The University of Wisconsin Medical School and the Oversight and Advisory Committee (OAC) are pleased to present the first annual report on the implementation of the Five-Year Plan, The Wisconsin Partnership Fund for a Healthy Future.* This plan was developed to guide the distribution of the funds from the conversion of Blue Cross/Blue Shield United of Wisconsin, which were designated to improve the health of the public.

The annual report covers all activities and expenditures through December 2004 in accordance with the documents establishing The Wisconsin Partnership Program, namely, the Insurance Commissioner's Order, the Agreement,** and the Five-Year Plan. The report describes the activities leading to the awarding of grants by the OAC and by the Medical Education and Research Committee (MERC) for health improvement initiatives to benefit the people of Wisconsin.

The Wisconsin Partnership Program Web site, www.med.wisc.edu/bluecross/, provides detailed information about the activities of both committees since their inception.

We appreciate and value the unprecedented opportunity that Blue Cross/Blue Shield United of Wisconsin provided to the UW Medical School faculty and staff to join with community organizations across the state to advance the health of the public. The UW Medical School, in collaboration with the OAC and the MERC, pledges to support and promote programs having the greatest potential to realize the vision of The Wisconsin Partnership Program to make Wisconsin the healthiest state.

* Also known as The Wisconsin Partnership Program

** Also known as the Agreement between the Wisconsin United for Health Foundation, Inc., the University of Wisconsin Foundation, and the University of Wisconsin System Board of Regents.
Health Advocate Appointees
Margaret MacLeod Brahm
President and CEO
American Lung Association of Wisconsin

Nancy Miller-Korth, VICE CHAIR
Nursing Consultant
Great Lakes Inter-Tribal Council, Inc.

Douglas N. Mormann, Secretary
Health Officer, La Crosse County Health Department

Gregory Nycz
Executive Director, Family Health Center of Marshfield, Inc., and Director of Health Policy for Marshfield Clinic

Insurance Commissioner’s Appointee
Martha E. Gaines (appointed 5/05)
Director, Center for Patient Partnerships
Clinical Associate Professor, UW Law School
Formerly Mary R. Lauby (through 12/04)
Executive Director, Wisconsin Coalition Against Domestic Violence

UW Medical School Appointees
Philip M. Farrell, MD, PhD, CHAIR
Dean, UW Medical School
Vice Chancellor for Medical Affairs
UW Medical School

Susan L. Goelzer, MD, MS, CPE
(appointed 9/05)
Professor of Anesthesiology and Population Health Sciences, Chair of Department of Anesthesiology, UW Medical School

Formerly Patricia Kokotailo, MD, MPH
(through 8/03)
Professor, Department of Pediatrics
Director, Adolescent Medicine
UW Medical School

Patrick Remington, MD, MPH
Professor of Population Health Sciences
Director, UW Population Health Institute, Department of Population Health Sciences, UW Medical School

Susan K. Riesch, RN, DNsC, FAAN
(appointed 9/04)
Professor of Nursing
UW School of Nursing

Formerly Patrick E. McBride, MD, MPH
(through 8/04)
Professor of Medicine and Family Medicine
Director of Preventive Cardiology
Department of Medicine
UW Medical School

Board of Regents Liaison
Patrick Boyle
Regent Emeritus and Liaison to The Wisconsin Partnership Program
UW System Board of Regents

Committee Staff
Eileen M. Smith
Director, The Wisconsin Partnership Program
UW Medical School

Cathy Frey
Assistant Director, The Wisconsin Partnership Program
UW Medical School

Tonya Paulson
Program Assistant, The Wisconsin Partnership Program
UW Medical School

Karla Thompson, CPA
Accountant, The Wisconsin Partnership Program
UW Medical School

Public Health Education and Training Subcommittee (PHET)
Barbara Duerst
Family Living Educator
UW–Extension, Green County

Jan Klawitter, CO-CHAIR
Public Affairs Manager, Wisconsin State Laboratory of Hygiene; Wisconsin Public Health Association Board Member

Moira A. Lafayette
Health Education and Communications Consultant; Distance Learning Coordinator and Education and Training Team Leader Wisconsin Department of Health and Family Services

George C. Mejicano, MD, MS, (Ex Officio)
Associate Professor, Department of Medicine; Assistant Dean, Continuing Medical Education
UW Medical School

Douglas N. Mormann, CHAIR
Health Officer, La Crosse County Health Department

Patrick Remington MD, MPH
Professor of Population Health Sciences
Director, UW Population Health Institute, Department of Population Health Sciences, UW Medical School

Lora Taylor
Director, Partnerships for Healthy Milwaukee

OAC MEMBERSHIP

The OAC, chaired by UW Medical School Dean Philip M. Farrell, MD, PhD, consists of four public members, four university members, and one member appointed by the Insurance Commissioner. Each of the four public members was appointed as an advocate for a specific health care area: urban and community health, minority health, rural health, and statewide health.

The OAC and the PHET subcommittee operate in compliance with Wisconsin's open meetings and public records laws, and under standards of conduct in accordance with the OAC's bylaws and conflict of interest policy.

Regent Emeritus Patrick Boyle, who acts as the liaison to The Wisconsin Partnership Program for the University of Wisconsin System Board of Regents, participates in OAC meetings and provides guidance based on his outreach knowledge and experience as a former Chancellor of UW–Extension. Agendas, minutes, announcements, and approved documents are posted on The Wisconsin Partnership Program Web site.

For more information, please see the 2004 Annual Report Appendix on The Wisconsin Partnership Program Web site, www.med.wisc.edu/bluecross/.
Leaders of Focus Areas of Excellence

Lynn Allen-Hoffmann, PhD
Professor, Department of Pathology and Laboratory Medicine
UW Medical School
Focus Area: Emerging Opportunities in Biomedicine and Population Health

Jeff Grossman, MD, VICE CHAIR
Senior Associate Dean of Clinical Affairs
UW Medical School
Focus Area: Innovations in Medical Education

Richard Moss, PhD
Professor and Chair, Department of Physiology
UW Medical School
Focus Area: Disease Genomics and Regenerative Medicine

Javier Nieto, MD, PhD
Professor and Chair, Department of Population Health Sciences
UW Medical School
Focus Area: The Wisconsin Population Health Research and Clinical Trials Network

Jeffrey Glassroth, MD
Professor and Chair, Department of Medicine
UW Medical School
Focus Area: Molecular Medicine and Bioinformatics

Medical School Administration

Paul DeLuca, PhD, CHAIR
Vice Dean
UW Medical School

Gordon Ridley
Senior Associate Dean for Administration
UW Medical School

Susan Skochelak, MD, MPH
Senior Associate Dean for Academic Affairs
UW Medical School

Jeffrey Stearns, MD
Associate Dean, Milwaukee Clinical Campus
UW Medical School

Basic Science Chairs

David DeMets, PhD
Professor and Chair, Department of Biostatistics
UW Medical School

Norman Drinkwater, PhD
Professor and Chair, Department of Oncology
UW Medical School

Clinical Chairs

John Frey, III, MD
Professor and Chair, Department of Family Medicine
UW Medical School

Layton Rikkers, MD
Professor and Chair, Department of Surgery
UW Medical School

Faculty with Population Health Experience

Maureen Durkin, PhD, DrPH
Associate Professor, Department of Population Health Sciences
UW Medical School

Douglas Smith, MD
Associate Professor, Department of Family Medicine
UW Medical School

Faculty at Large

Sanjay Asthana, MD
Associate Professor, Department of Medicine
UW Medical School

Joan Schiller, MD
Professor, Department of Medicine
UW Medical School

Academic Staff

Debra Hullett, PhD
Distinguished Scientist, Department of Surgery
UW Medical School

Oversight and Advisory Committee Appointees

Susan Goelzer, MD, MS, CPE
Professor and Chair, Department of Anesthesiology
UW Medical School

Gregory Nycz
Executive Director of Family Health Center of Marshfield, Inc., and Director of Health Policy for Marshfield Clinic

Ex-officio

Patrick Boyle
Regent Emeritus and Liaison to The Wisconsin Partnership Program

Staff

Eileen Smith
Director, The Wisconsin Partnership Program
UW Medical School

Tracy Cabot, PhD
Administrative Program Specialist, UW Medical School

Tonya Paulson
Program Assistant
The Wisconsin Partnership Program
UW Medical School

MERC MEMBERSHIP

The MERC, a 20-person committee chaired by Paul DeLuca, PhD, Vice Dean of the Medical School, includes:

- Faculty and academic staff, with representation from basic scientists, educators, clinicians and population health researchers
- Faculty leaders of the focus areas
- Representatives of the OAC
- UW Medical School leadership

All members share a common goal to thoroughly evaluate and support educational and research initiatives that have the greatest potential to improve the health of the public.

In his role as liaison to the UW System Board of Regents, Regent Emeritus Patrick Boyle is a participant in MERC meetings and offers advice on topics before the committee.

The MERC also created an Executive Subcommittee, composed of the focus leaders and the chair of the MERC, to handle matters between meetings and to provide advice and comment on proposals to the full committee. The MERC and the Executive Subcommittee operate in compliance with Wisconsin's open meetings and public records laws. Agendas, minutes, and approved documents are posted on The Wisconsin Partnership Program Web site.

For more information, please see the 2004 Annual Report Appendix on The Wisconsin Partnership Program Web site, www.med.wisc.edu/bluecross/.
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All documents referred to in this report can be found on The Wisconsin Partnership Fund for a Healthy Future Website: www.med.wisc.edu/bluecross/.

The 2004 Annual Report Appendix is a separate document and can also be found at www.med.wisc.edu/bluecross/.
LAST YEAR WAS THE PIVOTAL YEAR in our efforts to improve the health of Wisconsin’s people. After five years of planning, in 2004, we launched The Wisconsin Partnership Fund for a Healthy Future.

Of course, we cannot accomplish this alone. We are proud to join with community partners from the far reaches of Wisconsin’s Northwoods, to those in the large urban centers in the southern region of our state. Such partners face the real-world challenges of health care in full measure. They know health disparities because they work to overcome them. They understand the health risks of tobacco use and the vulnerabilities of aging because they confront them every day.

As described in our Five-Year Plan, the UW Medical School established two working committees, the OAC and the MERC, to help meet the diverse health needs of Wisconsin’s residents.

The Oversight and Advisory Committee (OAC), which is responsible for directing and allocating funds for population health initiatives, consists of individuals representing various constituencies, and urban and rural populations.

In 2004, the OAC evaluated 225 community-based proposals from throughout Wisconsin, funding 33 grants for a total of $6 million. The OAC also funded four other community-based initiatives focusing on health disparities in urban and rural areas and on public health education and training initiatives, bringing the total amount funded for all projects to $8 million. These projects are described beginning on page 11 of this annual report.

The Medical Education and Research Committee (MERC), composed of a cross-section of the faculty, representatives of the OAC, and Medical School leadership, directs and allocates funds to support medical education and research initiatives that focus on five important areas:

- Innovations in Medical Education
- The Wisconsin Population Health Research and Clinical Trials Network
- Disease Genomics and Regenerative Medicine
- Molecular Medicine and Bioinformatics
- Emerging Opportunities in Biomedicine and Population Health
In 2004, the MERC awarded $7 million in funding for three Planning Grants, one Implementation Grant, and four Strategic Initiative awards. A description of each award begins on page 24.

A theme guiding all of our efforts is the transformation of the UW Medical School into an integrated School of Medicine and Public Health. Such a change will merge the traditional scope of medicine—with its focus on treating individual illness and injury and preventing disease—with that of public health and its focus on healthy people living in healthy communities. The Medical School has already begun to transform using the Wisconsin Partnership funds. Here are a number of examples:

- The Innovations in Medical Education Program is pursuing three goals: developing a new curriculum combining medicine and public health; enhancing the clinical skills teaching center to enable the next generation of physicians to respond to diverse patient and family needs; and developing statewide health care distance-education programs for community providers, patients, health care professionals, and the public.

- In the fall of 2005, we will offer a new Master of Public Health degree. This program represents a major step forward in our mission to support public health initiatives in Wisconsin.

- A proposal has been developed for review by the University of Wisconsin–Madison and the Board of Regents to change the name of the school to the UW School of Medicine and Public Health in recognition of the need to balance and integrate personal health care with broader community-wide initiatives that target the entire population.

Transforming the Medical School may seem like an internal focus. While many changes will occur within the institution, an integrated School of Medicine and Public Health has a broad external focus to make Wisconsin the nation’s healthiest state. Our community partners are leading us by identifying and addressing unmet needs and health disparities. In turn, the Medical School is taking the lead in redefining how physicians are trained and how medical discoveries are applied.

This, our first annual report, describes the beginning of our journey. The first section of the report discusses the OAC and its commitment to community-based initiatives, followed by an overview of the MERC and its focus on medical education and research. While each committee has a clear mission, they share a defining philosophy: to help improve the health of Wisconsin residents.

PHILIP M. FARRELL, MD, PHD
DEAN, UW MEDICAL SCHOOL
VICE CHANCELLOR FOR MEDICAL AFFAIRS

“We are proud to join with community partners from the far reaches of Wisconsin’s Northwoods, to those in the large urban centers in the southern region of our state.”
WORKING WITH COMMUNITIES TO IMPROVE HEALTH

For the UW Medical School and its community partners, the reasons to work together are clear and compelling. Population health can only be improved through the collaboration of individuals, organizations, and institutions, with each leveraging its expertise, capability, and talents.

The Wisconsin Partnership Program is based on the power of such collaborative relationships. It is through such partnerships that health-promoting interventions can be created and carried out where they are needed the most—in the communities where individuals and families live and work.

Community organizations throughout Wisconsin responded with great interest to The Wisconsin Partnership Program.

For the OAC, 2004 was a landmark year. Statewide partnerships were created to focus directly on the challenges of improving the health of Wisconsin residents. By working together, community-academic partners can achieve large-scale improvements in population health while maximizing each organization’s strengths and abilities.

In fulfilling its obligations to improve population health, the OAC is charged with two distinct duties. The first is to oversee and allocate funds by awarding grants for population health initiatives. The second is to advise and comment on medical education and research initiatives.

In addressing its responsibilities, the OAC met eleven times in 2004, to develop policies and procedures required to apply the partnership funds to community health programs in accordance with the Five-Year Plan. Funded initiatives fell into the following three program categories:

- Community-Academic Partnership Fund (see below)
- Community-Population Health Initiatives (see page 16)
- Community-Based Public Health Education and Training Initiatives (see page 17)

COMMUNITY-ACADEMIC PARTNERSHIP FUND

The dedication to improve health and achieve healthier communities mobilized organizations throughout Wisconsin to develop applications to the Community-Academic Partnership Fund. The program offered a unique opportunity for communities, in collaboration with the UW Medical School, to address long-standing health needs. A major guiding premise was that by awarding funds directly to community-based organizations, the OAC acknowledged and empowered communities as full partners in the program. This reflected the confidence that real promise for change lies with local organizations.

In the first round of applications, the OAC reviewed 225 grant proposals. Of these, 131 were Implementation Grant proposals and 94 were Planning Grant proposals.

The OAC funded 20 Planning Grants to develop community-academic partnerships and new collaborations. These projects did not require an academic partner. Funds were available for one-year grants of no more than $25,000.

The OAC also funded 13 Implementation Grants to develop and implement projects that addressed the goals of the Community-Academic Partnership Fund. These projects required an academic partner, and funding was available for projects lasting from 12 to 36 months of no more than $150,000 annually.

Request for Partnerships (RfP) Process

The first major task for the OAC, after completion of the Five-Year Plan, was to develop a Request for Partnerships (RfP) to solicit competitive proposals. With the OAC’s guidance and direction, two of its members with experience in grant writing took the lead in developing the RfP. A draft of the RfP was posted on The Wisconsin Partnership Program Web site in August 2003 for public comment. An e-mail announcement soliciting comments was sent to an extensive list of public and community organizations statewide. All comments were carefully considered by the OAC, resulting in several improvements in the draft.

Helping Communities with Training and Technical Assistance

The OAC held seven statewide training sessions for community organizations in January and February 2004.
Training sessions were widely promoted through The Wisconsin Partnership Program Web site, e-mails to organizations statewide, and announcements in community newspapers. Nearly 600 individuals representing public and community health organizations attended the sessions.

The OAC members were well represented at the meetings with at least one public member, one faculty member, and the Dean of the Medical School, or his representative, at each session.

The sessions consisted of an overview of the RfP, individual presentations by OAC members and staff, and an extensive question and answer period. An information packet, including the RfP and other resources on proposal development, was given to each attendee.

The training sessions not only provided information and answered questions, but also produced two distinct benefits:

- Served as points of introduction between The Wisconsin Partnership Program staff, the OAC members, and community organization leaders, and
- Facilitated communication and enhanced understanding of the program’s objectives.

Attendees completed a written evaluation and provided general comments on the training. Participants indicated that the sessions met their expectations. The OAC members reviewed the evaluations, resulting in further revisions of the RfP prior to its release in May 2004.

**Technical Assistance**

Beyond scheduled training sessions, program staff continually worked to help applicants with RfP requirements. In addition, the program’s Web site was revised to include:

- Frequently Asked Questions (FAQ) to disseminate information and respond to questions
- A list of centers and institutes at the UW Medical School with experience in building community-academic partnerships, including the names of faculty and staff to be contacted
- A searchable faculty-partner database for community organizations
- A list of grant resources
- An e-mail sign-up list for announcements

Program staff were available through e-mail, phone, and direct contact to respond to questions from community organizations and faculty. There was also regular communication with faculty through meetings, newsletters, and e-mail messages encouraging them to become academic partners. More than 100 faculty responded to this request, and their names were entered into the Web site database with their specific areas of interest.

Letters of Intent for the Collaboration Implementation Grants were also posted on the Web site to allow community organizations to collaborate with others on the development of similar projects. Additionally, in May 2004, program staff exhibited The Wisconsin Partnership Program materials at the conference of the Wisconsin Public Health Association and Wisconsin Association of Local Health Departments and Boards in Stevens Point.

**Competitive Application Review Process**

The OAC worked to ensure a fair and comprehensive review process. Essential to the success of this process was establishing a panel of independent, external reviewers advisory to the OAC.

A call for reviewers was announced in the summer of 2004 to read, score, and comment on applications. The OAC gave considerable thought to the geographic scope of the recruitment of reviewers and decided to limit nominations to Wisconsin public and community health leaders because of their experience with and knowledge of state health issues. Nominations were solicited from many sources, including UW Medical School faculty and administrators, state health officials, and representatives of community-based organizations. More than 60 nominations were received.

The OAC reviewed the background of each nominee. Criteria for selection included:

- Experience in population health programs, education, or research
- Experience in analyzing grant applications
- Interest in advancing the goals of The Wisconsin Partnership Program

Once review panels were established and oriented, a multi-step review process commenced. This included a technical review, external review, and an OAC review, followed by final decision-making by the OAC.

### The Wisconsin Partnership Program Training Sessions

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Attendees</th>
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<tbody>
<tr>
<td>Wausau, WI</td>
<td>62</td>
</tr>
<tr>
<td>Madison, WI</td>
<td>183</td>
</tr>
<tr>
<td>La Crosse, WI</td>
<td>61</td>
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<tr>
<td>Eau Claire, WI</td>
<td>46</td>
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<tr>
<td>Spooner, WI</td>
<td>18</td>
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<tr>
<td>Green Bay, WI</td>
<td>67</td>
</tr>
<tr>
<td>Milwaukee, WI</td>
<td>153</td>
</tr>
<tr>
<td><strong>Total Attendance</strong></td>
<td><strong>590</strong></td>
</tr>
</tbody>
</table>
Technical Review

Technical review was the first step. A detailed checklist helped to ensure a comprehensive overview of applications, consisting of the program staff examining applications for completeness, applicant eligibility, and budget documentation. Although proposals were not evaluated on content, staff flagged applications that raised special questions about eligibility, supplanting, and budget. In addition, the Medical School’s Assistant Dean for Fiscal Affairs scrutinized each application:

- To ensure that non-supplanting requirements were met and,
- To determine if there were budgetary issues requiring clarification.

Independent, external reviewers advisory to the OAC helped ensure a fair and comprehensive review process.

External Review

External review was the second step. Reviewers received a comprehensive orientation presented by an OAC member and a program staff member. The orientation covered an overview of The Wisconsin Partnership Program, elements of the RfP, confidentiality, scoring criteria, and conflict of interest.

While the overall review process shared basic similarities for both types of proposals, there were distinctions in the approach for Implementation and Planning Grant proposals. The proposals were organized for review as follows:

- Collaboration Planning Grants: In addition to the outside reviewers, OAC members were involved in order to obtain experience in using the RfP criteria. Each OAC member received 25 applications, and 12 outside reviewers received eight to nine applications for review. Each proposal had three reviewers.
- Collaboration Implementation Grants: Each proposal had three outside reviewers with expertise in community and public health. Each reviewer received approximately ten applications.

Review teams were formed based on areas of expertise, geographic location, and avoidance of conflicts of interest. Teams were formed to achieve a balance of academic and community experts or leaders.

Review teams scored proposals independently and anonymously and did not meet to discuss applications. To ensure a consistent process, reviewers adhered to a common scale and applied the same conventions in assigning scores. Reviewers gave each application a numerical score and provided written comments.

The OAC adopted a conflict of interest policy for proposal reviewers to identify and manage such conflicts that could arise in the review process. External reviewers agreed to abide by the OAC conflict of interest policy by signing a questionnaire. Reviewers were not allowed to review an application in which:

- The reviewer was personally involved, or served on the board of the entity that was involved in a proposal under review.
- The reviewer or a family member had an employment or investment relationship with an entity involved in a proposal under review.
- The reviewer had any responsibility or involvement in the project being reviewed, or advised or consulted with an organization on the development of the application.

OAC Review

Final review, discussion, and approval by the OAC was the last step. This review occurred on August 25, 2004 for the Planning Grant awards and on December 22, 2004 for the Implementation Grant awards. OAC members received a full list of all applications ranked by reviewer scores, written comments, and a one-page proposal executive summary. This permitted OAC members to assess the quality and scope of all the applications. The OAC carefully examined scores and comments by the external reviewers. For Implementation Grants, each OAC member also reviewed three to four of the highest scoring proposals for a more in-depth assessment. The OAC member then led the discussion on these proposals.

In making final funding decisions, the OAC considered diversity in programs, geographic distribution, and capacity to achieve the goals and objectives of The Wisconsin Partnership Program. Based on the assessment of strengths and weaknesses of each application, the OAC made a final determination for approval and funding.

The OAC carefully followed its conflict of interest policy as it made the award decisions. The committee adopted this policy to clarify its special oversight and advisory role in light of its unique structure. All OAC members must promptly and fully disclose any conflict
prior to acting on a matter. No OAC member with a conflict of interest may participate in the review of an application. When the OAC considers a proposal in which one of its members has an interest that represents an actual or apparent conflict, that member is required to declare a conflict of interest and abstain from voting on those issues.

**Notice to Applicants**

Once the OAC approved the proposals to be funded, all applicants received a Letter of Decision indicating the status of their proposal. In addition to an announcement posted on the Web site, an e-mail was sent to all applicants indicating that a summary of reviewer comments was available. This summary served as an official record of review and included:

- Applicant project description
- Minimally edited comments by reviewers, with reviewer identity removed
- Proposal priority score, reflecting the average of the individual reviewers’ scores

The Wisconsin Partnership Program posted a list of successful grants on its Web site as soon as applicants were informed of the results. Descriptions of the program’s inaugural collaboration implementation and collaboration planning grants are included in the following section.

### Collaboration Implementation Grants

#### At-Risk Adolescent Health Outreach, Prevention and Services Collaborative Program

Address behavioral and environmental factors that affect health of low-income adolescents and their families. Develop outreach programs, a new health education curriculum, direct health care services, and educational programs for parents and teens.

$292,467—Madison area

**Community partner:** Madison Community Health Center  
**Academic partner:** Gregory P. DeMuri, MD, Associate Professor, Department of Pediatrics, UW Medical School

#### Beyond Lip Service: Integrating Oral Health into Public Health

Improve access to oral health prevention and treatment services, and prevent oral health disease among low-income children and racial and ethnic minorities.

Establish baseline oral health data for use in local health departments and in tribal community health improvement plans, implement county fluoride programs, and improve access to prevention services.

$450,000—Statewide  
**Community partner:** Wisconsin Department of Health and Family Services  
**Academic partner:** John Doyle, DDS, Professor, Department of Surgery, UW Medical School

#### Breaking the Barriers to Health Care and Preventing Domestic Violence for Latino/Hispanic Immigrants

Prevent domestic violence in the Latino/Hispanic migrant and immigrant communities. Provide access to comprehensive and culturally-appropriate primary, preventive, and health services.

$450,000—Statewide  
**Community partner:** UNIDOS Against Domestic Violence, Inc.  
**Academic partner:** Rachel Rodriguez, PhD, RN, Assistant Professor, School of Nursing and Department of Population Health Sciences, UW Medical School

#### Co-Op Care

Improve access to health care and reduce health disparities affecting farmers and small rural-based businesses. Bring together individual purchasers of health care under a cooperative umbrella to purchase health care at more affordable rates.

$450,000—Statewide  
**Community partner:** Wisconsin Federation of Cooperatives  
**Academic partner:** Byron J. Crouse, MD, Professor, Department of Family Medicine, Associate Dean for Rural and Community Health, Wisconsin Office of Rural Health, UW Medical School

#### Dane County Early Childhood Initiative

Initiate home visits to improve the health of vulnerable young children and their families in Madison’s Allied Drive community, a high-density and low-income neighborhood. Focus on prenatal care, child immunizations, nutrition, mental health services, alcohol and other drug abuse assessment and treatment, child abuse and domestic violence, and improved access to employment assistance.

$450,000—Dane County, Allied Drive Community  
**Community partner:** Dane County Department of Human Services  
**Academic partner:** Rosanne Clark, PhD, Assistant Professor, Departments of Psychiatry and Psychology, Director, Parent-Infant Clinic, UW Medical School
First Breath: Enhancing Services to Health Care Providers and Clients

Embrace a statewide approach to reduce tobacco use among women who smoke before, during, and after pregnancy. Develop mechanisms for enhancing social support for First Breath clients, and expand the First Breath model to other health care providers.

$450,000—Statewide
Community partner: Wisconsin Women’s Health Foundation
Academic partner: Michael Fiore, MD, MPH, Professor, Department of Medicine, Director, UW Center for Tobacco Research and Intervention, UW Medical School

Fit Kids Fit Families in Washington County

Address the problem of obesity among children in Washington County. Reduce and prevent childhood overweight and obesity by increasing physical activity and improving family health through healthy lifestyle changes.

$318,971—Washington County
Community partner: Aurora Medical Center of Washington County
Academic partner: Paul P. Hartlaub, MD, MSPH, Associate Professor, Department of Family Medicine, UW Medical School

The Milwaukee Birthing Project

It seems as though Saidellia Dobson and Tamara Key have known each other for years. But they’ve only known each other for about six months. Saidellia is a new mom, and Tamara is her “sister-friend.”

They came together because of the OAC-supported Milwaukee Birthing Project, which focuses on improving birth outcomes for African American and Latina women in Milwaukee. The project will match 150 pregnant women of color with 150 voluntary “sister friends” over a three-year period. Sister-friends provide social support and advice to women during their pregnancies and for one year following the birth of their children.

Project team members recently celebrated the birth of the program’s first baby, ZaKiyyia Cobb-Dobson, who was born on January 31, 2005. “I am a Big Sister already, so this is a natural way of being for me,” says sister-friend Tamara Key. “I feel connected to ZaKiyyia. I am her Auntie and I am thrilled to be part of her life.” Key says she helped Dobson in determining short- and long-term goals, and in resume writing and job interviewing skills.

Dobson values the support she has received from her sister-friend. “When I needed someone to talk to, Tamara was there for me. And, she taught me how to do different tasks in her office.”

“It’s a beautiful program. She is my little sister,” Key explains.
Healthy and Active Lifestyles for Children and Youth with Disabilities: A Comprehensive Community-Based Partnership

Address the unique nutritional, physical, emotional, cognitive, and social needs of La Crosse area youth with disabilities. Increase physical activity levels for such children, and decrease overweight and obesity through nutritional programs and services.

$440,490—La Crosse and surrounding area
Community partner: School District of La Crosse
Academic partner: Stacy Her, MD, Department of Physical Medicine and Rehabilitation, Gunderson Lutheran Medical Center—La Crosse, Clinical Assistant Professor, Department of Orthopedics and Rehabilitation, UW Medical School

Healthy Children, Strong Families

Address health disparities among American Indian children in Wisconsin. Develop and evaluate an innovative family-based obesity prevention program in three tribal communities. Work with 3 to 5 year old children and their primary caregivers to promote healthy behavior change in families.

$426,120—Bad River, Lac du Flambeau and Menominee Tribes
Community partner: Great Lakes Inter-Tribal Council, Inc.
Academic partner: Alexandra Adams, MD, PhD, Department of Family Medicine, UW Medical School

Milwaukee Birthing Project: Improving Birth Outcomes for Mothers and Children

Improve birth outcomes for African American and Latina women. Match 150 pregnant women of color with 150 voluntary sister friends over a three-year period to enhance social support, reduce levels of stress, and improve maternal and child health outcomes.

$414,475—Milwaukee area
Community partners: Milwaukee Birthing Project, InHealth Wisconsin
Academic partner: Gloria Johnson-Powell, MD, Professor, Departments of Psychiatry and Pediatrics, Associate Dean for Cultural Diversity, Director, Center for the Study of Cultural Diversity in Health Care, UW Medical School

Milwaukee Homicide Review Commission

Promote healthy and safe neighborhoods, develop innovative responses to homicide and strategically focus enforcement and intervention activities in high-risk areas.

$400,001—Milwaukee County
Community partner: Milwaukee Police Department
Academic partner: Ron Cisler, PhD, Associate Professor, UW—Milwaukee, Associate Professor, Department of Population Health Sciences, Director, Center for Urban Population Health, UW Medical School

Peridata: A Rural/Urban Information Network

Extend the statewide perinatal database to 34 rural Wisconsin birth hospitals, and train hospital personnel in database applications including analysis and use. Provide a statewide application for perinatal data to help rural hospitals monitor birth outcomes, facilitate quality improvement activities, and improve infant and maternal health outcomes.

$395,819—Statewide
Community partner: Wisconsin Association for Perinatal Care
Academic partner: Ron Cisler, PhD, Associate Professor, UW—Milwaukee, Associate Professor, Department of Population Health Sciences, Director, Center for Urban Population Health, UW Medical School

Safe Mom, Safe Baby: A Collaborative Model of Care for Pregnant Women Experiencing Intimate Partner Violence

Improve health outcomes and safety for pregnant women and new mothers at risk for intimate partner violence. Identify pregnant women and new mothers at risk, and provide assessments, case management, mentoring services, education, prenatal care, and advocacy.

$448,529—Statewide
Community partner: Aurora Sinai Medical Center, Aurora Health Care
Academic partner: Adanna C. Amanze, MD, Assistant Professor, Department of Obstetrics and Gynecology, UW Medical School

Collaboration Planning Grants

Collaboration on Lead Education, Abatement, and Reduction

Address lead hazards in homes, assess methods used to reduce lead hazards in housing, and focus on health disparity issues in lead poisoning.

$25,000—City of Racine
Community partner: City of Racine Health Department

Community Mental Health Training Institute

Increase the number of culturally competent mental health educators and service providers for ethnic minorities in the Milwaukee area.

$25,000—Milwaukee area
Community partner: New Concept Self Development Center, Inc.
Academic partner: Ron Cisler, PhD, Associate Professor, UW—Milwaukee, Associate Professor, Department of Population Health Sciences, Director, Center for Urban Population Health, UW Medical School
Community Wellness Initiative
Develop a Rural Wellness Model that links private and public agencies and businesses in understanding the needs, benefits, and responsibilities they share in contributing to community wellness. Address nutrition, access to preventive services, obesity, inactivity, and economic and social factors that influence health.
$25,000—Black River Falls area
Community partner: Black River Falls Memorial Hospital

Enhancing Alcohol Screening, Intervention, and Referral Services in Wisconsin
Develop and carry out an action plan to deliver alcohol screening, intervention, and treatment/referral services for adults and adolescents throughout Wisconsin.
$24,821—Statewide
Community partner: Wisconsin Medical Society
Academic partner: Richard L. Brown, MD, MPH, Associate Professor, Department of Family Medicine, UW Medical School

Fall No More
Develop and launch an initiative to train assisted living caregivers and their supervisors in reducing falls and related injuries for elderly residents and individuals with dementia.
$25,000—Statewide
Community partner: Assisted Living Foundation of Wisconsin
Academic partner: Mark Sager, MD, Professor, Department of Medicine, Director, Wisconsin Alzheimer’s Institute, UW Medical School

FIT-WIC-Wisconsin
Improve the Women, Infants and Children (WIC) Program’s ability to address the increasing overweight problem among low-income mothers and children.
$25,000—Statewide
Community partner: Wisconsin WIC Association

Health Care Interpreting Information and Resource Project
Develop and pilot a proficiency exam for interpreters working in health care organizations. Address cultural and linguistic competence in the health care setting and improve access to care for populations with limited English proficiency.
$12,500—Statewide
Community partner: Wisconsin Coalition for Linguistic Access to Health Care
Academic partner: Nancy A. Sugden, Assistant Dean, Academic Affairs, UW Medical School, Director, Wisconsin Area Health Education Center System (AHEC)

Health Watch Wisconsin
Create “Health Watch Wisconsin,” a statewide, grassroots advocacy collaborative to improve access to health care and coverage. Address health disparities faced by Wisconsin residents who lack access to health care due to inadequate health insurance coverage.
$23,571—Statewide
Community partner: ABC for Health, Inc.

Ho-Chunk Nation Culturally Trained Preventive and Supportive Care Project
Strengthen and expand the continuum of care for Ho-Chunk elders and disabled individuals in Jackson County. Serve as a model program for the 14 additional counties that comprise the Ho-Chunk Nation.
$25,000—Jackson County
Community partner: Ho-Chunk Nation

Influencing Wisconsin’s Public Health System through Exploration of a Model that Addresses Hmong Mental Health Needs
Address the need for treatment strategies for mental disorders in Hmong people living in Wisconsin. Develop partnerships to explore optimum approaches to address mental illness in these communities.
$25,000—Statewide
Community partner: Mental Health Center of Dane County, Inc.
Academic partner: Dean D. Krahn, MD, MS, Clinical Associate Professor, Department of Psychiatry, UW Medical School

Northeastern Wisconsin Falls Prevention Coalition
Integrate prevention strategies and information to reduce the number of falls and consequent morbidity and mortality for older adults living in Brown, Door, Kewaunee, and Oconto counties, and the Oneida Nation.
$25,000—Brown, Door, Kewaunee, and Oconto counties, and the Oneida Nation
Community partner: Bay Area Agency on Aging, Inc.

Northern Wisconsin Groundwater Consortium
Develop state and local partnerships to study the correlation between geological formation, water well construction, and elevated levels of arsenic and other contaminants in private drinking water. Create a plan for continued environmental and health assessment, public education, and policy development.
$25,000—Taylor County
Community partner: Taylor County Health Department
Partners for a Clean and Sober Polk County

Develop a comprehensive, countywide plan for alcohol and substance abuse prevention, early intervention, and treatment services. Identify strategies for cooperative treatment and intervention among schools, agencies, and communities.

$25,000—Polk County

Community partners: Polk County Health Department and Polk County Human Services

Planning Grant to Reduce Health Disparities within LGBT Populations in Wisconsin

Through increased commitment and collaboration, improve the integration of lesbian, gay, bisexual, and transgender (LGBT) health issues into community health goals. Create a comprehensive three-year plan with identified strategies to address health disparities among LGBT populations throughout Wisconsin.

$25,000—Statewide

Community partner: Diverse and Resilient, Inc.

Healthy Children, Strong Families

Healthy Children, Strong Families aims to reduce childhood obesity in Wisconsin American Indian tribes. “This is an important issue in our community,” says Elaine Allen, the Women, Infants and Children (WIC) Program Director for the Great Lakes Inter-Tribal Council, Inc. (GLITC). “We are looking at ways to help children stay fit earlier in their lives, and avoid the complications of obesity, such as diabetes and cardiovascular disease,” Allen explains.

A key strategy of the program is to train community members as mentors to make home visits to encourage more physical activity and nutritious food choices in the Bad River, Lac du Flambeau, and Menominee tribes.

Allen says Healthy Children, Strong Families will recruit and train up to five tribal mentors at each site with as many as twenty families at each tribe benefiting from a mentor who comes right to their homes.

The program will focus on families with children 3 to 5 years of age. Mentors will likely make initial contact with parents and their children through the tribes’ Head Start Program. “Head Start is a great place to contact parents with children at a young age. It is a time when the children are developing many of their activity habits and food preferences,” says academic partner Alexandra Adams, MD, PhD, Assistant Professor, Department of Family Medicine, UW Medical School. “Our goal is to work with community partners and mentors to encourage active lifestyles and healthy food choices for all family members,” Adams explains.
Reducing Household Asthma Triggers in Dane County African American Households

Explore the feasibility of implementing a community-based parent/community mentor model of peer education and home visitation to help reduce asthma risks in African American households. Provide education on ways to identify and manage household asthma triggers.

$25,000—Dane County

Community partner: Genesis Development Corporation
Academic partner: Gloria Johnson-Powell, MD, Professor, Departments of Psychiatry and Pediatrics, Associate Dean for Cultural Diversity, Director, Center for the Study of Cultural Diversity in Health Care, UW Medical School

Strengthening Family Caregivers through Statewide Coalition

Foster statewide collaboration to help educate family caregivers to manage multiple caregiving roles and responsibilities while maintaining their own health and well-being.

$25,000—Statewide

Community partner: American Association of Retired Persons—Wisconsin

Understanding and Overcoming the Barriers Hispanic/Latina Women Face in Accessing Reproductive and Sexual Health Care Services

Study the barriers that discourage Hispanic/Latina women in Dane County from seeking preventive reproductive and sexual health care services. Address barriers that produce disparities in breast and cervical cancer prevention for Hispanic/Latina women.

$25,000—Dane County

Community partner: Planned Parenthood of Wisconsin, Inc.
Academic partner: Caryn Dutton, MD, Assistant Professor, Department of Obstetrics and Gynecology, UW Medical School

Uniting Communities for Healthy Eating and Active Living

Develop a framework for a statewide communication network focused on changing local practice and policy. Focus on health risk factors such as overweight, obesity, and lack of physical activity.

$25,000—Statewide

Community partner: Marshfield Clinic Research Foundation, Center for Community Outreach

Wisconsin Academy for Rural Medicine

Develop a comprehensive, coordinated, and strategic approach to Wisconsin's shortage of rural physicians. Improve long-term access to physicians in Wisconsin's rural communities.

$25,000—Statewide

Community partner: Rural Wisconsin Health Cooperative
Academic partner: Byron Crouse, MD, Professor, Department of Family Medicine, Associate Dean for Rural and Community Health, Wisconsin Office of Rural Health, UW Medical School

Wisconsin Adolescent Sexually-Transmitted Infections Protection through Education Project

Develop a plan to reduce sexually transmitted infections in Wisconsin's high-risk adolescent population. Identify interventions that provide adolescents knowledge to help them lessen their risk of infection and re-infection by decreasing risky behaviors and increasing behaviors associated with reduced risk.

$25,000—Statewide

Community partner: Family Planning Health Services, Inc.

COMMUNITY-POPULATION HEALTH INITIATIVES

Aligned with its commitment to community-academic partnerships, the OAC supported two UW Medical School programs linked with communities, which focus on health disparities in minority populations. The two programs are the Center for Urban Population Health (CUPH), Milwaukee School Children Project, and the Great Lakes Inter-Tribal Council, Inc. (GLITC), Native American Health Research Project. While a commitment to support these programs for two years was included in the Five-Year Plan, the OAC also decided that CUPH and GLITC must submit specific proposals under the same RfP guidelines and requirements as applications for the Community-Academic Partnership Fund programs.

The OAC carefully reviewed the proposals and made recommendations for changes prior to approval for funding. In accordance with the Five-Year Plan, both were funded for a two-year period. They are as follows:
Create a health information and data collection system aimed at reducing health disparities. Provide a framework for analysis, interpretation, and application of preventive health research with a school-based health team. Develop a curricular and preventive health intervention, the “Milwaukee School Health Model,” which addresses health disparities among Milwaukee’s highest-risk urban children.

$299,839—Milwaukee

Community partner: Milwaukee Public School System

UW Medical School faculty: Ron Cisler, PhD, Associate Professor, UW–Milwaukee, Associate Professor, Department of Population Health Sciences, Director, Center for Urban Population Health, UW Medical School

Great Lakes Inter-Tribal Council, Inc., Native American Health Research Project

Promote interventions for conditions and diseases that reflect disparities in health and health care among Wisconsin’s American Indians. Develop a UW Medical School field campus at the Great Lakes Inter-Tribal Council Epidemiology Center to further public health research and training opportunities for medical students, residents, and graduate students. Increase the number of Wisconsin American Indian scientists and health professionals by collecting baseline data from American Indian middle school youth.

$299,701—Wisconsin American Indian tribes

Community partner: Great Lakes Inter-Tribal Council, Inc.

UW Medical School academic staff: Donna Friedsam, MPH, Associate Director of Health Policy, Wisconsin Public Health and Health Policy Institute, UW Medical School

**COMMUNITY-BASED PUBLIC HEALTH EDUCATION AND TRAINING**

The third component of The Wisconsin Partnership Program, public health education and training initiatives, contributes to the development of a “sufficient and competent workforce,” one of the infrastructure priorities of the State Health Plan. The OAC funded two such initiatives: The Population Health Fellowship Program and the Public Health Leadership Institute, each described in the Five-Year Plan. As with the Community-Population Health Initiatives described above, the OAC required that proposals be submitted under the same RfP guidelines and requirements for the Community-Academic Partnership Fund. The OAC carefully reviewed the proposals and made recommendations for changes prior to approval for funding.

In recognition of its commitment to public health education and training, the OAC also created a nine-member Public Health Education and Training (PHET) subcommittee, including representatives from the public health community. The purpose of the subcommittee is to provide advice and recommendations to the OAC, and to assure that the public health community is involved in the development of public health educational initiatives.

The community-based public health education and training awards for 2004 are as follows:
Community-Based Population Health Practice Fellowships

Assign Master of Science (MS) or Master of Public Health (MPH) fellows for 24 months in state and local health departments or community-based organizations. Develop the next generation of public health officials and administrators skilled in planning, implementing, and evaluating public health programs. Improve the public health workforce through applied learning and commitment to public service.

$1,388,484 over four years—Statewide

UW Medical School faculty: Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences, Director, UW Population Health Institute, Faculty Director, MPH Program

Wisconsin Public Health Leadership Institute

In collaboration with the Medical College of Wisconsin (MCW), provide education and training resources for public health professionals. Build upon the experiences of national and regional public health leadership institutes and offer innovative education and training opportunities. Provide practitioners the knowledge and skills to lead health improvement efforts in communities throughout Wisconsin.

$100,000 over one year for planning in collaboration with MCW—Statewide

UW Medical School faculty: Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences, Director, UW Population Health Institute, Faculty Director, MPH Program

Community-Based Population Health Practice Fellowship Program

Alison Gustafson, RD, MPH, works with the Madison Department of Public Health through the OAC-supported Community-Based Population Health Practice Fellowship program. Gustafson, who began her fellowship in November 2004, focuses her efforts in three areas:

- Working with the city’s epidemiologist in preparing an environmental health report card for Madison,
- Participating in chronic disease surveillance throughout the city, with an emphasis of applying health data at the neighborhood level, and,
- Working closely with the Madison Mayor’s office in the Fit City Initiative. “I collaborate with more than 30 community organizations. Together, we are encouraging people to exercise more and make healthier food choices,” she says. She recently joined Madison Mayor Dave Cieslewicz in leading a fitness walk around the Capitol Square for downtown employees.

Gustafson is one of two fellows who began their assignments recently. The other fellow, Benjamin Jones, works with the City of Milwaukee Health Department. Additional fellows will join the program in the future, training in health care organizations statewide.
Collaboration and coordination between the OAC and the Medical College of Wisconsin’s Consortium for Public and Community Health

Collaboration and coordination between the OAC and the Medical College of Wisconsin Consortium on Public and Community Health (MCW Consortium) has occurred on a number of levels. Program staff at both institutions share information and consult frequently on program development and related issues. In addition, the OAC and the MCW Consortium communicate through joint meetings. The first meeting in August 2003 focused on development of the plan and the RfP. The next meeting in January 2005 focused on experiences with the community-academic partnership award process, and explored areas of collaboration.

As a result of the first joint meeting in August 2003, the OAC and the MCW Consortium formed two workgroups related to the RfP and to public health education and training (PHET). The RfP workgroup formed to assess issues related to the development of the application process for community academic partnership grants. The workgroup considered:

- Geographic focus
- Funding cycles
- Submissions
- Joint funding
- Applicant format
- Training sessions

The PHET workgroup provided a forum to discuss the public health education and training needs of the public health community, with particular attention paid to the development of the Public Health Leadership Institute (PHLI). Specifically, the workgroup’s aims were to:

- Provide a focal point for sustainable collaboration on public health education initiatives between the UW Medical School and the Medical College of Wisconsin
- Address a target audience that encompasses both public and private individuals
- Work with new and existing educational training programs
- Assure involvement of the broader public health community
- Use the State Health Plan as a guiding resource

The PHET workgroup also had the following deliverables:

- Strategic recommendations for public health education and training in Wisconsin, in accordance with the five-year plans of the respective medical schools
- Strategic recommendations for specific, short-term, deliverable project(s)
- An assessment of public health education and training needs and initiatives in Wisconsin as it pertains to the charge of the group

As recommended by the PHET workgroup, a joint planning group for the PHLI, including representatives from both schools, their oversight committees, and public and community organizations, is currently underway. The first training opportunities will be launched in the fall of 2005. See the project description on page 18.

In addition, as a result of the aims of the PHET workgroup, the OAC created a subcommittee on public health education and training as described on page 17.
Future Directions

The Addendum to the Five-Year Plan outlines benchmarks and transformative steps in achieving goals of The Wisconsin Partnership Program. One important transformational step has been a strong partnership with public health departments at the state and local levels.

The OAC will continue to work with the Wisconsin Department of Health and Family Services on evaluating the progress of The Wisconsin Partnership Program in advancing the goals of *Healthiest Wisconsin 2010*, the State Health Plan. Both groups are working together to ensure the integration of the State Health Plan with funded initiatives. The Wisconsin Partnership Program staff meet regularly with state and local public health agencies to collaborate on education strategies, public events, symposia, and conferences. OAC members and program staff serve on the governor-appointed Public Health Council and the Wisconsin Public Health Advisory Committee.

An equally important transformational step has been to develop strong partnerships with community-based organizations which capitalize on the strengths of communities and the UW Medical School. Outreach to build collaborative relationships is an important aspect of The Wisconsin Partnership Program. More than 100 faculty members served as academic partners in grant proposals in 2004. Capitalizing on this early success, the OAC will continue to build successful partnerships which will include the following activities:

- Convening an annual meeting to bring national experts, and academic and community partners together to share lessons learned and to gain knowledge and insight into the advancement and sustainability of partnerships.
- Developing a quarterly newsletter, highlighting the funded programs, partners, and new funding opportunities.
- Promoting community partnership opportunities for UW Medical School faculty and staff through brown bag luncheons and faculty development seminars, highlighting successful models.
- Developing an online grant resource center and training for potential grant applicants.
- Developing areas of collaboration with the Medical Education and Research Committee.
- Maintaining a shared learning environment with MCW to facilitate the adoption of successful projects and new approaches in areas of high need, such as infant mortality.
- Working directly with individuals and organizations to develop successful partnerships and build capacity in program planning and funding strategies.

The OAC is now soliciting feedback from the public and reviewing the various elements of the Community-Academic Partnership program. The OAC will use this information to identify issues and potential improvements in the RfP and the review process. The 2005 RfP will be announced in late spring with funding decisions made by the end of this calendar year.
OAC ACHIEVEMENTS FOR 2004

• **Established the following infrastructure to initiate community partnerships:**
  - Created the RfP for community-academic partnerships.
  - Conducted statewide training to help community organizations respond to the RfP.
  - Recruited and trained experienced external reviewers to score and comment on the proposals.
  - Stimulated broad community and UW Medical School faculty interest in the program.
  - Established a subcommittee to provide oversight to the public health education and training initiatives.
  - Held joint meetings with the Medical College of Wisconsin Consortium on Public and Community Health.
  - Formed relationships with the Medical Education and Research Committee and promoted community engagement in research and educational activities.
  - Advanced community-based efforts to address the goals of the State Health Plan.

• **Funded community-academic partnerships**
  The OAC funded 33 grants totalling $5,872,764, including:
  - $5,386,872 for 13 three-year Implementation Grants, and
  - $485,892 for 20 one-year Planning Grants.
  - 79 percent were for programs aimed at eliminating health disparities.
  - 27 percent were for programs with statewide focus.
  - 40 percent were for programs with a rural focus.
  - 49 percent were for programs with an urban focus.

• **Funded community-population health initiatives and community-based public health education and training programs:**
  The OAC funded 4 grants totalling $2,088,024, including:
  - The Center for Urban Population Health and the Great Lakes Inter-Tribal Council, Inc., each received grants for a total of $599,540 for programs focusing on health disparities and urban and rural health concerns.
  - UW Population Health Institute received 2 grants for a total of $1,488,484 for community-based public health education and training programs; the Wisconsin Public Health Leadership Institute and the Community-Based Population Health Practice Fellowship Program.

All documents referred to in the preceding pages of this report can be found on The Wisconsin Partnership Fund for a Healthy Future Web site: www.med.wisc.edu/bluecross/.
SUPPORTING INNOVATIVE APPROACHES TO ENHANCE EDUCATION AND EXPAND RESEARCH

Improving public health is complex, dynamic, and demanding. The challenge is to create conditions in which people can be healthy and to develop evidence-based actions that will help people lead healthier lives. Improved public health begins with confidence in the potential of advances in education and research leading to healthier communities.

Such a focus clarifies the boundaries of the UW Medical School’s Medical Education and Research Committee (MERC). This committee is responsible for allocating and distributing funds designated for medical education and research through a carefully conceived plan of initiatives that advances population health. The MERC has broad representation, including members with comprehensive experience and expertise in all aspects of research, education, and public and community health, ensuring that a wide range of opinions is presented and debated.

ORIENTATION

Upon approval of the Five-Year Plan by WUHF in March 2004, the MERC was appointed and began monthly meetings in June 2004. Committee members developed policies and procedures to consider expenditures aligned with the five focus areas of the Five-Year Plan:

- Innovations in Medical Education
- The Wisconsin Population Health Research and Clinical Trials Network
- Disease Genomics and Regenerative Medicine
- Molecular Medicine and Bioinformatics
- Emerging Opportunities in Biomedicine and Population Health

Initial MERC meetings served to orient members to all aspects of The Wisconsin Partnership Program, including the Insurance Commissioner’s Order, the Agreement, the Five-Year Plan and the State Health Plan, as well as the responsibilities of the MERC and the OAC. Two MERC members representing the OAC, Susan Goelzer and Gregory Nycz, commented on development of the mission, vision, and guiding principles of The Wisconsin Partnership Program, and on the OAC’s emphasis on community-academic partnerships. In addition, UW Board of Regents’ liaison Patrick Boyle reviewed the Regents’ responsibility for oversight of the program, and noted the prospects for improved population health as an outcome of the MERC’s focus and dedicated efforts.

Subsequent MERC meetings focused on developing appropriate operating procedures as well as guidelines and standards for use of the funds. This included consideration of a proposal from the Dean of the Medical School to allocate a portion of the funds for strategic investments aligned with The Wisconsin Partnership Program. After discussion and analysis of the need for such an approach, the MERC decided that two-thirds of the available funds would be allocated by the MERC for the focus areas and related initiatives and one-third would be allocated by the Dean for strategic initiatives.

FRAMEWORK FOR DECISION MAKING

Following the decision regarding the strategic allocation, the MERC engaged in extensive discussions related to its philosophy, policies and processes. Topics included:

- Clarification of the functions of the MERC and relationships with the OAC.
- Creation of an executive subcommittee of focus leaders to develop ideas and agenda topics for the full committee.
- Overviews of the five focus areas and their alignment with The Wisconsin Partnership Program mission, vision, and guiding principles.
- Focus on a balanced portfolio of research and education initiatives spanning activities from the bench to the bedside to communities.
- Development of guidelines and criteria for prioritizing decision making.
- Development of guidelines and criteria for investment in strategic initiatives by the Dean.
- Definition of scope, process, and direction of a competitive Request for Proposals (RfP) aligned with the five focus areas.
- Development of a communication plan utilizing internal newsletters and the Web site.

These deliberations set the groundwork to guide the MERC in establishing its processes and procedures for decision making, leading to the development of three important foundation documents.
First, the MERC adopted the *Decision Matrix and Narrative*, which provides a model framework for an integrated strategy for funding the focus areas and emphasizes a comprehensive definition of research including health services research. The *Decision Matrix and Narrative* represents the continuum of activities—from biomedical research, to health services research, to knowledge transfer (education)—required to improve health care and the health of the public.

Second, the MERC adopted *Guidelines and Criteria for Review of Proposals*, which provides a ready reference on proposal development and evaluation for applicants as well as for the MERC. While this list below is just part of the overall *Guidelines*, the most promising proposals will be those that embody the following requirements:

- Maintain consistency with the mission, vision, and guiding principles of The Wisconsin Partnership Program
- Focus on targeted health priorities of the State Health Plan, *Healthiest Wisconsin 2010*
- Articulate the potential to improve the health of the public
- Eliminate health disparities across diverse groups
- Bridge traditional academic boundaries through interdisciplinary collaboration
- Foster increased community engagement
- Enable the Medical School to achieve greater levels of excellence in a more rapid and facile manner

Third, the MERC asked the Dean of the Medical School to develop guidelines and criteria for the Strategic Initiatives allocation. The underlying premise of this allocation is to take advantage of opportunities when they appear and to respond decisively to unmet needs. Use of these funds provides resources to quickly identify and respond to targets of opportunity.

As requested, the Dean developed *Guidelines and Criteria for the Strategic Initiatives Allocation* with the advice and endorsement of the MERC and the OAC. These guidelines focus on innovative projects that:

- Align with the goals and objectives of The Wisconsin Partnership Program
- Invest in bridging basic research with population health

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**Innovations in Medical Education**

People are drawn to innovation because of the promise of a new idea. Such are the parameters of Innovations in Medical Education, a MERC-supported educational initiative of The Wisconsin Partnership Program. “We acknowledge our responsibility to the state and to the larger public health community to produce well-trained physicians who can succeed in the health care environment of today and tomorrow,” says Susan Skochelak, MD, MPH, senior associate dean for academic affairs at the UW Medical School.

To meet the health care needs of the public, physicians must understand diverse patient populations, communicate leading-edge research in ways patients can appreciate, and have the ability to address the needs of multiple types of patients in all stages and from all walks of life.

The vision for Innovations in Medical Education acknowledges the broad spectrum that comprises medical practice today. “Physicians no longer work exclusively in hospital or clinic offices. Physicians are part of teams; sometimes they lead teams and other times they are members of teams. We are committed to developing programs in concert with educators who train these other team members, our partners in nursing, pharmacy, social work, and graduate education,” Skochelak explains.

Innovations in Medical Education arrives at a time when the Institute of Medicine has recently reported the need for a stronger affiliation between medicine and public health. “The timing for us to create this program is perfect,” she says.
• Close significant gaps in the health of the public through studies that engage communities
• Support initiatives that promote the transformation of the Medical School to an integrated School of Medicine and Public Health
• Promote short-term translational projects with potential for long-term health impact with a focus on health promotion, disease prevention, and health disparities

FUNDING MERC INITIATIVES

After establishing these policies, the MERC addressed population health improvements as related to the five focus areas. Using the Decision Matrix as a guide, the MERC asked for Planning Grant proposals for two of the five focus areas: the Wisconsin Population Health Research and Clinical Trials Network, and Disease Genomics and Regenerative Medicine. Because the specific components of Innovations in Medical Education were delineated in the plan, the MERC requested an Implementation Grant proposal from this focus area.

These proposals were approved in October 2004 and are described in the following section. Each Planning Grant recipient has been asked to submit an Implementation Grant proposal to the MERC in late spring of 2005.

The following section describes the Education, Research, and Strategic Initiative awards approved in 2004.

Education

The UW Medical School is known for the quality of its educational programs. However, the challenges of an increasingly diverse and aging population require that a significant number of future physicians incorporate public health principles into the practice of medicine. The UW Medical School is committed to leveraging the resources of The Wisconsin Partnership Program for the greatest public good: to lead the nation in health professions and public health education.

Important steps have already been taken. The Medical School is developing and encouraging collaborative relationships between medicine and public health. With its affiliated disciplines—such as nursing, veterinary medicine, pharmacy and social work—the Medical School is developing new ways to train the future public health workforce. Support from The Wisconsin Partnership Program has enabled these substantive changes to begin.

In support of these aims, the MERC approved funding for the Innovations in Medical Education focus area.

Innovations in Medical Education

This award comprises the following components:

• Curriculum Innovation
  Create an innovative new curriculum for Wisconsin physicians. Focus on population health sciences, epidemiology, health services research and health policy, combined with the strength of an interdisciplinary approach to learning. Enable the new generation of physicians to acquire a sharper focus in matters of population health, cultural diversity, and access to health care services.

• Clinical Skills Teaching and Assessment Center
  Expand on the center’s strong programs for medical students, residents, practitioners, and health professions students to demonstrate and refine their skills. Strengthen the center’s training of health professions students so that they are better prepared to work with patients from a variety of cultures and backgrounds. New resources in the center will provide clinical skills testing on demand, increase the diversity of trained standardized patients, and support added initiatives such as EMT training and continuing professional development.

• Statewide health care distance education
  Develop new learning methods, such as Web-based and distance education approaches, for a new cadre of health professions students. Enable the Medical School’s new Health Sciences Learning Center to become an electronic resource on population health for health professionals and for the people of Wisconsin.

$1,075,000 per year over three years

Focus Area: Innovations in Medical Education

UW Medical School faculty: Susan Skochelak, MD, MPH, Professor, Department of Family Medicine, Senior Associate Dean for Academic Affairs

Research

Only through support of a balanced portfolio of research can The Wisconsin Partnership Program achieve its mission to make Wisconsin the healthiest state. Basic research is the beginning of a process that produces insights, sometimes unexpected, that can be applied to prevention and clinical care. Applied and clinical research has a more direct and profound bearing on the health and well-being of patients. Population health and health services research translates and applies biomedical knowledge to improve the health of the public. Such research attempts to close the gap between “what we know” and “what we do.” This
broad perspective of research, from basic to applied to population health, has been the basis of the MERC’s awards.

In 2004, the MERC approved funding for Planning Grants for three research projects to improve population health. Each Planning Grant recipient was asked to develop a detailed plan for:
- Implementation and scope of work
- Processes for measuring success
- Analyzing how the project addresses the goals and objectives of The Wisconsin Partnership Program
- Addressing a process for reducing The Wisconsin Partnership Program support to a minimal level

Each plan will be presented to the MERC for review before a final decision on further funding is reached.

### Planning Grants

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

Survey 2,000–3,000 Wisconsin residents to monitor health status, health care access and utilization; assess trends; and provide key insights into determinants of health in Wisconsin communities. Provide a resource for assessment of health needs and evaluation of community and statewide health improvement initiatives. Engage communities throughout the state, interact with county health departments, and work with rural and urban groups to build understanding and collaboration with the UW Medical School.

**$128,749 over six months**

**Focus Area:** Wisconsin Population Health Research and Clinical Trials Network

**UW Medical School faculty:** Javier Nieto, MD, PhD, Professor and Chair, Department of Population Health Sciences

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

Imagine for a moment the challenge of determining the health status and health care needs of a population of more than five million residents. This challenge includes a blend of rural and urban interests and a range of cultures and health concerns.

Accurately assessing the health of Wisconsin is the challenge that Javier Nieto, MD, PhD, and colleagues in the Department of Population Health Sciences at the UW Medical School are undertaking with SHOW.

The survey of 2,000–3,000 randomly selected Wisconsin residents each year will monitor health and wellness, establish determinants of health, and assess health care trends in the population.

“We see this as a platform for researchers to ask questions as health priorities evolve—not just in the basic sciences but also in health services research,” says Nieto.

“We have good data on mortality. But mortality is the ultimate health problem. SHOW will provide us detailed information on the types of health concerns that affect quality of life and have a direct relation to health care costs,” he says.

Project staff will work with communities to understand specific health concerns and then measure the depth and significance of the issue. SHOW will be specific to community needs, and will also explore household determinants of health, such as water quality assessments and analyses of household dust samples for traces of allergens and toxic substances.
**Wisconsin Clinical Trials Network**

Provide state-of-the-art clinical trials, therapies, and prevention strategies to a broad base of residents throughout Wisconsin. Facilitate statewide access to clinical trials across many disciplines, such as cardiology, aging and Alzheimer’s disease, asthma and pulmonary disease, women’s health, and population health issues such as disease prevention and health care delivery. Develop new collaborative relationships and strengthen affiliations with existing partners.

$137,434 over six months

**Focus Area:** Wisconsin Population Health Research and Clinical Trials Network

**UW Medical School faculty:** David DeMets, PhD, Professor and Chair, Department of Biostatistics and Medical Informatics

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**Human Proteomics Program**

Explore the molecular basis for human health and disease through proteomics, the study of cellular proteins and their functions. Provide early screening for a variety of diseases and improve the efficacy of therapeutic regimens. Through the research infrastructure developed by this program, transform the approach of UW basic and clinical scientists in their studies of human disease.

$65,000 over six months

**Focus Area:** Disease Genomics and Regenerative Medicine

**UW Medical School faculty:** Richard Moss, PhD, Professor and Chair, Department of Physiology

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**Wisconsin Clinical Trials Network**

The Wisconsin Clinical Trials Network is designed to deliver the benefits of leading-edge research to communities statewide. The basic concept is to create an efficient network of sites for clinical trials. Trial protocols, says network director Howard H. Bailey, MD, Associate Professor, Department of Human Oncology, UW Medical School, could be generated by any participating site.

“Our goal is to improve how we conduct clinical research, and help researchers throughout the state pursue their inquiries more effectively,” says Bailey.

Another important goal of the network is to facilitate greater representation in clinical trials of rural residents and minority populations.

Bailey, a cancer researcher, says the network will cross many disciplines and be especially useful in population health research. “We expect to conduct clinical trials across many disciplines, from cardiology, asthma and pulmonary disease, to aging and Alzheimer’s Disease, and women’s health.” The Wisconsin Clinical Trials Network will also enable researchers to focus on prevention strategies, and translational research.

“The people of Wisconsin will have expanded access to clinical trials studying new diagnostic, preventive, and therapeutic interventions. Statewide practitioners will have an opportunity to participate in and have more rapid access to advances in health care.” Bailey believes that current and planned discussions with health providers throughout the state will lead to a research network that encompasses 90 percent of the state’s counties.
Strategic Initiatives

As described previously, the MERC determined that one-third of annual program funding would be designated for Strategic Initiatives to be awarded by the Dean of the Medical School. In accordance with the Guidelines and Criteria for the Strategic Initiatives Allocation and with the advice and endorsement of the MERC, the Dean made the following four awards:

Master of Public Health (MPH)

Provide students and practitioners with the population-based tools to improve the health of communities in Wisconsin. Incorporate a strong foundation of interdisciplinary support from family medicine, biostatistics, medical informatics, nutritional sciences, nursing, pharmacy, veterinary medicine, social work, and many other departments. Develop dual degrees with the Medical, Nursing, and Law schools, and with the LaFollette Institute of Public Policy.

$1,935,120 over five years

UW Medical School faculty: Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences, Director, UW Population Health Institute, Faculty Director, MPH Program

Susan Skochelak, MD, MPH, Professor, Department of Family Medicine, Senior Associate Dean for Academic Affairs

Making Wisconsin the Healthiest State

Characterize the health of Wisconsin communities, with particular attention to the distribution of health disparities across the state. Compare Wisconsin’s health with that of other states and provide tools to track progress in becoming the healthiest state. Make recommendations for community interventions that will yield the highest possible health-related benefit for the investment.

$820,343 over four years

UW Medical School faculty: David Kindig, MD, PhD, Professor Emeritus, Department of Population Health Sciences

Wisconsin Alzheimer’s Institute

Improve the quality of life for persons with Alzheimer’s Disease and their families through early diagnosis, treatment and support. Provide practical benefits of research and teaching at the UW Medical School through a statewide network of diagnostic and treatment centers. Recruit individuals for the Wisconsin Registry for Alzheimer’s Prevention, and involve significantly more rural participants and minority populations in research projects.

$375,000 over five years

UW Medical School faculty: Mark Sager, MD, Professor, Department of Medicine, and Director, the Wisconsin Alzheimer’s Institute

Improving Cancer Care in Wisconsin

Develop, in partnership with the Wisconsin Division of Public Health and other statewide partners, the Wisconsin Cancer Control Plan for 2005–2010. Survey 1,000 cancer patients regarding quality of care, with the goal of improving outcomes for patients and families. Establish a coordinated program to translate evidence-based results to practitioners statewide on issues such as colorectal screening, cancer pain, and palliative care. Enhance cancer care and patient outcomes in rural populations.

$450,000 over 16 months

UW Medical School faculty: George Wilding, MD, Professor, Department of Medicine, and Director, UW Comprehensive Cancer Center
**Future Initiatives**

**New Investigator Program**
In December 2004, the MERC turned its attention to developing a Request for Proposals for newly appointed Medical School assistant professors. It is a significant opportunity for new faculty to propose innovative programs promoting the goals and objectives of The Wisconsin Partnership Program. This process is highly competitive with the objective of selecting creative projects that have the greatest potential for significant impact.

The MERC is seeking proposals that advance biomedical sciences; facilitate the application of science to prevention, diagnosis, and treatment of disease; and, in collaboration with communities, promote the application of translational research.

One million dollars will be allocated annually to the New Investigator Program, to be divided one-third and two-thirds from the Strategic Initiatives allocation and from the MERC, respectively. Awards will be up to $100,000 per proposal. There will be two funding cycles per year with up to five awards each cycle for a maximum of ten awards per year. Details on these awards will be presented in the next annual report covering expenditures through December 31, 2005.

**UW Health Care Improvement Program**
Early in 2005, the MERC provided start-up funding for an innovative program to improve health care delivery and health outcomes for the people of Wisconsin. The goal of the UW Health Care Improvement Program is to promote increased involvement of UW faculty and clinicians in health services research. The aim of this program is to create new knowledge and models of care, in partnership with health care providers and communities statewide, that address quality, safety, effectiveness of care, access, and timeliness. Funding for this program will be divided equally between the Strategic Initiatives allocation and the MERC. Detailed information will be provided in the next annual report.
## MERC Achievements for 2004

- **Established policies and procedures to consider proposals aligned with the five focus areas, and created three foundation documents to guide decision making:**
  - Decision Matrix and Narrative
  - Guidelines and Criteria for Review of Proposals
  - Guidelines and Criteria for the Strategic Initiatives Allocation

- **Promoted the development of ongoing communication with the OAC.**

- **Funded a total of $7,136,646 for one Implementation Grant, three Planning Grants, and four Strategic Initiatives as follows:**
  - Implementation Grant for Innovations in Medical Education
  - Planning Grants for the Survey of the Health of Wisconsin, the Wisconsin Clinical Trials Network, and the Human Proteomics Program

Four Strategic Initiative awards granted by the Dean:
- Master of Public Health (MPH) Program
- Making Wisconsin the Healthiest State
- Wisconsin Alzheimer's Institute
- Improving Cancer Care in Wisconsin

All documents referred to in the preceding pages of this report can be found on The Wisconsin Partnership Fund for a Healthy Future Web site: [www.med.wisc.edu/bluecross/](http://www.med.wisc.edu/bluecross/)
A Flow of Ideas Between the OAC and the MERC

While the OAC and the MERC each have different objectives, it is crucial that the same clear and unified vision drives the purpose of each: to improve the health of Wisconsin residents. With its strong community perspective as a base, the OAC provides advice and comment on the use of The Wisconsin Partnership Program funds for medical education and research as allocated by the MERC.

To encourage the flow of ideas between the OAC and the MERC, the Medical School invited the OAC to nominate two representatives, one faculty and one public member, as voting members of the MERC. The appointment of a public member from the OAC emphasized the value that the UW Medical School placed on ensuring a community perspective in the decisions regarding program funding devoted to education and research.

The two OAC members, Susan Goelzer, MD, MS, Chair and Professor, Department of Anesthesiology at the UW Medical School; and Gregory Nycz, Executive Director of the Family Health Center of Marshfield, Inc., provided a community-based perspective to discussions. Goelzer and Nycz also reported to the OAC on MERC-related activities and solicited perspectives on MERC projects and activities from other OAC members. The OAC’s representatives on the MERC, along with Philip M. Farrell, MD, PhD, Dean of the UW Medical School and chair of the OAC, played an important role in articulating the purpose attached to these funds: to optimize health for the people of Wisconsin in partnership with communities.

Moreover, the Dean sought the OAC’s advice on each of the Strategic Initiative proposals before making a decision on funding.

To further information-sharing between the two committees, the OAC has hosted periodic presentations on key focus areas embraced by the MERC. More recently, the OAC has hosted presentations from faculty members who have received MERC awards. The purpose of the presentations is to provide a direct opportunity for OAC members to learn how the initiatives will engage communities, and to address specific questions (see page 31 for details).

The insights gained by the OAC through interactions with communities statewide benefit both committees. Through its representatives on the MERC, the OAC has promoted discussion of community engagement in both research and educational activities. Such efforts support the Medical School’s transformation to an integrated School of Medicine and Public Health.

The OAC appreciates and values the level of communication and interaction that has been achieved with the MERC. Discussion of potential areas of collaboration, including a plan for development of a joint evaluation process, will be an important topic for both committees in 2005.
Faculty Presentations

- “Innovations in Medical Education,” Susan Skochelak, MD, MPH, Professor, Department of Family Medicine, Senior Associate Dean for Academic Affairs
- “Master of Public Health,” Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences, Director, UW Population Health Institute, Faculty Director, MPH Program
- “Survey of the Health of Wisconsin (SHOW),” Javier Nieto, MD, PhD, Professor and Chair, Department of Population Health Sciences
- “Human Proteomics Program,” Richard Moss, PhD, Professor and Chair, Department of Physiology
- “Improving Cancer Care in Wisconsin,” George Wilding, MD, Professor, Department of Medicine, Director, UW Comprehensive Cancer Center (UWCCC) and James Cleary MD, Associate Professor, Department of Medicine, Program Director, UWCCC
- “Wisconsin Clinical Trials Network,” David DeMets, PhD, Professor and Chair, Department of Biostatistics and Medical Informatics, and Howard Bailey, MD, Associate Professor, Clinical Oncology, Department of Medicine
- “Wisconsin Alzheimer’s Institute,” Mark Sager, MD, Professor, Department of Medicine, Director, Wisconsin Alzheimer’s Institute
As required in the addendum to the Five-Year Plan and in the Agreement, the OAC reviewed and assessed the allocation percentage for public health and medical education and research initiatives on March 18, 2005. Susan Goelzer and Greg Nycz led the discussion in their capacity as the OAC’s representatives on the MERC. The OAC concluded that there was insufficient information to advise on the appropriateness of the allocation, and that a comprehensive assessment was premature at this time. In making this decision, the OAC considered the following evolving activities:

- The OAC just completed its first grant cycle and funded programs have only recently begun
- The MERC is in the process of completing its first grant cycle
- The transformation of the UW Medical School into an integrated School of Medicine and Public Health is emerging
- The MPH program will be launched in 2005
- The statewide health care distance education program is yet to be developed

The OAC discussed the importance of establishing a process to ensure that sufficient information would be available to assess the appropriateness of the 65% and 35% allocation on an annual basis. The OAC also recognized that future discussions of modifications in the allocation percentage must take into account the duration of all funding commitments. By a unanimous vote, the OAC agreed that the allocation, 35 percent for public health initiatives and 65 percent for medical education and research initiatives, should remain unchanged for 2005 and that a structured process for future decision making on the allocation should be established. Furthermore, the OAC is committed to developing a comprehensive evaluation process in the current year as described on page 33 of this report. This process will include a discussion of the parameters for evidence-based decision making on the annual allocation of funds.
In the coming months the OAC and the MERC will begin a collaborative planning effort to help define quantitative and qualitative ways to evaluate the effectiveness of The Wisconsin Partnership Program’s activities. Ongoing assessment of performance and progress toward realizing the goals and objectives of the Five-Year Plan will also provide guidance for development of the next Five-Year Plan.

This long-term goal of integrating an ongoing evaluative process into activity cycles will help determine whether the mission and vision of The Wisconsin Partnership Program are being realized. For example, an important goal is the transformation of the UW Medical School into an integrated School of Medicine and Public Health. Progress toward this goal began with the approval of the Master of Public Health by the UW System Board of Regents, and is continuing with the awards for Innovations in Medical Education and for population health research. Additionally, the Medical School is proposing to change its name to the School of Medicine and Public Health. Progress toward achieving transformation will be a critical part of the evaluation.

Another important goal in determining success is realizing the vision of The Wisconsin Partnership Program to make Wisconsin the nation’s healthiest state. “Making Wisconsin the Healthiest State,” a Strategic Initiative led by UW Medical School Professor Emeritus of Population Health Sciences, David A. Kindig, MD, PhD, will provide data on the health status of Wisconsin relative to other states and will offer recommendations on achieving this goal.

The OAC and the MERC will form an evaluation team to design a comprehensive evaluation plan. Focus areas for the evaluation will include the following topics:

- Monitoring program compliance, processes, and effectiveness
- Evaluating impact of each award
- Providing feedback on collective achievements and areas for improvement
- Monitoring progress on advancing the goals of the State Health Plan, Healthiest Wisconsin 2010
- Monitoring progress of the transformation of the UW Medical School to a School of Medicine and Public Health
- Monitoring progress on achieving the vision of making Wisconsin the healthiest state
- Assessing the allocation of funding priorities
- Building strong grantee relationships
- Strengthening community-academic partnerships
- Effectively communicating program results

In addition, Innovations in Medical Education will be evaluated through a partnership with the Learning through Evaluation, Adaptation, and Dissemination (LEAD) Center. The UW–Madison-based LEAD Center consults with faculty and program administrators nationwide in evaluating impact and improving strategies of educational programs.

The OAC and the MERC look forward to implementing this evaluative process as a strategy that will allow everyone participating to measure the progress and effectiveness of The Wisconsin Partnership Fund for a Healthy Future.
HISTORY
On March 25, 2004, with execution of the Agreement Between the Wisconsin United for Health Foundation, Inc. (WUHF), the University of Wisconsin Foundation and the University of Wisconsin System Board of Regents (the Agreement) a total of $296,598,534 was released from WUHF to the UW Foundation with the following stipulations:
• $30 million ($30,000,000) was made immediately available for expenditure,
• $100 million ($100,000,000) was to be endowed with only income available for expenditure, and
• $166,598,534 was to be invested but not available for expenditure.
The agreement calls for the final $166.6 million to be released by WUHF in subsequent years upon successful review and acceptance of the annual reports submitted by The Wisconsin Partnership Program.
All associated revenues of The Wisconsin Partnership Program have been accounted for in segregated accounts at the UW Foundation, as prescribed in the Agreement. In addition, all expenditures of the program have been accounted for in separate accounts within the Medical School.

BUDGETS
The OAC and the MERC agreed to adopt an annual budget based on the income that would be available if the entire $296.6 million had been endowed. Using a projected return of 4.75 percent, a total annual budget of $14.1 million was arrived at for a full 12-month period. For the period covered by this report, this amount was prorated for the actual nine months of operation, April through December 2004. To fund the annual budget the program will be expending income available from the $100 million endowed under the Agreement as well as a portion of the $30 million made fully available. All funds and income are allocated 65 percent for Medical Education and Research Initiatives and 35 percent for Public Health Initiatives.
Administrative expenses were $513,038 for the period of January 2003 through December 2004 (two years). The administrative budget for 2005 is $451,900. Based on an annual budget of $14.1 million, this represents approximately 3 percent for administration. Administrative expenses are detailed in the Annual Report Financial Notes on page 44. The Medical School also provides in-kind support for administrative expenses from the Offices of the Dean and Vice Dean, Fiscal Affairs, Legal Services, Public Affairs, and Information Technology.
The OAC and the MERC approved the administrative budget on April 12, 2004, and July 21, 2004, respectively. Discussion and reaffirmation of the 2005 administrative budget was completed by the OAC on February 23, 2005. The two committees will review and approve the administrative budget prior to November 30 each year.
As agreed by the OAC and the MERC, The Wisconsin Partnership Program will adjust subsequent budgets based on unexpended funds from previous years. Following this process, and noting that actual expenditures during 2004 would be limited, the OAC established the following funding targets for awards to be made in 2004 and expended in 2005 and beyond:
• $500,000 for Collaboration Planning Grants ($25,000 maximum, one-year duration)
• $5.4 million for Collaboration Implementation Grants ($150,000 annual maximum, one to three year duration)
• $1.5 million for Community-Based Public Health Education and Training Grants (one- to four-year duration); and
• $600,000 for Community Population Health Initiative Grants (two-year duration)
The decision to award grants in excess of the expected annual budget was made to “jump start” the program. It is expected that amounts for grants to be awarded in 2005 and 2006 will decrease to eventually reach a level consistent with expected annual revenues.
The MERC followed a similar budget model by setting funding equal to 65 percent of the total annual budget, which amounted to $9.2 million. The annual budget was subcategorized into education and research initiatives as a means of addressing the five core focus areas of excellence. Funded projects during 2004 included:
• Three Planning Grants amounting to $331,000 with a 6-month duration
• One Implementation Grant for $3,225,000 with a three-year duration
• Four Strategic Initiative awards amounting to $3,580,000 with durations between two and five years.
PROJECT MANAGEMENT

Management of the grant funds is consistently applied whether the funding is external to community organizations or internal to the university. Areas of project management include:

- Every proposal must include a budget, which is reviewed at the proposal stage and then at the award stage. Throughout the length of the grant award, the budget is used as a benchmark for funding expenditures and determining progress on the project.
- Every proposal includes a non-supplanting certification, which is reviewed and any issues are addressed at the proposal stage. Throughout the length of the grant award, the community organization or faculty recipient is required to recertify non-supplantation with each request of funding.
- Every awarded project has a Memorandum of Understanding (MOU), which is a contract between the recipient and The Wisconsin Partnership Program.
- Approval of individual projects is made either by the OAC, by the MERC, or by the Dean with the endorsement of the MERC, accordingly, and processed in accordance with UW–Madison policies. The UW System Board of Regents provides broad oversight of The Wisconsin Partnership Program through its liaison, Regent Emeritus Patrick Boyle. The Board of Regents also approves all new award budgets throughout the UW System, which include those made by The Wisconsin Partnership Program. Additionally, contracts with community partners are executed by UW–Madison under delegated authority and reported to the Regents.
- Each proposal is entered into The Wisconsin Partnership Program database for tracking of program requirements and reporting.

Non-supplanting Policy

As outlined in the Decision of the Commissioner of Insurance in the matter of the Application for Conversion of Blue Cross & Blue Shield United of Wisconsin, Wisconsin Partnership funds may not be used to supplant funds or resources that are available from other sources. Written determinations that supplanting has not occurred must be made annually by the Medical School and furnished to the OAC and the MERC. The Medical School has designed a review process for determination of non-supplanting to ensure compliance with this provision. This review process was presented to and approved by the Wisconsin United for Health Foundation, Inc., as an addendum to the Five-Year Plan.

Initial Award

All funding approvals by the OAC or by the MERC are subject to review of supplanting issues and execution of an MOU between The Wisconsin Partnership Program and the recipient. The Medical School has developed a questionnaire that must be completed by all applicants and recipients of funds. This includes recipients internal and external to the Medical School, covering all recipients of OAC, MERC, or Strategic Initiative awards. The questionnaire, along with financial statements from external recipients, is reviewed by the Assistant Dean for Fiscal Affairs as part of the technical review process and development of the MOU. In the case of internal awards, the Assistant Dean also takes into consideration the Medical School budget, including existing grant funding. Any potential supplanting concerns are discussed with the applicant. Resolution of concerns may include a budget modification or reduction. Funds will not be awarded if there is a determination that supplanting would or is likely to occur. Any unresolved supplanting questions are brought to either the OAC or the MERC, as appropriate. An appeal process is available in the case of a dispute between the Assistant Dean and the recipient.
Subsequent Funding
Additionally, as part of the quarterly financial reporting process, each recipient is required to certify that supplanting has not occurred. Recipients of multi-year awards are required to complete a new questionnaire annually.

Annual Report
Based on the non-supplanting determination made by the Assistant Dean for Fiscal Affairs, the Dean of the Medical School has attested to compliance with the supplanting prohibition in the annual report. The UW–Madison Vice Chancellor for Administration has also attested that UW–Madison and the UW System have complied with the supplanting prohibition.

Memorandum of Understanding
All applications approved for funding require a Memorandum of Understanding (MOU) between The Wisconsin Partnership Program and the community organization or the faculty recipient. Acceptance of a grant award requires the grantee to be aware of and comply with the terms and conditions of the award as specified in the MOU. In addition, the MOU provides a mechanism for the OAC and the MERC to monitor progress of their respective awards. The MOU for each project includes a timeline for performance reports to the OAC or to the MERC, as appropriate, which allows for ongoing assessment. Performance reports will include specific information as it relates to progress toward stated goals and the objectives of the State Health Plan. The MOU also includes the following compliance and grant management issues:

- Health Insurance Portability and Accountability Act (HIPAA) Compliance
- Human Subjects Compliance
- Public Records
- Trade Secret and Proprietary Information
- Intellectual Property

ACCOUNTING
The financial report that follows consolidates activities of the UW Foundation and the UW Medical School. Program information provided in the financial report relates to the period of January 1, 2003, through December 31, 2004 (2 years). Revenues consist of investment income and market valuation for the period of March 2004 through December 2004. Expenditures consist of administrative and program costs. All expenses and awards are reported as either Public Health Initiatives (OAC–35 percent) or Medical Education and Research Initiatives (MERC–65 percent). Approved awards have been fully accrued as a liability less current year expenditures as shown on page 37.
## Balance Sheet

### Assets

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<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Current Investments</td>
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<tr>
<td>Non Current Investments</td>
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<td><strong>Total Assets</strong></td>
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### Liabilities and Fund Balances

#### Liabilities

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<td>Grants Payable</td>
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<td><strong>Total Liabilities</strong></td>
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#### Net Assets

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<tr>
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<tr>
<td>Temporarily Restricted</td>
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<tr>
<td>Permanently Restricted</td>
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<td><strong>Total Net Assets</strong></td>
<td><strong>$297,512,635</strong></td>
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| **Total Liabilities & Net Assets** | **$312,538,784** |

*** See further discussion on page 41.
The Wisconsin Partnership Fund for a Healthy Future

Financial Report – UNAUDITED

**INCOME STATEMENT**
For the Period January 1, 2003, through December 31, 2004

<table>
<thead>
<tr>
<th>Revenues</th>
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<tbody>
<tr>
<td>Gifts Received</td>
<td>$296,598,534</td>
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<td>Investment Income</td>
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<td>Realized gains/(losses) on investments</td>
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<tr>
<td>Total Revenues</td>
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<table>
<thead>
<tr>
<th>Expenditures</th>
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<tr>
<td>Public Health Initiatives</td>
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<tr>
<td>Administrative Expenditures</td>
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<tr>
<td>Grant Expenditures</td>
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<tr>
<td>Medical Education &amp; Research Initiatives</td>
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<td>Administrative Expenditures</td>
<td>333,475</td>
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<td>Grant Expenditures</td>
<td>7,136,646</td>
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<td>Total Expenditures</td>
<td>$ 15,610,472</td>
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</table>

Net Increase/(Decrease) in Net Assets $297,512,635
**The Wisconsin Partnership Fund for a Healthy Future**

Financial Report – UNAUDITED

**UNRESTRICTED FUNDS—REPORT OF CASH FLOWS**

For the Period January 1, 2003, through December 31, 2004

<table>
<thead>
<tr>
<th>Unrestricted Funds—Increases</th>
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<tbody>
<tr>
<td>Gifts</td>
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<td>Assets Released from Restriction</td>
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<td>Total Unrestricted Funds Increases</td>
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<table>
<thead>
<tr>
<th>Unrestricted Funds—Decreases</th>
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<tbody>
<tr>
<td>Public Health Initiatives</td>
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<td>Administrative Expenditures</td>
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<td>Grant Expenditures</td>
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<td>Medical Education &amp; Research Initiatives</td>
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<td>Total Unrestricted Funds Decreases</td>
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Total Unrestricted Funds as of December 31, 2004        $32,870,062
CASH AND INVESTMENTS

The financial resources available to support The Wisconsin Partnership Program's grants for the period March 25, 2004, through December 31, 2004, are generated from funds released by the Wisconsin United for Health Foundation, Inc. (WUHF), as prescribed in the Agreement. All funds are housed and managed by the UW Foundation. As needed, funds are transferred to the Medical School to reimburse relevant expenses.

Unrestricted funds were derived from the $30 million that was designated as unrestricted under the Agreement plus endowment distributions from the $100 million required to be endowed under the Agreement. Principal of the $100 million plus undistributed earnings are treated as restricted funds. The final $166.6 million, which is temporarily restricted from use, along with earnings on that amount, is treated as temporarily restricted funds. Temporarily restricted funds are expected to be released in 2005, 2006, and 2007. The value of cash and investments at the UW Foundation on December 31, 2004, was $312 million.

Current Investments

Current investments are comprised of participation in two investment portfolios at the UW Foundation, the expendables portfolio, and the enhanced cash portfolio. The objective of the expendables portfolio is to preserve principal and provide a competitive money market yield. Typically, gifts placed in the expendables portfolio have a short time horizon, usually less than five years. The expendables portfolio is mainly invested in intermediate duration fixed income securities. The UW Foundation has identified a level of the expendables portfolio that is stable over a long-term horizon and this percent is invested in higher returning asset classes. The objective of the enhanced cash portfolio is to preserve principal over a one-year period and earn a superior return on cash equivalent instruments. The enhanced cash portfolio is invested in a combination of money market funds and absolute return strategies.

Non-Current Investments

Non-current investments consist of participation in the UW Foundation endowment portfolio. The objective of the endowment portfolio is to achieve a long-term annualized return that creates a stream of income to fund programs of the Five-Year Plan, preserves the real value of the funds, and provides for real growth. To achieve this objective, the endowment is invested in a diversified portfolio that includes U.S. and international equity, fixed income, real assets, alternative assets and cash equivalents. The UW Foundation utilizes quantitative methods to maximize the target return, while minimizing the risk. The UW Foundation recognizes that individual investments or asset classes within the endowment will be volatile from year to year, but believes that this risk will be mitigated through diversification of asset classes and investments within asset classes.
Investment Strategy

The investment strategy consists of two steps. First, the immediately available unrestricted funds were invested in the expendables portfolio as spending was expected to occur over a limited multi-year period. Second, for the temporarily restricted and restricted funds, the UW Foundation prepared a dollar-cost average schedule that would invest the funds into the endowment over a seven-quarter period. The benefit of a dollar-cost average plan is to spread the market risk over a longer period of time, minimizing the risk and volatility of a considerable market decline. Upon receipt of the funds, a portion was invested in the endowment immediately, while the remaining value of the funds was invested in the enhanced cash portfolio. At each quarter end, another portion of the funds was invested in the endowment as determined by the dollar-cost average schedule. The entire amount of the funds will be invested in the endowment by the third quarter of 2005.

LIABILITIES – GRANTS PAYABLE

Grants payable are recorded as of the date of approval by the OAC or the MERC. The liability reflects the total amount of the grant award, which ranges from one year to five years in length, less any expenditures incurred prior to December 31, 2004. Any subsequent modifications to grant awards are recorded as adjustments of the grant expenditures in the year the adjustment occurs. Grants payable at December 31, 2004, are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Public Health (OAC–35%)</th>
<th>Medical Education &amp; Research (MERC–65%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 31, 2005</td>
<td>$2,753,218</td>
<td>$1,801,223</td>
<td>$4,554,441</td>
</tr>
<tr>
<td>Dec. 31, 2006</td>
<td>2,385,677</td>
<td>2,192,055</td>
<td>4,577,732</td>
</tr>
<tr>
<td>Thereafter</td>
<td>2,794,753</td>
<td>3,083,342</td>
<td>5,878,095</td>
</tr>
<tr>
<td>Total</td>
<td>$7,933,648</td>
<td>$7,076,620</td>
<td>$15,010,268</td>
</tr>
</tbody>
</table>

NET ASSETS

Net assets are divided into three components: unrestricted, temporarily restricted, and permanently restricted, based on the Agreement with WUHF, UW Foundation, and UW System Board of Regents.

• Unrestricted net assets related to funds that are not limited by imposed stipulations of the Agreement and are available for the designated purposes of The Wisconsin Partnership Program.
• Temporarily restricted net assets relate to funds that will be released by WUHF in future periods. These funds are limited in use by imposed stipulations of the Agreement that expire by the passage of time and fulfilled actions of The Wisconsin Partnership Program.
• Permanently restricted net assets relate to funds held in permanent endowment status with income available on an annual basis.
INCOME STATEMENT

Revenues

Revenues for the period of January 1, 2003, through December 31, 2004, consist of three components: (1) the initial one-time transfer from WUHF in the amount of $296,598,534 on March 25, 2004, which was in accordance with the Agreement; (2) investment income, which has been recorded as earned throughout 2004; and (3) net realized gains/(losses) on investments, which represents the difference between the original cost of investments and the sales proceeds (realized) or the fair market value at the end of 2004 (unrealized).

Expenditures

Expenditures for the period of January 1, 2003, through December 31, 2004, consist of grant awards, as described above, and administrative expenses. All expenses fall under one of the two major components identified in the Five-Year Plan:
- Public Health Initiatives (OAC–35 percent)
- Medical Education and Research Initiatives (MERC–65 percent)

Grant award expenditures by major component at December 31, 2004, are as follows:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>Expended As of 12/31/04</th>
<th>Grants Payable</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Population Health Practice Fellowships</td>
<td>OAC</td>
<td>S/E</td>
<td>$22,646</td>
<td>$1,365,838</td>
<td>$1,388,484</td>
</tr>
<tr>
<td>Wisconsin Public Health Leadership Institute</td>
<td>OAC</td>
<td>S/E</td>
<td>4,494</td>
<td>95,506</td>
<td>100,000</td>
</tr>
<tr>
<td>Center for Urban Population Health—Health Multi-level Information Systems and Health Promotion Interventions for Milwaukee’s School Children</td>
<td>OAC</td>
<td>S/R</td>
<td>-</td>
<td>299,839</td>
<td>299,839</td>
</tr>
<tr>
<td>Great Lakes Inter-Tribal Council, Inc.—Native American Health Research Project</td>
<td>OAC</td>
<td>S/E/R</td>
<td>-</td>
<td>299,701</td>
<td>299,701</td>
</tr>
<tr>
<td>Understanding and Overcoming the Barriers Hispanic/Latina Women face in Accessing Reproductive and Sexual Health Care Services</td>
<td>OAC</td>
<td>S/R</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>FIT-WIC-Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Ho-Chunk Nation Culturally Trained Preventive and Supportive Care Project</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Wisconsin Academy for Rural Medicine</td>
<td>OAC</td>
<td>S/E</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Planning Grant to Reduce Health Disparities within LGBT Populations in Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Influencing Wisconsin’s Public Health System through Exploration of a Model that Addresses Hmong Mental Health Needs</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Community Mental Health Training Institute</td>
<td>OAC</td>
<td>S/E</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Community Wellness Initiative</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Wisconsin Adolescent Sexually-Transmitted Infections Protection through Education Project</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>25,000</td>
<td>25,000</td>
</tr>
</tbody>
</table>

*S-service (community-based); E=education; R=research

continued on next page
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>Expended As of 12/31/04</th>
<th>Grants Payable</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeaster Wisconsin Falls Prevention Coalition</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>$25,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Partners for a Clean and Sober Polk County</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Health Care Interpreting Information and Resource Project</td>
<td>OAC</td>
<td>S/E</td>
<td>$</td>
<td>12,500</td>
<td>12,500</td>
</tr>
<tr>
<td>Health Watch Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>23,571</td>
<td>23,571</td>
</tr>
<tr>
<td>Reducing Household Asthma Triggers in Dane County African American Households</td>
<td>OAC</td>
<td>S/R</td>
<td>$</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Northern Wisconsin Groundwater Consortium</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Collaboration on Lead Education, Abatement and Reduction</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Uniting Communities for Healthy Eating and Active Living</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Strengthening Family Caregivers through Statewide Coalition</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Fall No More</td>
<td>OAC</td>
<td>S/E</td>
<td>$</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Enhancing Alcohol Screening, Intervention and Referral Services in Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>24,821</td>
<td>24,821</td>
</tr>
<tr>
<td>Beyond Lip Service: Integrating Oral Health into Public Health</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>450,000</td>
<td>450,000</td>
</tr>
<tr>
<td>First Breath: Enhancing Services to Health Care Providers and Clients</td>
<td>OAC</td>
<td>S/E</td>
<td>$</td>
<td>450,000</td>
<td>450,000</td>
</tr>
<tr>
<td>Fit Kids, Fit Families in Washington County</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>318,971</td>
<td>318,971</td>
</tr>
<tr>
<td>At-Risk Adolescent Health Outreach, Prevention and Services Collaborative Program</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>292,467</td>
<td>292,467</td>
</tr>
<tr>
<td>Milwaukee Birthing Project: Improving Birth Outcomes for Mothers and Children</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>414,475</td>
<td>414,475</td>
</tr>
<tr>
<td>Breaking the Barriers to Health Care and Preventing Domestic Violence for Latino/Hispanic Immigrants</td>
<td>OAC</td>
<td>S/E</td>
<td>$</td>
<td>440,000</td>
<td>440,000</td>
</tr>
<tr>
<td>Healthy and Active Lifestyles for Children and Youth with Disabilities: A Comprehensive Community-Based Partnership</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>448,529</td>
<td>448,529</td>
</tr>
<tr>
<td>Co-Op Care</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>450,000</td>
<td>450,000</td>
</tr>
<tr>
<td>Dane County Early Childhood Initiative</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>450,000</td>
<td>450,000</td>
</tr>
<tr>
<td>Peridata: A Rural/Urban Information Network</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>395,819</td>
<td>395,819</td>
</tr>
<tr>
<td>Safe Mom, Safe Baby: A Collaborative Model of Care for Pregnant Women Experiencing Intimate Partner Violence</td>
<td>OAC</td>
<td>S</td>
<td>$</td>
<td>448,529</td>
<td>448,529</td>
</tr>
<tr>
<td>Healthy Children, Strong Families</td>
<td>OAC</td>
<td>S/R</td>
<td>$</td>
<td>426,120</td>
<td>426,120</td>
</tr>
<tr>
<td>Milwaukee Homicide Review Commission</td>
<td>OAC</td>
<td>S/R</td>
<td>$</td>
<td>400,001</td>
<td>400,001</td>
</tr>
</tbody>
</table>

**TOTAL-OAC FUNDING** $27,140 $7,933,648 $7,960,788

*S=service (community-based); E=education; R=research*
### Funding Expended Grants Project

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Source</th>
<th>Type*</th>
<th>Expended As of 12/31/04</th>
<th>Grants Payable</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master in Public Health (MPH)</td>
<td>MERC</td>
<td>E</td>
<td>$54,041</td>
<td>$1,881,079</td>
<td>$1,935,120</td>
</tr>
<tr>
<td>Innovations in Medical Education</td>
<td>MERC</td>
<td>E/S</td>
<td>3,225,000</td>
<td>3,225,000</td>
<td>3,225,000</td>
</tr>
<tr>
<td>Survey of the Health of Wisconsin (SHOW)</td>
<td>MERC</td>
<td>R/E/S</td>
<td>1,674</td>
<td>127,075</td>
<td>128,749</td>
</tr>
<tr>
<td>Wisconsin Clinical Trials Network (WiCTNet)</td>
<td>MERC</td>
<td>R/S</td>
<td>-</td>
<td>137,434</td>
<td>137,434</td>
</tr>
<tr>
<td>Human Proteomics Program</td>
<td>MERC</td>
<td>R</td>
<td>-</td>
<td>65,000</td>
<td>65,000</td>
</tr>
<tr>
<td>Making Wisconsin the Healthiest State</td>
<td>MERC</td>
<td>R/S</td>
<td>4,311</td>
<td>816,032</td>
<td>820,343</td>
</tr>
<tr>
<td>Wisconsin Alzheimer’s Institute</td>
<td>MERC</td>
<td>R/E/S</td>
<td>-</td>
<td>375,000</td>
<td>375,000</td>
</tr>
<tr>
<td>Improving Cancer Care in Wisconsin</td>
<td>MERC</td>
<td>R/E/S</td>
<td>-</td>
<td>450,000</td>
<td>450,000</td>
</tr>
</tbody>
</table>

**TOTAL-MERC FUNDING**

- $60,026
- $7,076,620
- $7,136,646

**TOTAL-OAC & MERC FUNDING**

- $87,166
- $15,010,268
- $15,097,434

*S=service (community-based); E=education; R=research

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**Administrative Expenditures**

Administrative expenditures include costs for the two-year period of January 1, 2003, through December 31, 2004. All costs have been approved by both the OAC and the MERC. Allocation of costs in the Income Statement on page 38 is based on a 35 percent/65 percent split. Detail expenditures for the two-year period are as follows:

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Salaries</td>
<td>$303,664</td>
</tr>
<tr>
<td>Total Fringe Benefits</td>
<td>103,519</td>
</tr>
<tr>
<td>Other Expenses</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>11,274</td>
</tr>
<tr>
<td>Travel</td>
<td>8,111</td>
</tr>
<tr>
<td>UW Foundation – legal</td>
<td>20,755</td>
</tr>
<tr>
<td>Reviewer Services</td>
<td>14,878</td>
</tr>
<tr>
<td>Outside Services</td>
<td>18,522</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>32,315</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$513,038</strong></td>
</tr>
</tbody>
</table>

OAC (35%) Allocation $179,563
MERC (65%) Allocation $333,475

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All documents referred to in the preceding pages of this report can be found on The Wisconsin Partnership Fund for a Healthy Future Web site: [www.med.wisc.edu/bluecross/](http://www.med.wisc.edu/bluecross/).