadership:** To meet the emerging health and healthcare needs of our state, we will enhance knowledge, skills and abilities of our community partners, applicants and grantees, as we learn from them as well.
- **Advance Health Equity:** To achieve health equity, we will address the root causes of health inequities and the roles played by the social determinants of health.

- **Catalyze System Change:** To improve health and well-being of the people of Wisconsin, we will work to improve policies and practices within the many diverse systems influencing health.



**View the Five-Year Plan** to learn more about the values that guide these goals and the strategies that will support them. In addition, see page 13 of this report to learn more about how we are reaching these goals through our grant programs.

*Below: Wisconsin Partnership Program grants support initiatives that are working to improve health outcomes by focusing on health equity. A grant to the Rebalanced-Life Wellness Association supports its efforts to improve health for African American men in Dane County through an innovative health center model, located inside JP Hair Design, Madison's largest black barbershop. Pictured: Former Wisconsin Badger wide-receiver J.C. Dawkins (right), the center's outreach coordinator, and Jeff Patterson, owner of JP Hair Design, talk sports and health with client Shawn Williams.*







*Maureen Smith, MD, MPH, PhD, professor, Department of Population Health Sciences, presents findings from the Wisconsin Collaborative for Healthcare Quality's Health Disparities Report at the Collaborative's assembly on September 19, 2019.*

## Reducing Health Disparities Across Wisconsin Health Systems

A new study released in September 2019 by the Wisconsin Collaborative for Healthcare Quality (WCHQ) and supported by the Wisconsin Partnership Program, provides a unique set of data that sheds light on how patients experience healthcare—and health disparities—across Wisconsin health systems and medical clinics.

The WCHQ Health Disparities Report was developed in collaboration between WCHQ and the University of Wisconsin Health Innovation Program (HIP). It was co-authored by Maureen Smith, MD, MPH, PhD, Professor, Departments of Population Health Sciences and Family Medicine and Community Health, and Matt Gigot, WCHQ director of performance measurement and analysis. The work is supported through a four-year strategic grant from the Partnership Program's Partnership Education and Research Committee (PERC).

The study identifies where gaps in health outcomes and care exist in Wisconsin. The data is categorized based on race and ethnicity, insurance coverage and geography. The data

was submitted to WCHQ by 25 health systems and medical clinics and represents the most complete and recent (2018) data available for this work. The measures selected for the report include vaccinations, screenings, risk factors and chronic disease. The report found that some people in Wisconsin are experiencing a wide range of substantial disparities across several measures (see sidebar).

The Wisconsin Partnership Program recognizes that the most effective way to eliminate health disparities is through collaboration among many partners across campuses, communities, clinics and health systems as well as other public and private entities. Dr. Smith acknowledges how instrumental partnerships were to the project's success. "This project could not have been achieved without the partnerships among WCHQ, HIP, the participating health systems—and their impressive commitment to share data—and support from the Partnership Program."

"Wisconsin's health systems play a key role in eliminating health disparities, and they have worked diligently to continue

to improve the quality of care they deliver,” says Greg Nycz, Executive Director, Family Health Center of Marshfield, Inc., and PERC member. “We know that measurement is an effective way to monitor health disparities, and we believe by illuminating and reporting on these measures within individual health systems, the systems will be motivated to pursue positive change in these areas.”

The project team recognizes that improving health outcomes across communities will require more than the attention and efforts of the individual health systems. “Our goal was to identify and report disparities to promote public accountability, improvement and action by multiple stakeholders,” says Dr. Smith. “However, to reduce disparities, stakeholders may need focused efforts to address selected measures, as well as strategies that address the root causes of poor health, such as poverty, housing, food insecurity and other factors.”

The Partnership Program has also invested in initiatives aimed at reducing health disparities at the system level at Marshfield Clinic Health System and Sixteenth Street Community Health Center (see page 11). In addition, the Partnership’s investments in medical education and training support a curriculum that emphasizes health equity. This ensures that future physicians and public health leaders are prepared to address health disparities within communities and health systems.

“This project is an important strategic investment that aligns directly with our goal to advance health equity and improve health and well-being for everyone in Wisconsin,” says Richard Moss, PhD, SMPH Senior Associate Dean and PERC Chair. “It’s our hope that this innovative resource can be used to catalyze efforts to reduce health disparities within clinical settings, and also serve as a call to action to policymakers, employers and communities to develop appropriate approaches to addressing these health gaps.”

Chris Queram, WCHQ President and CEO, acknowledges that improving health is good for communities and good for business too. “Health equity is a community strength and an economic development asset. People want to live and work in areas where everyone has an equal opportunity to be healthy,” Queram said. “This report will help us get a step closer to that goal.”

## Disparities in Health Outcomes and Care in Wisconsin

The report found that some people in Wisconsin are experiencing a wide range of substantial disparities across several measures. Substantial was defined as 10 percent lower than the best performing group.

- Blacks are experiencing substantial disparities for childhood vaccinations, blood pressure control and not using tobacco if they have diabetes or health disease
- All the groups included in the report were not at the recommended weight
- There were substantial disparities in the American Indian population in childhood vaccinations, breast cancer screening and tobacco use related to diabetes and health disease
- Whites had the lowest rate of HPV vaccination



Read the full report at  
[wchq.org/disparities.php](http://wchq.org/disparities.php).

### RESEARCH HIGHLIGHT

## 160 Research Grants

## \$128 Million

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







*The Population Health Services Fellowship Program celebrates the graduation of its 2017-2109 cohort of fellows. Graduate Niki Euhardy, front row, right, and her preceptor Kristie Egge, middle row, second from left, are joined by other preceptors and fellows, faculty and staff from the Population Health Institute.*

## Preparing Future Public Health Leaders

The The Wisconsin Partnership Program has supported many UW School of Medicine and Public Health educational initiatives over the past 15 years, including Transforming Medical Education, the Wisconsin Academy for Rural Medicine, the Master of Public Health degree program, the Population Health Service Fellowship and the Preventive Medicine Residency. These programs engage students and trainees beyond the classroom and provide opportunities for skill and leadership development to ensure the next generation of healthcare professionals is prepared to serve patients and communities across the state.

The Partnership Program has supported the Population Health Service Fellowship Program since its inception in 2004. The program is a cornerstone of the Partnership's educational investments and continues to successfully achieve its goals of both public health workforce development and service contributions to rural and urban communities.

The Fellowship Program places early career public health professionals in local and state government and community organizations to tackle some of the state's most pressing health issues. These placements provide fellows with opportunities to gain professional experience, build skills and develop connections within the public health field.

To date, 80 masters- or doctoral-prepared fellows from diverse backgrounds have been placed in more than 40 local and state public health and community-based organizations. The number of graduating fellows currently contributing to, or leading, Wisconsin's public health workforce continues to grow, with 69 percent of fellows currently staying in Wisconsin.

Paula Tran Inzeo, MPH, a former fellow and current director of the UW SMPH Mobilizing Action Toward Community Health Group says, "The Fellowship Program truly catalyzes career trajectory. Fellows have the opportunity to work and lead at a much higher level than they would have if they had



taken entry-level public health jobs. This opportunity, combined with the networks they build, creates a career launching pad not available elsewhere.”

The fellows are widely recognized for their outstanding contributions to the organizations and communities they serve. Specifically, fellows have contributed to the receipt of more than \$1.4 million in grants addressing maternal and child health, as well as efforts to address Ebola preparedness, immunizations, response to flu and improving health outcomes for those living with AIDS/HIV.

Thomas Oliver, PhD, MHA, MA, a professor in the Department of Population Health Sciences and director of the Fellowship Program, is pleased with the contributions the fellows are making and their commitment to the state. He says, “It is truly remarkable that many of the Fellowship alum remain in Wisconsin, given that they come from all over the country. Not only are they learning and working here—they are building their careers and lives in Wisconsin as well.”

With the recent launch of its fifteenth cohort of fellows, the scope of the program continues to evolve. It is deepening its focus on health equity and is broadening its geographic reach to more rural and tribal communities in an effort to address the unique health challenges facing many Wisconsin communities.

Says Oliver, “The Fellowship Program is emblematic of the mission of the Partnership Program to improve health and health equity in Wisconsin. Our program continues to grow and evolve in ways that make that vision likely, thanks to the Partnership Program’s investments in education and people.”

## EDUCATION HIGHLIGHT

# 40 Education and Training Grants

## \$32 Million

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



## Creating Fellowship

The Population Health Services Program is a fellowship in the true sense of the word. Through its learning communities and partnerships with preceptors across the state, a network of public health learners and leaders flourishes and benefits organizations and communities in multiple ways.

Kristie Egge, a community health planner with the Wood County Public Health Department, serves as preceptor for the Fellowship Program. She reflects on this role as one of her most impactful and rewarding experiences, both professionally and personally. Through monthly Learning Community meetings, fellows and preceptors build their network, gain knowledge and have the chance to share and problem-solve with other public health leaders in the state. Niki Euhardy, who recently graduated from the fellowship program and served as a fellow for Wood County Health Department, is now working as a public health policy and equity coordinator with the Winnebago Public Health Department. She says, “Nothing could have prepared me for a public health career the way this fellowship has. There were so many opportunities to try new ideas, build self-confidence, make statewide connections and grow as a leader. I hope to be able to give back to the program as a preceptor myself one day.”

Kristie echoes the value of the program. “Our health department would not be where it is today without Niki’s contributions and leadership on many important projects. It’s amazing when you think of how significantly the Fellowship Program and its fellows have contributed to the field of public health and to society.”



Learn more about the Population Health Service Fellowship Program at [wiphfellowship.org](http://wiphfellowship.org).



*Patient and resource navigators at Sixteenth Street Community Health Centers connect patients like Ever, pictured here, to social services and resources to address issues that are impacting health but cannot effectively be addressed within the context of an exam visit.*

## Improving Health by Addressing Housing Instability

The health of a community depends on a strong and stable foundation. Income stability, housing quality and affordability, access to healthcare and educational opportunities help build that foundation. Through its Community Impact Grant Program, the Wisconsin Partnership Program supports initiatives designed to improve health and advance health equity by building strong foundations for health.

A grant to Sixteenth Street Community Health Centers, Milwaukee's largest federally qualified health center, supports the organization's work to build a strong foundation of community health by addressing housing instability in its community.

Sixteenth Street serves nearly 40,000 patients in a vibrant Southside Milwaukee community. Last year, 86 percent of patients were Hispanic, 72 percent best served in a language other than English, and 79 percent of those whose income is known, reported it below 100 percent of the poverty level. System barriers, such as complex insurance and health and

social service information, have created roadblocks for members of this multicultural community to access some of the basic building blocks to health.

Wisconsin Partnership Program funding supports the development and implementation of a patient screening tool to identify foundational health concerns, such as housing. Community volunteers screen patients to identify needs and connect them to patient and resource navigators, who help patients access appropriate services and resources to meet their needs. The model includes data sharing across agencies to ensure sustainable, systemic change to how Sixteenth Street addresses housing and the other basic building blocks for health.

Systemic changes are too large to be made by one organization working alone, which is why partnerships are essential. Project Manager and Director of Health Education and Community Programs José Salazar says, "By working together and formalizing relationships with other community



agencies, we are redefining a system to provide support that is seamless, proactive and ultimately more effective in improving health.” A critical partner in this work is the Milwaukee Health Care Partnership, which includes local health systems, community health centers and government health agencies, all working together to reduce fragmentation to ensure that no one slips through the cracks—which happens all too frequently under the current, siloed system.

Housing instability, which includes homelessness and overcrowded properties, as well as structural problems with mold and lead, is one of the greatest threats to health in the Sixteenth Street community. The chronic stress caused by these housing challenges exacerbates many of Sixteenth Street patients’ most diagnosed health issues, including obesity, hypertension, diabetes, depression and anxiety.

Julie Schuller, MD, a practicing physician for 25 years before becoming Sixteenth Street’s president and chief executive officer, says, “As doctors, we recognize patients have these issues impacting their health, but there is only so much we can do within the context of an exam visit.”

As an example, she shares the story of a patient with allergies who developed asthma. Though she treated the asthma at the clinic, the patient had mold in her low-income housing apartment and an uncooperative landlord. Her housing voucher made it difficult to move. Dr. Schuller asks, “How can we address this? We want to take care of people beyond the exam room—where they live, work and play—but doctors don’t have expertise in housing and social services. Projects like this provide the expertise to augment what we’re able to do in the exam room.”

“In addition,” says Rosamaria Martinez, Vice-President of Community Health Initiatives, “trust is essential to the initiative’s success. Many staff members live in the community and want to make sure their community’s needs are recognized.” She says, “We are committed to our community and want to make sure the people—both within and beyond our clinic walls—have what they need to live healthy lives.”

Our state thrives when communities have strong foundations for health. Healthcare systems like Sixteenth Street play an important role in building these foundations by addressing issues impacting health and well-being within their communities. Says Dr. Schuller, “This project allows us to contribute to health not only in the clinic setting, but within our broader community as well.”

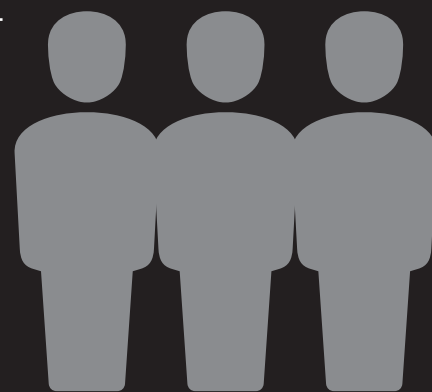
The health of a community, like a building, depends on a strong and stable foundation. Access to healthy food, access to healthcare, safe and affordable housing, a built environment or neighborhood that promotes health, quality education and strong social supports are a few of the many factors that strengthen this foundation and contribute to positive health outcomes for everyone. These factors—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. Through its grant programs, the Wisconsin Partnership Program supports projects and initiatives that are improving health and advancing health equity by building strong foundations for health.

## COMMUNITY HIGHLIGHT

# 291 Community Partnership Grants

## \$70 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.**



## Evaluation and Impact

Since its inception, the Wisconsin Partnership Program has invested in research, education and community partnerships to solve complex health challenges from the cellular to the clinical to the community level. This approach has led to innovation in healthcare and scientific discovery, future healthcare providers and public health leaders who are among the best prepared in the nation, and communities forging paths toward addressing their unique health needs.

Improving health is a complex and complicated undertaking; and so too is measuring impact. To date, the Partnership Program has measured its impact based on the aggregated achievements of individual grantees. These accomplishments have been reported annually in its published Outcomes Report. The Partnership Program also measures outcomes and impact based on indicators, including:

- Return on investment through leveraged funding from external funders
- Dissemination and publication of project findings
- Outcomes specific to grant programs, such as the career development of faculty/principal investigators within the New Investigator Grant Program

However, the Partnership's understanding of what creates health is evolving, and takes into consideration the complexity of the factors that influence change and, ultimately, success in achieving its overall goal of improving health and well-being and advancing health equity for all Wisconsin communities.

Improving the health of Wisconsin communities means tackling challenges that are dynamic, non-linear and have resulted from a multitude of independent factors that influence each other, often in unpredictable ways. Therefore, measuring the Partnership Program's impact on health cannot be solely attributed to the accomplishments of its grantee portfolio. The Program's approach to evaluation is changing to reflect this understanding.

To successfully understand and measure its impact, the Partnership Program is enlisting external evaluation expertise to help answer the following questions:

1. To what extent are the Partnership Program's investments in research, education and community partnerships in alignment with its overall goals and objectives of improving health and well-being for everyone in Wisconsin?
2. What is the potential impact of its grant programs and processes to achieve health equity?

3. What are appropriate indicators of individual, community and system-level outcomes attributable to its grantmaking?

The answers to these questions will shape how the Wisconsin Partnership Program approaches its work going forward. Ultimately, the responses will reflect if the Partnership Program is using its resources most effectively to achieve its desired goals.

### Searchable Grants Web Page to Launch January 2020

The Partnership Program is transitioning from a printed outcomes report publication that captures outcomes within the fiscal reporting period, to a searchable, interactive grants web page.

The new Funded Projects web page will pilot December 2019, with summary pages of concluded grants for the period July 1, 2018 – June 30, 2019. The full launch of the page will include previously concluded grants as well as current projects and new awards. This searchable site will allow interested parties, including potential applicants, grantees, faculty and staff, community organizations, public health professionals and other interested stakeholders and public citizens to readily find information on concluded grants and recently awarded projects.

Grantees have leveraged more than  
**\$621.1 million**  
 from funders and organizations outside the  
 UW System to expand or sustain their work.

Grantees have produced more than  
**6,000 peer-reviewed  
 publications**  
 to create and disseminate knowledge.



View the outcomes reports for the grants  
 that concluded for this reporting period  
 July 1, 2018–June 30, 2019 at  
[med.wisc.edu/wpp-funded-projects](http://med.wisc.edu/wpp-funded-projects)



## Promote Innovation

Early diagnosis and treatment decrease the risk of severe vision loss from diabetic eye disease, but fewer than half of the 29.1 million Americans with diabetes receive yearly eye screenings. A recent study supported by the Wisconsin Partnership Program addressed barriers to diabetic eye screening. The findings helped to advance the use of teleophthalmology for eye screening at Mauston's Mile Bluff Medical Center, the only full-service hospital in a six-county area of central Wisconsin.

The innovative telehealth program has dramatically boosted diabetic eye screening, with the health system seeing a 35 percent increase over three years. The new model serves as a blueprint for other health systems in Wisconsin and nationally for building teleophthalmology programs.

## Catalyze System Change

An innovative research project brings together UW investigators and health system partners to measure and publicly report disparities in the quality of care for 25 healthy systems in Wisconsin. The four-year project is led by the UW SMPH Health Innovation Program and the Wisconsin Collaborative for Healthcare Quality.

By measuring and reporting disparities in quality, this project is expected to facilitate change efforts by health systems and other organizations and ultimately benefit Wisconsin's most vulnerable citizens. The project team released their first report in September 2019. (Read more on page 6)

**The Wisconsin Partnership Program's investments in research, education and community partnerships focus on four main goals. These goals address what we believe are the critical elements to achieving greater health in Wisconsin. The selected grant highlights show how we are reaching our goals.**

## Advance Health Equity

A recent study supported by the Wisconsin Partnership Program and led by UW researchers has identified a specific genetic vulnerability in Hmong people that renders them more susceptible to blastomycosis, an uncommon fungal infection.

The findings can help physicians make better-informed and timely decisions about treatment for people who are at higher risk for this infection. Additionally, this work has the potential to extend health benefits to the population at large as more personalized approaches to medicine are established.

## Build Capacity and Leadership

With support from the Wisconsin Partnership Program, the UW SMPH has established itself as a leader and national model for its comprehensive educational approach as a fully integrated school of medicine and public health.

The Partnership Program's continued investments in education, training and workforce development prepare future physicians and health professionals to care for both patients and populations. Initiatives supported by the Partnership Program include Transforming Medical Education and its innovative ForWard curriculum, the Wisconsin Population Health Services Fellowship, the Wisconsin Academy for Rural Medicine, Preventive Medicine Residency, and the Master of Public Health (MPH) Program. (Read more on page 8)

## Grants Awarded July 1, 2018 – June 30, 2019

The Wisconsin Partnership Program awarded 35 grants for \$22 million for the period July 1, 2018–June 30, 2019.

### Community Grant Programs

The Oversight and Advisory Committee (OAC) directs and approves funds for public health initiatives and public health education and training. Its grant programs are designed to support projects that improve community health and advance health equity in alignment with the mission and vision of the Wisconsin Partnership Program. In 2018–2019, OAC made the following awards:

#### **Lifecourse Initiative for Healthy Families (LIHF)**

*Amount: \$973,300*

*Project Director: Gina Green-Harris, MBA,  
Director, Lifecourse Initiative for Healthy Families*

*Academic Partner: Sheri Johnson, PhD,  
Director, UW SMPH Population Health Institute*

This new collaboration will enhance and guide the direction and growth of the Lifecourse Initiative for Healthy Families (LIHF) for the future, including planning, implementation and evaluation, with a focus on prioritizing community input and leadership. LIHF will continue to address drivers of poor birth outcomes that are related to racial disparities and discrimination, with the goal to ultimately improve health outcomes for African American mothers and infants.

### Community Catalyst Grants

The Wisconsin Partnership Program recognizes that communities across the state experience health in different ways. The Community Catalyst Grant Program supports innovative ideas and approaches to improving health, led by those with the greatest understanding of the health challenges their communities face, as well as the greatest understanding of potential solutions. The Community Catalyst Grants provide up to \$50,000 over two years. There were 15 awards in 2018.

#### **Alzheimer's Disease and Related Dementia Education and Awareness Initiative for Wisconsin's Indian Country**

*Great Lakes Native American Elder Association, Great Lakes Intertribal Council*

This project will bring Native American experts on Alzheimer's disease and dementia to elder gatherings and will design educational programs to inform and empower tribal communities and their healthcare providers to address the cultural implications of addressing Alzheimer's and dementia within Native communities.

#### **Black Girl Live**

*Lilada's Livingroom*

The project will create a virtual safe space, especially for black girls, ages 10–17, who are at high risk for suicide and sexual abuse. The project uses social media and digital devices to provide support and access to prevention and healing.

#### **Building Immigrant Leadership for Wisconsin**

*Racine Interfaith Coalition*

Racine is one of many communities in Wisconsin with a fast-growing immigrant population. This project seeks to build an infrastructure of social support and cohesion to improve health outcomes for its immigrant population.



<b>Building Beloved Community for Reproductive Justice</b> <i>Wisconsin Alliance for Women's Health, Maroon Calabash, UBUNTU Research and Evaluation</i>	<p>Black women in Wisconsin face many challenges related to reproductive healthcare, including exceptionally high rates of infant mortality. This project will develop a sustainable statewide organization that promotes the leadership of black women in the area of reproductive justice.</p>
<b>Community Dental Partnership Program</b> <i>More Smiles Wisconsin</i>	<p>By drawing on innovative ideas from outside of the dental world, this project is developing a partnership among nonprofit dental clinics to reduce the unique costs and burdens faced by free and charitable dental clinics. The goal is to ensure that each clinic can effectively address the unmet oral health needs of Wisconsin residents.</p>
<b>Community Doula Initiative</b> <i>African American Breastfeeding Network Inc.</i>	<p>This project aims to improve the experience of black women during pregnancy, childbirth and postpartum by building the capability and collaboration of the existing black doulas in Milwaukee, Wisconsin, and increasing the understanding of community needs around doula-assisted births.</p>
<b>Community Fellowship to Improve Health</b> <i>Second Baptist Church</i>	<p>Through this grant, the Second Baptist Church, the YWCA Madison and the Urban League of Greater Madison, with academic partner Dr. Earlise Ward, UW-Madison School of Nursing, will implement a faith-based depression management program for African Americans.</p>
<b>Farmer Suicide Prevention</b> <i>Southwestern Wisconsin Community Action Program</i>	<p>This project will develop a comprehensive set of community-based education and intervention tools that will be integrated into the farming community to address the immediate crisis of suicide and support the overall mental health of farmers.</p>
<b>Improving Health Services and Health Equity for Transgender Individuals</b> <i>Planned Parenthood of Wisconsin, Inc.</i>	<p>This project's goal is to increase access to affordable and competent sexual and reproductive healthcare services for transgender, gender nonbinary, gender expansive and gender nonconforming individuals by creating a more informed and educated healthcare work force and improving patient materials.</p>
<b>Neighborhood Organizing Institute 2.0</b> <i>Lussier Community Education Center</i>	<p>This project expands training and support for low-income organizers of color to make changes in their own communities. By addressing health inequities at the grassroots level, and amplifying community voice regarding health issues of local importance, this project seeks to improve overall community health and health outcomes.</p>
<b>Pathways for Equitable Access for Spanish-Speaking Early Educators</b> <i>Wisconsin Alliance for Infant Mental Health</i>	<p>This project will create equitable access for Spanish-speaking early childhood educators to professional development opportunities related to social emotional development and infant mental health. Tools, resources and training will be translated into Spanish and reflect the cultural awareness of the needs of Latin/x early educators. As a result of this project, Latin/x educators well-trained in this area will be able to foster positive health outcomes for infants and children in their care.</p>

<b>Preventing Lead Exposure: No More High Lead Levels</b> <i>Metcalfe Park Community Bridges, Inc.</i>	<p>This project will address the health inequities of lead exposure and lead poisoning in the Metcalfe Park neighborhood of Milwaukee. The team will implement a community-led solution of mobilizing block leaders to engage families and help them recognize and reduce lead exposure and risk of lead poisoning. The project will test for lead in homes, mitigate exposure to lead and educate renters and tenants about their rights regarding lead exposure.</p>
<b>Preventing Youth Homelessness for Youth Aging Out of Foster Care</b> <i>Pathfinders</i>	<p>Youth aging out of foster care face high rates of homelessness and some of the highest barriers to health and well-being in the nation. This project will expand the evidence base for an innovative solution to the challenges of youth homelessness that has been piloted in Milwaukee. Through further research and evaluation, this project aims to inform state policy and expand this model of service delivery in Wisconsin and beyond.</p>
<b>Transformational Therapy for Children Experiencing Trauma</b> <i>Zion City Church Ministries</i>	<p>Led by Anesis, a black-owned-and-operated therapy center in Madison, Wisconsin, the grant will provide access to Trauma Focused Cognitive Behavioral Therapy and Child-Parent Psychotherapy training to address immediate health needs of youth. Through this extensive training, clinicians will be better equipped to support children and their caregivers as they deal with trauma, and prevent cycles of intergenerational trauma that lead to other racial health disparities in families and communities.</p>
<b>Teen Leadership and Engagement in Health</b> <i>Racine Kenosha Community Action Agency</i>	<p>This grant will support the development of an adolescent health stakeholder group in Racine that aims to reduce sexually transmitted diseases and infection in teens, and teach leadership skills to support healthy adolescent lifestyles. Teen stakeholders will gather information, identify needs and share resources to ensure the community is receiving optimal care related to sexual health and teen pregnancy.</p>

## Community Impact Grants

The Community Impact Grants provide up to \$1 million over five years and support large-scale, evidence-based, community-academic partnerships that have the potential to create sustainable changes to systems, policies and environments that impact health.

<b>Improving Health Outcomes of Milwaukee's Latino Community</b> <i>Sixteenth Street Community Health Centers</i> <i>Academic Partner: Michelle Corbett, MPH, CHES, Associate Researcher, Center for Urban Population Health, UW-Milwaukee</i>	By addressing health inequities, such as housing instability, among Sixteenth Street's patients and community, this project seeks to develop a collaborative model for healthcare and social services to close health gaps and improve health outcomes. The model will focus on patient-centered screening and interventions and purposeful data-sharing across agencies to ensure a sustainable, systematic change to approaching and addressing social determinants in Sixteenth Street's primary care practice.
<b>Reducing Health Disparities in Dane County's African American Communities</b> <i>Nehemiah Community Development Corporation, Inc.</i> <i>Academic Partner: Jerlando Jackson, PhD, Wisconsin's Equity and Inclusion Laboratory (Wei Lab), UW-Madison School of Education</i>	This project focuses on reducing disparities in overall health among African Americans by addressing implicit and structural racism. This grant will provide education and training for grassroots African American neighborhood leaders, African American professionals, and white allies through its "Justified Anger Black History for a New Day." The project will build and strengthen social networks and support participants with identifying opportunities for collaborative social action.
<b>Promoting the Social and Emotional Health of Children</b> <i>Supporting Families Together Association</i> <i>Academic Partner(s): Katherine Magnuson, PhD, UW-Madison, School of Social Work; Christine Neddenriep, PhD, UW-Whitewater, Department of Psychology</i>	This project will implement intervention strategies in early childhood education to address disparities in rates of expulsion among young children in Wisconsin. Early expulsion negatively affects social emotional health because it interrupts children's learning and prevents the early identification or diagnosis of underlying behavioral or mental health issues. By preventing expulsions in early childhood through a systemic model of supports, the project will create better health and social emotional development outcomes and decreased disparities among children of color and children of lower socioeconomic status.
<b>Improving the Health Outcomes of Communities Impacted by Incarceration</b> <i>Employ Milwaukee</i> <i>Academic Partner: David J. Pate, PhD, UW-Milwaukee, Helen Bader School of Social Welfare</i>	Through this project, Employ Milwaukee and collaborators will address the widespread negative health effects of incarceration by establishing a better coordinated re-entry system to support criminal justice-involved individuals. Ultimately, the project aims to increase employability and job retention among the re-entry population, reduce the rate of recidivism and improve the health outcomes of returning citizens by addressing the social determinants of health that impact well-being and life expectancy.



## 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 2018–2019, PERC made the following awards:

### Collaborative Health Sciences Program

The Collaborative Health Sciences Program 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 2018:

#### **Leaving Prison and Connecting With Medical Care: Medicaid Expansion, Treatment Access and Outcomes for Opioid Use Disorder and Hepatitis C Infection**

*Principal Investigator(s):*

*Marguerite Burns, PhD, Department of Population Health Sciences; Ryan Westergaard, MD, PhD, Department of Medicine*

This project will explore the effects of the expansion of Medicaid eligibility and the subsequent addition of prison-based Medicaid enrollment on treatment access, use and outcomes for opioid use disorder and hepatitis C virus for adults released from state prisons. The study's findings have the potential to inform federal and state efforts to identify policies that will address these issues and ultimately improve the transition to care when individuals are released from prison.

#### **Testing Effectiveness of a Community Resource Navigation Intervention to Enhance Health Professional Education, Reduce Unmet Social Needs, and Improve Patient Health**

*Principal Investigator(s): Sara Lindberg, PhD, Department of Population Health Sciences, in collaboration with the UW Center for Patient Partnerships and its Community Resource Navigator Program; Jennifer Edgoose, MD, Department of Family Medicine and Community Health; Jill Jacklitz, MSSW, UW-Madison Law School*

This study will assess how the student navigator role influences pre-health professionals' knowledge, attitudes, beliefs and career trajectories and its effectiveness in enhancing health workforce development. The findings have the potential to inform national conversations on the effectiveness of using a volunteer-driven social resource navigator program in a clinical setting.

#### **Toward an Integrated Understanding of Stress, Inflammation and Immune Response**

*Principal Investigator(s): Anna Huttenlocher, MD, Department of Pediatrics; Richard Davidson, PhD, Department of Psychology; David Beebe, PhD, Department of Pathology and Laboratory Medicine and Biomedical Engineering*

This project will explore the intersection of stress, inflammation and immune response. It will study the markers of inflammation and whether or not mindfulness-based stress reduction, including techniques that promote mind and body awareness to reduce the physiological effects of stress, pain or illness, can modify or optimize the immune response.

**UW Innovations in Malignancy  
Personalized Advanced Cell  
Therapies (UW-IMPACT)**

*Principal Investigator(s): Jacques Galipeau, MD, Department of Medicine; Paul M. Sondel, MD, PhD, Department of Pediatrics; Douglas G. McNeel, MD, PhD, Department of Medicine; David J. Beebe, PhD, Department of Pathology and Laboratory Medicine and Biomedical Engineering*

The project aims to produce personalized cell therapies for otherwise incurable adult prostate and pediatric neuroblastoma malignancies. This is the first study using B-cells to treat cancer in humans, and its discoveries may provide a new therapeutic approach to treating cancer.

## 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 \$150,000 over two years.

The following awards were made in December 2018:

**Addressing Black Infant Mortality  
in Wisconsin through a  
Collaborative Health Equity  
Approach to Community-Based,  
Group Prenatal Care and Infant  
Support**

*Principal Investigator: Jasmine Zapata, MD, MPH, Department of Pediatrics*

This project will use local partners to implement the Today Not Tomorrow Pregnancy and Infant Support Program, a novel prenatal care approach that combines community-based doula programs, group-based models of prenatal care and community-based pregnancy support groups. By focusing on culturally relevant care, the project aims to address the inequities in African American birth outcomes in Wisconsin.

**Defining Host-Microbiome  
Interactions in Diabetic Wound  
Healing**

*Principal Investigator: Lindsay Kalan, PhD, Department of Medical Microbiology and Immunology*

This project will study how diabetic foot ulcers, a major complication of diabetes, heal in response to treatment, and will interpret the interactions between wound tissue and the microbiome. The project will potentially guide new therapies to improve health outcomes for patients.

**Identifying the Mechanisms of  
Nerve Regulation of Heart  
Regeneration**

*Principal Investigator: Ahmed Mahmoud, PhD, Department of Cell and Regenerative Biology*

This project will explore new strategies to repair the adult human heart following injury caused by heart disease, which can cause irreversible loss of part of the heart muscle. Specifically, this project aims to define the mechanisms by which cholinergic nerves regulate heart regeneration following ischemic injury.

**Kinetochore Integrity and Cancer**

*Principal Investigator: Aussie Suzuki, PhD, Department of Oncology*

This study will explore the scientific premise that the kinetochore, a protein structure that forms during cell division, ensures proper chromosome segregation and prevents mitotic errors. This study will provide fundamental insights into cancer and developmental diseases by yielding new understanding of kinetochore functions.

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

PERC Opportunity Grants provide pilot funds of up to \$200,000 over two years to jump-start innovative projects that have potential for transformative impact on health.

### Enabling Clinicians and Healthcare Trainees to Improve the Care of Wisconsin Residents Living with Dementia

*Principal Investigator(s): Art Walaszek, MD, Department of Psychiatry, Cynthia Carlsson, MD, MS, Department of Medicine*

This project will develop and implement a curriculum for medical students, residents and fellows that will increase and improve healthcare providers' ability to effectively diagnose and care for culturally diverse patients with dementia, including African American and Latinx patients, as well as those living in rural communities.

### Stroke Prevention in the Wisconsin Native Population

*Principal Investigator: Robert Dempsey, MD, Department of Neurological Surgery*

This grant supports a partnership between the UW School of Medicine and Public Health and the Oneida Comprehensive Health Division to institute a prevention program that aims to decrease the risk of stroke, vascular cognitive decline and vascular deaths and disability in the Wisconsin Native American population.

## Strategic Education and Research Grants

The Wisconsin Partnership Program's Strategic Education and Research Grant Program supports infrastructure vital to the school's research and education programs, as well as initiatives that aim to improve population health, healthcare delivery and target challenging public health issues.

The following strategic grants were renewed during the period July 1, 2018 –June 1, 2019:

### Evidence-Based Health Policy Project

*Principal Investigator: Sheri Johnson, MD, Population Health Institute*  
*Amount: \$236,910*

The Evidence-Based Health Policy Project connects lawmakers, researchers and other in the public and private sector to advance Wisconsin's health through two goals: provide policymakers in both the public and private sector with timely, nonpartisan information for evidence-based decision-making, and increase the involvement of UW faculty research and teaching activities in topical issues of state policy.

### Health Innovation Program

*Principal Investigator: Maureen Smith, MD, MPH, PhD, Department of Population Health Sciences*  
*Amount: \$680,204*

The Wisconsin Partnership Program provides funding to support the Health Innovation Program's work to improve healthcare delivery and population health across Wisconsin and the nation through conducting and disseminating health services research that partners UW faculty with Wisconsin healthcare organizations.



**Institute for Clinical and Translational Research (ICTR)**

*Principal Investigator: Allan Brasier, MD, Department of Medicine*

*Amount: \$10.2 Million*

The Partnership Education and Research Committee has supported ICTR since 2006. Along with other funders, the Partnership Program provides funding for ICTR's work to bring together scientists from the University of Wisconsin health sciences schools: Medicine and Public Health, Nursing, Pharmacy, and Veterinary Medicine as well as the College of Engineering, with the Marshfield Clinic Research Institute to transform health-related research into clinical practice. ICTR provides the infrastructure and resources needed to support the work of these researchers, physicians and other faculty as they collaborate in translating scientific discoveries into new approaches to promote health and diagnose and treat disease.

**Making Wisconsin the Healthiest State**

*Principal Investigator: Sheri Johnson, MD, Population Health Institute*

*Amount: \$518,371*

This project seeks to help understand and improve health across Wisconsin through two primary aims:

- Catalyze community health improvement and advance health equity by increasing skills, confidence and the capacity of communities and the public health workforce to use data and evidence for local community health improvement and health equity
- Innovate scholarship through the development of a second-generation health equity framework to expand measurement, assessment, reporting and action on Wisconsin's health and inequities.

**Preventive Medicine Residency Program**

*Principal Investigator: Patrick Remington, MD, MPH, Department of Population Health Sciences*

*Amount: \$489,944*

This renewal builds upon the success of the Preventive Medicine Residency Program. As the only preventive medicine residency program in the state of Wisconsin, and one of 11 in the Midwest, the initiative bridges physician training in clinical training and population health promotion and disease prevention. University of Wisconsin Preventive Medicine residents are trained both as public health leaders and population medicine leaders, skilled at conducting scholarship at the intersection of public health and healthcare systems.

**Survey of the Health of Wisconsin (SHOW)**

*Principal Investigator: Kristen Malecki, PHD, Department of Population Health Sciences*

*Amount: \$1.4 Million*

This renewal supports SHOW's expansion from an observational research program into a program that identifies and puts to work SHOW'S valuable infrastructure to advance community-based intervention research to improve health and health equity in Wisconsin. SHOW's newly established Scientific Advisory Board will help guide this effort.

## 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 ICTR awards during the period July 1, 2018–June 30, 2019:

<p><b>Dissemination and Implementation of a Mindfulness-Enhanced, Evidence-Based Program to Strengthen Family Relationships and Prevent Adolescent Substance Use in Wisconsin</b></p> <p><i>Principal Investigator: Larissa Duncan, PhD</i>  <i>UW-Madison School of Human Ecology</i>  <i>Amount: \$40,062</i></p>	<p>The Strengthening Families Program: For Parents and Youth 10–14 is an evidence-based intervention designed to prevent substance use onset and escalation in adolescence with results showing longitudinal benefit into young adulthood. This project aims to test the factors influencing successful dissemination and implementation of this program in seven primarily rural Wisconsin counties.</p>
<p><b>Identifying Barriers to Age-Appropriate Umbilical Hernia Repair in Wisconsin Children</b></p> <p><i>Principal Investigator: Jonathan Kohler, MD, FACS</i>  <i>UW School of Medicine and Public Health</i>  <i>Amount: \$75,000</i></p>	<p>This project aims to identify factors associated with early umbilical hernia repair in Wisconsin, and understand the barriers to implementing the umbilical hernia repair best practices in communities with low median age of umbilical hernia repair. Rural primary care physicians are engaged as stakeholders contributing to study design and interpretation of results to better reflect the realities of community practice.</p>
<p><b>Identifying Strategies to Provide Integrated Care for Rural Patients with Diabetic Foot Ulcers</b></p> <p><i>Principal Investigator: Meghan Brennan, MD, MS</i>  <i>UW School of Medicine and Public Health</i>  <i>Amount: \$75,000</i></p>	<p>This proposal directly addresses the rural-urban disparity in major amputations and death associated with diabetic foot ulcers. Results from this proposal will inform the design and future piloting of an intervention aimed at promoting integrated care for rural patients with diabetic foot ulcers.</p>
<p><b>Patients' Experiences with Breast Cancer</b></p> <p><i>Principal Investigator: Rachel Grob, PhD, MA</i>  <i>UW School of Medicine and Public Health</i>  <i>Amount: \$50,000</i></p>	<p>This project supports a qualitative research study of the patient experience and breast cancer. Findings from this study will be disseminated through a public-facing, web-based module, which will include video and audio clips.</p>
<p><b>Randomized Controlled Trial of a Consumer Health Education Intervention to Promote Appropriate Use of Care and Financial Well-Being</b></p> <p><i>Principal Investigator: Justin R. Sydnor</i>  <i>UW-Madison School of Business</i>  <i>Amount: \$74,924</i></p>	<p>This study will use educational formats, materials and messages designed particularly for low-resource consumers, including those new to insurance coverage and Medicaid members. By helping consumers make effective choices about use of insurance and healthcare, this study seeks to improve health outcomes and enhance cost savings.</p>
<p><b>Reach and Teach: Translating “Mind Over Matter; Healthy Bowels, Healthy Bladder” for Digital Delivery</b></p> <p><i>Principal Investigator: Heidi Brown, MD</i>  <i>UW School of Medicine and Public Health</i>  <i>Amount: \$75,000</i></p>	<p>This research aims to improve the reach of effective programs, including Mind Over Matter: Healthy Bowels, Healthy Bladder (MOM) to improve urinary and bowel continence in older women by adapting MOM to an electronic program (eMOM), and characterizing its reach when implemented via community agencies versus mass media promotion.</p>

### Sharing Doctors' Notes to Improve Parent Understanding of Their Hospitalized Child's Care Plan

*Principal Investigator: Michelle Kelly, MD  
UW School of Medicine and Public Health  
Amount: \$75,000*

This study aims to identify and compare parent and clinician perspectives of the benefits and negative consequences of sharing doctors' notes with parents of hospitalized children. The findings will advance scientific knowledge regarding the potential for harnessing innovative health information technologies, such as inpatient portals, to engage parents as active participants in inpatient care delivery and improve the safety of hospital-based care.

## Concluded Grants

Outcome reports for grants that concluded July 1, 2018–June 30, 2019 are posted at [med.wisc.edu/wpp-funded-projects](http://med.wisc.edu/wpp-funded-projects).

The following grants, funded by the Oversight and Advisory Committee, concluded July 1, 2018–June 30, 2019:

### Community Opportunity Grant Program (8)

Community Health Worker-Led Postpartum Support Group for Latino Mothers and Infants

Door County's Partnership Program to Enhance School Readiness for Children

Every Student, Every Day Program

Jackson County Drug-Free Communities Initiative

LIFE Foundation

Transgender Health – A New Horizon in Equity and Healthcare

The Fond du Lac County YScreen Expansion Project

United Way of Dane County: Smart Meds Program

### Lifecourse Initiative for Healthy Families (LIHF) (6)

Kenosha LIHF Collaborative

LIHF Implementation: Evaluation

LIHF Implementation: Faculty Leader

LIHF Implementation: Program Office

Pregnancy Risk Assessment Monitoring System (PRAMS)

Racine LIHF Collaborative



The following Education and Research Grants, supported by the Partnership Education and Research Committee, concluded July 1, 2018– June 30, 2019:

<b>Collaborative Health Sciences Program (4)</b>
Genetic Susceptibility to Infection in Wisconsin Hmong
PI3K/PTEN Targeted Therapy for HPV-Associated Cancers
Personalized Vitamin D Supplementation in European and African Americans
Winning the War on Antibiotic Resistance in Wisconsin: The WARRIOR Study
<b>New Investigator Program (4)</b>
Community-Based Continence Promotion: Mind Over Matter; Healthy Bowels, Healthy Bladder
Improved Glycemic Control through Reduction of Specific Dietary Amino Acids
Improving Antibiotic Stewardship for Long-Term Care Facility Residents Treated in the Emergency Department
Investigating Retention in Care to Address Healthcare Disparities in Lupus: A Wisconsin Lupus Cohort
<b>PERC Opportunity Grant (1)</b>
Engaging Clinicians in Online Social Learning to Close Knowledge Gaps in Community Health: Pilot Focus on Obesity and Mental Health Care

There were five Institute for Clinical and Translational Research Grants supported by the Wisconsin Partnership Program that concluded July 1, 2018 – June 30, 2019:

Clinical Implementation of Mammography Screening Shared Decision-Making (Co-Funding: UW Carbone Cancer Center)
Development of the Patient Advisor Training Strategy (PATS) Toolkit
Development of Tailored Approaches for Optimizing Research Engagement Among Disadvantaged Patients with Alzheimer's Disease and Their Caregivers in Acute Care Settings
Faith and Community in Action: Increasing Knowledge and Management of Depression in African American Communities
Parent-Mediated Intervention for Families with Children with Autism and Feeding Challenges

# Financial Overview

## Financial Highlights

- Earnings, net of fees, on endowed funds for the fiscal year 2019 ending June 30, 2019, were \$13.3 million
- Endowment distributions, funds released for program and administrative spending, were \$16.0 million from July 1, 2018 through June 30, 2019
- Wisconsin Partnership Program grant and administrative cash-basis expenditures were \$17.4 million from July 1, 2018 through June 30, 2019
- Total program assets decreased \$4.1 million between July 1, 2018 and June 30, 2019

## 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. In 2004, the UW School of Medicine and Public Health (SMPH) 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 this matter on October 16, 2019. 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, 2019. The Wisconsin Partnership Program changed its reporting period to a fiscal year ending June 30th effective June 30, 2017.

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, 2019		
<b>Assets</b>		
Current Investments	\$	\$15,715,729
Noncurrent Investments		368,278,105
<b>Total Assets</b>	<b>\$</b>	<b>\$383,993,834</b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Grants Payable	\$	35,848,905
<b>Total Liabilities</b>	<b>\$</b>	<b>\$35,848,905</b>
<b>Net Assets</b>		
Temporarily Restricted - Spendable	\$	\$1,968,536
Temporarily Restricted - Endowment		64,348,651
Permanently Restricted - Endowment		281,827,742
<b>Total Net Assets</b>	<b>\$</b>	<b>\$348,144,929</b>
<b>Total Liabilities and Net Assets</b>	<b>\$</b>	<b>\$383,993,834</b>

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

For the Fiscal Year Ended June 30, 2019		
<b>Revenues</b>		
Gifts Received	\$	-
Interest Income		174,218
Change in Fair Value of Endowed Funds		13,122,033
<b>Total Revenues</b>	<b>\$</b>	<b>\$13,296,251</b>
<b>Expenditures</b>		
OAC Initiatives		
Administrative Expenditures	\$	\$379,654
Grant Expenditures		5,286,318
PERC Initiatives		
Administrative Expenditures		705,071
Grant Expenditures		11,060,797
<b>Total Expenditures</b>	<b>\$</b>	<b>\$17,431,840</b>
<b>Net Increase/(Decrease) in Net Assets</b>	<b>\$</b>	<b>\$(4,135,589)</b>



# Financial Notes

## Cash and Investments

The financial resources that support Wisconsin Partnership Program grants as of June 30, 2019 (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, 2019, the balance of these funds is \$22.1 million in the Endowment portfolio. There is an additional \$17.8 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, 2019. 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, 2019.

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, 2019 (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, including Wisconsin Partnership Program funds, as its main source of revenue for WFAA operations. This assessment, and its usage, is determined by the WFAA and is not controlled by the Wisconsin Partnership Program.

The Institutional Advancement Fees were \$3,297,818 for the fiscal year ending June 30, 2019. Revenues are shown after these fees have been deducted.

Investment Returns (net of manager fees) . . . .	\$16,419, 851
WFAA Institutional Advancement Fee . . . . .	\$3,297,818
Change in Fair Market Value of Endowed Funds . . . . .	\$13,122,033

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 \$341,922 for the fiscal year ending June 30, 2019 and are included in the \$3,297,818 figured note above.

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, 2019, 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.

## Subsequent Event

In October 2018, the Wisconsin United for Health Foundation, Inc. passed a resolution to initiate a process to dissolve given that it had fulfilled its obligations as specified in the Commissioner of Insurance Order and the Agreement Between the Wisconsin United for Health Foundation, Inc., the UW Foundation, and the UW System Board of Regents. In August 2019, half of the remaining assets held by the Wisconsin United for Health Foundation, Inc., \$1,788,525, were distributed to the WFAA (UW Foundation) and added to Wisconsin Partnership Program permanent endowment.

**Table 3: Administrative Expenses**

For the Fiscal Year Ended June 30, 2019	
Salaries	\$ \$670,114
Fringe Benefits	240,969
Supplies	8,724
Travel	14,918
Other Expenditures	150,001
<b>Total</b>	<b>\$ \$1,084,725</b>
OAC (35%) Allocation	\$379,654
PERC (65%) Allocation	\$705,071
<b>Total</b>	<b>\$ \$1,084,725</b>

**Table 4: OAC Awards–Summary 2004–June 30, 2019**

	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	8,589,521	8,238,690	350,832
Total 2014 OAC Funding	6,915,486	6,681,979	233,507
Total 2015 OAC Funding	4,729,514	2,740,856	1,988,658
Total 2016 OAC Funding	4,811,144	2,754,455	2,056,689
Total January 1 through June 30, 2017 OAC Funding	1,014,375	568,947	445,428
Total FY18 OAC Funding	6,929,372	1,908,657	5,020,715
Total FY19 OAC Funding	5,977,930	\$179,301	\$5,798,629
<b>Total OAC Funding (2004 – June 30, 2019)</b>	<b>\$ 77,359,235</b>	<b>\$ 61,464,779</b>	<b>\$ 15,894,457</b>

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



**Table 5: July 1, 2018 to June 30, 2019 OAC Awards**

Project Title	Type	Total Awarded	Total Expended	Grants Payable
<b>Strategic Grants</b>				
Making Wisconsin the Healthiest State Project	R, S	\$ 259,186	\$ 57,124	\$ 202,062
Lifecourse Initiative for Healthy Families (LIHF)	E, S	973,307	52,575	920,732
<b>Community Catalyst Grants</b>				
Neighborhood Organizing Institute 2.0 (NOI 2.0)	E, S	49,992	6,189	43,803
Community Fellowship and Improve Thy Health (Com-FAITH) - Oh Happy Day Classes to Manage Depression	E, S	50,000	-	50,000
Community Doula Initiative	E, S	50,000	2,552	47,448
Farmer Suicide Prevention	E, S	50,000	-	50,000
Creating Pathways for Equitable Access for Spanish-Speaking Early Educators Through Technology Assisted Professional Development Opportunities to Support the Understanding and Promotion of Social Emotional Development for Children 0-5	E, S	49,937	4,000	45,937
PATHS: Preventing Youth Homelessness for Youth Aging Out of Foster Care	E, S	50,000	-	50,000
Transformational Therapy for Children Experiencing Trauma	E, S	50,000	-	50,000
Alzheimer's Disease and Related Dementia Education and Awareness Initiative for Wisconsin's Indian Country	E, S	50,000	5,700	44,300
Teen Leadership and Engagement	E, S	50,000	503	49,497
Building Immigrant Leadership for Wisconsin	E, S	49,200	6,174	43,026
Building Beloved Community for Reproductive Justice Sustainability	E, S	50,000	15,763	34,237
Preventing Lead Exposure: No More High Lead Levels	E, S	50,000	-	50,000
Black Girl Live by Lilada's Livingroom	E, S	50,000	-	50,000
Training to Improve PPWI Health Services to Promote Health Equity for Transgender, Gender Nonbinary, Gender Expansive and Gender Nonconforming (TNG) Individuals	E, S	50,000	-	50,000
Community Dental Partnership Program	E, S	50,000	1,232	48,768
<b>Community Impact Grants</b>				
Reducing Health Inequity Through Promotion of Social Connectedness	E, S	996,326	2,070	994,256
Social Service Redesign	E, S	1,000,000	14,703	985,297
Milwaukee Reentry Alliance	E, S	999,982		999,982
Preventing Early Expulsion to Promote Child Health	E, S	1,000,000	10,716	989,284
<b>Total OAC Funding For The Fiscal Year Ended June 30, 2019</b>		<b>\$ 5,977,930</b>	<b>\$ 179,301</b>	<b>\$ \$5,798,629</b>

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

**Table 6: PERC Awards–Summary 2004–June 30, 2019**

	<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	11,888,305	291,586
Total 2015 PERC Funding	19,939,334	19,809,830	129,504
Total 2016 PERC Funding	6,001,258	4,735,574	1,265,684
Total January 1 through June 30, 2017 PERC Funding	2,335,299	1,361,745	973,554
Total FY18 PERC Funding	4,563,102	2,665,370	1,897,732
Total FY19 PERC Funding	16,157,754	761,363	15,396,390
<b>Total PERC Funding (2004 – June 30, 2019)</b>	<b>\$ 147,579,221</b>	<b>\$ 127,624,771</b>	<b>\$ 19,954,449</b>

**Table 7: July 1, 2018 to June 30, 2019 PERC Awards**

Project Title	Type	Total Awarded	Total Expended	Grants Payable
<b>Strategic Grants</b>				
ICTR	E,R	\$ 10,880,204	\$ 513,272	\$ 10,366,932
Survey of the Health of Wisconsin (SHOW) renewal 2019-2022	E,R,S	1,400,000	-	1,400,000
Advancing Evidence-Based Health Policy in Wisconsin	E,S	236,910	21,167	215,743
Making Wisconsin the Healthiest State Project	R,S	259,186	59,974	199,212
University of Wisconsin Preventive Medicine Residency Program (PMR renewal)	E	498,944	-	498,944
<b>Opportunity Grants</b>				
Stroke Prevention in the Wisconsin Native American Population	R,S	200,000	-	200,000
Enabling Clinicians and Healthcare Trainees to Improve the Care of Wisconsin Residents Living with Dementia	E	199,768	-	199,768
<b>Collaborative Health Science Program Grants</b>				
Testing Effectiveness of a Community Resource Navigation Intervention to Enhance Health Professional Education, Reduce Unmet Social Needs and Improve Patient Health	E,R,S	200,000	52,806	147,194
Towards an Integrated Understanding of Stress, Inflammation and Immune Response	R	600,000		600,000
UW Innovations in Malignancy Personalized Advanced Cell Therapies (UW-IMPACT)	R	600,000	53,802	546,198
Leaving Prison and Connecting with Medical Care: Medicaid Expansion, Treatment, Access and Outcomes for Opioid Use Disorder and Hepatitis C Infection	R	482,742	20,033	462,709
<b>New Investigator Program Grants</b>				
Defining Host-Microbiome Interactions in Diabetic Wound Healing	R	150,000	7,265	142,735
Identifying the Mechanisms of Nerve Regulation of Heart Regeneration	R	150,000	10,607	139,393
Kinetochore Integrity and Cancer	R	150,000	22,438	127,562
Addressing Black Infant Mortality in Wisconsin through a Collaborative Health Equity Approach to Community-Based, Group Prenatal Care and Infant Support	R,S	150,000	11,105	150,000
<b>Total Perc Funding For The Fiscal Year Ended June 30, 2019</b>		<b>\$ 16,157,754</b>	<b>\$ 761,363</b>	<b>\$ 15,396,391</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 OAC and PERC 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 the 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  
Outreach Specialist, 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

Jennifer Stegall  
Executive Senior Policy Advisor,  
Office of Commissioner of Insurance  
Appointed May 2019

### School of Medicine and Public Health Appointees

Amy Kind, MD, PhD, Chair  
Associate Professor, Department of Medicine  
Representative: Public Health Faculty  
Appointed Chair July 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  
Ended Chair June 2018

### Partnership Education and Research Committee

PERC broadly represents the faculty, staff and leadership at the UW School of Medicine and Public Health and includes representatives from the Oversight and Advisory Committee (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

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  
Resigned June 2019

## Department Chairs

Edward Jackson, PhD  
Professor and Chair, Medical Physics  
Representative: Basic Science Chairs  
Appointed July 2018

Kathleen Shannon, MD  
Professor and Chair, Neurology  
Representative: Clinical Chairs  
Appointed January 2019

Richard L. Page, MD  
Professor and Chair, Department of Medicine  
Resigned September 2018

## Faculty Representatives

Elaine Alarid, PhD  
Professor, Department of Oncology  
Representative: Basic Science Faculty  
Appointed January 2019

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

Elizabeth Cox, MD, PhD  
Professor, Department of Pediatrics  
Representative: Clinical Faculty  
Appointed January 2019

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

Corinne Engelman, MSPH, PhD  
Associate Professor, Department of Population Health  
Sciences  
Representative: Public Health Faculty  
Resigned June 2019

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

James Shull, PhD\*  
Professor, Department of Oncology  
Representative: Basic Science Faculty  
Resigned September 2018

## Oversight and Advisory Committee Appointees

Amy Kind, MD, PhD  
Associate Professor, Department of Medicine  
Chair, Oversight and Advisory Committee

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

\* PERC Executive Committee Member

## Wisconsin Partnership Program Liaisons

### UW-Madison Office of the Chancellor

Paul M. DeLuca Jr., PhD  
Provost Emeritus

### UW System Board of Regents

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

Madalyn Grau, Administrative Assistant

Mehrnaz Ahmadi Joobaneh, Systems Analyst

Tonya Mathison, Administrative Manager

Anne Pankratz, University Relations Specialist

Courtney Saxler, Program Officer

Debbie Wu, Financial Specialist



**Wisconsin Partnership Program**  
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