Education Committee

Thursday, December 8, 2022
9:00 a.m. – 10:30 a.m.

Symphony Room, 2nd Floor
Gordon Dining & Event Center
770 W. Dayton Street
Madison, Wisconsin
and Via Zoom Videoconference

A. Calling of the Roll

B. Declaration of Conflicts

C. Proposed Consent Agenda:
   1. Approval of the September 29, 2022 Meeting Minutes of the Education Committee
   2. UW-Milwaukee: Approval of a Bachelor of Science in American Sign Language/English Interpreting
   3. UW-Milwaukee: Approval of a Master of Science in Digital Supply Chain Management
   4. UW-River Falls: Approval of Academic Unit Realignment Proposal
   5. Approval of Appointments to the Oversight and Advisory Committee of the Wisconsin Partnership Program

D. Wisconsin Partnership Program Annual Report

E. Credit For Prior Learning to (Re)Engage New Traditional Learners

F. Dual Enrollment: Landscape, Lessons, and Opportunities to Grow the Student Pipeline

Education Committee
December 8, 2022

Item C.2.

NEW PROGRAM AUTHORIZATION (IMPLEMENTATION) BACHELOR OF SCIENCE IN AMERICAN SIGN LANGUAGE/ENGLISH INTERPRETING UW-MILWAUKEE

REQUESTED ACTION

Adoption of Resolution C.2., authorizing the implementation of the Bachelor of Science in American Sign Language/English Interpreting program at the University of Wisconsin-Milwaukee.

Resolution C.2. That, upon the recommendation of the Chancellor of UW-Milwaukee and the President of the University of Wisconsin System, the Chancellor is authorized to implement the Bachelor of Science in American Sign Language/English Interpreting program at the University of Wisconsin-Milwaukee.

SUMMARY

The University of Wisconsin-Milwaukee proposes to establish a Bachelor of Science (B.S.) in American Sign Language (ASL)/English Interpreting. The development of this program supports UW-Milwaukee's mission to further academic and professional opportunities for students. The program responds to the increasing demand for interpreting professionals in a variety of educational and community settings. State and national occupational growth is expected to exceed 20%.

Currently, the program is offered as the Interpreter Training Program (ITP) submajor within the B.S. in Education. The elevation of the submajor to a major will facilitate the attainment of professional credentials and opportunities for program graduates. The comprehensive curriculum offers both rigorous academics and experiential learning opportunities. Coursework will ensure graduates are qualified for one or both Wisconsin state interpreting licenses. The B.S. in ASL/English Interpreting is comprised of 122 credits including 40 credits of foundational ASL language, knowledge, and skill development prerequisite coursework, and 58 credits in major coursework and fieldwork. Students will be admitted to UW-Milwaukee as intended majors. Students will then be admitted to the

major as juniors after completing foundational and general education courses. Major coursework will utilize a cohort model. Graduates will be prepared to be well-rounded interpreters who value and consider others' perspectives, who are culturally sensitive and empathetic practitioners who continually work to better themselves and the interpreting profession.

Presenter

- Scott Gronert, Interim Provost and Vice Chancellor, UW-Milwaukee

BACKGROUND

This proposal is presented in accord with UW System Administrative Policy 102: Policy on University of Wisconsin System Array Management: Program Planning, Delivery, Review, and Reporting (revised April 29, 2022), available at https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/policy-on-university-of-wisconsin-system-array-management-program-planning-delivery-review-and-reporting-2/).

Related Policies

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

- UW System Administrative Policy 102: Policy on University of Wisconsin System Array Management: Program Planning, Delivery, Review, and Reporting

ATTACHMENTS

A) Request for Authorization to Implement
B) Cost and Revenue Projections Worksheet
C) Cost and Revenue Projections Narrative
D) Provost's Letter

REQUEST FOR AUTHORIZATION TO IMPLEMENT A BACHELOR OF SCIENCE IN AMERICAN SIGN LANGUAGE/ENGLISH INTERPRETING AT THE UNIVERSITY OF WISCONSIN-MILWAUKEE PREPARED BY UW-MILWAUKEE

ABSTRACT

The University of Wisconsin (UW)-Milwaukee proposes to establish a Bachelor of Science (B.S.) in American Sign Language (ASL)/English Interpreting. The development of this program supports UW-Milwaukee's mission to further academic and professional opportunities for students. The program responds to the increasing demand for interpreting professionals in a variety of educational and community settings. State and national occupational growth is expected to exceed 20%.

Currently, the program is offered as the Interpreter Training Program (ITP) submajor within the B.S. in Education. The elevation of the submajor to a major will facilitate the attainment of professional credentials and opportunities for program graduates. The comprehensive curriculum offers both rigorous academics and experiential learning opportunities. Coursework will ensure graduates are qualified for one or both Wisconsin state interpreting licenses. The B.S. in ASL/English Interpreting is comprised of 122 credits including 40 credits of foundational ASL language, knowledge, and skill development prerequisite coursework, and 58 credits in major coursework and fieldwork. Students will be admitted to UW-Milwaukee as intended majors. Students will then be admitted to the major as juniors after completing foundational and general education courses. Major coursework will utilize a cohort model. Graduates will be prepared to be well-rounded interpreters who value and consider others' perspectives, who are culturally sensitive and empathetic practitioners who continually work to better themselves and the interpreting profession.

PROGRAM IDENTIFICATION

University Name
University of Wisconsin-Milwaukee

Title of Proposed Academic Degree Program
American Sign Language/English Interpreting

Degree Designation(s)
Bachelor of Science

Mode of Delivery
Single institution / Face-to-face

Department or Functional Equivalent
Department of Teaching and Learning

College, School, or Functional Equivalent
School of Education

Proposed Date of Implementation
September 2023

Projected Enrollments and Graduates by Year Five

Table 1 represents enrollment and graduation projections for students entering the program over the next five years and those currently enrolled in the Interpreter Training Program submajor. It is anticipated that current submajor students will transfer to the ASL/English Interpreting major. By the end of Year 5, it is expected that 30 new students will have enrolled in the program and 15 students will have graduated from the program. Once enrolled to the major, the average student retention rate is projected to be approximately 90% between years three and four of the program, based on current rates in the submajor.

Table 1: Five-Year Academic Degree Program Enrollment Projections

Students/Year	Year 1	Year 2	Year 3	Year 4	Year 5
New Students	21	25	30	30	30
Continuing Students	42	43	48	54	59
Total Enrollment	63	68	78	84	89
Graduating Students	12	11	14	13	15

Tuition Structure

For students enrolled in the B.S. in ASL/English Interpreting program, standard tuition and fee rates will apply. It is expected students will enroll full-time. For the current academic year, residential tuition and segregated fees total $4,809.91 per semester for a full-time student enrolled in (12-18) per semester. Of this amount, $4,045.56 is attributable to tuition and $764.35 is attributable to segregated fees. Nonresident tuition and segregated fees total $10,742.35 per semester for a full-time student per semester. Of this amount, $9,978.00 is attributable to tuition and $764.35 is attributable to segregated fees.

Students will be assessed an ASL Lab Fee of $50.00 for each of the following courses: EXCEDUC 305, 306, 349, 354, 359, and 364. Fees fund equipment and materials for the lab where students' complete coursework, class activities, recordings, and group assignments.

DESCRIPTION OF PROGRAM

Overview of the Program

The program requires students to complete 122 credits including General Education Requirements. Of these, 40 credits are prerequisites specifically related to the major and 58 credits are major requirements, as detailed in the curriculum section. Students will be encouraged to consider the Cultures and Communities Certificate and complete the ASL Studies submajor under the Education B.S. for a double major. The Cultures and Communities Certificate further develops students' cultural competencies beyond the Deaf community. The ASL Studies submajor provides greater ASL proficiency through additional, advanced ASL classes.

Student Learning Outcomes and Program Objectives

Students who earn a B.S. in in ASL/English Interpreting will learn about language, culture, and how to facilitate conversations. Graduates will be well-rounded interpreters who value and consider others' perspectives, who are culturally sensitive and empathetic practitioners who continually work to better themselves and the interpreting profession. Upon completion, graduates of the program will have the ability to:

1. Exhibit verbal and interpersonal skills to enhance professionalism and marketability.
2. Convey a solid understanding of best practices/processes in the field by applying the Code of Professional Conduct to the interpreting profession by exhibiting integrity, confidence, critical thinking, and focus on analysis of problem(s) and solution(s).
3. Produce professional quality work that demonstrates bilingual/bicultural competence.
4. Model self-analysis skills and the ability to develop personal and professional goals related to ongoing professional development.
5. Provide interpreting services that reflect awareness of and sensitivity to culturally and ethnically diverse groups.
6. Plan and undertake a structured interview and use effective interviewing tools and techniques.

Students will enroll as a cohort taking courses together in sequence. Skills courses are designed to build off the prior semester, ensuring students are advance their skills and prepare to work in the community. Within the skills courses, students will have specialized areas of study regarding various interpreting settings, including:

- Interpreting in K-12 Educational Settings
- Interpreting in Post-Secondary Settings
- Medical Interpreting
- Mental Health Interpreting
- Video Relay Interpreting

Field Experience:

Students will be required to complete a substantial number of hours of field experience. In the first semesters of major coursework, students will complete a minimum of 100 hours of fieldwork outside the class in a variety of settings and learning experiences. In the seminars attached to the fieldwork, students will discuss their experiences, ethical issues, and the role of the interpreter. In the final semester of the program, students will have two internship experiences: one in a K-12 interpreting setting and the other in a community interpreting setting. Students will complete 150-175 hours in the K-12 interpreting internship and approximately 240 hours in the community interpreting internship.

Program Requirements and Curriculum

Students will be admitted to UW-Milwaukee as intended majors in the ASL/English Interpreting program. In their fourth semester of enrollment, students can apply to enter the major. Applicants must complete requirements by the end of their fourth semester:

- Completion of 58 credits with a cumulative GPA of 2.5
- Completion of the following prerequisite courses:
    - EXCEDUC 348, Introduction to the Profession of Interpreting, with a grade of C or better;
    - EXCEDUC 352, American Deaf Culture, with a grade of C or better;
    - EXCEDUC 301, EXCEDUC 302, EXCEDUC 303, EXCEDUC 304, EXCEDUC 305, and EXCEDUC 306, American Sign Language I-VI. ASL I-II with a grade of C or better; ASL III-VI with a grade of B- or better;
    - EXCEDUC 320, Intro to Interpreting Skills: English to American Sign Language with a grade of B- or better;
    - EXCEDUC 321, Intro to Interpreting Skills: American Sign Language to English with a grade of B- or better;
- Completion of screening interview, after application submission.

The B.S. in ASL/English Interpreting is comprised of 122 credits, of which 40 credits are attributable to prerequisites and 58 credits are attributable to major requirements. Program requirements are intended to streamline completion of General Education Requirements (GERs). The number of credits to degree completion will vary based on the student and their Math, English, and ASL placement scores. Therefore, students will be advised that they must complete a minimum of 122 credits and that they may need to complete more.

In terms of a 4-year plan, the first two years of enrollment will focus on GER, language courses, and interpreting foundation coursework. Service learning is infused throughout the program. Beginning with ASL prerequisite courses, students are in the community, supplementing what is learned in the classroom. The value of the immersion experience is reflected in the ASL Living Learning Community in the residence halls. The final two years of the program will be delivered using a cohort model. Once accepted to the major, students will be placed into a cohort which is designed to encourage students to develop a network of interpreting colleagues and become a support network during the program. Coursework will build skills in interpreting and transliterating for use in a variety of settings. Additional classes will focus on content related to Deafness and the profession of interpreting, including ethics, community resources, and the interpersonal skills necessary for appropriate functioning within the interpreter role.

The four-semester practicum provides a necessary social and professional link with the Deaf community, and includes socializing with the Deaf and interpreter communities, doing community service, teaching and/or tutoring in sign, observation of professional interpreters, and hands-on interpreting experiences. This reflects the program's as well as the university's dedication to a multicultural mission, while at the same time allowing students to both practice their skills and enhance their learning. The goal of the program is to produce flexible, knowledgeable, culturally sensitive, and skilled entry level interpreters.

Table 2 illustrates the program curriculum for the proposed program. Students must satisfy the general education requirements of the University: Oral and Written Communication parts A and B, and Quantitative Literacy parts A and B, Foreign Language (ASL fulfills foreign language), and breadth requirements (three credits of arts, six of humanities, six credits of social sciences, six of natural sciences, three credits of cultural diversity, of which 12 credits are satisfied through program requirements). The program requires 58 credits of major course requirements.

Table 2: B.S. in American Sign Language/English Interpreting Program Curriculum

PRIOR TO ADMISSION / ENROLLMENT IN THE MAJOR		
General Education Requirements (GER):		
The following courses meet both GER and prerequisite requirements		
THEATRE 111 (GER-Arts)	Theatre Games	3 credits
COMMUN 103 (GER- Humanities)	Public Speaking	3 credits
EXCEDUC 330 (GER- Social Sciences)	Deaf History	3 credits
EXCEDUC 352* (GER –Social Sciences)	American Deaf Culture	3 credits
Additional GER requirements:		
University GER – Humanities		3 credits
University GER – Natural Sciences		6 credits
University GER – QL (A and B levels)		3-6 credits
University GER – OWC (A and B levels)		3-6 credits
University GER – Cultural Diversity		3 credits

Program prerequisites or support courses: (40 credits)		
EXCEDUC 301* (GER- Foreign Language)	American Sign Language I	3 credits
EXCEDUC 302* (GER- Foreign Language)	American Sign Language II	3 credits
EXCEDUC 303**	American Sign Language III	3 credits
EXCEDUC 304**	American Sign Language IV	3 credits
EXCEDUC 324	ASL IV Lab	1 credit
EXCEDUC 305**	American Sign Language V	3 credits
EXCEDUC 325	ASL V Lab	1 credit
EXCEDUC 306**	American Sign Language VI	3 credits
EXCEDUC 326	ASL VI Lab	1 credit
EXCEDUC 320**	Introduction to Interpreting: English to American Sign Language	3 credits
EXCEDUC 321**	Introduction to Interpreting: American Sign Language to English	3 credits
EXCEDUC 348*	Introduction to the Profession of Interpreting	3 credits
ED PSY 330	Introduction to Learning and Development	3 credits
EXCEDUC 300	The Exceptional Individual	3 credits
EXCEDUC 510 or 520	Classifiers -or- ASL Literature	3 credits
EXCEDUC 327	Classifiers Lab	1 credit
UPON ADMISSION TO THE MAJOR		
Degree/major course requirements: Sequenced (58 credits)		
Junior Yr. Fall		
EXCEDUC 335	Educational Interpreting I	3 credits
EXCEDUC 345	Foundations of English to ASL Interpreting	3 credits
EXCEDUC 347	Foundations of ASL to English Interpreting	3 credits
EXCEDUC 349	Field Work: Interacting in the Deaf Community I	3 credits
EXCEDUC 358	ASL/English Linguistics I	3 credits
Junior Yr. Spring		
EXCEDUC 336	Postsecondary Interpreting I	3 credits
EXCEDUC 337	Video Relay Services Interpreting I	3 credits
EXCEDUC 338	Introduction to Healthcare Interpreting	3 credits
EXCEDUC 354	Field Work: Interacting in the Deaf Community II	3 credits
EXCEDUC 363	ASL/English Linguistics II	3 credits
EXCEDUC 371	Strategies for the National Interpreter Certification Exam	1 credit
Senior Yr. Fall		
EXCEDUC 359	Fieldwork: Interacting in the Deaf Community III	3 credits
EXCEDUC 365	Educational Interpreting II	3 credits
EXCEDUC 366	Postsecondary Interpreting II	3 credits
EXCEDUC 367	Video Relay Services Interpreting II	3 credits
EXCEDUC 368	Medical and Mental Healthcare Interpreting	3 credits

Senior Yr. Spring		
EXCEDUC 364	Fieldwork: Interacting in the Deaf Community IV	12 credits
Total Credits		**(Minimum) 122 credits**

* With a grade of C or better
**With a grade of B- or better

Proficiency exams are required for graduation. The program's requirements are designed to prepare graduates for Wisconsin's interpreter licenses. Upon graduation, students may choose to apply for one or both of the following:

- Department of Public Instruction's Educational Interpreter License, which allows an interpreter to work in K-12 educational settings.
- Department of Safety and Professional Services' Sign Language Interpreter License, which allows an interpreter to work in community settings other than K-12 education.

Assessment of Outcomes and Objectives

The student learning outcomes will be assessed using both direct (interpreter performance exams, assignments/projects, presentations, etc.) and indirect (graduation rates, retention rates, exit surveys, etc.) measures. The results from these assessment processes will be used to make continuous improvements to the major. The program director and faculty will review assessment data annually and identify areas of improvement. The summary of assessment activities, data, analysis of assessment data, and action plans for improvement will be included in the annual report to Academic Affairs.

Diversity

The program recognizes that people have distinct cultural, linguistic, social, class, ethnic backgrounds, or national origin. Program faculty and staff actively seek input, counsel, and involvement from many communities and from stakeholders who are under-represented in the field. The curriculum encourages interdisciplinary collaboration inside and outside the classroom through fieldwork seminars and field experiences. Program faculty and staff strive to advance a diverse community of interpreters fluent in language and culture, engaging in critical thinking and service learning. For prerequisite major classes, students work with the Center for Community-Based Learning, Leadership, and Research (CCBLLR) where they volunteer in multiple settings with a variety of consumers. During their time in the major, students have a minimum of 100 hours of fieldwork each semester, working in various settings with diverse consumers. In the final semester of the program, students complete two full-time internships, both in K-12 and community settings, serving a wide range of populations.

The UW-Milwaukee ASL/English Interpreting Program's purpose is to educate interpreters in the process of facilitating communication. Students will work towards integrating knowledge of cultural and language differences into their work by respecting

the unique needs of each individual consumer in their communication. It is the role of the interpreter to provide communication without bias or judgment, using language most readily understood by the consumers involved, guided, and bound by the Code of Professional Conduct as developed by the Registry of Interpreters for the Deaf, Inc. (RID). UW-Milwaukee is dedicated to challenging the status quo by promoting innovation, strong partnerships, and multiculturalism throughout its programming. UW-Milwaukee, the UW-System's most diverse campus, has a robust array of academic and student support services that ASL/English Interpreting students are encouraged to access including the UW-Milwaukee Student Success Center, The Dean of Students, The Office of Equity and Diversity, The Cultures and Community Program, and the Multicultural Student Centers. The recommendations in the UW-Milwaukee DEI Framework for recruiting and retaining diverse faculty and staff will be implemented in the recruitment process.[1]

Collaborative Nature of the Program

The interpreting program has several collaborations. Some highlights include the Sorenson Synergy Program available to students. This unique opportunity allows interpreting students to visit the Sorenson Call Center in West Allis to observe Video Relay Interpreters at work and experience mock interpreting situations. The program has a well-established partnership with the UW-Milwaukee College of Nursing, which offers interprofessional educational opportunities for students of nursing and interpreting. In addition, the department collaborates each semester with the UW-Milwaukee Theatre Department. The Postsecondary Interpreting I and II courses require a semester long project, which requires script analysis and interpreting a play for the UW-Milwaukee Peck School of the Arts student productions.

The program is currently working with UW-Green Bay on a distance learning track. UW-Milwaukee is exploring a co-enrollment agreement, which will allow for a limited number of UW-Green Bay students to take GERs at UW-Green Bay while taking prerequisites via distance learning at UW-Milwaukee. UW-Green Bay students will be integrated with face-to-face students if accepted into the ASL/English Interpreting major. UW-Milwaukee has a current articulation agreement with Northcentral Technical College (NTC). NTC students who have completed coursework in their Interpreter Training Program can transfer to UW-Milwaukee and complete an undergraduate degree as an ASL Studies submajor.

Projected Time to Degree

Full-time students with no experience with ASL need to begin with ASL 1 and can complete the program in 4-5 years.

[1]The UW-Milwaukee Diversity, Equity, and Inclusion (DEI) Framework may be found at https://uwm.edu/diversity-equity-inclusion/framework/

Program Review

The UW-Milwaukee Academic Program & Curriculum Committee (APCC) reviews newly approved majors after five years. The committee then reviews programs on a ten-year cycle. As part of this review program faculty and staff will prepare a report that includes data regarding program effectiveness, accomplishments, student outcomes, and present and future challenges. Data include proficiency ratings on mock interviews and passing rates on a nationally based interpreting performance and knowledge exam. The APCC will review the report and communicate a response to the College. Details regarding the review guidelines and process are available in the Audit and Review Procedures.[2]

Accreditation

There is no specialized accreditation for this program. The program requires that students pass a minimum of one national performance exam that leads to qualification for licensure through the Wisconsin Department of Public Instruction and/or the Wisconsin Department of Safety and Professional Services. Proficiency typically satisfies licensure requirements in other states.

JUSTIFICATION

Rationale and Relation to Mission

The Bachelor of Science in ASL/English Interpreting contributes to the mission of the UW System through the preparation of culturally sensitive professionals with skills to facilitate communication for the Deaf and hearing communities. This fits the goal of the UW System mission to "to extend knowledge and its application beyond the boundaries of its campuses, and to serve and stimulate society by developing in students heightened intellectual, cultural, and humane sensitivities…professional…expertise, and a sense of purpose." The program works to develop well-rounded interpreters who value and consider others' perspectives, who are culturally sensitive and empathetic practitioners who continually work to better themselves and the interpreting profession.

In accordance with the UW-Milwaukee Mission Statement, this program will address goals pertaining to diversity, quality, professional preparation, and collaboration:

1. Enhancing a diverse community of ASL/English interpreters fluent in language and culture, who engage in critical thinking and service learning.
2. Preparing highly qualified students for sustainable and meaningful employment in a growing profession.
3. Prepare students for professional work in a variety of educational and community settings.
4. Continue to develop and maintain model collaborative ventures and partnerships.

[2] The UW-M APCC Audit and Review Procedures are located at https://uwm.edu/secu/wp-content/uploads/sites/122/2022/09/Audit-and-Review-Procedures-Revised.pdf

Additionally, UW-Milwaukee is currently collaborating with other institutions to create pathways and eventual entry into the ASL/English Interpreting Program. These efforts align well with the goal of recruiting and attracting high quality students.

It is anticipated that a stand-alone major in ASL/English Interpreting will be more visible as a degree option to prospective students and easier to market than the current ITP submajor in Education. The Education degree includes certification programs for classroom teachers for Pre-K-12 settings. The ITP is often overlooked within this context. The application process would also be made clearer for university applicants seeking this program.

Furthermore, establishing the stand-alone major would change the program's Classification of Instructional Programs (CIP) code. Under the Education B.S. degree, the ITP is categorized as CIP Code 13, Education, defined as the following: "Instructional programs that focus on the theory and practice of learning and teaching, and related research, administrative and support services."

The stand-alone major would allow the program to be classified under CIP code 16.1603, Sign Language Interpretation and Translation: "A program that prepares individuals to function as simultaneous interpreters of American Sign Language." This classification would clarify reporting processes for the National Center for Educational Statistics, for which the current program is hidden.

University Program Array

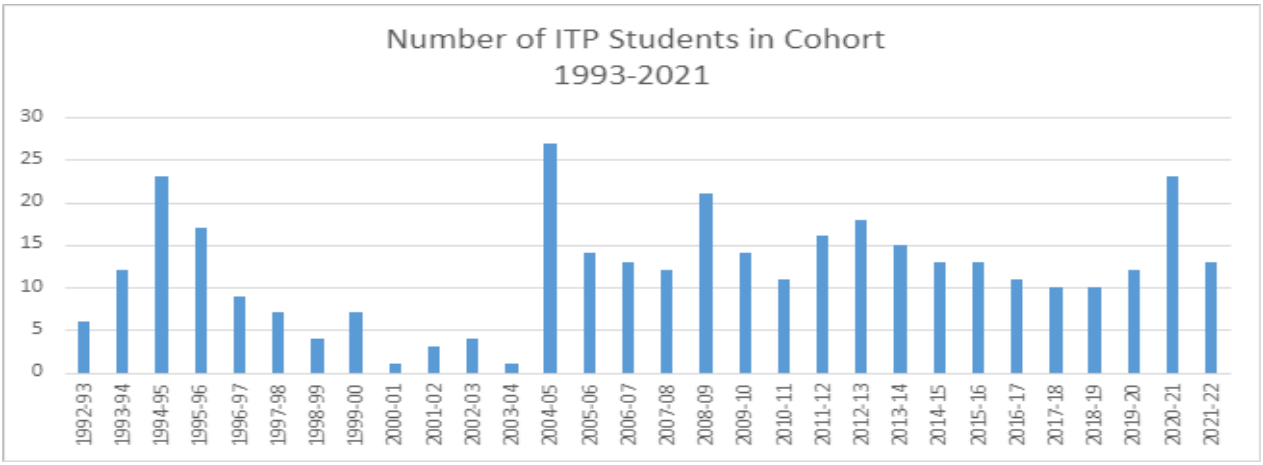
The interdisciplinary network of faculty collaborators in ASL/English Interpreting come from across the schools, colleges, and departments at UW-Milwaukee. Students across the UW-Milwaukee campus already pursues the ITP sub major alongside other programs and certificates in the School of Education, which include the ASL Studies submajor and Autism Spectrum Disorder certificate. At the College of Letters and Sciences, students often complete the Cultures and Communities certificate while completing ITP coursework.

Other Programs in the University of Wisconsin System

UW-Milwaukee offers the only bachelor's-level program for ASL/English interpreting in the state of Wisconsin. There is no duplication of other programs in the UW System. This is significant because a bachelor's degree is required to be eligible for national certification testing. The interpreting program is aligned with both state licenses, which offers graduates more options upon graduation in terms of employment.

Need as Suggested by Current Student Demand

The ITP began in 1975 and has been running cohorts since that time. Initially, it began as a certificate program and then it was changed to a submajor in Education in 1993. Since the inception of the submajor, the program has awarded over 300 B.S. degrees in Education/submajor ITP.



Need as Suggested by Market Demand

As more hearing and deaf people learn sign language, the range of careers open to that skill has broadened. According to the U.S. Bureau of Labor occupational growth in the category of interpreters and Translators is projected to grow much faster than average, with 20% growth predicted in the period 2021-31.[3] The bureau notes that ASL interpreters are especially sought-after. Employment of interpreters and translators is projected to grow 24 percent from 2020 to 2030, much faster than the average for all occupations. According to the website Discover Interpreting, "Because the demand for skilled interpreters far exceeds the number of qualified professionals, nationally certified interpreters can find work all over the United States. Credentialed interpreters are constantly in demand in educational settings from pre-school through graduate school. These interpreters are part-time or full-time employees of their school district or university and are often employed with benefits. Qualified interpreters are also in demand in medical, legal, mental health, theatrical, governmental, and religious settings, among others. Interpreters may be on staff in these settings, they may work through an interpreter referral agency, or they may be privately contracted." [4]

[3] Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Interpreters and Translators, at https://www.bls.gov/ooh/media-and-communication/interpreters-and-translators.htm visited October 22, 2022)

[4] Information retrieved from https://discoverinterpreting.org/

The Wisconsin occupational projection data from the State Department of Workforce Development shows a 21.36% growth in the jobs for interpreters and translators in the period 2020-30.[5]

In a recent survey of the past five graduating classes, 80% of ITP graduates were working as interpreters and 76% reported finding work within three months of graduation. In general, ASL interpreters are especially sought-after, and the interpreting and translation field is growing much faster than other occupations.

[5] Data extracted from the State of Wisconsin Department of Workforce Development WisConomy at https://www.jobcenterofwisconsin.com/WisConomy/

	University of Wisconsin - Milwaukee Cost and Revenue Projections For Bachelor of Science in ASL/English Interpreting					
	Items	Projections				
		2023-24	2024-25	2025-26	2026-27	2027-28
		Year 1	Year 2	Year 3	Year 4	Year 5
I	**Enrollment (New Student) Headcount**	21	25	30	30	30
	Enrollment (Continuing Student) Headcount	42	43	48	54	59
	Enrollment (New Student) FTE	21	25	30	30	30
	Enrollment (Continuing Student) FTE	42	43	48	54	59
II	**Total New Credit Hours**	672	800	960	960	960
	Existing Credit Hours	1,236	1,272	1,412	1,598	1,745
III	**FTE of New Faculty/Instructional Staff**					
	FTE of Current Fac/IAS	6.34	6.34	6.34	6.34	6.34
	FTE of New Admin Staff	0	0	0	0	0
	FTE Current Admin Staff	0	0	0	0	0
IV	**Revenues**					
	From Tuition	$509,741	$550,196	$631,107	$679,654	$720,110
	From Fees	$2,400	$2,600	$2,800	$3,000	$3,500
	Program Revenue (Grants)	$0	$0	$0	$0	$0
	Program Revenue - Other	$0	$0	$0	$0	$0
	GPR (re)allocation	$0	$0	$0	$0	$0
	Total New Revenue	$512,141	$552,796	$633,907	$682,654	$723,610
V	**Expenses**					
	Salaries plus Fringes					
	Degree/Major Faculty/Instructional Staff	$305,083	$311,185	$317,408	$323,757	$330,232
	GER Faculty/Instructional Staff	$86,032	$87,753	$89,508	$91,298	$93,124
	Other Staff					
	Other Expenses					
	Facilities					
	Equipment					
	Other (office supplies, copying, mileage)	$5,000	$5,000	$5,000	$5,000	$5,000
	Other (ASL lab materials)	$2,400	$2,600	$2,800	$3,000	$3,500
	Total Expenses	$398,515	$406,537	$414,716	$423,054	$431,855
VI	**Net Revenue**	$113,626	$146,259	$219,191	$259,600	$291,754

Provost's Signature:	**Date:** 11-4-2022
Chief Business Officer's Signature:	**Date:** 11-4-22

COST AND REVENUE PROJECTIONS NARRATIVE
UNIVERSITY OF WISCONSIN-MILWAUKEE
BACHELOR OF SCIENCE IN AMERICAN SIGN LANGUAGE/ENGLISH INTERPRETING

Introduction

The proposed Bachelor of Science (B.S.) in American Sign Language (ASL)/English Interpreting program already exists as a submajor under the Bachelor of Science in Education degree. There are existing costs and revenues; it is expected that elevating the submajor to a major will lead to moderate program growth. The budget model presented here represents both current revenues and expenses, as well as new revenues generated by students who will newly enroll at UW-Milwaukee. The budget model is presented as such to provide a comprehensive picture as to how tuition and course fee revenues generated will support costs specific to this program. The B.S. in American Sign Language/English Interpreting program curriculum is unique in that: 1) 104 of the 122 required credits represent prerequisite or coursework in the major that is offered by the School of Education and Department of Teaching and Learning; 2) the curriculum includes considerable fieldwork; and 3) students will enroll in the major as a cohort.

Section I – Enrollment

New students represent new first year students to UW-Milwaukee intended to enroll in the program during their junior year. Students apply to the program during the spring admission period of their sophomore year and are admitted as juniors to the 2-year sequence in the subsequent fall semester. Student FTE assumptions are that students will enroll full time with 12-15 credits per semester.

Students/Year	Year 1	Year 2	Year 3	Year 4	Year 5
New Students (JR)	21	25	30	30	30
Continuing Students (SR)	42	43	48	54	59
Total Enrollment	63	68	78	84	89
Graduating Students	12	11	14	13	15

Section II – Credit Hours

The ASL/English Interpreting Program requires a total of 122 credits. Credits will vary based on the student, based on their Math, English and ASL placement. In terms of a 4-year plan, the first two years are GER, language courses, and interpreting foundation coursework. Of the first two years of coursework, 40 credits are attributable to prerequisite or foundational coursework.

Once enrolled in the program, the major requires 58 credits in the 2-year sequence, 31 credits in the first year enrolled in the major (students' third year of study) and 27 credits in the final year.

Section III – Faculty and Staff Appointments

The program budget includes 6.34 FTE. All represent current appointments. This includes 1.5 FTE who will teach degree required ASL and foundational courses; 1.25 FTE who are clinical faculty and staff and the director of the program; approximately 2.22 FTE who are lecturers teaching in the 2-year sequence program, as well as internship supervisors; and 1.38 FTE who will teach non-program general education courses. No additional hires of faculty or staff are anticipated.

Section IV – Program Revenues

Tuition Revenues

Because this budget represents comprehensive instructional costs, it also accounts for all tuition revenues generated by both current and new students. Tuition revenue was calculated using the Fall 2022 resident undergraduate tuition. It is assumed students would be full-time and in the credit plateau.

Program/Course Fees

Once enrolled in the program junior year, students pay a special course fee of $50 each semester of the 2-year sequence while in their field course. The fee funds equipment and materials for the lab where students complete coursework, class activities, recordings, and group assignments. The program expense lines reflect costs that will be covered by these fees.

Grants/Extramural / Donor Funding

The program receives extramural support annually to fund student events such as Deaf Awareness Week; however, these revenues are not reflected in the program budget. No program revenue for is anticipated for this major.

Section V – Program Expenses

Salary and Fringe Expenses

Salaries and fringe represented the costs associated with the delivery of all coursework required for students to complete their degree and major, including GER coursework. The existing Clinical Professor and lecturers will deliver management and instruction of the program. Salary is based on current salaries and course section instruction. An average 38% fringe benefit rate was applied to Year 1. An estimated 2% salary and fringe increase is estimated each year.

Other Expenses

Other expenditures include two categories of expenses: 1) general office supplies, copying, and mileage reimbursement for field supervisors; and 2) support of the ASL lab materials.

Section VI – Net Revenue

The program returns a positive net revenue. Revenue from the program will be reinvested in strategic priorities of the campus and the School of Education according to the UWM budget model.

UNIVERSITY of WISCONSIN
UWMILWAUKEE

Academic Affairs
Provost and Vice Chancellor

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https://uwm.edu/academicaffair

TO: Jay O. Rothman, President
University of Wisconsin System

FROM: Scott Gronert, Interim Provost and Vice Chancellor

DATE: October 13, 2022

RE: Authorization to Implement a Bachelor of Science in American Sign Language/English Interpreting

Per UW System guidelines for new program development, I am writing to you to assure the support of the University of Wisconsin-Milwaukee (UWM) for the proposed Bachelor of Science in American Sign Language/English Interpreting degree.

Faculty from the School of Education at UWM participated in creating the curriculum for this program. The Interpreter Training Program has existed as a track within the B.S. in Education for a number of years. The track has sustained a viable enrollment over the years. The track is now being proposed as a stand-alone major in the Bachelor of Science degree. The elevation to a major facilitates student achievement of professional credentials and, thereby, enhances the career opportunities of the graduates. This is the only program in the UW system that prepares students for ASL and English interpretation. The 120 credit major provides the foundation in ASL followed by major courses on English interpreting and working with the Deaf and Hard of Hearing community. There is extensive fieldwork requirement in the last four semesters of the program. The program responds to responds to the increasing demand for interpreting professionals in a variety of educational and community settings. The program supports the mission of UW-Milwaukee to to further academic and professional opportunities for students..

The curriculum and other aspects of the authorization document have been vetted through campus faculty governance processes—at the college, and campus levels. The proposal meets all of the UW-Milwaukee standards and expectations for quality and rigor at the undergraduate level. Upon implementation, the program will be reviewed in five years and subsequently according to the regular campus program review process.

The program does not require any budget reallocations. The courses and faculty/staff who support the program are already in place to support the track.

I am pleased to strongly support approval of this request for authorization.

c: Johannes Britz, Interim Vice President, Academic and Student Affairs
Tracy Davidson, Interim Associate Vice President, Academic and Student Affairs
Diane Treis-Rusk, Director, Academic Programs and Student Learning Assessment
Dev Venugopalan, Vice Provost, UWM Academic Affairs

Education Committee
December 8, 2022

Item C.3.

NEW PROGRAM AUTHORIZATION (IMPLEMENTATION) MASTER OF SCIENCE IN DIGITAL SUPPLY CHAIN MANAGEMENT UW-MILWAUKEE

REQUESTED ACTION

Adoption of Resolution C.3., authorizing the implementation of the Master of Science in Digital Supply Chain Management program at the University of Wisconsin-Milwaukee.

Resolution C.3. That, upon the recommendation of the Chancellor of UW-Milwaukee and the President of the University of Wisconsin System, the Chancellor is authorized to implement the Master of Science in Digital Supply Chain Management program at the University of Wisconsin-Milwaukee.

SUMMARY

The Lubar College of Business (LCB) at the University of Wisconsin (UW)–Milwaukee proposes to establish a Master of Science (M.S.) degree in Digital Supply Chain Management (DSC). The development of this program aligns with UW-Milwaukee's mission to develop and maintain high quality graduate programs to further the professional opportunities for the diverse population served by UW-Milwaukee. It supports the strategic goal of LCB to prepare students from Wisconsin and beyond to be successful business professionals in the global economy. The addition of an M.S. degree program in Digital Supply Chain Management will allow students to increase their business knowledge in a graduate program that is specifically designed to examine not only advanced topics in supply chain management, but to understand how emerging digital technologies can improve the performance of supply chains. These technologies include "Internet of Things" (IoT), blockchains, sensors, digital twins, cloud architecture, enterprise resource planning, big data, and analytics. The M.S. in Digital Supply Chain Management is comprised of 30 credits and will include coursework in supply chain modeling, analytics, management, resource planning, and connected systems. Students may tailor their focus with electives in supply chain/operations management, predictive analytics, information technology management, and negotiations. The COVID-19 pandemic underscored the need for high-performing supply chains to support manufacturing, retailing, and service operations including health care.

Consequently, national occupational growth is anticipated to exceed 25% over the next decade. The proposed degree addresses this demand for individuals with needed skills to support high-performing supply chains.

Presenter

- Scott Gronert, Interim Provost and Vice Chancellor, UW-Milwaukee

BACKGROUND

This proposal is presented in accord with UW System Administrative Policy 102: Policy on University of Wisconsin System Array Management: Program Planning, Delivery, Review, and Reporting (revised April 29, 2022), available at https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/policy-on-university-of-wisconsin-system-array-management-program-planning-delivery-review-and-reporting-2/).

Related Policies

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

- UW System Administrative Policy 102: Policy on University of Wisconsin System Array Management: Program Planning, Delivery, Review, and Reporting

ATTACHMENTS

A) Request for Authorization to Implement
B) Cost and Revenue Projections Worksheet
C) Cost and Revenue Projections Narrative
D) Provost's Letter

REQUEST FOR AUTHORIZATION TO IMPLEMENT A MASTER OF SCIENCE IN DIGITAL SUPPLY CHAIN MANAGEMENT AT UNIVERSITY OF WISCONSIN-MILWAUKEE PREPARED BY UW-MILWAUKEE

ABSTRACT

The Lubar College of Business (LCB) at the University of Wisconsin (UW)–Milwaukee proposes to establish a Master of Science (M.S.) degree in Digital Supply Chain Management (DSC). The development of this program aligns with UW-Milwaukee's mission to develop and maintain high quality graduate programs to further the professional opportunities for the diverse population served by UW-Milwaukee. It supports the strategic goal of LCB to prepare students from Wisconsin and beyond to be successful business professionals in the global economy. The addition of an M.S. degree program in Digital Supply Chain Management will allow students to increase their business knowledge in a graduate program that is specifically designed to examine not only advanced topics in supply chain management, but to understand how emerging digital technologies can improve the performance of supply chains. These technologies include "Internet of Things" (IoT), blockchains, sensors, digital twins, cloud architecture, enterprise resource planning, big data, and analytics. The M.S. in Digital Supply Chain Management is comprised of 30 credits and will include coursework in supply chain modeling, analytics, management, resource planning, and connected systems. Students may tailor their focus with electives in supply chain/operations management, predictive analytics, information technology management, and negotiations. The COVID-19 pandemic underscored the need for high-performing supply chains to support manufacturing, retailing, and service operations including health care. Consequently, national occupational growth is anticipated to exceed 25% over the next decade. The proposed degree addresses this demand for individuals with needed skills to support high-performing supply chains.

PROGRAM IDENTIFICATION

University Name
University of Wisconsin-Milwaukee

Title of Proposed Academic Degree Program
Digital Supply Chain Management

Degree Designation(s)
Master of Science

Mode of Delivery
Single university. The degree will be based on classes delivered in face-to-face, distance, and hybrid modalities.

Department or Functional Equivalent
The Supply Chain/Operations Management & Business Statistics Area, Lubar College of Business

College, School, or Functional Equivalent
Lubar College of Business

Proposed Date of Implementation
September 2023

Projected Enrollments and Graduates by Year Five

Table 1 represents enrollment and graduation projections for students entering the program over the next five years. By the end of Year 5, it is expected 100 students will have enrolled in the program and 65 students will have graduated from the program. The average student retention rate is projected to be 90% based on data from the past five years in other M.S. offerings. Roughly 90% of these students are expected to pursue full-time study and would graduate within one to two years of admission, based on the number of credits in which they enroll.

Table 1: Five-Year Academic Degree Program Enrollment Projections

Students/Year	Year 1	Year 2	Year 3	Year 4	Year 5
New Students	10	15	20	25	30
Continuing Students	-	9	14	18	22
Total Enrollment	10	24	34	43	52
Graduating Students	-	8	14	19	24

Tuition Structure

For students enrolled in the M.S. DSC program, standard Business Graduate tuition and fee rates will apply. For the current academic year, residential tuition, the Business Masters fee, and segregated fees total $7,456.35 per semester for a full-time student enrolled in eight or more credits per semester. Of this amount, $6,692.00 is attributable to tuition and $764.35 is attributable to segregated fees. For Nonresident tuition, the Business Masters fee and segregated fees total $14,853.15 per semester for a full-time student enrolled in eight or more credits per semester. Of this amount, $14,088.80 is attributable to tuition and $764.35 is attributable to segregated fees.

If a student enrolls in courses with online delivery, the student will incur an instructional technology fee of $30 per credit for each credit of online delivery. Additionally, courses in the College of Engineering and Applied Science have a differential tuition of $21.63 per credit.

DESCRIPTION OF PROGRAM

Overview of the Program

The M.S. DSC is a 30-credit graduate program of the UW-Milwaukee Lubar College of Business. In the context of managing supply chains, the M.S. DSC is uniquely designed for students to explore emerging technologies (such as IoT, blockchains, sensors, digital twins, and cloud architecture), enterprise resource planning, big data, and analytics. Students will have the opportunity to take course work and complete projects supported by the Connected Systems Institute (CSI). CSI is a multidisciplinary center of excellence at UW-Milwaukee that facilitates education and thought leadership related to advanced industrial processes. In a unique feature of this degree, students will have the opportunity to tailor their focus with electives in supply chain/operations management, predictive analytics, information technology management, and negotiations. Students intending to study full-time, working professionals, and international students will find the program very accessible due to its flexible offerings of on-campus, hybrid, and online classes.

Student Learning Outcomes and Program Objectives

The core objective of the M.S. DSC is to prepare students for careers in managing supply chains that are radically transforming due to advances in digital technology. Students graduating from this program will:

- Use various forms of digital technology to transform supply chains.
- Accurately describe how the effective management of digital supply chains can create value for a company.
- Apply analytics to various aspects of the supply chain process.

Program Requirements and Curriculum

Table 2 illustrates the program curriculum for the proposed program. The program requirements are comprised of 30 credits. The core course requirements are for 15 credits. There will be four 3-credit core courses on Global Supply Chain Strategies, Enterprise Resource Planning, Modeling and Analytics in Supply Chains, and Managing Connected Supply Chains. The program will also offer three 1-credit project-based courses (Digital Supply Chain Management 1, 2 and 3), where the students will have the opportunity to work on lab projects supported by the Connected Systems Institute, visit manufacturing/service sites and/or distribution centers/retail locations, and experience other hands-on practice opportunities.

Additionally, the program will require the students to take five elective courses (three credits each). The students will choose two out of five electives from the Supply Chain, Operations Management and Business Statistics area course offerings, which cover topics such as SAP in supply chains, Technology and Simulations in Supply Chains, Project Management and Innovative Solutions, Logistics Management and Service Operations Management. Finally, the program will offer eight additional electives (3 credits each) from various areas (Information Technology Management, Management, and Supply Chain, Operations Management and Business Statistics), where the students will choose three out of eight courses.

Table 2: Master of Science in Digital Supply Chain Management Program Curriculum

Core courses required for graduation (15 credits):		
BUS MGMT 711	Global Supply Chain Strategies	3 credits
BUS MGMT 732	Enterprise Resource Planning	3 credits
BUS ADM 783	Modeling and Analytics in Supply Chains	3 credits
BUS ADM 787	Managing Connected Supply Chains	3 credits
IND ENG 741	Foundational Technologies for Connected Systems	1 credit
IND ENG 742	Cloud Architecture for Connected Systems	1 credit
BUS ADM 788	Digital Supply Chain Management: Tracking and Tracing	1 credit
Supply Chain and Operations Management Elective Courses (Choose 2 out of 5 for 6 credits)		
BUS ADM 781	Enabling Supply Chains with SAP	3 credits
BUS ADM 782	Supply Chain Technology and Simulation	3 credits
BUS ADM 785	Project Management and Innovative Operations	3 credits
BUS ADM 786	Supply Chain Logistics Management	3 credits
BUS ADM 789	Service Operations Management	3 credits
Other Elective Courses (Choose 3 out of 8 for 9 credits)		
BUS MGMT 709	Predictive Analytics for Managers	3 credits
BUS MGMT 744	R Programming for Business Analytics	3 credits
BUS ADM 742	Big Data in Business	3 credits
BUS ADM 745	Artificial Intelligence for Business	3 credits
BUS ADM 811	Process and Work-Flow Management	3 credits
BUS ADM 812	Machine Learning for Business	3 credits
BUS MGMT 723	Managing and Negotiating Across Cultures	3 credits
BUS ADM 737	Managerial Decisions & Negotiations	3 credits
Total Credits		**30 credits**

Assessment of Outcomes and Objectives

The program outcomes and objectives would be assessed using both direct (exam questions, case write-ups, presentations, etc.) and indirect (graduation rates, retention rates, exit surveys, etc.) measures. Faculty teaching the courses will provide assessment data to the coordinator of the program. The results will be analyzed and presented to the program faculty and the Lubar College of Business graduate program committee to identify areas of improvement. Program faculty will develop action plans as part of the continuous improvement plan. The assessment reports will be submitted annually to the Division of Academic Affairs.

Diversity

The development of the M.S. DSC aligns with UW-Milwaukee's mission to further the professional opportunities for the diverse population served by UW-Milwaukee and supports the strategic goal of the Lubar College to prepare students to be successful business professionals in the global economy. Consequently, the Lubar College strives to maintain diversity in all its programs. The M.S. DSC includes inclusive and diverse content within its curriculum. Local, regional, and international examples within specific courses help towards this objective, specifically considering the global nature of supply chains. Equity and inclusion will be central to student recruitment and student retention. Targeted scholarships will support recruitment efforts and the drive to increase diversity. Once students enroll, the Lubar College of Business has several initiatives that promote success in the overall graduate student body. A mentoring program is in place for graduate students, to ensure ready access to advice and support. Recently, LCB also expanded its tutoring efforts to cover key courses in the graduate programs to help with the retention and success of these students. Finally, LCB opened a Writing Center to ensure that graduate students have access to a writing coach, which will help with advancement and placement. All these efforts are aimed at closing the achievement gaps for student populations while enhancing the academic success of all students. Over time the enrollment in the program is expected to grow which will necessitate the hiring of faculty and/or teaching academic staff. The recommendations in the UWM DEI Framework[1] for recruiting and retaining diverse faculty and staff will be implemented in the recruitment process.

Collaborative Nature of the Program

The M.S. DSC will be primarily housed within the Lubar College of Business, except for two 1-credit courses offered from the College of Engineering and Applied Science. In addition, certain courses might use resources from the UW-Milwaukee Connected Systems Institute to complete required coursework.

[1] https://uwm.edu/diversity-equity-inclusion/framework/

Projected Time to Degree

The M.S. in Digital Supply Chain Management can be completed within one to two years on a full-time basis. Part-time students could take longer.

Program Review

The M.S. in Digital Supply Chain Management will be subject to periodic internal and external reviews. At UW-Milwaukee, graduate programs are reviewed by the Graduate Faculty Committee (GFC) on a ten-year cycle. New degree programs require a review in the fifth year of implementation. Additionally, GFC may require intermediate reviews based on the results of the regular review. Like other engineering programs at UW-Milwaukee, the program review will include eight criteria: students, program educational objectives, student outcomes, continuous improvement, curriculum, faculty, facility, and institutional support. The requirements include monitoring of student progress in attaining seven outcomes, documenting processes for assessing and evaluating the extent to which student outcomes are being attained and using this evaluation for continuous improvement. Students, alumni, and employers are included in the assessment process. An industrial advisory committee is involved for each engineering program.

Accreditation

The Lubar College of Business is accredited by the Association to Advance Collegiate Schools of Business (AACSB). The M.S. DSC program will be included in this accreditation process.

JUSTIFICATION

Rationale and Relation to Mission

The proposed program responds to the following aspects of the UW-Milwaukee Select Mission Statement.[2]

- *To develop and maintain high quality undergraduate, graduate, and continuing education programs appropriate to a major urban doctoral university.*
- *To attract highly qualified students who demonstrate the potential for intellectual development, innovation, and leadership for their communities.*
- *To further academic and professional opportunities at all levels for women, minority, part-time, and financially or educationally disadvantaged students.*
- *To promote public service and research efforts directed toward meeting the social, economic, and cultural needs of the state of Wisconsin and its metropolitan areas.*
- *To provide educational leadership in meeting future social, cultural, and technological challenges.*

[2] The UW-Milwaukee select mission statement may be found at https://uwm.edu/mission/.

In addition, the proposed program specifically addresses the Lubar College of Business' mission which is to "stimulate innovative and analytical thinking to produce impactful research and teaching that advance knowledge, drive change, and empower students to succeed in the global economy, thereby creating value for students, business partners, and community."

An M.S. degree program in supply chain management which incorporates an increasing level of digital features also meets several vision attributes of the Lubar College, including being global in our outlook, relevant to the stakeholders, entrepreneurial in the approach, accessible to students from diverse backgrounds, and transformative in the impact. The unique approach to incorporating the evolving digital aspects of supply chain management will increase the appeal of the graduates to employers in the southeast Wisconsin area, as well as to global employers headquartered both in Milwaukee and other large cities.

This program has been endorsed by the industry leaders of the Business Advisory Council of the Lubar College of Business and supply chain professionals of the Supply Chain Management Institute Advisory Council.

University Program Array

At the master's level, the Lubar College of Business offers an M.B.A. program and M.S. in Management programs with concentrations in Accounting, Professional Accounting, Financial Analysis, Marketing, and a standalone M.S. in Information Technology Management. The M.S. DSC will be an addition to the current master's degree options within the college that allows students to increase their business knowledge in a graduate program that is specifically designed to examine advanced topics in supply chain management, and to understand how emerging digital technologies can improve the performance of supply chains. Its impact will be in increased enrollment in the business College. The degree will largely leverage existing curricula and faculty augmented by the addition of a few newly created courses and a new faculty member planned to be hired in Year 2 of implementation.

Other Programs in the University of Wisconsin System

There are no M.S. programs in the greater Milwaukee region that are similar to this proposed program. The M.S. DSC at Marquette University, however, does offer an overview course on blockchain. The proposed program differs from other programs offered at University of Wisconsin institutions. Specifically, the M.S. MSC degrees offered at UW-Madison, UW-Stout, and UW-Platteville do not include courses that cover digital supply chain technologies such as radio frequency identification (RFID), IoT, machine learning, connected systems, multi-echelon inventory optimization, blockchain, robotics, cyber-security, or real-time data analytics. The same can be said for the Supply Chain concentration within the M.B.A. degree offered at UW-Whitewater.

Need as Suggested by Current Student Demand

Supply chains worldwide are being converted from analog operation to being controlled through the analysis of digital signals from the chain itself. Doing so allows the chain to be more responsive to customer demands and be less expensive to operate. Digital supply chains are intelligent in that they employ in sequence, sensors, data, blockchain-based data sharing, analytics, and ultimately, the use of results from analytics to manage the chain's operation and improve its efficiency. This approach to management is a special case of a broader trend in manufacturing and service operations. This broader trend, called Industry 4.0, centers around the use of data from sensors and social media to improve, through machine learning techniques, the operation of running a business from order delivery and manufacturing to customer service and market identification.

Need as Suggested by Market Demand

Soon, all supply chain managers will need to understand how to implement such digital signaling technologies and be able to analyze the real-time streams of data generated for purposes of keeping the chain responsive to customer needs and keeping its cost down. Analysts predict strong growth in the demand for digital supply chain managers.[3] Furthermore, Allied Market Research reported that "*the global digital supply chain market was valued at $3.91 billion in 2020, and is expected to reach $13.67 billion by 2030, growing at a CAGR (compound annual growth rate) of 13.2% from 2021 to 2030."* The study also states that "*major growth drivers of the market include rise in demand for reliable, fast, and effective order execution; surge in need for cloud-based supply chain management solutions; and increased use of industrial-grade digital technology."*[4]

Workforce projections indicated strong growth in this occupational area. The Bureau of Labor Standards Occupational Outlooks Handbook indicates 28% job growth nationally (much faster than average) in the period 2021-2031 for logisticians who analyze and coordinate an organization's supply chain.[5] The Wisconsin Long Term Labor Market Projections for supply chain managers projects a 10.42% job growth in the state in the 2020-30 period.[6]

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[3] Hippold, S. (2022) Emerging and maturing supply chain technology is a major source of competitive advantage. Retrieved from https://www.gartner.com/smarterwithgartner/gartner-predicts-the-future-of-supply-chain-technology

[4] Vikas, G. (2022) Digital supply chain market statistics 2030. Retrieved from https://www.alliedmarketresearch.com/digital-supply-chain-market

[5] Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Logisticians. Retrieved from at https://www.bls.gov/ooh/business-and-financial/logisticians.htm

[6] Wisconsin Department of Workforce Development. WisConomy. Data retrieved from dashboards located at http://wisconsinjobcenter.org/labormarketinfo/

Similar projections are made by EMSI (formerly Burning Glass) indicating a need for both general supply chain management skills as well as specific skills in connected systems, IoT, blockchain, SAP, and analytics. Within the past year, there have been nearly 4,000 unique job postings related to Logistics and Supply Chain Management. Target occupations are projected to grow over 10% through 2031 and include top companies that currently recruit graduates, such as Johnson Controls, Rockwell Automation, Kohler, SC Johnson, and Northwestern Mutual; these are clustered heavily in the Milwaukee Metropolitan Area. Salary data for employees with graduate degrees suggest a median salary of nearly $105,000.

Finally, the COVID-19 pandemic has signified the importance of effectively managing supply chains. The pandemic resulted in a big shift towards digitization of supply chains and led many customers/businesses to complete their transactions online. This shift forced many industries to increase their investments in creating intelligent, connected, and analytics-driven digital supply chains. These trends led to a greater demand for a new breed of students trained in digital supply chain management.

University of Wisconsin - Milwaukee
Cost and Revenue Projections For M.S. in Digital Supply Chain Management

	Items	Projections				
		2024	2025	2026	2027	2028
		Year 1	Year 2	Year 3	Year	Year 5
I	**Enrollment (New Student)**	10	15	20	25	30
	Enrollment (Continuing Student)	0	9	14	18	22
	Enrollment (New Student) FTE	8	12	16	20	24
	Enrollment (Continuing Student) FTE	0	7.2	11.2	14.4	17.6
II	**Total New Credit Hours**	134	202	269	336	403
	Existing Credit Hours	0	121	188	242	296
III	**FTE of New Faculty/Instructional**	0	1	0	0	0
	FTE of Current Fac/IAS	0.75	0.75	1.75	1.75	2
	FTE of New Admin Staff	0			0	0
	FTE Current Admin Staff	0.4	0.6	0.6	0.6	1
IV	**Revenues**					
	From Tuition	$160,893	$386,143	$547,036	$691,839	$836,643
	From Fees	$0	$0	$0	$0	$0
	Program Revenue (Grants)	$0	$0	$0	$0	$0
	Program Revenue - Other	$0	$0	$0	$0	$0
	GPR (re)allocation	$0	$0	$0	$0	$0
	Total New Revenue	$160,893	$386,143	$547,036	$691,839	$836,643
V	**Expenses**					
	Salaries plus Fringes					
	Faculty/Instructional Staff	$105,000	$347,469	$354,418	$361,507	$478,933
	Other Staff	$33,600	$43,240	$44,105	$44,987	$75,700
	Other Expenses					
	Facilities	$0	$0	$0	$0	$0
	Equipment	$2,000	$2,000	$2,000	$2,000	$2,500
	Other Marketing	$20,000	$20,000	$20,000	$20,000	$20,000
	Other (please list)	$0	$0	$0	$0	$0
	Total Expenses	$160,600	$412,709	$420,523	$428,494	$577,134
VI	**Net Revenue**	$293	-$26,566	$126,512	$263,345	$259,509

Provost's Signature:	**Date:** 11-4-2022
Chief Business Officer's Signature:	**Date:** 11-4-22

COST AND REVENUE PROJECTIONS NARRATIVE
UNIVERSITY OF WISCONSIN-MILWAUKEE
MASTER OF SCIENCE IN DIGITAL SUPPLY CHAIN MANAGEMENT

Introduction

The University of Wisconsin (UW)-Milwaukee Lubar College of Business (LCB) proposes to establish a Master of Science in Digital Supply Chain Management (DSC) program. This is a 30-credit graduate program uniquely designed for students to explore emerging technologies (such as IoT, blockchains, sensors, digital twins, cloud architecture), enterprise resource planning, big data, and analytics.

Section I – Enrollment

It is anticipated the Master of Science in Digital Supply Chain Management will attract 10 new students in Year one with an annual increase of 5 students per year, leading to a projected enrollment of 30 new students by the start of Year five. Student FTE assumption is that the student demographics will be comprised of a mix of resident part time (20%), resident full time (30%), and non-resident full time (50%).

Section II – Credit Hours

The program requirements are comprised of 30 credits. It is anticipated that 20% of the students will enroll as part-time resident students enrolling in six credits per semester, 30% will be full-time resident students, and 50% will be full-time non-resident students.

Section III – Faculty and Staff Appointments

The undergraduate supply chain/operations major courses, graduate supply chain/operations management courses and statistics/analytics service courses are currently supported by nine full-time faculty (six tenured faculty, one visiting professor, two full-time lecturers In the first year, 0.75 FTE lecturer appointment will be deployed (3 courses per semester).For this program, an Assistant Professor will be recruited in Year 2. Support staff at the level of 0.4 FTE will be assigned to the program in Year 1. As enrollment grows, the program intends to increase the support staff FTE and instructional FTE as shown in the worksheet.

Section IV – Program Revenues

<u>Tuition Revenues</u>

Tuition revenues were calculated based on the current business master's graduate tuition rates for Fall 2022. Based on the enrollment pattern, the average tuition per student FTE is calculated as $10,055.80 per semester.

If a student enrolls is an online section, there will be an additional fee of $30 per credit and the Ind Eng courses have a differential tuition of $21.63 per credit. For the purposes of the cost-revenue worksheet, these additional fees are not included in the revenue calculations. As well, segregated fees are noted included in the revenue calculations.

Section V – Program Expenses

Salary and Fringe Expenses

With approval of the program, a new faculty position will be recruited to support the program in Year two, along with course sections taught by existing faculty and staff. Current administrative staff will support the program.

Other Expenses

This program will use revenues to support annual technology needs of the program, such as computer or other related peripherals for instruction. Additionally, funds will be invested into the marketing and recruitment of this program specific to digital supply chain.

Section VI – Net Revenue

Net revenues will be distributed according to the UWM budget model. Any portion of net revenues above expenses would be invested in strategic priorities for the unit. In the first year, 0.75 FTE lecturer appointment will be deployed (3 courses per semester).

UNIVERSITY of WISCONSIN
UWMILWAUKEE

Academic Affairs
Provost and Vice Chancellor

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https://uwm.edu/academicaffairs/

TO: Jay O. Rothman, President
University of Wisconsin System

FROM: Scott Gronert, Interim Provost and Vice Chancellor

DATE: November 4, 2022

RE: Authorization to Implement a Master of Science in Digital Supply Chain Management

Per UW System guidelines for new program development, I am writing to you to assure the support of the University of Wisconsin-Milwaukee (UWM) for the proposed Master of Science in Digital Supply Chain Management degree.

Faculty from the Lubar College of Business and the College of Engineering and Applied Science at UWM participated in creating the curriculum for this program. This is a 30 credit master's program which includes courses that cover digital supply chain technologies such as radio frequency identification (RFID), IoT, machine learning, connected systems, multi-echelon inventory optimization, blockchain, robotics, cyber-security, or real-time data analytics. This content makes this degree stand out from other conventional supply chain management degrees. The program responds to the need to prepare students for careers in supporting and managing high-performing supply chains in manufacturing, retailing, and service operations including health care. The program supports the mission of UW-Milwaukee to develop and maintain high quality graduate programs to further the professional opportunities for the diverse population served by UWM.

The curriculum and other aspects of the authorization document have been vetted through campus faculty governance processes—at the college, and campus levels. The proposal meets all of the UW-Milwaukee standards and expectations for quality and rigor at the graduate level. Upon implementation, the program will be reviewed in five years and subsequently according to the regular campus program review process.

The program does not require any budget reallocations. With the projected enrollment growth in the program, additional faculty and staff may be hired to support the program with the revenue generated by the program.

I am pleased to strongly support approval of this request for authorization.

c: Johannes Britz, Interim Vice President, Academic and Student Affairs
Tracy Davidson, Interim Associate Vice President, Academic and Student Affairs
Diane Treis-Rusk, Director, Academic Programs and Student Learning Assessment
Dev Venugopalan, Vice Provost, UWM Academic Affairs

ACADEMIC UNIT REALIGNMENT PROPOSAL, UW-RIVER FALLS

REQUESTED ACTION

Adoption of Resolution C.4., approving establishment of the College of Education, Business, and Allied Health, the School of Education, the School of Business and Economics, and the School of Allied Health and Social Work at UW-River Falls.

Resolution C.4. That, upon the recommendation of the Chancellor of UW-River Falls and the President of the University of Wisconsin System, the Board of Regents authorizes the University of Wisconsin-River Falls to establish the College of Education, Business, and Allied Health, the School of Education, the School of Business and Economics, and the School of Allied Health and Social Work at UW-River Falls.

SUMMARY

The University of Wisconsin-River Falls (UWRF) seeks approval to realign two existing colleges into one new college with three affiliated schools. The existing College of Education and Professional Studies and College of Business and Economics will be reorganized into the College of Education, Business, and Allied Health. The College of Education, Business, and Allied Health will include three new schools: the School of Education, the School of Business and Economics, and the School of Allied Health and Social Work.

The realignment does not affect the program array offered by UW-River Falls nor does it impact the accreditation status of programs involved in the realignment. The proposed realignment does not affect the College of Agriculture, Food, and Environmental Sciences and the College of Arts and Sciences.

The reasons for the realignment include financial benefits, with savings from the consolidation of administrative work, a more balanced distribution of students, and the strong potential for new interdisciplinary programs arising from synergies in subject matter and graduate program expertise in the new college.

The official effective date for all proposed realignment actions is July 1, 2023.

Currently an interim dean is in place and a national search will be conducted in Spring 2023.

Presenter

- David Travis, Provost and Vice Chancellor, UW-River Falls

BACKGROUND

UWRF has identified five objectives and benefits from the proposed realignment.

i. **Fewer administrative structures/units.** The proposal reduces the number of Academic Affairs administrative structures from four to three. Fewer and more compact units will result in increased coordination and integration of services and programs within and among other units. This coordination and integration will allow for more consistency of services to employees and students.

ii. **Efficiencies and cost savings.** Fewer units means fewer administrative positions and duplicated services. The units being realigned are relatively small and there are efficiencies to be gained from non-duplicated coordination within the realigned units.

iii. **Graduate program support.** The new college will serve many graduate students at UWRF, providing program revenue flexibility and resources to launch new programs and new multidisciplinary partnerships across the university as student demand is perceived.

iv. **Accreditation/Licensure.** All unit/program accreditations will be maintained with their various accrediting agencies and the new unit will contain many programs that have unit/program accreditations and licensures.

v. **Future collaborations and new programs.** Increased opportunities for faculty and staff to communicate across the respective schools within the unit may arise from the realignment.

Higher Learning Commission approvals for the proposed realignments are not required.

Related Policies

- SYS 102 Policy on University of Wisconsin System Array Management: Program Planning, Delivery, Review, and Reporting, Section 8.2

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

ATTACHMENTS

A. Final UW-River Falls Unit Realignment Proposal with Timeline, Program Array, and Organizational Chart
B. Provost's Letter

UW-RIVER FALLS UNIT REALIGNMENT PROPOSAL WITH TIMELINE, PROGRAM ARRAY, AND ORGANIZATIONAL CHART

Leadership Plans
Several Colleges at UW-River Falls currently have interim deans. The proposed realignment presents the opportunity to integrate and realign several units without having to recruit and hire more than one dean. A national search for the dean of the new College of Education, Business, and Allied Health will be conducted in Spring 2023 and the new dean would start on July 1, 2023, the same date as the effective date of the realignment.

UWRF Policy and Procedure Changes
During the 2021-22 academic year, the provost completed more than 30 meetings with leadership groups and individuals from the affected colleges to discuss the proposed realignment, listen to their concerns, and incorporate feedback into the plan. More recently, the Provost's Office and interim dean have started discussing potential changes to the UWRF Faculty/Academic Staff Handbook with the Faculty Senate Chair. Administrative policies may also be impacted. UWRF has had a stand-alone school in the past, but this would be the first time there would be three schools within one college. The changes are expected to be minor, since associate deans, who would head each school, already have dean level authority in everything except hiring and budgetary tasks. Additional conversations are occurring with support units that will be affected by this change such as Admissions, the Registrar's Office, Human Resources, and Information Technology. UWRF is confident any needed changes to campus infrastructure can be accomplished by leadership and shared governance upon approval by UW System.

Timeline
A timeline for the realignment process is in Appendix A. Upon receipt of UW System approval, UWRF will continue and formally enact the many concurrent realignment efforts. It is anticipated that all academic, student support, research support, finance, human resources, information technology, and faculty and staff support systems will be fully aligned with the new structure by July 1, 2023, the beginning of the 2023-2024 fiscal year.

UNIT IDENTITY AND PROPOSED REALIGNMENT ACTIONS

College of Education, Business, And Allied Health. The proposed new college will comprise the School of Education, the School of Business and Economics, and the School of

Allied Health and Social Work. All schools will remain departmentalized units. There are no changes to graduate or undergraduate program arrays offered by the departments. Each school will be managed by an associate dean reporting to the college dean. Other than one dean position, no additional position cuts are intended. The principal purpose of the creation of the new college is to increase efficient collaboration in academic programs and administrative services.

Timetable For Proposed Realignment Actions. The official effective date for all proposed realignment actions is July 1, 2023.

In the transition period, essential functions including administration and finance, human resources, student support, information systems, academic and research support, marketing and school/college governance will be aligned to meet the needs of the new college and its constituent schools. Transition period work will require up to 8 months for the relevant units to complete their tasks while serving the needs of students, faculty, and staff during the transition period. More details on the work planned during the transition period is presented in Appendix A. Budget authorities remain with the currently existing units until the start of fiscal year 2024. Starting in Fall 2023, new students admitted to Fall 2024 will be admitted into the new, realigned programs/schools/colleges.

Core services such as human resources, procurement, administrative, and financial services will be coordinated through the university shared services unit, and no changes to the university shared services unit are planned.

Faculty and academic staff appointments in academic units will be moved to the new schools/colleges created. Program specialists and certain clinical placement supports will need to be held within existing departments, while other administrative supports would benefit from a more centralized model across schools as appropriate for optimal efficiency of administration and marketing.

After receiving approvals for the establishment of the realigned college and schools, each unit will establish working groups of faculty, staff, and administrators to develop governance documents for the operation of the units in accordance with the UWRF Faculty and Academic Staff Handbook and administrative policies and procedures. Additionally, workgroups will be developed to work through transition details related to shared services, student services, and program collaborations.

IMPACT OF PROPOSED REALIGNMENT ACTIONS ON ACADEMIC PROGRAMS, RESOURCE UTILIZATION, PERSONNEL, AND STUDENTS

Academic Programs: The proposed realignment actions do not affect UWRF's academic program array. The programs and associated faculty and academic staff will be relocated together in a new organizational structure. The instructional programs will continue to be delivered by the same faculty and staff and overseen by the same department chairs, directors, and unit heads as in the current structure. Programs in each college and school are provided in the respective tables of Appendix B. There is no anticipated impact on program support within the realigned units. The proposed unit realignment is expected to lead to additional collaboration and multidisciplinary program development. CEPS programs have strong field experiences, and CBE programs strongly encourage internships and practica. Together these units contain 96% of graduate students at the university and additional efficiencies are expected in bringing most graduate programs together in the same unit.

Scholarship and Research: The proposed unit realignment is expected to positively impact scholarship, research, and creative activity within the college and across the schools. Mutual interest and publications in educational pedagogy; the challenges of preparing students for professional positions, licensing, and credentialing; and shared social science methodology are common aspects that will likely lead to consultation and partnerships. Joining these units under one college structure will therefore lead to increased collaborations and innovations.

Community Engagement: As a teaching-focused comprehensive university, UWRF has a responsibility to uphold the Wisconsin Idea and meet the needs of the community. Modern life is complex and must be addressed with a holistic and interdisciplinary response. With this logical realignment of the programs within the new unit, UWRF will be better positioned to serve the needs of the region through its various academic and outreach programs. In addition, the proposed realignment will not negatively impact accredited programs within the new college. Accreditation is at the program level, and the programs (including curricula, learning outcomes/competencies, assessment methods, clinical placements, internships, preparation for professional practice, etc.) are not changed by the proposed action. Recently, many accrediting organizations have recognized interprofessional education as a program criterion, and the realignment will help support these efforts. For these reasons, it is anticipated that the proposed restructure will result in a strengthening of accreditation status for these programs. Change notifications will be sent to accrediting bodies as required.

Resource Utilization: Resource utilization will be minimally impacted by the proposed realignments. Three new positions (two tenure-track faculty and one support staff) will be provided to the new unit as a result of savings from the realignment. Upon approval of the realignment proposal, the university Business and Finance office will build the budgets for the realigned units for FY24. The process is planned to begin in Fall 2022 and to be completed prior to implementation. No new resources are needed to implement the realignment proposal.

Student Services: The realignment will allow for sharing of services to enhance student, faculty, and staff support. Due to years of budget reductions, many services in existing units have been reduced or eliminated. As a result, inefficiencies arose as individuals performed functions outside of their job descriptions. By combining resources and sharing services, new opportunities are created to restore many of these functions without additional cost. The new college will share staff to assist with administration, marketing, and event planning.

Space: No changes in the use or assignment of spaces or facilities are anticipated beyond the consolidation of the two individual dean's offices into one individual dean's office for the combined unit. Programs will continue to use existing spaces and facilities. Programs and staff will review opportunities and needs systemically as these arise in the future.

Administration: Combining two colleges into one college leads to a reduction of one dean position. It is anticipated that coordination of services among the units in the future will lead to further efficiencies and cost savings.

Faculty, Staff, and Students: Three new faculty and staff positions (two tenure-track faculty and one support staff) will be provided to the new unit as a result of savings from the realignment. Existing workload models will continue to be applied after the realignment, with attention to opportunities for integration. There are no anticipated impacts on students under the proposed realignment. Students will be served by current faculty and staff. Program and course offerings will remain the same in units under the new structure. Therefore, there will be no impact on student matriculation, progress, or graduation. The only observable aspect for students will be a college name change.

Plan For Assessing Proposed Outcomes

In addition to UWRF metrics, many programs have metrics that are regularly tracked as part of program review or accreditation. Additionally, UWRF's annual budget process provides ongoing opportunity to assess outcomes including retention and graduation of students, faculty research, scholarly, and creative activities, and outreach activities. Regular realignment updates will be provided to UWRF shared governance.

APPENDIX A:
REALIGNMENT TIMELINE

July/August 2022

1. Implementation of combined academic unit begins
2. Proposal of Realignment Plan completed and ready for submission:
    a. Concurrently distribute to academic units/faculty for August 29 opening meeting
3. Start preparing/deciding
    a. New Academic Unit Name
    b. Mission Statement/Value Proposition
    c. Organization Chart
    d. Bylaws and governance

October/November 2022

1. Bundle approved/pending proposal for submission to University of Wisconsin System
2. University of Wisconsin System review of UWRF realignment
3. Upon approval, realigned college finalizes plans for prospective student marketing and other internal details

November 2022-June 2023

1. Realigned college finalizes structures for coding. Impacts: RO (already discussed .ES coding, college name coding), Business and Finance Budget, Institutional Research
2. Begin discussion with University Communications and Marketing regarding marketing plans and website restructure
3. Identify and prepare any documentation for accrediting organizations.
4. Realigned college determines internal communication plans to current students on changes and impacts
5. Search for permanent dean in Spring 2023

July 2023

1. Formal implementation and new permanent dean start date, July 1.

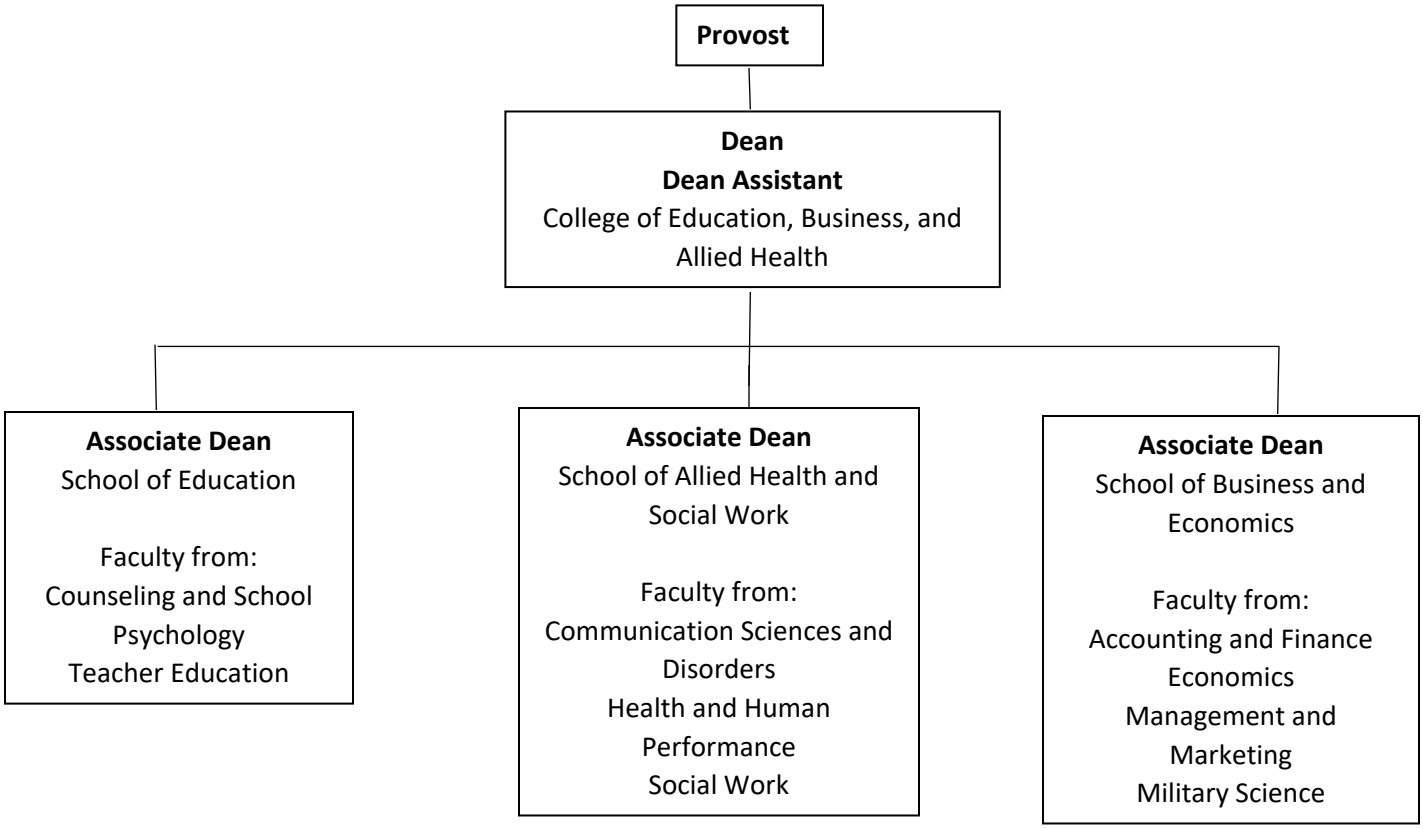
APPENDIX B:
PROGRAM ARRAY

Current Unit	Current Department	Academic Degree Programs	Proposed Academic Home in New College
College of Business and Economics	Accounting and Finance	B.S. in Accounting	School of Business and Economics
		B.S. in Finance	
	Management and Marketing	B.S. in Management	
		B.S. in Marketing	
	Two above departments	B.S. in Business Administration	
	Economics	B.S. in Economics	
	Three above departments	Master of Business Administration	
College of Education and Professional Studies	Counseling and School Psychology	M.S.E. in Counseling	School of Education
		M.S.E. in School Psychology	
		Education Specialist School Psychology	
	Teacher Education	B.S. in Early Childhood Education	
		B.S. in Elementary Education	
		B.S. in Secondary Education	
		M.S.E. in Education and initial Teaching Certification (K-9)	
		Ed.D. in Montessori Teacher Education	
		M.S.E. in Montessori Teacher Education	
		M.S.E. in Reading	
		Graduate STEMteach	
		M.S.E. in School Supervision and Instructional Leadership	
	Communication Sciences and Disorders	B.S. in Communication Sciences and Disorders	School of Allied Health and Social Work

		M.S. in Communication Sciences and Disorders	
	Health and Human Performance	B.S. Health and Human Performance	
		M.S. Health and Wellness Management	
		M.S. Clinical Exercise Physiology	
		M.S. Strength and Conditioning	
	Social Work	B. of Social Work (BSW)	

Note: Program arrays in this arrangement include degree programs only and not certificates, minors, non-degree continuing education offerings, or sports and recreation programming. These types of non-degree programming operated by the associated units will continue with the respective unit upon realignment.

APPENDIX C:
PROPOSED ORGANIZATIONAL STRUCTURE



UNIVERSITY OF WISCONSIN
RIVER FALLS

Office of the Provost and Vice Chancellor for Academic Affairs • 116 North Hall • (715) 425-3700

November 7, 2022

Dr. Tracy Davidson
Interim Associate Vice President
Office of Academic Programs and Faculty Advancement
University of Wisconsin System

Dear Dr. Davidson,

I am forwarding UW-River Falls' proposal to realign some of our academic units. This will move our campus from four academic colleges to three, with the newly combined college having three "schools" within.

This change is in line with both our recently developed Strategic and Academic Plans, which identify "Success for Every Falcon," "A Stable and Thriving Institution," "Interdisciplinary Program Development," and "Faculty & Staff Support" as key goals. The administrative efficiencies and related savings as well as the greater opportunities for collaboration between faculty and staff within these areas will strengthen our ability to achieve these goals.

This is also supported by our campus Core Values, which includes commitments to Integrity, with a focus on "…data-driven decisions", and Innovation in all that we do such as "…contributing to an environment of collaboration on campus and in the region that leads to positive impacts."

This plan was widely discussed during the 2021-22 academic year. Over fifty presentations, meetings, and smaller group discussions have occurred with stakeholders, shared governance groups, and support offices. Each of these were led by the provost and/or current interim dean of the combined college. In each of these meetings individuals were given the opportunity to share concerns, offer alternative ideas, and contribute thoughts to final details of the new college structure. The final structure was ultimately determined by the faculty and staff that will make up this new college.

This plan has been vetted through shared governance during the fall of 2022, which followed the appropriate UW-River Falls processes and policies for this type of change. This led to an affirmative vote of approval by faculty senate of the name of the new college and broader support by each of the other shared governance groups.

There will be no additional resources needed to support this change. Instead, substantial savings will be incurred which will be reinvested back into the college to support current and new academic programs.

Both Chancellor Gallo and I are fully supportive of this college realignment.

Sincerely,

David Travis
Provost and Vice Chancellor for Academic Affairs

APPOINTMENTS TO THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH OVERSIGHT AND ADVISORY COMMITTEE OF THE WISCONSIN PARTNERSHIP PROGRAM

REQUESTED ACTION

Adoption of Resolution C.5. approving appointments to the Oversight and Advisory Committee of the Wisconsin Partnership Program.

Resolution C.5 That, upon recommendation of the Chancellor of the University of Wisconsin-Madison and the President of the University of Wisconsin System, the Board of Regents approves the: 1) reappointment of Dr. Amy Kind, Dr. Richard Moss, and Sue Smith to the University of Wisconsin School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program for four-year terms effective immediately through October 31, 2026; and 2) appointment of Dr. Elizabeth Felton to fill an unexpired term on the University of Wisconsin School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program effective immediately through October 31, 2024.

SUMMARY

The Regents are asked to approve the appointment of Ms. Sue Smith as one of four public members and Drs. Elizabeth Felton, Amy Kind and Richard Moss as three of four UW School of Medicine and Public Health (SMPH) representatives on the UW School of Medicine and Public Health Oversight and Advisory Committee (OAC) of the Wisconsin Partnership Program (WPP). Terms for Dr. Kind, Dr. Moss, and Ms. Smith are four years, effective immediately through October 31, 2026. Dr. Felton is filling an unexpired term ending October 31, 2024.

Presenter

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

BACKGROUND

The UW SMPH is home to the WPP, a grantmaking program within SMPH established with a generous endowment gift from Blue Cross Blue Shield United of Wisconsin. The WPP, a true embodiment of the Wisconsin Idea, is committed to improving and advancing health equity across Wisconsin through investments in community partnerships, education, and research.

The WPP operates in full accordance with the Wisconsin Insurance Commissioner's Order (Order) of March 2000. The Order approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation and the distribution of half of the proceeds from the sale of stock to establish the WPP endowment at the UW SMPH.

In compliance with the Order, the Board of Regents created the OAC, consisting of four public members and four SMPH representatives appointed by the Regents upon recommendation of the Dean of the SMPH, and one member appointed by the Insurance Commissioner. The OAC is responsible for directing, approving, and monitoring the use of funds for community-engaged public health initiatives and public health education and training. Through WPP's annual reports, the OAC fulfills the obligations in the Order to report on the expenditure, use and evaluation of the full portfolio of WPP's funded programs and projects.

In accordance with the Order and the OAC Bylaws, the Board of Regents has the following oversight responsibilities for the Wisconsin Partnership Program:

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

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

Public member (health advocate) appointments:

- **Sue Smith**, RN, MSN, CPM, Director & Health Officer, Wood County Health Department. Ms. Smith has extensive experience as a public health leader in rural Wisconsin and will serve as a community health advocate concerning statewide health care.

School of Medicine and Public Health appointments:

- **Elizabeth Felton**, MD, PhD, Associate Professor, Department of Neurology. Dr. Felton specializes in epilepsy. She created the UW Health Adult Epilepsy Dietary Therapy Clinic.

- **Amy Kind**, MD, PhD, Associate Dean for Social Health Sciences and Programs. Dr. Kind is an international leader in the fields of social determinants of health and mechanistic health disparities research, serving as founding Director of the UW Center for Health Disparities Research and leading the team that developed the Neighborhood Atlas, a free first-of-its-kind tool that quantifies socioeconomic disadvantage for every neighborhood in the US.

- **Richard Moss**, PhD, Professor Emeritus, Department of Cell and Regenerative Biology. Dr. Moss founded the UW Cardiovascular Research Center, and as a Senior Associate Dean established new research programs in areas including human genomics and precision medicine. Dr. Moss chairs WPP's Partnership Education and Research Committee.

ATTACHMENTS

A) Sue Smith resume
B) Elizabeth Felton biographical sketch
C) Amy Kind biographical sketch
D) Richard Moss biographical sketch

Sue Smith, RN, MSN, CPM

OBJECTIVE

To strengthen and enhance the public health system and workforce in Wisconsin

EXPERIENCE

Wood County Health Department — **Wisconsin Rapids, WI**
Director/Health Officer — **2005-Present**

Responsibilities include:

- Providing strategic leadership to the agency
- Oversight of the community assessment and community health improvement planning process
- Oversight of the development, implementation, and evaluation of evidence-based public health programs that are based on community assessments and plans
- Evaluating the quality of service in all agency programs
- Enforcing state and local public health statutes and rules including communicable disease and health hazard prevention
- Planning, developing and implementing the department budget
- Negotiating, developing and monitoring contracts for purchase of services
- Seeking and obtaining outside funding through grants and foundations
- Assuring Public Health Performance Based Contracts achieve projected objectives and outcomes
- Advocating for public health infrastructure and services at the local, state and federal level
- Collaborating with ancillary health care providers to assure health care access and comprehensive health services for citizens
- Assuring agency meets or exceeds all measures established by the Public Health Accreditation Board
- Assuring agency workforce is trained and competent in delivery of Public Health services
- Assuring agency and community preparedness for natural and manmade disasters

Clinical Instructor — **Eau Claire, WI**
UW Eau Claire College of Nursing and Health Sciences — **2017-Present**

Pepin County Health Department — **Durand, WI**
Director/Health Officer — **2002-2005**

Buffalo County Department of Health and Human Services — **Alma, WI**
Director/Health Officer — **1997-2002**

Buffalo County Department of Health and Human Services — **Alma, WI**
Public Health Nurse — **1995-1997**

Franciscan-Skemp Hospital — **Arcadia, WI**
Staff Nurse — **1994-1995**

EDUCATION

University of Wisconsin-Madison — **Madison, WI**
Certificate in Servant Leadership — 2019

University of Wisconsin-Madison — **Madison, WI**
Certified Public Manager — 2010

Mid-America Public Health Leadership Institute — **University of Illinois at Chicago**
Wisconsin Team Member — 2002-2003

University of Wisconsin-Eau Claire **Eau Claire, WI**
MSN 2002

Viterbo College **La Crosse, WI**
BSN 1994

LICENSE AND CERTIFICATION

- Registered Nurse, State of Wisconsin
- Certified Public Manager, University of Wisconsin-Madison
- Certificate in Servant Leadership, University of Wisconsin-Madison

AWARDS AND HONORS

- Inducted into Sigma Theta Tau, International Nursing Honor Society, 2001
- Selected as Outstanding Graduate Student of the Year by nursing faculty at UW-Eau Claire, 2002
- Distinguished Public Health Employee Award, Wood County Health Department, 2012
- Distinguished Service to Public Health Award, Wisconsin Public Health Association, 2013
- Health Officer of the Year, Wisconsin Association of Local Health Departments and Boards, 2015

PROFESSIONAL AFFILIATIONS/COMMITEES

- American Public Health Association
- Wisconsin Public Health Association
- National Association of County and City Health Officials
- Wisconsin Association of Local Health Departments and Boards
- American Academy of Certified Public Managers
- Wisconsin Society of Certified Public Managers
- Public Health Preparedness Advisory Committee
- Wisconsin Public Health Research Network Steering Committee Co-Chair
- Governor's Council on Physical Fitness and Health
- UW Madison Wisconsin Partnership Program Oversight and Advisory Committee
- Wisconsin Healthcare Coalition Advisory Board

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

BIOGRAPHICAL SKETCH

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

NAME: Felton, Elizabeth A

eRA COMMONS USER NAME (credential, e.g., agency login): eafelton

POSITION TITLE: Assistant Professor of Neurology

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

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Northwestern University, Evanston, IL	BS	06/1998	Chemical Engineering
University of Wisconsin, Madison, WI	MS	05/2002	Biomedical Engineering
University of Wisconsin, Madison, WI	PHD	05/2007	Biomedical Engineering
University of Wisconsin, Madison, WI	MD	05/2009	Medicine
Johns Hopkins Bayview Medical Center, Baltimore, MD	Intern	06/2010	Internal Medicine Internship
Johns Hopkins Hospital, Baltimore, MD	Resident	06/2013	Neurology
Johns Hopkins Hospital, Baltimore, MD	Fellow	06/2015	Epilepsy

A. Personal Statement

I am an assistant professor and board-certified neurologist with subspecialty certification in epilepsy in the University of Wisconsin-Madison Department of Neurology. My areas of clinical and research expertise focus on ketogenic dietary therapy for adults with epilepsy and on women with epilepsy, including hormone related seizure patterns (i.e., catamenial epilepsy).

During neurology residency and epilepsy fellowship I developed a strong clinical research interest in the use of ketogenic diets for adults with epilepsy. I was awarded the NINDS R25 Research Education Program for Residents and Fellows in Neurology grant. My research focused on women starting a ketogenic diet and the relationship between their menstrual cycle, seizures, and ketosis. A sub-project investigated improved treatment for women with catamenial seizure patterns (seizures that correlate with the menstrual cycle and are traditionally difficult to treat) on the modified Atkins diet (a type of ketogenic diet).

Now as an assistant professor at UW-Madison I am combining the fundamental skills developed during my PhD research with the clinical and research interests I developed during my neurology residency and epilepsy fellowship. I created the UW Health Adult Epilepsy Dietary Therapy Clinic and developed a clinical research program investigating the use of the ketogenic diet for adults with epilepsy. This is aimed at addressing the large gap in knowledge regarding the mechanisms, optimal patient selection, and potential beneficial effects (beyond seizure reduction) of ketogenic therapy for epilepsy in adults with a special emphasis on women with epilepsy. There is a paucity of rigorous clinical trials investigating dietary therapy for epilepsy and even less looking at women with epilepsy. I look forward to making contributions in this area and launching a research career with a special focus on ketogenic diets and women with epilepsy.

I am a graduate of the American Academy of Neurology (AAN) Diversity Leadership Program and serve as the UW-Madison Department of Neurology Diversity, Equity and Inclusion Officer. I am involved in several DEI efforts locally as well as nationally with my professional societies. I am passionate about reducing neurology health disparities, educating about implicit bias and improving diversity and representation in the sciences.

I look forward to serving as a member of the Wisconsin Partnership Program Oversight and Advisory Committee. I will bring my research background, interest in reducing health disparities, commitment to diversity and love of Wisconsin to my role.

B. Positions, Scientific Appointments, and Honors

Positions

2021 – Present	Department of Neurology Diversity, Equity, and Inclusion Officer, University of Wisconsin School of Medicine and Public Health
2021 – Present	Associate Director, Medical Scientist Training Program, University of Wisconsin School of Medicine and Public Health
2021 – Present	Associate Program Director for Recruitment, Department of Neurology, University of Wisconsin School of Medicine and Public Health
2018 – Present	Ketogenic Diet Program Director, University of Wisconsin School of Medicine and Public Health
2015 – Present	Assistant Professor of Neurology, University of Wisconsin
2015 – Present	Affiliate Faculty, Department of Biomedical Engineering, University of Wisconsin

Scientific Appointments

2022 – Present	Co-Chair, Fellows and Junior Investigators Professional Development Committee, American Epilepsy Society
2022 – Present	Co-Chair, Dietary Therapies for Epilepsy Special Interest Group, American Epilepsy Society
2022 – Present	Member, Fellowship Curriculum workgroup, American Epilepsy Society
2022 – Present	Member, Diversity, Equity, and Inclusion Committee, American Epilepsy Society
2021 – Present	Co-Chair, Education Workgroup of the American Neurological Associations Inclusion/Diversity/Equity/Anti-racism/Social Justice (IDEAS) Task Force
2020 – Present	Abbott Sensors in Ketogenic Diet Advisory Board
2019 – Present	Chair, Medical Scientist Training Program Diversity & Outreach committee, UW Madison
2019 – Present	Member, Professional Advisory Board, Epilepsy Foundation of Wisconsin
2017 – Present	Member, Epilepsy Benchmark Stewards Committee, American Epilepsy Society/National Institute of Neurological Disorders and Stroke
2015 – Present	Member, American Neurological Association
2015 – Present	Member, Wisconsin Neurological Society
2013 – Present	Member, American Epilepsy Society
2013 – Present	Member, American Clinical Neurophysiology Society
2005 – Present	Member, American Academy of Neurology

Honors

2022	American Academy of Neurology (AAN) Diversity Leadership Program
2022	American Academy of Neurology (AAN) Health Care Equity Scholarship
2019	UW Health Patient and Family Experience Provider Champion Award
2018	Travel Award for the International Society of Neurogastronomy Symposium
2018	Travel Bursary Award for the 6th Global Symposium on Ketogenic Therapies for Neurological Disorders
2016	Epilepsy Board Certified, American Board of Psychiatry and Neurology
2015	Medical License, Wisconsin Medical Examining Board
2013	Neurology Board Certified, American Board of Psychiatry and Neurology

C. Contributions to Science

1. Epilepsy Fellowship: The classic ketogenic diet and the modified Atkins diet (MAD) are both effective nonpharmacologic therapies for adults with epilepsy. Despite the increasing number of women of childbearing age starting ketogenic diets, little has been published about the diet's effect on the menstrual cycle. During my epilepsy fellowship I evaluated the relationship between the menstrual cycle, seizures, and ketosis in women of childbearing age on dietary therapy (specifically MAD) for epilepsy. Data from this work was presented at three conferences, including one that won a poster award (c below) and one that was selected for podium presentation in 2015 at the American Epilepsy Society Ketogenic Diet Special Interest Group (b below). A sub-project involved methods to better treat women who have a catamenial seizure pattern while on the modified Atkins Diet. Data collection is still ongoing and UW-Madison is now a second data collection site. This research was performed under the mentorship of Drs. Mackenzie Cervenka and Eric Kossoff, internationally recognized experts in dietary therapy for epilepsy at The Johns Hopkins Hospital. These investigations laid the foundation for my current research.

    a. **Felton EA**, Cervenka MC, Henry BJ. The Relationship between the Menstrual Cycle, Seizures, and Ketosis. American Epilepsy Society 69th Annual Meeting; 2015 December; Philadelphia, PA.
    b. **Felton EA,** Kossoff EH, Henry BJ, Cervenka MC. An Evaluation of Catamenial Seizure Patterns and the Relationship between the Menstrual Cycle, Seizures, and Ketosis in Women on the Modified Atkins Diet for Treatment for Epilepsy. American Epilepsy Society 68th Annual Meeting; 2014 December; Seattle, WA.
    c. **Felton EA**, Kossoff EH, Henry BJ, Cervenka MC. An Evaluation of the Catamenial Seizure Pattern in Women on the Modified Atkins Diet for Treatment of Epilepsy. 4th Global Symposium for Dietary Therapies for Epilepsy and other Neurological Disorders; 2014 October; Liverpool, England.

2. Since joining the UW-Madison Department of Neurology in 2015 I developed the Adult Neurology Ketogenic Dietary Therapy Clinic, which was new offering for the neurology department and one of only ~10 such clinics across the United States. My research is focused on developing a personalized medicine approach for dietary therapy customization and response prediction to reduce seizure burden and comorbidities in people with epilepsy. My sub-focus is investigating hormonal effects in women on ketogenic diets. I also have an interest in improving pediatric to adult transition for patients on ketogenic therapies.

    a. **Felton EA**, Henry-Barron BJ, Jan AK, Shegelman A, Faltersack K, Vizthum D, Cervenka MC. The Feasibility and Tolerability of Medium Chain Triglycerides in Women with a Catamenial Seizure Pattern on the Modified Atkins Diet. Nutrients. 2021 Jun 30;13(7):2261.
    b. Seaborg K, Faltersack K, **Felton EA**. Transition of Care for Adolescent and Young Adult Patients on Dietary Therapy for Epilepsy. Journal of Pediatric Epilepsy. 2020 Dec; 9(04): 114-118.
    c. **Felton E** & Faltersack K. "Initiation of Ketogenic Therapy – Adult – Inpatient Clinical Practice Guideline." 2018. UW Health, Madison WI.
    d. Cervenka MC, Henry BJ, **Felton EA**, Patton K, Kossoff EH. Establishing an Adult Epilepsy Diet Center: Experience, efficacy and challenges. Epilepsy Behav. 2016 May;58:61-8.

3. Since joining the UW-Madison Department of Neurology I have also become involved in the NIH U01 Epilepsy Connectome Project (ECP). This is a joint project between UW-Madison and the Medical College of Wisconsin. Imaging, neuropsychological data, and serology is being collected in 200 adult patients with temporal lobe epilepsy (TLE) to investigate brain connectivity changes. I have an interest in women with epilepsy and specifically catamenial (menstrual cycle related) seizure patterns, so am investigating differences in connectivity in women with temporal lobe epilepsy.

    a. Hermann B, Conant L, Cook CJ, Hwang G, Garcia-Ramos C, Dabbs K, Nair VA, Mathis J, Rivera Bonet CN, Allen L, Almane DN, Arkush K, Birn R, DeYoe EA, **Felton E**, Maganti R, Nencka A, Raghavan M, Shah U, Sosa VN, Struck AF, Ustine C, Reyes A, Kaestner E, McDonald C, Prabhakaran V, Binder JR,

Meyerand ME. Network, Clinical and Sociodemographic Features of Cognitive Phenotypes in Temporal Lobe Epilepsy. Neuroimage Clin. 2020;27:102341. Epub 2020 Jul 10.

b. Hwang G, Nair VA, Mathis J, Cook CJ, Mohanty R, Zhao G, Tellapragada N, Ustine C, Nwoke O, Rivera-Bonet C, Rozman M, Allen L, Forseth C, Almane DN, Kraegel P, Nencka A, **Felton E**, Struck A, Birn R, Maganti R, Conant L, Humphries C, Hermann B, Raghavan M, DeYoe E, Binder J, Meyerand ME, Prabhakaran V. "Using low-frequency oscillations to detect temporal lobe epilepsy with machine learning." Brain Connectivity. 2019 Mar:9(2):184-193.

c. Williams L, Hwang G, Zhao G, Hermann B, Struck A, Nair V, Prabhakaran V, **Felton E**. "Epilepsy Connectome Project (ECP) – Cognitive Gender Differences in Temporal Lobe Epilepsy." American Epilepsy Society 73rd Annual Meeting. Baltimore, MD.

Complete List of Published Work in MyBibliography:

https://www.ncbi.nlm.nih.gov/myncbi/1Deyiz90OHe/bibliography/public/

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

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

NAME: Kind, Amy Jo Haavisto

eRA COMMONS USER NAME (credential, e.g., agency login): HAAVISTO

POSITION TITLE: Associate Dean, Professor and Director

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

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of Wisconsin, Madison, WI	BS	05/96	Molecular Biology
University of Wisconsin School of Medicine	MD	05/01	Medicine
Massachusetts General Hospital, Boston, MA	Resident	06/04	Internal Medicine—Primary Care
University of Wisconsin, Madison, WI	Fellow	06/05	Geriatrics
Department of Veterans Affairs, Madison, WI	Fellow	06/07	Older Women's Health
University of Wisconsin School of Medicine and Public Health	PhD	05/11	Population Health Sciences

A. Personal Statement

Dr. Amy Kind, MD, PhD is one of the few physicians in the country with PhD training in population health, an active research laboratory in health disparities and geo-analytics, clinical training in geriatrics and memory disorders, and a translational research agenda focused on Alzheimer's Disease (AD). She leads a robust research program focused on health equity, the social determinants of health, neighborhood disadvantage and AD. Dr. Kind's work has fundamentally changed the way many conceptualize health disparities, by catalyzing a broader focus of policy, research, and clinical delivery from the single individual to the neighborhood context. Dr. Kind led the team that developed the Neighborhood Atlas (neighborhoodatlas.medicine.wisc.edu), a free first-of-its-kind on-line data democratization tool that visualizes socioeconomic factors for every neighborhood in the US. Her Atlas data have found widespread application including in the US House of Representatives, NIH, CDC, VA, multiple states, health systems, and industry. Her work has had far-reaching policy impact, has been actively promoted by the NIH, published in top journals including *NEJM* and has informed COVID pandemic resource allocation. To directly intervene on health disparities, Dr. Kind has successfully designed, implemented, tested, and widely disseminated low-cost models of care to improve patient outcomes in low resource and safety net areas. Dr. Kind is an institutional leader in her role as Associate Dean for Social Health Sciences and Programs at the University of Wisconsin School of Medicine and Public Health, as Executive Director of the $480 million Wisconsin Partnership Program philanthropic endowment, as founding Director of the UW Center for Health Disparities Research, and as Leader of the Care Research Core for the Wisconsin Alzheimer's Disease Research Center (ADRC). Her accomplishments haven been recognized through the receipt of numerous awards, including the NIA Beeson Award, American Geriatrics Society Outstanding Scientific Achievement for Clinical Investigation Award, election to the American Society of Clinical Investigation, appointment to a White House Task Force and others. Her most recent R01, "The Neighborhoods Study," will provide a novel window into the mechanisms underlying neighborhood disadvantage exposure and Alzheimer's Disease neurobiology across 22 ADRCs. She is a dedicated clinician and serves as an outstanding research mentor, with many successfully funded mentees (NIH K awards, Diversity supplements).

Ongoing and recently completed funded awards within the last 3 years (selected):
R01AG070883

Kind (PI) / Bendlin (MPI)
3/1/2021 – 2/28/2026
The Neighborhoods Study: Contextual Disadvantage and Alzheimer's Disease and Related Dementias
This novel 22-site initiative examines the impact, mediators and moderators of life-course social exposome on the development of AD-specific pathologic features, vascular burden and cognitive decline.

1RF1AG057784
Kind (PI) / Bendlin (MPI)
9/15/2017-3/31/2022
Neighborhood Socioeconomic Contextual Disadvantage and Alzheimer's Disease
This study supports the Neighborhood Atlas, as well as establishing the infrastructure and methods needed to examine the impact, mediators and moderators of exposure to social exposome on the development of ADRD

1R01AG077628-01
Grill/Gillen/Kind (MPI)
5/1/2022-1/31/2027
Recruiting and Retaining Participants from Disadvantaged Neighborhoods in Registries

1R01MD010243
Kind (PI)
9/23/2015-6/30/2021
Neighborhood Socioeconomic Disadvantage and Medicare's 30-Day Rehospitalization Policy: Eliminating Rehospitalization Disparities by Informing Policy Design and Implementation

3R01MD010243-04S1
Kind (PI)
7/1/2018 – 6/30/2021
Race, Neighborhood Socioeconomic Disadvantage, and Risk for 30-Day Rehospitalization among Medicare Beneficiaries with Alzheimer's Disease

P30AG062715
Asthana (PI); Kind (Dementia Care Research Core Leader/ Research Education Core Co-Leader)
5/1/2019-3/31/2024
Wisconsin Alzheimer's Disease Research Center

R01AG079277
Powell (PI) / Kind (Co-I)
8/15/2022-4/30/2024
Feasibility of Linking the Occupational Exposome to Alzheimer's Disease Neuropathology

Department of Defense
Yaffe (PI) / Kind (Consultant)
7/1/2022 – 6/30/2025
Military Risk Factors and Risk of Dementia in Older Veterans: The Impact of Race and Social Determinants of Health

Veterans' Administration Geriatrics and Extended Care Grant Program
Kind (PI)
10/1/2019-9/30/2021
Implementation of the VA C-TraC Supportive Care Pathway; a collaboration with Boston VA

1R21AG069827 – 01/R33
Gilmore-Bykovskyi (PI) / Kind (Co-I)
9/1/2020 – 8/31/2025
Characterizing Episodes of Lucidity in Dementia Using Observational and Applied Computational Linguistics Approaches

R41AG069607
Werner (PI) / Kind (Co-I)
9/1/2020 – 8/31/2025

Development of a Caregiver Application and AI-Enabled Intelligent Assistant to Support Families and Formal Care Providers in Caring for Persons with Alzheimer's Disease and Related Dementias

1R21AG068720-01
Schwarze (PI) / Kind (Co-I)
9/30/2020-5/31/2022
Characterization and Identification of Markers of Clinical Momentum in the Care of Older Adults with Advanced Dementia

1R01DA047889
Westergaard (PI) / Kind (Co-I)
9/30/2019-6/30/2024
Health Systems Innovations for Supporting Transitions of Care for Incarcerated People Living with HIV, Hepatitis C and Opioid Use Disorder

1R01AG060737
Asthana/Herd (MPI) / Kind (Co-I)
9/15/2018-5/31/2023
Wisconsin Longitudinal Study – Initial Lifetime's Impact on Alzheimer's Disease and Related Dementias

1R01AG054059
Gleason (PI) / Kind (Co-I)
8/1/2016-4/30/2023 (NCE)
African Americans Fighting Alzheimer's in Midlife (AA-FAiM)

1U19AG078109-01
O'Bryant, Toga, Yaffe, Rissman, Johnson (MPI); Kind (subcontract)
9/1/2022-8/31/2027
The Health & Aging Brain Study – Health Disparities (HABS-HD)

Citations:

a. **Kind AJH**, Buckingham W. (2018) Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*, 378(26):2456-2458. PMCID: PMC6051533.
b. **Kaiksow FA**, Powell WR, Ankuda CK, **Kind AJH**, Jaffery JB, Locke CFS, Sheehy AM. Policy in Clinical Practice: Medicare Advantage and Observation Hospitalizations. J Hosp Med. 2020 Jan;15(1):6-8. PMID: 31863900.
c. Brennan MB, Powell WR, **Kaiksow FA**, Kramer J, Liu Y, **Kind AJH**, Bartels CM. Association of race, ethnicity, and rurality with major leg amputation or death among Medicare beneficiaries hospitalized with diabetic foot ulcers. JAMA Netw Open. 2022 Apr;5(4):e228399. PMID: 35446395.
d. Powell WR, **Kaiksow FA**, **Kind AJH**, Sheehy AM. What is an observation stay? Evaluating the use of hospital observation stays in Medicare." J Am Geriatr Soc. 2020 Jul;68(7):1568-1572. PMID: 32270480.

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2021-present	Associate Dean for Social Health Sciences and Programs, UW School of Medicine and Public Health
2021-present	Executive Director, Wisconsin Partnership Program, $480 million philanthropic endowment within UW School of Medicine and Public Health
2021-present	Founding Director, University of Wisconsin Center for Health Disparities Research (CHDR)
2021-present	Professor of Medicine, UW School of Medicine and Public Health
2007-2021	Clinical Duties: Director, VA Coordinated Transitional Care (C-TraC) Program and Attending Physician, Dementia and Cognitive Care Clinic; Geriatric Inpatient Consult Service (2007-2022), William S Middleton VA Hospital, Madison, WI
2017-2021	Founding Director, UW Dept of Medicine Health Services and Care Research Program
2007-2021	Clinical Instructor CHS (2007-2009), Assistant Professor CHS (2009-2010), Assistant Professor Tenure Track (2010-2015), Associate Professor with Tenure (2015-2020) UW School of Medicine and Public Health, Department of Medicine, Division of Geriatrics

Committees and Honors (selected)

2022-present	Chair, NIA/NIH Review Committee CD-3 (AGCD-3)
2021-present	Senior Associate Editor, *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*
2021-2022	Member, Co-Chair, NIA/NIH Review Committee CD-3 (AGCD-3)
2021-present	Member, Planning Committee AGS/NIA U13, "Geriatrics Research: From Bench-to-Bedside"
2021	Co-Chair and Speaker, NIH Alzheimer's Disease Research Summit Session on Understanding the Impact of the Exposome on Brain Health to Advance Disease Progression
2019-2021	Chair, NIA/NIH Review Committee, Clinical Aging Study Section (NIA-C)
2019-2021	Member, Health Policy PIA Executive Steering Committee of the Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment (ISTAART)
2020	Wisconsin Medical Alumni Association Early Career Achievement Award
2018-2019	Member NIA/NIH Review Committee, Clinical Aging Study Section (NIA-C)
2019-2020	Fellow, Executive Leadership in Academic Medicine (ELAM) Program
2019	American Geriatrics Society Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement for Clinical Investigation
2019	Elected as Member to the American Society of Clinical Investigation (ASCI)
2019, 2021	Invited Scholar, US Census
2019	NIH/NHLBI Predictive Analytics and Implementation Research Agenda Panel
2016	CMS/Medicare Technical Expert Panel (TEP), Population Health Measures: Composite Measure of Social, Socioeconomic and Environmental Factors, Member
2016	White House Task Force on Research and Development for Technology to Support Aging Adults, Member
2014- 2015	Consultant on Socioeconomic Adjustment for Hospital Readmissions, State of Maryland
2013-present	Ad hoc Member, Multiple NIA/NIH Review Committees
2010	NIH/National Institute on Aging Beeson Scholar Award

Board Certified- Internal Medicine, 2004, 2014; Geriatrics, 2005, 2015

C. Contributions to Science

1.) **Expertise on the impact of neighborhood disadvantage on health.** Neighborhood disadvantage, a fundamental social determinant, impacts health, leads to greater disease burden and likely operates independently of individual socioeconomic status. Dr. Kind is an expert on the quantification of this construct and her research has demonstrated that living in a highly disadvantaged neighborhood raises risk for certain diseases, for poorer outcomes of those diseases, and is linked to higher rates of health system utilization. She leads multiple active NIH R01s to support this research and has served as a technical expert on these issues for state, federal and international entities. To dramatically broaden real-world use, Dr. Kind made her metrics freely available to the public through an easily accessible customized mapping and data democratization platform, named the **Neighborhood Atlas** (www.neighborhoodatlas.medicine.wisc.edu). The Atlas has been accessed well over 400,000 times since its public launch, is employed by many state and federal entities and promoted actively by the NIH. It is being used by researchers across a wide variety of fields catalyzing the kinds of policy efforts, research studies, resource alignment, and clinical interventions needed to eliminate health disparities in the US (most recently, for the CMS ACO-REACH federal program.)

a. **Kind AJH**, Buckingham W. (2018) Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*, 378(26):2456-2458. PMCID: PMC6051533.
b. Jencks SF, Schuster A, Dougherty GB, Gerovich S, Brock JE, **Kind AJH**. (2019) Safety-net Hospitals, Neighborhood Disadvantage, and Readmissions: An Observational Study under Maryland's All-Payer Program. *Annals of Internal Medicine*, 171(2):91-98. PMCID: PMC6736732
c. Sheets LR, Kelley, LEH, Scheitler-Ring K, Petroski GF, Barnett Y, Barnett C, **Kind AJH**, Parker JC. (2020) An Index of Geospatial Disadvantage Predicts Both Obesity and Unmeasured Body Weight. *Prev Med Rep.* 18:101067. doi: 10.1016/ j.pmedr.2020.101067. PMCID: PMC7056721.
d. Golden B*, **Kind AJH**. (2021) The Fundamental Unfairness of Active Life Span Disparity [Invited Commentary]. *JAMA Internal Medicine*. 2021;181(10):1304-1305. doi: 10.1001/ jamainternmed .2021.4269. PMCID: Policy exempt – Publication was not peer-reviewed.

2.) **Expertise on impact of social exposome on brain health, with focus on Alzheimer's disease and related dementias (ADRD)**. To better clarify social-biological mechanisms, Dr. Kind is leading multi-institutional research to determine the impact of timing and dosage of life-course social exposome on brain health, with particular interest in ADRD-specific pathologic features, vascular burden and cognitive decline. Her most recent R01, "The Neighborhoods Study" is one of the largest studies ever funded examining the social

exposome in AD, incorporating 22 Alzheimer's Disease Research Centers and providing a novel window into the sociobiologic mechanisms underlying neighborhood disadvantage exposure and neurobiology.

a. Powell WR*, Buckingham WR, Larson JL*, Vilen L*, Yu M, Salamat MS, Bendlin BB, Rissman RA, **Kind AJH**. (2020) Association of Neighborhood-Level Disadvantage with Alzheimer Disease Neuropathology. *JAMA Netw Open*;3(6):e207559. doi:10.1001/jamanetworkopen.2020.7559. PMCID: PMC7290421.
b. Hunt J*, Buckingham W, Kim A, Oh J, Vogt N, Jonaitis E, Hunt T, Zuelsdorff M, Powell R, Norton D, Rissman R, Asthana S, Okonkwo O, Johnson S, **Kind AJH**, Bendlin B (2020). Neighborhood Disadvantage is Associated with Cerebral and Hippocampal Volume. *JAMA-Neurology*. doi:10.1001/jamaneurol.2019.4501 (Epub ahead of print). PMCID: PMC6990953.
c. Hunt JFV*, Vogt NM, Jonaitis EM, Buckingham WR, Koscik RL, Zuelsdorff M, Clark LR, Gleason CE, Yu M, Okonkwo O, Johnson SC, Asthana S, Bendlin BB, **Kind AJH** (2021). Association of Neighborhood Context, Cognitive Decline, and Cortical Change in an Unimpaired Cohort. *Neurology*. 18;96(20):e2500-e2512. doi: 10.1212/WNL.0000000000011918. PMCID: PMC8205478
d. Arias F*, Chen F, Fong T, Shiff H, Alegria M, Macantonio ER, Gou Y, Jones R, Travison T, Schmitt E, **Kind AJH**, Inouye SK (2020). Neighborhood-Level Social Disadvantage and the Risk of Delirium Following Major Surgery. *Journal of the American Geriatrics Society*.;68(12):2863-2871. doi: 10.1111/jgs.16782. PMCID: PMC7744425.

3.) **Expertise in implementation science**, focusing on **designing and testing systems interventions that improve care in low-resource and safety-net hospital settings** with the goal of improving health equity in the real-world. Some of Dr. Kind's interventions have disseminated widely, including the Coordinated-Transitional Care (C-TraC) Program--a low-cost intervention designed to improve hospital-to-home transitions now in sustained operation at multiple US hospitals.

a. **Kind AJH**, Brenny-Fitzpatrick M, Leahy-Gross K, Mirr J, Chapman E, Frey B, Houlahan B. (2016). Harnessing Protocolized Adaptation in Dissemination: Successful Implementation and Sustainment of the VA Coordinated-Transitional Care (C-TraC) Program in a Non-VA Hospital. *Journal of American Geriatrics Society,* 64(2), 409-16. PMCID: PMC4760859.
b. Reese R, Clement S, Syeda S, Hawley C, Gosian J, Cai S, Jensen L, **Kind AJH**, Driver JA (2019). Coordinated-Transitional Care for Veterans with Heart Failure and Chronic Lung Disease. *Journal of American Geriatrics Society.* 67(7):1502-1507. PMCID: PMC6612585.
c. **Kind AJH**, Jensen L, Barczi S, Bridges A, Kordahl B, Smith M & Asthana S. (2012). Low-Cost Transitional Care With Nurse Managers Making Mostly Phone Contact with Patients Cut Rehospitalization at a VA Hospital. *Health Affairs*, 31(12), 2659-2668. PMCID: PMC3520606.
d. Kennelty K*, Jensen L, Gehring M, Gilmore-Bykovskyi A*, Roiland R*, Kordahl R, **Kind AJH** (2016). Preventing Opioid Prescription Theft and Ensuring Secure Transfer of Personal Health Information (PROTECT PHI) when Patients Transition from the Hospital to a Nursing Home. *Journal of American Geriatrics Society.* 64(9), 23-5. PMCID: PMC5026868.

4.) **Expertise in mixed methods approaches to examine and improve care for older adults**. Dr. Kind's work in this area extends to inter-setting communication, ADRD care quality and caregiving. Her work has influenced national discharge communication standards of practice, especially for hospital-to-nursing home transitions.

a. Gilmore-Bykovskyi A, Roberts T, King B, Kennelty K, **Kind AJH**. (2016) Transitions from Hospitals to Skilled Nursing Facilities for Persons with Dementia: A Challenging Convergence of Patient and System-Level Needs. The Gerontologist, 57(5):867-79. PMCID: PMC5634404.
b. Gilmore-Bykovskyi A, Block L, **Kind AJH.** (2021) Bridging the Hospital-Skilled Nursing Facility Information Continuity Divide. *JAMA Network Open*;4(1): doi:10.1001/jamanetworkopen.2020.35040 PMCID: 8045143
c. Dean S, Gilmore-Bykovskyi A, Buchanan J, Ehlenfeldt B, **Kind AJH** (2016) The Design and Hospital-Wide Implementation of a Standardized Discharge Summary in an Electronic Health Record. *The Joint Commission Journal on Quality and Patient Safety*. 42(12):555-561. PMCID: PMC5367268
d. Cotton QD*, **Kind AJH**, Kim A, Block LM, Thyrian JR, Shah MN, Gilmore-Bykovskyi A. (2021) Dementia Caregivers' Experiences Engaging Supportive Services While Residing in Under-Resourced Areas. *J Alzheimers Dis*. 2021;84(1):169-177. doi: 10.3233/JAD-210609. PMCID: PMC8565358.

Complete List of Published Work in MyBibliography:
http://www.ncbi.nlm.nih.gov/sites/myncbi/16_PoMLvG-ckx/bibliography/42132179/public/?sort=date&direction=descending

OMB No. 0925-0001 and 0925-0002 (Rev. 10/15 Approved Through 10/31/2018)

BIOGRAPHICAL SKETCH

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

NAME: Moss, Richard L.

eRA COMMONS USER NAME (credential, e.g., agency login): muscle

POSITION TITLE: Professor Emeritus, Department of Cell and Regenerative Biology

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

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of Wisconsin-Oshkosh	BS	08/1969	Biology
University of Vermont	PhD	05/1975	Physiology & Biophysics
Boston Biomedical Research Institute	Postdoc	08/1979	Muscle Physiology

A. Personal Statement

My laboratory has contributed to current understanding of the roles of myofibrillar proteins in the contraction of striated muscles beginning with studies in the 1980's. We have investigated the contractile effects of variable expression of MyHC isoforms in mammalian skeletal muscles and are currently studying the roles played by PKA and PKC phosphorylations of myosin binding protein-C in the regulation of myocardial contraction in hypertrophic cardiomyopathy and in heart failure. My laboratory has a history of innovation with respect to development of methods (reversible extraction of myofibrillar proteins to study their function), animal models (knock-outs, inducible knock-outs, and expression of phosphorylation mutants of cMyBP-C) and new concepts regarding the regulation of myocardial contraction (contraction kinetics regulated via PKA phosphorylation of cMyBP-C). I am an expert in studies of disease-causing mutations in contractile and regulatory proteins in hypertrophic and dilated cardiomyopathies and in heart failure. I have an extensive history of training graduate students, post-doctoral scientists, and clinical fellows, with 20 trainees now employed as tenured faculty in U.S. academic medical centers.

In addition to my research activities, I have served in several leadership roles in the UW School of Medicine and Public Health (SMPH) including Chair of the Department of Physiology; Founding Director of the UW Cardiovascular Research Center; Founding Director of the Master's in Biotechnology program; Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies; and Chair of the Partnership Education and Research Committee (PERC) in the Wisconsin Partnership Program. These roles have engaged the full range of research within the SMPH, including basic, clinical and population health research and community engagement and intervention.

The following publications represent my current predominant research focuses:

1. Rosas PC, Liu Y, MI Abdalla, CM Thomas, DT Kidwell, GF Dusio, D Mukhopadhyay, R Kumar, KM Baker, BM Mitchell, PA Powers, DP Fitzsimons, BG Patel, CM Warren, RJ Solaro, RL Moss and CW Tong. 2015. Phosphorylation of cardiac myosin binding protein-C is a critical mediator of diastolic function. Circ Heart Fail 8:582-594. PMCID: PMC4447128
2. Moss RL, DP Fitzsimons and JC Ralphe. 2015. Cardiac MyBP-C regulates the rate and force of contraction in mammalian myocardium. Circ Res 116:183-192. PMCID: PMC4283578

3. Kensler, RW, R Craig and RL Moss. 2017. Phosphorylation of cardiac myosin binding protein C releases myosin heads from the surface of cardiac thick filaments. Proc Natl Acad Sci 114:E1355-E1364. PMCID: PMC5338423.
4. Kensler, R.W., R. Craig and R.L. Moss. 2017. Phosphorylation of cardiac myosin binding protein C releases myosin heads from the surface of cardiac thick filaments. Proc Natl Acad Sci 114:E1355-E1364. PMCID: PMC5338423

B. Positions and Honors

Positions and Employment

1979-83 Assistant Professor of Physiology, UW Medical School
1983-87 Associate Professor of Physiology, UW Medical School
1987-09 Professor and Chair of Physiology, UW School of Medicine and Public Health (SMPH)
1994-17 Founding Director, UW Cardiovascular Research Center
2009-22 Rennebohm Professor of Cell & Regenerative Biology, UW SMPH
2009-21 Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies, UW SMPH
2009-pres Chair, Partnership Education & Research Committee, Wisconsin Partnership Program
2022-pres Professor Emeritus, Department of Cell & Regenerative Biology, UW SMPH

Other Experience and Professional Memberships

1993-97 Member, NIH Physiology Study Section 1993-97
Various Ad hoc reviewer on NIH Pathway to Independence (K99/R00) Special Emphasis Panels
Ad hoc reviewer on NIH CVA Study Section and CCHF Study Section
Reviewer on site visits for NICHHD, NHLBI, NIA
1993-94 AHA Molecular Biology of Muscle Study Committee
2001-04 AHA Cellular CV Physiology and Pharmacology Study Committee
2000-03 AHA National Research Council
1985-92 Editorial Board, *Biophysical Journal*; also 1998-01
1985-91 Editorial Board, *Physiological Reviews*
1987-90 Editorial Board, *Journal of General Physiology*
1990-96 Editorial Board, *American Journal of Physiology: Cell Physiology*
1992-pres Editorial Board, *Journal of Muscle Research and Cell Motility*
1993-15 Editorial Board, *Circulation Research*
1995-02 Editorial Board, *Journal of Physiology*
1999-pres Editorial Board, *Journal of Molecular and Cellular Cardiology*
2002-pres Member, Partnership Education & Research Committee, Wisconsin Partnership Program
2009-pres Member, Oversight and Advisory Committee, Wisconsin Partnership Program
2002-05 International Editor, *Journal of Physiology*
2004-10 Advisory Editor, *Journal of General Physiology*
2010-16 Associate Editor, *Journal of General Physiology*
2016-pres Editorial Board, *Journal of General Physiology*

Honors

1976-78 NHLBI Post-Doctoral Fellow
1981-86, AHA Established Investigator
2006-17 NIH MERIT Award
2006-09 President, International Society of Heart Research, North American Section
2007 Honorary Doctor of Medicine, Uppsala University (Sweden)
2010-16 Secretary-General, International Society for Heart Research
2022 UW SMPH Folkert O. Belzer Award for outstanding leadership

C. Contributions to Science

1. My first studies at the University of Wisconsin pursued the possibility that the light chain subunits of the thick filament protein myosin played regulatory roles in determining the force and kinetics of contraction in skeletal and cardiac muscles. Together with my colleague Dr. Marion Greaser in the UW College of Agricultural and Life Sciences, my laboratory developed biochemical methods for specifically and reversibly extracting light chains from permeabilized (skinned) preparations of skeletal muscle. The main features of our method were chelation of Mg^{2+} with EDTA, which stripped the divalent cation binding site on myosin light chain 2 (LC_2), and reduced ionic strength. Together, these interventions destabilized binding of LC2 to myosin, resulting in nearly stoichiometric reductions in LC_2 content. The effects of reduced LC2 content were striking: the Ca2+ sensitivity of force increased as a consequence of increased force at low to intermediate levels of activation, and the kinetics of force development were accelerated. These effects were reversed by reconstituting the extracted preparations with LC_2, which was done by bathing the fibers in a solution of LC_2 in the presence of mM Mg^{2+} and physiological ionic strength. The approach used in these experiments was in effect an acute biochemical "knock-out" of a specific protein, with the advantage over subsequent genetic ablations in which some of the observed effects were due to compensatory mechanisms. Our studies led to the determination of a specific regulatory role for LC_2 and the mechanism of regulation, as well as setting the stage for biochemical extraction of other thick (myosin binding protein C) and thin filament (troponin and its subunits) proteins in studies focused on determining their functions.

    1. Metzger, J.M., M.L. Greaser and R.L. Moss. 1989. Variations in cross-bridge attachment rate and tension with phosphorylation of myosin in mammalian skinned skeletal muscle fibers. J Gen Physiol 93:855-883.
    2. Metzger, J.M. and R.L. Moss. 1992. Myosin light chain 2 modulates calcium sensitive cross-bridge transitions in vertebrate skeletal muscle. Biophys J 63:460-468.
    3. Stelzer, J.E., J.R. Patel and R.L. Moss. 2006. Acceleration of stretch activation in murine myocardium due to phosphorylation of myosin regulatory light chain. J Gen Physiol 128:261-272.
    4. Massengill, M.T., H.M. Ashraf, R.R. Chowdhury, S.M. Chrzanowski, J. Kar, S.A. Waren, G.A. Walter, H. Zeng, B.-H. Kang, R.H. Anderson, R.L. Moss and H. Kasahara. 2016. Acute heart failure with cardiomyocyte atrophy induced in adult mice by ablation of cardiac myosin light chain kinase. Cardiovasc Res 111:34-43. PMCID: PMC4909160

2. Subsequent work in my laboratory has studied the roles of cooperative mechanisms in the regulation of force and the kinetics of force development in skeletal and cardiac muscles. Using our biochemical extraction approaches, we were able to demonstrate that the acceleration of the kinetics of force development as the level of thin filament activation increases is due to cooperative phenomena within the thin filament regulatory strand. Specific mechanisms involve cooperativity in the binding of myosin heads to the thin filament, which is evident at low levels of activation, and had been predicted previously in a model published by Kenneth Campbell at Washington State University. We showed that sequential binding of myosin heads to actin away from a site of Ca^{2+} binding to TnC increases the time to reach steady state force, thereby slowing the rate constant of force development. The occurrence of this phenomenon decreases as the level of Ca^{2+} increases, and at saturating Ca^{2+} such cooperativity in cross-bridge binding is absent or nearly so and the kinetics of force development are maximal. This mechanism is potentially very important in determining the kinetics of the twitch in striated muscles.

    1. Moss, R.L., G.G. Giulian and M.L. Greaser. 1985. The effects of partial extraction of TnC upon the tension-pCa relation in mammalian skeletal muscle. J Gen Physiol 86:585-600.
    2. Swartz, D.R. and R.L. Moss. 1992. Influence of a strong-binding myosin analog on calcium sensitive mechanical properties of skinned skeletal muscle fibers. J Biol Chem 267:20497-506.
    3. Swartz, D.R., R.L. Moss and M.L. Greaser. 1996. Calcium alone does not fully activate the thin filament for S1 binding to rigor myofibrils. Biophys J 71:1891-1904.
    4. Fitzsimons, D.R., J.R. Patel and R.L. Moss. 2001. Cross-bridge interaction kinetics in rat myocardium are accelerated by strong binding of myosin to the thin filament. J Physiol 530:263-272.

3. We undertook systematic studies of the molecular basis of myocardial stunning in an *in vivo* pig model of myocardial infarction. The protocol involved ligation of the anterior descending coronary artery for varying periods of time, followed by reperfusion. After this protocol the marginal tissue around the infarcted zone exhibited stunning, i.e., reduced contractility which recovered over a period of days. By studying myocardial tissue obtained by biopsy at different time points in this protocol, we found that stunning was due in part to oxidation of cardiac TnC upon reperfusion and that recovery was due to replacement of the dysfunctional cTnC as a result of synthesis of new protein. This work provided a new therapeutic target for interventions designed to maximize recovery from stunning following myocardial infarction, thereby reducing scarring due to tissue necrosis.

    1. McDonald, K.S., P.P.A. Mammen, K.T. Strang, R.L. Moss and W.P. Miller. 1995. Isometric and dynamic mechanical properties of porcine skinned cardiac myocytes following stunning. Circ Res 77:964-972.
    2. Miller, W.P., K.S. McDonald and R.L. Moss. 1996. Onset of reduced Ca^{2+} sensitivity of tension during stunning in porcine myocardium. J Mol Cell Cardiol 28:689-697.
    3. McDonald, K.S., R.L. Moss, and W.P. Miller. 1998. Incorporation of the troponin regulatory complex of postischemic stunned porcine myocardium reduces myofilament calcium sensitivity in rabbit psoas muscle fibers. J Molec Cell Cardiol 30:285-296.

4. An initial observation by Cris Hartzell that cardiac myosin binding protein C (cMyBP-C) is reversibly phosphorylated during β-adrenergic stimulation of the heart was the basis for an extensive series of studies to understand the function of MyBP-C in both skeletal and cardiac muscles. In the early 1990's when we began this work, MyBP-C was thought to be a structural protein, possibly serving as a scaffold in the assembly of the thick filament. We developed methods to biochemically extract the protein from skinned muscle fibers, which provided the tool needed to determine the functional role of the protein. Following extraction, the Ca2+ sensitivity of force increased and the kinetics of contraction were accelerated in both skeletal and cardiac muscles. These effects were completely reversed by reconstituting the skinned muscles with cMyBP-C. Subsequently, we developed a homozygous null mouse for the gene encoding cMyBP-C, i.e., the first *MYBPC3* ko mouse. These mice developed normally and lived a normal lifespan, with no evident disturbance of myofilament structure, i.e., MyBP-C was not found to be a structural protein. On the other hand, the hearts from these mice were hypercontractile and exhibited hypertrophic phenotypes that were reminiscent of hypertrophic cardiomyopathy. We concluded from these studies that cMyBP-C is a regulatory protein which when present depresses myocardial contraction. Subsequent studies (section 5) showed that phosphorylation of cMyBP-C relieved this inhibition and accelerated the kinetics of contraction. Furthermore, induction of the homozygous null alleles for *MYBPC3* in the adult animal accelerated cardiac function without hypertrophy. Instead, hypertrophy typical of HCM developed only when the induced null animals were stress by exercise of transaortic constriction. The work from my laboratory on cMyBP-C comprised the first studies of cMyBP-C and opened a now-robust subfield focused on the roles of cMyBP-C in health and disease.

    1. Hofmann, P.A., H.C. Hartzell and R.L. Moss. 1991. Alterations in Ca^{2+} sensitive tension due to partial extraction of C-protein from rat skinned cardiac myocytes and rabbit skeletal muscle fibers. J Gen Physiol 97:1141-1163.
    2. Harris, S.P., C.R. Bartley, T.A. Hacker, K.S. McDonald, P.S. Douglas, M.L. Greaser, P.A. Powers and R.L. Moss. 2002. Hypertrophic cardiomyopathy in cardiac myosin binding protein C (cMyBP-C) knockout mice. Circ Res 90:594-601.
    3. Stelzer, J.E., J.R. Patel and R.L. Moss. 2006. PKA-mediated acceleration of the stretch activation response iin murine skinned myocardium is eliminated by ablation of cMyBP-C. Circ Res 99:884-890.
    4. Chen, P.P., J.R. Patel, P.A. Powers, D.P. Fitzsimons and R.L. Moss. 2012. Dissociation of structural and functional phenotypes in cardiac myosin binding protein-C conditional knock-out mice. Circulation 126:1194-1205. PMCID: PMC3466088

5. We have pursued systematic studies of the mechanisms through which cMyBP-C regulates cardiac contraction, leading to the definition of a potential therapeutic for the treatment of congestive heart

failure. Our results show that ablation or phosphorylation of cMyBP-C accelerates cardiac contraction by relieving a constraint on the myosin head, which increases its probability of binding to actin. In work just published, we have shown that PKA or CAMPKII phosphorylation of cMyBP-C is primarily responsible for the positive inotropy observed during β-adrenergic stimulus or in the positive force-frequency relationship (the Bowditch effect). In addition, expression of non-phosphorylatable cMyBP-C results in significant dysfunction during systole and diastole. Thus, we conclude that cMyBP-C is a principal regulator of cardiac function through agonist-induced phosphorylations at one or more serines within the protein, overturning long-standing views that such regulation involved only troponin and its subunits. From this knowledge we have developed novel approaches with potential for treatment of heart failure and have a patent application pending for this invention.

1. Stelzer, J.E., D.P. Fitzsimons and R.L. Moss. 2006. Ablation of myosin binding protein-C accelerates force development in mouse myocardium. Biophys J 90:4119-4127.
2. Rosas P.C., Liu Y., M.I. Abdalla, C.M. Thomas, D.T. Kidwell, G.F. Dusio, D. Mukhopadhyay, R. Kumar, K.M. Baker, B.M. Mitchell, P.A. Powers, D.P. Fitzsimons, B.G. Patel, C.M. Warren, R.J. Solaro, R.L. Moss and C.W. Tong. 2015. Phosphorylation of cardiac myosin binding protein-C is a critical mediator of diastolic function. Circ Heart Fail 8:582-594. PMCID: PMC4447128
3. Tong C.W., X. Wu, Y. Liu, P.C. Rosas, S. Sadayappan, A. Hudmon, M. Muthuchamy, P.A. Powers, H.H. Valdivia and R.L. Moss. 2015. Phosphoregulation of cardiac inotropy via myosin binding protein-C during increased pacing frequency or β1-adrenergic stimulation. Circ Heart Fail 8:595-604. PMCID: PMC4439328
4. Kensler, R.W., R. Craig and R.L. Moss. 2017. Phosphorylation of cardiac myosin binding protein C releases myosin heads from the surface of cardiac thick filaments. Proc Natl Acad Sci 114:E1355-E1364. PMCID: PMC5338423

D. Research Support

Ongoing Research Support

R01 HL139883; Moss (PI)
07/01/18-06/30/23
"Mechanism of regulation of cardiac contraction by phosphorylation of myosin binding protein C"
The goals of this study are to determine the molecular basis for cardiac inotropy due to adrenergic stimulation and to exploit the mechanisms that are discovered to identify possible molecular targets for therapeutic interventions in heart failure.
Role: Project Leader

Completed Research Support (last 3 years)

R01 HL109810; Ge (PI)
03/01/13-02/28/21
"Deciphering Myofilament Modifications in Ischemic Cardiomyopathy"
The goals of this study are to determine molecular mechanisms for contractile dysfunction in ischemic heart disease and to identify novel biomarkers for tracking the progression of the disease.
Role: Co-Investigator

Education Committee **Item D.**

December 8, 2022

UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH: THE WISCONSIN PARTNERSHIP PROGRAM FISCAL YEAR 2022 ANNUAL REPORT

REQUESTED ACTION

For information only.

SUMMARY

The FY 2022 Annual Report of the Wisconsin Partnership Program (WPP), covering the activities and expenditures from July 1, 2021 through June 30, 2022, is presented to the UW System Board of Regents.

The WPP at the UW School of Medicine and Public Health (SMPH) is committed to improving health and advancing health equity in Wisconsin through investments in research, education, and community partnerships.

The annual report details WPP's commitment to advance its mission through a strong portfolio of grant programs that propel medical research, enhance health education and workforce development, support community health partnerships, advance health equity, and respond to the COVID-19 pandemic. The work of WPP and its grantees touches all corners of the state, across a wide range of health challenges, communities, populations, and geographic areas.

FY 2022 In Brief

In FY 2022 the WPP awarded 41 new grants totaling $18.5 million, in total supporting 124 active projects and initiatives. These grants support innovative approaches, interventions, and solutions that are moving health forward throughout Wisconsin. Examples include:

Bolstering the healthcare workforce: A partnership between the University of Wisconsin System, the UW–Madison School of Nursing, and the WPP expanded the COVID-19 Student Health Care Worker Initiative and helped meet crucial staffing needs as the state navigated the pandemic. The program had high engagement across the UW System with 1,689

students from 12 campuses receiving tuition support. Students worked in a variety of settings including assisted living, long-term care/skilled nursing, and hospitals across 79 unique rural, urban, and suburban zip codes.

Responding to COVID-19: The WPP expanded its response to the COVID-19 pandemic, providing an additional $3.5 million to community organizations and researchers who are addressing the ongoing health consequences of the pandemic. These awards address the pandemic's toll on vulnerable and diverse populations, promote testing and safety in schools, address the pandemic's impact on adolescent mental health, and support basic science research on COVID-19.

Advancing Health Equity through Community Partnerships: During this fiscal year, the WPP awarded grants of $1 million each to four community-led initiatives to promote food sovereignty to improve health for the Oneida Nation, improve medical care and peer support for people struggling with substance use in rural Wisconsin, expand access to dementia diagnosis and care for Latinx populations, and increase access to safe and supportive housing for formerly incarcerated women.

Promoting Maternal and Child Health: WPP's Maternal and Child Health Grant Program is supporting community-led work to improve the health of mothers and infants in Wisconsin. New grants reach across the state to support rural, urban, immigrant, and Native mothers through home visiting programs, doula services, and expanded partnerships with health care delivery professionals.

Propelling Research and Innovation: The WPP's New Investigator Program provides opportunities for early-career SMPH faculty to initiate innovative research projects. This year, four assistant professors each received $150,000 to support innovative studies on topics including targeting blindness, improving pregnancy outcomes, and advancing gene therapy to target rare genetic diseases. To date, this grant program has launched the careers of 76 faculty who have gone on to leverage $46 million in funding to expand or sustain their research.

Building a Diverse Physician Workforce: The WPP Scholarship Program continues to promote diversity in medical education at the UW SMPH. Four scholarships for full four-year medical school tuition have been made to date. The awardees represent racial or ethnic groups that are historically underrepresented in medicine, including American Indian or Alaska Native, Black or African American.

Reporting Outcomes and Impact

Each year WPP publishes Outcome Reports in an online format for grants that concluded during the fiscal year. The outcome reports can be found on the WPP website's Funded Projects page. WPP also recognizes that success and lasting impact occur within and often beyond a project's funding period. For example:

Increasing Access to Vision-Saving Eye Screenings: A research collaboration between the SMPH Department of Ophthalmology and Visual Science and the Mile Bluff Medical Center in Mauston, Wisconsin increased access to remote eye screenings for diabetic patients. The researchers have since received a $4.4 million grant from the National Eye Institute to expand their work. Now a multi-center clinical trial will test the program at eight rural health systems across the country.

Bringing Health Care to Vulnerable Populations: Nurse Disrupted, a provider of virtual technology health care solutions, used a WPP COVID-19 Response Grant to provide telehealth screenings at Porchlight men's homeless shelter during the pandemic. The team leveraged the data and lessons from that project to successfully compete for seed funding to expand their work to additional shelters and other partners in Dane County and Milwaukee.

Economic Impact: Building upon WPP's investments, grantees have leveraged more than $684 million since 2004 in additional funding from federal, foundation, or other agencies to sustain or enhance their work. In FY 2022, WPP grantees leveraged $40.4 million from external funders for projects that were initiated with WPP support.

Presenter

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

BACKGROUND

The UW SMPH is home to the WPP a grantmaking program within the SMPH established as the result of a generous endowment gift from Blue Cross Blue Shield United of Wisconsin (BCBS). The WPP is committed to improving health and advancing health equity through investments in community partnerships, education, and research. A true embodiment of the Wisconsin Idea, WPP has awarded more than $281 million in 591 grants that propel medical research, enhance health education and workforce development, support community health partnerships, advance health equity, and respond to the COVID-19 pandemic. The work of WPP and its grantees touches all corners of the state, across a wide range of health challenges, communities, populations, and geographic areas.

The WPP operates in full accordance with the Wisconsin Insurance Commissioner's Order (Order) of March 2000. The Order approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation and the distribution of half of the proceeds from the sale of stock to establish the WPP endowment at the UW SMPH.

In compliance with the Order, the Board of Regents created the Oversight and Advisory Committee (OAC) consisting of four public members and four SMPH representatives appointed by the Regents upon recommendation of the Dean of the SMPH, and one member appointed by the Insurance Commissioner. The OAC is responsible for directing, approving, and monitoring the use of funds for community-engaged public health initiatives and public health education and training. The SMPH created the Partnership Education and Research Committee (PERC), composed of a cross-section of the faculty, OAC representatives, and SMPH leaders, to direct, approve, and monitor the allocation of funds for education and research initiatives. Through WPP's annual reports, the OAC fulfills the obligations in the Order to report on the expenditure, use and evaluation of the full portfolio of WPP's funded programs and projects.

Since March 2004, the WPP's governance committees have been engaged in seeking proposals from community organizations and faculty, and making awards in accordance with the Order, Grant Agreement that transferred the funds resulting from the BCBS conversion, and the Five-Year Plan. The current Five-Year Plan (2019-2024) was presented to and approved by the Board of Regents in December 2018.

In compliance with the Order, annual written fiscal attestations of non-supplanting are required of the UW-Madison Vice Chancellor for Finance and Administration, the Dean of the UW SMPH and the Chief Financial Officer (CFO) of the UW SMPH. Relevant attestations were signed this year by the SMPH Finance Director who served as WPP's interim CFO-contact given a vacancy. A monitoring system is in place to ensure that WPP funds are not used to replace existing funds. The annual attestations are filed with the Executive Director and Corporate Secretary of the UW System Board of Regents each year.

In accordance with the Order and the OAC Bylaws, the Board of Regents has the following oversight responsibilities for the WPP:

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

ATTACHMENTS

A) Wisconsin Partnership Program Annual Report, July 1, 2021-June 30, 2022
B) FY 2022 Determination of Non-Supplanting for OAC
C) FY 2022 Determination of Non-Supplanting for PERC
D) FY 2022 Determination of Non-Supplanting for SMPH
E) FY 2022 Determination of Non-Supplanting for UW System and UW-Madison

MOVING HEALTH FORWARD

Annual Report July 1, 2021 - June 30, 2022

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

TABLE OF CONTENTS

KEY

AHW ..... Advancing a Healthier Wisconsin
ICTR ..... Institute for Clinical and Translational Research
MCW ..... Medical College of Wisconsin
NACHP ..... Native American Center for Health Professions
OAC ..... Oversight and Advisory Committee
PERC ..... Partnership Education and Research Committee
SMPH ..... School of Medicine and Public Health
WFAA ..... Wisconsin Foundation and Alumni Association
WPP ..... Wisconsin Partnership Program

The University of Wisconsin School of Medicine and Public Health is home to the Wisconsin Partnership Program, a grantmaking program within the SMPH established as the result of a generous endowment gift from Blue Cross Blue Shield United of Wisconsin's conversion to a stock insurance corporation. The Wisconsin Partnership Program expresses its continued gratitude for this gift to benefit the people of Wisconsin.

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

DEAN'S MESSAGE

It is my pleasure to present the Wisconsin Partnership Program's annual report for fiscal year 2021–2022. The UW School of Medicine and Public Health is proud to serve as the home to the Wisconsin Partnership Program. Established through a gift resulting from Blue Cross Blue Shield United of Wisconsin's conversion from a nonprofit organization to a for-profit corporation, the Wisconsin Partnership Program endowment has provided an unprecedented opportunity to improve health and advance health equity throughout our state.

This year, we welcomed Amy Kind, MD, PhD, associate dean for social health sciences and programs and professor of medicine at the UW School of Medicine and Public Health as the Partnership Program's executive director. She follows Eileen Smith, founding director, who retired after nearly 20 years of outstanding leadership and dedicated service to the Wisconsin Partnership Program. Dr. Kind has served on the Wisconsin Partnership Program's governance committees since 2018. She is the director of the UW Center for Health Disparities Research and an international leader in the fields of social determinants, health equity, and brain health disparities research. Her rigorous research expertise and commitment to health equity will greatly inform and guide the work of the Wisconsin Partnership Program.

Since it began making grants in 2004, the Wisconsin Partnership Program has remained a steadfast partner to researchers, health care providers, educators, and community organizations who are working tirelessly to improve the health of Wisconsin's people and communities. To date, this has resulted in 591 grants for a diverse array of initiatives whose impact extends to the corners of our state and beyond—a true embodiment of the Wisconsin Idea. Through these investments and partnerships, the Wisconsin Partnership Program is driving research and discovery, enhancing education, tackling health inequities, responding to a pandemic, and supporting solutions to complex health challenges. The advancements and interventions resulting from this work will benefit the people of Wisconsin now and for years to come.

This annual report highlights several partnerships that span a broad range of health issues, geographic areas, communities, and populations. Our state is stronger and our communities are healthier as a result of these powerful collaborations. The Wisconsin Partnership Program remains dedicated to advancing the Wisconsin Idea in a way that allows everyone in our state to live full and healthy lives.

Sincerely,

Robert N. Golden, MD

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

EXECUTIVE DIRECTOR'S MESSAGE

Thank you for your ongoing support and interest in the critical work that the Wisconsin Partnership Program and its partners are undertaking to improve the health and well-being of the people of Wisconsin. As we continue to navigate the ongoing COVID-19 pandemic and address the health disparities facing communities across the state, the Wisconsin Partnership Program's work remains more important than ever.

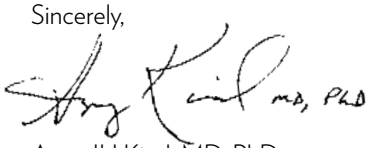
The University of Wisconsin School of Medicine and Public Health and Wisconsin Partnership Program share a vision of improving health and advancing health equity for all. We are working with partners within the university and in communities throughout the state to develop new opportunities for innovation and collaboration—through investments in basic science, clinical and translational research, education, and community partnerships—that will bring us closer to realizing this vision.

The Wisconsin Partnership Program also recognizes that fully achieving this vision will take the commitment and work of many collaborations across many sectors. As such, we look forward to future opportunities to convene a broad range of partners and stakeholders as we explore new ideas, interventions, and impactful solutions for addressing the persistent health challenges facing our state.

This year I was honored to assume the role of Executive Director of the Wisconsin Partnership Program and build upon its legacy of impact and success. As both a medical doctor specialized in the treatment of memory disorders and a clinical researcher with expertise in neighborhood disadvantage, social determinants, and brain health, I have dedicated my career to better understanding and eliminating health disparities.

I look forward to partnering with the many collaborators and stakeholders who are striving to ensure that our shared vision of improved health and advanced health equity reaches every corner of Wisconsin. Together, we will create pathways that move health forward.

Sincerely,



Amy JH Kind, MD, PhD
Associate Dean, Social Health Sciences and Programs
Executive Director, Wisconsin Partnership Program
Director, UW Center for Health Disparities Research (CHDR)
Professor, Division of Geriatrics, Department of Medicine
University of Wisconsin School of Medicine and Public Health

MOVING HEALTH FORWARD

The Wisconsin Partnership Program (WPP) is a grantmaking program within the University of Wisconsin School of Medicine and Public Health (SMPH) committed to improving health and advancing health equity* in Wisconsin through investments in research, education, and community partnerships.

WPP's approach to grantmaking harnesses the power of academic research combined with community expertise to address some of Wisconsin's most pressing and complex health challenges. Its principles and practices are integrated with the time-honored concept of the Wisconsin Idea, recognizing the tremendous opportunity to bridge the knowledge and resources of the university with community insights to improve life within the state of Wisconsin and beyond.

To date, the Wisconsin Partnership Program has awarded 591 grants totaling $281 million to propel research, enhance health education and workforce development, support community health partnerships, advance health equity, and respond to the COVID-19 pandemic.

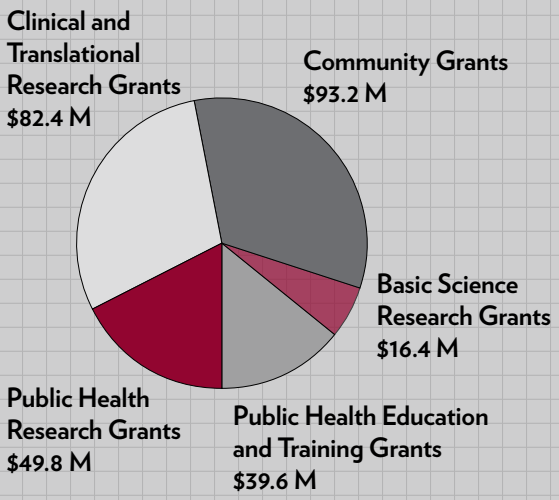
This year's annual report highlights how these investments are moving health forward through a wide range of projects and initiatives that are working to improve health and advance health equity across the state.

** The Wisconsin Partnership Program defines health equity as the attainment of the highest level of health for all people.1 This requires addressing obstacles to health such as poverty and discrimination and their consequences (including lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.)2 1: From "The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020: Phase I Report: Recommendations for the Framework and Format of Healthy People 2020," 2008, by the Department of Health and Human Services, retrieved from healthypeople.gov/sites/default/files/PhaseI_0.pdf; 2: From "What is Health Equity? and What Difference Does a Definition Make?" 2017, by the Robert Wood Johnson Foundation, retrieved from nccdh.ca/resources/entry/ what-is-health-equity-and-what-difference-does-a-definition-make.*

The Wisconsin Partnership Program is governed by two committees composed of faculty and community members. The Oversight and Advisory Committee directs and distributes funds for public health initiatives. The Partnership Education and Research Committee allocates funds for education and research initiatives to improve population health. Their combined expertise and backgrounds guide the Wisconsin Partnership Program's processes for reviewing and awarding grants.

GRANTS AWARDED BY TYPE

2004 – June 30, 2022



GRANTS AWARDED 2004 – JUNE 30, 2022

591 grants; $281.4 Million

GRANTS AWARDED JULY 1, 2021 – JUNE 30, 2022

41 grants; $18.5 Million

RETURN ON INVESTMENT

Grantees have leveraged more than **$684 million** from federal agencies and other organizations to sustain or expand their work.

YEAR IN REVIEW

During fiscal year 2021–2022, the Wisconsin Partnership Program awarded 41 new grants and supported the progress of 54 active grants and 29 concluding grants, supporting in total 124 projects and initiatives which provide a wide range of innovative approaches, interventions, and solutions that are moving health forward throughout Wisconsin. Below are highlights of activities that occurred during fiscal year 2021–22:

Bolstering the health care workforce

A partnership between the University of Wisconsin System, the UW–Madison School of Nursing, and the Wisconsin Partnership Program expanded the COVID-19 student health care worker initiative to help address health care staffing challenges in the state during the 2021 winter COVID-19 surge and its aftermath. The initiative, funded initially through a $500,000 investment from the Wisconsin Department of Health Services, and then an additional $500,000 from the Wisconsin Partnership Program, provided a $500 tuition credit to nursing students within the UW System who worked in health care settings during this critical time.

Responding to COVID-19

The Wisconsin Partnership Program continued to respond to the COVID-19 pandemic this year, providing an additional $3.5 million to community organizations and researchers who are addressing the ongoing health consequences of the pandemic. These new awards address the pandemic's toll on vulnerable and diverse populations, promote testing and safety in schools, address the pandemic's impact on adolescent mental health, and support basic science research on COVID-19.

Promoting maternal and infant health

Two funding opportunities are strengthening and expanding community-led efforts and approaches to improve the health of Wisconsin's mothers and infants. The Wisconsin Partnership Program supported eight new projects through the *Strengthening Community Solutions to Improve Black Maternal and Infant Health* funding opportunity. These projects are expanding doula services, supporting mothers recently released from incarceration, promoting family health and involvement of fathers, and building collaborations between synergistic organizations. A second funding opportunity released this year supports work to reduce maternal and child health disparities with a focus on underserved and marginalized communities, including but not limited to Asian, Black, Hispanic, Native American, and rural communities. These awards reached statewide, and were announced in fiscal year 2023.

Propelling research and innovation

Support for innovative research provides a pathway to discovery and health improvement. One such pathway is through the Wisconsin Partnership Program's New Investigator Program, which provides opportunities for early-career faculty to initiate innovative research projects, that can lead to further funding. This year, four new investigators at the SMPH received awards of $150,000 each to support innovative research on topics including targeting blindness, improving pregnancy outcomes, and advancing gene therapy. To date, this grant program has supported the careers of 76 School of Medicine and Public Health faculty who have gone on to leverage $46 million in funding to expand or sustain their research.

Advancing health equity through community partnerships

In fiscal year 2021–2022, the Wisconsin Partnership Program awarded $4 million to community-led initiatives that are working to advance health equity across a wide range of issues, communities, and geographic areas, including promoting access to healthy food in the Oneida Nation, improving access to treatment and care for people struggling with substance use disorders in rural Wisconsin, improving dementia diagnoses and care for Latinx in southeast Wisconsin, and increasing access to safe and supportive housing for formerly incarcerated women and their families.

Building capacity for Wisconsin nonprofits and public health departments

The Wisconsin Partnership Program is collaborating with the Advancing a Healthier Wisconsin Endowment (AHW) at the Medical College of Wisconsin to offer *Catchafire* services to its community partners. *Catchafire* is a capacity-building platform that aims to advance equitable support and inclusive access to community organizations by providing pro bono capacity-building services, including fundraising, marketing, technology, finance, human resources, web development, and graphic design. Through this collaboration, current AHW and WPP community grantees as well as Wisconsin city and county public health departments have free access to this innovative service to help meet their organizations' administrative and operational needs. This impactful partnership has resulted in savings of more than $212,000 and 1,130 donated hours for projects provided to participating nonprofits and public health agencies.

Reporting outcomes and progress

The Wisconsin Partnership Program publishes annual outcome reports in an online format to highlight the progress, lessons learned and achievements of concluded grants. The outcome reports are featured on the **Funded Projects** section of WPP's website.

Return on investment

During this fiscal year, grantees reported **$40.4 million** in funds leveraged from external sources to sustain or expand their work, for a total of $684 million to date.

GRANTMAKING ACTIVITY DURING FISCAL YEAR 2021-2022

The Wisconsin Partnership Program advances its mission to improve health and advance health equity through a strong portfolio of grant programs that support research initiatives, education and training, and community partnerships.

41
Grants Awarded

$18.5 million
Amount Awarded

29
Grants Concluded

124
Total Active Grants

These grants are moving health forward with a broad array of projects and initiatives that provide innovative approaches and solutions to improve health and advance health equity among a diverse range of patients, populations, and geographic areas.

FISCAL YEAR 2022 GRANTS AWARDED

Education and Research Grant Programs	
3 Collaborative Health Sciences Grant Program Grants **$1.8 million awarded**	4 New Investigator Grant Program Grants **$600,000 awarded**
6 Strategic Education and Research Grants **$7.4 million awarded**	8 COVID-19 Response Partnership Education and Research Grants **$1.9 million awarded**

Community Grant Programs		
4 Community Impact Grants **$4 million awarded**	8 Maternal and Child Health Grants **$1.16 million awarded**	8 COVID-19 Focus on Adolescent Social and Emotional Health Grants **$1.6 million awarded**

In total, there were 124 active grants in fiscal year 2022. Please see the appendix for a complete listing of these awards. Full award descriptions and outcome reports for concluded grants can be found on our **Funded Projects** webpage.

GRANT ACTIVITY BY CATEGORY

Current active projects supported through WPP's research, education, and community grant programs are addressing one or more of the following health topics or populations.

- Alzheimer's Disease and Dementia ● ●
- Blindness ●
- Cancer ●
- Cells and Immune Response ●
- COVID-19 ● ● ●
- Diabetes ●
- Disease Prevention and Treatment ●
- Education and Workforce Development ●
- Incarceration (supporting the health and re-entry of formerly and currently incarcerated individuals and families) ● ●
- Infectious Disease ●
- LGBTQ+ Communities ● ●
- Low Socioeconomic Status (promoting health through access to housing, education, and income stability) ● ● ●
- Maternal and Child Health ● ●
- Mental Health and Wellness ● ●
- Nutrition ●
- Population and Community Health ● ● ●
- Precision Medicine ●
- Racial and Ethnic Minorities ● ● ●
- Rural Health ● ● ●
- Substance Misuse and Abuse ● ●
- Suicide Prevention ●
- Tobacco Use ●
- Transforming Health Care Delivery ● ●
- Tribal Health ● ●
- Urban Health ● ● ●

Key
Research ●
Education and Workforce Development ●
Community Partnerships ●

RESPONDING TO COVID-19

The Wisconsin Partnership Program continues to provide support to address the health challenges and consequences of COVID-19. To date, it has committed more than $6.75 million with 42 grants to community partners, educators and researchers to strengthen the resilience of Wisconsin families and communities, deepen understanding about COVID-19, inform approaches to prevention and treatment, and support the health care workforce.

In fiscal year 2022, the Wisconsin Partnership Program announced $3.5 million to 16 projects and initiatives through **two COVID-19 Response Grant Programs**. These awards build upon the Partnership Program's initial 2020 COVID-19 response and support projects that address the health needs of populations in urban and rural communities across the state of Wisconsin.

The *COVID-19 Focus on Adolescent Social and Emotional Health Grant Program* supported eight awards to community organizations addressing the tremendous impact of the pandemic on the social and emotional health of Wisconsin's adolescents.

The *COVID-19 Response Research and Education Grant Program* supported innovative research and education projects that address a wide range of consequences and health challenges of the pandemic, including the long-term consequences of COVID-19, testing and safety in schools, and basic science research on COVID-19.

HIGHLIGHTED INITIATIVES

Responding to Dual Epidemics

A new project addresses the dual epidemics of COVID-19 and drug overdose. With a focus on rural Wisconsin residents, the goal of this project is to understand patterns of overdose risk and COVID-19 vaccine willingness and related behaviors. The project team is also testing a mobile phone intervention to support vaccine uptake in this population. **Learn more.**

Supporting Adolescent Mental Health

GSAFE, an organization dedicated to promoting school communities where all LGBTQ+ youth thrive, is delivering critically needed social-emotional supports to BIPOC, Trans, Nonbinary LGBTQ+ adolescents impacted by COVID-19 by developing leadership opportunities and educator training.

Supporting People with Intellectual and Developmental Disabilitiess

Researchers and community collaborators are studying how COVID-19 has changed the daily life of Wisconsinites living with intellectual and developmental disabilities. Their findings will guide service delivery for future health crises to ensure that Wisconsin communities and workplaces are safe, inclusive, and accessible. **Learn more about the project.**

BOLSTERING THE HEALTH CARE WORKFORCE

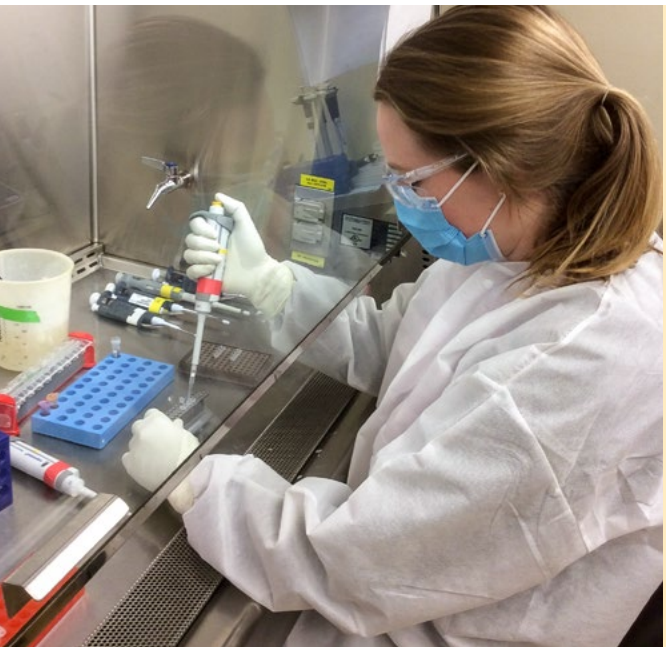
Wisconsin's health care system faced unprecedented staffing challenges as it navigated multiple waves of COVID-19 infections. Additionally, existing staffing challenges in Wisconsin's nursing homes and skilled care facilities were heightened by the pandemic, creating a critical need for more health care workers to care for elderly residents and persons with special needs.

A COVID-19 Response Grant for the *UW Student Health Care Worker Tuition Program* has helped meet these crucial staffing needs. The tuition program provides a $500 tuition credit to nursing and health sciences students at participating UW System schools who worked in hospitals and health care settings during the spring 2022 semester. The initiative is led by the UW–Madison School of Nursing, and supported with a $500,000 grant from the Wisconsin Partnership Program to expand an initial effort supported by the Wisconsin Department of Health Services.

Thanks to this incentive program, more than 1,600 nursing and health sciences students stepped up to meet the health care needs of their communities and receive tuition support. More than 600 students from undergraduate and graduate nursing and health sciences programs at UW–Madison participated and more than 1000 students took part from partnering UW System schools, including Eau Claire, Green Bay, Milwaukee, Oshkosh, and Stevens Point.

"Each participating student has provided at least 50 hours of essential service to their communities and gained both valuable experience and financial support," said UW–Madison School of Nursing Dean Linda D. Scott, PhD, RN, NEA-BC, FNAP, FAAN, and co-director of the project. "The program's reach was remarkable as well, with students serving in a variety of settings, including hospitals and clinics, assisted living and long-term care facilities, hospices, pharmacies, and more." These settings were located within 79 unique Wisconsin zip code areas and included rural, urban, and suburban locations.

"This project represents the true power of partnerships in meeting the needs of our state's health care system, and the patients and families it serves," said Amy Kind, MD, PhD, associate dean for social health sciences and programs at the SMPH and executive director of the Wisconsin Partnership Program. "We are grateful to our state's dedicated health care workforce and equally grateful for the support that students throughout the UW System have provided at this time. These future health professionals are already serving and strengthening our health care system in meaningful ways." **Learn more.**



TRACKING THE VIRUS

Very early in the pandemic, a Wisconsin Partnership Program COVID-19 Response Grant enabled the first SARS-CoV-2 genomic surveillance in Wisconsin, helping researchers to understand the virus's spread and inform assessments of future risks and variants. This work was widely recognized as field-leading, garnered national attention and resulted in several peer-reviewed publications and new external grants. This work supports the ongoing monitoring of SARS-CoV-2 as well as other viral threats, such as influenza, to identify and intercept viral outbreaks more quickly. **Read more.**

PARTNERING FOR HEALTHY COMMUNITIES

The Wisconsin Partnership Program (WPP) supports community-led partnerships and collaborations implementing a wide range of initiatives and approaches to improving health and advancing health equity across diverse communities and geographic areas in Wisconsin.

Since 2004, the Wisconsin Partnership Program has invested $93.2 million in 341 community partnerships, including $6.75 million for 20 awards this fiscal year. These awards support community-academic partnerships and community-led projects that seek to improve health and reduce health disparities by addressing a wide range of health challenges and social factors that influence health and well-being. In alignment with the Wisconsin Idea, these partnerships extend the resources of the university to benefit communities throughout the state, and bridge the expertise and knowledge of community partners with the university as well.

The Wisconsin Partnership Program currently administers a number of recurring competitive community grant programs, each with a unique approach to improving health and advancing health equity:

- **The Community Impact Grant Program** supports large-scale, evidence-based, community-academic partnerships designed to achieve sustainable systems change that will improve health, health equity, and well-being.
- **The Maternal and Child Health Grant Program** provides funding for a broad range of community-led initiatives to improve maternal and child health outcomes, with a focus on under-resourced or marginalized communities. Please see page 9 for more information on this grant program.
- WPP also offers special one-time grants to nimbly meet the health needs of Wisconsin. In fiscal year 2022, eight awards were made through the **COVID-19 Response Focus on Adolescent Social and Emotional Health Grant Program**. Please see page 7 for more information on this grant program.

HIGHLIGHTED INITIATIVES

Supporting the Health Needs of Wisconsin's Rural Communities

A statewide collaboration between the UW SMPH Department of Family Medicine and Community Health, Voices for Recovery, and the Wisconsin Hospital Association is working to improve access to treatment and care for people in rural Wisconsin struggling with substance use disorders. **Read the story.**

Promoting Food Sovereignty and Cultural Identity to Improve Health

The Oneida Nation is using a Community Impact Grant to develop a model of programming that promotes food sovereignty and cultural identity. By connecting the community to traditional foodways, land, history, and culture, and increasing knowledge in growing, harvesting, producing, and processing food, the initiative is creating a comprehensive approach to improving health and addressing the health care needs of the Oneida community.

The Foundation for Black Women's Wellness team; first row seated left to right: Tisha Butler, Janine Stephens-Hale, Khaleah Monger, April Kigeya, Lisa Peyton-Caire, Alana Caire, Jasmia Hamilton; second row standing left to right: Brandice Hatcher, Micaela Berry-Smith, Gabe Doyle, Nickita Cooper, Christine Russell, Tracey Russell, Alia Stevenson, Erin Bailey-Winston

HARNESSING THE POWER OF PARTNERSHIPS

The Foundation for Black Women's Wellness (FBWW) is a leading voice for Black women and families in Dane County and beyond. It was established in 2012, with a vision to transform the lives and health of Black women through education, advocacy, support, and powerful partnerships.

Led by Lisa Peyton-Caire, MS.ED., founder, president and CEO, the FBWW is working to eliminate the health disparities impacting Black women in Wisconsin, where Black birth disparities and racial health disparities are among the worst in the nation.

In 2018, the FBBW received its first-ever multi-year grant. The four-year, $300,000 grant from the Wisconsin Partnership Program enabled the foundation to operationalize its mission and increase its organizational capacity. The FBWW used the funding to build its staff from one to 15; serve the immediate health needs of Black women; and strengthen collaborations with community partners, private organizations, and public agencies including philanthropy, health systems, and government.

"Over the past four years we have mobilized the strategies we envisioned around our most critical work and have taken our conversation around Black women's health from a whisper to a movement," said Peyton-Caire.

The grant also supported one of the FBWW's central priorities: to create and launch a Community Health Worker (CHW) program to serve Black women and families across Dane County, focusing on families residing in the area's highest need zip codes.

The FBWW continues to ensure that Black women are shaping the policies and practices that impact their lives. The annual Black Women's Wellness Day, local and national public speaking engagements, publications, additional funding from WPP and others, and new partnerships are just a few of the Foundation's many activities and accomplishments.

"Our goal is to move Wisconsin from worst to best for Black women's health and Black family health," said Peyton-Caire. "Through our programs and partnerships, we are building solutions that can be replicated in communities across the state."

IMPROVING DEMENTIA CARE AND TREATMENT FOR THE LATINO COMMUNITY

The United Community Center (UCC) in Milwaukee, Wisconsin is a trusted community partner working to transform the lives of Hispanics of all ages by providing high quality comprehensive services and support to its community.

UCC is currently using a WPP Community Impact Grant to develop the Latino Dementia Heath Regional Consortium. In partnership with Aging and Disability Resource Center offices and others, the project expands UCC's Latino Memory Clinic services to a regional model of virtual and mobile dementia diagnostic services in Spanish, to improve Alzheimer's disease detection, diagnosis, and support services for Hispanics in the southeast region of the state, including Milwaukee, Waukesha, Racine, and Kenosha.

The program also supports youth who serve as care givers. Pictured below, Dr. Piero Antuono discusses brain health during a Y-Care youth session on dementia care.

STRENGTHENING MATERNAL AND CHILD HEALTH

The Wisconsin Partnership Program (WPP) has a long history of supporting efforts to improve health outcomes for Wisconsin's mothers and children. This commitment is reflected in investments across WPP's portfolio through its current Maternal and Child Health Grant Program as well as through funded research initiatives and community partnerships.

In Wisconsin, continuing challenges make it harder for many mothers and families to experience healthy pregnancies and birth outcomes. This is especially true for those families identifying as Black.1 To date, WPP has committed $16.3 million to 57 projects and initiatives through targeted grant opportunities to promote healthy pregnancies and birth outcomes and ensure more Wisconsin mothers and babies can thrive.

The Wisconsin Partnership Program recognizes that community-based organizations and strong community models of care led by trusted partners are essential to improving maternal and child health outcomes. In November 2021, WPP announced $1.15 million in funding for eight grants through a new grant program to support and strengthen the efforts of community organizations to improve the health of Wisconsin's Black mothers and infants. These awards support projects that expand doula services and outreach; expand programs to support mothers at risk for poor maternal and infant health outcomes; and strengthen post-partum care and support.

WPP launched an additional funding opportunity in April 2022 to expand support to community-based organizations with a focus on under-resourced and marginalized communities across Wisconsin, including, but not limited to, Asian, Black, Hispanic, Native American, and rural communities. Those awards were announced in fiscal year 2023.

HIGHLIGHTED INITIATIVES

In addition to support provided through its community grant programs, WPP provides funding to improve maternal and infant health outcomes through its research grant programs including the following examples:

Improving Postpartum Care for Black Mothers

Researchers in the UW SMPH Department of Obstetrics and Gynecology are collaborating with trusted community partner Harambee Village Doulas on a WPP research grant that expands a successful telehealth patient monitoring program for hypertension to better address the postpartum health needs of the community's Black mothers. **Read more.**

Preventing Preterm Births

A new research project in the UW SMPH Department of Medical Physics is investigating the use of ultrasound imaging technology and modeling to better understand the mechanisms surrounding preterm birth. The information gained has the potential to inform new approaches and interventions to preventing pre-term birth. **Read more.**

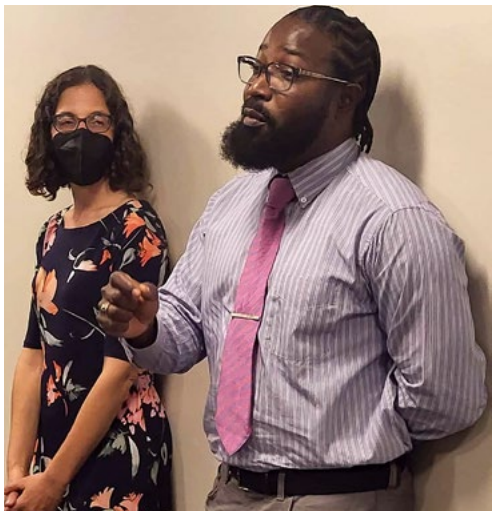
1Wisconsin Department of Health Services. (2019). Annual Wisconsin birth and infant mortality report 2017. Retrieved from https://www.dhs.wisconsin.gov/publications/p01161-19.pdf., Wisconsin Department of Health Services. (n.d.). WISH – Infant mortality module. Retrieved from https://www.dhs.wisconsin.gov/wish/infantmortality/index.htm.

BLACK FATHERS, EQUAL PARTNERS IN ADVANCING MATERNAL AND INFANT HEALTH

Black fathers play an important, and often overlooked, role in improving maternal and infant health and reducing the disparities in infant mortality experienced by Black families. Community and academic partners at the African American Breastfeeding Network and UW–Madison are leading an initiative that engages Black fathers and explores how their involvement and support can improve the health and well-being of mothers and infants.

The project is led by UW–Madison investigators Tova Walsh, PhD, MSW, assistant professor, Sandra Rosenbaum School of Social Work; and Alvin Thomas, PhD, MS, assistant professor, School of Human Ecology, (pictured at right) and community partners at the African American Breastfeeding Network (AABN).

In partnership with the AABN, the research team engaged Black expectant fathers and mothers in Milwaukee, Wisconsin to gather input on their experiences and needs during pregnancy and the postpartum period. The findings will be used to develop and enhance father-inclusive programming to support and strengthen the role of fathers as partners and parents in the perinatal period and beyond.



The project is funded by a UW–Madison Institute for Clinical and Translational Research Clinical and Community Outcomes Research pilot award through funding from the Wisconsin Partnership Program. **Read the report.**

COLLABORATING TO SUPPORT MILWAUKEE MOTHERS AND INFANTS

Two community organizations that serve some of the poorest and most under-resourced communities in Milwaukee, Wisconsin, are partnering to strengthen the support they provide to families with young children.

In Wisconsin, the rate of Black infant mortality remains among the worst in the nation. Next Door Milwaukee and Penfield Children's Center, both trusted community partners and early childhood experts, are using a WPP Maternal and Child Health Grant to strengthen their capacity to address this persistent challenge.

Their project is providing enhanced family support with the goals of reducing risks for infant death, supporting future pregnancies, promoting child development, and ensuring access to resources essential to family well-being including employment, health care, and housing. The organizations are employing a range of strategies and evidence-based approaches including the "2 Gen" approach, which supports families in reaching their goals for economic self-sufficiency and child development, as well as training family engagement specialists, developing a parent council, and implementing a parenting curriculum and learning apps. Using proven models and practices, the project will provide parents the necessary knowledge and resources to stay healthy during pregnancy and childbearing years and an understanding of best practices to support the health and safety of their infants and children, including information on child development and safe sleep practices.

"This grant allows us to leverage our partnership in new synergistic ways to provide comprehensive services to families with the greatest needs," said Tracy Sparrow, Ed.D, president of Next Door. "By working together, we are broadening the range of services and activities we offer, and expanding our capacity to successfully support Black mothers and families in Milwaukee."

Photo courtesy of Next Door Milwaukee

IMPROVING HEALTH THROUGH RESEARCH

The Wisconsin Partnership Program advances its mission through investments in research initiatives that are driving innovation and propelling medical advancements, interventions, and treatments that move health forward.

Since 2004, the Wisconsin Partnership Program has provided $148.6 million to 203 projects and initiatives through its research grant programs, including $11.2 million to 20 projects this year. These programs have a history of success in advancing innovative ideas, harnessing the power of team science, responding to urgent health needs, and building capacity within and beyond the UW School of Medicine and Public Health (SMPH) for pioneering research and education efforts that improve health and health care delivery.

- The **Collaborative Health Sciences Grant Program** supports innovative approaches to interdisciplinary research or education to advance health, health care, and health equity.
- The **New Investigator Grant Program** provides funding for proposals from early-career faculty to support efforts to advance their research.
- **Opportunity Grants** provide strategic, flexible, and timely funding to support high-risk, high-impact, state-of-the-art education and research programs.
- Through its **Strategic Education and Research Grant Program**, the Wisconsin Partnership Program supports novel education and research infrastructure and programs at the UW School of Medicine and Public Health, including support for the UW Institute for Clinical and Translational Research.
- WPP also offers special one-time grants to nimbly meet the health needs of Wisconsin, such as its COVID-19 Response Grant Program. See page 7 for details.

HIGHLIGHTED INITIATIVES

Promoting Antibiotic Stewardship in Wisconsin Nursing Homes

Overuse and misuse of antibiotics is a major public health problem in Wisconsin that adversely impacts the health of nursing homes residents. Interventions are needed to improve the quality and safety of antibiotic prescribing in nursing homes, where risk for urinary tract infections (UTI) is high. Researchers at the UW SMPH and UW–Madison School of Pharmacy have partnered with 20 such settings to address this problem. The team developed a *UTI Toolkit* of recommended interventions to help nursing home staff, providers, and families of residents better assess and promote appropriate antibiotic prescribing. **Read the Outcome Report.**

New Brain Health Discoveries in Down Syndrome and Alzheimer's Disease

A specific group of neurons in the brain involved in learning and memory are affected in Down syndrome and these neurons die in both Down syndrome and Alzheimer's disease. An innovative study seeks to understand why these neurons become vulnerable in Down syndrome and how the knowledge can be applied to better understand Alzheimer's disease and help people with Down syndrome.

Pictured left to right: Connie Vandenberg, Oneida Medical Director of Nursing; Dr. Robert Dempsey, SMPH; Amanda Riesenberg, Oneida Wellness Coach, Dr. Carol Mitchell, SMPH; and Cedric Williams, SMPH medical student

PREVENTING STROKE IN THE ONEIDA NATION

A partnership between the Oneida Nation and the UW School of Medicine and Public Health is working to prevent stroke in the Oneida Nation.

Supported by a grant from the Wisconsin Partnership Program, the *Stroke Prevention in the Wisconsin Native American Population* tribal-academic partnership addresses the urgent need to target stroke risk factors in Native populations, where stroke is a significant cause of death and disability.

Partners include the Oneida Comprehensive Health Division, with support from the Oneida Business Committee, the Native American Center for Health Professions (NACHP) at the SMPH, and a team of researchers and medical students led by Robert Dempsey, MD, chair of the SMPH Department of Neurological Surgery.

"Much of current stroke research focuses on patient outcomes after a major stroke, and people often don't recognize other important factors, like the loss of cognition that comes from multiple small strokes. These outcomes — including loss of creativity, independence, and decision-making — are devastating and common," said Dempsey. "This project looks at how to change these risk factors and specifically how intensive health coaching can help."

Each month, Dempsey and a team of researchers, clinicians, and SMPH medical students travel from Madison to the Oneida reservation, located in northeastern Wisconsin. Tribal members are invited to participate in a health assessment to determine their stroke risk. Based on risk status, eligible participants are invited to join the two-year study and are connected with a health coach for support in lifestyle changes that can reduce the risk of stroke and dementia.

The bidirectional approach to this partnership has united the cultural expertise of the Oneida community with the clinical expertise of the research team. "The team's consistency and willingness to travel here each month, and the cultural humility with which they approach this project have been key to its success," said Melissa Metoxen, NACHP assistant director and member of the Oneida Nation.

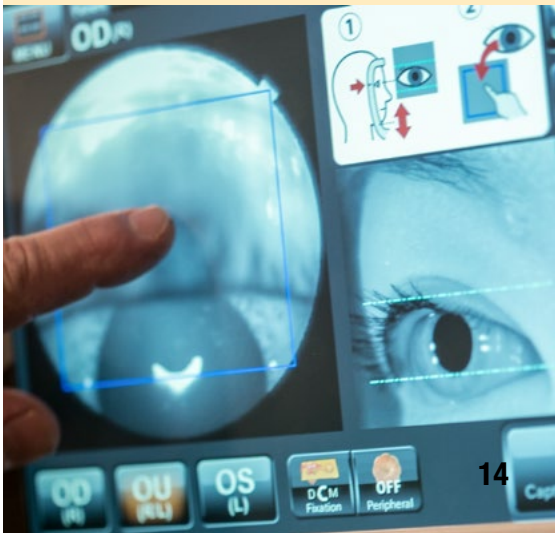
The partners are committed to ensuring that the stroke prevention program is effective and culturally sensitive. "We have much to learn from the tribe in terms of culture and their approach to holistic health care," said Dempsey. "The Oneida community wants to learn how to disseminate what is learned here to benefit the broader Native American community as well." **Learn more.**

INCREASING ACCESS TO DIABETIC EYE SCREENING IN RURAL WISCONSIN

Patients in rural Wisconsin have better access to vision-saving diabetic eye screenings thanks to an innovative telehealth program led by Yao Liu, MD, MS, assistant professor in the Department of Ophthalmology and Visual Sciences at the UW School of Medicine and Public Health.

With initial funding from the Wisconsin Partnership Program, Liu and collaborators at Mile Bluff Medical Center in Mauston, Wisconsin, found that a unique remote eye screening program showed significant improvement in screening rates for patients with diabetes. To date, more than 1,200 patients have received screenings and the program has expanded to four health systems across Wisconsin.

In September 2021, Liu and team received a $4.4 million grant from the National Eye Institute to expand the project. The multicenter clinical trial will test the program at eight rural health systems across the country. **Learn more.**



ENHANCING MEDICAL AND PUBLIC HEALTH EDUCATION

The Wisconsin Partnership Program supports strategic education initiatives at the University of Wisconsin School of Medicine and Public Health (SMPH) as well as statewide initiatives for public health training and workforce development.

The Wisconsin Partnership Program (WPP) has a proud history of supporting the education of future physicians and public health leaders. Funding from the WPP helped catalyze the transformation of the University of Wisconsin Medical School into the University of Wisconsin School of Medicine and Public Health.

Since 2004, the Wisconsin Partnership Program has awarded nearly $40 million in support for 47 education and public health workforce initiatives, which have impacted all corners of Wisconsin. Results include increasing the number of physicians practicing in rural Wisconsin, supporting the public health workforce to help communities advance local health improvements, and transforming the medical education curriculum to help prepare future physicians to meet the state's evolving health care needs.

WPP has a strong track record of establishing innovative education initiatives. Examples include providing initial funding to establish the Wisconsin Academy for Rural Medicine and the Master of Public Health Program at the SMPH, and supporting the Preventive Medicine Residency—all critical to strengthening the health care workforce and attracting the best and brightest to the state. WPP also created the Wisconsin Partnership Program Scholarship, a four-year scholarship to support the enrollment of students who are historically underrepresented in medicine. This investment strengthens training pathways toward meeting the diverse and evolving health needs of patients and populations in Wisconsin.

HIGHLIGHTED INITIATIVES

Wisconsin Academy of Rural Medicine

The Wisconsin Academy of Rural Medicine (WARM) received crucial start-up funding from the Wisconsin Partnership Program to help address physician shortages in rural Wisconsin. WARM admits 26 students annually who intend to practice rural medicine. Since its inception in 2007, WARM has graduated 228 medical students and over 91 percent of graduates are practicing in Wisconsin.

Transforming Medical Education

A grant for the Transforming Medical Education initiative has supported the development of the *Forward* curriculum, an education model that fully integrates basic, public health, and clinical sciences throughout SMPH medical students' education. To date, more than 743 current medical students and 607 graduates have benefited from the new curriculum.

Preventive Medicine Residency

The Preventive Medicine Residency Program is a two-year training program for physicians seeking to train across the full spectrum of health care and public health. Preventive medicine is one of 24 specialties recognized by the American Board of Medical Specialties and, at present, this program is the only accredited preventive medicine residency program in Wisconsin.

BUILDING A MORE DIVERSE PHYSICIAN WORKFORCE

Building a diverse physician workforce is essential to improving health care and meeting the health needs of underserved patients and populations in Wisconsin.

In 2020, the Wisconsin Partnership Program initiated the WPP Scholarship Program with the goal of promoting greater diversity in medical education at the SMPH. The scholarship program provides tuition support to selected students to help increase the enrollment and retention of medical students from communities that are historically underrepresented in medicine.

Four scholarships for full four-year medical school tuition have been made to date. The awardees represent racial or ethnic groups that are historically underrepresented in medicine, including American Indian or Alaska Native, Black or African American, Asian and Hmong. In addition, the students are from diverse geographic areas in the state, including rural, urban, and suburban communities.

"We are delighted to welcome the WPP scholarship recipients to the SMPH," said Jonathan Temte, MD, PhD, MS, associate dean for public health and community engagement at the SMPH. "Most of the awardees received multiple admission and scholarship offers from several institutions. This scholarship program has helped us recruit the most highly sought, dynamic, and talented applicants who share our commitment to addressing health disparities and advancing health equity."

The WPP Scholarship Program provides up to $40,000 per year to selected students for up to four years of medical school, for a maximum of $160,000 per student over their enrollment period. "We are educating future physicians who will play a vital role in helping address many of the persistent health disparities facing our state," said Temte.

DEVELOPING PUBLIC HEALTH LEADERS TO SERVE WISCONSIN

Erik Ohlrogge is one of seven fellows serving in the 2021–2023 cohort of the Wisconsin Population Health Services Fellowship Program. The two-year service and training program places early career individuals working in public health and allied sciences in practice-based settings spanning community, nonprofit, government, and health service organizations in Wisconsin. To date, more than 97 masters- or doctoral-prepared fellows from diverse backgrounds have been placed in more than 40 local and state public health and community-based organizations.

Through his fellowship placement, Ohlrogge serves the Great Lakes Inter-Tribal Council, Inc. at the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) in Lac Du Flambeau, Wisconsin. Staff like Ohlrogge support the community's efforts to improve health by assisting with data needs through partnership development, community-based research, education, technical assistance, and improving data quality.

Ohlrogge appreciates the mentorship and networking opportunities afforded by the fellowship program as well as the opportunity to learn from the experiences and perspectives of the community he serves.

The Wisconsin Partnership Program is proud to support the Wisconsin Population Health Services Fellowship Program in strengthening the future of public health leadership and meeting Wisconsin's public health needs. **Learn more.**

EVALUATION

The Wisconsin Partnership Program (WPP) works continuously to enhance its evaluation strategies. These efforts allow the WPP to better understand the broad impact of its funding while simultaneously empowering grantees to understand how their work influences individual, community, and population health throughout Wisconsin. During this past year, the Wisconsin Partnership Program initiated several new evaluation activities and enhancements, including:

- Refining procedures for collecting data
- Building the evaluation capacity of grantees
- Designing a roadmap for future evaluation efforts

Evaluation Planning

The Wisconsin Partnership Program has created a new roadmap for evaluating its impact as a community grants funder. Developed with input from a wide variety of WPP stakeholders, this evaluation plan is the culmination of more than two years of work and generates a wide range of data.

The Wisconsin Partnership Program will use seven primary methods of data collection to answer evaluation questions including:

- data collected by WPP staff from grantee applications
- assessments conducted on WPP-led trainings and workshops
- grantee surveys designed to understand WPP interactions with grantees as well as gauge long-term impacts of WPP funding support
- standardized grantee reporting included i n annual progress reports
- WPP internal staff interviews and focus groups
- grantee interviews and focus groups
- community stakeholder interviews and secondary sources such as local, county, and state level public health data.

Evaluation Capacity Building

One of the primary goals of the current Wisconsin Partnership Program five-year plan is to build community organization (grantee) capacity and leadership. Over the last year, evaluation staff have implemented tailored programming and evaluation support that enables grantees to cultivate and build capacity within evaluation-specific skills and operations. WPP staff led evaluation learning sessions, held open office hours for community grantees, conducted evaluation needs assessments for all new Maternal and Child Health Program grantees, and provided ad hoc evaluation and application support when requested. Grantees will use the knowledge gained to evaluate their own programs more effectively, which will in turn be beneficial for future funding applications, disseminating best practices, and efforts to grow their work within the state of Wisconsin.

Outcome Highlights

Grantees continue to demonstrate success and impact across a wide variety of domains. The Wisconsin Partnership Program publishes outcome reports of grants that concluded during the fiscal year. These reports highlight achievements, progress toward health improvement, knowledge gained, and impact. They can be found on our **Funded Projects** page.

850

articles, presentations, and other media sharing the findings of WPP projects (July 1, 2021 – June 30, 2022)

$40.4 MILLION

leveraged in funding derived from WPP-funded projects (July 1, 2021 – June 30, 2022)

221

Unique collaborations funded by WPP grants (July 1, 2021 – June 30, 2022)

FINANCIAL OVERVIEW

The financial resources that support the Wisconsin Partnership Program grants were provided by the conversion of Blue Cross/Blue Shield United of Wisconsin and also include funds generated from investment earnings. All funds are in the custody of and managed by the Wisconsin Foundation and Alumni Association (WFAA). Every month, funds are transferred to the SMPH to reimburse expenditures in accordance with the Order of the Office of the Commissioner of Insurance and the five-year plans.

INVESTMENTS

Current investments consist of participation in the WFAA Short Term Investment Portfolio (STIP). The primary investment objective of the STIP is to preserve the capital and provide liquidity when dollars are called. The STIP is invested in high-quality, short- and medium-term fixed income securities, as well as a small portion that is invested in highly diversified equity 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 stated risk tolerance, thereby maximizing long-term purchasing power of the funds, net of distributions for current spending needs. 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.

WFAA INSTITUTIONAL ADVANCEMENT FEE

The WFAA assesses an Institutional Advancement Fee (IAF) of 1 percent on all funds participating in its endowment pool, including Wisconsin Partnership Program funds, as a primary source of revenue for WFAA operations. This assessment, and its usage, is determined by the WFAA board of directors, and is not controlled by the Wisconsin Partnership Program. The IAF for fiscal years 2022 and 2021 were $4,336,524 and $3,841,245, respectively, and are shown under expenses on the Statement of Revenues, Expenses and Changes in Net Assets on page 20.

WFAA decreases the Institutional Advancement Fee to 0.7 percent on cumulative fund amounts above $250 million per qualified relationship. Partnership Program funds exceed the established level, and savings from this fee reduction are fully allocated to the Oversight and Advisory Committee for public health initiatives. These savings were $550,957 and $402,374 for fiscal years ending June 30, 2022 and 2021, respectively.

GRANTS PAYABLE

Grants payable amounts 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, 2022. Any subsequent modifications to grant awards are recorded as adjustments of grant expenses in the year the adjustment occurs.

NET ASSETS

Temporarily Restricted: funds consist of interest and investment income earned by the funds invested in the STIP or endowment portfolio at WFAA and the cumulative net gains or losses related to the permanently restricted funds that are invested within the endowment portfolio. These funds are available to support program expenditures.

Permanently Restricted: The portion of the gift proceeds originally allocated to permanently endow the Wisconsin Partnership Program. These funds have been invested in the endowment portfolio of the Foundation and the corpus is not available to support program expenditures.

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 February 23, 2022. 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.

SUPPLANTING POLICY

Based on the non-supplanting determination made by the School of Medicine and Public Health Finance Director, 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 of Finance and Administration has also attested that UW-Madison and the UW System have complied with the supplanting prohibition.

FINANCIAL STATEMENTS

The following financial reports consolidate activities of the Wisconsin Foundation and Alumni Association and the School of Medicine and Public Health for the fiscal year ending June 2022 and June 2021.

Statement of Net Assets

	June 30, 2022	June 30, 2021
Assets		
UW SMPH Cash	$ (1,327,208)	$ (1,427,585)
Current Investments	15,923,705	18,454,334
Noncurrent Investments	367,959,583	432,483,727
Total Assets	$ 382,556,080	$ 449,510,476
Liabilities		
OAC Grants Payable	$ 21,624,902	$ 20,814,940
PERC Grants Payable	17,522,598	16,065,329
Total Liabilities	39,147,500	36,880,269
Net Assets		
Temporarily Restricted	59,792,313	129,013,940
Permanently Restricted	283,616,267	283,616,267
Total Net Assets	343,408,580	412,630,207
Total Liabilities and Net Assets	$ 382,556,080	$ 449,510,476

Statement of Revenues, Expenses, and Changes in Net Assets

	Year ended June 30, 2022	Year ended June 30, 2021
Revenues		
Gifts Received	$ -	$ 2,325
Interest Income	7,871	23,990
Change in Fair Value of Endowed Funds	(46,039,073)	98,906,013
Total Revenues	(46,031,202)	98,932,328
Expenses		
WFAA Institutional Advancement Fee	4,336,524	3,841,245
Less: WFAA IAF Rebate	(550,957)	(402,374)
OAC Initiatives		
Administrative Expenses	470,569	516,937
Grant Expenses	6,727,502	5,638,467
PERC Initiatives		
Administrative Expenses	873,914	960,026
Grant Expenses	11,332,873	2,658,679
Total Expenses	23,190,425	13,212,980
Increase/(Decrease) in Net Assets	(69,221,627)	85,719,348
Net Assets - Beginning of year	412,630,207	326,910,859
Net Assets - End of year	$ 343,408,580	$ 412,630,207

Grant Award Commitments for the Fiscal Year Ended June 30, 2022

	Net Grant Awards(1)	Inception to date Disbursements	Outstanding Grant Commitments
Public Health Initiatives			
Grants awarded from Inception to FY2021	$ 93,896,708	$ 78,771,021	$ 15,125,687
FY2022 Awards	6,837,776	338,561	6,499,215
Subtotal	$ 100,734,484	$ 79,109,582	$ 21,624,902
Medical Education and Research Initiatives			
Grants awarded from Inception to FY2021	$ 161,086,411	$ 154,697,067	$ 6,389,344
FY2022 Awards	11,651,438	518,184	11,133,254
Subtotal	$ 172,737,849	$ 155,215,251	$ 17,522,598
Total	$ 273,472,333	$ 234,324,833	$ 39,147,500

(1) Reflects grants awarded less any lapsed awards returned to the Wisconsin Partnership Program

Statement of Cash Receipts and Disbursements (UW School of Medicine and Public Health)

	FY2022	FY2021
Balance, July 1	**$ (1,427,585)**	**$ (1,545,561)**
Cash Receipts		
Payments received from the UW Foundation	17,238,003	16,706,384
Total Receipts	**17,238,003**	**16,706,384**
Cash Disbursements		
Public Health Initiatives	5,917,540	6,358,053
Education and Research Initiatives	9,875,603	8,753,392
Program Administration		
Salaries	803,029	761,099
Fringe	278,274	273,547
Travel	100	139
Supplies and Services	64,773	125,145
Consultants and Contracts	186,307	305,033
Other Disbursements	12,000	12,000
Total Program Administration	1,344,483	1,476,963
Total Disbursements	**17,137,626**	**16,588,408**
Increase (Decrease) In Balance	**100,377**	**117,976**
Balance, June 30	**$ (1,327,208)**	**$ (1,427,585)**

POLICIES AND PROCEDURES

The Wisconsin Partnership Program and its Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) conduct their operations, grantmaking processes, and stewardship responsibility in accordance with program requirements and the Insurance Commissioner's Order and Grant Agreement as well as federal, state, and local laws.

OAC and PERC follow standard Request for Proposal (RFP) guidelines, requirements, multistep review processes, and selection criteria throughout the grantmaking process. In addition, the Wisconsin Partnership Program evaluates the progress and outcomes of funded grants using interim and final reports, financial status reports, presentations, and site visits.

OPEN MEETINGS AND PUBLIC RECORDS

As directed by the Insurance Commissioner's Order, the Wisconsin Partnership Program conducts its operations and processes in accordance with Wisconsin'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/.

DIVERSITY POLICY

The Wisconsin Partnership Program is steadfastly committed to upholding and promoting 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 wide representation and perspectives within the Partnership Program's goals, objectives, and processes.

LEARN MORE

The Wisconsin Partnership Program's website provides detailed information on the following policies and procedures. Visit med.wisc.edu/partnership to learn more.

- Conflict of Interest Policies
- Diversity Policy
- Grant Administration Policies
- Open Meetings and Public Records Policy
- Supplanting Policy
- Terms and Conditions for Applicants and Grantees

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 representing different health categories to the nine-member Oversight and Advisory Committee. The Wisconsin Office of the Commissioner of Insurance appoints one OAC member. Members serve four-year terms. One member of the Board of Regents and a representative of the UW–Madison Office of the Chancellor also serve as liaisons to the OAC. The primary responsibilities of the OAC are to:

- Direct and approve available funds for community-engaged 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 grant allocations

Health Advocate Appointees

Cedric Johnson, Vice Chair
Manager, Inclusion and Community Partnerships, Exact Sciences
Category: Children's and Family Health

Katherine Marks, BA
Outreach Specialist, City of Kenosha
Category: Urban Health

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

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

Insurance Commissioner's Appointee

Jennifer Stegall
Executive Senior Policy Advisor
Office of Commissioner of Insurance

UW School of Medicine and Public Health Appointees

Amy Kind, MD, PhD
Associate Dean, Social Health Sciences and Programs
Executive Director, Wisconsin Partnership Program
Director, UW Center for Health Disparities Research (CHDR)
Professor, Division of Geriatrics, Department of Medicine

Megan Moreno, MD, MSEd, MPH
Academic Division Chief, Vice Chair of Digital Health
Professor, Department of Pediatrics

Richard L. Moss, PhD, PERC Chair
Professor Emeritus, Department of Cell and Regenerative Biology

Manish Shah, MD, MPH, OAC Chair
Professor and Chair, BerbeeWalsh Department of Emergency Medicine

PARTNERSHIP EDUCATION AND RESEARCH COMMITTEE

The Partnership Education and Research Committee 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 health and health equity. The primary responsibilities of the PERC are to:

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

SMPH Leadership

Amy Kind, MD, PhD
Associate Dean for Social Health Sciences and Programs
Executive Director, Wisconsin Partnership Program
Director, UW Center for Health Disparities Research (CHDR)
Professor, Division of Geriatrics, Department of Medicine

Richard L. Moss, PhD, Chair*
Professor Emeritus, Department of Cell and Regenerative Biology

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

Department Chairs

Beth Drolet, MD
Professor and Chair, Department of Dermatology
Representative: Clinical Chairs
Appointed March 2022

Kathleen Shannon, MD*
Detling Professor and Chair, Department of Neurology
Representative: Clinical Chairs

Deneen Wellik, PhD
Professor and Chair, Department of Cell and Regenerative Biology
Representative: Basic Science Chairs

Faculty Representatives

Elaine Alarid, PhD, Review Panel Chair*
Professor, Department of Oncology
Representative: Basic Science Faculty

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

Elizabeth Cox, MD, PhD
Professor, Department of Pediatrics
Director, UW–Madison Prevention Research Center
Representative: Clinical Faculty

Ron Gangnon, PhD
Professor, Department of Population Health Sciences
Representative: Population Health Faculty
Term ended March 2022

Jason Stephenson, MD
Associate Dean for Multicultural Affairs for Health Professions Learners
Associate Professor, Department of Radiology
Representative: Clinical Faculty

Oversight and Advisory Committee Appointees

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

Manish Shah, MD, MPH, OAC Chair
Professor and Chair, BerbeeWalsh Department of Emergency Medicine

*PERC Executive Committee Member

WISCONSIN PARTNERSHIP PROGRAM LIAISONS

The UW–Madison Office of the Chancellor and University of Wisconsin System Board of Regents each appoints a liaison to advise the Wisconsin Partnership Program leadership and committees.

UW–Madison Office of the Chancellor

Norman Drinkwater, PhD

UW System Board of Regents

Tracey Klein
Member, University of Wisconsin System Board of Regents
Resigned June 2022

Dana Wachs
Member, University of Wisconsin System Board of Regents
Appointed September 2022

WISCONSIN PARTNERSHIP PROGRAM STAFF

Amy Kind, MD, PhD
Associate Dean for Social Health Sciences and Programs
Executive Director, Wisconsin Partnership Program
Director, UW Center for Health Disparities Research (CHDR)
Professor, Division of Geriatrics, Department of Medicine

Lindsay Barone, PhD, Evaluator

Mai Nou Her, Administrative Assistant

Nathan Kersten, Financial Specialist

Tonya Mathison, Operations Associate Director

Renuka Mayadev, JD, Program Advisor

Megan Miller, MPA, Administrative Director

Stacey Novogoratz, Graduate Student Project Assistant

Anne Pankratz, Communications Specialist

Jaimee Prado, Graduate Student Project Assistant

David Sampoli, Systems Analyst

Jonathan Thomas, Finance Associate Director

Katherine Vickerman, Graduate Student Project Assistant

Debbie Wu, Accountant

GRANTMAKING ACTIVITY DURING FISCAL YEAR 2021–2022

The Wisconsin Partnership Program advances its mission through a strong portfolio of grant programs that support research initiatives, education and training, and community partnerships to improve health and advance health equity.

In fiscal year 2022, the Wisconsin Partnership Program awarded 41 new grants, supported the progress of 54 active grants and the conclusion of 29 grants.

41	54	29
New Grants	Active Grants	Concluded Grants

Visit the **Funded Projects** page to learn more about the projects listed below.

GRANTS AWARDED JULY 1, 2021–JUNE 30, 2022

The Wisconsin Partnership Program awarded 41 grants for a total of $18.5 million for the period of July 1, 2021–June 30, 2022. Full descriptions of these awards can be found on our **Funded Projects webpage**.

COMMUNITY GRANT PROGRAMS

The Wisconsin Partnership Program's community grant programs support community-engaged and initiated projects that improve health and advance health equity in diverse populations and geographic areas across the state.

Community Impact Grant Program

During this fiscal year, the Community Impact Grant Program provided **four new awards** of up to $1 million over five years to support large-scale, evidence-based, community-academic partnerships designed to achieve sustainable systems change that will improve health, health equity, and well-being.

Food Sovereignty in the Oneida Nation: A Comprehensive Approach to Health

Community Lead: Oneida Nation

Academic Partner: Bret Benally Thompson, MD, Assistant Clinical Professor, Department of Medicine; faculty advisor for the Native American Center for Health Professions

Health Equity for Criminal Justice-Impacted Women through Access to Housing

Community Lead: Wisdom, Inc.

Academic Partner: Lori DiPrete Brown, MSPH, MTS, Distinguished Faculty Associate, UW–Madison School of Human Ecology

The Latino Dementia Health Regional Consortium

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

Academic Partner: Melinda Kavanaugh, PhD, Professor, UW-Milwaukee Helen Bader School of Social Welfare

Wisconsin Rural Health & Substance Use Clinical Support Program

Community Lead: Wisconsin Hospital Association Foundation, Inc.

Academic Partner: Randall Brown, MD, PhD, Professor, Department of Family Medicine and Community Health

Maternal and Child Health Grant Program

In October 2021, eight awards were made through the Wisconsin Partnership Program's new Maternal and Child Health Grant Program. Awards of up to $150,000 each were made to the **following projects** for a broad range of community-led initiatives to improve maternal and child health outcomes, with a focus on under-resourced or marginalized communities.

Addressing the Maternal and Infant Health Needs of Incarcerated and Formerly Incarcerated Black Women and Their Families in Dane County, Milwaukee County and Across Wisconsin

Ex-Incarcerated People Organizing (EXPO)

Birth Outcomes Made Better (BOMB) Doula Program

City of Milwaukee

Bridging Community Supports to Achieve Healthy Births for Black Mothers

The Foundation for Black Women's Wellness

Strengthening Community Supports for Black Families in Rock County

Rock County Health Department

Strong Fathers Strong Families Project

Fathers Making Progress

Supporting Healthy Babies through Strengthening Families

Next Door Foundation

Today Not Tomorrow Family Resource Center Community Based Doulas and Family Support Programming

Today Not Tomorrow, Inc.

WeRISE Community Doula Program

African American Breastfeeding Network

EDUCATION AND RESEARCH GRANTS

The Wisconsin Partnership Program's education and research grant programs address issues of health and health care and advance health equity through novel basic, clinical, translational, and applied public health research as well as through innovative education and training.

Collaborative Health Sciences Program

The Collaborative Health Sciences Program (CHSP) expands team science at SMPH and across UW–Madison by bringing together interdisciplinary teams led by established investigators to advance novel ideas that target Wisconsin's most complex health challenges. The CHSP grants provide $600,000 over three years to support 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 Program awards:

Evaluating a Novel Follow-Up Intervention to Improve the Delivery of Follow-up Care for Low-risk Breast Cancer Survivors in Wisconsin

Principal Investigator: Heather Neuman, MD, MS, Associate Professor, Department of Surgery

Coprincipal investigator: Kristine Kwekkeboom, PhD, Professor, UW–Madison School of Nursing

Collaborators: Jessica Schumacher, PD, Associate Professor, Department of Surgery; Amy Stella, MD, Associate Clinical Professor, Department of Medicine; James Haine, MD, Assistant Clinical Professor, Department of Medicine; Bret Hanlon, PhD, Associate Scientist, Department of Biostatistics and Medical Informatics; Kathryn Flynn, PhD, Professor, Department of Medicine, Medical College of Wisconsin

Hexosamine Biosynthetic Pathway in Idiopathic Pulmonary Fibrosis

Principal Investigator: Allan Brasier, MD, Senior Associate Dean for Clinical and Translational Research; Coprincipal Investigators: Nathan Sandbo, MD, PhD, Associate Professor, Department of Medicine; Paul Campagnola, PHD, Professor, UW–Madison College of Engineering; Department of Biomedical Engineering

Rediscovering Rheumatoid Factor as a Unique Antiviral Agent in COVID-19

Principal Investigator: Miriam Shelef, MD, PhD, Associate Professor, Department of Medicine

Coprincipal Investigators: Ajay Sethi, PhD, MHS, Associate Professor, Department of Population Health Sciences; Marulasiddappa Suresh, DVM, MVSc, PhD, Professor, University of Wisconsin School of Veterinary Medicine, Department of Pathobiological Sciences

Collaborator: Yoshiro Kawaoka, DVM, MS, PhD, Professor, University of Wisconsin School of Veterinary Medicine, Department of Pathobiological Sciences

New Investigator Grant Program

The New Investigator Program fosters development of early-career SMPH faculty as they initiate new, innovative pilot projects that address Wisconsin's health issues with strong potential to leverage more substantial funding from federal or other granting agencies. The **following awards** were made for $150,000 over two years.

Evaluating the Impacts of Wisconsin's Birth Cost Recovery Policy on the Health and Wellbeing of Low-Income Black Birthing Parents: A Community-Centered Approach

Principal Investigator: Tiffany Green, PhD, Assistant Professor, Departments of Population Health Sciences and Obstetrics and Gynecology

Quantitative Functional Biomarkers of Cervical Remodeling During Pregnancy Using Ultrasound Imaging

Principal Investigator: Ivan Rosado Mendez, PhD, Assistant Professor, Department of Medical Physics

Replicating the First Step of Human Vision in a Dish for Designing Effective Therapies to Cure Blindness

Principal Investigator: Raunak Sinha, PhD, Assistant Professor, Department of Neuroscience

Targeting Gene Therapy Vectors to Nuclear Sites to Improve Precision Medicine and Oncolytic Virotherapies

Principal Investigator: Kinjal Majumder, PhD, Assistant Professor, Department of Oncology

COVID-19 RESPONSE GRANT PROGRAM

The Wisconsin Partnership Program continues to support initiatives and projects that are responding to the health impacts and consequences of the pandemic through its COVID-19 Response Grant Program.

The Oversight and Advisory Committee awarded eight new grants for one or two years through the **COVID-19 Focus on Adolescent Social and Emotional Health Grant Program**:

A Call to Action: Compassion Resilience Training for Parents and Family Caregivers

NAMI Southeast Wisconsin, Inc.

Amount: $198,790

Growing Good People: Understanding Self and Resiliency

Menikanaehkem, Inc.

Amount: $200,000

PATCH Youth Advocacy Fellowship for Social and Emotional Health

Wisconsin Alliance for Women's Health

Amount: $198,600

Restorative Justice in Schools and Communities: Facilitating Healing, Support, and Cultural Identity Affirmation for Young People

YWCA Madison, Inc.

Amount: $200,000

Supporting Healthy Black Families' Workgroups

Urban Triage, Inc.

Amount: $200,000

Supporting the Mental and Social-Emotional Health Needs of Black, Brown, Multiracial, Trans and Nonbinary LGBTQ+ Adolescents Impacted by COVID-19

GSAFE

Amount: $200,000

Supporting Youth through the La Crosse System of Care

La Crosse County Human Services

Amount: $197,600

Testing and Scaling Virtual and In-person Youth Group Therapy and Guardian Support Groups

Sixteenth Street Community Health Center

Amount: $200,000

The Partnership Education and Research Committee made the following one- to two-year awards through the **COVID-19 Response Research and Education Grant Program**.

Evaluating COVID-19 Response Efforts to Improve Health and Racial Equity in Milwaukee County

Principal Investigators: Sheri Johnson, PhD, Associate Professor, Department of Population Health Sciences; Wajiha Akhtar, PhD, Population Health Institute

Amount: $197,400

Implications of COVID-19 on Service Delivery, Health, and Well-being for People with Intellectual and Developmental Disabilities

Principal Investigator: Karla Ausderau, Associate Professor, UW–Madison School of Education

Amount: $ 199,950

Predicting Patient Outcomes in Wisconsin and Nationwide Using the University of Wisconsin's COVID-19 Electronic Health Record Database

Principal Investigator: Michael Fiore, MD, MPH, Professor, Department of Medicine, UW Center for Tobacco Research and Intervention

Amount: $300,000

Responding to Dual Epidemics of COVID-19 and Overdose Among People Who Inject Drugs in Wisconsin

Principal Investigators: Rachel Gicquelais, PhD, Assistant Professor, UW–Madison School of Nursing; Ryan Westergaard, MD, PhD, MPH, Associate Professor, Department of Medicine

Amount: $200,000

Safe and Healthy Schools

Principal Investigators: Ellen Wald, MD, Professor, Department of Pediatrics; Shelby O'Connor, PhD, Professor, Department of Pathology and Laboratory Medicine

Amount: $100,000

The Role of Social Media and Community Advocates in Addressing the Health Consequences of COVID-19 In Black, Latinx and American Indian Communities

Principal Investigators: Carey Gleason, PhD, Associate Professor, Department of Medicine; and co- Maria Mora Pinzon, MD, MS, Department of Medicine, and Melissa Metoxen, Assistant Director, Native American Center for Health Professions

Amount: $ 199,790

UW Student Health Care Worker Tuition Program (UW-SHCWTP)

Principal Investigator: Lisa Bratzke, PhD, RN, Associate Dean for Academic Affairs, UW–Madison School of Nursing

Amount: $510,000

Widespread Protective Immunity Screening Against COVID-19 Using a Point-of-Care Serology-Profiling Biosensor

Principal Investigators: Filiz Yesilkoy, PhD, Assistant Professor, UW–Madison College of Engineering; Irene Ong, PhD, Assistant Professor, Department of Obstetrics and Gynecology; Miriam Shelef, MD, PhD, Associate Professor, Department of Medicine

Amount: $ 199,800

STRATEGIC EDUCATION AND RESEARCH GRANTS

In alignment with the strategic direction of the UW School of Medicine and Public Health, the Wisconsin Partnership Program provides critical funding through the Strategic Grant Program to initiate or further enhance novel education and research infrastructure programs vital to improving health and health care and advancing health equity in Wisconsin and beyond.

The following strategic grants were renewed during this reporting period:

UW Institute for Clinical and Translational Research (ICTR) Modules

ICTR Administration, Leadership and Evaluation Module

Principal Investigator: Allan Brasier, MD, Senior Associate Dean for Clinical and Translational Research; Executive Director, ICTR

Amount: $390,000 over three years

ICTR Biostatistics, Informatics and Research Design Module

Principal Investigator: Bernadette Gillick, PhD, MSPT, PT, Associate Professor, Department of Pediatrics; Director, Waisman Pediatric Neuromodulation Laboratory

Amount: $1,590,000 over three years

ICTR Community Engagement Module

Principal Investigator: Jane Mahoney, MD, Professor, Department of Medicine; Director, ICTR Dissemination & Implementation Launchpad

Amount: $1,470,000 over 12-months

ICTR Mentoring and Professional Development Module

Principal Investigator: Elizabeth Burnside, MD, MPH, Associate Dean for Team Science and Interdisciplinary Research; Deputy Executive Director, ICTR

Amount: $1,500,000 over three years

ICTR Pilot Awards Program Module

Principal Investigator: Allan Brasier, MD, Senior Associate Dean for Clinical and Translational Research; Executive Director, ICTR

Amount: $2,310,000 over three years

Making Wisconsin the Healthiest State

Principal Investigator: Sheri Johnson, PhD, Director, UW Population Health Institute; Associate Professor, Department of Population Health Sciences

Amount: $170,000 over 12-months

UW INSTITUTE FOR CLINICAL AND TRANSLATIONAL RESEARCH (ICTR) PILOT AWARDS PROGRAM

The Wisconsin Partnership Program provides funding to the UW Institute for Clinical and Translational Research (ICTR) to support it Pilot Awards Program. Projects focus on clinical, community and patient-centered outcomes and dissemination and implementation of evidence-based, community-driven interventions. The Wisconsin Partnership Program will support the following ICTR pilot projects that were awarded in Fiscal Year 2022.

Accessible Transition Readiness Assessment (aTRA): Adapting an Intervention for Congenital Heart Disease Survivors with Disabilities

Principal Investigator: Catherine Allen, MD, Assistant Professor, Department of Pediatrics

Amount: $75,000

Addressing Inequities in Long COVID Experiences: Implementing an Educational Intervention in Primary Care

Principal Investigator: Rachel Grob, PhD, Clinical Professor, Department of Family Medicine and Community Health

Amount: $74,997

Advancing The Use of Academic Detailing and DICE as Ways of Enhancing the Care of Persons Living with Dementia

Principal Investigator: Art Walasek, MD, Professor, Department of Psychiatry

Amount: $75,000

Community Co-design and Pilot Test of Public Health Messages Addressing Pediatric Vaccine Hesitancy in Rural America

Principal Investigator: Malia Jones, Assistant Professor, UW–Madison College of Agriculture and Life Sciences

Amount: $100,000

Disseminating and Implementing MedSMA T Families in the Emergency Department: An Evidence-based Approach for Improving Opioid Safety Among Adolescents and Parents

Principal Investigator: Olufunmi-Iola Abraham, PhD, MS, BPharm, Assistant Professor, UW–Madison School of Pharmacy

Amount: $150,000

Understanding How the Forensic Nurse Exam Can Be Improved to Reduce Health Disparities Among LGBTQ+ and Racial and Ethnic Minority Survivors of Sexual Assault

Principal Investigator: Kate Walsh, PhD, Associate Professor, Department of Psychology, UW–Madison College of Letters and Sciences

Amount: $75,000

Optimizing Medication Management by Older Adults Through the Med Wise Rx Community-based Program

Principal Investigator: Beth Martin, PhD, MS, Professor, UW–Madison School of Pharmacy

Amount: $149,836

GRANTS CONCLUDED JULY 1, 2021 – JUNE 30, 2022

The following grants concluded during the period of July 1, 2021 – June 30, 2022. **The outcome reports for these projects and initiatives are posted on the Wisconsin Partnership Program's Funded Projects webpage**, after final reports have been submitted by grantees.

COMMUNITY GRANT PROGRAMS

Community Catalyst Grant Program

Black Girl Live by Lilada's Livingroom

Community Dental Partnership Program

Community Fellowship and Improve Thy Health (Com-FAITH)

Preventing Lead Exposure: No More High Lead Levels

Training to Improve Planned Parenthood Wisconsin Health Services to Promote Health Equity for Transgender, Gender Nonbinary, Gender Expansive, and Gender Nonconforming (TNG) Individuals

Community Collaboration Grant Program

Black Men's Wellness Sustainable Initiative

Empower Me Wellness Project: Collaborating for Health Equity for Black Women

FREE

Community Impact Grant Program

Advancing School-Based Mental Health in Dane County

Cultivate Health Initiative: Growing the Wisconsin School Garden Network

From Punishment to Restoration: Reimagining Criminal Justice to Improve the Health of Wisconsin

EDUCATION AND RESEARCH GRANT PROGRAMS

Collaborative Health Sciences Grant Program

A Cluster Randomized Trial to Assess the Impact of Facilitated Implementation on Antibiotic Stewardship in Wisconsin Nursing Homes

Gut Microbiome Dynamics in Alzheimer's Disease

Integrated Metabolomics, Microbial Genomics and Immune Profiling in Early Infancy to Identify Biomarkers for Allergic Disease Prevention

New Investigator Grant Program

Defining Host-Microbiome Interactions in Diabetic Wound Healing

Strategic Grant Program

Advancing Evidence-Based Health Policy

COVID-19 RESPONSE GRANT PROGRAM

Community Grants

Barron County Integrated Response to Slow Community Spread of COVID-19

WeRISE: Black Birth Workers Response to COVID-19 Project

Wood County Community Response to COVID-19

Education and Research Grants

A Negative Pressure Isolation Head Chamber to Protect Health Care Workers from Airborne Transmission of Aerosolized Viruses

Creating Infrastructure to Study the Immune Response to SARS-CoV-2 in Wisconsin

Interferon Responses in "COVID Toes," the Link to SARS-CoV2 Infection

Novel COVID-19 Monoclonal Antibodies for Patient Diagnostics, Therapy and Research

Role of Naso-oropharyngeal Antiseptic Decolonization to Reduce COVID-19 Viral Shedding and Disease Transmission: SHIELD Study

To Test the Protective Efficacy of Whole-Inactivated SARS-CoV-2 Vaccine in Syrian Hamsters

Wisconsin Real-time Emergency Department Surveillance and Responsive Training (WIRED-RT)

UW Institute for Clinical and Translational Research Grants

The following ICTR pilot award grants supported by the Wisconsin Partnership Program concluded during this period:

Addressing Disparities in the Primary Care of Chronic Conditions in the COVID-19 Era: a Tool for Clinics to Map Local Barriers to Known Strategies

Assessing the Impact of Trust on an Individual's Willingness to Participate in ADRC Research

Assessing the Readiness of Dane County Healthcare Systems to Equitably Serve LGBTQ Patients

Black Fathers, Equal Partners in Advancing Maternal and Infant Health

Creating Infrastructure to Study the Immune Response to SARS-CoV-2 in Wisconsin

Developing and Evaluating the First Hmong Wordlist for Audiometric Testing

Development of a Patient-Centered Needs Assessment Tool for Adolescents and Young Adults (AYA) with Cancer

Engaging Residents and Families as Quality Partners in Nursing Homes

Engaging Stakeholders in Integration of Assessing Medication Adherence and Tailoring Intervention in Clinic (A-MATIC in SLE Visits)

Engaging Stakeholders to Develop a Meditation Intervention for Incarcerated Individuals

Evaluation of Reach, Implementation and Maintenance of Wisconsin Tobacco Quit Line Referral

Expanding Access to Naloxone: Developing a Person-Centered Naloxone Prescribing Intervention for People Living with Opioid Use Disorder

Extending BP Connect: Implementing in Diverse Specialty Clinics for Out-of-Network Follow-up

I-SITE: Implementation of Sustained Impact in Teleophthalmology

MOVIN-Mobilizing Older Adults via a Systems-based Intervention

New to Public Health Residency Program (N2PH Residency)

Nothing About Us Without Us: Engaging Drug User Networks in Community-Based Hepatitis C Micro-elimination Strategies

Optimizing the Capacity of Public Schools to Promote Youth Mental Health

Promoting COVID Vaccine Acceptance for Safety Net Providers and Patients in Wisconsin

Staying Healthy After Childbirth: A Program to Help New Moms with High Blood Pressure

Telehealth Delivery of the Yoga for Seniors Program

ACTIVE GRANTS

In addition to this fiscal year's awarded and concluded grants, the following active grants were also supported by the Wisconsin Partnership Program.

COMMUNITY GRANT PROGRAMS

Community Catalyst Grants

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

Community Impact Grants

Accelerating Health Equity for Black Women in Wisconsin – Well Black Woman Institute

Addressing Stressors, Preventing Farmer Suicide: Social Connectedness and Health

Advancing Health Equity through Legal Interventions for Low-Income Wisconsinites

Black Men's Mental Health and Well-being

Building Tech Skills, Opportunities, Health and Wellness for Returning Citizens

Community-Campus Partnerships to Create Mental Health Supports for the Latino Community

Connecting Clinics, Campuses and Communities to Advance Health Equity

Creating a Renewed and Culturally Vibrant Healthy Food System for Kaeyas Mamaceqtawak (The Ancient Movers)

Creating Conditions to Improve Housing for Healthier Families

Evaluating the Effectiveness of Once City Schools: Preparing Children for School Success and Healthy Lives

First Breath Families: Helping Low-Income Moms Quit Smoking and Babies Grow Up Smoke-Free

Healthy Communities through WEESSN-Milwaukee: Supporting Quality Early Learning and Family Well-Being

Healthy Workers, Healthy Wisconsin

Improving Assisted Living Quality through Collaborative System Change

Improving Birth Outcomes for Black Families through Community-Clinic Collaborations

Legacy Community Alliance for Health

Parenting Support is Public Health: Reducing Health Disparities in the Child Welfare System

Preventing Early Expulsion to Promote Child Health

Race to Equity Wisconsin

Reducing Health Inequity through the Promotion of Social Connectedness

Re-entry Rising MKE

Social Service Redesign

Southwestern Wisconsin Recovery Pathways

Supporting Social Emotional Health in K-12 African American Students

Community Collaboration Grants

Central Wisconsin Health Partnership's Collective Impact: Moving Towards Resilience

Creating our Healthy Neighborhood: Reversing Disinvestment in Urban Milwaukee

Health Equity and the Role of Partnerships: Our Safe, Healthy and Beautiful Neighborhoods

Increasing Capacity for MACH OneHealth to Improve Health Access, Equity, and Outcomes for Individuals Experiencing Homelessness and Housing Insecurity

Oske Pemateset-"The New Life"- Indigenous Models of Equitable Health Systems

ROOTed to REAP: Latinx/Indigenous Women Advancing Health and Food Equity in Dane County

The Good Hood: Making Meadowood a Healthy Community

EDUCATION AND RESEARCH GRANT PROGRAMS

Collaborative Health Sciences Grant Program

Advancing Health Equity for Lupus Patients in Wisconsin: How a Care Continuum and Community Stakeholders Can Inform Interventions to Close Disparities Gaps

Comparison of Successful Colorectal Cancer Screening Strategies in Wisconsin Rural and Urban Settings: Achieving "80% in Every Community"

Defining and Targeting Novel Anti-viral and Anti-cancer T cell immunity

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

Post-Traumatic Stress Disorder (PTSD) Therapy for Wisconsin Prison Inmates

Prevention of HPV-Associated Anogenital Cancers Using HIV Protease Inhibitors

Towards an Integrated Understanding of Stress, Inflammation and Immune Response

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

New Investigator Grant Program

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

Advancing Postpartum Care for Black Women in Wisconsin by Engaging Community Partners with a Home Telehealth Service for Hypertension– a Feasibility Project

Modeling Basal Forebrain Cholinergic Vulnerability in Down Syndrome

Molecular Basis of Immune Variations

Non-invasive Diagnosis of Acute Kidney Injury in Premature Infants

Vascular Effects of the Precision Interventions for Severe Asthma (VASC-PreCISE)

Opportunity Grant Program

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

Stroke Prevention in the Wisconsin Native American Population

Strategic Grants

Survey of the Health of Wisconsin (SHOW) 2019-2022

Transforming Medical Education: 2019-2022: Re-envisioning Curriculum, Technology and New Programs through a Health Equity Lens

Understanding and Addressing Health Disparities in Wisconsin through Statewide Partnerships

UW Preventive Medicine Residency Program

Wisconsin Partnership Program Scholarship Program

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

Wisconsin Partnership Program
Determination of Non-Supplanting Fiscal Year 2022
For
Public Health Initiatives and Public Health Education and Training Initiatives
Recommended for Approval by the
Oversight and Advisory Committee

The Finance Director of the University of Wisconsin School of Medicine and Public Health (SMPH) hereby attests to the Oversight and Advisory Committee that:

The following list of public health initiatives and public health education and training initiatives has been reviewed in detail to determine whether use of the Wisconsin Partnership Program funds for the following projects has complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five-Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004.

The SMPH Finance Director has determined that financial support by the Wisconsin Partnership Program of these projects does not result in supplanting.

This determination shall be filed with the Oversight and Advisory Committee this 28th day of September, 2022.

Community Catalyst

Fiscal Year 2019
Alzheimer's Disease and Related Dementia Education and Awareness Initiative for Wisconsin's Indian Country
Black Girl Live by Lilada's Livingroom
Building Immigrant Leadership for Wisconsin
Community Dental Partnership Program
Community Fellowship and Improve Thy Health (Com-FAITH) - Oh Happy Day Classes to Manage Depression
Neighborhood Organizing Institute 2.0 (NOI 2.0)
Preventing Lead Exposure: No More High Lead Levels
Training to Improve PPWI Health Services to Promote Health Equity for Transgender, Gender Nonbinary, Gender Expansive, and Gender Nonconforming (TNG) Individuals

Community Collaboration

Fiscal Year 2018
Black Men's Wellness Sustainable Initiative (BMWSI)
Central Wisconsin Health Partnership's Collective Impact: Moving Towards Resilience
Empower Me Wellness Project: Collaborating for Health Equity for Black Women
FREE
Health Equity and the Role Of Partnerships: Our Safe, Healthy and Beautiful Neighborhoods

Fiscal Year 2020
The Good Hood: Making Meadowood a Healthy Community
Creating our healthy neighborhood: Reversing disinvestment in urban Milwaukee
Increasing Capacity for MACH OneHealth to Improve Health Access, Equity, and Outcomes for Individuals Experiencing Homelessness and Housing Insecurity
Oske Pemateset-"The New Life"- Indigenous Models of Equitable Health Systems

ROOTed to REAP: Latinx/Indigenous women advancing health and food equity in Dane County

Community Impact

Calendar Year 2015
Advancing School-Based Mental Health in Dane County
Cultivate Health Initiative: Growing the Wisconsin School Garden Network
From Punishment to Restoration: Reimagining Criminal Justice to Improve the Health of Wisconsin's Families and Communities
Improving Assisted Living Quality Through Collaborative System Change

Calendar Year 2016
Healthy Workers, Healthy Wisconsin
Legacy Community Alliance for Health (LCAH)
Race to Equity Wisconsin

Fiscal Year 2018
Connecting Clinics, Campuses and Communities to Advance Health Equity
Creating Conditions to Improve Housing Policy for Healthier Families
First Breath Families: Helping Low-Income Moms Quit Smoking and Babies Grow Up Smoke-Free
Southwestern Wisconsin Recovery Pathways

Fiscal Year 2019
Milwaukee Reentry Alliance
Preventing Early Expulsion to Promote Child Health
Reducing Health Inequity through Promotion of Social Connectedness
Social Service Redesign

Fiscal Year 2020
Community-Campus Partnership to Create Mental Health Support for the Latino Community
Evaluating the Effectiveness of One City Schools: Preparing Children for School Success and Healthy Lives
Improving Birth Outcomes for Black Families through Community-Clinic Collaborations
Creating a Renewed and Culturally Vibrant Healthy Food System for Kaeyas Mamaceqtawak (The Ancient Movers)
Parenting Support Is Public Health: Reducing Health Disparities in the Child Welfare System
Healthy Communities through WEESSN-Milwaukee: Supporting Quality Early Learning and Family Well-Being

Fiscal Year 2021
Addressing Stressors, Preventing Farmer Suicide: Social Connectedness and Health
Building Tech Skills, Opportunities, Health and Wellness for Returning Citizens
Advancing Health Equity Through Legal Interventions for Low-Income Wisconsinites
Black Men's Mental Health and Well-Being
Supporting Social Emotional Health in K-12 African American Students
Accelerating Health Equity for Black Women in Wisconsin - Well Black Woman Institute

Fiscal Year 2022
Food Sovereignty in the Oneida Nation: A Comprehensive Approach to Health
The Latino Dementia Health Regional Consortium

Wisconsin Rural Health & Substance Use clinical Support (RHeSUS) Program
Health equity for criminal justice-impacted women through access to housing

COVID-19 Response Grant Program

Fiscal Year 2020
Men's Emergency Shelter-Virtual Health Assessments
WeRISE: Black Birth Workers Response to COVID-19 Project
Bilingual (English/Spanish) Short- and Long-term Assistance to Vulnerable Populations
COVID-19 Prevention and Intervention Services for Hmong and Other Refugee Communities
Leveraging Personalized Supports for Immediate COVID-19 Response for 4K-12 Students (LPS)
Lo Que Debes Saber: A COVID-19 Public Health Community Education Strategy for the Latino Community
Safeguarding Fresh Food Access at Farmers Markets to Address Food Insecurity of Vulnerable Populations
COVID-19 Response for Milwaukee's Uninsured Adults
Wood County Community Response to COVID-19
Farms to Families/De Granjas a Familias Resilience Boxes
Barron County Integrated Response to Slow Community Spread of COVID-19

Fiscal Year 2022
Testing and Scaling Virtual and In-person Youth Group Therapy and Guardian Support Groups
Restorative Justice in Schools and Communities: Facilitating Healing, Support, and Cultural Identity Affirmation for Young People
Growing Good People: Understanding Self and Resiliency
Supporting Youth through the La Crosse System of Care
PATCH Youth Advocacy Fellowship for Social and Emotional Health
Supporting the mental and social-emotional health needs of Black, Brown, Multiracial, Trans & Nonbinary LGBTQ+ adolescents impacted by COVID-19.
A Call to Action: Compassion Resilience Training for Parents and Family Caregivers
Supporting Healthy Black Families' Workgroups

Lifecourse Initiative for Healthy Families

Fiscal Year 2019
Lifecourse Initiative for Healthy Families (LIHF) Bridge Funding

Maternal and Infant Health Program

Fiscal Year 2022
Addressing the maternal and infant health needs of incarcerated and formerly incarcerated Black women and their families in Dane County, Milwaukee County, and across Wisconsin
Strong Fathers Strong Families Project
Strengthening Community Supports for Black Families in Rock County
Today Not Tomorrow Family Resource Center Community Based Doulas and Family Support Programming
Supporting Healthy Babies through Strengthening Families
WeRISE Community Doula Program
Bridging Community Supports to Achieve Healthy Births for Black Mothers
Birth Outcomes Made Better (BOMB) Doula Program

Wisconsin Partnership Program
Determination of Non-Supplanting Fiscal Year 2022

Strategic

Fiscal Year 2019
Making Wisconsin the Healthiest State

Fiscal Year 2020
Wisconsin Population Health Service Fellowship Program: Improving Health and Health Equity through Service and Training – OAC

Fiscal Year 2022
Making Wisconsin the Healthiest State

By: Darlene Wood
Darlene Wood
SMPH Finance Director
UW School of Medicine and Public Health

Date: 9/28/22
As accepted by the Oversight and Advisory Committee on September 28, 2022.

Wisconsin Partnership Program
Fiscal Year 2022 Determination of Non-Supplanting
For
Education and Research Initiatives
Recommended for Approval by the
Partnership Education and Research Committee

The Finance Director of the University of Wisconsin School of Medicine and Public Health (SMPH) hereby attests to the Partnership Education and Research Committee that:

The following list of education and research initiatives has been reviewed in detail to determine whether use of the Wisconsin Partnership Program funds for the following projects has complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five-Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004.

The SMPH Finance Director has determined that financial support by the Wisconsin Partnership Program of these projects does not result in supplanting.

This determination shall be filed with the Partnership Education and Research Committee this 12th day of September 2022.

Collaborative Health Sciences Program

Calendar Year 2016
Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy

Fiscal Year 2018
A Cluster Randomized Trial to Assess the Impact of Facilitated Implementation on Antibiotic Stewardship in Wisconsin Nursing Homes
Gut Microbiome Dynamics in Alzheimer's Disease
Integrated Metabolomics, Microbial Genomics and Immune Profiling in Early Infancy to Identify Biomarkers for Allergic Disease Prevention

Fiscal Year 2019
Leaving prison and connecting with medical care: Medicaid expansion, treatment access and outcomes for opioid use disorder and hepatitis C infection
Towards an Integrated Understanding of Stress, Inflammation and Immune Response
UW Innovations in Malignancy Personalized Advanced Cell Therapies (UW-IMPACT)

Fiscal Year 2020
Post-Traumatic Stress Disorder (PTSD) Therapy for Wisconsin Prison Inmates
Defining and targeting novel anti-viral and anti-cancer T cell immunity
Comparison of successful colorectal cancer screening strategies in Wisconsin rural and urban settings: Achieving "80% in every community"

Fiscal Year 2021
Advancing Health Equity for Lupus Patients in Wisconsin: how a Care Continuum and community stakeholders can inform interventions to close disparities gaps
Prevention of HPV-Associated Anogenital Cancers Using HIV Protease Inhibitors

Fiscal Year 2022

Evaluating a Novel Follow-up Intervention to Improve the Delivery of Follow-up Care for Low-Risk Breast Cancer Survivors in Wisconsin

Hexosamine Biosynthetic Pathway in Idiopathic Pulmonary Fibrosis

Rediscovering Rheumatoid Factor as a Unique Antiviral Agent in COVID-19

COVID-19 Response Grants

Fiscal Year 2020

Novel COVID-19 monoclonal antibodies for patient diagnostics, therapy and research.

COVID-19 and the Nasal Microbiome: Potential Marker of Disease Outcomes and Novel Antivirals

Genetic surveillance of SARS-CoV-2 spread in Wisconsin to inform outbreak control

Leveraging Social Networks and Trusted Community Influencers to disseminate an accurate and up-to-date understanding of COVID-19 in Black, Latinx and American Indian Communities

To Test the Protective Efficacy of Whole-Inactivated SARS-CoV-2 Vaccine in Syrian Hamsters

A Negative Pressure Isolation Head Chamber to Protect Health Care Workers from Airborne Transmission of Aerosolized Viruses

Creating Infrastructure to Study the Immune Response to SARS-CoV-2 in Wisconsin

Role of NaSo-oropHaryngeal antiseptic dEcolonization to reduce covid-19 viral shedding and Disease transmission: SHIELD Study

WIsconsin Real-time Emergency Department Surveillance and Responsive Training (WIRED-RT)

Interferon Responses in “COVID toes,” the link to SARS-CoV2 Infection

Fiscal Year 2021

Badger Nurses Collaborating on Covid-19 Vaccine Education and Delivery (BN-CoVED)

Fiscal Year 2022

Widespread protective immunity screening against COVID-19 using a point-of-care serology-profiling biosensor

The role of social media and community advocates in addressing the health consequences of COVID-19 In Black, Latinx And American Indian Communities

Responding to dual epidemics of COVID-19 and overdose among people who inject drugs in Wisconsin

Evaluating COVID-19 Response Efforts to Improve Health and Racial Equity in Milwaukee County

Safe and Healthy Schools (SHS)

Implications of COVID-19 on service delivery, health, and well-being for people with intellectual and developmental disabilities

Predicting Patient Outcomes in Wisconsin and Nationwide Using the University of Wisconsin’s COVID-19 EHR Cohort Database

UW Student Health Care Worker Tuition Program (UW-SHCWTP)

New Investigator Program

Fiscal Year 2019

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

Defining Host-Microbiome Interactions in Diabetic Wound Healing

Fiscal Year 2020

Non-invasive Diagnosis of Acute Kidney Injury in Premature Infants

Molecular Basis of Immune Variations

Modeling basal forebrain cholinergic vulnerability in Down syndrome
Advancing postpartum care for Black women in Wisconsin by engaging community partners with a home telehealth
Vascular Effects of the Precision Interventions for Severe Asthma (VASC-PreCISE)

Fiscal Year 2022
Quantitative Functional Biomarkers of Cervical Remodeling During Pregnancy Using Ultrasound Imaging
Evaluating the Impacts of Wisconsin's Birth Cost Recovery Policy on the Health and Wellbeing of Low-Income Black Birthing Parents: A Community-Centered Approach
Replicating the First Step of Human Vision in a Dish for Designing Effective Therapies to Cure Blindness.
Targeting Gene Therapy Vectors to Nuclear Sites to Improve Precision Medicine and Oncolytic Virotherapies

Opportunity Program

Fiscal Year 2019
Enabling Clinicians and Healthcare Trainees to Improve the Care of Wisconsin Residents Living with Dementia
Stroke Prevention in the Wisconsin Native American Population

Strategic Program

January 1 – June 30, 2017
Measuring and Addressing Disparities in the Quality of Care Among Wisconsin Health Systems

Fiscal Year 2019
Advancing Evidence-Based Health Policy in Wisconsin
Institute for Clinical and Translational Research (ICTR) and Health Innovation Program (HIP) supplement
Making Wisconsin the Healthiest State Project
University of Wisconsin Preventive Medicine Residency Program (PMR renewal)
Survey of the Health of Wisconsin (SHOW) Renewal 2019-2022

Fiscal Year 2020
Wisconsin Partnership Program Scholarship
Transforming Medical Education (TME) 2019-2022: Re-envisioning Curriculum, Technology and New Programs through a Health Equity Lens
Wisconsin Population Health Service Fellowship Program: Improving Health and Health Equity Through Service and Training

Fiscal Year 2021
Understanding and Addressing Health Disparities in Wisconsin through Statewide Partnerships

Fiscal Year 2022
Making Wisconsin the Healthiest State
Institute for Clinical and Translational Research (ICTR) - Administration, Leadership and Evaluation Module
UW Institute for Clinical and Translational Research (ICTR) – Biostatistics, Informatics and Research Design Support Module
UW Institute for Clinical and Translational Research (ICTR) -Mentoring and Professional Development Module

Wisconsin Partnership Program
Fiscal Year 2022 Determination of Non-Supplanting

UW Institute for Clinical and Translational Research (ICTR) -Community Engagement Module
UW Institute for Clinical and Translational Research (ICTR) -Pilot Awards Program Module

By: Darlene Wood

Darlene Wood
SMPH Finance Director
UW School of Medicine and Public Health

Date: 9/12/2022

As accepted by the Partnership Education and Research Committee on September 12, 2022.

Wisconsin Partnership Program
Fiscal Year 2022 Determination of Non-Supplanting

University of Wisconsin School of Medicine and Public Health

The Dean of the UW School of Medicine and Public Health, Robert N. Golden, MD, hereby attests that:

The UW School of Medicine and Public Health has complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five-Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004. This attestation is based on the detailed review and determination of non-supplanting by the SMPH Finance Director, Darlene Wood, for each of the listed awards.

This attestation shall be filed with the Wisconsin Partnership Program's Fiscal Year 2022 Annual Report, which covers the period July 1, 2021-June 30, 2022.

PARTNERSHIP EDUCATION AND RESEARCH COMMITTEE:

Collaborative Health Sciences Program

Calendar Year 2016
Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy

Fiscal Year 2018
A Cluster Randomized Trial to Assess the Impact of Facilitated Implementation on Antibiotic Stewardship in Wisconsin Nursing Homes
Gut Microbiome Dynamics in Alzheimer's Disease
Integrated Metabolomics, Microbial Genomics and Immune Profiling in Early Infancy to Identify Biomarkers for Allergic Disease Prevention

Fiscal Year 2019
Leaving prison and connecting with medical care: Medicaid expansion, treatment access and outcomes for opioid use disorder and hepatitis C infection
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New Investigator Program

Fiscal Year 2019
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Fiscal Year 2019
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UW Institute for Clinical and Translational Research (ICTR) -Community Engagement Module
UW Institute for Clinical and Translational Research (ICTR) -Pilot Awards Program Module

OVERSIGHT AND ADVISORY COMMITTEE

Community Catalyst

Fiscal Year 2019
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Calendar Year 2016
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Legacy Community Alliance for Health (LCAH)
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Wisconsin Partnership Program
Fiscal Year 2022 Determination of Non-Supplanting

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Supporting Youth through the La Crosse System of Care
PATCH Youth Advocacy Fellowship for Social and Emotional Health
Supporting the mental and social-emotional health needs of Black, Brown, Multiracial, Trans & Nonbinary LGBTQ+ adolescents impacted by COVID-19.
A Call to Action: Compassion Resilience Training for Parents and Family Caregivers
Supporting Healthy Black Families' Workgroups

Lifecourse Initiative for Healthy Families

Fiscal Year 2019
Lifecourse Initiative for Healthy Families (LIHF) Bridge Funding

Maternal and Infant Health Program

Fiscal Year 2022
Addressing the maternal and infant health needs of incarcerated and formerly incarcerated Black women and their families in Dane County, Milwaukee County, and across Wisconsin
Strong Fathers Strong Families Project
Strengthening Community Supports for Black Families in Rock County
Today Not Tomorrow Family Resource Center Community Based Doulas and Family Support Programming
Supporting Healthy Babies through Strengthening Families
WeRISE Community Doula Program
Bridging Community Supports to Achieve Healthy Births for Black Mothers
Birth Outcomes Made Better (BOMB) Doula Program

Strategic

Fiscal Year 2019
Making Wisconsin the Healthiest State

Fiscal Year 2020
Wisconsin Population Health Service Fellowship Program: Improving Health and Health Equity through Service and Training – OAC

Fiscal Year 2022
Making Wisconsin the Healthiest State

Wisconsin Partnership Program
Fiscal Year 2022 Determination of Non-Supplanting

By: Robert N. Golden

Robert N. Golden, MD
Dean, UW School of Medicine and Public Health

Date: 10/26/22

Wisconsin Partnership Program
Fiscal Year 2022 Determination of Non-supplanting
University of Wisconsin System and University of Wisconsin-Madison

The UW-Madison Vice Chancellor for Finance and Administration, Robert Cramer, hereby attests that the UW System and the UW-Madison have complied with the supplanting prohibition in the Insurance Commissioner's Order of March 28, 2000, as specified in the criteria set forth in the addendum of the 2003 to 2008 Five-Year Plan, and as approved by the Wisconsin United for Health Foundation, Inc. on March 15, 2004. The basis of this attestation is the on-going monitoring by the UW-Madison Vice Chancellor for Finance and Administration of the University's budget allocation to the School of Medicine and Public Health.

This attestation shall be filed with the Wisconsin Partnership Program's Fiscal Year 2022 Annual Report for the period July 1, 2021 - June 30, 2022.

By: _____
Robert Cramer
Vice Chancellor for Finance and Administration
University of Wisconsin-Madison

Date: 11-7-2022

CREDIT FOR PRIOR LEARNING TO (RE)ENGAGE NEW TRADITIONAL LEARNERS

REQUESTED ACTION

For information, discussion and to inform future decision making.

SUMMARY

Over the past decade, the UW System Office of Academic Affairs[1] has partnered with UW institutions to develop new Credit for Prior Learning (CPL) opportunities for adult learners. Most recently UW-Green Bay, UW-Milwaukee, UW Oshkosh, UW-Parkside, and UW-Whitewater completed work as part of the All Learning Counts national initiative, sponsored by Lumina Foundation for Education. The goal of All Learning Counts was to expand CPL opportunities for students and recognize the multiple learning pathways that people in Wisconsin take to advance their career, learning, and credential goals. Universities recognized the blended learning acquired in and outside of the university sponsored credit-bearing classroom, and created more transparent and expeditious on-ramps to enrollment and completion. Universities also sought to identify and address ongoing inequities in degree completion in Wisconsin.

This discussion will explore CPL through the experiences of returning adult learners and how they interact with UW institutions across their lifespan. First, the UW System Office of Academic Affairs will define CPL, provide an overview of uptake rates, and consider the rationale for pursing CPL given the enrollment trends and realities of the post-traditional student population. Next, as examples, UW-Whitewater will share learning acquired via a review of their CPL portfolio program. UW-Milwaukee will then provide information about a new CPL strategy built to bridge their non-credit and credit coursework within specific curricular areas. The focus will be how CPL can be an important part of a strategic enrollment management plan, leveraging it as a high impact education practice to (re)engage and retain learners so that they achieve their academic, credential, and occupational goals. The discussion will conclude with action steps to scale the uptake and scope of CPL in the UW System.

[1] Formerly the Office of Academic Programs and Faculty Advancement (APFA).

Presenters

- Laura Pedrick, UW-Milwaukee, Executive Director of UWM Online & Special Assistant to the Provost for Strategic Initiatives
- Lauren Smith, UW-Whitewater, Director of Adult Learning, Warhawk Emergency Fund Coordinator, and Professor in Women's and Gender Studies
- Diane Treis Rusk, UW System Administration, Director of Academic Programs and Student Learning Assessment, Office of Academic Affairs

BACKGROUND

As defined in University of Wisconsin Administrative Policies (SYS 138), universities may award credit via a prior learning assessment (PLA). The policy defines PLA as "the practice of recognizing, evaluating, and awarding credit for university-level learning acquired outside the confines of university-sponsored credit instruction." A student may access PLA in a variety of formats and through three broad categories of assessments. The case examples presented will primarily focus on internal institutional assessments.

- Internal Institutional Assessments are conducted by a UW university faculty member or instructional content expert. Formats include portfolio, departmental exams or project-based assessments, university non-credit to credit bridges, and evaluations of industry recognized training and credentials. Per SYS 138, credit awarded by a UW internal assessment should be transcripted as course credit and should be considered for credit transfer as any other university credit.
- Military Credit Assessments are often completed by faculty peer reviewers administered by the American Council on Education (ACE). Evaluation of ACE credit recommendations and subsequent credit award are required pursuant to Section 36.31, Wisconsin Statutes. Some institutions may complement these external recommendations with an institutional assessment to clarify credit award.
- External Assessments are those administered by a third party. These primarily include standardized exams like Advanced Placement (AP) and College-Level Examination Program (CLEP), that are administered by companies such as the College Board.

Related Policies

- Regent Policy Document 7-1: "Transfer and Award of Credit for Extra-Institutional Learning"

- System Administrative Policy 138: "Award of credit by Prior Learning Assessment"

Discussion Questions

- When non-credit to credit bridges are available, how do qualified non-credit students hear about these opportunities?
- Are there majors into which CPL is more commonly applied?
- How can CPL be incorporated into new or existing adult degree pathways?
- For universities that have engaged in recent re-enrollment outreach initiatives, what has been the response? What are the barriers to re-enrollment?
- How do UWS policies support adult learner re-enrollment and CPL?
- What opportunities exist to collaborate with business and industry to map workforce-based training to university coursework?

ATTACHMENTS

A) Credit for Prior Learning in the UW System, Progress & Recommendations to Scale Internal Prior Learning Assessments

CREDIT FOR PRIOR LEARNING IN THE UW SYSTEM PROGRESS & RECOMMENDATIONS TO SCALE INTERNAL PRIOR LEARNING ASSESSMENTS

Using Credit for Prior Learning to Support Student Success

CPL is an educational practice that can positively impact student engagement and success. Several studies of students enrolled at U.S. institutions of higher education indicate CPL supports student retention. Specifically, students who earned CPL were more likely to be retained and complete their degree than students who did not earn CPL. These findings were consistent for all students regardless of race, gender, or financial aid status (Klein-Collins, 2010; Hayward & Williams, 2015; Chappell, 2012; Klein, 2017; Klein-Collins, Taylor, et. al., 2020).

The impact of CPL may vary by format. For example, students who completed portfolio-based CPL may glean additional benefits (Klein-Collins and Hudson, 2019; Rust and Ikard, 2016). Klein-Collins and Hudson (2017) found students who participated in a CPL portfolio class showed increased levels of overall academic engagement. Smith and Treis Rusk (2022) found students who completed a successful portfolio graduated at higher rates than adult learners, overall. Furthermore, adult learners who participated in portfolio reported increased metacognition, more self-confidence and internal validation, increased ability to transfer their learning between disciplines and contexts, and improved ability to communicate their learning across disciplines.

Barriers to CPL participation and university responses.

Despite the positive benefits of Credit for Prior Learning (CPL), the uptake rates of CPL are low. Klein-Collins, Taylor, Bishop, et. al. (2020), found on average the take-up rates for adult learners was 11%. When excluding military-based CPL, the rate fell almost three-fold to 4%. Furthermore, equity gaps in participation exist. In a 2018 CPL snapshot of five UW System universities, when excluding Advanced Placement as a format, uptake of CPL uptake rates were comparable to the national data (Klein-Collins, et al.). Students who identified as Black, Native American, or more than one race are half as likely to partake in non-military CPL than students who identify as white, Asian, or Hispanic.

As part of the All Learning Counts initiative, UW institutions involved in CPL have identified factors that impede student participation in CPL like those found in the literature.[1] These include: 1) student misperceptions of their own knowledge or confidence in their academic skills; 2) lack of awareness about CPL availability and processes; and 3) limited availability or flexibility in the application of CPL.

[1] The Lumina Foundation for Education initiative involved UW-Green Bay, UW-Milwaukee, UW Oshkosh, UW-Parkside, and UW-Whitewater.

UW institutions involved in the All Learning Counts initiative recognized the need to make CPL pathways more transparent for students. Many strategies increased access to information and opportunities. For example, UW-Green Bay developed an advising routine that incorporated a screening for prior learning for students matriculated to the accelerated Associate of Arts and Science degree program. This ensures all students have an opportunity to explore CPL options. UW Oshkosh improved the transparency about CPL options and policies in both internal and external online resources so that students can more easily identify opportunities. Many universities are marketing their CPL opportunities and pathways by communicating with local economic groups and via employer partnerships. Such partnerships engage new pipelines of working adult learners, particularly from underrepresented and minoritized populations.

Curricula that weave CPL into programs may serve to increase student participation (Klein-Collins, Bransberger, et. al., 2021; Rogers and Forte, 2016). By increasing curricular and general CPL pathways, students can pursue CPL to satisfy either degree, general education, or major requirements across a range of academic programs. For example, UW-Parkside provides several CPL pathways to their students, including challenge exams and portfolios assessed at the departmental level. These opportunities can be applied to range of programs. Recently, the university developed a specific CPL bridge from its non-credit project management certificates to the credit-bearing project management courses/certificates. Their work lays a foundation to create consistent and high-quality CPL processes across disciplines and more curricular pathways.

UW-Whitewater's use of portfolios and UW-Milwaukee's non-credit to credit bridges provide additional CPL examples. The UW-Whitewater experiences have yielded valuable information regarding the program's efficacy and impact on student learning success.

UW-Whitewater CPL by Portfolio.
UW-Whitewater has implemented a CPL by portfolio program for more than a decade. Adult learners meet with the administrator who pre-screens students to identify interest and how CPL could be applied to their degree requirements. Students enroll in a 1.5 credit online portfolio course and received instruction regarding the evaluation of their learning and the development of a CPL portfolio. A faculty member or instructor who is a content expert in the course discipline evaluates the completed portfolio. Reviewers evaluate content-specific learning proficiencies directly related to the stated course learning outcomes. Students submitting portfolios received an award of course credit 95% of the time. Credit has been awarded in more than 22 academic disciplines. Typically, students receive credit for one to two courses, with credits earned ranging from 3-9 credits. This equates to approximate savings of $800 to $2,400 per student, plus hundreds of hours of student time savings.

The portfolio process at UW-Whitewater provides benefits to students beyond the credit award and cost savings. In an analysis of 48 students and 62 successful portfolios, Treis Rusk and Smith (2022) found that students who participated in portfolio graduated at higher-than-average rates as compared to other adult learners, based on UW systemwide data. Also, students showed increased skill in aspects of integrative learning, particularly in terms of students' ability to communicate their learning to diverse audiences and to transfer their learning from one context to another. Furthermore, students who participated in CPL by portfolio reported improved outcomes across several student development facets. Table 1 summarizes these findings. Learning created by UW-Whitewater staff have been incorporated into several modules and are available in Canvas to any UW faculty or staff member via the All Learning Counts Prior Learning Assessment Tool Kit.

Table 1. Student perceptions of change due to CPL by Portfolio

Theme Cluster **Facet of Student Development**	**Percentage of Respondents (%)**		
	All (n=22)	Women (n=14)	Men (n=8)
Reflection and Increased Self Awareness	91%	93%	88%
Learning Organization and Metacognition	91%	100%	75%
Application and Transfer of Learning	91%	86%	75%
Validation	86%	93%	75%
Perspective Taking	82%	86%	75%
Unexpected Learning	77%	93%	50%
Cross Discipline Communication	73%	71%	75%
Self Confidence and Self Efficacy	73%	79%	63%
Transformation as a Learner	55%	64%	38%
Creative Freedom and Novel Approaches	41%	57%	13%

Adapted from Treis Rusk & Smith (2022)

UW-Milwaukee non-credit to credit bridges.

Continuing education programming is well rooted in the Wisconsin Idea. UW institutions have been delivering programming and learning beyond the boundaries of the university for more than a century, serving thousands of adult learners each year. These programs are popular because the programming can be short-term, there is minimal opportunity loss, and individuals can immediately transfer and apply content and learning in a professional or para-professional context. In addition, many adult learners enjoy these collaborative learning experiences because they take their coursework alongside others who have practice expertise in similar fields. This provides the adult learner with a sense of belonging in a community of practice.

One unique aspect of the professional continuing education model is that it reimagines the university enrollment pipeline. The programming acknowledges that adult learners stop in and out of university sponsored programming to continue training required for profession licensure or to support career progression or change (Di and Xiaotao, 2015). In the case of professional licensure, the learning outcomes and assessment embedded into the non-credit coursework align to industry requirements. In the case of career progression, the outcomes and assessments often align to identified workforce needs, such as key skill bundles of human interpersonal skills, digital building blocks, and business enablers (Fuller, Kruger, McGencey, and Sigelman, 2020).

As part of the All Learning Counts project, UW-Milwaukee developed a framework to map non-credit to credit coursework offered by their university, focusing on elements of learning outcomes, instructional hours, content and resources, instructors, and assessment tools. The university engaged faculty and instructional staff to map these elements, identify gaps, create content and assessment bridges. So far, several noncredit certificates—Trauma Counseling, Data Analysis, Project Management, and TechEd Frontiers pathways—have been mapped to credit courses. Furthermore, the mapping tools created have been adapted to general use and are available in Canvas to any UW faculty or staff member via the All Learning Counts Prior Learning Assessment Tool Kit.

Recommendations To Inform Decision Making

CPL can play a role in terms of a Strategic Enrollment Management (SEM) plan to attract and retain new populations of adult learners. Across the enrollment continuum, from recruitment to enrollment to retention and completion, CPL can be leveraged to flip the paradigm of an opportunity loss to an opportunity gain for adult learners. This high impact educational practice acknowledges that learners are not only balancing work and part-time enrollment, but that they have attained college-level learning via a variety of formal and informal learning experience. It can enable them to create and maintain ownership for their learning and transfer that learning across contexts. CPL not only can save students time and cost to credential, but the practice can be incorporated into existing and new academic program structures and can utilize existing information and learning management systems.

Despite the demonstrated benefits of CPL, uptake of CPL by adult learners is low. The outlined recommendations could be combined with current or future initiatives, such as those developed out of the Online Strategic Task Force recommendations.

Integrate CPL into more academic degree or credential programs

- Allocate funding for annual instructional development grants that enable faculty and staff to build CPL routines into existing and new micro-credentials and degrees.
- Maintain and further develop collaborative systemwide instructional tools that can be tailored to the university program or discipline.

Create routines to identify, advise, and prepare adult students for CPL

- Allocate one-time funds for universities to support outreach, recruiting, and direct admission initiatives oriented to adult learners who have earned some credit but who stopped out prior to earning a degree.
- Allocate funds for universities to manage influx of adult learners and provide early advising and CPL pre-assessment upon matriculation.

Support quality practices and systemwide collaboration

- Allocate funds to annually support a CPL Fellows program that enables faculty and staff to evaluate programs and practices and assure quality and ensure subsequent student success.
- Provide resources to support an annual CPL Institute and community of practice that can:
    - Convene grant recipients, fellows, CPL administrators, and advisors from across universities to strengthen the practice community and build momentum to grow CPL opportunities.
    - Sustain momentum by maintaining online resources that share best practices and research.
    - Collaboratively build CPL bridges between industry credentials and university coursework.
    - Consider cross institutional collaboration to leverage resources.

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- Klein-Collins, R. & Hudson, S. (2018). Do Methods Matter? PLA, Portfolio Assessment, and the Road to Completion and Persistence: A Study of Prior Learning Assessment and Adult Students' Academic Outcomes at Four LearningCounts Partner Colleges: https://www.plaio.org/index.php/home/article/view/164
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- Klein-Collins, R., Taylor, J., Bishop, C., Bransberger, P., Lane, P., and Leibrandt, S. (2020). The PLA Boost: Results from a 72-institution targeted study of prior learning assessment and adult student outcomes. Western Interstate Commission on Higher Education and CAEL
- Marienau, C. (December 2014). Why the adult brain likes PLA. CAEL Forum and News, 2014: http://www.cael.org/pdfs/2014_forum_and_news-marienau
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- Treis Rusk, D. & Smith, L. (2022) Utilizing prior learning portfolios to rebundle formal and informal learning. Ed. Brower, A.M. and Spect-Boardman, R.J. New Models of Higher Education: Unbundled, Rebundled, Customized, and DIY. IGI Global.

Education Committee **Item F.**
December 8, 2022

DUAL ENROLLMENT: LANDSCAPE, LESSONS, AND OPPORTUNITIES TO GROW THE STUDENT PIPELINE

REQUESTED ACTION

For information, discussion, and to inform future decision-making.

SUMMARY

Dual enrollment provides high school students with the opportunity to take college classes and earn college credit while in high school.[1] Despite challenges, student participation in dual enrollment programs has grown significantly over the past decade.[2] It is a practice that enjoys bipartisan support.[3] It has the potential to serve more students and communities, expand UW enrollment pipelines, and better prepare students' transition to success in college.

The discussion will explain the complex landscape of dual enrollment in Wisconsin, provide examples of programs at UW institutions, and share recommendations for the UW System and policymakers to consider to create more robust and equitable dual enrollment opportunities at UW institutions for Wisconsin students.

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[1] Dual enrollment or dual credit is an umbrella term for all types of programs that provide the opportunity for high school students to earn high school and college credit. More specifically, it includes: 1) Concurrent enrollment—dual credit courses taught in the high school by high school teachers who are approved as adjunct instructors through partnering institutions of higher education. This Includes UW System programs like College Course in High School and others; 2) Early College Credit Program (ECCP)—state-legislated dual credit program that allows high school students to take courses at UW System, tribal, or private, nonprofit Wisconsin higher education institutions. Students in grades 9-12 that meet admission requirements can apply directly to UW System institutions as a special student; 3) Advanced Placement or International Baccalaureate—credit by examination programs that allow students to take a final test to determine if college credits can be awarded from the receiving institution of higher education; and 4) Early college program—provides students the opportunity to earn an associate degree during high school, such as the Rising Phoenix program.

[2] A 228% increase for the UW System, and 135% for the Wisconsin Technical College System (WTCS) wpr.org/college-enrollment-across-wisconsin-down-3-percent-according-new-report

[3] Both gubernatorial candidates expressed support for dual enrollment before the recent November election jsonline.com/story/news/education/2022/10/26/tony-evers-and-tim-michels-on-uw-tuition-freeze-wisconsin-colleges/69574472007/

Presenters

- Dr. Betsy Morgan, Provost & Vice Chancellor for Academic Affairs, UW-La Crosse (facilitator)
- Duy Nguyen, Assistant State Superintendent, Division for Academic Excellence; Wisconsin Department of Public Instruction (DPI)
- Mike Bormett, Assistant Director of Parental Education Options, DPI
- Ebony Grice, Director, Wisconsin Educational Opportunities Program, DPI
- Dr. Ben Passmore, Associate Vice President for Policy Analysis and Research, UW System
- Dr. Tracy Davidson, Interim Associate Vice President, Office of Academic Affairs, UW System
- John Dobyns, Operational Outreach Program Director, Cooperative Academic Partnership Program, UW Oshkosh
- Danielle Fagen, Outreach Program Associate Director, Center for Continuing Education, UW-Superior
- Emma Leiterman, UW-Green Bay Rising Phoenix graduate, current UW-Madison student

BACKGROUND

Student enrollment growth, especially for those from underrepresented groups, is a key priority in the recently announced UW System 2023-28 strategic plan.[4] Dual enrollment, as a complement to additional strategies including direct admissions,[5] credit for prior learning,[6] and the Wisconsin Tuition Promise,[7] has the potential to increase enrollment and help fulfill the Wisconsin Idea to serve students and families across the state, especially in underserved communities. By providing opportunities to earn credits, dual enrollment courses can help students gain confidence in college success and provide tangible benefits in reduced time and costs to earn a degree.

Currently, Wisconsin high school students have several ways of earning college credit. They can take UW courses at any UW institution through the Early College Credit Program (ECCP) administered through the Department of Public Instruction.

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[4] wisconsin.edu/regents/download/meeting_materials/2022_meeting_materials/Meeting-Book---UW-System-Board-of-Regents-Meeting-(November-10,-2022).pdf#page=8

[5] *See* the August 18, 2022 Education Committee meeting book, item E, wisconsin.edu/regents/download/meeting_materials/2022_meeting_materials/Meeting-Book---Education-Committee-(August-18,-2022).pdf

[6] wisconsin.edu/uw-policies/uw-system-administrative-policies/award-of-credit-by-prior-learning-assessment/

[7] wisconsin.edu/tuition-promise/

Specific UW institutions also offer college courses taught in high schools by university-approved instructions through Concurrent Enrollment programs. Both programs allow students to participate at a substantial tuition discount. Students also have the option of taking college courses through WTCS institutions like Start College Now and Transcripted Credit programs, which have notable funding differences. Some students can also college credit by examination through programs like Advanced Placement.

The number of high school students taking UW courses has more than doubled over the last decade, rising to more than 12,000 students in the 2021-21 academic year. However, student participation is: 1) concentrated to a few UW institutions; 2) mostly through concurrent enrollment; and 3) demographically more likely to be white or female (and less likely to be lower income or a first-generation college student) than Wisconsin high school seniors overall. About half of high school students taking UW courses later enrolled as new freshmen in the UW System, with increased retention and graduation rates.[8] In comparison, WTCS dual credit participation has grown by 24% in the past five years, with more than 57,000 students in 2021-22.[9]

This discussion will explore the complex landscape of dual enrollment and early college credit programs in Wisconsin. First, the Department of Public Instruction will explain the dual enrollment program options, structures and differences in student participation and propose recommendations. Next, the UW System Office of Policy Analysis and Research will share overall data and demographics of high school students earning UW credit. WTCS will also share information about their dual enrollment programs and offer insights on how funding and other differences contribute to higher student participation rates. Then UW Oshkosh UW-Superior will share examples of their campus-specific dual enrollment programs, along with a student from UW-Green Bay's early college program.

Presenters will each highlight challenges with the current structures and share recommendations to increase students' access to dual enrollment. The discussion will focus on potential dual enrollment policy and practice changes that would benefit more students and would be sustainable to help grow enrollment pipelines for UW System institutions. The discussion will conclude with action steps that UW System can take to increase dual enrollment participation and access through: 1) internal coordination; 2) enhanced partnerships with stakeholders including DPI, WTCS, and high schools, and 3) legislative advocacy.

Related Reports and References

- UW System Education Reports & Statistics: High School Students Taking UW Courses
- DPI Dual Enrollment information

[8] wisconsin.edu/education-reports-statistics/high-school-students-taking-uw-courses/
[9] wtcsystem.edu/assets/Uploads/Publications/Report/WTCS-Dual-Credit-Fall-2022.PDF

- Wisconsin Legislative Council, Dual Enrollment research report, December 2020, docs.legis.wisconsin.gov/misc/lc/study/2020/2085/010_legislative_interim_research_report/lirr_dual_enroll
- UW System President Jay Rothman interview with UW-Green Bay Rising Phoenix program graduate
- UW institutional dual enrollment program examples: UW-Green Bay, UW Oshkosh, UW-Parkside, UW-River Falls, UW-Whitewater
- "The Power of Dual Enrollment: The Equitable Expansion of College Access and Success." *U.S. Department of Education Blog*, 1 September 2022, blog.ed.gov/2022/09/the-power-of-dual-enrollment-the-equitable-expansion-of-college-access-and-success/
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Related Policies

- Wis. Stat. § 118.55, "Early College Credit Program"

- UW System Admin. Policy 185: "College Credit in High School"

Discussion Questions

- Why do some K-12 school districts participate in dual enrollment programs more than others, and what barriers exist for greater participation?
- What might the UW System be able to do to help K-12 schools grow the number of qualified instructors for programs?
- What lessons can the UW System learn from the WTCS dual enrollment programs or structures?
- What legislative or other policy changes would be required to expand or incentivize greater dual enrollment participation?
- What impact does it have for campuses when students start college as first-years, but with a significant number of credits?
- How can the UW System work with high schools and school counselors to better explain and encourage students to pursue dual enrollment?
- What makes a student choose to apply and take advantage of a program like Rising Phoenix? How does participation in a dual enrollment program impact the student experience?

ATTACHMENTS

A) DPI Dual Enrollment Brief

WISCONSIN DEPARTMENT OF Public Instruction

Jill K. Underly, PhD, State Superintendent

Dual Enrollment Workgroup Briefing

Board of Regents
December 2022

Context:

This briefing is focused on an immediate opportunity to work with UW System to create some short-term improvements to Dual Enrollment (DE), while also attending to long-term change. A DPI Dual Enrollment Workgroup was formed in September 2022 to meet this need and is composed of the following members:

- Sara Baird, Assistant Director, Career and Technical Education
- Demetri Beekman - Executive Director for Equity and Inclusion, Office of the State Superintendent
- Mike Bormett, Assistant Director, Parental Education Options Team
- Ebony Grice, Director, Wisconsin Educational Opportunity Programs
- Sara Knueve, Policy Initiatives Advisor, Division for Academic Excellence
- Tacara Lovings, Policy Initiatives Advisor, Office of the State Superintendent
- Duy Nguyen, Assistant State Superintendent, Division for Academic Excellence
- Karin Smith, Education Consultant, ACP and Dual Enrollment
- Sharon Wendt, Director, Career and Technical Education

Background:

Information for this section is from the Legislative Interim Research Report Dual Enrollment, 2020.
Established in 1991, Wisconsin's statutory DE programs allow high school students to access college and university courses and credits at a reduced cost. The general goal of DE courses is to interest high school students in pursuing a postsecondary education by allowing them to obtain postsecondary credit before graduating high school, thereby reducing the number of credits required to earn an associate or undergraduate degree. Dual enrollment programs also seek to make postsecondary credit accessible to all students, regardless of socioeconomic status. While the current programs have demonstrated success over time, interested stakeholders, including high school and postsecondary administrators, have expressed concerns that some of Wisconsin's DE programs are underutilized while others are underfunded.

Program Name	Definition	Common Names
High School Course with UW System	A course that is offered under an agreement between a high school and a UW System IHE and takes place in the high school via an instructor that is either	• Transcripted Credit • Concurrent Enrollment • Advanced Standing • Articulation Agreements

	a) employed by the school and is certified to provide instruction for the course by the UW System IHE or b) a faculty member of the IHE.	
College Course with UW System	A course that is taught at a UW System IHE for which students receive either high school and postsecondary credit or postsecondary credit only.	● Early College Credit Program (ECCP)

Background: Additional Related State Statutes

Information for this section is from the Legislative Interim Research Report Dual Enrollment, 2020
The first DE program in Wisconsin, the Postsecondary Enrollment Options Program (PEOP), was created by 1991 Wisconsin Act 39 [s. 118.37, 1991-92 Stats.]. PEOP allowed high school students to take courses at technical colleges and public and private universities for high school or postsecondary credit. From 1997 to 2017, the DE statutes were amended several times, and currently there are two statutory DE programs: the Early College Credit Program (ECCP) and the Start College Now (SCN) program through the Wisconsin Technical College System (WTCS).

More specifically, 2017 Wisconsin Act 59 introduced ECCP, under s. 118.55, Stats. and SCN, under s. 38.12 (14), Stats. The act also allowed private high school students to participate in ECCP.

To avoid confusion about whether "concurrent enrollment" courses are included in ECCP, 2017 Act 307 explicitly excluded specific courses from ECCP. Under the act, ECCP does not include a course for which a public or private high school student may earn postsecondary credit if the course meets all of the following criteria:

- **Agreement**. The school board or the governing body of the private school entered into an agreement with either the chancellor of a four-year UW System institution or the president of a private, nonprofit institution to provide a college-level course in a high school to academically qualified students who may take the course for postsecondary credit.
- **Location of instruction**.
    - For public high school students, instruction for the course occurs in a school building in the school district or in a school district facility.
    - For private high school students, instruction for the course occurs in the private school building.
- **Teacher credentials.** The high school teacher who provides instruction for the course is either: (1) employed by the school district or private school governing body and is certified or approved to provide the instruction by the participating institution of higher education; or (2) a faculty member of the participating institution of higher education.

The practical implication of 2017 Act 307 is that the vast majority of UW System concurrent enrollment courses are offered outside of ECCP. In addition, SCN does not include "transcripted credit" courses offered in high schools by WTCS. These programs are created through contracts between WTCS technical colleges and high schools. Transcripted credits involve a cost-neutral arrangement between the contracting WTCS technical college and high school; as a result, students may earn transcripted credits for free.

Issues:

- Impractical application deadlines for ECCP. (February 1 for summer courses; March 1 for fall courses; October 1 for spring courses)
- Significant under-utilization of ECCP tuition reimbursement funds.
- School districts not endorsing/advertising ECCP due to required district cost participation. UW System and WTCS offer DE courses with no district cost share.
- Equity concerns for UW System concurrent enrollment courses due to tuition charge to student/family.
- UW System desire to increase the percentage of WI high school graduates enrolling in a UW System institution.
- General confusion amongst schools, families, students and the public about the various DE options in WI.
- No funding mechanism to support dual enrollment courses that take place at the high school.
- It is difficult to find teachers who have or are willing to get the credentials needed to teach dual enrollment courses that take place at the high school.

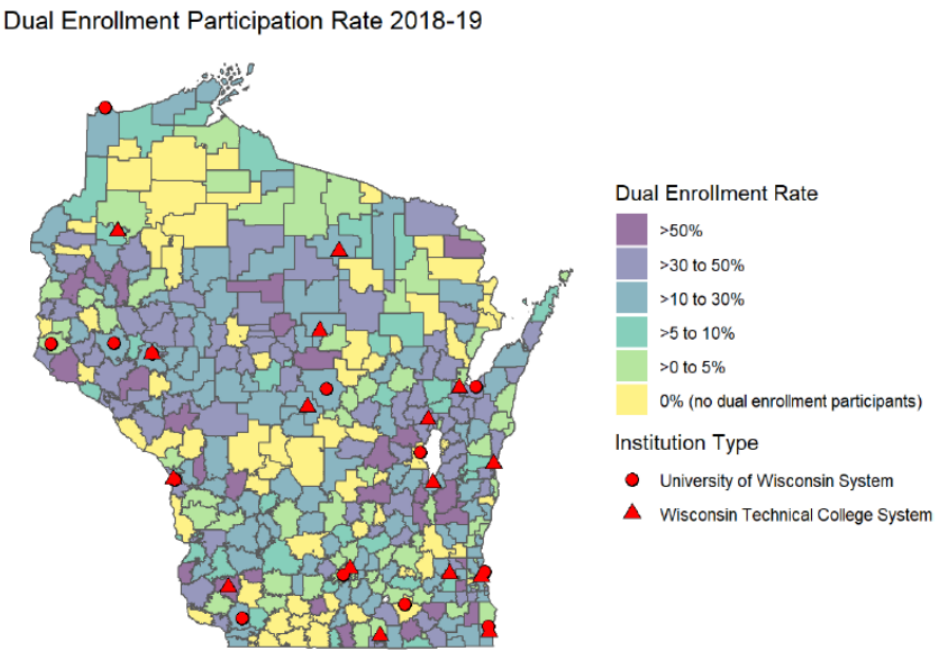
Data:

2018-19 Data (link to more data)	**2020-21 Data**
19.4% of WI high school students participated in a dual enrollment course	**23.6%** of WI high school students participated in a dual enrollment course
Dual Enrollment that took place at a high school: Total = **17.5%** • Transcripted Credit, Advanced Standing, Credit for Prior Learning, Dual Enrollment Academy, or Articulation Agreements (WTCS) = **14.4%** • Concurrent Enrollment or Articulation Agreements (UW)= **1.8%** • Concurrent Enrollment or Articulation Agreements (Private) = **1.3%** • (Tribal) = **0.02%**	Dual Enrollment that took place at a high school: total = **20.1%** • Transcripted Credit, Advanced Standing, Credit for Prior Learning, Dual Enrollment Academy, or Articulation Agreements (WTCS) = **16.7%** • Concurrent Enrollment or Articulation Agreements (UW)= **2.7%** • Concurrent Enrollment or Articulation Agreements (Private) = **0.7%** • (Tribal) = **0.00007%**
Dual Enrollment that took place at a college or university: Total = **3.8%**	Dual Enrollment that took place at a college or university: Total = **3.4%**

• ECCP, Articulation Agreements, or direct admission = **1.3%** • Start College Now, Dual Enrollment Academies, 38.14 Contracts, or direct admission = **2.6%**	• ECCP, Articulation Agreements, or direct admission = **1.3%** • Start College Now, Dual Enrollment Academies, 38.14 Contracts, or direct admission = **2.1%**
Three Largest Equity Gaps: • **7.9%** of students participating in Dual Enrollment have disabilities -SwD make up 13.3% of all HS students • **5.7%** of students participating in Dual Enrollment are Black - Black students make up 8% of all HS students • **2.8%** of students participating in Dual Enrollment are English Language Learners - ELL students make up 3.9% of all HS students	Three Largest Equity Gaps: • **7.4%** of students participating in Dual Enrollment have disabilities -SwD make up 13.5% of all HS students • **26%** of students participating in Dual Enrollment are Economically Disadvantaged - EcD students make up 39.4% of all HS students • **4.1%** of students participating in Dual Enrollment are Black - Black students make up 8% of all HS students

Dual Enrollment Map

The following map shows the dual enrollment participation rate by district.



The state appropriates $1,753,500 annually for the Early College Credit Program.

- The total reimbursement for 2018-19 was $368,089.53
- The total reimbursement for 2019-20 was $338,350.45
- The total reimbursement for 2020-21 was $387,654.78
- The total reimbursement for 2021-22 was $427,103.29

Recommendation:
During the past three months, the DPI workgroup, in consultation with Dr. Underly, has determined that recommended changes related to DE would fall into two categories: short-term and long-term. There are some short term fixes that will allow more access, clear communication, and immediate improvements. However if we intend to create an equitable, transparent, frequently utilized system, this will require a long-term commitment and investment of time and resources. Our goal is to transform dual enrollment with a focus on underrepresented populations.

Short-term Recommendations

Short-term ideas generally include those that would not require a statutory change and/or appropriation of new funds. The recommendations are built on existing research, data, practice and systems.

Recommendation #1 - Encourage districts to utilize the s. 66.0301 intergovernmental agreement process to collaborate around offering DE courses with HS faculty.

- Gather data from superintendents and others related to supporting districts to best maximize resources
- Will have to address transportation and scheduling issues

Recommendation #2 -Improve communication to students and families, including:

- Creating materials such as videos, print materials and/or websites to better explain various DE programs.
    - There is widespread confusion among parents and high schools regarding DE programs. Here is a guidance tool that offers brief definitions of the various types of DE..
        - Terminology is often conflicting or overlapping. (e.g. transcripted credit, advanced placement, DE, etc)
        - Could be made in collaboration with UW systems and could be posted on HS website

- Better promoting and explaining credit transferability for any DE course
    - Leverage UW's Transferology website/format
    - Include WTCS and UW for transfer

Recommendation #3 - Encourage and support the UW System schools to leverage the virtual instructional methods developed during the pandemic to reach into high schools.

- Support UW system with lessons learned during and post-Covid related to leveraging virtual instruction
    - Helps address the barrier of HS teachers needing to have a Masters degree in the specific academic specialty of a higher ed course
    - Should readily expand the number of HS students who could access DE courses.

Medium and Long-term Recommendations

The medium and long-term ideas capture what actions the state can take to achieve our desired state of DE in Wisconsin and improve upon critically low participation data among all students and particularly among students with disabilities, economically disadvantaged students, and students of color. Additional background information can be found here.

Recommendation #1-Medium Term Goal

- Use unspent ECCP funding to fund a statewide process (taskforce) to present a viable, long-term solution through a statewide pilot program.
- Identify a state goal for DE and Advanced Placement (AP) and International Baccalaureate (IB) participation in conjunction with various stakeholders/partners.
- Enhance school district communication to encourage promotion and participation of students in DE and then support students in successfully completing DE - within the context of ACP/Career Readiness.
- Change the application deadline dates in statute for ECCP to allow more time for parents/students to plan for the next semester or school year.

Recommendation #2-Long Term Goal

- Identify root causes of gaps to participation.
    - Include youth voice-we need them to lead us in identifying issues and solutions.
    - Include school district voice-administration and counselors.
    - Include institutions of higher education voice-leadership and DE staff.
    - Identify methods to support students and families/caregivers who want to participate in DE.
    - Develop an action plan to better engage students, especially those who are disengaged with school.
- In partnership with various stakeholders, connect DE to K-12 Career Readiness System.