PARTNERSHIPS
FOR A
HEALTHY
WISCONSIN

2005 ANNUAL REPORT

The Wisconsin Partnership Fund For a Healthy Future
University Of Wisconsin School of Medicine and Public Health
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Program documents referred to in this report can be found on The Wisconsin Partnership Program Web site: www.med.wisc.edu/bluecross
Introduction

The University of Wisconsin School of Medicine and Public Health (SMPH) and the Oversight and Advisory Committee (OAC) are pleased to present the second annual report of *The Wisconsin Partnership Fund for a Healthy Future*. This report covers all activities and expenditures from January 1, 2005, through December 31, 2005, in accordance with the documents establishing The Wisconsin Partnership Program: the *Insurance Commissioner’s Order*, the *Agreement***, and the *Five-Year Plan*.

The *Five-Year Plan* was developed to guide the distribution of the funds resulting from the conversion of Blue Cross/Blue Shield United of Wisconsin to a for-profit corporation. The *Plan* was also designed to address the goals of the state’s health plan, *Healthiest Wisconsin 2010*, to eliminate health disparities (differences in health status or health outcomes among or between specific population groups), promote health, and transform Wisconsin’s public health system.

Under the direction of the OAC, The Wisconsin Partnership Program allocates 35 percent of the available funds to community-academic population health partnerships. Under the direction of the Medical Education and Research Committee (MERC), the Program allocates 65 percent of the available funds to medical education and research initiatives that support population health.

This report describes the activities leading to the award of grants by the OAC and the MERC during the period beginning January 1, 2005, and ending December 31, 2005, and also provides updates on a number of initiatives already in progress. Please visit The Wisconsin Partnership Program Web site (www.med.wisc.edu/bluecross) for detailed information about the Program, its committees, and its activities.

*The Wisconsin Partnership Fund for a Healthy Future* represents an unprecedented opportunity for the SMPH to join with communities across the state to advance the health of the public. We express our continued gratitude to Blue Cross/Blue Shield United of Wisconsin for entrusting the SMPH with the stewardship responsibility and resources to support initiatives 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

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*Received 2-year award in 2004; shown here for organizational purposes*
Open Meetings and Public Records Laws
The Wisconsin Partnership Program conducts its operations and processes in accordance with the State of Wisconsin’s Open Meetings and Public Records laws. Meetings of the OAC, the MERC, and their respective subcommittees, are open to the public, in accordance with the law. Agendas, minutes, and approved documents are posted on the Program’s Web site, www.med.wisc.edu/bluecross.

Diversity Policy
The Wisconsin Partnership Program is subject to and complies with the diversity and equal opportunity policies of the Board of Regents of the UW System and UW–Madison. The OAC and the MERC have also adopted a diversity policy (see below) to emphasize the importance of a broad perspective and representation for the Program’s goals, objectives, and processes.

The Wisconsin Partnership Program Diversity Policy

The mission of The Wisconsin Partnership Program (WPP) of the UW SMPH is to advance population health in Wisconsin by promoting community-academic partnerships, supporting research and education, and influencing public policy. The commitment to diversity is integral to the WPP mission and pursuit of making Wisconsin the healthiest state in the nation and to its overarching goal of eliminating health disparities. A broad perspective helps the WPP understand the most effective means to address population health issues and to improve the health of the public.

Diversity encompasses underrepresented groups and people who are specifically protected by civil rights laws and includes, but is not limited to, age, gender, race, national origin (ethnicity), religious beliefs, physical abilities and characteristics, sexual orientation, economic circumstances and lifestyle.

The WPP is subject to and complies with the diversity and equal opportunity policies of the Board of Regents of the University of Wisconsin System and UW–Madison.

Furthermore, to ensure diversity within the programmatic goals and objectives of the WPP, the following policy has been adopted:

1. The WPP will continually strive to achieve a diverse membership among the Oversight and Advisory Committee (OAC), Medical Education and Research Committee (MERC), standing and ad hoc committees, staff, consultants, advisors and partners.

2. The WPP will undertake a strategic and systematic approach to involving individuals from diverse racial/ethnic groups, ages, abilities, geographic regions and interests by supporting opportunities for community engagement throughout WPP planning processes, development and outreach.

3. The WPP will continue to monitor the level of diversity on all WPP committees, subcommittees, and advisory groups. The WPP will communicate its diversity policy to the public by posting the policy on the Program Web site and by publicizing the policy in advance of committee elections.
Oversight and Advisory Committee (OAC) Members

**Health Advocate Appointees**

**Nancy Miller-Korth, Vice Chair**
Nursing Consultant, Great Lakes Inter-Tribal Council, Inc.
*Category:* Minority Health

**Douglas Mormann, Secretary**
Health Officer, La Crosse County Health Department
*Category:* Statewide Health

**Gregory Nycz**
Executive Director, Family Health Center of Marshfield, Inc.; Director of Health Policy, Marshfield Clinic
*Category:* Rural Health

**June Martin Perry**
(appointed March 2006)
Executive Director, New Concept Self Development Center, Inc.
*Category:* Urban / Community Health

**Margaret MacLeod Brahm (January–September 2005)**
President and CEO
American Lung Association of Wisconsin
*Category:* Urban / Community Health

**Insurance Commissioner’s Appointee**

**Martha Gaines, JD, LLM**
Director, Center for Patient Partnerships; Clinical Associate Professor, UW Law School

**UW School of Medicine and Public Health Appointees**

**Philip Farrell, MD, PhD, Chair**
Professor, Departments of Pediatrics and Population Health Sciences; Dean, UW SMPH; Vice Chancellor for Medical Affairs, UW–Madison

**Susan Goelzer, MD, MS, CPE**
Professor and Chair, Department of Anesthesiology; Professor, Department of Population Health Sciences, UW SMPH

**Patrick Remington, MD, MPH**
Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program, UW SMPH

**Susan Riesch, DNSc, RN, FAAN**
Professor, UW Waisman Center and School of Nursing

**Board of Regents Liaison**

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

**Public Health Education and Training Subcommittee (PHET)**

**Barbara Duerst**
Family Living Educator, UW–Extension Green County

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

**Moira Lafayette**
Director, Health Sciences Solutions, Sonic Foundry, Inc.

**Lorraine Lathen**
Vice President of Education and Training, Planned Parenthood of Wisconsin

**George Mejicano, MD, MS (Ex Officio)**
Assistant Dean, Office of Continuing Professional Development in Medicine and Public Health, UW SMPH

**Douglas Mormann**
Health Officer, La Crosse County Health Department

**Patrick Remington, MD, MPH**
Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program, UW SMPH

**Lora Taylor de Oliviera**
Director, Partnerships for Healthy Milwaukee, UW–Milwaukee, College of Health Sciences

**Pa Vang**
Program Manager, Center for Urban Community Development, UW–Milwaukee, School of Continuing Education

**Staff**

**Eileen Smith**
Director, The Wisconsin Partnership Program, UW SMPH

**Cathy Frey**
Assistant Director, The Wisconsin Partnership Program, UW SMPH

**Tonya Paulson**
Program Assistant, The Wisconsin Partnership Program, UW SMPH

**Karla Thompson, CPA**
Accountant, The Wisconsin Partnership Program, UW SMPH

**OAC MEMBERSHIP**

The Oversight and Advisory Committee (OAC) is responsible for allocating and distributing funds for community population health initiatives. It also reviews and comments on the uses of the funds for medical education and research.

The OAC 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: minority health, statewide health, rural health, and urban/community health.

The Public Health Education and Training (PHET) subcommittee provides advice and recommendations to the OAC on the development of education and training programs for public health practitioners in Wisconsin. The PHET subcommittee consists of seven public members and two SMPH faculty members.
Medical Education and Research Committee (MERC) Members

Leaders of Focus Areas of Excellence

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

Jeffrey Grossman, MD, Vice Chair
Professor, Department of Medicine; Senior Associate Dean for Clinical Affairs, UW SMPH; President and CEO, UW Medical Foundation
Focus Area: Innovations in Medical Education

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

Javier Nieto, MD, MPH, PhD
Professor and Chair, Department of Population Health Sciences, UW SMPH
Focus Area: Wisconsin Population Health Research Network

George Wilding, MD, MS
Professor, Department of Medicine; Director, UW Comprehensive Cancer Center, UW SMPH
Focus Area: Molecular Medicine and Bioinformatics

UW School of Medicine and Public Health Administrators

Paul DeLuca, PhD, Chair
Vice Dean; Professor, Department of Medical Physics, UW SMPH

Gordon Ridley
Senior Associate Dean for Administration, UW SMPH

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

Jeffrey Stearns, MD
Associate Dean, Milwaukee Clinical Campus; Professor, Department of Family Medicine, UW SMPH; Vice President of Academic Affairs, Aurora Health Care

Basic Science Chairs

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

Norman Drinkwater, PhD
Professor and Chair, Department of Oncology, UW SMPH

Clinical Chairs

William Busse, MD
(appointed February 2006)
Professor and Chair, Department of Medicine, UW SMPH

Layton Rikkers, MD
(January–October 2005)
Professor and Chair, Department of Surgery, UW SMPH

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

Faculty with Population Health Experience

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

Douglas Smith, MD
Associate Professor, Department of Family Medicine, UW SMPH, Family Practice Clinic–Verona

Faculty at Large

Sanjay Asthana, MD
Associate Professor, Department of Medicine, UW SMPH

Joan Schiller, MD
Professor, Department of Medicine, UW SMPH

Academic Staff

Debra Hullett, PhD
Distinguished Scientist, Department of Surgery, UW SMPH

Oversight and Advisory Committee Appointees

Susan Goelzer, MD, MS, CPE
Professor and Chair, Department of Anesthesiology; Professor, Department of Population Health Sciences, UW SMPH

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

Ex officio

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

Staff

Eileen Smith
Director, The Wisconsin Partnership Program, UW SMPH

Tracy Cabot, PhD
Administrative Program Specialist, The Wisconsin Partnership Program, UW SMPH

Tonya Paulson
Program Assistant, The Wisconsin Partnership Program, UW SMPH

Karla Thompson, CPA
Accountant, The Wisconsin Partnership Program, UW SMPH

MERC MEMBERSHIP

The Medical Education and Research Committee (MERC) allocates and distributes funds designated for medical education and research initiatives that advance population health. MERC’s broad representation includes faculty and staff with experience and expertise in research, education, and public and community health.

The MERC Executive Subcommittee handles matters between meetings, and provides advice and comment on proposals to the full committee. Membership comprises the MERC chair and the five Leaders of Focus Areas of Excellence.
**Year In Review**

With the presentation of this second annual report of *The Wisconsin Partnership Fund for a Healthy Future*, it is my pleasure to provide an introduction to the many accomplishments of the past year. After two years of experience funding projects, we are seeing clear evidence of The Wisconsin Partnership Program’s potential to improve the health of the people of Wisconsin. The members of the Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC) have contributed countless hours to program development, and are now beginning to realize the fruits of their efforts.

In 2005, under the OAC’s expert guidance, we evaluated 99 Community-Academic Partnership Fund (CAPF) applications, ultimately funding 19 proposals totaling $4.7 million. These unique collaborations address a wide variety of public health challenges in Wisconsin, touching rural, urban, and suburban communities, and people of all ages, ethnicities, and socioeconomic status. The OAC has also expanded its public health education and training efforts to help ensure a sufficient and competent public health workforce, one of the priorities of the State Health Plan for 2010.

In 2005, the MERC supported the focus areas identified in *The Wisconsin Partnership Program’s Five-Year Plan* by funding one planning grant, three implementation grants, and eight strategic initiative awards totaling $10.4 million. Additionally, the New Investigator Program provided $1.6 million in funding for creative projects by new faculty. Another initiative, the Health Innovation Program, was awarded $1.3 million to address Wisconsin’s highest-priority health care and health system challenges through research, practice improvement, and education.

While each of MERC’s programs may take a distinct path—basic science, clinical research, population health, or education—the common destination is a healthier Wisconsin. MERC’s rigorous review process sharpened and elevated the expectations for its funded programs, ensuring that the focus of each aligned with the mission, vision, and guiding principles of The Wisconsin Partnership Program.

An important measure of the program’s evolution is the development of connections between the MERC and OAC funded programs. An excellent example of this linkage is the “Healthy Children, Strong Families” program, which received an OAC award in 2004 followed by a MERC New Investigator Program award in 2005. The additional funds allow the program to further evaluate whether family-based interventions can reduce obesity and diabetes in Wisconsin American Indian children, offering a potentially profound impact for the community.

Underlying all of The Wisconsin Partnership Program’s activities is the commitment to the School’s transformation to an integrated school of medicine and public health. As an institution, we have been laying the foundation for this change for nearly a decade. In November of 2005, we achieved the first official recognition of this transformation process: formally changing our name to the UW School of Medicine and Public Health (UW SMPH), with the Board of Regents’ approval.

"These unique collaborations address a wide variety of public health challenges in Wisconsin, touching rural, urban, and suburban communities, and people of all ages, ethnicities, and socioeconomic status.”

This transformation will promote a balanced culture of health in Wisconsin—one focused on prevention as well as intervention—and will elevate awareness of the health challenges facing the people of the state. It will emphasize the full spectrum of population health education opportunities, both within the SMPH and in collaboration with other professional schools. And it will enable our institution, which has gained national attention for this important change, to lead the way in defining and addressing population health issues at the state and local levels as we collaborate with communities throughout Wisconsin.

The Wisconsin Partnership Program has been the spark that launched the SMPH’s transformation. Partnership support has made possible key public health advances, such as the Master of Public Health program, the Survey of the Health of Wisconsin, new population health faculty, and additional resources at Ebling Library. As shown by an array of Program-supported community-academic partnerships, translational research programs, and curriculum innovations, we are moving toward reaching our vision of making Wisconsin the healthiest state.
It has been a privilege to have served the School as Dean at a time of dramatic change and to have led it through extraordinary challenges. As I step down from the deanship and focus on public health issues affecting children, I am confident that the SMPH will become a national leader in integrating the practices and principles of population health with those of medicine. I have no doubt that this leadership will result in the development of innovative community partnerships that will successfully address our most challenging public health issues.

We have traveled far since Blue Cross/Blue Shield United of Wisconsin first announced its objective to provide funds to improve the health of the public. The journey toward establishing and implementing The Wisconsin Partnership Program to carry out this objective has been remarkable. I look forward to continuing my relationship with the SMPH and The Wisconsin Partnership Program, and sharing what we’ve accomplished with institutions across the state and the country.

**Philip M. Farrell, MD, PhD**
Professor, Departments of Pediatrics and Population Health Sciences
Dean, UW School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW–Madison

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**Key Events for 2005**

**Community-Academic Partnership Fund Grantee Meeting**

The Wisconsin Partnership Program held its first Community-Academic Partnership Fund grantee meeting on November 17, 2005. Grantees who received awards in 2004, including faculty and community partners, came to learn, network, and gain support. Ellen Taylor-Powell, PhD, a UW Extension Evaluation Consultant, delivered a keynote presentation on program evaluation. Grantees attended the Transformation Conference immediately after the meeting, which offered another opportunity to deepen connections between the institution and community partners statewide.

**Transformation Conference**

“The Transformation of Health Care and the Role of the University,” held November 17 and 18, 2005, provided a public forum to examine the University’s current and potential role in the changing health care system. Participants included industry leaders, policy makers, public agency officials, faculty, and community population health representatives.

The conference provided an overview of health care trends, issues, and initiatives. It also addressed ways to challenge the University to contribute to health care system change, community partnership endeavors (including The Wisconsin Partnership Program), and multidisciplinary approaches to change. The event attracted over 230 attendees and promoted further collaboration between the University and state government to address Wisconsin’s health care challenges.

**School of Medicine and Public Health Name Change**

Capping nearly a decade of philosophical and programmatic shifts, the UW Medical School changed its name to the UW School of Medicine and Public Health. The change supports the Institute of Medicine’s vision that “the system should balance and integrate needs for personal health care with broader community-wide initiatives that target the entire population.”

The UW Board of Regents approved the name change on November 11, 2005. The transformation formalizes the school’s expansion of education, research, and clinical activities to include an increased emphasis on population health.

**Health Care Data Collection and Reporting Conference**

On February 7, 2005, The Wisconsin Partnership Program joined with the UW Population Health Institute and the Wisconsin Department of Health and Family Services to provide the “Health Care Data Collection and Reporting: Models for Public-Private Partnerships” conference.

With over 180 attendees, the conference successfully brought together local and national experts to discuss models for an advanced health information network that supports clinical care, personal health management, population health, and research.

**Unversity of Wisconsin**
**SCHOOL OF MEDICINE AND PUBLIC HEALTH**

PHOTOS THIS PAGE: TODD BROWN
The primary responsibility of the Oversight and Advisory Committee (OAC) is to direct and approve funds for public health initiatives in accordance with the Five-Year Plan. OAC members also review, monitor and report on funds committed for medical education and research.

Funded initiatives fall into one of the following three categories:

- Community-Academic Partnership Fund (this page)
- Community-Population Health Initiatives (page 17)
- Community-Based Public Health Education and Training Initiatives (page 18)

Figure 2: OAC Funding Categories

**Oversight and Advisory Committee (OAC) Initiatives**

In 2005, the OAC awarded the second series of Community-Academic Partnership Fund (CAPF) grants. Since the program began, over 50 initiatives are now under way or near completion. Aims of projects funded in 2005 include: reducing alcohol use in three Wisconsin communities, preventing falls and related injuries among older adults, and replicating a successful mental health treatment practice for Hmong refugees in the Fox Valley.

By actively seeking feedback from communities and faculty, OAC learned in 2005 how it could improve the CAPF program to make an even greater impact on the health of the people of Wisconsin. For example, it became apparent that communities and faculty needed a clearer understanding of the Program’s goals and Request for Partnerships (RfP) process, more assistance developing community-academic partnerships, and concrete support for developing proposals.

Through expanded outreach efforts—conferences, improved training programs, and partnerships with state and local public health systems—the OAC stimulated new community-academic partnerships, motivated faculty to become significantly more engaged in program development, and improved the quality of proposals overall.

In addition, OAC’s Public Health Education and Training (PHET) subcommittee met six times in 2005, bringing valuable insights on public health training programs—from the community perspective—to the OAC. These insights helped guide OAC’s public health education activities throughout 2005. For example, the Population Health Fellowship Program expanded its number of fellows and completed its first initial program evaluation. Planning for the Healthy Wisconsin Leadership Institute (see page 18) is now complete, and the first phase of implementation is under way.

**Community-Academic Partnership Fund (CAPF)**

The first program category funded by the OAC, the Community-Academic Partnership Fund, offers Wisconsin communities the opportunity to collaborate with academic partners on projects focused on health promotion, disease prevention, health policy and health disparities. The fund addresses the priorities of the state health plan, Healthiest Wisconsin 2010, and the Mission, Vision and Guiding Principles of The Wisconsin Partnership Fund for a Healthy Future.

The CAPF administers two types of grants:

- **Collaboration Planning Grants.** These grants allow applicants to develop community-academic partnerships and plan for new collaborations. Awards are available for 1- to 2-year projects totalling no more than $50,000.
- **Collaboration Implementation Grants.** These grants support projects that address CAPF goals. Awards are available for 12- to 36-month projects of no more than $150,000 per year.
The following table summarizes the CAPF awards for 2005. Each award is described beginning on page 12.

<table>
<thead>
<tr>
<th>Type of Grant</th>
<th>Number Reviewed</th>
<th>Number Funded</th>
<th>Total Funding (approximate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning Grant</td>
<td>28</td>
<td>9</td>
<td>$400,000</td>
</tr>
<tr>
<td>Implementation</td>
<td>71</td>
<td>10</td>
<td>$4.3 million</td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99</strong></td>
<td><strong>19</strong></td>
<td><strong>$4.7 million</strong></td>
</tr>
</tbody>
</table>

**Request for Partnerships (RfP) Process**

In 2005, the OAC evaluated and revised the RfP developed the previous year. The RfP formally delineates the criteria for selection, funding guidelines, and proposal requirements associated with applying for a CAPF grant.

The OAC used results of a Web-based public survey as well as feedback from reviewers and staff to make substantial improvements to the RfP process (see page 31 for more details). The new RfP was unveiled in June of 2005.

**Training and Technical Assistance**

Program staff provided statewide training sessions, in-person presentations, and technical assistance on the CAPF program throughout the year. These efforts offered potential grantees valuable guidance on the RfP process, and helped the Program better understand the needs of community organizations that would benefit from the program.

**Statewide Training Sessions**

In July 2005, the OAC held five statewide training sessions on the CAPF program. The training sessions, which were promoted through The Wisconsin Partnership Program Web site, emails to organizations around the state, and announcements in community newspapers, attracted 179 attendees.

During the sessions, Program staff presented overviews of The Wisconsin Partnership Program and the CAPF program, and outlined requirements for applying for a 2005 grant. Each attendee received a packet containing the improved RfP and resources for proposal development.

Compared to the previous year, the 2005 sessions offered community organizations more assistance in developing academic partnerships. Program staff invited faculty who had been academic partners in 2004 to discuss how organizations can approach and pinpoint mutually beneficial partnerships as they develop their grant applications.

Representatives from the Wisconsin Department of Health and Family Services also made presentations on how community organizations can better align grant applications with measurable objectives of the state health plan.

**In-Person Presentations**

During 2005, Program staff presented an overview of the CAPF program and RfP process to numerous groups, including the Wisconsin County Human Services Association, the Wisconsin Public Health Association, and the Wisconsin Association of Local Health Departments and Boards. These presentations were another way for the Program to reach community organizations across the state and help potential applicants be more successful in applying for CAPF grants.

**Technical Assistance**

Program staff offered community organizations one-on-one technical assistance on the RfP process throughout the year. To help improve the quality of grant applications, staff also enhanced Web-based training tools. The Frequently Asked Questions (FAQ) page on the Program Web site was updated in August 2005 to cover questions raised during the July training sessions. Resources that remain on the site and are updated regularly also include:

- Examples of funded grants;
- Grant writing and planning tips;
- Resources on project outcome evaluation;
- Evidence-based practices (practices whose effectiveness has been confirmed by systematic research or expert consensus); and
- Best practices (practices believed to have been successful, but have not been rigorously tested).

**Figure 3: 2005 CAPF Training Sessions**
Multi-Step Review Process

All Community-Academic Partnership Fund grant applications underwent a multi-step review process: technical review, external review, and OAC review. The OAC made all final award decisions and funding determinations. The review process and major changes made to it in 2005 are described below.

Technical Review

During the technical review process, Program staff used a detailed checklist to evaluate each application for completeness, applicant eligibility, and general budget documentation. Staff also ensured that the application met the non-supplanting requirement, meaning that the award requested would not replace or supersede funds from other sources.

External Review

Due to the need for additional reviewers with knowledge in specific program areas, the OAC released a public call for new reviewers in 2005. All selected reviewers had established expertise in community and public health.

To allow reviewers to more thoroughly evaluate each application—thereby improving the quality of the review process—the OAC increased the size of the review panel to 53 (see sidebars on pages 10 and 11). This panel included outside national experts, who brought in-depth content expertise to specific applications. Program staff assigned each application to three external reviewers, considering area of expertise, geographic location, avoidance of conflicts of interest, and a balance of academic and community experts as selection factors. To ensure that the review process is impartial and objective, all external reviewers must abide by the OAC’s conflict of interest policy.

To improve the consistency of the scoring process, Program staff provided two training sessions for grant reviewers in 2005. If reviewers were not able to attend these sessions, staff provided individual training.

The external reviewers independently and anonymously evaluated the merits of each proposal, and scored them using the common scale and uniform conventions described in the RfP. Reviewers gave each application a numerical score and written comments. Numerical scores ranged from 100 (high) to 0 (low), falling into one of the following three ranges:

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OAC EXTERNAL REVIEWERS

David Ahrens, MS, Researcher, UW Comprehensive Cancer Center
Henry Anderson, MD, Chief Medical Officer, Bureau of Environmental and Occupational Health, Wisconsin Department of Health and Family Services
James Bobula, PhD, Associate Professor, Department of Family Medicine, UW SMPH
Mary Jo Borden, WHCNP, PHN, MSN, RN Consultant and Women’s Health Specialist, Minnesota Department of Health
Rich Brown, MD, MPH, Associate Professor, Department of Family Medicine, UW SMPH
Aaron Carrel, MD, Associate Professor, Department of Pediatrics, UW SMPH
Roseanne Clark, PhD, Assistant Professor, Director of Parent-Infant Clinic, UW Psychiatric Institute and Clinics
Jeff Davis, MD, Chief Medical Officer and State Epidemiologist for Communicable Diseases and Preparedness, Bureau of Communicable Diseases and Preparedness, Wisconsin Department of Health and Family Services
Gregory DeMuri, MD, Associate Professor, Department of Pediatrics, UW SMPH
Barbara Duerst, MS, RN, Family Living Educator, UW–Extension, Green County
Nancy Cross Dunham, PhD, Research Program Manager, Department of Population Health Sciences, UW SMPH
Maureen Durkin, PhD, DrPH, Associate Professor, Department of Population Health Sciences, UW SMPH
Jennifer Eddy, MD, Assistant Professor, Department of Family Medicine, UW SMPH, Eau Claire Family Medicine Clinic
Julie Fagan, MD, Associate Professor, Department of Medicine, UW SMPH, UW Health–West Clinic
Sharon Foster, PhD, Associate Professor, Department of Pediatrics, UW SMPH
Sharon E. Fox, PhD, Senior Policy Analyst, Workers Compensation Research Institute
Donna Friedsam, MPH, Associate Director of Health Policy, UW Population Health Institute
Craig Gjerde, PhD, Professor and Director of Faculty Development, Department of Family Medicine, UW SMPH
Patricia Guhleman, MS, Chief, Policy Section, Bureau of Health Information and Policy, Wisconsin Department of Health and Family Services
Paul Hartlaub, MD, MSPH, Associate Professor, Department of Family Medicine, UW SMPH, St. Luke’s Family Practice Residency Program
Mark Huber, MS, Director of Community Relations and Community Health Planning, Aurora Health Care
Kelli Jones, BSN, RN, Executive Director, Milwaukee Area Health Education Center
Millie Jones, MPH, Health Educator, Bureau of Community Health Promotion, Wisconsin Department of Health and Family Services
Robert L. Kane, MD, Professor and Chair in Long-Term Care and Aging, University of Minnesota School of Public Health
Murray Katcher, MD, PhD, Chief Medical Officer, Bureau of Community Health Promotion, Wisconsin Department of Health and Family Services
• **Level I—Excellent to outstanding (80–100).** The application has the potential to have a vital role in advancing the health of the population and has a high probability of impact.

• **Level II—Good to very good (60–79).** The application may contribute to advancing the health of the population. The proposal was acceptable but not as strong as the others scored.

• **Level III—Poor to fair (0–59).** The application does not appear to have the capacity to advance the health of the population at this time.

### OAC Review

When making award decisions, the OAC considered scores and reviewer comments, but also considered program diversity, geographic distribution, and capacity to achieve the goals and objectives of The Wisconsin Partnership Program.

For the final review, the OAC carefully examined the external reviewers’ scores and comments along with executive summaries (for implementation grants) or the full proposals (for planning grants). In an open meeting on December 22, 2005, all of the proposals were presented to the committee. The OAC discussed the higher-ranked Level 1 proposals, thoroughly considering their strengths and merits. After Program staff examined the top-ranked proposals, the OAC made award decisions in an open meeting on December 29, 2005.

### Applicant Notification and Acceptance

After the final award decisions were made, all applicants were immediately sent a Letter of Decision indicating the status of their proposal. All applicants also received a summary of reviewer comments. This summary served as an official record of review and included:

- the project description;
- reviewer comments (with reviewer identity concealed); and
- the proposal priority score, which reflects the average of the individual reviewers’ scores

As soon as applicants were informed of the results, Program staff posted a list of funded grants on its Web site.

Applicants were encouraged to contact Program staff to more deeply discuss the review process and any questions or concerns that arose from the reviewer comments. For applicants who were not funded, program staff offered information on other funding sources, comments on proposal merits, suggestions for improvement, and encouragement to resubmit in the future.

### OAC EXTERNAL REVIEWERS

- **Dean Krahn, MD,** Professor, Department of Psychiatry, UW SMPH; Chief of Mental Health Service, Veterans Administration Hospital
- **Patrick Lasky, PhD, RN,** Professor Emeritus, UW School of Nursing
- **Alison Lux, MD,** Assistant Professor, Department of Family Medicine, UW SMPH; St. Luke’s Family Practice Residency Program
- **Jane Mahoney, MD,** Associate Professor, Department of Medicine, Section of Geriatrics, UW SMPH
- **Donna McDowell, MSS,** Director, Bureau of Aging and Disability Resources, Wisconsin Department of Health and Family Services
- **Ellyn McKenzie, BA,** Vice President of Communications and Community Relations, Sixteenth Street Community Health Center
- **Mary Michaud, MPP,** Center for Patient Partnerships
- **Lynn Miner, PhD,** CEO and Founder, Miner and Associates, Inc.
- **David Moxley, PhD,** Professor, Wayne State University School of Social Work
- **Peggy Ore, MS, RN,** Senior Outreach Specialist, Department of Population Health Sciences, UW SMPH
- **Mary Beth Plane, PhD,** Senior Scientist, Department of Family Medicine, UW SMPH
- **Michael Quirke, MSW,** Program Evaluation Coordinator, Bureau of Mental Health and Substance Abuse Services, Wisconsin Department of Health and Family Services
- **Roberta Ripportella, PhD,** Associate Professor, Department of Consumer Science, UW School of Human Ecology; Health Policy Specialist, UW–Extension
- **Rachel Rodriguez, PhD, RN,** Assistant Professor, UW School of Nursing
- **Denise M. Runde, MSPH,** Vice President, Population Health Improvement, UW Medical Foundation
- **Margaret Schmelzer, MS, RN,** Director of Public Health Nursing and Health Policy, Wisconsin Department of Health and Family Services
- **Linda Severson, BS, CHES,** Community Health Education Director, Ho-Chunk Department of Health
- **Patricia Sharpe, PhD, MPH,** Research Professor, Arnold School of Public Health Prevention Research Center, University of South Carolina
- **Tom Sieger, MS, CH,** Director, Bureau of Environmental and Occupational Health, Department of Health and Family Services
- **Tim Size, MBA,** Executive Director, Rural Wisconsin Health Cooperative
- **Geoff Swain, MD, MPH,** Associate Professor, Department of Family Medicine, UW SMPH; Medical Director, Milwaukee Health Department
- **Lora Taylor de Oliviera, MPH, MBA, RD,** Director, Partnerships for Healthy Milwaukee, UW-Milwaukee College of Health Sciences
- **Susan Taylor Campbell, MS,** Grant Application Coordinator, American Cancer Society Midwest Division
- **Russell Toal, MPH,** Visiting Associate Professor and Consultant, Institute of Public Health, Georgia State University
- **Elizabeth Tornes, PhD,** Grant Writer, Great Lakes Inter-Tribal Council, Inc.
- **Pa Vang, MUP,** Program Manager, Center for Urban Community Development, UW-Milwaukee School of Continuing Education
- **Mark Wegner, MD, MPH,** Chronic Disease Medical Director, Wisconsin Department of Health and Family Services
- **Susan Wood, BS,** Director, Bureau of Health Information and Policy, Wisconsin Department of Health and Family Services
2005 CAPF Awards

Planning Grants

Active Prescription for Wisconsin
Create a pilot program in which doctors can prescribe physical activity—bicycling—for obese or inactive individuals. Locate doctors to partner with the Bicycle Federation of Wisconsin to help individuals integrate physical activity and bicycling into daily life.

Planning Grant (awarded in 2005): $25,000—Dane County
Community Partner: Bicycle Federation of Wisconsin Educational Foundation, Inc.
Academic Partner: Javier Nieto, MD, PhD, Department of Population Health Sciences, UW SMPH

Assessing Lifestyle Behaviors and Beliefs in Underserved Adults
Collect new data and compile existing county data related to physical activity and healthy eating among low-income and uninsured adults in Dodge and Jefferson counties. Analyze and summarize data to develop a strategic action plan to promote active lifestyles and healthy eating in this population.

Planning Grant (awarded in 2005): $48,702—Dodge and Jefferson Counties
Community Partner: Dodge-Jefferson Healthier Community Partnership
Academic Partner: Linda Baumann, PhD, RN, UW School of Nursing and Department of Population Health Sciences, UW SMPH

Chippewa Valley Community Diabetes Program
Design and test an evidence-based, patient-centered program to care for chronic diabetes patients at the Chippewa Valley Free Clinic. Program will focus on diabetes preventive care, disease control, lifestyle management, and education for patients without insurance and who are at or below 185 percent of the federal poverty level.

Planning Grant (awarded in 2005): $50,000—Chippewa County
Community Partner: Chippewa Valley Health Clinic, Inc.
Academic Partner: William Cayley, MD, Department of Family Medicine, UW SMPH

Development of a Wisconsin Public Health Laboratory Network
Through collaboration, joint planning and training, improve the overall public health delivery system through a strengthening of public health laboratories in Wisconsin. Assess the current capabilities and capacities of governmental public health laboratories, and envision ways those laboratories can evolve into a system that meets the needs of Wisconsin’s public health departments.

Planning Grant (awarded in 2005): $49,234—Statewide
Community Partner: Madison Department of Public Health
Academic Partner: Ronald Laessig, PhD, Department of Population Health Sciences, UW SMPH

Enhancing the Role of Consumers as Informed Partners in the Health Care System
Through focus groups and an online survey, identify how consumers currently make health care decisions, what beliefs prevent them from being active partners in their health, and what information deficits may be preventing them from making informed health care decisions. With this information, develop a broad-based health education program that helps consumers better participate in the health care system.

Planning Grant (awarded in 2005): $46,569—Dane and Portage Counties
Community Partner: Wisconsin Hospital Association Inc.
Academic Partner: Linda Baumann, PhD, RN, UW School of Nursing and Department of Population Health Sciences, UW SMPH

Figure 4: Geographic Distribution of 2005 Population Health Awards
**Got Dirt? Initiative**

Combat childhood obesity and poor nutrition by increasing the access of Wisconsin children to fruits and vegetables through gardening. Provide resources for teachers and childcare providers to involve children in starting and maintaining a garden, thereby improving their disposition toward and consumption of fruits and vegetables.

**Planning Grant (awarded in 2005): $49,741—Brown County**

**Community Partner:** Brown County

**Academic Partner:** Aaron Carrel, MD, Department of Pediatrics, UW SMPH

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**Green City, Healthy People: Eliminating Health Disparities while Revitalizing Milwaukee’s Johnson Park**

Create the Greater Johnson Park Healthy Living Sustainable Action Plan, which will blend a revitalization strategy for neighborhood green space with strategies that strengthen the social network and foster positive impacts on community health. Through these efforts, increase social interaction, stimulate active lifestyles, enhance the physical environment, provide life- and health-altering educational experiences, and decrease crime.

**Planning Grant (awarded in 2005): $50,000—Inner City Milwaukee**

**Community Partner:** Urban Open Space Foundation Inc.

**Academic Partner:** Nemeth Blaise, MD, Department of Pediatrics, UW SMPH

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**Hispanic Health Patient Navigation Collaboration Planning Project**

Improve health outcomes of Hispanics with limited English proficiency in the central Wisconsin region. Provide culturally competent services (which respond effectively to cross-cultural differences) to address the sociocultural and economic disparities found in the Hispanic population, thereby allowing greater utilization of health care services.

**Planning Grant (awarded in 2005): $25,728—Marathon, Portage, Waupaca, Wood, and Waushara Counties**

**Community Partner:** CAP Services Inc.

**Academic Partner:** Jane Jones, PhD, Health Promotion and Human Development, UW Stevens Point
### PROGRESS OF 2004 CAPF AWARDS

**Completed Planning Grants**

Eleven of the 20 Community-Academic Partnership Fund planning grants awarded in 2004 are complete. Below is an update of those grants, based on the grantees’ self-assessment.

#### Community Mental Health Training Institute

Developed a model for a Mental Health Training Institute, which trains and places competent mental health providers in community agencies serving ethnic minorities in Milwaukee.

**Planning Grant (awarded in 2004): $25,000**  
**Community Partner:** New Concept Self Development Center, Inc.

#### Enhancing Alcohol Screening, Brief Intervention, and Referral (ASBIR) Services in Wisconsin

Developed an action plan to enhance the delivery of ASBIR services for adults and adolescents in Wisconsin. Information gathered from this project supported an implementation grant application to enhance ASBIR services in Polk County, which was funded in 2005 (see page 15).

**Planning Grant (awarded in 2004): $24,821**  
**Community Partner:** Wisconsin Medical Society

#### Fall No More

Created a falls prevention education program for training assisted living caregivers throughout Wisconsin.

**Planning Grant (awarded in 2004): $25,000**  
**Community Partner:** Assisted Living Foundation of Wisconsin

#### FIT-WIC Wisconsin

Created three assessment tools to address the increasing overweight and obesity problems among participants in the Wisconsin Women, Infants and Children (WIC) Supplemental Nutrition Program, a program for low-income women and children.

**Planning Grant (awarded in 2004): $25,000**  
**Community Partner:** Wisconsin WIC Association, Inc.

#### HealthWatch Wisconsin

Developed a framework for an independent nonprofit organization with a mission to work towards a system of improved health care coverage throughout the state.

**Planning Grant (awarded in 2004): $23,571**  
**Community Partner:** ABC for Health, Inc.

#### Northeastern Wisconsin Falls Prevention Coalition

With a pilot coalition of four counties and the Oneida Nation, developed county-specific models and intervention tools to identify and reduce fall risks for community-dwelling seniors.

**Planning Grant (awarded in 2004): $25,000**  
**Community Partner:** Bay Area Agency on Aging, Inc.

### Reduce Health Disparities within the LGBT Populations in Wisconsin

Advance the knowledge on health disparities among lesbian, gay, bisexual and transgender (LGBT) adults in Wisconsin. Disseminate research findings, develop regional coalitions to address significant health disparities, research evidence-based program designed to modify programming, and develop an implementation plan to address priority health issues identified in the 2005 research. This award is an expansion of the planning grant awarded in 2004 (see page 15).

**Planning Grant (awarded in 2005): $47,483**—Statewide  
**Community Partner:** Diverse and Resilient Inc.  
**Academic Partner:** Kathleen Oriel, MD, Department of Family Medicine, UW SMPH

### Implementation Grants

#### Engaging Wisconsin Communities for Substance Abuse Prevention

Reduce alcohol use among Marshfield youth ages 12-17, thereby reducing disease, injury, and disability for years into the future. Improve public policy and challenge the community and family norms that underpin teenage alcohol abuse. Implement prevention strategies that focus on parental and other adult responsibility regarding providing alcohol to youth.

**Implementation Grant (awarded in 2005): $430,872**—Barron, Chippewa, Clark, Crawford, Dane, Dodge, Dunn, Eau Claire, Grant, Iron, Jefferson, Manitowoc, Marathon, Outagamie, Pierce, Richland, Rusk, Sawyer, St. Croix, Taylor, Waushara, and Wood counties  
**Community Partner:** Marshfield Clinic Research Foundation  
**Academic Partner:** David Brown, PhD, Department of Family Medicine, UW SMPH

#### Expand Behavioral Risk Factor Survey Coverage to Provide Local Tracking of Healthiest Wisconsin 2010 Priorities

Provide local health departments and other community organizations with county-specific Behavioral Risk Factor Survey data to track their progress toward Healthiest Wisconsin 2010 goals. Improve data infrastructure so that local areas can better develop a base of information for establishing program priorities and implementing health plans, thereby providing tangible public health benefits throughout the state.

**Implementation Grant (awarded in 2005): $440,466**—Statewide  
**Community Partner:** Wisconsin Department of Health and Family Services  
**Academic Partner:** Paul Peppard, PhD, Department of Population Health Sciences, UW SMPH
Footprints to Health
Address the epidemic of obesity and physical inactivity in Marathon County through individual, interpersonal, organizational, community, and policy activities. Specifically, implement strategies to increase physical activity and improve meal planning in school neighborhoods; connect families and community members with physical activity opportunities; and encourage primary care providers to integrate obesity guidelines into their practices.

Implementation Grant (awarded in 2005): $450,000—Marathon County
Community Partner: Marathon County Health Department
Academic Partner: Kevin O’Connell, MD, Department of Family Medicine, UW SMPH

Influencing Wisconsin’s Public Health System by Defining, Understanding and Diffusing a Treatment Model for Hmong Mental Health
Define how trauma history, stress response, cultural adaptation, and family factors influence psychological and physical health in the Hmong community. Understand the health issues facing three generations of the Hmong community in Dane County. Replicate the Dane County Kajsiab House model, a culturally competent practice for addressing the mental health needs of a refugee population in the Fox Valley.

Implementation Grant (awarded in 2005): $450,000—Dane County and Appleton/Fox Valley
Community Partner: Mental Health Center of Dane County, Inc.
Academic Partner: Dean Krahn, MD, Department of Psychiatry, UW SMPH

Polk County Alcohol and Drug Outreach and Training (PolkADOT)
Decrease problem alcohol and illicit drug use by adults in Polk County and adults who attend the St. Croix Tribal Health Center. Increase the delivery of alcohol and drug screening, brief intervention and referral services; increase the knowledge of federally recommended low-risk drinking limits; and decrease by 25 percent the daily frequency of risky alcohol and illicit drug use by those who receive interventions.

Implementation Grant (awarded in 2005): $448,584—Polk County and St. Croix Tribal Health Center
Community Partner: Polk County Health Department
Academic Partner: Richard Brown, MD, MPH, Department of Family Medicine, UW SMPH

Completed Planning Grants

Partners for a Clean and Sober Polk County
Established a strategic plan to address substance abuse prevention, intervention and treatment in Polk County. Developed an alcohol and substance abuse project, which was funded as an implementation grant in 2005 (see description on this page).

Planning Grant (awarded in 2004): $25,000
Community Partners: Polk County Health Department and Polk County Department of Human Services

Reduce Health Disparities within LGBT Populations in Wisconsin
Identified core health disparities and health priorities among lesbian, gay, bisexual, and transgender (LGBT) adults in Wisconsin. Produced a white paper and conducted a statewide LGBT health forum and three community health outreach events. A second planning grant was funded in 2005 (see page 14).

Planning Grant (awarded in 2004): $25,000
Community Partner: Diverse and Resilient, Inc.

Strengthening Family Caregivers Through Statewide Coalition
Created the Wisconsin Association of Family Caregivers, a non-profit organization dedicated to improving the health and well-being of family caregivers for the elderly and disabled.

Planning Grant (awarded in 2004): $25,000
Community Partner: American Association of Retired Persons–Wisconsin

Wisconsin Academy for Rural Medicine
Convened a group of rural stakeholders to design the Wisconsin Academy of Rural Medicine at the UW SMPH, which will improve the health of the people of Wisconsin by increasing the number of physicians practicing in rural Wisconsin communities. This project was awarded Strategic Initiative Allocation funding in 2005 (see page 25).

Planning Grant (awarded in 2004): $25,000
Community Partner: Rural Wisconsin Health Cooperative

Wisconsin Adolescent Sexually Transmitted Infections Protection through Education Project (WASTI-PEP)
Identified adolescents aged 10–24 as the target population for a statewide sexually transmitted infection (STI) prevention program. Developed an evidence-based assessment tool that providers would use to identify adolescents at risk for STIs.

Planning Grant (awarded in 2004): $25,000
Community Partner: Family Planning Health Services, Inc.
Reality Check 21
Reduce alcohol use among Eau Claire County youth (ages 12–17), thereby potentially protecting and promoting the health of all in Eau Claire County. Employ four evidence-based programs involving schools, families, and communities to target and improve identified risk and protective factors.

Implementation Grant (awarded in 2005): $450,000—Eau Claire County
Community Partner: Eau Claire City-County Health Department
Academic Partner: Jennifer Eddy, MD, Department of Family Medicine, UW SMPH

Si Se Puede (Yes You Can)
Provide Latinos living with diabetes with the tools to better manage their disease, thereby creating a healthier, more productive population and reducing the need for more expensive specialized health care services. Identify participants for the project, implement a best-practices diabetes class curriculum, leverage community resources to ensure that program participants are able to follow through on what they have learned, engage dietetic and nursing students, and provide education on diabetes prevention.

Implementation Grant (awarded in 2005): $411,183—Brown County
Community Partner: Northeastern Wisconsin Area Health Education Center Inc.
Academic Partner: Kirstin Q. Siemering, DrPH, RD, Area Health Education Center

PROGRESS OF 2004 CAPF AWARDS (continued)

Implementation Grants in Progress
The OAC is collecting progress updates from all 2004 grantees and evaluating the results. Highlights of the 2004 grants include:

- The At-Risk Adolescent Health program provided a health care home for over 800 low-income adolescents in Madison and Dane County through outreach, health education, and direct services.
- Through Beyond Lip Service, over 4,000 tribal residents benefited from fluoridated water and over 800 rural children received access to oral health prevention services.
- Breaking the Barriers to Domestic Violence Prevention provided counseling to over 200 new clients, technical assistance to 16 community organizations, and cultural awareness and legal advocacy training to 40 service providers in Latino service areas.
- Co-op Care developed the first of five health care purchasing cooperatives in northern Wisconsin, which will increase access to health insurance for farmers and small businesses.
- The Dane County Early Childhood Initiative provided comprehensive services to 43 low-income pregnant mothers and newborn caregivers to improve the health of vulnerable children and families in Madison’s Allied Drive community.
- In First Breath, 185 providers used new Web-based training, outreach specialists conducted on-site refresher training at 34 sites, and 61 additional Fax to Quit sites were developed to reduce tobacco use among pregnant women.

- Fit Kids Fit Families provided comprehensive services to 35 families, resulting in improved nutrition, weight management, increased physical activity, and improved self-esteem, with plans to replicate in an adjacent community in 2006.
- Thanks to Healthy and Active Lifestyles, 200 La Crosse youth with disabilities participated in newly formed community sports and physical education activities.
- Healthy Children, Strong Families, which aims to reduce obesity among American Indian children, developed its home visit curriculum; recruited, hired, and trained local mentors to perform home visits; and began family recruitment.
- The Milwaukee Birthing Project provided 24 high-risk pregnant women in Milwaukee with social support from matched sister-friends.
- The Milwaukee Homicide Review Commission, which recently received national attention in the New York Times, established an innovative approach to reducing homicides in Milwaukee though criminal justice and community service reviews that identify community-based responses to crime prevention.
- The PeriData project trained and enrolled 19 small hospitals in PeriData.Net™ to help monitor and improve infant and maternal health outcomes among rural populations.
- Owing to Safe Mom, Safe Baby, 70 pregnant women experiencing intimate partner violence are safer and more connected to support services, and over 200 health care providers participated in this unique nurse case management program.
**Wisconsin Falls Reduction Project**
Reduce unintentional falls and injury, decreased activity, physical decline, institutionalization, or death among Wisconsin’s older adults. Implement two evidence-based interventions: a weekly class focusing on behavior modification and exercise; and an in-home plan for persons unable to participate in a class, particularly those with cognitive decline and a family caregiver.

**Implementation Grant (awarded in 2005): $448,898**—Buffalo, Kenosha, Marathon, Racine, and Rock Counties

**Community Partner:** Kenosha County Division of Aging Services

**Academic Partner:** Jane Mahoney, MD, Department of Medicine, UW SMPH

**Wisconsin Healthy Air Initiative (“Healthy Air”)**
Through technical assistance, outreach, and education, transform the thinking, commitment, and practices of manufacturers and their commuting employees regarding air pollution and public health in Dane County. Link air monitoring and respiratory health data to target and control how air quality triggers respiratory problems.

**Implementation Grant (awarded in 2005): $450,000**—Dane County

**Community Partner:** Dane County Clean Air Coalition

**Academic Partner:** Marty Kanarek, PhD, MPH, Department of Population Health Sciences, UW SMPH

**Community-Population Health Initiatives**
Community-Population Health Initiatives are the second program category funded by the OAC. These programs are aligned with OAC’s commitment to community-academic partnerships and the guiding principles outlined in the Five-Year Plan.

In 2004, OAC began supporting two SMPH programs that focus on health disparities in minority populations. Both programs were funded for a two-year period; updates are provided below.

**Center for Urban Population Health, Multi-Level Information Systems and Health Promotion Interventions for Milwaukee’s School Children**
The Center for Urban Population Health (CUPH), the UW-Milwaukee School of Nursing, and Milwaukee Public Schools (MPS) are collaborating to assess the health needs of preadolescent (ages 6–11) MPS school children. The project aims to address health disparities among Milwaukee’s school children. Local school health personnel will use information gathered through the project to design and implement effective and culturally appropriate health education programs. These programs will promote health and remove health-related barriers to learning for all MPS children.

**Progress:** Program team members have assessed two sets of MPS data documenting child health visits to school nurses. Plans are under way to administer a comprehensive health survey to MPS children in 16 elementary schools in 2006. The survey, adapted from the Child Health Illness Profile–Child Edition (CHIP-CE), is a valid and reliable research tool for health self-reporting in children.

A planning committee, consisting of school health personnel and administration, the Milwaukee Public Health Department, the UW-Milwaukee School of Nursing, and CUPH, will use the data to establish health priorities and education programs in targeted schools in 2006.

**Implementation Grant (awarded in 2004): $299,839 over two years—Milwaukee**

**Community Partner:** Milwaukee Public School System

**UW SMPH Faculty:** Ron Cisler, PhD, Associate Professor, UW–Milwaukee; Associate Professor, Department of Population Health Sciences; Director, Center for Urban Population Health

**Great Lakes Inter-Tribal Council, Inc. (GLITC), Tribal-Academic Partnership for American Indian Health**
The Tribal-Academic Partnership for American Indian Health promotes activities that reduce health disparities among Wisconsin’s American Indians. These include encouraging cooperative epidemiological research between the University and GLITC, increasing the number of American Indian scientists, health professionals, and organizations engaged in research, and improving the level of trust that American Indian (AI) communities have toward research activities.

**Progress:** The program has begun developing the training structure for the GLITC Epidemiological Center, which will provide a single site for AI-related health concerns, link researchers interested in studying AI populations with tribes, and help disseminate research results. GLITC has established relationships with the SMPH to provide placements for Master of Public Health and medical students interested in AI population research.

A middle school coordinator has identified six schools with greater than 50 percent AI enrollment, and implemented in three of those schools a set of lessons introducing sixth-graders to career choices in health care. The coordinator is continuing outreach efforts with the remaining three schools, and has identified an additional target school.

**Implementation Grant (awarded in 2004): $286,612 over two years—Wisconsin American Indian tribes**

**Community Partner:** Great Lakes Inter-Tribal Council

**UW SMPH Faculty:** Donna Friedsam, MPH, Associate Director of Health Policy, UW Population Health Institute
Public Health Education and Training

Public health and training initiatives comprise the third program category overseen by the OAC. The Public Health Education and Training (PHET) subcommittee, which consists of two SMPH faculty and seven community representatives, advises the OAC and recommends that it consider education and training programs in population health. Updates of two initiatives, the Healthy Wisconsin Leadership Institute and the Wisconsin Population Health Fellowship, are provided below.

At the request of the OAC, the PHET subcommittee also discussed the development of a third initiative, a Continuing Public Health Education Program. A separate Workgroup on Continuing Education met in April 2005 to investigate possible formats for this initiative and report back to the PHET subcommittee. Later in 2005, the workgroup convened to draft a revised plan that incorporates a strong collaboration with the UW Office of Continuing Professional Development in Medicine and Public Health. Further details on the progress of this initiative will be provided in the 2006 annual report.

Healthy Wisconsin Leadership Institute

The Healthy Wisconsin Leadership Institute is a continuing education and training resource supported jointly by the SMPH and the Medical College of Wisconsin. Its mission is to develop leaders who engage in innovative activities to protect and promote the health of the public.

Progress: In 2005, the joint UW SMPH/MCW committee met nine times, changed the Institute’s official name from the Wisconsin Public Health Leadership Institute to the Healthy Wisconsin Leadership Institute, and created the following framework for its programs:

- **Community Teams Program:** Offer teams from communities around the state an intensive 12-month learning experience, which consists of in-person 2-day learning sessions, distance education sessions, and team and project work in home communities.
- **Health Policy Program:** Conduct Web-based and in-person workshops focusing on issues and policy interventions that impact the 11 health priorities outlined in the State Health Plan, and provide technical assistance for community groups as they plan, conduct, and evaluate policy initiatives.
- **Lifelong Learning and Mentoring Program:** Provide advanced skills and leadership training, mentoring, and shared leadership activities; offer growth opportunities for existing leaders; and support the development of the next generation of public health and community leaders.

The Community Teams Program began in Spring 2006. The following five community teams were selected from among 26 applications:

- The Barron County Safe and Stable Families Coalition, focusing on methamphetamine and other substance abuse and addiction;
- Healthy People Portage County, addressing the problem of obesity and lack of physical activity;
- The La Crosse Area Dental Care Advocacy Coalition, creating access to affordable dental care;
- The Milwaukee Partnership for Reducing Adolescent Risky Sexual Behavior; and
- The Wisconsin LGBT Youth Health Initiative, the only statewide team, working to decrease tobacco, alcohol and drug use as well as injury and mental health problems among lesbian, gay, bisexual, and transgender youth in Wisconsin.

Staff are developing curricula, identifying instructors and mentors, recruiting applicants, and completing logistical and infrastructure requirements for the other programs.

Implementation Grant (awarded in 2005): $705,831 over three years in collaboration with MCW—Statewide

UW SMPH Faculty: Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program

Wisconsin Population Health Fellowship Program

The Wisconsin Population Health Fellowship offers MS, MPH, or PhD graduates 2-year field assignments in community-based, non-profit, governmental, and health service organizations. The fellowship program provides graduates with practical experience, and at the same time provides community organizations with full-time service from a public health professional mentored by the community and SMPH faculty. Fellows are also a conduit for expertise between the University and the communities they serve, laying the foundations for a sufficient, competent public health workforce.

Progress: The program now consists of five fellows: four new fellows in 2005, plus one second-year fellow from the 2004 class. Fellows are working on the following projects:

- A county-based system of health indicators for the Department of Health and Family Services’ Bureau of Health Care Information;
- A project to improve the American Cancer Society’s communications with and services for the African-American community in Milwaukee, and a health services project in Milwaukee schools;
• An exercise and nutrition program for new refugees and a dental health program for the La Crosse Health Department;
• Chronic disease projects for the Milwaukee Health Department; and
• An AIDS/HIV prevention plan for high-risk populations in Milwaukee, a planning project for a new maternal and child health home visiting initiative for the Milwaukee Health Department, and collaborations with the Latino Health Coalition.

These activities support the Fellowship program’s primary goals of providing public service to Wisconsin communities and developing the next generation of public health administrators and leaders. In late 2005, the PHET subcommittee conducted an interim evaluation of the fellowship program. This evaluation, which consisted of feedback from fellows and public health program supervisors, provided tangible evidence that the program’s primary objectives are being met.

Implementation Grant (first awarded in 2004): $1,481,714 over four years—Statewide

UW SMPH Faculty: Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program

Collaboration between OAC and the Medical College of Wisconsin Consortium for Public and Community Health

The OAC and the Medical College of Wisconsin’s Consortium for Public and Community Health continued their collaborative efforts in 2005. These efforts allowed both institutions to share ideas, resources, and successes, thereby strengthening each program’s potential to improve the health of Wisconsin.

The two groups met in January 2005 to discuss the first cycle of community-academic partnership programs. This was followed by a group discussion about each program’s results, suggested RfP revisions, outreach improvements, staggering of funding cycles between the two institutions, and coordination of evaluation efforts.

During this meeting, the groups also discussed the progress made within their various public health education programs: the Wisconsin Population Health Fellowship Program, the development of a Master of Public Health program at each institution, and the creation of the jointly supported Wisconsin Public Health Leadership Institute (now called the Healthy Wisconsin Leadership Institute).

Faculty and staff from both institutions worked together throughout the year to develop the Healthy Wisconsin Leadership Institute. A joint planning committee met monthly to develop the Institute’s framework (see page 18 for a project description), and in October 2005, UW and MCW faculty and staff submitted proposals to their respective schools for implementation funding for the next three years.

As the Institute enters its implementation phase, leaders from UW and MCW continue to share responsibility for its development. Both institutions will equally share responsibility for the Institute’s largest program area, the Community Teams Program. MCW will lead the Institute’s Health Policy Program, and UW will lead its Lifelong Learning and Mentoring Program.

Both institutions collaborated in other ways throughout 2005. Program staff from UW and MCW made joint presentations on their community grant programs at the Association of United Way Agencies, the Wisconsin Public Health Association, and the Wisconsin County Human Services Association.

Staff from the two institutions worked together to develop grant writing resources and tools, thereby helping applicants improve the quality of their applications.

During the year, staff from both institutions also met in person and over the phone to discuss individual programs and identify areas of future collaboration. This ongoing partnership will be supplemented by another in-person joint meeting in June 2006, which will focus on the State Health Plan, health priorities, and joint initiatives.
Medical Education and Research Committee Initiatives

The primary responsibility of the Medical Education and Research Committee (MERC) is to direct and approve funds for medical education and research activities that advance population health in Wisconsin. Two-thirds of the total funds available to MERC are allocated for initiatives in the following five focus areas identified in 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

The remaining one-third of the funds available to MERC is allocated by the Dean of the SMPH, with the advice of MERC, for programs that fall within the established Guidelines and Criteria for the Strategic Initiatives Allocation. Programs funded jointly by the MERC and the Dean’s Strategic Initiative Allocation provide opportunities to collaborate on innovative approaches to challenging health issues.

Year in Brief

After a foundation-building year in which the committee established policies and funded its first planning grants, MERC accelerated its activities in 2005 by funding an extended planning grant and three implementation grants to more fully realize the objectives described in the Five-Year Plan. MERC also collaborated with the Dean to support eight Strategic Initiatives Allocation awards, and launched two jointly funded MERC/Strategic Initiative programs: the Health Innovation Program and the New Investigator Program.

MERC’s evolution in 2005 was influenced by the renaming of the Medical School to the School of Medicine and Public Health. Integrating public health into all aspects of the School’s mission reflects a strong institutional commitment to improving the health of the people of Wisconsin.

Examples of several initiatives that specifically promote the integration of public health are: the Survey of the Health of Wisconsin, the Wisconsin Network for Health Research, and the above-mentioned Health Innovation Program. Through collaborations with communities and health care systems across the state, these programs aim to promote health, improve preventive care, increase access to care, and advance new treatment options.

MERC Initiatives

Process for Selection

The three research planning grants awarded by MERC in 2004—Survey of the Health of Wisconsin, the Human Proteomics Program, and the Wisconsin Network for Health Research (formerly known as the Wisconsin Clinical Trials Network)—resulted in detailed descriptions of the steps required to implement each program. Each planning grant’s principal investigator appeared before the MERC several times throughout 2005 to report on progress and to request advice on their program goals, objectives, and expected outcomes.

Through a series of reviews by the MERC and the Executive Subcommittee, the proposals were refined and strengthened to ensure alignment with the purpose and objectives of The Wisconsin Partnership Program. Program staff performed a technical review to ensure that all minimum requirements, including non-supplanting, were met.
As a result of this process, the MERC decided that the Survey of the Health of Wisconsin and the Human Proteomics Program were ready for implementation grants, which were awarded in November and December 2005. MERC also decided to award the Wisconsin Network for Health Research an extended planning grant to more fully develop its health care provider partnerships and to perform a pilot study at each site.

In addition, the MERC received a proposal on Regenerative Medicine that was aligned with the Disease Genomics and Regenerative Medicine focus area. MERC followed the same deliberative process outlined above, asking the principal investigator to refine and strengthen the proposal before approving the program in March 2005.

MERC’s education program, Innovations in Medical Education, was first funded in 2004. Due to the volume of work required to implement this project, the MERC decided in 2005 to extend the award period from three to four years.

Descriptions of the four research grants awarded in 2005, and a progress report on the Innovations in Medical Education program awarded in 2004, are provided below.

Research Awards

Extended Planning Grant

**Wisconsin Network for Health Research (WiNHR)**

An evolution of the Wisconsin Clinical Trials Network funded in 2004, WiNHR consists of a collaboration between the four largest health care systems in the state: UW Health, Marshfield Clinic, Aurora Health Care, and Gundersen Lutheran. The program will create a research network to enhance consumer and health care provider access to state-of-the-art health and medical knowledge, including epidemiological, clinical, and health services research.

**Progress:** During its 2004 planning grant, the program pursued and developed relationships with the four participating partners listed above. Initial research groups from each site met, agreed on the need to develop a statewide research network and began forming a plan to determine the most efficient way to accomplish this objective. Because additional time was needed for the group to agree on a well-defined infrastructure, the program was awarded an extended planning grant in 2005.

With its 2005 extended planning grant, the program is establishing operating procedures, fulfilling HIPAA and human subjects requirements, finalizing budgetary issues, and beginning to build electronic data systems. When the initial infrastructure is complete, the program will perform a pilot study at each site.

If the pilot is successful, the MERC will invite a request for an implementation grant. WiNHR’s long-range goal is to extend the program to other sites, thereby offering all of the state’s residents access to the latest knowledge on disease prevention and treatment options.

**Extended Planning Grant (awarded in 2005):** $1,175,827 over one year

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

**UW SMPH faculty:** Howard Bailey, MD, Associate Professor, Department of Medicine; David DeMets, PhD, Professor and Chair, Department of Biostatistics and Medical Informatics

**Implementation Grants**

**Human Proteomics Program**

Proteomics is the study of cellular proteins and their functions. This program will offer services to scientists and clinicians to help identify molecular markers of health, disease, and risk factors within the contexts of specific organ systems and populations.

**Progress:** During its 2004 planning grant, the program sought feedback from basic science, clinical, and other campus faculty to help establish its goals and focus. It gathered information from vendors and consultants to assess infrastructure needs, and developed a business plan and strategies for rapidly applying findings in both the clinical and research settings.

With its 2005 implementation grant, the program is establishing its infrastructure, including recruiting personnel, purchasing instruments, and developing plans to work with campus investigators. The program has launched a Web site (www.humanproteomics.wisc.edu) and is planning workshops to begin educating the campus community and the public on the impact that proteomics can have on population health. As the program develops, it will train research faculty, staff, and students in the use of instruments for proteomic analysis. The program will also strengthen its bioinformatics component so that scientists and clinicians can provide more effective health promotion and treatment choices to patients.

**Implementation Grant (awarded in 2005):** $1,767,208 over three years

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

**UW SMPH faculty:** Jeff Walker, PhD, Department of Physiology; Rick Moss, PhD, Professor and Chair, Department of Physiology
**Regenerative Medicine Program**

Regenerative medicine uses products that naturally occur in the body, including embryonic stem cells, to repair or replace diseased tissues. Although the promise of regenerative medicine is great, there are still scientific roadblocks to using embryonic stem cells in clinical medicine. This program seeks to overcome these roadblocks through the following four cores: Stem Cell Resources, Immunology/Pathology, Non-Human Primate, and Imaging. MERC funding supports the Immunology/Pathology and Imaging cores.

**Progress:** With its 2005 implementation grant, the program is establishing its core services and organizational structure. In addition, scientists in the Immunology/Pathology core are conducting experiments to begin determining how animals’ immune systems respond to embryonic stem cell transplantation. Staff in the Imaging core are conducting experiments that will lead to non-invasive ways to deliver proteins to the brain to stimulate growth.

The Regenerative Medicine program will provide interdisciplin ary resources for researchers, foster collaborations, and bring the promise of regenerative medicine to fruition in the form of treatments for many challenging health problems.

**Implementation Grant (awarded in 2005): $1,200,000 over four years**

**Focus Area:** Emerging Opportunities in Biomedicine and Population Health

**UW SMPH faculty:** Timothy Kamp, MD, PhD, Department of Medicine

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

This program will create a mechanism to collect data on the many factors—environmental, biological, and behavioral—that influence the health of Wisconsin residents. Through an annual survey of approximately 1,100 residents representative of the state’s entire population, SHOW will create a framework for studying health care trends in Wisconsin over time. This data will influence statewide health services research, community-based prevention and treatment trials, and ultimately, future state health priorities—making it a critical link between medical and public health research initiatives.

**Progress:** During its 2004 planning grant, the program developed a detailed plan of the Survey, established a business plan for the first three years of project funding, outlined the program’s governance and administration (which includes community representation), and created an RFP process for faculty support and participation in the program.

With its 2005 implementation grant, the program is recruiting, training, and certifying study personnel; creating its infrastructure; producing a protocol and manual of operations; obtaining Institutional Review Board (IRB) approval; and piloting its test study procedures. It will hold a symposium in the fall of 2006 to publicize the program and encourage faculty and community involvement.

**Implementation Grant (awarded in 2005): $4,116,906 over three years**

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

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

**Education Award**

**Innovations in Medical Education Program**

After receiving its award in 2004, the Innovations in Medical Education (IME) program created a foundation based on three core components. Below are descriptions of those three components and updates of activity in 2005.

**Curriculum Innovation**

This component will create innovative new curricula in population health, cultural competence, and ethics; and create a team of faculty and staff to carry out this effort.

**Progress:**

- Held a curriculum retreat, established a Curriculum Advisory Committee, hired a faculty team, and created positions to support curriculum coordination;
- With course instructors, developed a plan to integrate new curriculum content;
- Developed new ethics curricula, created a new Population Health and Epidemiology course, and expanded teaching of cultural competence curricula; and
- Developed a standard set of skills for each year of the curriculum.

**Clinical Skills Teaching and Assessment Center**

This component will expand the Center’s resources and programs; improve the teaching of clinical skills offered through the Center; increase the diversity of the people who act as patients for the purposes of education; and develop the Center as a resource for the community and other health professional programs.

**Progress:**

- Established an interdisciplinary Advisory Committee, hired staff for the Center, and created and met with a Community Advisory Committee consisting of local health, social service, and advocacy leaders;
- In collaboration with the Community Advisory Committee, recruited 16 people from African-American and Latino heritage to participate as standardized patients during the training of medical and other health sciences students; and
- Developed a formal presentation to showcase the Center and held meetings with community groups and health professional programs to expand the use of the Center.
Statewide Health Care Distance Education

This component will create a searchable Web site that allows users statewide to access the digital resources of the Health Sciences Learning Center; support Web-based and distance education programs, and develop curricula that focuses on how technology can further medical knowledge, promote health, and improve health care delivery.

Progress:

- Developed a prototype of the Web-based resource library (expected to be in use by mid-2006), and began defining appropriate levels of access for different types of users;
- Began developing online portfolios for each student to facilitate documentation of professional development and skills;
- Began implementing curricula on how technology can be used to support medical knowledge and health care delivery; and
- Provided students with clinical reference tools that can be accessed from handheld personal digital assistants (PDAs).

Implementation Grant (awarded in 2004): $3,414,780 over three years (Due to the volume of work required for this project, in 2005 the award period was extended from three to four years.)

Focus Area: Innovations in Medical Education

UW SMPH Faculty: Susan Skochelak, MD, MPH, Professor, Department of Family Medicine; Senior Associate Dean for Academic Affairs

Strategic Initiatives

The remaining one-third of the funds available to MERC are allocated by the Dean of the SMPH for strategic initiatives. The Strategic Initiatives Allocation provides flexibility to respond to opportunities and to support the school’s transformation to an integrated school of medicine and public health. As with other MERC initiatives, the Strategic Initiatives Allocation seeks to fund a balanced portfolio of research and education programs.

Process for Selection

To ensure a consistent and objective decision-making process for the Strategic Initiatives Allocation, an application process was developed that formally delineates the criteria for selection, funding guidelines, and proposal requirements.

Awards

Expansion of Master of Public Health (MPH) Program

Supplements "Master of Public Health (MPH)" award made in 2004 (see page 25)

To continue the evolution of the MPH program, a central component of the SMPH transformation, increased support is required to meet critical program needs. This award will be used to fund student stipends for field work placements, to support a training coordinator, based in the Milwaukee Health Department, who will oversee and evaluate the experiences of the Population Health fellows and MPH students, and to increase staffing to sustain program growth.

Strategic Initiative Grant (awarded in 2005): $700,414 for three years

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

“Health Care Data Collection & Reporting: Models for Public-Private Partnerships” Conference

This one-day conference, held on February 7, 2005, brought together informatics executives from health care systems across the country, plus leaders from the state, the University, and local health care systems, organizations, and associations. The conference attracted 182 attendees.

The event focused on health care data repositories, including public and private sector initiatives, partnerships, and regional health information organizations. Local and national experts discussed models for an advanced health information network that supports clinical care, personal health management, population health, and research.

Strategic Initiative Grant (awarded in 2005): $11,121 for one-day event

Jointly sponsored by the UW Population Health Institute and the Wisconsin Department of Health and Family Services
### PROGRESS OF 2004 STRATEGIC INITIATIVES

#### Improving Cancer Care in Wisconsin

This award matches funds from a partnership between the UW Comprehensive Cancer Center and the Wisconsin Division of Public Health. This program developed the 2005–2010 Wisconsin Comprehensive Cancer Control Plan (WCCP) and will translate evidence-based research to practitioners statewide.

**Progress:** In 2005, the program:

- Used a community-based participatory approach to address cancer health disparities in five underserved communities;
- Developed the Surveillance Brief to evaluate cancer trends in Wisconsin;
- Improved the Wisconsin Cancer Reporting System by developing effective data sharing agreements with Minnesota hospitals;
- Created a survey to measure treatments, barriers to treatment, patient satisfaction, and quality of life in patients with breast, prostate, colorectal, and lung cancer;
- Contracted with three health care organizations to increase screening rates and early diagnosis of colorectal cancer; and
- Provided on-site education on palliative care to primary care providers in three sites.

**Strategic Initiative Grant (awarded in 2004): $319,092 over 16 months**
- **UW SMPH faculty:** George Wilding, MD, Director, UW Comprehensive Cancer Center

#### Making Wisconsin the Healthiest State

This program is assessing the population health of Wisconsin compared to other Midwestern states and the nation, and will provide tools to track progress in becoming the healthiest state. Results will be used to inform decisions about future investments and new initiatives and assist in the development of The Wisconsin Partnership Program’s funding priorities.

**Progress:** The program has identified and recommended measures for assessing Wisconsin’s overall health and health disparities, and has estimated the burden of disease in different regions of the state. Future work will identify priority programs and interventions that are most likely to improve these outcomes, with particular attention on presenting the information in useful ways to the state’s public and private policy makers.

**Strategic Initiative Grant (awarded in 2004): $820,343 over five years**
- **UW SMPH faculty:** David Kindig, MD, PhD, Professor Emeritus, Department of Population Health Sciences; and Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program

#### Library Collection Support for Public Health Research and Training

This award enables the Ebling Library to support an integrated school of medicine and public health by acquiring a core collection of public health resources. These acquisitions will ensure that appropriate public health print and online journals, books, and monographs are available to facilitate the incorporation of public health practices and principles into the School’s mission of education, research, patient care, and community service.

**Strategic Initiative Grant (awarded in 2005): $159,794 over three years**
- **UW SMPH faculty:** Terrance Burton, MFA, MLIS, Director, Ebling Library

#### Reducing Cancer Disparities Through Comprehensive Cancer Control

Supplements "Improving Cancer Care in Wisconsin" award made in 2004 (see sidebar)

This award matches funds provided by a unique partnership model between the UW Comprehensive Cancer Center and the Wisconsin Division of Public Health, and builds on the initial award made in 2004. The program will implement two specific projects that aim to reduce cancer disparities in Wisconsin.

The first project will pilot community readiness and quality of care tools in five communities not currently engaged in the statewide cancer control plan. The project will help set priorities, and develop programs, toolkits, and technical assistance materials to be disseminated to communities and researchers.

The second project will develop the Milwaukee Regional Partnership Network, dedicated to breaking down the economic, geographic, cultural, and systems barriers to cancer care. It will bring health care and community-based organizations together to collaborate on cancer care, and promote clinical research through a collaboration between the Center for Urban Population Health and the Wisconsin Network for Health Research (WiNHR; see page 21).

**Strategic Initiative Grant (awarded in 2005): $532,126 over three years**
- **UW SMPH faculty:** George Wilding, MD, Director, UW Comprehensive Cancer Center

#### Startup Funding to Recruit Faculty Member Specializing in Health Policy

This award provides limited start-up funding for three years, to be supplemented by the Department of Population Health Sciences, for a faculty position in Health Policy. A required component of the SMPH transformation, this faculty member will be responsible for research and education on health policy. The person will also form partnerships with state and local officials and public health practitioners on health policy development.

**Strategic Initiative Grant (awarded in 2005): $532,126 over three years**
- **UW SMPH faculty:** George Wilding, MD, Director, UW Comprehensive Cancer Center
**Strategic Initiative Grant (awarded in 2005): $261,706 for recruitment period plus 3 years from date of hire**

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

**Startup Funding to Recruit Faculty Member Specializing in Genetic Epidemiology**

This award provides limited start-up funding for three years, to be supplemented by the Department of Population Health Sciences, for a faculty position in Genetic Epidemiology. A required component of the SMPH transformation, this faculty member will promote research and education regarding the contribution of genetic factors to health and disease. The person will also play a critical role in the implementation of the Survey of the Health of Wisconsin (SHOW) by overseeing, interpreting, and disseminating data related to genetic factors.

**Strategic Initiative Grant (awarded in 2005): $261,706 for recruitment period plus 3 years from date of hire**

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

**“The Transformation of Health Care and the Role of the University” Conference**

This two-day conference, held on November 17–18, 2005, brought together the public and private sectors in a dialogue to consider contributions the University can make toward transforming the health care system. Participants included public and private industry leaders, policy makers, public agency officials, and faculty from multiple health care disciplines. The conference attracted 232 attendees.

Through plenary sessions and panel discussions, the conference addressed such concepts as current health care trends, issues, and initiatives; ways to challenge the University to contribute to health care system change; community partnership endeavors (including The Wisconsin Partnership Program); and multidisciplinary approaches to change. The event promoted further collaboration between the University, state government, and private industry to better address the health care challenges of Wisconsin.

**Strategic Initiative Grant (awarded in 2005): $32,145 for two-day event**

Jointly sponsored by the UW Population Health Institute, the UW Medical Foundation, and the University of Wisconsin–Madison

**Wisconsin Academy for Rural Medicine (WARM)**

Initially supported in 2004 by an OAC planning grant, the Wisconsin Academy for Rural Medicine (WARM) aims to improve access to health care in rural areas and advance the health of the people of Wisconsin by increasing the number of SMPH graduates who practice in rural Wisconsin communities.

**PROGRESS OF 2004 STRATEGIC INITIATIVES (continued)**

**Master of Public Health (MPH)**

The Master of Public Health (MPH) program provides multidisciplinary education and training in public health to current and future health professionals. The degree offers a practice-oriented program for students in health professional education programs who want to strengthen general knowledge and skills in public health. The program also helps meet the public health needs of Wisconsin through ongoing training of the public health workforce.

**Progress:** The MPH program was launched in 2005 and will graduate its first class of 18 students in 2006. The program has been enhanced through collaborations between health care professionals, faculty, and students across many disciplines, including medicine, nursing, veterinary medicine, public policy, and law. In addition, required field work placements provide an enriched student experience and valuable support for community sites.

A dual-degree program with the School of Nursing has been approved, and progress is being made on dual-degree programs with the LaFollette School of Public Affairs and the SMPH. The MPH program is currently recruiting its second class, and is evaluating program feedback from first-year students, faculty, and community practicum leaders.

**Strategic Initiative Grant (awarded in 2004): $1,946,120 over five years**

**UW SMPH faculty:** Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program; and Susan Skochelak, MD, MPH, Professor, Department of Family Medicine; Senior Associate Dean for Academic Affairs

**Wisconsin Alzheimer’s Institute**

The Wisconsin Alzheimer’s Institute improves the quality of life for persons with Alzheimer’s disease and their families through early diagnosis, treatment and support.

**Progress:** The program developed a statewide network of satellite diagnosis and treatment centers; expanded statewide recruitment for the Wisconsin Registry for Alzheimer’s Prevention (WRAP); created pilot studies to evaluate an instrument capable of screening for cognitive impairment; and established learning opportunities for medical students interested in Alzheimer’s disease.

**Strategic Initiative Grant (awarded in 2004): $375,000 over five years**

**UW SMPH faculty:** Mark A. Sager, MD, Professor of Medicine and Population Health Sciences; Director, Wisconsin Alzheimer’s Institute
The WARM program will act as a “school within a school” for medical students with rural backgrounds and career goals. Initial steps include designing an admissions component, developing a curriculum, and identifying rural training sites. WARM will establish rural-based training experiences for medical students and promote residency education that addresses the health care needs of rural communities.

**Strategic Initiative Grant (awarded in 2005):** $178,014 for 18 months

**UW SMPH faculty:** Byron J. Crouse, MD, Professor, Department of Family Medicine; Associate Dean for Rural and Community Medicine

**Community Partners:** Marshfield Clinic, Aurora Health Care, Gundersen Lutheran Medical Foundation

### Combined MERC/Strategic Initiatives

Two programs previewed in the 2004 Annual Report, the Health Innovation Program and the New Investigator Program, are funded jointly by the MERC and the Strategic Initiatives Allocation. Combined support is reserved for programs that are aligned with the Emerging Opportunities in Biomedicine and Population Health focus area described in the Five-Year Plan. The awards are for innovative proposals that show potential to accelerate the translation of research discoveries and educational developments to communities.

### Health Innovation Program

The goal of the Health Innovation Program (HIP) is to develop a national model of excellence to improve health care delivery and outcomes for the people of Wisconsin. The program is driven by the National Institute of Medicine’s six aims: to improve the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of health care.

HIP pursues its mission through engaging local and statewide health care systems to identify priorities for change, establishing partnerships with statewide health organizations, and building linkages between communities and the University. Its activities will focus on the following areas:

- **Translational Research:** Address Wisconsin’s high-priority health care challenges through collaboration with state health care systems, researchers, and national experts. Create models that effectively link UW research in patient safety, quality, efficiency, and accessibility to the actual processes of health care systems statewide.

- **Quality Improvement:** Provide resources, information, best practices, and shared learning to health care practitioners, policy makers, and communities. Facilitate projects to improve safety, exchange of information, care coordination, disease management, health promotion, use of health care technologies, measurement of value, and patient-centered care.

- **Educational Resources:** Provide a gateway to UW educational resources for practitioners, students, and communities seeking to improve their health care systems. Offer field experiences and fellowships that provide hands-on experience with evidence-based and data-driven improvement in health care systems.

### Implementation Grant (awarded in 2005):** $1,310,158 over three years

**UW SMPH faculty:** Jeffrey Grossman, MD, Professor, Department of Medicine; Senior Associate Dean for Clinical Affairs; President and CEO, UW Medical Foundation; Maureen Smith, MD, MPH, PhD, Associate Professor, Department of Population Health Sciences and Family Medicine

### New Investigator Program

The New Investigator Program supports assistant professors who have designed creative research and education projects with a high potential to impact the health of the public but which are not likely to be funded by traditional sources. These projects span the research and education spectrum—basic, clinical, translational, and population health—providing opportunities for New Investigators to launch innovative ideas that advance the application of science to the prevention, diagnosis and treatment of disease.

### Request for Proposals (RfP) Process

The New Investigator Program had two competitive funding cycles in 2005 with awards granted up to $100,000 for two years. MERC developed a Request for Proposals (RfP) and created a review process through a subcommittee of faculty experts.

As a result of experience with the first funding cycle, MERC made significant refinements to the RfP before the second call for proposals was released. These included:

- Requiring applicants to provide a 2–3 sentence statement of how their research is directly relevant to public health;
- Requiring applicants to provide a 1–2 page statement of how their research is directly relevant to proposal review criteria;
- Expanding the eligibility requirement to include all assistant professors in the tenure, clinical health sciences (CHS), and clinician-teacher tracks; and
- Clarifying and standardizing the application form.
Review Process

Applications to the New Investigator Program were reviewed using a multi-step process. First, staff performed a technical review to ensure that all minimum requirements, including non-supplanting, were met.

Second, the MERC appointed an Application Review Subcommittee (see sidebar) of faculty leaders with expertise in a variety of topics, including population health. Five reviewers from the Application Review Subcommittee reviewed each proposal according to the RfP criteria and provided comments. Then the subcommittee met as a group to discuss and vote on the proposals.

Third, the recommended list, sorted in rank order, was forwarded to MERC for the final decisions. In addition to the rankings, MERC took into account program diversity and the degree to which the proposal aligned with goals and objectives of The Wisconsin Partnership Program before making the awards.

Further refinements to this program are currently under discussion by MERC. The importance of interdisciplinary research, application to patients, and linkages with communities are central points of the discussions.

Awards

The first New Investigator Program funding cycle resulted in 22 applications, six of which were funded.

First-Cycle Awards (June 2005)

Healthy Children, Strong Families—Supporting Caregivers in Improving Lifestyles

Initially funded by an OAC Community-Academic Partnership Fund grant in 2004, this project builds on a study of childhood obesity in three Wisconsin American Indian tribes by evaluating metabolic and behavioral changes in adult primary caregivers of American Indian children. This study will determine whether family-based intervention can effectively change behavior in adult caregivers.

New Investigator Program Grant (awarded in June 2005): $93,054 over two years

**UW SMPH faculty:** Alexandra Adams, MD, PhD, Assistant Professor, Department of Family Medicine

Investigating Fungal Infection: Analysis of Spores from the Human Fungal Pathogen *Cryptococcus neoformans*

Often, fungal growth and development result in the production of spores that can disperse into the environment, be inhaled by humans, and germinate in the lungs. *C. neoformans* is a yeast-like fungus that usually causes only minor respiratory disease but can also spread to the central nervous system and produce a fatal form of meningitis. The goal of this project is to understand the properties of fungal spores that allow them to infect humans and cause disease.

New Investigator Program Grant (awarded in June 2005): $100,000 over two years

**UW SMPH faculty:** Christina Hull, PhD, Assistant Professor, Departments of Biomolecular Chemistry and Medical Microbiology and Immunology

NEW INVESTIGATOR PROGRAM
APPLICATION REVIEW SUBCOMMITTEE

| Howard Bailey, MD, Associate Professor, Department of Medicine, UW SMPH (Co-chair) |
| Bryan Becker, MD, Associate Professor, Department of Medicine, UW SMPH |
| Carolyn Bell, MD, Professor, Department of Medicine, UW SMPH |
| Ruth Benca, MD, PhD, Professor and Associate Chair, Department of Psychiatry, UW SMPH (Co-chair) |
| Pascale Carayon, PhD, Professor, College of Engineering; Affiliate Professor, Department of Population Health Sciences, UW SMPH |
| Marc Drezner, MD, Professor, Department of Medicine; Head, Endocrinology, Diabetes and Metabolism Section; Director, General Clinical Research Center, UW SMPH |
| Norman Drinkwater, PhD, Professor and Chair, Department of Oncology, UW SMPH |
| Maureen Durkin, PhD, DrPH, Associate Professor, Department of Population Health Sciences, UW SMPH |
| Zsuzsanna Fabry, PhD, Associate Professor, Department of Pathology and Laboratory Medicine, UW SMPH |
| Michael Fleming, MD, MPH, Professor, Department of Family Medicine, UW SMPH |
| Susan Goelzer, MD, MS, CPE, Professor and Chair, Department of Anesthesiology; Professor, Department of Population Health Sciences, UW SMPH |
| Anna Huttenlocher, MD, Associate Professor, Departments of Pediatrics and Pharmacology, UW SMPH |
| Nizar Jarjour, MD, MS, CPE, Professor and Chair, Department of Anesthesiology; Professor, Department of Population Health Sciences, UW SMPH |
| Colin Jefcoate, PhD, Professor, Department of Pharmacology, UW SMPH |
| Jon Makielski, MD, Professor, Department of Medicine, UW SMPH |
| Rob Nickells, PhD, Associate Professor, Department of Ophthalmology and Visual Sciences, UW SMPH |
| Patrick Remington, MD, MPH, Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program, UW SMPH |
| Douglas Smith, MD, Associate Professor, Department of Family Medicine, UW SMPH, Family Practice Clinic–Verona |
| Jeffrey Stearns, MD, Professor, Department of Family Medicine, UW SMPH; Associate Dean, Milwaukee Clinical Campus; Vice President of Academic Affairs, Aurora Health Care |
| Jeff Walker, PhD, Professor, Department of Physiology, UW SMPH |
Molecular Analysis of the Putative Mammalian siRNase ERI-1

Ribonucleic acid (RNA) interference takes advantage of a naturally occurring process to “turn off” specific genes. Initial studies have successfully used this technology to target cancer genes. This project will increase knowledge of RNA interference, and may identify drug targets so that physicians may eventually use it as a therapy in a wide spectrum of diseases.

New Investigator Program Grant (awarded in June 2005): $100,000 over two years
UW SMPH faculty: Scott Kennedy, PhD, Assistant Professor, Department of Pharmacology

Molecular Mechanism of Lung Organogenesis, Tumorigenesis and Asthma

The long-term goal of this research is to establish the genetic bases for devastating lung diseases such as respiratory distress syndrome, lung cancer, and asthma. Researchers on this project expect to use advanced genomic and genetic approaches to uncover gene function related to lung development and disease.

New Investigator Program Grant (awarded in June 2005): $100,000 over two years
UW SMPH faculty: Xin Sun, PhD, Assistant Professor, Department of Medical Genetics

Novel Therapies Against Influenza Infection

Two limitations to the existing flu vaccine are that the vaccine does not work effectively in high-risk groups, such as the elderly, and that the virus changes every year, requiring the development of new vaccines annually. Blocking viral replication with novel antiviral peptides that attack all strains of the influenza virus may be a way to address these limitations. The goals of this project are to understand how antiviral peptides regulate viral growth, and how these peptides may be used in preventing and treating influenza infection.

New Investigator Program Grant (awarded in June 2005): $100,000 over two years
UW SMPH faculty: Stacey Schultz-Cherry, PhD, Assistant Professor, Department of Medical Microbiology

Sterol Carrier Protein 2 is a Novel Link Between Aging and Alzheimer’s Disease

This project seeks to identify new molecular links between cholesterol distribution in the brain, aging, and Alzheimer’s disease (AD). Sterol carrier protein 2 is a protein in the brain that can function as a cholesterol carrier and is activated through aging. Since cholesterol distribution is associated with the first molecular steps of AD, understanding more about sterol carrier protein 2 may shed new light on how AD develops.

New Investigator Program Grant (awarded in June 2005): $100,000 over two years
UW SMPH faculty: Luigi Puglielli, MD, PhD, Assistant Professor, Department of Medicine

Second-Cycle Awards (December 2005)

The second New Investigator Program funding cycle resulted in 40 applications, 10 of which were funded.

Androgen Receptor as an Immunological Target for the Treatment of Prostate Cancer

Prostate cancer is the second leading cause of cancer-related death in men in the United States. New therapies are needed to reduce the numbers of people dying from this disease. This project will study the possibility of developing vaccines as a treatment for prostate cancer.

New Investigator Program Grant (awarded in December 2005): $99,906 over two years
UW SMPH faculty: Douglas McNeel, MD, PhD, Assistant Professor, Department of Medicine

Cellular and Viral Determinants of Human Cytomegalovirus Lytic and Latent Replication Cycles

Human Cytomegalovirus (HCMV) is a virus that infects most children, and usually remains dormant in the body for life. However, the virus can be reactivated, and has been implicated in a number of diseases. Currently, there is no vaccine for HCMV. This project will help determine how HCMV infects people, discover how the dormant virus is reactivated, and identify drug targets for treatment.

New Investigator Program Grant (awarded in December 2005): $100,000 over two years
UW SMPH faculty: Robert Kalejta, PhD, Assistant Professor, Department of Oncology

Effects of Statin Therapy on Vascular Properties and Outcomes in Diastolic Heart Failure Patients

Diastolic heart failure is a form of heart failure occurring most commonly in the elderly and in women. It is increasingly apparent that blood vessel abnormalities in many of these patients may contribute to development of diastolic heart failure. This study is a pilot clinical trial to test the effect of statin drugs on blood vessel properties, symptoms, and disease progression in patients with diastolic heart failure.

New Investigator Program Grant (awarded in December 2005): $100,000 over two years
UW SMPH faculty: Nancy Sweitzer, MD, PhD, Assistant Professor, Department of Medicine
GLI2 Protein Stabilization in the Activation of Hedgehog Signaling Pathway in Prostate Cancer

Prostate cancer is the second leading cause of cancer-related death in men in the United States. There is poor understanding of the biological pathways, or chains of events, that lead to prostate tumor development. By studying one of these pathways, the Hedgehog signaling pathway, this project aims to identify drug targets for prostate cancer prevention and treatment.

New Investigator Program Grant (awarded in December 2005): $100,000 over two years
UW SMPH faculty: Vladimir Spiegelman, MD, PhD, Assistant Professor, Department of Dermatology

Mechanisms of CREB Regulation and Function in Response to DNA Damage

The goal of this research is to understand how damage to DNA (the material inside cells that carries genetic information) promotes cancer development. DNA damage within human cells occurs at all times through exposure to sunlight, X-rays, or environmental toxins. This project focuses on the function of the ATM gene, and its interactions with CREB and other genes to suppress cancer.

New Investigator Program Grant (awarded in December 2005): $100,000 over two years
UW SMPH faculty: Randal Tibbetts, PhD, Assistant Professor, Department of Pharmacology

Novel Exploratory Approaches to Elucidating the Role of GRAIL in CD25+ T Regulatory Cell Biological Function

CD25+ T regulatory cells play an important role in the immune response to various diseases, including allergies, autoimmune diseases, and transplanted organ rejection. How these cells restore balance to immune responses remains poorly defined. By studying the biological mechanisms of CD25+ T cells, important contributions can be made to the treatment of many diseases.

New Investigator Program Grant (awarded in December 2005): $91,560 over two years
UW SMPH faculty: Christine Seroogy, MD, Assistant Professor, Department of Pediatrics

Optimizing Immunosuppressant Therapy Based on Viral Genetics to Improve Hepatitis C-Infected Transplant Patient Outcomes

Hepatitis C Virus (HCV) is a major cause of liver disease worldwide, and the most common reason for liver transplant and retransplant in the United States. Clinical studies have shown that some immunosuppressant drugs can improve the outcomes for HCV-infected patients, but there is no consensus about the optimal drug therapy. This project will develop molecular diagnostics to tailor immunosuppressant therapy to the specific HCV strain infecting a patient.

New Investigator Program Grant (awarded in December 2005): $100,000 over two years
UW SMPH faculty: Rob Striker, MD, PhD, Assistant Professor, Departments of Medicine and Medical Microbiology & Immunology

The Role of Ikaros in Cellular Proliferation

This project studies the role of the Ikaros gene during transformation of normal cells into cancer cells, and determines how the gene responds to radiation-induced DNA damage. The goal is to use these results to design a better treatment for leukemia and other forms of cancer.

New Investigator Program Grant (awarded in December 2005): $100,000 over two years
UW SMPH faculty: Sinisa Dovat, MD, Assistant Professor, Department of Pediatrics

Topical Honey for Diabetic Foot Ulcers

Over 10 million people in the United States have diabetes; approximately 15 percent of those patients will develop ulcers of the lower legs or feet, sometimes requiring amputation. Honey has been used as a treatment for millennia, and medical reports suggest that it may contribute to healing in human and animal wounds. This project is a pilot study of the use of honey to treat diabetic foot ulcers.

New Investigator Program Grant (awarded in December 2005): $99,976 over two years
UW SMPH faculty: Jennifer Eddy, MD, Assistant Professor, Department of Family Medicine

Wnt/Frizzled Signals in Normal and Malignant Lymphoid Development

This research aims to understand the pathways by which normal cells in the immune system develop and how that process might be abnormally turned on in leukemia, lymphoma, and other types of cancer.

New Investigator Program Grant (awarded in December 2005): $100,000 over two years
UW SMPH faculty: Erik Ranheim, MD, PhD, Assistant Professor, Department of Pathology & Laboratory Medicine
Evaluation

In 2005, The Wisconsin Partnership Program began formal efforts to evaluate the implementation and effectiveness of the Program, focusing on individual program components as well as collective results. Establishing ongoing evaluative processes will not only provide measures for assessing progress toward our goals, but will also guide and challenge the Program to achieve a greater impact overall.

Program Evaluation Plan

The Wisconsin Partnership Program is developing an evaluation plan to assess its overall progress and effectiveness towards achieving the mission, vision and goals of the Five-Year Plan. Key questions that the evaluation will address include: How are we doing relative to achieving our strategic vision? What should we do to improve on our efforts? How can this learning process help guide us in the development of our next five-year plan? Specifically, the plan aims to accomplish the following:

- Strengthen program-wide implementation;
- Determine grantee effectiveness to support improvement efforts;
- Assess and advise on the allocated percentage of funds;
- Make decisions about awarding new grants or renewing grants;
- Inform decisions about future investments and new initiatives;
- Provide evidence of program effectiveness and accountability;
- Provide guidance on the focus of the next five-year plan; and
- Assess impact on the goals of the State Health Plan, Healthiest Wisconsin 2010.

To accomplish this, the Program first created a joint evaluation workgroup consisting of three representatives from both the OAC and the MERC, Regent Liaison Patrick Boyle, PhD, and faculty advisors. Because of the diverse population in Wisconsin, the workgroup will expand in 2006 to represent an even broader set of perspectives in the development and implementation of the evaluation plan.

Figure 7: 2006 Evaluation Timeline

<table>
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<th>JAN</th>
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<th>APR</th>
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- Joint evaluation workgroup meets
- Retain evaluation consultant
- Determine key questions, indicators, and evaluation design
- Hold all-day retreat with evaluation workgroup and consultant
- Write detailed evaluation plan
- OAC/MERC presentation
The workgroup will meet throughout 2006. An external evaluation consultant will guide the workgroup in designing a plan and establishing a process that brings together the OAC and MERC perspectives. The workgroup will present the detailed plan to the OAC and MERC for discussion at a joint meeting in Fall 2006.

Program staff presented an evaluation framework approved by OAC and MERC in 2005 that will guide the development of the plan. The framework includes the following four types of measures designed to support program-wide improvement efforts:

- **Governance**—Accountability, compliance, stewardship and public engagement
- **Operations**—Consistency with objectives, grantee or initiative selection process, grantee interactions, and administration
- **Agenda setting and strategy**—Focus areas, goals, and approach
- **Achieving goals**—Program objectives and outcomes, individual grant objectives and outcomes, partnerships, advancing and translating knowledge, strengthening grantees, funding influence and leverage

**Project Evaluation Structure**

In 2005, Program staff and members of the OAC and MERC created a structure to document the effectiveness and outcomes of project-specific initiatives. This structure includes a strong base of information, reports, and data associated with individual grantees.

These efforts resulted in positive, tangible changes to the Program’s processes and implementation within project areas. For example, progress and financial reports, required of all funded projects, provide essential information on grantee effectiveness to help strengthen project implementation. Grantee-level evaluation measures not only provide valuable information on the progress and outcomes of a project, but also assess the efficacy of the Program’s work and decision-making processes.

**Survey Feedback**

Program staff embraced another important evaluation activity in 2005: implementing surveys to learn from community representatives, faculty, applicants, grantees, and grant reviewers.

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**Community Academic Partnership Fund (CAPF) Survey**

To solicit feedback on its Community Academic Partnership Fund (CAPF) program, the OAC first created and posted a Web-based anonymous survey asking funded and unfunded grantees for their comments, concerns, and suggestions on the RfP process. Over 100 people responded to the survey.

An OAC workgroup carefully evaluated the RfP with Program staff, making page-by-page revisions based on the survey results and feedback from reviewers, staff, and the OAC. The revised RfP was then posted on The Wisconsin Partnership Program Web site for additional comment. Using this information, the Program made substantial improvements in the RfP, including:

- A revised timeline and due dates, and the added requirement of a Notice of Intent for all Implementation Grants prior to the grant application deadline;
- The requirement of an academic partner for Planning Grants;
- An increase in the Planning Grant project length to 12 to 24 months, and an increase in the total award to $50,000;
- Revised guidelines for Planning and Implementation Grant applications that provide more guidance on proposal content and evaluation; and
- Standardized application and budget forms.

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**Figure 8: Evaluation Framework Logic Model**
In addition to the RfP changes, the Program offered CAPF applicants thorough training sessions and better access to grant writing resources, and offered extensive training for external reviewers. These combined efforts resulted in:

- Applications that were better aligned with Program goals;
- Higher overall average scores for grant applications;
- More consistent scoring across reviewers; and
- More constructive feedback for applicants.

**Reviewer Surveys**

Grant reviewers also provided valuable information to help improve application and grant selection processes for both OAC and MERC.

The OAC sent a survey to its external reviewers soliciting their assessment of the CAPF review process. Overall, 97% of the respondents stated that their experience reviewing grant proposals was very good or good, and all respondents agreed to continue serving as grant reviewers in future years. The survey identified the following items for improvement:

- Enhance applicants’ and reviewers’ understanding of the aims and purpose of the CAPF program;
- Develop a process to improve scoring consistency and consensus among external reviewers;
- Increase the level of participation and commitment from academic partners;
- Better clarify grant expectations for applicants; and
- Help reviewers better understand how to weight the evaluation scoring criteria.

In March 2006, the OAC reviewed the survey results and made recommendations for improvements to the RfP and review process. OAC will identify processes for external reviewers to reach a consensus on proposals and for informing applicants and reviewers of program expectations.

The MERC sent a survey to its New Investigator Program faculty reviewers seeking comments and suggestions for improvement. The survey identified the following items for improvement:

- Guide reviewers on weighting the evaluation scoring criteria;
- Consider dividing the awards into two pools: clinical/population health sciences and basic science;
- Better articulate the project’s impact on the health of the public;
- Review the definition of eligibility; and
- Evaluate the number and dollar amount of the awards and the frequency of the funding cycles.

MERC charged a workgroup with developing a response to these issues for recommendation to the full committee.
OAC Review and Assessment of the Allocated Percentage of Funds

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 30, 2006.

The Dean began the discussion by asking the OAC to identify indicators for determining whether to revise the allocation percentage. The OAC members discussed the following items as possible indicators:

- population-based need;
- assessment of unfunded proposals;
- data-supported program outcomes;
- program sustainability;
- likelihood of application to and impact in communities;
- strength and efficacy of academic partnerships;
- capacity for generating, translating and applying new knowledge;
- activities demonstrating the SMPH transformation; and
- alignment with priorities of the State Health Plan.

The OAC concluded that although these criteria were valuable discussion points, more concrete information was needed to effectively assess and advise on the allocation percentage. The committee recognized that the OAC and the MERC need to develop a collaborative strategy for reviewing and assessing the allocation of funds. This strategy, developed with the joint evaluation workgroup as a part of the Program’s overall evaluation efforts (see page 30), will unify and shape the allocation assessment process and ensure that sufficient information is available for future assessment discussions.

By a unanimous vote, the OAC agreed that the allocation of 35 percent for public health initiatives and 65 percent for medical education and research initiatives should remain unchanged for 2006. The vote was amended to include the provision that through this year’s evaluation efforts, a set of assessment indicators will be developed to guide the next annual discussion.

Flow of Ideas Between the OAC and the MERC

As outlined in the Five-Year Plan, the OAC is responsible for advising and commenting on the MERC’s activities. To fulfill this responsibility, two members of the OAC, Susan Goelzer and Gregory Nycz, also serve as voting members of the MERC. Goelzer and Nycz regularly report back to the OAC on the MERC’s activities, soliciting perspectives from OAC members as necessary. They also provide the MERC with an update on OAC’s activities, ensuring that the MERC has a community perspective for its discussions and funding decisions.

In addition, The Wisconsin Partnership Program formed a joint evaluation workgroup to guide the development of its formal evaluation plan (see page 30). The committee, which consists of three members each from the OAC and the MERC, ensures the highest level of communication and information sharing between the groups as they undertake this important process. The experience of the joint evaluation workgroup will provide a basis for exploring and understanding the common needs, overlapping program areas, and shared opportunities between the OAC and the MERC.

Over the coming year, the two committees will continue to educate one another on their respective activities and create strategic processes that benefit both committees, including development of linkages on funded projects. The OAC and MERC will also hold a joint meeting in October 2006, at which time the results of the evaluation plan will be presented.
Financial Overview

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. Following acceptance of the 2004 Annual Report by WUHF, $58,652,085 of the restricted funds was transferred to the endowment. This amount was equal to one-third of the December 31, 2004 principal market value of $170,923,638 ($56,974,546) and earnings on that principal for the first and second quarters of 2005 of $1,677,539.

As prescribed in the Agreement, all Wisconsin Partnership Program revenues have been accounted for in segregated accounts at the UW Foundation. All Program expenditures have been accounted for in separate accounts within the SMPH.

Budgets
The OAC and the MERC adopted 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, the two committees arrived at an annual budget of approximately $14 million. This amount will grow as the value of the endowment increases. To fund the annual budget, the program will expend income from the endowed funds, as well as a portion of the $30 million made fully available. All funds and income are allocated 35 percent for Public Health Initiatives (OAC) and 65 percent for Medical Education and Research Initiatives (MERC).

Administrative expenses were $449,624 for the period of January 1, 2005 through December 31, 2005, compared to a 2005 budget of $451,900. Based on an annual budget of $14 million, this represents approximately 3 percent for administration (see details on page 44). The SMPH 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 Wisconsin Partnership Program will adjust subsequent budgets based on unexpended funds from previous years. Following this process, the OAC established the following funding targets for awards made in 2005:

- $500,000 for Collaboration Planning Grants ($50,000 maximum per award, one- to two-year duration)
- $4,050,000 for Collaboration Implementation Grants ($150,000 maximum per award per year, one- to three-year duration)
- $800,000 for Community-Based Public Health Education and Training Grants (one- to four-year duration)

As in 2004, grants were awarded in excess of the expected annual budget to “jump start” the program. It is expected that grants awarded in 2006 will be consistent with expected annual revenue.

Similarly, the MERC set funding equal to 65 percent of the total annual budget, which amounted to $9.1 million. The budget was subcategorized into education and research initiatives to address the five core focus areas outlined in the Five-Year Plan. Funded projects during 2005 included:

- One Planning Grant totaling $1,176,000, with a one-year duration;
- Three Implementation Grants totaling $7,084,000, with three- to four-year durations;
- Eight Strategic Initiative Awards totaling $2,137,000, with 18-month- to five-year durations;
- One jointly funded MERC/Strategic Initiatives Allocation award totaling $1,310,000, with a three-year duration; and
- Sixteen New Investigator Awards (also jointly funded between MERC and the Strategic Initiatives Allocation) totaling $1,584,000, each with two-year durations.
Grant Management

The Wisconsin Partnership Program consistently manages grant funds whether the funding is external to community organizations or internal to the University. Areas of grant management include:

- Individual projects are approved by the OAC, the MERC, or the Dean with the endorsement of the MERC, 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, PhD. In accordance with accepted practice, the Board of Regents approves all new award budgets, including those made by The Wisconsin Partnership Program. Contracts with community partners are executed by UW–Madison under delegated authority and reported to the Regents.
- Every awarded project has a Memorandum of Understanding (MOU), which is a contract between the recipient and The Wisconsin Partnership Program (see below).
- Every proposal includes a non-supplanting certification (see below), which is initially reviewed at the proposal stage. The grantee must recertify with each request of funds and must also complete an annual certification form.
- Every proposal must include a budget, which is reviewed at both the proposal stage and at the award stage. Throughout the duration of the award, the budget is used as a benchmark for funding expenditures and to determine project progress.
- Every awarded project may carry forward unspent budget funds at the end of the project, or for multi-year grants, at the end of each grant year.
- Every grantee must provide written progress reports at six (6) month intervals throughout the project, and at the end of the project. These reports document the progress and outcomes of the project against the aims and objectives specified in the application, and aid in evaluating the overall impact of The Wisconsin Partnership Program.
- Each proposal is entered into The Wisconsin Partnership Program database to track program requirements and reporting.

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 an award requires the grantee to be aware of and comply with the terms and conditions of the MOU.

The MOU provides a mechanism for the OAC and the MERC to monitor progress of their respective awards. Each MOU includes a timeline for progress reports to be sent to the OAC or to the MERC. The MOU also addresses the following compliance and grant management issues:

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

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, funds from The Wisconsin Partnership Program may not be used to supplant funds or resources available from other sources. The SMPH has designed a review process for determination of non-supplanting, which was approved by WUHF.

Initial Award

All funding approvals made 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.

All applicants and award recipients, whether internal or external, must complete a non-supplanting questionnaire developed by the SMPH. As part of the technical review process and MOU development, the Associate Dean for Fiscal Affairs reviews this questionnaire, along with financial statements from external recipients. In the case of internal awards, the Associate Dean also considers the SMPH budget and existing grant funding.

Any potential supplanting concerns are discussed with the applicant. Resolution may include a budget modification or reduction. Funds will not be awarded if it is determined 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 Associate Dean and the recipient.
Subsequent Funding
As part of the quarterly financial reporting process, each recipient must certify that supplanting has not occurred. Recipients of multi-year awards must complete a new questionnaire each year.

Annual Report
Based on the non-supplanting determination made by the Associate Dean for Fiscal Affairs, the Dean of the SMPH 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.

The Wisconsin Partnership Fund for a Healthy Future
Financial Report – UNAUDITED

BALANCE SHEET
December 31, 2005

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<th>ASSETS</th>
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<td>Total Liabilities &amp; Net Assets</td>
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*** See further discussion on page 39
### INCOME STATEMENT
**For the Period January 1, 2005 through December 31, 2005**

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<th>REVENUES</th>
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<td>Realized gains/(losses) on investments</td>
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<td><strong>Net Increase/(Decrease) in Net Assets</strong></td>
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### UNRESTRICTED FUNDS—REPORT OF CASH FLOWS
**For the Period January 1, 2005 through December 31, 2005**

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<td><strong>Total Unrestricted Funds—Increases</strong></td>
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<td>Grant Expenditures</td>
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<td><strong>Total Unrestricted Funds—Decreases</strong></td>
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</table>

| Total Unrestricted Funds—Balance as of December 31, 2005 | $ 38,231,708 |
Financial Notes

Cash and Investments
The financial resources that support grants for the period January 1, 2005 through December 31, 2005 are generated from funds released by the Wisconsin United for Health Foundation, Inc. (WUHF), as prescribed in the Agreement, as well as investment income. All funds are housed and managed by the UW Foundation. As needed, funds are transferred to the SMPH to reimburse relevant expenses.

As prescribed in the Agreement, unrestricted funds were originally $30 million, permanently restricted funds were originally $100 million, and temporarily restricted funds were originally $166.6 million. During 2005, approximately $57 million was transferred from temporarily restricted to permanently restricted funds following acceptance of the 2004 annual report.

Unrestricted funds receive income based on their balance as well as endowment distributions from the permanently restricted funds. All expenses are made against unrestricted funds. Permanently restricted funds receive income based on their balance. The only reductions to the permanently restricted funds are endowment distributions to unrestricted funds. Temporarily restricted funds receive income based on their balance. The only reduction to the temporarily restricted funds was the release of funds to the permanently restricted fund described above.

Current Investments
Current investments consist of participation in the UW Foundation expendables 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-term 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; this percent is invested in higher returning asset classes.

The UW Foundation uses quantitative methods to maximize target return while minimizing 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.

Initial Investment Strategy
The initial investment strategy consisted of two steps. First, immediately available unrestricted funds were invested in the UW Foundation 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 the dollar-cost average plan was 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 temporarily restricted and restricted funds, a portion was immediately invested in the endowment, while the remaining value of these funds were invested in an 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 temporarily restricted and restricted funds was invested in the endowment as of the third quarter of 2005.

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 an income stream to fund programs, preserves the real value of the funds, and provides for real growth. To achieve this, the endowment is invested in a diversified portfolio that includes U.S. and international equity, fixed income, real assets, alternative assets and cash equivalents.

Liabilities – Grants Payable
Grants payable are recorded as of the date of OAC or MERC approval. The liability reflects the total amount of the grant award, which ranges from one to five years in length, less any expenditures incurred before December 31, 2005. 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, 2005 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>
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<td>58,308,690</td>
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<td>Thereafter</td>
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<td>4,768,828</td>
<td>6,949,671</td>
</tr>
<tr>
<td>Total</td>
<td>$12,158,165</td>
<td>$18,953,993</td>
<td>$31,112,158</td>
</tr>
</tbody>
</table>
Net Assets

Based upon the Agreement, net assets are divided into three components:

- **Unrestricted net assets**: 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**: 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**: Funds held in permanent endowment status with income available on an annual basis.

Income Statement

Revenues

Revenues for the period of January 1, 2005 through December 31, 2005 consist of two components: (1) investment income, which has been recorded as earned throughout 2005; and (2) 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 2005 (unrealized).

Expenditures

Expenditures for the period of January 1, 2005 through December 31, 2005 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, 2005 are as follows:

2005 OAC FUNDING

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2005 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/05</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
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<tbody>
<tr>
<td>Active Prescription for Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>$25,000</td>
<td>$25,000</td>
<td>$ -</td>
<td>$ -</td>
<td>$25,000</td>
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<tr>
<td>Assessing Lifestyle Behaviors and Beliefs in Underserved Adults</td>
<td>OAC</td>
<td>S</td>
<td>48,702</td>
<td>48,702</td>
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<td>Chippewa Valley Community Diabetes Program</td>
<td>OAC</td>
<td>S</td>
<td>50,000</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Development of a Wisconsin Public Health Laboratory Network</td>
<td>OAC</td>
<td>S</td>
<td>49,234</td>
<td>49,234</td>
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<tr>
<td>Engaging Wisconsin Communities for Substance Abuse Prevention</td>
<td>OAC</td>
<td>S</td>
<td>430,872</td>
<td>430,872</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Enhancing the Role of Consumers as Informed Partners in the Health Care System</td>
<td>OAC</td>
<td>S</td>
<td>46,569</td>
<td>46,569</td>
<td>-</td>
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<tr>
<td>Expand Behavioral Risk Factor Survey Coverage to Provide Local Tracking of Healthiest Wisconsin 2010 Priorities</td>
<td>OAC</td>
<td>S/R</td>
<td>440,466</td>
<td>440,466</td>
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<td>Footprints to Health</td>
<td>OAC</td>
<td>S</td>
<td>450,000</td>
<td>450,000</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Got Dirt? Initiative</td>
<td>OAC</td>
<td>S</td>
<td>49,741</td>
<td>49,741</td>
<td>-</td>
<td>-</td>
<td>49,741</td>
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<tr>
<td>Green City, Healthy People: Eliminating Health Disparities while Revitalizing Milwaukee’s Johnson Park</td>
<td>OAC</td>
<td>S</td>
<td>50,000</td>
<td>50,000</td>
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<td>Hispanic Health Patient Navigation Collaboration Planning Project</td>
<td>OAC</td>
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<td>25,728</td>
<td>25,728</td>
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*S=service (community-based); E=education; R=research

continued on next page
### 2005 OAC FUNDING (continued)

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<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2005 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/05</th>
<th>Total Expended</th>
<th>Total Grants Payable</th>
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<tbody>
<tr>
<td>Influencing Wisconsin’s Public Health System by Defining, Understanding and Diffusing a Treatment Model for Hmong Mental Health</td>
<td>OAC</td>
<td>S/R</td>
<td>$450,000</td>
<td>$450,000</td>
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<tr>
<td>Polk County Alcohol and Drug Outreach and Training (PolkADOT)</td>
<td>OAC</td>
<td>S/R</td>
<td>448,584</td>
<td>448,584</td>
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<td>Reality Check 21</td>
<td>OAC</td>
<td>$</td>
<td>450,000</td>
<td>450,000</td>
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<tr>
<td>Reduce Health Disparities within the LGBT Populations in Wisconsin</td>
<td>OAC</td>
<td>$</td>
<td>47,483</td>
<td>47,483</td>
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<td>-</td>
<td>47,483</td>
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<tr>
<td>Si Se Puede (Yes You Can)</td>
<td>OAC</td>
<td>$</td>
<td>411,183</td>
<td>411,183</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Transporting Children Safely—A Public Health Model for WIC (Women, Infants, and Children) Families</td>
<td>OAC</td>
<td>$</td>
<td>344,924</td>
<td>344,924</td>
<td>-</td>
<td>-</td>
<td>344,924</td>
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<tr>
<td>Wisconsin Falls Reduction Project</td>
<td>OAC</td>
<td>S/R</td>
<td>448,898</td>
<td>448,898</td>
<td>-</td>
<td>-</td>
<td>448,898</td>
</tr>
<tr>
<td>Wisconsin Healthy Air Initiative</td>
<td>OAC</td>
<td>$</td>
<td>450,000</td>
<td>450,000</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Total 2005 OAC Funding</strong></td>
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### 2004 OAC FUNDING

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<th>Type*</th>
<th>2005 Award</th>
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<th>Expended as of 12/31/05</th>
<th>Total Expended</th>
<th>Total Grants Payable</th>
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<tbody>
<tr>
<td>At-Risk Adolescent Health Outreach, Prevention and Services Collaborative Program</td>
<td>OAC</td>
<td>S</td>
<td>$292,467</td>
<td>$26,606</td>
<td>$26,606</td>
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<td>$265,861</td>
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<td>Beyond Lip Service: Integrating Oral Health into Public Health</td>
<td>OAC</td>
<td>S</td>
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<td>29,935</td>
<td>29,935</td>
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<td>Breaking the Barriers to Health Care and Domestic Violence Prevention for Latino/Hispanic Immigrants</td>
<td>OAC</td>
<td>S/E</td>
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<td>77,252</td>
<td>372,748</td>
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<td>Collaboration on Lead Education, Abatement and Reduction (CLEAR)</td>
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<td>$</td>
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<td>10,108</td>
<td>10,108</td>
<td>10,108</td>
<td>14,892</td>
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<td>Community Mental Health Training Institute</td>
<td>OAC</td>
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<td>25,000</td>
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<td>20,970</td>
<td>20,970</td>
<td>4,030</td>
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<td>Community Wellness Initiative</td>
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<td>9,663</td>
<td>9,663</td>
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<td>Community-Based Population Health Practice Fellowships</td>
<td>OAC</td>
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<td>93,230</td>
<td>1,481,714</td>
<td>209,249</td>
<td>209,249</td>
<td>1,249,819</td>
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<td>Co-op Care</td>
<td>OAC</td>
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<td>450,000</td>
<td>5,661</td>
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<td>444,339</td>
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<td>Dane County Early Childhood Initiative</td>
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<td>$</td>
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<td>48,903</td>
<td>48,903</td>
<td>48,903</td>
<td>401,097</td>
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<td>Enhancing Alcohol Screening, Intervention, and Referral Services in Wisconsin</td>
<td>OAC</td>
<td>$</td>
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<td>11,725</td>
<td>11,725</td>
<td>11,725</td>
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<td>Fall No More</td>
<td>OAC</td>
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<td>25,000</td>
<td>21,616</td>
<td>21,616</td>
<td>21,616</td>
<td>3,384</td>
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<td>First Breath: Enhancing Service to Health Care Providers and Clients</td>
<td>OAC</td>
<td>S/E</td>
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<td>46,156</td>
<td>46,156</td>
<td>46,156</td>
<td>403,844</td>
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</table>

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

continued on next page
### 2004 OAC FUNDING (continued)

<table>
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<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2005 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/05</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIT-WIC Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>$25,000</td>
<td>$18,507</td>
<td>$18,507</td>
<td>$6,493</td>
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<td>Fit Kids Fit Families in Washington County</td>
<td>OAC</td>
<td>S</td>
<td>318,971</td>
<td>31,742</td>
<td>31,742</td>
<td>287,229</td>
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<td>Health Care Interpreting Information and Resource Project</td>
<td>OAC</td>
<td>S/E</td>
<td>12,500</td>
<td>25,000</td>
<td>6,269</td>
<td>18,731</td>
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<td>Health Watch Wisconsin</td>
<td>OAC</td>
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<td>23,571</td>
<td>21,214</td>
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<td>2,357</td>
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<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>440,490</td>
<td></td>
<td></td>
<td>440,490</td>
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<tr>
<td>Healthy Children, Strong Families</td>
<td>OAC</td>
<td>S/R</td>
<td>426,120</td>
<td>61,821</td>
<td>61,821</td>
<td>364,299</td>
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<tr>
<td>Healthy Wisconsin Leadership Institute</td>
<td>OAC</td>
<td>S/E</td>
<td>705,831</td>
<td>137,063</td>
<td>141,557</td>
<td>664,274</td>
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<tr>
<td>Ho-Chunk Nation Culturally Trained Preventive and Supportive Care Project</td>
<td>OAC</td>
<td>S</td>
<td>25,000</td>
<td>3,953</td>
<td>3,953</td>
<td>21,047</td>
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<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>25,000</td>
<td>10,632</td>
<td>10,632</td>
<td>14,368</td>
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<td>Milwaukee Birthing Project: Improving Birth Outcomes for Mothers and Children</td>
<td>OAC</td>
<td>S</td>
<td>414,475</td>
<td>109,799</td>
<td>109,799</td>
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<td>Milwaukee Homicide Review Commission</td>
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<td>S/R</td>
<td>400,001</td>
<td>51,356</td>
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<td>348,645</td>
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<td>Multi-Level Information Systems and Health Promotion Interventions for Milwaukee’s School Children</td>
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<td>S/R</td>
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<td>40,731</td>
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<td>259,108</td>
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<tr>
<td>Northeastern Wisconsin Falls Prevention Coalition</td>
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<td>S</td>
<td>25,000</td>
<td>20,806</td>
<td>20,806</td>
<td>4,194</td>
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<td>Northern Wisconsin Groundwater Consortium</td>
<td>OAC</td>
<td>S</td>
<td>25,000</td>
<td>9,461</td>
<td>9,461</td>
<td>15,539</td>
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<tr>
<td>Partners for a Clean and Sober Polk County</td>
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<td>S</td>
<td>25,000</td>
<td>14,940</td>
<td>14,940</td>
<td>10,060</td>
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<tr>
<td>Peridata: A Rural/Urban Information Network</td>
<td>OAC</td>
<td>S</td>
<td>395,819</td>
<td>10,259</td>
<td>10,259</td>
<td>385,560</td>
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<tr>
<td>Reduce Health Disparities within LGBT Populations in Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>25,000</td>
<td>21,988</td>
<td>21,988</td>
<td>3,012</td>
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<td>Reducing Household Asthma Triggers in Dane County African American Households</td>
<td>OAC</td>
<td>S/R</td>
<td>25,000</td>
<td>19,022</td>
<td>19,022</td>
<td>5,978</td>
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<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>448,529</td>
<td>57,551</td>
<td>57,551</td>
<td>390,978</td>
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<tr>
<td>Strengthening Family Caregivers Through Statewide Coalition</td>
<td>OAC</td>
<td>S</td>
<td>25,000</td>
<td>17,731</td>
<td>17,731</td>
<td>7,269</td>
<td></td>
</tr>
<tr>
<td>Tribal-Academic Partnership for American Indian Health</td>
<td>OAC</td>
<td>S/E/R</td>
<td>299,701</td>
<td>83,777</td>
<td>83,777</td>
<td>215,924</td>
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<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>25,000</td>
<td></td>
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<tr>
<td>Uniting Communities for Healthy Eating and Active Living</td>
<td>OAC</td>
<td>S</td>
<td>25,000</td>
<td>13,080</td>
<td>13,080</td>
<td>11,920</td>
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<td>Wisconsin Academy for Rural Medicine (WARM)</td>
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<td>25,000</td>
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<td>18,223</td>
<td>6,777</td>
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<td>Wisconsin’s Adolescent Sexually Transmitted Infections Protection through Education Project (WASTI-PEP)</td>
<td>OAC</td>
<td>S</td>
<td>25,000</td>
<td>6,660</td>
<td>6,660</td>
<td>18,340</td>
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*S=service (community-based); E=education; R= research
## 2005 MERC Funding

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<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2005 Award</th>
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<th>Expended as of 12/31/05</th>
<th>Total Expended</th>
<th>Grants Payable</th>
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<tbody>
<tr>
<td>Androgen Receptor as an Immunological Target for the Treatment of Prostate Cancer</td>
<td>Joint</td>
<td>R</td>
<td>$99,906</td>
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<tr>
<td>Cellular and Viral Determinants of Human</td>
<td>Joint</td>
<td>R</td>
<td>100,000</td>
<td>100,000</td>
<td>-</td>
<td>-</td>
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<td>Cytomegalovirus Lytic and Latent Replication Cycles</td>
<td>Joint</td>
<td>S/R</td>
<td>100,000</td>
<td>100,000</td>
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<tr>
<td>Effects of Statin Therapy on Vascular Properties and Outcomes in Diastolic Heart Failure Patients</td>
<td>Joint</td>
<td>S/R</td>
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<td>735,335</td>
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<tr>
<td>GLI2 Protein Stabilization in the Activation of Hedgehog Signaling Pathway in Prostate Cancer</td>
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<td>Investigating Fungal Infection: Analysis of Spores from the Human Fungal Pathogen Cryptococcus Neoformans</td>
<td>Joint</td>
<td>R</td>
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<td>100,000</td>
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<td>Library Collection Support for Public Health Research and Training</td>
<td>Strategic</td>
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<td>Mechanisms of CREB Regulation and Function in Response to DNA Damage</td>
<td>Joint</td>
<td>R</td>
<td>100,000</td>
<td>100,000</td>
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<td>Molecular Analysis of the Putative Mammalian sirNase ERI-1</td>
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<td>R</td>
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<td>100,000</td>
<td>14,156</td>
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<td>Molecular Mechanism of Lung Organogenesis, Tumorigenesis, and Asthma</td>
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<td>100,000</td>
<td>11,325</td>
<td>11,325</td>
<td>88,675</td>
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<td>Novel Exploratory Approaches to Elucidating the Role of GRAIN in CD25+ T Regulatory Cell Biological Function</td>
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<td>91,560</td>
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<td>Optimizing Immunosuppressant Therapy Based on Viral Genetics to Improve Hepatitis C-Infected Transplant Patient Outcomes</td>
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<td>Reducing Cancer Disparities through Comprehensive Cancer Control</td>
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<td>MERC</td>
<td>R</td>
<td>1,200,000</td>
<td>1,200,000</td>
<td>24,640</td>
<td>24,640</td>
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<td>The Role of Ikaros in Cellular Proliferation</td>
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<td>100,000</td>
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<td>261,706</td>
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<td>Sterol Carrier Protein 2 is a Novel Link Between Aging and Alzheimer’s Disease</td>
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<td>Topical Honey for Diabetic Foot Ulcers</td>
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</tbody>
</table>

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

continued on next page
### 2005 MERC FUNDING (continued)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2005 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/05</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Academy for Rural Medicine (WARM)</td>
<td>Strategic</td>
<td>S/E</td>
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<td>178,014</td>
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<td>178,014</td>
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<td>Wnt/FRizzled Signals in Normal and Malignant Lymphoid Development</td>
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<td>100,000</td>
<td>100,000</td>
<td>-</td>
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<td><strong>Total 2005 MERC Funding</strong></td>
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### 2004 MERC FUNDING

<table>
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<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2005 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/05</th>
<th>Total Expended</th>
<th>Grants Payable</th>
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<tbody>
<tr>
<td>Research</td>
<td></td>
<td>R</td>
<td>($40,599)</td>
<td>24,401</td>
<td>8,151</td>
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<td>Human Proteomics Program</td>
<td>MERC</td>
<td>R/E/S</td>
<td>(6,757)</td>
<td>121,992</td>
<td>112,290</td>
<td>113,964</td>
<td>8,028</td>
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<tr>
<td>Survey of the Health of Wisconsin (SHOW)</td>
<td>MERC</td>
<td>R/S</td>
<td>(31,717)</td>
<td>105,717</td>
<td>87,428</td>
<td>87,428</td>
<td>18,289</td>
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<tr>
<td>Wisconsin Clinical Trials Network</td>
<td>MERC</td>
<td>E/S</td>
<td>189,780</td>
<td>3,414,780</td>
<td>195,821</td>
<td>195,821</td>
<td>3,218,959</td>
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<tr>
<td>Innovations in Medical Education</td>
<td>MERC</td>
<td>E/S</td>
<td>189,780</td>
<td>3,414,780</td>
<td>195,821</td>
<td>195,821</td>
<td>3,218,959</td>
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<tr>
<td>Strategic</td>
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<tr>
<td>Improving Cancer Care in Wisconsin</td>
<td>Strategic</td>
<td>R/E/S</td>
<td>(130,908)</td>
<td>319,092</td>
<td>299,065</td>
<td>299,065</td>
<td>20,027</td>
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<tr>
<td>Making Wisconsin the Healthiest State</td>
<td>Strategic</td>
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<td>-</td>
<td>820,343</td>
<td>146,432</td>
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<tr>
<td>Master in Public Health (MPH)</td>
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<td>11,000</td>
<td>1,946,120</td>
<td>394,647</td>
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<td>1,497,431</td>
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<td>Wisconsin Alzheimer’s Institute</td>
<td>Strategic</td>
<td>R/E/S</td>
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<td>375,000</td>
<td>58,912</td>
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<td><strong>Total 2004 MERC Funding</strong></td>
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<td><strong>Total MERC Funding (2004 &amp; 2005)</strong></td>
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<td>$1,439,968</td>
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<tr>
<td><strong>Total OAC &amp; MERC Funding</strong></td>
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<td>$2,831,563</td>
<td>$31,112,158</td>
</tr>
</tbody>
</table>

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

Administrative expenditures include costs for the period of January 1, 2005 through December 31, 2005. All costs have been approved by both the OAC and the MERC. Allocation of costs in the Income Statement on page 37 is based on a 35 percent/65 percent split. Detail expenditures for the period are as follows:

<table>
<thead>
<tr>
<th>Administrative Expenditures</th>
<th>December 31, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Salaries</td>
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<tr>
<td>Total Fringe Benefits</td>
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<tr>
<td>Other Expenditures</td>
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<tr>
<td>Supplies</td>
<td>14,098</td>
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<tr>
<td>Travel</td>
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<tr>
<td>Reviewer Services</td>
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<td>Other Expenses</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$449,624</strong></td>
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<tr>
<td>OAC (35%) Allocation</td>
<td>$157,368</td>
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<tr>
<td>MERC (65%) Allocation</td>
<td>$292,256</td>
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</tbody>
</table>

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