PARTNERSHIPS
for a
HEALTHY WISCONSIN

2006 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.wphf.med.wisc.edu
INTRODUCTION

The University of Wisconsin School of Medicine and Public Health (SMPH) and the Oversight and Advisory Committee (OAC) are pleased to present the third annual report of The Wisconsin Partnership Fund for a Healthy Future. This report covers all activities and expenditures from January 1, 2006, through December 31, 2006, 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 WPP 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 WPP allocates 65 percent of the available funds to medical education and research initiatives that advance population health.

The report describes the activities leading to the award of grants by the OAC and the MERC during the period beginning January 1, 2006, and ending December 31, 2006, and also provides updates on initiatives already in progress.

The report underwent the following review steps:

- **February 21, 2007:** Outline and timeline reviewed by OAC
- **February 28, 2007:** Outline and timeline reviewed by MERC
- **March 21, 2007:** Initial draft reviewed by OAC
- **April 9, 2007:** Final draft approved by MERC
- **April 18, 2007:** Final draft approved by OAC
- **May 10, 2007:** Publication draft approved by the Board of Regents of the University of Wisconsin System
- **May 30, 2007:** Final report forwarded to WUHF

Please visit the WPP Web site (www.wphf.med.wisc.edu) for detailed information about the Program, its committees, and its activities.

The Wisconsin Partnership Program represents an unprecedented opportunity for the SMPH to collaborate with communities and health care providers 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.

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**Diversity Policy**

The OAC and the MERC have adopted the following diversity policy to emphasize the importance of a broad perspective and representation for the Program’s goals, objectives, and processes:

“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 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.**

**Open Meetings and Public Records Laws**

The WPP 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.wphf.med.wisc.edu.
The Wisconsin Partnership Program (WPP) was formed when Blue Cross/Blue Shield United of Wisconsin converted to a for-profit corporation and the proceeds from the sale of stock were distributed to the two Wisconsin medical schools. Through its grant programs, the WPP makes awards for public health, medical education, and research projects that aim to improve the health of the people of Wisconsin.

The WPP conducts activities through the Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC). The OAC funds community-academic population health partnerships and public health education and training initiatives. The MERC funds medical education and research initiatives that advance population health.

This Annual Report describes grants awarded by the OAC and MERC in 2006, discusses activities leading to the awarding of those grants, and provides updates on initiatives in progress.

In 2006, the WPP funded 37 new multi-year initiatives totaling $16 million, as shown in Figure 1 and highlighted below.

The OAC awarded:
- 25 Community-Academic Partnership Fund grants totaling $6.2 million; and
- $560,000 for a public health continuing education initiative.

The MERC awarded:
- $6.8 million to support the new UW Institute for Clinical and Translational Research (ICTR), dedicated to translating health-related research results into community practice.

The Dean through the Strategic Initiatives Allocation awarded:
- $149,000 for a program linking health researchers and policy makers; and
- $1 million to expand outreach activities at the Center for Urban Population Health in Milwaukee.

The MERC and the Dean through the Strategic Initiatives Allocation jointly awarded:
- $600,000 to expand the Wisconsin Smokers Health Studies; and
- $700,000 for seven New Investigator Program grants.

The Community-Academic Partnership Fund and the New Investigator Program each have competitive Request for Partnership (RfP) guidelines, which delineate selection criteria, proposal requirements, and the multi-step review process.

Throughout 2006, the WPP evaluated the progress and outcomes of funded grants using progress and final reports as well as site visits. Information from surveys, roundtable discussions, workgroup recommendations, and strategic planning sessions also enabled the WPP to improve its grantmaking processes.

In addition, the WPP began developing a program-wide evaluation plan to:
- Assess the Program’s progress and effectiveness during its first five years; and
- Guide the development of the next Five-Year Plan.

A joint meeting of the OAC and MERC, held in October 2006, provided a forum to:
- Collaborate more effectively;
- Support the transformation of the SMPH into an integrated school of medicine and public health; and
- Share ideas related to both committees’ program areas.

The imprint that the Wisconsin Partnership Program is making on the health of the people of Wisconsin is beginning to emerge. Previously funded grants are almost complete and outcomes are being analyzed. Recently funded medical education and research initiatives are more focused on communities, partnerships and collaborations are increasing, and the Wisconsin Partnership Program evaluation plan is being implemented.
A LETTER FROM THE DEAN

It is a great honor to introduce this third annual report of the Wisconsin Partnership Program (WPP). Even before coming to the UW School of Medicine and Public Health (SMPH), I was tremendously impressed with the WPP’s mission, values, initiatives, and stewardship. Since arriving, my enthusiasm has grown even stronger. Through its extensive portfolio of community health, medical education, and research programs, and as a catalyst for the SMPH’s innovative transformation into an integrated school of medicine and public health, the WPP is clearly beginning to fulfill its mission to improve the health of the people of Wisconsin.

In 2006, members of the Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC) invested considerable effort in evaluating and funding a new set of initiatives, each of which contributes to the WPP’s vision of making Wisconsin the healthiest state. Many of these programs forged new collaborations between the SMPH and the UW, the state Legislature, the city of Milwaukee, and communities throughout Wisconsin. These collaborations strengthen not just each individual initiative, but also the Program as a whole.

Initiatives funded by the OAC’s Community-Academic Partnership Fund have an impressive range, reaching Milwaukee as well as rural counties; targeting specific age, racial and ethnic, and socioeconomic groups; and educating practitioners, policy makers, and public health professionals.

The MERC also funded a broad array of innovative programs. The UW Institute for Clinical and Translational Research will connect researchers and communities statewide in the shared goal of translating basic and clinical research into clinical practice. Another initiative links health researchers with policy makers through a collaboration between the UW Population Health Institute and the La Follette School of Public Affairs.

The WPP also recognized the importance of collaboration in its own governance. The first joint meeting of the OAC and MERC, held in October 2006, provided an opportunity for the two committees to broaden their knowledge of the WPP’s activities, explore shared interests, and identify ways to work more closely together. The WPP also has developed a comprehensive plan to evaluate its progress, identify areas of improvement, and guide the development of the next Five-Year Plan.

As the WPP evolves, its activities will become even more intertwined with the SMPH’s transformation. In 2006, I outlined four principles that will guide this effort.

Balance ensures that the WPP supports projects that address immediate needs as well as those with longer-range goals. It also ensures that the WPP funds a broad range of community health, research, and education initiatives, and encourages initiatives that have some risk along with those that are more certain to be successful.

Excellence mirrors the WPP’s commitment to conscientious stewardship. It is a reminder that the Program’s endowment is an extraordinary opportunity, and every proposal funded must be of the highest quality.

Leverage signifies the importance of seeking funding support from additional sources. A great strength of the WPP is that it has served as a launch pad for subsequent funding from local, state, and national organizations. Leveraging WPP funds in this way helps us more effectively address the health care needs of the state.

Transformation reflects the WPP’s key role in defining and accelerating the SMPH’s transformation. With the opportunities provided by the WPP, the SMPH will set the national standard for an integrated school of medicine and public health.

In my vision of that integrated school, our students will understand community systems as well as organ systems. They will learn the best approaches to preventing, as well as diagnosing and treating diseases. Our researchers will collaborate so that epidemiological and population-based perspectives are integrated with basic, molecular approaches. Our clinicians will consider population-based public health approaches concomitant with traditional medical models.

With change in the air, we must continue nourishing the climate of collaboration. The Wisconsin Partnership Program is, at its essence, a wonderful example of this. While each arm of the WPP has its particular roles, responsibilities, and initiatives, their outcomes are interdependent. Community-academic partnerships and public health education programs push what we know now into the community, while research and education efforts develop the next generation of ideas, methodologies, tools, and leaders.

The Wisconsin Partnership Program is a powerful accelerator for transforming our institution and creating a healthier Wisconsin. I look forward to everything we will accomplish... together.

Robert N. Golden, MD
Dean, UW School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW–Madison
OVERSIGHT AND ADVISORY COMMITTEE (OAC)

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

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.

Health Advocate Appointees
Lorraine Lathen  
(appointed November 2006)  
Vice President for Community Education, Planned Parenthood of Wisconsin, Inc.  
Advocacy Category: Women’s Health

Nancy Miller-Korth, Vice Chair  
(term expired October 2006)  
Nursing Consultant, Great Lakes Inter-Tribal Council, Inc.  
Advocacy Category: Minority Health

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

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

June Martin Perry  
(appointed March 2006)  
President, Access to Success in Nonprofit Management and Succession Planning  
Advocacy Category: Urban / Community Health

Insurance Commissioner’s Appointee
Martha Gaines, JD, LLM  
Director, Center for Patient Partnerships; Clinical 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, UW SMPH

Michael Fleming, MD, MPH  
(appointed November 2006)  
Professor, Department of Family Medicine, UW SMPH

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

Patrick Remington, MD, MPH  
(term expired October 2006)  
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  
Associate Director, MPH Program, UW SMPH

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 for Community Education, Planned Parenthood of Wisconsin, Inc.

George Mejicano, MD, MS (Ex Officio)  
Associate Dean, Continuing Medical Education; Director, Office of Continuing Professional Development in Medicine and Public Health, UW SMPH

Douglas Mormann, Chair  
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

Wisconsin Partnership Program Staff
Eileen Smith, Director
Cathy Frey, Assistant Director
Tracy Cabot, PhD, Senior Administrative Program Specialist
Tonya Paulson, Grants Specialist
Karla Thompson, CPA, Accountant

*Elected chair in February 2007
The Medical Education and Research Committee (MERC) allocates and distributes funds designated for medical education and research initiatives that advance population health. The MERC’s broad representation includes faculty and staff with experience and expertise in research, education, and public and community health.

The MERC Executive Subcommittee provides advice and comment on proposals and policy to the MERC. The subcommittee consists of the MERC chair and vice chair and five elected MERC members.

Leaders of Focus Areas of Excellence
Lynn Allen-Hoffmann, PhD (term expired June 2006)
Professor, Department of Pathology and Laboratory Medicine, UW SMPH
Focus Area: Emerging Opportunities in Biomedicine and Population Health
Cynthia Czajkowski, PhD (appointed July 2006)
Professor, Department of Physiology, UW SMPH
Focus Area: Emerging Opportunities in Biomedicine and Population Health
Richard Moss, PhD
Professor and Chair, Department of Physiology, UW SMPH
Focus Area: Disease Genomics and Regenerative Medicine
Javier Nieto, MD, PhD, MPH
Professor and Chair, Department of Population Health Sciences, UW SMPH
Focus Area: Wisconsin Population Health Research Network
Susan Skochelak, MD, MPH
Professor, Department of Family Medicine; Senior Associate Dean for Academic Affairs, UW SMPH
Focus Area: Innovations in Medical Education
George Wilding, MD, MS
Professor, Department of Medicine; Director, UW Paul P. Carbone Comprehensive Cancer Center, UW SMPH
Focus Area: Molecular Medicine and Bioinformatics

UW School of Medicine and Public Health Administrators
Paul DeLuca, PhD, Chair
Professor, Department of Medical Physics; Vice Dean, UW SMPH
Jeffrey Grossman, MD, Vice Chair
Professor, Department of Medicine; Senior Associate Dean for Clinical Affairs, UW SMPH; President and CEO, UW Medical Foundation
Gordon Ridley
Senior Associate Dean for Administration, UW SMPH

Jeffrey Stearns, MD
Professor, Department of Family Medicine, UW SMPH; Associate Dean, Medical Education, Milwaukee Clinical Campus, Aurora Sinai Medical Center

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
John Frey III, MD (term expired June 2006)
Professor and Chair, Department of Family Medicine, UW SMPH
Thomas Grist, MD (appointed July 2006)
Professor and Chair, Department of Radiology, UW SMPH

Faculty with Population Health Experience
Maureen Durkin, PhD, DrPH
Associate Professor, Department of Health Sciences, UW SMPH
Patrick Remington, MD, MPH (appointed July 2006)
Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program, UW SMPH
Douglas Smith, MD (term expired June 2006)
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
Molly Carnes, MD, MS (appointed July 2006)
Professor, Department of Medicine, UW SMPH; Director, UW Center for Women’s Health

Academic Staff
Debra Hullett, PhD (term expired June 2006)
Distinguished Scientist, Department of Surgery, UW SMPH
Mary Beth Plane, PhD (appointed July 2006)
Senior Scientist, Department of Family Medicine, UW SMPH

Oversight and Advisory Committee Appointees
Susan Goelzer, MD, MS, CPE
Professor, Departments of Anesthesiology and Population Health Sciences, UW SMPH
Gregory Nycz
Executive Director, Family Health Center of Marshfield, Inc.; Director of Health Policy, Marshfield Clinic

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

MERC Executive Subcommittee
Paul DeLuca, PhD, Chair
Jeffrey Grossman, MD, Vice Chair
William Busse, MD
Norman Drinkwater, PhD
Maureen Durkin, PhD, DrPH
Patrick Remington, MD, MPH
George Wilding, MD, MS
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 comment and advise on funds committed for medical education and research.

Funded initiatives fall into three categories:

- Community-Academic Partnership Fund (page 7)
- Community-Population Health Initiatives (page 16)
- Community-Based Public Health Education and Training Initiatives (page 16)

**Year in Brief**

In 2006, the OAC completed its third funding cycle for the Community-Academic Partnership Fund (CAPF). With 25 grants awarded in 2006, the CAPF program has funded a total of 77 projects since its inception (see Figure 2).

Public awareness of the CAPF program and individual proposal quality continued to improve, due in part to the cumulative effects of several years of outreach efforts, plus expanded training efforts that included a statewide Web teleconference and a grant writing workshop.

Using data from its previous two funding cycles and feedback from communities, faculty, and the public, the OAC took concrete steps to ensure that applications better addressed program goals. It refined its Request for Partnerships (RfP) to solicit projects that specifically addressed health disparities, and developed a second review step to assess the impact potential, significance, and capacity of each proposal. These changes resulted in a portfolio more closely aligned with OAC's mission and values, and with the greatest likelihood to improve the health of the people of Wisconsin.

OAC continued to promote a sufficient, competent public health workforce through several initiatives. First, it funded a new CAPF implementation grant specifically focused on public health workforce development. Second, upon the recommendation of its Public Health Education and Training (PHET) subcommittee, it funded a new continuing public health education program offered by the SMPH's Office of Continuing Professional Development. Third, the Healthy Wisconsin Leadership Institute reached over 250 members of the public health workforce through leadership training workshops, health policy courses, and community-oriented education programs. And finally, the Population Health Fellowship Program offered five new fellows hands-on training for a career in public health.

**Figure 2: OAC Funding Categories and Awards: Inception to Date (2006 activity in red)**
Community-Academic Partnership Fund (CAPF)

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 totaling 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 totaling no more than $450,000.

Table 1 summarizes the CAPF awards for 2006. Each award is described beginning on page 10.

### Table 1: CAPF Awards for 2006

<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>35</td>
<td>12</td>
<td>$600,000</td>
</tr>
<tr>
<td>Implementation Grant</td>
<td>46</td>
<td>13</td>
<td>$5.6 million</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>25</td>
<td>$6.2 million</td>
</tr>
</tbody>
</table>

**Request for Partnerships (RfP) Process**

In 2006, the OAC again evaluated its RfP application, the document that delineates the selection criteria, funding guidelines, and proposal requirements for a CAPF grant. Using results of its annual Web-based public survey, plus feedback from external reviewers, committee members, and staff, the OAC recommended the following changes to the RfP:

- Specifically inviting projects that address health disparities and underserved populations;
- Requiring extended planning or implementation grants to be contingent upon making sufficient progress with previous WPP awards; and
- Communicating the importance of community-academic collaboration in the transformation of the SMPH, and providing a detailed description of the types of faculty and academic staff that can serve as academic partners.

The revised RfP was unanimously approved at OAC’s May 2006 meeting, and was released in June 2006.

**Training and Technical Assistance**

The OAC provided CAPF applicants with expanded training opportunities in 2006. Many of these training efforts used Web-based communication tools, which helped Program staff deliver valuable information—and a wider audience receive it—more quickly and efficiently.

First, WPP staff held a live Web teleconference, which provided an overview of the CAPF program and RfP for potential applicants. Second, the Program offered an all-day grant writing workshop, which provided in-depth proposal development training. Third, the Program expanded the technical assistance offered in person and through its Web site.

**Statewide Preapplication Web Teleconference**

The Program’s statewide Web teleconference, held in July 2006, used distance technology to expand the CAPF program’s audience and introduce the program to potential grant applicants. Approximately 75 people participated in the live event, and many more viewed the archived teleconference throughout the application period. The teleconference included discussions of:

- Overview and purpose of the WPP and CAPF;
- What’s new with the 2006 CAPF RfP;
- CAPF application guidelines;
- Identifying and working with an academic partner;
- Resources for applicants; and
- Frequently asked questions.

**Grant Writing Workshop**

In August 2006, the WPP held a free, one-day grant writing workshop in Stevens Point to provide more in-depth training for applicants intending to apply for a CAPF planning or implementation grant. For individuals with limited grant writing experience, this workshop offered the basics of successful grant writing, tailored specifically to the CAPF program.

Over 100 people attended the workshop. Participants first examined a sample proposal, learning the objectives of each section and tips on writing. Participants then broke into subgroups and performed a mock review.

The high percentage of attendees who received funding in 2006 is a testament to the workshop’s impact. Of the 25 CAPF grants funded, 9 grantees (36%) had attended this workshop.

**Attendees at the CAPF grant writing workshop, held in August 2006**
Technical Assistance

Program staff continued to offer community organizations one-on-one technical assistance on the RfP process throughout the year. The WPP Web site was further enhanced to provide the following additional information:

- An expanded Frequently Asked Questions page incorporating information from the live web teleconference;
- A glossary of technical terms and definitions;
- Guidelines for allowable expenses;
- Links to state, regional, and county-level data on priority health conditions; and
- More detailed information on grant review criteria, including the technical review checklist, the external review score sheets, and the OAC score sheet.

External Review

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. All external reviewers were required to abide by the OAC’s conflict of interest policy. In 2006, the OAC also required all external reviewers to attend an orientation session held by WPP staff.

The external reviewers independently and anonymously evaluated each proposal, providing a numerical score (based on criteria described in the RfP) and written comments. In 2006, the OAC required reviewers to meet and discuss proposals with a high standard deviation in scores. The external reviewers then forwarded the top-ranked scores to OAC for review.

OAC Review

The OAC developed a process to qualitatively assess how well a proposal aligned with the WPP’s priorities and values. This process assessed the following criteria:

- The need for the project;
- The significance of the project;
- The capacity of the applicant and the community-academic partnership, and the potential to advance the State Health Plan.

In an open meeting on December 13, 2006, the OAC examined the top-ranking proposals as determined by external review scores and its review using the criteria described above. The OAC thoroughly discussed the strengths and merits of each proposal, and after reviewing the scores, made final award decisions.

Applicant Notification and Acceptance

After award decisions were made, all applicants were sent a Letter of Decision indicating the status of their proposal and a summary of reviewer comments. Program staff then posted a list of funded grants on its Web site.
OVERSIGHT AND ADVISORY COMMITTEE (OAC) INITIATIVES

CAPF EXTERNAL REVIEWERS

David Ahrens, MS, Researcher, UW Paul P. Carbone Comprehensive Cancer Center and UW Population Health Institute
Henry Anderson, MD, Chief Medical Officer, Bureau of Environmental and Occupational Health, Wisconsin Department of Health and Family Services
Mary Jo Borden, WHCNP, PHN, MSN, RN, Consultant and Women’s Health Specialist, Minnesota Department of Health
Richard Brown, MD, MPH, Associate Professor, Department of Family Medicine, UW SMPH
Mark Caskey, RN, CHES, Wellness Director, Menominee Indian Tribe of Wisconsin
Maureen Cassidy, MS, Vice President of Advocacy, American Heart Association, Greater Midwest Affiliate
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
Barbara Duerst, MS, RN, Associate Director, MPH Program, UW SMPH
Nancy Cross Dunham, PhD, Research Program Manager, 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
Michael Fleming, MD, PhD, Professor, Department of Family Medicine, UW SMPH
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
Cynthia Haq, Professor, Departments of Family Medicine and Population Health Sciences, UW SMPH, UW Health–Belleville Clinic
Mark Huber, MS, Director of Community Relations and Community Health Planning, Aurora Health Care
Gale Johnson, Director, Wisconsin Well Woman Program, Wisconsin Department of Health and Family Services
Kelli Jones, RN, BSN, Minority Health Officer, Wisconsin Department of Health and Family Services
Murray Katcher, MD, PhD, Chief Medical Officer, Bureau of Community Health Promotion, Wisconsin Department of Health and Family Services
Dean Krahn, MD, Professor, Department of Psychiatry, UW SMPH; Chief of Mental Health Service, Veterans Administration Hospital
Patricia Lasky, PhD, RN, Professor Emeritus, UW School of Nursing
Sharon Lewandowski, Grants Manager, Policy Analyst, Domestic Abuse Program Coordinator, Wisconsin Department of Health and Family Services
Ann Lucas, Executive Director, Bridge Community Health Clinic
Margaret MacLeod Brahm, Former President and CEO, American Lung Association of Wisconsin; former OAC member
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 Beth Plane, PhD, Director of Family Medicine Research Services, Department of Family Medicine, UW SMPH
Marty Schaller, Executive Director, Northwestern Wisconsin Area Health Education Center
Margaret Schmelzer, MS, RN, Director of Public Health Nursing and Health Policy, Wisconsin Department of Health and Family Services
Debbie Siegenthaler, Director, County Health Officer, Lafayette County Health Department
Tom Sieger, MS, CIH, Director, Bureau of Environmental and Occupational Health, Wisconsin Department of Health and Family Services
Tim Size, MBA, Executive Director, Rural Wisconsin Health Cooperative
Vicki Stauffer, Health Disparities Consultant, Tobacco Control Program, Division of Public Health, Wisconsin Department of Health and Family Services
Nancy Sugden, Assistant Dean, Department of Academic Affairs, UW SMPH; Director, Wisconsin Area Health Education Center System
Geof Swain, MD, MPH, Medical Director, City of 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
Elizabeth Tornes, PhD, Grant Writer, Great Lakes Inter-Tribal Council, Inc.
Garth Tymeson, PhD, Professor, Department of Exercise and Sport Science, UW–La Crosse
Pa Vang, MUP, Program Manager, Center for Urban Community Development, UW–Milwaukee School of Continuing Education
Mai Zong Vue, Refugee Program Specialist, Office of Refugee Resettlement, Wisconsin Department of Workforce Development
Mark Wegner, MD, MPH, Chronic Disease Medical Director, Division of Public Health, Wisconsin Department of Health and Family Services

“As an OAC member, I value the opportunity to learn more about community initiatives taking place throughout the state. Through our community partnerships, we can achieve our common goal of improving the health and well-being of the people of Wisconsin.”
— Michael Fleming, MD, MPH
**2006 CAPF Planning Grants**

**Childhood Obesity Wellness Campaign**
Design a childhood obesity prevention program that teaches children and families about nutrition, healthy food choices, and the importance of physical activity.

$45,040 — Jefferson County  
Community Partner: Jefferson County Health Department  
Academic Partner: Paul Neary, MD, Department of Pediatrics, UW SMPH

**Family Teaming to Improve Health Outcomes for Youth**
Create a pilot program to improve family management of chronic and acute health problems for at-risk youth using the Family Teaming Meeting model.

$49,942 — Milwaukee County  
Community Partner: Aurora Family Service  
Academic Partner: Paul Moberg, PhD, Department of Population Health Sciences, UW SMPH

**Fit Kids, Fit Cities**
Improve collaboration among organizations working to decrease overweight and obesity among school-age children in select communities in Wisconsin.

$44,210 — Statewide  
Community Partner: Wisconsin Sports Development Corporation  
Academic Partner: Aaron Carrel, MD, Department of Pediatrics, UW SMPH

**Fluoridation for Healthy Communities**
Plan for community-wide collaboration and support for optimal fluoridation levels in four adjacent Wisconsin counties.

$50,000 — Crawfورد, La Crosse, Monroe, and Vernon Counties  
Community Partner: Couleecap, Inc.  
Academic Partner: James Terman, MD, Department of Family Medicine, UW SMPH

**Green City, Active People**
Continue an urban planning program that aims to reduce long-standing health disparities in Milwaukee’s inner-city, Fond du Lac, and North Avenue neighborhoods.

$50,000 — Milwaukee County  
Community Partner: Greater Johnson Park Health Coalition  
Academic Partner: Blaise Nemeth, MD, Departments of Pediatrics and Orthopedics and Rehabilitation, UW SMPH

**Health Care Task Force on Pre- and Inter-Conception Care: Optimizing Women’s Health and Increasing Access to Primary and Preventive Health Services**
Develop culturally appropriate strategies for enhancing access to preconception and prenatal care and improving birth outcomes among at-risk women.

$49,567 — Milwaukee County  
Community Partner: Aurora Women’s Health Services–West Allis Memorial Hospital  
Academic Partner: Tina Mason, MD, MPH, Department of Obstetrics & Gynecology, UW SMPH

“As a former Milwaukee city health nurse, I view the Wisconsin Partnership Program as an unprecedented opportunity for the UW health science schools to benefit from the experience, wisdom, and challenges of communities. Together, we can truly address the goals of the State Health Plan.”
— Susan Riesch, DNSc, RN, FAAN
2006 CAPF Planning Grants (continued)

**Increasing Breastfeeding Rates in Milwaukee County**
Plan a community health improvement initiative to improve breastfeeding rates among low-income mothers in Milwaukee County.

$49,454 — Milwaukee County
Community Partner: Milwaukee County Breastfeeding Coalition
Academic Partner: Kristen Reynolds, MD, Department of Family Medicine, UW SMPH

**Noj Zoo, Nyob Zoo (Eat Well, Live Well)—A Hmong Community Health Promoter Project**
Develop and evaluate an initiative that aims to increase Hmong community access to health education and information using a lay health worker model in Milwaukee.

$50,000 — Milwaukee County
Community Partner: Hmong American Women’s Association, Inc.
Academic Partner: Kalyani Rai PhD, Center for Community Development, UW-Milwaukee

**Northern Wisconsin Child and Adolescent Psychiatry Access Project (CAPAP)**
Improve access to mental health services by designing a coordinated system of psychiatric care for rural Wisconsin children and adolescents.

$49,945 — Forest, Lincoln, Oneida, Portage, Vilas Counties
Community Partner: Sacred Heart-St. Mary’s Hospital Inc.
Academic Partner: John Greist, MD, Department of Psychiatry, UW SMPH

**Planning a Multicultural Women’s Education Program to Eliminate the Stigma of Depression**
Plan a community-based research project designed to identify factors for reducing stigma-related treatment barriers in women with depression.

$48,336 — Statewide
Community Partner: Wisconsin United for Mental Health
Academic Partner: Linda Oakley, PhD, RN, UW School of Nursing

**Preventing Substance Abuse Among LGBTQ Youth in Wisconsin**
Develop a pilot program to increase knowledge, awareness, resources, and capacity to prevent and reduce alcohol and other drug use among lesbian, gay, bisexual and transgender and questioning youth in Wisconsin.

$48,760 — Dane, Eau Claire, La Crosse, Marathon, and Milwaukee Counties
Community Partner: Diverse and Resilient, Inc.
Academic Partner: Kathleen Oriel, MD, MS, Department of Family Medicine, UW SMPH

**Schools and Clinics United for Healthy Children and Youth**
Create a partnership among school districts and medical providers to plan community interventions to improve the eating and activity habits among children.

$50,000 — Oneida and Vilas Counties
Community Partner: Marshfield Clinic Research Foundation
Academic Partner: Thomas Gabert, MD, MPH, Department of Family Medicine, UW SMPH

“I am impressed and encouraged by the quality of Community-Academic Partnership Fund proposals. This shows that our communities are keeping abreast of the tremendous opportunities offered by the Wisconsin Partnership Program to improve health care in Wisconsin.”

— June Martin Perry
2006 CAPF Implementation Grants

Coordinating Partnerships to Improve Access to Public Health Coverage

Increase the number of children enrolled in Wisconsin’s Family Medicaid health insurance programs, thereby improving access to primary and preventive health services and decreasing the negative health impacts caused by lack of health insurance.

Specifically, facilitate Medicaid enrollment among children participating in the National School Free and Reduced Price Lunch Program, a group in which an estimated 50 percent or more are uninsured.

$446,185 — Statewide
Community Partner: Covering Kids and Families—Wisconsin
Academic Partner(s): Roberta Ripportella, PhD, UW School of Human Ecology and UW-Extension; Susan Skochelak, MD, MPH, Department of Family Medicine, UW SMPH

FIT WIC—FIT Families

Improve the nutrition and physical activity habits of families enrolled in the Women Infant and Children (WIC) program in selected communities throughout Wisconsin.

Enroll families voluntarily at their initial WIC enrollment appointment; help families set eating and activity goals; provide monthly support; and assess goal attainment after 12 months.

Provide training and wellness programs to staff at each site and work with external partners to promote program concepts in the community.

$450,000 — Brown, La Crosse, Marathon, Portage, Sheboygan, and Waupaca Counties
Community Partner: Wisconsin WIC Association, Inc.
Academic Partner: Paul Moberg, PhD, Department of Population Health Sciences, UW SMPH

Health Watch Wisconsin

Improve access to health care coverage and services through a statewide training program that will increase the capacity and competency of at least 600 members of the public health workforce by 2010.

Conduct live and web-based training sessions, convene an annual statewide conference, and develop a tool to evaluate workforce competencies before and after training.

$447,700 — Statewide
Community Partner: Advocacy and Benefits Counseling for Health (ABC for Health, Inc.)
Academic Partner: Bruce Barrett, MD, PhD, MSPH, Department of Family Medicine, UW SMPH

Honoring Our Children Urban/Rural Outreach Project

Reduce health disparities and infant mortality among American Indian urban and rural families by providing culturally appropriate outreach, transportation, case management, and maternal and child health (MCH) education services.

Increase training for MCH nurses at all Wisconsin tribal sites, and provide additional outreach, case management, and staffing support at selected sites.

$450,000 — Ashland, Barron, Bayfield, Burnett, Forest, Langlade, Milwaukee, Polk, Sawyer, Vilas, and Washburn Counties
Community Partner: Great Lakes Inter-Tribal Council, Inc.
Academic Partner: Paul Moberg, PhD, Department of Population Health Sciences, UW SMPH

“A highlight of 2006 was the addition of three new OAC members who have expertise in global health, reproductive issues, the challenges of inner city poor and minorities, and primary care. These new members broaden and deepen our potential to make a healthy difference for the people of Wisconsin.”

— Martha Gaines, JD, LLM
2006 CAPF Implementation Grants (continued)

**Latino Geriatric Center**
Reduce barriers to access for primary and preventive health services and provide early detection and treatment of Alzheimer’s disease (AD) among Latinos in Milwaukee.

Specifically, educate families and physicians on AD progression, risk factors, and interventions; develop a culturally competent system to evaluate and diagnose elderly Hispanic AD patients; provide individualized care for AD patients and education for their caregivers; and enroll Hispanic adult children of patients with AD into the Wisconsin Registry for Alzheimer’s Prevention program.

$448,251 — Milwaukee County
Community Partner: United Community Center, Inc.
Academic Partner: Mark Sager, MD, Departments of Medicine and Population Health Sciences, UW SMPH

**Measuring the Impact**
Implement a data collection and outcomes measurement system to evaluate the effectiveness of nine home visitation programs in preventing intentional and unintentional injuries among children.

Provide reliable data that will support home visitation programs throughout Wisconsin and build the case for local community health improvement plans.

$396,894 — Marathon Waukesha, Portage, Madison, Dane, Brown, Door, Manitowoc, and Sheboygan Counties
Community Partner: Children’s Hospital and Health System—Child Abuse Prevention Fund
Academic Partner: Maureen Durkin, PhD, DrPH, Departments of Population Health Sciences and Pediatrics, UW SMPH

**Milwaukee Nurse-Family Partnership Program**
Implement a highly effective home visitation program to improve the health outcomes of children and families of at-risk mothers. Pave the way for the development of additional sites in other Wisconsin communities struggling with poor birth outcomes or racial, ethnic, or socioeconomic health disparities in children.

$449,376 — City of Milwaukee
Community Partner: City of Milwaukee Health Department
Academic Partner: Geoffrey Swain, MD, MPH, Departments of Family Medicine and Population Health Sciences, UW SMPH

**Project Connect**
Reduce alcohol use among youth in Columbia County, one of 12 regions in the United States that a national survey categorized with the highest rate of alcohol dependence and abuse. Implement such strategies as alcohol vendor compliance checks, a social marketing campaign, a Teen Court peer-jury program, and an online class for underage drinking violators.

$450,000 — Columbia County
Community Partner: Columbia County Connects Coalition
Academic Partner: Michael Fleming, MD, MPH, Department of Family Medicine, UW SMPH

**Strong Rural Communities Initiative**
Increase access to preventive health services and improve health outcomes for selected rural communities through new collaborations between businesses, rural medical and public health providers.

Support three community-driven work site wellness programs: ProActive Jackson County, ENERGY at Work (Sawyer County), and FIT: Fitness-Improvement-Teamwork Program (Sauk County).

$299,815 — Jackson, Sauk, and Sawyer Counties
Community Partner: Rural Health Development Council
Academic Partner: Byron Crouse, MD, Department of Family Medicine, UW SMPH
2006 CAPF Implementation Grants (continued)

Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women

Implement and evaluate “Promotoras de salud,” a bilingual health promotion program to help low-income Hispanic/Latina women overcome barriers to obtaining breast and cervical cancer screening.

Hold workshops in homes, churches, and other community-based organizations, and create a social marketing campaign to communicate the program’s messages throughout the Hispanic/Latina community.

$450,000—Dane County
Community Partner: Planned Parenthood of Wisconsin, Inc.
Academic Partner: Patricia Tellez-Giron MD, Department of Family Medicine, UW SMPH

What Works: Reducing Health Disparities in Wisconsin Communities

Identify and disseminate information on public health interventions that have significant potential to reduce racial and ethnic health disparities in Wisconsin.

Provide practitioners and policy makers with a stronger evidence base from which to select programs that are effective for minority groups, and create a systematic method for identifying promising local programs.

$429,461—Statewide
Community Partner: Wisconsin Department of Health and Family Services
Academic Partner: Paul Moberg, PhD, Department of Population Health Sciences, UW SMPH

Wisconsin Partnership for Childhood Fitness

Decrease childhood obesity by developing a voluntary fitness promotion, instruction, and tracking program in selected middle schools throughout Wisconsin.

Specifically, validate a reliable “best test” for assessing childhood fitness, develop an interactive Web site that provides fitness strategies and technical resources for physical education curricula, and create a method to track data and report progress toward improved childhood fitness.

$446,568—Statewide
Community Partner: Wisconsin Department of Public Instruction
Academic Partner: Aaron Carrel, MD, Department of Pediatrics, UW SMPH

Workforce Development: Advancing the Plan for a Diverse, Sufficient and Competent Workforce

Implement a multi-faceted program to support and secure a culturally and linguistically competent public health workforce in Wisconsin.

Assess workforce competence; address training gaps through targeted education; recruit, retain, and mentor a larger, more diverse workforce; and use EdTRAC, an education and practice forum, to expand public health education and curricula.

$450,000—Statewide
Community Partner: Wisconsin Department of Health and Family Services
Academic Partner: Nancy Sugden, Assistant Dean, Office of Rural and Community Health, Academic Affairs, UW SMPH; Director, Wisconsin Area Health Education Center System

Progress updates on 2004 and 2005 CAPF Planning and Implementation grants are provided in a separate appendix.
CAPF Cumulative Progress 2004–2006 (based on 77 total grants)

Table 2: Breakdown of CAPF Grants By State Health Priority

<table>
<thead>
<tr>
<th>Healthiest Wisconsin 2010 Priority</th>
<th># of grants</th>
<th>$ amount</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Priorities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to primary and preventive health services</td>
<td>15</td>
<td>$2,913,920</td>
<td>17%</td>
</tr>
<tr>
<td>Adequate and appropriate nutrition</td>
<td>1</td>
<td>$49,454</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Alcohol and other substance use and addiction</td>
<td>7</td>
<td>$1,878,037</td>
<td>11%</td>
</tr>
<tr>
<td>Environmental and occupational health hazards</td>
<td>4</td>
<td>$525,000</td>
<td>3%</td>
</tr>
<tr>
<td>High-risk sexual behavior</td>
<td>1</td>
<td>$25,000</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Intentional and unintentional injuries and violence</td>
<td>7</td>
<td>$2,142,352</td>
<td>13%</td>
</tr>
<tr>
<td>Mental health and mental disorders</td>
<td>5</td>
<td>$996,587</td>
<td>6%</td>
</tr>
<tr>
<td>Overweight, obesity, and lack of physical activity</td>
<td>16</td>
<td>$2,919,842</td>
<td>17%</td>
</tr>
<tr>
<td>Social and economic factors influencing health</td>
<td>5</td>
<td>$1,772,517</td>
<td>11%</td>
</tr>
<tr>
<td>Tobacco use and exposure</td>
<td>1</td>
<td>$450,000</td>
<td>2%</td>
</tr>
<tr>
<td>System (Infrastructure) Priorities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated electronic data and information systems</td>
<td>2</td>
<td>$792,713</td>
<td>5%</td>
</tr>
<tr>
<td>Community health improvement processes and plans</td>
<td>4</td>
<td>$540,466</td>
<td>3%</td>
</tr>
<tr>
<td>Coordination of state and local public health system partnerships</td>
<td>6</td>
<td>$1,296,264</td>
<td>8%</td>
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<tr>
<td>Sufficient, competent workforce</td>
<td>3</td>
<td>$500,000</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>$16,802,152</td>
<td>100%</td>
</tr>
</tbody>
</table>
Community-Population Health Initiatives

Community-Population Health Initiatives are the second program category funded by the OAC. In 2004, the OAC began supporting two programs that focus on health disparities in minority populations: “Multi-Level Information Systems and Health Promotion Interventions for Milwaukee’s School Children” and “Tribal-Academic Partnership for American Indian Health.” Progress updates of these two programs are provided in a separate appendix.

Public Health Education and Training (PHET)

Public health and training initiatives comprise the third program category. The Public Health Education and Training (PHET) subcommittee provides the OAC with advice and recommendations on education and training programs in population health.

Reports from the Institute of Medicine and the American Public Health Association state that nationally, over half of the public health workforce may be lost to retirement, the private sector, and other opportunities. The PHET subcommittee’s activities address this shortage in Wisconsin by promoting a sufficient, competent public health workforce, one of the priorities of the State Health Plan. PHET programs, in combination with the SMPH’s public health curriculum and Master of Public Health program, provide education and training for all stages of the public health professional’s career.

In 2006, the nine-member PHET subcommittee met six times to carry out this charge. The subcommittee evaluated and approved progress reports on its two existing programs, the Healthy Wisconsin Leadership Institute and the Wisconsin Population Health Fellowship. It also discussed a proposed new initiative, Continuing Public Health Education. PHET endorsed a final proposal at its July 2006 meeting, and OAC approved funding in August 2006. Discussions of all three programs appear on pages 17 and 18.

The PHET subcommittee developed the following four goal statements in 2006:

1. **Public Engagement**: Actively seek input and guidance from the broad public health workforce to assure that funded educational initiatives address identified public health education needs of practitioners in the state;

2. **Institutional Collaboration**: Collaborate with the SMPH Office of Continuing Professional Development, the Medical College of Wisconsin, and other educational institutions to assure coordination among programs involved in educating the public health workforce;

3. **Community Collaboration**: Ensure that public health education programs are developed in collaboration with community partners and that the state health plan is used as a guiding resource; and

4. **Evaluation**: Review proposals and make recommendations for existing and emerging public health education and training programs, specifically the Healthy Wisconsin Leadership Institute, the Population Health Practice Fellowship Program, and Continuing Public Health Education.

These goal statements were discussed individually as meeting themes throughout 2006. For its meeting on institutional collaboration (goal area #2), the PHET subcommittee invited representatives from UW–Milwaukee, UW–La Crosse, Medical College of Wisconsin, the Wisconsin AHEC System/EdTRAC, and the Division of Public Health to participate in a roundtable discussion. The roundtable focused on ways the organizations could collaborate to promote a sufficient and competent workforce through key activities such as leadership training, health policy training, and lifelong learning.
2006 PHET Award

Continuing Public Health Education

Background: The Office of Continuing Professional Development in Medicine and Public Health (OCPD) is the education outreach unit of the SMPH. It is responsible for creating, delivering, and evaluating continuing education activities aimed at the public health workforce of Wisconsin.

This initiative comprises several continuing education activities designed to build and enhance Wisconsin’s existing public health workforce. First, the OCPD will provide direct logistical, technical, and educational support for the Healthy Wisconsin Leadership Institute’s (HWLI) Lifelong Learning and Mentoring Program. The OCPD will also collaborate with the HWLI to develop incentives for a variety of public health continuing education activities.

Additionally, the OCPD will work with organizations around the state to develop a public database of educational activities and resources, catalogued by core competency. Finally, the OCPD will develop a group of educational counselors to directly assist members of the public health workforce in assessing and meeting their lifelong learning needs.

$560,338 over 2 1/2 years

UW SMPH Faculty: George Mejicano, MD, MS, Associate Dean, Continuing Medical Education; Director, Office of Continuing Professional Development in Medicine and Public Health

PHET Award Progress Updates

Healthy Wisconsin Leadership Institute

Background: The Healthy Wisconsin Leadership Institute (HWLI) 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. The HWLI consists of three major programs: the Community Teams Program, the Health Policy Program, and the Lifelong Learning and Mentoring Program.

Progress: To date, over 250 current and future health care leaders have participated in HWLI programs. HWLI staff also contributed to numerous state public health workforce development initiatives, and represented Wisconsin at several national public health meetings. Specific milestones for each program included:

- **Community Teams Program:** The program will have completed its first year-long continuing education program, which helped five teams from around the state implement community health improvement projects. The program has helped the teams advocate for improvements in statewide data collection systems, build and enhance community coalitions, and identify evidence-based approaches to address community health challenges.

- **Health Policy Program:** The program conducted an online five-part introductory course on health policy, which reached 200 people from all over Wisconsin. In January 2007, the program also held its first in-person health policy workshop in Milwaukee. In that workshop, 60 participants from southeastern Wisconsin and other cities around the state learned how to develop a health policy strategy for their community, communicate with policy makers, build partnerships, and identify community power. The workshop will be held again in Eau Claire in May 2007.

- **Lifelong Learning and Mentoring Program:** The program presented a preconference workshop on collaborative leadership at the Wisconsin Public Health Association’s 2006 meeting. The 50 workshop participants learned the concepts of collaborative leadership and techniques for effective coaching and mentoring.

$814,403 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

“...A great strength of the Wisconsin Partnership Program is its potential to support transformational public health initiatives that are culturally relevant and build upon existing community assets and successes.”

— Lorraine Lathen
Wisconsin Population Health Fellowship Program

**Background:** The Wisconsin Population Health Fellowship Program is a service and training program for MS, MPH, or PhD graduates in public health or allied sciences. With the goal of developing the next generation of public health officials and administrators, the program offers two-year field assignments in community-based, nonprofit, governmental, and health service organizations.

**Progress:** With OAC’s authorization, the program increased the number of fellows for its third class, which began in June 2006, from four to five. The new fellows are working on the following projects, three of which are based in Milwaukee:

- Providing training and technical assistance to state and local public health officials, including monitoring local preparedness exercises, providing data for contract negotiations and county health needs assessments, and conducting Vaccines for Children site visits (through a placement with the Southern Regional Office of the Division of Public Health);
- Working with Northside Milwaukee communities and city and county agencies to develop activities geared to enhance physical activity in the Johnsons Park neighborhood (through a placement with the Milwaukee-based Urban Open Space Foundation);
- Addressing the problem of sexually transmitted infections in African American adolescent girls in Milwaukee through counseling, writing issue papers, leading a Planned Parenthood advisory council on responsible sexual behavior, and implementing a sexual health curriculum in local public schools (through a placement with the Milwaukee Health Department);
- Creating a long-range HIV/AIDS service plan for the state of Wisconsin and city of Milwaukee (through a placement with the Milwaukee Health Department); and
- Developing a strategic plan to reduce the high rates of sexually transmitted infections and unintended pregnancies among Milwaukee’s African American youth (through a placement with the Division of Public Health’s Bureau of Communicable Disease and Preparedness).

In March 2006, the Wisconsin Population Health Fellowship Program underwent an interim evaluation, which resulted in the following program changes:

- Expanding the range of fellow recruitment to include regional schools of public health and national conferences;
- Revising selection criteria to emphasize professional competencies and encourage racial and ethnic diversity;
- Offer training to agency staff to become better mentors;
- Requiring fellows to complete core learning activities that enhance writing, presentation, planning/budgeting, and other professional skills; and
- Tracking the number of fellows employed in Wisconsin’s public health workforce after fellowship completion.

$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 2006. These efforts allowed both institutions to share ideas, resources, and successes, thereby strengthening each program’s efforts to improve the health of Wisconsin.

The two groups held their third joint meeting in June 2006. During the meeting, each institution provided an overview of their community-academic partnership, medical education, and research programs, highlighting specific projects for discussion.

This was followed by a presentation on the Healthy Wisconsin Leadership Institute (HWLI), a public health education program jointly supported by the two institutions (see page 17 for a project description).

Both institutions then described the evaluation planning activities being undertaken by their respective programs. For both schools, these activities will assess program processes, assess the statewide health impact of the program, and guide the development of the next Five-Year Plan. The meeting closed with an open discussion to identify areas of further collaboration between the two institutions.

The two institutions collaborated in other ways. Program staff from UW and MCW made joint presentations on their community grant programs at two statewide conferences. Staff held meetings throughout the year to discuss their individual programs and identify areas of future collaboration. They have also been working together on ways to share program data so that both institutions can communicate grant results clearly and consistently.

GUIDANCE, COMMUNICATION, AND COLLABORATION BETWEEN THE OAC AND MERC

As outlined in the Five-Year Plan, the OAC is responsible for advising and commenting on the MERC’s activities. To fulfill this charge, two OAC members, Susan Goelzer and Gregory Nycz, have been appointed as voting members of the MERC. Goelzer and Nycz report back to the OAC on the MERC’s activities, giving the OAC the information it needs to provide appropriate guidance. Goelzer and Nycz also update the MERC on the OAC’s activities, providing the MERC with a community perspective for its discussions and funding decisions.

In 2006, the OAC and MERC had several opportunities for formal collaboration. In March, the WPP formed a joint workgroup to guide the development of its formal evaluation plan (see page 35). This workgroup includes three members each from the OAC and the MERC, thereby ensuring that diverse perspectives are considered and that the highest level of communication takes place between the two groups.

The process of developing the evaluation plan has helped the OAC and MERC better understand their common goals, overlapping program areas, and potential shared opportunities. This process will continue as the evaluation plan is implemented beginning in 2007.

The OAC and MERC also held their first joint meeting in October 2006. The meeting was a valuable opportunity for all committee members to share information and perspectives on program development.

The first part of the meeting consisted of presentations of the draft evaluation plan, several funded MERC initiatives, and the proposed UW Institute for Clinical and Translational Research. Members commented and asked questions after each presentation.

The second part of the meeting consisted of open discussion in three areas: how the OAC and MERC can collaborate more effectively to ensure a shared vision; how the WPP can more actively promote the SMPH transformation; and which areas of the Program work well and which need improvement.

The meeting concluded with a discussion of next steps for better aligning the two committees while still ensuring that each fulfills its respective responsibilities. The two groups will continue working toward this goal throughout the coming year, and are planning a future joint meeting in the Fall of 2007.
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. The funds are allocated as follows:

- **MERC Initiatives (page 21):** Two-thirds of the funds available to the MERC are allocated for initiatives in the 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, and Emerging Opportunities in Biomedicine and Population Health.

- **Strategic Initiatives Allocation (page 25):** The remaining one-third of the funds available to the MERC are allocated by the Dean, with the advice of the MERC, for programs that respond to immediate or short-term opportunities that advance the School’s transformation.

- **Combined MERC/Strategic Initiatives Allocation (page 30):** Programs funded jointly by the MERC and the Dean’s Strategic Initiatives Allocation support innovative collaborations aimed at solving challenging health issues aligned with the purpose and objectives of the WPP.

**Figure 7: MERC Funding Categories and Awards: Inception to Date (2006 activity in red)**

**Year in Brief**

The renaming of the School of Medicine and Public Health in the Fall of 2005, which launched the School’s transformation, set the stage for the MERC’s direction in 2006. Last year, the MERC funded several new initiatives that link medical education and research with public health. These activities are helping to set the transformation process in motion—not just within the SMPH, but also through collaborations with the State, the UW, and communities throughout Wisconsin.

In 2006, the MERC funded an implementation grant supporting the creation of the UW Institute for Clinical and Translational Research (ICTR). By connecting researchers from different disciplines and geographic areas, and linking their efforts with communities throughout the state, the UW ICTR will facilitate the translation of scientific discoveries into tangible improvements in health.

Two new Strategic Initiatives Allocation awards also support collaborations aimed at improving public health and promoting the transformation of the School. The first award, a partnership between the SMPH, the UW La Follette School of Public Affairs, and the Wisconsin Legislative Council, brings together health researchers and policy makers to better address state health care challenges. The second, an initiative to support the Center for Urban Population Health and UW-Milwaukee, increases local efforts to improve the health of underserved populations in Milwaukee in collaboration with community organizations. In addition, the Dean and the MERC combined funds to expand the Wisconsin Smokers Health Studies, a large national trial that addresses the health effects of smoking and quitting.

The MERC focused its emphasis on the importance of collaboration by creating the new Collaborative Health Sciences Program in 2006. This program encourages SMPH faculty to work with colleagues at UW system campuses, the Medical College of Wisconsin, and state agencies to improve the health of the people of Wisconsin through creative medical education and research projects.

The MERC also clarified the purpose of the New Investigator Program by requiring applicants to indicate the potential timeline for translating outcomes of proposed projects into community practice. Additionally, a proposal classification system (see Table 3, page 35) was developed to evaluate whether MERC is attracting and funding a balanced portfolio of proposals with the greatest potential to impact public health.
MERC Initiatives

Process for Selection

In 2006, the MERC received a proposal for the UW Institute for Clinical and Translational Research (ICTR), a new SMPH entity that will serve as the institutional foundation for translating health-related research results into community practice. With its emphasis on translational research and community engagement, the UW ICTR will help the SMPH bring about a major metamorphosis in its research enterprise.

The UW ICTR has submitted a proposal to the National Institutes of Health’s new Clinical and Translational Science Award (CTSA) program to fund many of its activities. Because CTSA proposals require evidence of strong institutional support, the ICTR requested partial funding of some of its program areas from the MERC.

Through a series of reviews by the Executive Subcommittee and the full MERC, the UW ICTR proposal was refined and strengthened to ensure alignment with the WPP’s purpose and objectives. In November 2006, the MERC unanimously approved the final proposal. A description of the award is provided below.

<table>
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<th>2006 MERC Award</th>
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<td><strong>UW Institute for Clinical and Translational Research</strong></td>
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| **Background:** The National Institutes of Health (NIH) broadly defines translational research as the process by which scientific discoveries are translated into clinical practice. This process typically begins with basic research and progresses through clinical trials (Type 1 translational research). Next, Type 2 translational research assesses the movement of positive clinical findings into communities and the effectiveness of them in actual clinical practice in the communities.

The NIH, in its Roadmap for Medical Research, has recognized that translational research is critical to both the clinical research enterprise and to improving health in communities. In 2005, the NIH launched the Clinical and Translational Science Award (CTSA) initiative to assist institutions in creating an academic home for the discipline of clinical and translational science.

**Program Overview:** The University of Wisconsin Institute for Clinical and Translational Research (ICTR) was created as the institutional foundation for transforming the clinical and translational research enterprise at UW and throughout Wisconsin. A multidisciplinary institute, the ICTR includes the SMPH; the Schools of Nursing, Pharmacy, and Veterinary Medicine; and the College of Engineering. Reaching across the state, the ICTR also has strong representation from Marshfield Clinic, and plans to include Milwaukee’s Aurora Sinai in the future.

The ICTR’s goal is to create an environment in which health research functions as a continuum, extending from investigation through discovery into clinical practice in communities. In this continuum model, even the most basic research is linked to real and measurable improvement in health.

The MERC’s funding of the ICTR supports the following program areas:

- Infrastructure for a Type 2 translational research program that connects research expertise across the state.
  This program will encourage collaboration among different academic and clinical groups, and among different disciplines and specialties. Community input will influence all participants: researchers from the UW Health system, UW schools and colleges, the Veterans Administration Hospital, Marshfield Clinic, and other future health group stakeholders;
- A community engagement and extension program that links community health care systems, providers, and patients in a two-way partnership with UW, Marshfield Clinic, and affiliated researchers;
- A pilot program to help investigators generate preliminary data for subsequent translational research grant applications; and
- The biostatistical and biomedical informatics support systems essential for clinical research.

On January 17, 2007, the SMPH submitted a 5-year, $65 million CTSA application to the NIH. The CTSA award, which potentially leverages the MERC’s investment greater than 5-fold, will support the many other functions essential for developing a comprehensive program to deliver improved health care to communities.

Implementation Grant: $6,847,846 over two years  
Focus Area: Emerging Opportunities in Biomedicine and Population Health  
UW SMPH Faculty: Marc Drezner, MD, Professor, Department of Medicine; Associate Dean for Clinical and Translational Research
MERC Award Progress Updates

**Human Proteomics Program (HPP)**

**Background:** 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:** In 2006, the HPP established its initial infrastructure, which included hiring personnel and purchasing instruments. It added several public education pages to its Web site, and held its first public education workshop in June 2006, which was attended by over 80 members of the campus and local biotechnology community.

In addition, the program held monthly research colloquia to disseminate current information on proteomics technology and applications. Staff also provided presentations, face-to-face consultations, and hands-on training sessions to groups interested in incorporating these technologies into their research.

Two of the HPP’s current research projects are examining the role of proteins in prostate cancer and heart disease. These projects will help increase understanding of how these diseases develop and progress, and may aid in the development of therapies to prevent and/or treat them.

**Implementation Grant:** $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**

**Background:** Regenerative medicine is a new field that seeks to harness the power of stem cells and other regenerative pathways to treat human disease. Although the promise of regenerative medicine is great, there are still major technical roadblocks to using many types of human 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:** In 2006, the Regenerative Medicine Program, which now consists of 21 faculty, continued to establish core facilities. Several cores are now providing regular services to program members.

The Immunology/Pathology Core has made major steps forward in creating a mouse model in which human stem cells can be tested to determine their susceptibility to immune rejection. This scientific hurdle must be overcome before human stem cells can be used in clinical medicine.

The Whole Animal Imaging Core has been using a variety of imaging technologies to track stem cells and their effects, and the Tissue and Cellular Imaging Core has been providing high-resolution imaging services to program members.

With these interdisciplinary resources, the Regenerative Medicine program will foster collaborations and bring the promise of regenerative medicine to fruition in the form of treatments for many challenging health problems.

**Implementation Grant:** $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
MERC Award Progress Updates (continued)

Survey of the Health of Wisconsin (SHOW)

**Background:** 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:** In 2006, SHOW hired its administrative and scientific teams and began planning for the start of the Survey. To facilitate support and enrollment, SHOW gathered input from community leaders statewide on recruitment and implementation strategies.

In selecting initial survey content, SHOW sought input from experts in diverse clinical, environmental, and population health departments at the SMPH, the UW, and the state, as well as from national consultants, including those from the National Health and Nutrition Examination Survey at the Centers for Disease Control. SHOW’s sampling design will randomly select 10 households in each of 120 randomly selected Wisconsin census groups. The sample will be stratified by region and poverty level to ensure a balanced representation of the different populations of the state.

SHOW’s mobile and permanent examination sites will be completed in Spring 2007, and the survey itself is scheduled to begin in September 2007. SHOW is planning a Fall symposium to inform the state research and service community of the program’s launch and of the types of data available for research and evaluation.

**Implementation Grant:** $4,116,906 over three years
**Focus Area:** Wisconsin Population Health Research and Clinical Trials Network
**UW SMPH faculty:** Javier Nieto, MD, PhD, MPH, Professor and Chair, Department of Population Health Sciences

Wisconsin Network for Health Research (WiNHR)

**Background:** 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:** In 2006, WiNHR finalized its first UW-sponsored multidisciplinary statewide research agreements. In addition, member institutions are developing unique research studies that not only have statewide application, but also the potential to receive federal funding to support Wisconsin health care initiatives. For example, WiNHR played a prominent role in facilitating the SMPH’s development of the NIH CTSA proposal (see page 21).

As a result of these successes, the program continues to look for even more efficient ways to impact the health of Wisconsin. With its statewide infrastructure, WiNHR is in a unique position to support a wide range of proposals from some of the most talented investigators in Wisconsin—proposals that represent the health concerns of all of Wisconsin’s residents.

WiNHR is currently collaborating with informatics departments at each participating institution to create a cutting-edge data sharing system. By providing access to large amounts of data, this system will help researchers better track state health care and disease trends, and work towards better treatment options.

The program continues to improve access to innovations in health care throughout the state by including rural populations, federally funded clinics, tribal clinics, and other residents who do not normally have the opportunity to be included in research activities.

**Extended Planning Grant:** $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

MERC Executive Subcommitee, from left: Maureen Durkin, PhD, DrPH; William Busse, MD; Paul DeLuca, PhD; Patrick Remington, MD, MPH; George Wilding, MD, MS; Jeffrey Grossman, MD; Norman Drinkwater, PhD
MERC Award Progress Updates (continued)

Innovations in Medical Education Program (IME)

The Innovations in Medical Education (IME) program consists of three core components: Curriculum Innovation, Clinical Skills Teaching and Assessment Center, and Statewide Health Care Distance Education and New Technology.

Curriculum Innovation

**Background:** 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:**

- Created task forces to guide the transformation of the current curriculum to emphasize the SMPH’s public health mission;
- Began developing course objectives based on national medical education competency standards, which include competencies in systems-based health care, professionalism, and ethics;
- Developed new medical education curricula in areas that help improve health for people in Wisconsin: population health, epidemiology, ethics, geriatrics, health care systems, self-care, health care disparities, and intercultural communication;
- Redesigned medical student clinical clerkship to include new training in IME-related areas of professionalism, teamwork, information technology, and lifelong learning;
- Began planning a school-wide “Professionalism Project” to promote the highest standards of ethical and professional behavior among faculty, student and staff, and to create a supportive educational climate for all learners.

Clinical Skills Teaching and Assessment Center

**Background:** 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:**

- Through liaisons with the Community Advisory Committee, increased the percentage of “teaching patients” from diverse populations to train medical and health sciences students; and
- Expanded Center services to provide consultation on clinical skills teaching, assessment, case development, and technological support.

Statewide Health Care Distance Education and New Technology

**Background:** 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 an online video library (www.videos.med.wisc.edu) that allows users from across the state to access the education and research expertise of SMPH faculty and the Health Sciences Learning Center;
- In collaboration with the UW School of Education, continued development of an electronic system to facilitate medical student learning and assessment; and
- Offered new curricula to teach students how technology can be used to support medical knowledge and health care delivery.

Implementation Grant: $3,414,780 over 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

“Cultural Competence in the Curriculum” panel, Medical Education Day 2006. From left: Faiz Syed, medical student; Harold Gates, MSW, consultant; Gloria Johnson-Powell, MD, Director, Center for the Study of Cultural Diversity in Health care; Associate Dean for Cultural Diversity, UW SMPH
Strategic Initiatives Allocation

The remaining one-third of the funds available to the 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.

2006 Strategic Initiatives Allocation Awards

Advancing Evidence-Based Health Policy in Wisconsin: Translating Research into Practice

Background: This project brings together the UW Population Health Institute and the La Follette School of Public Affairs, in partnership with the Wisconsin Legislative Council, to forge stronger links between the worlds of policy making and scholarly research. The Office of the UW–Madison Chancellor provided matching funds for this grant.

Program Overview: This project has two goals: (1) to provide public- and private-sector policymakers with timely, nonpartisan evidence for crafting solutions to health care issues; and (2) incorporating topical issues into the research and teaching agendas of the schools’ faculty.

These goals are based on the premise that, in order to make research more applicable to real-world circumstances, researchers must interact with the people involved in the provision and funding of health care. This will produce work that is more relevant, more timely, and presented in formats that are beneficial to policymakers, increasing the likelihood that university-generated research will be more useful for health care policy and practice. The project will accomplish these goals through forums, symposia, and meetings between policy makers and researchers on current health issues facing the state.

By expanding on the Population Health Institute’s previous experience in translating health policy and public health research into practice, this collaboration will help put the SMPH on a multidisciplinary and externally engaged path toward transformation.

Strategic Initiatives Allocation Grant: $149,230 for two years
UW SMPH Faculty: David Kindig, MD, PhD, Emeritus Professor, Department of Population Health Sciences, UW SMPH, in collaboration with Bobbi Wolfe, PhD, Professor and Chair, La Follette School of Public Affairs, UW–Madison

Center for Urban Population Health Public Health Development Plan

Background: The Center for Urban Population Health (CUPH) is a collaboration between the SMPH, UW–Milwaukee, and Aurora Health Care. Its mission is to improve the health and well-being of Wisconsin’s urban communities through health service research, evaluation, professional education, and health promotion programs.

Program Overview: This award expands CUPH’s capacity to implement public health initiatives in the Milwaukee area. Specifically, this project will enable CUPH to:

- Recruit public health faculty and scientists at UW–Milwaukee and the Aurora UW Medical Group;
- Provide epidemiological, biostatistical, and information technology support for public health research;
- Facilitate learning and mentoring opportunities for public health faculty, scientists, and students; and
- Foster greater collaboration and participatory research between the Center, health agencies, and communities.

These efforts support the SMPH’s commitment to addressing the challenging public health issues facing underserved populations in Milwaukee.

Strategic Initiatives Allocation Grant: $1,058,448 for two years
UW SMPH Faculty: Ron Cisler, PhD, Associate Professor, Department of Population Health Sciences, UW SMPH; Associate Professor, Department of Health Sciences–Health Care Administration and Informatics, UW–Milwaukee College of Health Sciences; Director, Center for Urban Population Health; and Randall Lambrecht, PhD, Professor and Dean, UW–Milwaukee College of Health Sciences
## Strategic Initiatives Allocation Award Progress Updates

### Improving Cancer Care in Wisconsin

**Background:** This award leverages a $400,000 grant from the Wisconsin Division of Public Health, awarded to the UW Paul P. Carbone Comprehensive Cancer Center. This partnership, which leads the State’s Cancer Control Program, developed Wisconsin’s 2010 Cancer Control Plan and worked with practitioners statewide to translate evidence-based programs into practice.

**Progress:** The program has worked with three health care organizations in Wisconsin to implement systems-based interventions to improve colorectal cancer screening rates. Results of these quality improvement initiatives are being disseminated statewide so that other health care systems can increase early diagnosis of colorectal cancer. The program also completed a three-site pilot study of outreach education on palliative care for primary care providers. As a result, additional sites will be recruited to participate in future palliative care outreach education.

Finally, approximately 2,000 people with breast, prostate, colorectal and lung cancer statewide were enrolled in a study to identify barriers to receiving treatment, measure satisfaction, and assess quality of life in cancer patients. The results from this study will be used to track quality of cancer care—from the patient’s perspective—around the state.

**Strategic Initiatives Allocation Grant: $319,092 over 16 months**

**UW SMPH faculty:** George Wilding, MD, MS, Professor, Department of Medicine, UW SMPH; Director, UW Paul P. Carbone Comprehensive Cancer Center

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

**Background:** This award enables the Ebling Library to support an integrated school of medicine and public health by purchasing a core collection of public health resources. These acquisitions ensure that appropriate 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.

**Progress:** In 2006, the Ebling Library identified, purchased, and made available over 350 books and 41 journals. This award has also helped form closer collaborations between the Ebling Library and faculty and staff whose research and educational efforts are focused on public health, population health, and global health. Furthermore, the Medical Library Association recently developed recommendation lists for public health library information resources. An analysis by Ebling Library found that, as a result of this award, the library provides access to nearly 97% of the best commercially available information on public health.

**Strategic Initiatives Allocation Grant: $159,794 over three years**

**UW SMPH faculty:** Terrance Burton, MFA, MLIS, Director, Ebling Library

### Making Wisconsin the Healthiest State

**Background:** 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 inform decisions about future investments and new initiatives and assist in the development of the WPP’s funding priorities.

**Progress:** This program has published its findings in The Health of Wisconsin Report Card 2007. The report showed that although Wisconsin performs relatively well compared to other states overall, the state is failing to promote the health of many subgroups throughout the state. These subgroups include American Indians, African Americans, those who did not graduate from high school, infants in Milwaukee County, and older adult men. In addition, Wisconsin has fallen behind other states in these trends over the last decade.

In 2007, the program will integrate its findings on Wisconsin health outcomes with information on the most effective ways to improve these outcomes. The program will then present a balanced health investment portfolio, which will aid state and local policy makers as well as assist the WPP in setting priorities for the next Five-Year Plan.

**Strategic Initiatives Allocation Grant: $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
Strategic Initiatives Allocation Award Progress Updates (continued)

Master of Public Health (MPH)

**Background:** The 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:** In 2006, the MPH program graduated its first class of 18 students. Two alumni were accepted into prestigious national fellowships: an Epidemiology Intelligence Service Fellowship with the Centers for Disease Control, and a Health Care Administration Fellowship with the University of Pennsylvania Health System. Another graduate was accepted into the Wisconsin Population Health Fellowship Program.

In September 2006, the program admitted its second class of 24 students. Students represent a variety of disciplines, including medicine, nursing, genetics, law, and social science.

The program finalized plans for the development of dual degrees with the School of Veterinary Medicine, the La Follette School of Public Affairs, and the SMPH, and is making plans to develop a dual degree with the School of Pharmacy. It also expanded staff to include an associate director, a student services coordinator, and a public health training and education coordinator, housed in the Milwaukee Health Department.

Finally, the program began the process for accreditation, and will begin the year-long self-study process in 2007. It is anticipated that the program will be accredited by January 2009.

Strategic Initiatives Allocation Grant: $2,682,977 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

Reducing Cancer Disparities Through Comprehensive Cancer Control

**Background:** This award matches funds provided by a partnership between the UW Paul P. Carbone Comprehensive Cancer Center and the Wisconsin Division of Public Health, and builds on the 2004 “Improving Cancer Care in Wisconsin” award. The program will implement two projects that aim to reduce cancer disparities in Wisconsin. The first, “Community-Based Participatory Partnerships with Underserved/Minority Populations,” will test community readiness and cancer care tools in underserved communities. The second, “Milwaukee Regional Cancer Care Network,” will create a network of health care and community organizations dedicated to breaking down barriers to cancer care.

**Community-Based Participatory Partnerships with Underserved/ Minority Populations**

**Progress:** The project’s trustful working relationships with the five pilot communities has continued to strengthen, with community leaders and members now actively engaged in the project. Data collection for the Community Readiness Assessment (CRA) survey is complete in all five communities, and the data are now being analyzed. The Assessing Quality of Cancer Care (AQCC) survey has been reviewed and revised by each community to ensure cultural appropriateness, and is now being implemented in each of the five communities. Additionally, four more medically underserved communities are now participating in the project.

**Milwaukee Regional Cancer Care Network**

**Progress:** The 40-member Milwaukee Regional Cancer Care Network (MRCCN) has begun to coordinate and integrate regional cancer-related activities. The group has started to document and measure community needs and barriers to cancer care. In addition, two MRCCN member groups, the Center for Urban Population Health and UW–Milwaukee, have led the development of the regional partnership network concept as a strategy for the Wisconsin Comprehensive Cancer Control Plan 2005-2010.

Strategic Initiatives Allocation Grant: $532,126 over three years
UW SMPH faculty: James Cleary, MBBS, Associate Professor, Department of Medicine
Strategic Initiatives Allocation Award Progress Updates (continued)

Startup Funding to Recruit Faculty Member Specializing in Genetic Epidemiology

Background: 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 faculty member will also play a critical role in the implementation of the Survey of the Health Wisconsin (SHOW) by overseeing, interpreting, and disseminating data related to genetic factors.

Progress: Corinne Engelman, MSPH, PhD, was hired effective January 1, 2007, as an Assistant Professor of Population Health Sciences. Dr. Engelman is a genetic epidemiologist interested in complex metabolic diseases such as diabetes and cardiovascular disease.

Dr. Engelman has begun providing input on the genetic components of two WPP-funded initiatives: the Wisconsin Alzheimer’s Institute’s Wisconsin Registry for Alzheimer’s Prevention (WRAP) project and the Survey of the Health of Wisconsin (SHOW) project. She is currently developing two courses, Introduction to Genetic Epidemiology and Applied Genetic Epidemiology, both of which will be taught in 2008.

Dr. Engelman’s research will foster collaborative programs between population health researchers and basic science researchers. Her role in establishing a genetic epidemiology program will be critical to the transformation of the School.

Strategic Initiatives Allocation Grant: $261,706 over 3 years
UW SMPH faculty: Javier Nieto, MD, PhD, MPH, Professor and Chair, Department of Population Health Sciences

Startup Funding to Recruit Faculty Member Specializing in Health Policy

Background: 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 faculty member will also form partnerships with state and local officials and public health practitioners on health policy development.

Progress: In 2006, the Department of Population Health Sciences and its campus partners committed significant time and effort to this important faculty recruitment process. After receiving over 100 applications, interviews were held with the top seven candidates in February 2007. Following an extensive review process, two candidates were unanimously endorsed for hire. The Department is working to finalize this recruitment.

Faculty associated with the La Follette School of Public Affairs have expressed interest in collaborating with these candidates, demonstrating the Department’s commitment to cross-campus collaboration. The health policy faculty member is key to the Department’s building upon its base of population health researchers and educators.

Strategic Initiatives Allocation Grant: $261,706 over 3 years
UW SMPH faculty: Javier Nieto, MD, PhD, MPH, Professor and Chair, Department of Population Health Sciences
Wisconsin Academy for Rural Medicine (WARM)

Background: The Wisconsin Academy for Rural Medicine (WARM) program will act as a “school within a school” for medical students with rural backgrounds and career goals. The WARM program will 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. This will be accomplished by:

- Designing an admissions component that identifies Wisconsin applicants with a high probability of practicing in rural Wisconsin;
- Developing a curriculum that integrates public health concepts in rural settings and immerses students at robust rural training sites during the clinical years; and
- Working with students during their career planning activities to prepare them to pursue training in any specialty as opposed to just family medicine or primary care, as is the case in other rural health programs.

Progress: In 2006, the WARM concept became an approved SMPH program, enhancing the transformation of the School. The program developed and initiated the admissions process by selecting five applicants who will begin the program in Fall 2007, with a goal of enrolling 25 students each year when the program is operating at full capacity. These initial students will train at Marshfield Clinic and its rural clinic in Rice Lake during the third and fourth years of medical school. Sites in La Crosse and Green Bay are developing plans to train subsequent groups of WARM students.

The program is also developing its rural curriculum, which will integrate population health and health promotion and prevention concepts. The WARM program is currently addressing community and site development and student services issues in preparation for students entering rural clinical training in 2009.

Strategic Initiatives Allocation Grant: $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

Wisconsin Alzheimer’s Institute (WAI)

Background: 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 WAI expanded its network of Alzheimer’s disease diagnostic and treatment facilities to include new clinics in Eau Claire, Chippewa Falls, and Janesville. The WAI’s 28 affiliated clinics now serve over 3,000 persons each year.

Two first-year medical students participated in the WAI’s summer interdisciplinary externship, which provides an opportunity to work with practicing physicians, UW researchers, and community agencies on the diagnosis, treatment and management of persons with dementia.

In addition, the WAI and the Department of Health and Family Services developed a screening initiative to increase recognition of cognitive disorders by county and state workers. Over 1,000 people underwent cognitive screening using this regimen.

Strategic Initiatives Allocation Grant: $375,000 over five years

UW SMPH faculty: Mark A. Sager, MD, Professor of Medicine and Population Health Sciences; Director, Wisconsin Alzheimer’s Institute
Combined MERC/Strategic Initiatives Allocation

Combined support is reserved for programs aligned with the Emerging Opportunities in Biomedicine and Population Health focus area. The awards are for innovative proposals that show potential to accelerate the translation of research discoveries and educational developments to communities.

2006 Combined Award

The Wisconsin Smokers Health Studies

**Background:** The UW Center for Tobacco Research and Intervention’s (UW-CTRI) Wisconsin Smokers Health Studies is the largest national trial to address the long-term health and psychosocial effects of smoking and cessation.

**Program Overview:** This award leverages the Wisconsin Smokers Health Studies by expanding the number of smokers being followed from 2,000 to 2,600, extending the follow-up time period from three to five years, and increasing minority participation in Milwaukee. These enhancements will enable investigators to fine-tune the development of new smoking cessation treatment methods, particularly for racial and ethnic populations. This will lead to faster, more comprehensive improvements in clinical care and health policy, with the goal of reducing tobacco use.

**Implementation Grant:** $600,000 over two years

UW SMPH faculty: Michael Fiore, MD, MPH, Professor, Department of Medicine; Director, UW Center for Tobacco Research and Intervention

Combined Award Progress Update

Health Innovation Program (HIP)

**Background:** The Health Innovation Program strives to: (1) create infrastructure that supports the integration of health care research and practice along a continuum from discovery to application; (2) encourage translational research and improvement in seven initial focus areas to inspire data-driven, evidence-based change across health systems; and (3) create educational and outreach activities to build leadership and enhance innovation in health care delivery in partnership with communities.

**Progress:** In addition to hiring faculty and staff, HIP increased visibility by launching a Web site (www.hip.wisc.edu) and improving program communication tools. HIP also established standard operating procedures with community partner organizations.

In collaboration with UW clinical faculty, HIP contributed to, designed, and/or launched a series of projects in care coordination, patient safety, shared decisions, value and efficiency, technology, and disparities in care. Almost all of these projects cross health system boundaries, addressing one of the most significant barriers to improving the quality of care.

HIP also began a seminar series on improvement in health care delivery and initiated outreach activities to engage clinicians and students throughout the UW system in understanding the critical need for translational research that simultaneously develops new knowledge and leads to actual system improvements.

Furthermore, HIP played an integral role in developing and submitting the UW Institute for Clinical and Translational Research’s application for an NIH Clinical and Translational Science Award (CTSA) and the companion application for supporting funds from the MERC (see page 21 for a program description). Under this proposal, HIP will act as a visible point of entry for researchers wishing to study the translation of research findings into practice, and for communities wishing to engage in these translational research projects.

**Implementation Grant:** $1,310,158 over three years

UW SMPH faculty: Maureen Smith, MD, PhD, MPH, Associate Professor, Departments of Population Health Sciences and Family Medicine
New Investigator Program

The New Investigator Program (NIP) supports assistant professors who have designed creative research and education projects with a high potential to impact the health of the public and which are unlikely to be funded by traditional sources. These projects span the research and education spectrum—basic, clinical, translational, and population health—thereby launching innovative ideas that advance the application of science to the prevention, diagnosis and treatment of disease. Awards are for $100,000 over two years.

Request for Proposals (RfP) Process

Based on findings from a survey of its Application Review Subcommittee (ARS), the MERC convened a workgroup to improve the program’s RfP and review processes in 2006. The workgroup made the following recommendations, which were incorporated into the RfP:

- Focusing on projects that specifically lead to improvements in health;
- Requiring applicants to explain how their research results would be put into practice in communities;
- Reordering the list of review criteria to emphasize more critical items, such as interdisciplinary/collaboration and community engagement;
- Developing a scoring method to evaluate proposals’ scientific merit and alignment with the WPP’s mission, vision, and guiding principles; and
- Interviewing finalists in person.

Training and Technical Assistance

The NIP held two training sessions for prospective applicants in July 2006. These sessions provided an overview of the program, eligibility requirements, descriptions of the RfP and review processes, and budget instructions.

In addition, training sessions for reviewers were held in September 2006. These sessions emphasized the program’s focus on translating research results to communities and explained the revised application review process.

Review Process

All NIP applications were reviewed using a multi-step process. First, the technical review ensured that all minimum requirements, including non-supplanting, were met.

Second, during the application review, three reviewers from the Application Review Subcommittee (see box below) evaluated each proposal according to criteria outlined in the RfP. The ARS then forwarded its list of recommended proposals, with scores and written comments, to the MERC.

Third, the MERC reviewed the ARS’s ranked list, taking into account program diversity and alignment with WPP goals and objectives. The MERC conducted in-person interviews with the top ten finalists at its November meeting, and in December 2006, made final award decisions.

The MERC received 42 New Investigator Program applications, seven of which were funded.
2006 New Investigator Program Awards

**Creation of a Bovine Cryptosporidium Vaccine to Reduce Outbreaks in Human Populations**

Cryptosporidium is well known for causing water-borne outbreaks of diarrhea, as in the Spring 1993 contamination of the Milwaukee city water supply, which caused illness in over 400,000 people. Similarly, Cryptosporidium frequently causes serious disease in young calves, decreasing their growth rate and increasing costs to dairy farms. The goal of this project is to develop a Cryptosporidium vaccine for cattle, both to protect dairy farms and to eliminate cow-to-human transmission of Cryptosporidium.

New Investigator Program Grant: $100,000 over one year  
UW SMPH faculty: Laura Knoll, PhD, Assistant Professor, Department of Medical Microbiology and Immunology

**Determinants of Antibiotic Resistance in Nursing Homes**

Infections from antibiotic-resistant bacteria are an increasing cause of illness and death among nursing home residents. This study of residents in 12 facilities will help determine the extent of antibiotic resistance in Wisconsin nursing homes. With this information, future studies can be designed to examine the impact of environment and systems of care on the spread of antibiotic-resistant bacteria in nursing homes. Ultimately, this information will be used to develop and test interventions to reduce the illness and death associated with these types of infections.

New Investigator Program Grant: $100,000 over 18 months  
UW SMPH faculty: Christopher Crnich, MD, MS, Assistant Professor, Department of Medicine

**Integrating Variation at Single Nucleotides and Short Tandem Repeats to Identify Genetic Associations with Complex Diseases**

A powerful approach for identifying the genes that cause a disease is to associate that disease with a known DNA fragment (or marker) on a human chromosome, and then evaluating those markers across large populations. This project will compare two different types of DNA markers commonly used by researchers, which will help clinical scientists decide which type of marker is best for their particular study. Additionally, this project will develop new methods for associating markers with disease.

New Investigator Program Grant: $100,000 over two years  
UW SMPH faculty: Bret Payseur, PhD, Assistant Professor, Department of Genetics

**Magnetic Resonance Imaging in a Study of Prolotherapy for Knee Osteoarthritis**

Knee arthritis is a common, painful, debilitating, age-related condition. Magnetic resonance imaging (MRI) is the best way to view the knee; however, MRI assessment of the entire knee can take up to one hour. This study will compare the standard MRI technique to a new, five-minute, less expensive MRI technique to determine if both methods can provide similar assessment of the knee.

New Investigator Program Grant: $99,971 over two years  
UW SMPH faculty: David Rabago, MD, Assistant Professor, Department of Family Medicine

**Partnering with Quit Lines to Promote Youth Smoking Cessation in Wisconsin**

Tobacco use is the leading preventable cause of illness and death in the United States. About 80% of smokers become daily smokers before age 20. Although the origins and motivations for tobacco use are found in youth, assessments and interventions are largely developed for adults. This project will evaluate the effectiveness of an age-appropriate telephone counseling intervention in helping adolescent and young adult smokers quit.

New Investigator Program Grant: $100,000 over two years  
UW SMPH faculty: Tammy Harris Sims, MD, MS, Assistant Professor, Department of Pediatrics
2006 New Investigator Program Awards (continued)

Surface-Rendered 3D MRI Overlaid into Live X-Ray Fluoroscopy to Guide Endomyocardial Progenitor Cell Therapy for Recent Myocardial Infarction: Technical Development and Validation Toward Clinical Translation

Patients who suffer a heart attack often develop heart enlargement, congestion, and heart failure. These complications may be prevented by injecting adult stem cells through a catheter into the damaged heart muscle; however, this technique is limited by poor imaging technology. This project will develop a new image guidance system that will combine magnetic resonance imaging (MRI) and X-ray images to allow researchers to more clearly see heart attack sites during stem cell injection.

New Investigator Program Grant: $100,000 over two years
UW SMPH faculty: Amish Raval, MD, Assistant Professor, Department of Medicine

Treatment of Vitamin D Insufficiency

Human skin makes vitamin D from exposure to sunlight. Because of little sun exposure, many people living in Wisconsin have low vitamin D levels, which can contribute to weak bones. This study will assess whether vitamin D tablets can increase calcium absorption in older women, thereby leading to stronger bones.

New Investigator Program Grant: $100,000 over two years
UW SMPH faculty: Karen Hansen, MD, Assistant Professor, Department of Medicine

Future Initiative: The Collaborative Health Sciences Program

In October 2006, the MERC announced the availability of grants through a new competitive initiative, the Collaborative Health Sciences Program (CHSP). The CHSP was developed to support innovative approaches to research and education that will benefit the health of the people of Wisconsin and—with an emphasis on collaboration—promote the SMPH’s transformation to an integrated school of medicine and public health.

The CHSP will serve as a resource for highly creative proposals from established investigators, clinicians, and educators. The program will also encourage collaborations between faculty who might not otherwise have the opportunity to work together.

The CHSP will grant up to five awards annually, each receiving a maximum of $300,000 over two or three years. Projects will span the spectrum of basic, clinical, and population health science and education.

Applicants must describe the project’s potential to improve the health of the people of Wisconsin, and explain the path to translate discovery to application in the clinical setting and/or in communities. Collaboration is required, and may be between faculty within the SMPH or with other UW–Madison schools and colleges, UW System campuses, the Medical College of Wisconsin, or state agencies.

The MERC received 61 applications for the CHSP in January 2007, and made its first series of awards in April 2007. Further discussion of these awards will be presented in the 2007 Annual Report.
EVALUATION

The Insurance Commissioner’s Order requires that the SMPH, in collaboration with the OAC, conduct “an evaluation of the effectiveness of all WPP projects funded, and of the outcomes of the Five-Year Plan to determine as much as possible, its impact on the health of the public. While an evaluation of each program or project is not required annually, the timetable and means of evaluation of each program and project must be determined and reported.”

To fulfill this requirement, the WPP takes a multilayered approach to evaluation. These tiers, classified by the frequency of evaluation activities and whether they relate to individual grants or the Program as a whole, are as follows:

- **Individual Grant Evaluation:** Regular monitoring of individual grants every six months. Used to assess progress, management, and outcomes of a WPP-funded project.
- **Process Evaluations:** Annual or one-time evaluations of the WPP’s grant making processes. Used to refine the quality and management of program clusters (e.g., Community-Academic Partnership Fund, New Investigator Program).
- **Strategic Evaluation Plan:** One-time development of a high-level strategic evaluation plan, which will be implemented over the course of several years. Used to assess the Program’s collective progress toward the goals of the Five-Year Plan, and inform and guide the next Five-Year Plan.

**Individual Grant Evaluation**

The WPP evaluates each of its funded grants in two ways: through biannual progress reports and through final reports at project completion. These reports assess the following four areas:

- the grantee’s effectiveness in implementing the project and meeting proposed objectives;
- the grant’s results, outcomes, and accomplishments;
- new partnerships formed as a result of the project; and
- documentation, results dissemination, and knowledge transfer.

**Progress Reports**

The Program requires all grantees to provide written progress reports every six months. At that time, program staff review these reports, comparing progress, outcomes, and budgets against the application’s original objectives. Staff then provide summary updates to the funding committees. If problems are identified, staff work first with the grantee to resolve them. Any deeper concerns are brought to the attention of the funding committees.

For research and education awards, principal investigators also give an in-person progress update to the MERC, in which they summarize the grant’s progress and success to date, demonstrate how the project is meeting its objectives, and respond to questions from the committee.

**Final Reports**

At the end of a project, all Program grantees are required to submit a final report, which provides a final assessment of the four areas listed above. Program staff provide a summary of each final report to the appropriate funding committee, and track results, outcomes, and financial data in an internal system.

As a follow-up, grantees often share their grant outcomes with staff through on-site visits, exit interviews, and summary documents. This allows staff and committee leaders to learn more about what works at the individual grant level and provide ongoing quality management.

Although all grantees are required to conduct program evaluations, many must be monitored beyond the period of the grant before outcomes become apparent. Future evaluation efforts will assess impact of individual grants or the impact of individual grants on the Program as a whole.

**Process Evaluations**

Each year, the WPP uses a variety of methodologies to evaluate how it solicits, reviews, funds, and classifies grants. With the information gathered from these activities, the Program refines and improves its processes for the next funding cycle.

**OAC Process Evaluations**

In 2006, the OAC sought comprehensive feedback from external reviewers, applicants, the public, and committee members to improve the Community-Academic Partnership Fund (CAPF) RfP.

First, the OAC conducted its annual survey of its external reviewers, the results of which were discussed at its March 2006 meeting. Using the feedback from this survey, the RfP and review process were improved to ensure greater consistency of reviewer scores.

As in previous years, the OAC also developed and posted a Web-based anonymous public survey of the CAPF program, which had 112 respondents. Program staff compiled the final results of this survey, analyzed the results compared to previous years, and presented the findings at the May 2006 OAC meeting for in-depth discussion. The results of these two surveys resulted in numerous improvements to the 2006 RfP and review process, which are discussed in the CAPF program description beginning on page 7.
After the 2006 CAPF funding cycle was completed, the OAC held a roundtable discussion of that year’s grant process at its January 2007 meeting. This provided an opportunity for OAC members to discuss what worked well in 2006 and identify potential changes for the next funding cycle. In particular, the OAC noted that the quality of CAPF proposals improved in 2006, due to clearer RfP program guidelines; and that the review process resulted in funded proposals being better aligned with program goals.

In February 2007, the OAC held a strategic planning retreat to begin articulating its long-range vision and goals. During the retreat, OAC identified additional strategic refinements to the CAPF program, discussed potential new grant programs, laid the foundation for its review of the allocated percentage of funds, and established the strategic context for developing the next Five-Year Plan.

**MERC Process Evaluations**

The MERC’s New Investigator Program (NIP) underwent a comprehensive review in 2006. To accomplish this, the MERC sent a survey to the NIP’s Application Review Subcommittee, and then convened a workgroup to address issues identified in this survey. This workgroup met three times in 2006, and agreed on numerous improvements to the program’s RfP and review process, which are listed in detail on page 31. These efforts helped to clarify the NIP’s purpose and requirements; as a result, NIP projects funded in 2006 were more clearly aligned with the goal of improving public health.

In December 2006, the MERC also identified a need to classify its proposals along the spectrum of basic science, clinical science, population health science, and education. This classification system will help the committee evaluate retrospectively what types of proposals it received and funded, and whether it is funding a balanced portfolio of projects. A workgroup consisting of four MERC members developed the classification guidelines (see Table 3), which the MERC approved in January 2007.

**Strategic Evaluation Plan**

In 2006, the WPP began the process of developing a strategic, improvement-oriented evaluation plan, which examines both the process of implementing activities as well as the outcomes of those activities.

The evaluation is a two-year plan with multiple components. It looks beyond the impact of individual grants to Program-wide indicators and benchmarks of progress to evaluate underlying program assumptions; learn about what works and what does not; and adapt, refine and improve the Program.

This process was guided by the following overarching questions:

- How is the WPP progressing towards the goals and objectives of the Five-Year Plan?
- How can Program efforts be improved?
- How can this learning process help to guide the development of the next Five-Year Plan?

When implemented, the evaluation plan will assess the WPP’s progress and effectiveness during its first five years, and will also help Program and SMPH leadership determine a preferred set of opportunities as the Program begins the next Five-Year Plan.

<table>
<thead>
<tr>
<th>Proposal Type</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Basic research</strong></td>
<td>Research done to understand mechanisms underlying biological function and phenomena, including inherited and acquired diseases.</td>
</tr>
<tr>
<td><strong>Type 1 translational research</strong></td>
<td>Research wherein a basic laboratory discovery becomes applicable to the diagnosis, treatment or prevention of a specific disease.</td>
</tr>
<tr>
<td><strong>Clinical research</strong></td>
<td>Research to examine the efficacy of diagnostic, therapeutic, or preventive interventions as well as investigation into mechanisms of disease, and which may include clinical trials as well as case control, cohort and other types of epidemiologic studies.</td>
</tr>
<tr>
<td><strong>Type 2 translational research</strong></td>
<td>Applied research on improving human health through enhancing the adoption in clinical practice of new findings and evidence-based practices emanating from clinical research.</td>
</tr>
<tr>
<td><strong>Applied public health research</strong></td>
<td>Related to improving the health of populations.</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Proposals to develop or enhance education methods, increase capacity, and/or improve the ability of the current or future health care workforce to improve health in Wisconsin.</td>
</tr>
</tbody>
</table>
Specifically, the evaluation plan aims to:

- Provide recommendations on how individual programs or clusters of programs could be improved;
- Provide guidance for the development of the next Five-Year Plan;
- Develop a knowledge base that will help the OAC make an informed decision on the allocated percentage of funds for public health and medical education and research; and
- Provide the SMPH and the OAC with findings, results, and conclusions on contractual obligations and compliance evaluation requirements.

**Development Process**

The first step in developing the evaluation plan was to convene an evaluation advisory team, which consisted of equal numbers of OAC and MERC members, Regent Liaison Patrick Boyle, faculty advisors, and Program staff.

The evaluation team first met in March 2006, and then monthly thereafter, to develop an underlying framework for the evaluation plan. An external consultant joined the team in April and June of 2006 to facilitate this process.

In June 2006, the evaluation team held a retreat to guide the evaluation planning process. Using the evaluation framework as a guide, the team generated and prioritized a set of Program-specific evaluation questions and indicators. This process resulted in five major study areas, each consisting of a key question and subquestions, indicators, data sources, and evaluation methods.

Throughout each stage of development, the evaluation team provided regular reports to the OAC and MERC, ensuring their full understanding and participation throughout the planning process. The team presented an overview of the evaluation plan to a joint meeting of the OAC and MERC on October 24, 2006. Both committees unanimously approved the plan.

**Figure 8: Evaluation Framework**

### Structural Components
- Governance, management, and stewardship of funds
- Informing and engaging the public
- Outreach, training, and technical assistance
- Qualified assessment of merit in review processes
- Clear, transparent, and uniform award decisions
- Grant consistency with program goals and objectives

### Short-term Processes and Activities
- Levels of programs funded with a focus on population health
- Levels of collaboration among faculty and external groups
- Levels of research and discovery produced with implications for population health
- Levels of community engagement and capacity building
- Levels of research and discovery translated and disseminated
- Levels of students, providers, and professionals trained
- Levels of program alignment with State Health Plan
- Levels of leveraged resources and effort

### Intermediate Outcomes
- Increased translation and application of population health research and discovery
- New evidence-based programs, policies, and practices developed
- Increased interdepartmental school, external collaborations and partnerships
- Advancements in state health plan objectives
- Acquired knowledge, skills, behaviors, or attitudes for students, providers, and public health professionals
- Improved learning and capacity in communities
- Sustained programs and initiatives

### Long-term Impacts
- TIER 1: Improvements in health policies, interventions, and practices at the individual and community level
- TIER 2: Improved patterns of health determinants over the lifespan (health care, health behaviors, socioeconomic factors, and physical environment)
- TIER 3: Improvements in health status and outcomes in populations
The evaluation team then presented a comprehensive evaluation plan to the OAC and MERC for comment and review. Program staff posted an executive summary of the plan on the program’s web site for public input. With this feedback, the team finalized the plan and presented it to the OAC and MERC for approval in Spring 2007.

The evaluation team will continue to play an important role in the program evaluation process. The team will meet quarterly to oversee the plan’s implementation, and communicate findings and recommendations to the OAC and MERC.

**Evaluation Plan Structure**

The evaluation framework (Figure 8, page 36) broadly illustrates how the WPP’s activities and short-term outcomes will lead to improvements in population health. Simply stated, the Program implements a grantmaking process and awards grants, which contribute significantly to outcomes of the grants, and ultimately can contribute to impacts on health and health care. The Program can measure and evaluate these intermediate activities and short-term outcomes as benchmarks for progress and goal achievement.

This broad framework will be applied to each of the five study areas identified by the evaluation team. The study areas, which consist of two overarching or program-wide components, one Medical Education and Research Committee component, one Oversight and Advisory Committee component, and a management and audit component, are as follows:

1. **Public Health Transformation.** This component investigates to what extent the WPP has helped to support and advance the goals and priorities of the State Health Plan and has had an impact on the transformation of the state.
2. **SMPH Transformation.** This component considers to what degree the WPP has helped to advance and make an impact on the SMPH’s transformation process.
3. **Balanced Portfolio and Application to Population Health.** This component evaluates the degree to which the WPP funds create change by building a knowledge base for education, research, and discovery, and translating research into practice and advances in population health.
4. **Community-Academic Partnerships.** This component determines how the WPP is promoting successful and effective partnerships and whether those partnerships are contributing to improvements in population health.
5. **Governance and Stewardship.** This component includes an assessment of administrative functions such as grant management and oversight of the Program funds, legal compliance with the Order and Agreement, conflicts of interest, and assessment of supplanting.

**Timeline**

Figure 9 provides an overview of the two-year timeline and schedule for the evaluation plan’s five study areas.

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**Figure 9: Evaluation Timeline**

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<td>Public Health Transformation (1)</td>
<td>Community-Academic Partnerships (4)</td>
<td>SMPH Transformation (2)</td>
<td>Balanced Portfolio and Application to Population Health (3)</td>
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FINANCIAL OVERVIEW

Introduction

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 WPP. Following acceptance of the 2004 and 2005 Annual Reports by WUHF, restricted funds were transferred to the endowment as follows:

• For 2004, $58,652,085 of the restricted funds was transferred to the endowment.
• For 2005, $62,759,751 of the restricted funds was transferred to the endowment. This amount was equal to one-half of the December 31, 2005 principal market value of $123,543,865 ($61,771,932) and earnings on that principal for the first and second quarters of 2006 of $987,819.

As prescribed in the Agreement, all WPP 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.

The annual OAC and MERC grant awards have been based on the $30 million made immediately available for expenditure plus the annual endowment distributions.

Grant Management

The WPP manages grant funds consistently 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 WPP 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 WPP. 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 WPP (see page 39).
• Every proposal includes a non-supplanting certification (see page 39), 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, as approved by the WPP.
• Every grantee must provide written progress reports at six (6) month intervals throughout the project, and a final report 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 WPP.

Administrative Budget

Administrative expenses were $523,864 for the period of January 1, 2006 through December 31, 2006, compared to a 2006 budget of $555,410. (See details on page 48). 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.
Memorandum of Understanding

All applications approved for funding require a Memorandum of Understanding (MOU) between the WPP 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 WPP 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 WPP 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.

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 21, 2007.

After considering the indicators developed for the program-wide evaluation, the data provided from ongoing grant reporting, and the increased communication between the OAC and the MERC, the OAC believed it would have sufficient information to assess and advise on the allocation percentage.

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 2007. The vote included the provision that a) the Program continue evaluation and data-gathering processes to support evidence-based planning decisions; and b) develop a set of tools for the next Five-Year Plan that will maximize the Program’s efforts towards improving population health.

Accounting

The following financial report consolidates activities of the UW Foundation and the SMPH for the period January 1, 2006 through December 31, 2006. Revenues consist of investment income and market valuation and expenditures consist of administrative and program costs. All expenses and awards are reported as either Public Health Initiatives (OAC–35 percent) or Medical Education and Research Initiatives (MERC–65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown on the next page.
The Wisconsin Partnership Fund for a Healthy Future
Financial Report – UNAUDITED

BALANCE SHEET
December 31, 2006

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<td>Total Liabilities &amp; Net Assets</td>
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INCOME STATEMENT
For the Period January 1, 2006 through December 31, 2006

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<td>Gifts Received</td>
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<td>Realized gains/(losses) on investments</td>
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<td>Total Revenues</td>
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<td>Public Health Initiatives</td>
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<td>Administrative Expenditures</td>
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<td>Grant Expenditures</td>
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<td>Medical Education &amp; Research Initiatives</td>
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<tr>
<td>Total Expenditures</td>
<td>$ 16,612,892</td>
</tr>
<tr>
<td>Net Increase/(Decrease) in Net Assets</td>
<td>$ 19,596,182</td>
</tr>
</tbody>
</table>

*** See further discussion on page 42
**The Wisconsin Partnership Fund for a Healthy Future**  
Financial Report – UNAUDITED  

**IMMEDIATELY AVAILABLE FUNDS—REPORT OF EXPENDITURE ACTIVITY**  
For the Period March 25, 2004 through December 31, 2006

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as of March 25, 2004</td>
<td>$ 30,000,000</td>
</tr>
<tr>
<td><strong>DECREASES</strong></td>
<td></td>
</tr>
<tr>
<td>Program Expenditures</td>
<td></td>
</tr>
<tr>
<td>Public Health Initiatives</td>
<td>$ 3,587,254</td>
</tr>
<tr>
<td>Medical Education &amp; Research Initiatives</td>
<td>4,109,619</td>
</tr>
<tr>
<td><strong>Total Program Expenditures</strong></td>
<td>$ 7,696,873</td>
</tr>
<tr>
<td>Outstanding Payables at December 31, 2006</td>
<td></td>
</tr>
<tr>
<td>Public Health Initiatives</td>
<td>$ 9,370,944</td>
</tr>
<tr>
<td>Medical Education &amp; Research Initiatives</td>
<td>12,822,695</td>
</tr>
<tr>
<td><strong>Total Outstanding Payables at December 31, 2006</strong></td>
<td>$ 22,193,639</td>
</tr>
<tr>
<td><strong>Total Immediate Funds—Balance as of December 31, 2006</strong></td>
<td>$ 109,488</td>
</tr>
</tbody>
</table>
Cash and Investments

The financial resources that support grants for the period January 1, 2006 through December 31, 2006 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.

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 the performance of their underlying investments. The only reductions to the permanently restricted funds are endowment distributions to unrestricted funds. Temporarily restricted funds receive income based on the performance of their underlying investments. The only reduction to the temporarily restricted funds was the release of funds to the permanently restricted fund described on page 38.

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.

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.

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.

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, 2006. 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, 2006 are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Public Health (OAC–35%)</th>
<th>Medical Education &amp; Research (MERC–65%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 31, 2007</td>
<td>$9,370,944</td>
<td>$12,822,695</td>
<td>$22,193,639</td>
</tr>
<tr>
<td>Dec. 31, 2008</td>
<td>4,444,383</td>
<td>10,075,287</td>
<td>14,519,670</td>
</tr>
<tr>
<td>Thereafter</td>
<td>1,852,421</td>
<td>1,740,303</td>
<td>3,592,724</td>
</tr>
<tr>
<td>Total</td>
<td>$15,667,748</td>
<td>$24,638,285</td>
<td>$40,306,033</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 WPP.
- **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 WPP.
- **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, 2006 through December 31, 2006 consist of two components: (1) investment income, which has been recorded as earned throughout 2006; 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 2006 (unrealized).
Expenditures

Expenditures for the period of January 1, 2006 through December 31, 2006 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, 2006 are as follows:

### 2006 OAC FUNDING

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2006 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/06</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLANNING GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Obesity Wellness Campaign</td>
<td>OAC</td>
<td>S</td>
<td>$45,040</td>
<td>$45,040</td>
<td>$ -</td>
<td>$ -</td>
<td>$45,040</td>
</tr>
<tr>
<td>Family Team to Improve Health Outcomes for Youth</td>
<td>OAC</td>
<td>S</td>
<td>49,942</td>
<td>49,942</td>
<td>-</td>
<td>-</td>
<td>49,942</td>
</tr>
<tr>
<td>Fit Kids, Fit Cities</td>
<td>OAC</td>
<td>S</td>
<td>44,210</td>
<td>44,210</td>
<td>-</td>
<td>-</td>
<td>44,210</td>
</tr>
<tr>
<td>Fluoridation for Healthy Communities</td>
<td>OAC</td>
<td>S</td>
<td>50,000</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td>Green City, Active People</td>
<td>OAC</td>
<td>S</td>
<td>50,000</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td>Health Care Task Force on Pre- and Inter-Conception Care:</td>
<td>OAC</td>
<td>S</td>
<td>49,567</td>
<td>49,567</td>
<td>-</td>
<td>-</td>
<td>49,567</td>
</tr>
<tr>
<td>Optimizing Women’s Health and Increasing Access to Primary and Preventive Health Services</td>
<td>OAC</td>
<td>S</td>
<td>49,454</td>
<td>49,454</td>
<td>-</td>
<td>-</td>
<td>49,454</td>
</tr>
<tr>
<td>Increasing Breastfeeding Rates in Milwaukee County</td>
<td>OAC</td>
<td>S</td>
<td>49,945</td>
<td>49,945</td>
<td>-</td>
<td>-</td>
<td>49,945</td>
</tr>
<tr>
<td>Noj Zoo, Nyob Zoo (Eat Well, Live Well): A Hmong Community Health Promoter Project</td>
<td>OAC</td>
<td>S/E</td>
<td>50,000</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td>Northern Wisconsin Child and Adolescent Psychiatry Access Project (CAPAP)</td>
<td>OAC</td>
<td>S</td>
<td>49,945</td>
<td>49,945</td>
<td>-</td>
<td>-</td>
<td>49,945</td>
</tr>
<tr>
<td>Planning a Multicultural Women’s Education Program to Eliminate the Stigma of Depression</td>
<td>OAC</td>
<td>S</td>
<td>48,336</td>
<td>48,336</td>
<td>-</td>
<td>-</td>
<td>48,336</td>
</tr>
<tr>
<td>Preventing Substance Abuse Among LGBTQ Youth in Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>48,670</td>
<td>48,670</td>
<td>-</td>
<td>-</td>
<td>48,670</td>
</tr>
<tr>
<td>Schools and Clinics United for Healthy Children and Youth</td>
<td>OAC</td>
<td>S</td>
<td>50,000</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>IMPLEMENTATION GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinating Partnerships to Improve Access to Public Health Coverage</td>
<td>OAC</td>
<td>S</td>
<td>446,185</td>
<td>446,185</td>
<td>-</td>
<td>-</td>
<td>446,185</td>
</tr>
<tr>
<td>FIT WIC - FIT Families</td>
<td>OAC</td>
<td>S</td>
<td>450,000</td>
<td>450,000</td>
<td>-</td>
<td>-</td>
<td>450,000</td>
</tr>
<tr>
<td>Health Watch Wisconsin</td>
<td>OAC</td>
<td>S/E</td>
<td>447,700</td>
<td>447,700</td>
<td>-</td>
<td>-</td>
<td>447,700</td>
</tr>
<tr>
<td>Honoring Our Children Urban/Rural Outreach Project</td>
<td>OAC</td>
<td>S</td>
<td>450,000</td>
<td>450,000</td>
<td>-</td>
<td>-</td>
<td>450,000</td>
</tr>
<tr>
<td>Latino Geriatric Center</td>
<td>OAC</td>
<td>S/E</td>
<td>448,251</td>
<td>448,251</td>
<td>-</td>
<td>-</td>
<td>448,251</td>
</tr>
<tr>
<td>Measuring the Impact</td>
<td>OAC</td>
<td>S/R</td>
<td>396,894</td>
<td>396,894</td>
<td>-</td>
<td>-</td>
<td>396,894</td>
</tr>
<tr>
<td>Milwaukee Nurse-Family Partnership Program</td>
<td>OAC</td>
<td>S</td>
<td>449,376</td>
<td>449,376</td>
<td>-</td>
<td>-</td>
<td>449,376</td>
</tr>
<tr>
<td>Project Connect</td>
<td>OAC</td>
<td>S</td>
<td>450,000</td>
<td>450,000</td>
<td>-</td>
<td>-</td>
<td>450,000</td>
</tr>
<tr>
<td>Strong Rural Communities Initiative</td>
<td>OAC</td>
<td>S</td>
<td>299,815</td>
<td>299,815</td>
<td>-</td>
<td>-</td>
<td>299,815</td>
</tr>
<tr>
<td>Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women</td>
<td>OAC</td>
<td>S</td>
<td>450,000</td>
<td>450,000</td>
<td>-</td>
<td>-</td>
<td>450,000</td>
</tr>
<tr>
<td>What Works: Reducing Health Disparities in Wisconsin Communities</td>
<td>OAC</td>
<td>S/R</td>
<td>429,461</td>
<td>429,461</td>
<td>-</td>
<td>-</td>
<td>429,461</td>
</tr>
<tr>
<td>Wisconsin Partnership for Childhood Fitness</td>
<td>OAC</td>
<td>S/R</td>
<td>446,568</td>
<td>446,568</td>
<td>-</td>
<td>-</td>
<td>446,568</td>
</tr>
<tr>
<td>Workforce Development: Advancing the Plan for a Diverse,</td>
<td>OAC</td>
<td>S/E</td>
<td>450,000</td>
<td>450,000</td>
<td>-</td>
<td>-</td>
<td>450,000</td>
</tr>
<tr>
<td>Sufficient and Competent Workforce</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>PUBLIC HEALTH EDUCATION AND TRAINING</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing Public Health Education</td>
<td>OAC</td>
<td>S/E</td>
<td>560,338</td>
<td>560,338</td>
<td>41,425</td>
<td>41,425</td>
<td>518,913</td>
</tr>
<tr>
<td><strong>Total 2006 OAC Funding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>$6,759,842</td>
<td>$6,759,842</td>
<td>$41,425</td>
<td>$41,425</td>
<td>$6,718,417</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*S=service (community-based); E=education; R= research
## 2005 OAC FUNDING

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2006 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/06</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLANNING GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Prescription for Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>$25,000</td>
<td>$9,845</td>
<td>$9,845</td>
<td>$15,155</td>
</tr>
<tr>
<td>Assessing Lifestyle Behaviors and Beliefs in Underserved Adults</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>48,702</td>
<td>38,472</td>
<td>38,472</td>
<td>10,230</td>
</tr>
<tr>
<td>Chippewa Valley Community Diabetes Program</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>50,000</td>
<td>17,471</td>
<td>17,471</td>
<td>35,529</td>
</tr>
<tr>
<td>Development of a Wisconsin Public Health Laboratory Network</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>49,234</td>
<td>8,454</td>
<td>8,454</td>
<td>40,750</td>
</tr>
<tr>
<td>Enhancing the Role of Consumers as Informed Partners in the Health Care System</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>46,569</td>
<td>11,085</td>
<td>11,085</td>
<td>35,484</td>
</tr>
<tr>
<td>Got Dirt? Initiative</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>49,741</td>
<td>13,867</td>
<td>13,867</td>
<td>36,074</td>
</tr>
<tr>
<td>Green City, Healthy People: Eliminating Health Disparities while Revitalizing Milwaukee’s Johnson Park</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>50,000</td>
<td>31,667</td>
<td>31,667</td>
<td>18,333</td>
</tr>
<tr>
<td>Hispanic Health Patient Navigation Collaboration Planning Project</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>25,728</td>
<td>5,099</td>
<td>5,099</td>
<td>20,629</td>
</tr>
<tr>
<td>Reduce Health Disparities within the LGBT Populations in Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>47,483</td>
<td>21,780</td>
<td>21,780</td>
<td>25,703</td>
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<tr>
<td><strong>IMPLEMENTATION GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging Wisconsin Communities for Substance Abuse Prevention</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>430,872</td>
<td></td>
<td></td>
<td>430,872</td>
</tr>
<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>-</td>
<td>440,466</td>
<td></td>
<td></td>
<td>440,466</td>
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<tr>
<td>Footprints to Health</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>450,000</td>
<td>21,875</td>
<td>21,875</td>
<td>428,125</td>
</tr>
<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>-</td>
<td>450,000</td>
<td>52,240</td>
<td>52,240</td>
<td>397,760</td>
</tr>
<tr>
<td>Polk County Alcohol and Drug Outreach and Training (PolkADOT)</td>
<td>OAC</td>
<td>S/R</td>
<td>-</td>
<td>448,584</td>
<td>15,835</td>
<td>15,835</td>
<td>432,749</td>
</tr>
<tr>
<td>Reality Check 21</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>450,000</td>
<td>30,572</td>
<td>30,572</td>
<td>419,428</td>
</tr>
<tr>
<td>Si Se Puede (Yes You Can)</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>411,183</td>
<td>66,633</td>
<td>66,633</td>
<td>344,550</td>
</tr>
<tr>
<td>Transporting Children Safely—A Public Health Model for WIC (Women, Infants, and Children Families)</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>344,924</td>
<td>49,311</td>
<td>49,311</td>
<td>295,613</td>
</tr>
<tr>
<td>Wisconsin Falls Reduction Project</td>
<td>OAC</td>
<td>S/R</td>
<td>-</td>
<td>448,898</td>
<td>3,757</td>
<td>3,757</td>
<td>445,141</td>
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<tr>
<td>Wisconsin Healthy Air Initiative</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>450,000</td>
<td>45,899</td>
<td>45,899</td>
<td>404,101</td>
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<tr>
<td><strong>Total 2005 OAC Funding</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$4,717,384</td>
<td>$443,692</td>
<td>$443,692</td>
</tr>
</tbody>
</table>

## 2004 OAC FUNDING

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Type*</th>
<th>2006 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/06</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLANNING GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaboration on Lead Education, Abatement and Reduction (CLEAR)</td>
<td>OAC</td>
<td>S</td>
<td>($165)</td>
<td>$24,835</td>
<td>$14,727</td>
<td>$24,835</td>
<td>$ -</td>
</tr>
<tr>
<td>Community Mental Health Training Institute</td>
<td>OAC</td>
<td>S/E</td>
<td>-</td>
<td>25,000</td>
<td>4,030</td>
<td>25,000</td>
<td>-</td>
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<tr>
<td>Community Wellness Initiative</td>
<td>OAC</td>
<td>S</td>
<td>(144)</td>
<td>24,856</td>
<td>15,193</td>
<td>24,856</td>
<td>-</td>
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<tr>
<td>Enhancing Alcohol Screening, Intervention, and Referral Services in Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
<td>24,821</td>
<td>13,096</td>
<td>24,821</td>
<td>-</td>
</tr>
<tr>
<td>Fall No More</td>
<td>OAC</td>
<td>S/E</td>
<td>-</td>
<td>25,000</td>
<td>3,384</td>
<td>25,000</td>
<td>-</td>
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<tr>
<td>FIT-WIC Wisconsin</td>
<td>OAC</td>
<td>S</td>
<td>-</td>
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<td>Health Care Interpreting Information and Resource Project</td>
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<td>Health Watch Wisconsin</td>
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<td>Ho-Chunk Nation Culturally Trained Preventive and Supportive Care Project</td>
<td>OAC</td>
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*S=service (community-based); E=education; R=Research

[continued on next page]
## 2004 OAC Funding (continued)

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<th>Total Expended</th>
<th>Grants Payable</th>
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<td>Influencing Wisconsin’s Public Health System Through Exploration of a Model That Addresses Hmong Mental Health Needs</td>
<td>OAC</td>
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<td>Northeastern Wisconsin Falls Prevention Coalition</td>
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<td>Northern Wisconsin Groundwater Consortium</td>
<td>OAC</td>
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<td>Partners for a Clean and Sober Polk County</td>
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<td>Reduce Health Disparities within LGBT Populations in Wisconsin</td>
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<td>Reducing Household Asthma Triggers in Dane County African American Households</td>
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<td>S/R</td>
<td>(1,611)</td>
<td>23,389</td>
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<td>Strengthening Family Caregivers Through Statewide Coalition</td>
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<td>(30)</td>
<td>24,970</td>
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<td>Understanding and Overcoming the Barriers Hispanic/Latina Women Face in Accessing Reproductive and Sexual Health Care Services</td>
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<td>Uniting Communities for Healthy Eating and Active Living</td>
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<td>Wisconsin Academy for Rural Medicine (WARM)</td>
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<td>(4,887)</td>
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<tr>
<td>Wisconsin’s Adolescent Sexually Transmitted Infections Protection through Education Project (WASTI-PEP)</td>
<td>OAC</td>
<td>S</td>
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### Implementation Grants

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<tr>
<td>At Risk Adolescent Health Outreach, Prevention and Services Collaborative Program</td>
<td>OAC</td>
<td>S</td>
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<td>Beyond Lip Service: Integrating Oral Health into Public Health</td>
<td>OAC</td>
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<td>279,959</td>
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<td>Breaking the Barriers to Health Care and Domestic Violence Prevention for Latino/Hispanic Immigrants</td>
<td>OAC</td>
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<td>Co-op Care</td>
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<td>Dane County Early Childhood Initiative</td>
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<td>First Breath: Enhancing Service to Health Care Providers and Clients</td>
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<td>Fit Kids Fit Families in Washington County</td>
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<td>Healthy and Active Lifestyles for Children and Youth with Disabilities: A Comprehensive Community-Based Partnership</td>
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<td>440,490</td>
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<td>Healthy Children, Strong Families</td>
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<td>Milwaukee Birthing Project: Improving Birth Outcomes for Mothers and Children</td>
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<td>Peridata: A Rural/Urban Information Network</td>
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<td>Safe Mom, Safe Baby: A Collaborative Model of Care for Pregnant Women Experiencing Intimate Partner Violence</td>
<td>OAC</td>
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<td>448,529</td>
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### Community-Population Health Initiatives

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<tr>
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<th>Type*</th>
<th>2006 Award</th>
<th>Total Award</th>
<th>Expended as of 12/31/06</th>
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<th>Grants Payable</th>
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<tbody>
<tr>
<td>Multi-Level Information Systems and Health Promotion Interventions for Milwaukee’s School Children</td>
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<td>299,839</td>
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<td>Tribal-Academic Partnership for American Indian Health</td>
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### Public Health Education and Training

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<td>Wisconsin Population Health Fellowship Program</td>
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<td>Healthy Wisconsin Leadership Institute</td>
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### Total

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*S=service (community-based); E=education; R=research
### 2006 MERC FUNDING

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<td>UW Institute for Clinical and Translational Research</td>
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<td>Advancing Evidence-Based Health Policy in Wisconsin: Translating Research into Practice</td>
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<td>S/E</td>
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<td>The Wisconsin Smokers Health Studies</td>
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<td>Creation of a Bovine Cryptosporidium Vaccine to Reduce Outbreaks in Human Populations</td>
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<td>Determinants of Antibiotic Resistance in Nursing Homes</td>
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<td>Integrating Variation at Single Nucleotides and Short Tandem Repeats to Identify Genetic Associations with Complex Diseases</td>
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<td>Magnetic Resonance Imaging in a Study of Prolotherapy for Knee Osteoarthritis</td>
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<td>Partnering with Quit lines to Promote Youth Smoking Cessation in Wisconsin</td>
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<td>Surface-Rendered 3D MRI Overlaid into Live X-Ray Fluoroscopy to Guide Endomyocardial Progenitor Cell Therapy for Recent Myocardial Infarction: Technical Development and Validation Toward Clinical Translation</td>
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<td>R</td>
<td>100,000</td>
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<td>Treatment of Vitamin D Insufficiency</td>
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### 2005 MERC FUNDING

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<td>Human Proteomics Program (HPP)</td>
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<td>Library Collection Support for Public Health Research and Training</td>
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<td>Reducing Cancer Disparities through Comprehensive Cancer Control</td>
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<td>532,126</td>
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*S=service (community-based); E=education; R=research

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

<table>
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<th>Project Title</th>
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<tr>
<td>Healthy Children Strong Families—Supporting Caregivers in Improving Lifestyles</td>
<td>Joint S/R</td>
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<td>93,054</td>
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<td>Investigating Fungal Infection: Analysis of Spores from the Human Fungal Pathogen Cryptococcus Neoformans</td>
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<td>Molecular Analysis of the Putative Mammalian siRNase ERI-1</td>
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<td>98,496</td>
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<td>Molecular Mechanism of Lung Organogenesis, Tumorigenesis, and Asthma</td>
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<td>45,602</td>
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<td>Novel Therapies Against Influenza Infection</td>
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<td>100,000</td>
<td>41,653</td>
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<td>Sterol Carrier Protein 2 is a Novel Link Between Aging and Alzheimer’s Disease</td>
<td>Joint R</td>
<td>-</td>
<td>100,000</td>
<td>57,190</td>
<td>79,722</td>
<td>20,278</td>
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<tr>
<td><strong>NEW INVESTIGATOR PROGRAM – CYCLE 2</strong></td>
<td></td>
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<tr>
<td>Androgen Receptor as an Immunological Target for the Treatment of Prostate Cancer</td>
<td>Joint R</td>
<td>-</td>
<td>99,906</td>
<td>31,710</td>
<td>31,710</td>
<td>68,196</td>
<td></td>
</tr>
<tr>
<td>Cellular and Viral Determinants of Human Cytomegalovirus Lytic and Latent Replication Cycles</td>
<td>Joint R</td>
<td>-</td>
<td>100,000</td>
<td>23,362</td>
<td>23,362</td>
<td>76,638</td>
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<tr>
<td>Effects of Statin Therapy on Vascular Properties and Outcomes in Diastolic Heart Failure Patients</td>
<td>Joint S/R</td>
<td>-</td>
<td>100,000</td>
<td>3,366</td>
<td>3,366</td>
<td>96,634</td>
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<tr>
<td>GL2 Protein Stabilization in the Activation of Hedgehog Signaling Pathway in Prostate Cancer</td>
<td>Joint R</td>
<td>-</td>
<td>100,000</td>
<td>53,456</td>
<td>53,456</td>
<td>46,544</td>
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<tr>
<td>Mechanisms of CREB Regulation and Function in Response to DNA Damage</td>
<td>Joint R</td>
<td>-</td>
<td>100,000</td>
<td>57,908</td>
<td>57,908</td>
<td>42,092</td>
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<tr>
<td>Novel Exploratory Approaches to Elucidating the Role of GRAIL in CD25+ T Regulatory Cell Biological Function</td>
<td>Joint R</td>
<td>-</td>
<td>91,560</td>
<td>10,062</td>
<td>10,062</td>
<td>81,498</td>
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<tr>
<td>Optimizing Immunosuppressant Therapy Based on Viral Genetics to Improve Hepatitis C-Infected Transplant Patient Outcomes</td>
<td>Joint R</td>
<td>-</td>
<td>100,000</td>
<td>84,767</td>
<td>84,767</td>
<td>15,233</td>
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<tr>
<td>The Role of Ikaros in Cellular Proliferation</td>
<td>Joint R</td>
<td>-</td>
<td>100,000</td>
<td>23,851</td>
<td>23,851</td>
<td>76,149</td>
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<tr>
<td>Topical Honey for Diabetic Foot Ulcers</td>
<td>Joint S/R</td>
<td>-</td>
<td>99,976</td>
<td>20,679</td>
<td>20,679</td>
<td>79,297</td>
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<td>Wnt/Frizzled Signals in Normal and Malignant Lymphoid Development</td>
<td>Joint R</td>
<td>-</td>
<td>100,000</td>
<td>34,549</td>
<td>34,549</td>
<td>65,451</td>
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<tr>
<td><strong>Total 2005 MERC Funding</strong></td>
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<tr>
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<td>$ -</td>
<td>$12,591,207</td>
<td>$2,011,981</td>
<td>$2,149,202</td>
<td>$10,442,006</td>
</tr>
</tbody>
</table>

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

Administrative expenditures include costs for the period of January 1, 2006 through December 31, 2006. All costs have been approved by both the OAC and the MERC. Allocation of costs in the Income Statement on page 41 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, 2006</th>
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</thead>
<tbody>
<tr>
<td>Total Salaries</td>
<td>$308,894</td>
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<td>Total Fringe Benefits</td>
<td>119,713</td>
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<tr>
<td>Other Expenditures</td>
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</tr>
<tr>
<td>Supplies</td>
<td>14,676</td>
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<tr>
<td>Travel</td>
<td>9,248</td>
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<tr>
<td>Reviewer Services</td>
<td>25,684</td>
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<tr>
<td>Other Expenses</td>
<td>45,649</td>
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<tr>
<td>Total</td>
<td>$523,864</td>
</tr>
<tr>
<td>OAC (35%) Allocation</td>
<td>$183,352</td>
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<tr>
<td>MERC (65%) Allocation</td>
<td>$340,512</td>
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