

Wisconsin Partnership Program

University of Wisconsin School of Medicine and Public Health

Partnerships for a Healthy Wisconsin

2007 ANNUAL REPORT



education



research



community



health



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



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“We have the privilege of working with passionate, committed people throughout Wisconsin, who are eagerly addressing the state’s health issues.”

Robert N. Golden, MD ◀

Dean, UW School of Medicine and Public Health; Vice Chancellor for Medical Affairs, UW-Madison

▶ A Message from the Dean

Welcome to this fourth annual report of the Wisconsin Partnership Program (WPP). I can think of no better way to begin than to point out that in four years the WPP has awarded 167 grants, totaling \$61.7 million – all with the singular purpose of improving the health of the people of Wisconsin. The grants, made to community organizations throughout the state and to UW School of Medicine and Public Health (SMPH) faculty, create partnerships and collaborations dedicated to building healthier communities in Wisconsin.

Four principles form the foundation for the WPP’s efforts. The first is **balance**, as we target both urban and rural populations and support the entire spectrum of basic, clinical, translational, and population research, as well as education. Second, we strive for **excellence** in all that we do, as reflected in the quality of the proposals we receive and in the competitive nature of our review process. Third, we seek to **leverage** WPP resources to secure additional external support – for example, the wise investment of the WPP in the Institute for Clinical and Translational Research led in 2007 to a new \$43 million National Institutes of Health grant, an excellent return on our investment. Our fourth principle is facilitation of our **transformation** into an integrated School of Medicine and Public Health – a revolutionary new model uniting traditional medicine and public health.

In pursuing our mission, we have the privilege of working with passionate, committed people throughout Wisconsin, who are eagerly addressing the state’s health issues. In that regard, 2007 was a watershed year for the WPP in building important partnerships. An example is the Collaborative Health Sciences Program, a new initiative that fosters collaborations across the UW-Madison campus, across the entire university system, and across the state.

During 2007, the WPP’s two governing committees established a closer working relationship. The Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC) held joint annual meetings and strengthened their bidirectional communication. The enhanced relationship between the committees has strengthened their collaborative efforts to produce positive health outcomes.

Collaboration was also central to the WPP’s decision to target a key health priority: reducing the marked disparity in birth outcomes among African Americans in Milwaukee and southeastern Wisconsin. I welcome the OAC’s leadership on this issue, and I am pleased that we have chosen this ambitious goal for the WPP’s future efforts.

“In the end, however, the measure of our success is how our work impacts the health of the people of Wisconsin.”

The UW SMPH, in conjunction with the OAC and MERC, embraces its principal responsibility to be the best possible steward of the financial resources of the WPP. While we remain committed to making a dramatic and substantial long-term impact on the health of Wisconsin, we also must keep a realistic perspective. Significant progress will take time when dealing with complex issues such as obesity or disparities in birth outcomes, which often have multiple and entrenched roots.

In reflecting on our past successes as well as our vision to make Wisconsin the healthiest state, all the important elements of our mission and strategic vision are represented in the name: the Wisconsin Partnership Program. Our work is solely focused on the health of the people of *Wisconsin*, and on addressing our state’s most pressing health needs. Note also the *Partnership* component – the essential element of working together with others across our campus, in other academic institutions, and in Wisconsin’s communities.

I fully expect that health leaders nationwide will learn from the WPP model and from our leadership in addressing health issues that affect states and communities across the United States. In the end, however, the measure of our success is how our work impacts the health of the people of Wisconsin.

Robert N. Golden, MD

*Dean, UW School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison*

Executive Summary

In its first four years, the Wisconsin Partnership Program (WPP) awarded funds to 167 initiatives in all. In 2007, the WPP's two governing committees evaluated the most promising proposals from more than 175 submissions, and together they awarded funds for 38 new initiatives (Figure 1).

The Oversight and Advisory Committee (OAC) awarded more than \$5.2 million to community organizations for 21 projects:

- Collaboration Development Grants: \$692,927 to 11 projects.
- Collaboration Implementation Grants: \$4,589,376 to 10 projects.

The Medical Education and Research Committee (MERC) awarded more than \$6.1 million to faculty for 17 new projects:

- Targeted awards: \$3,482,459 supported 4 projects.
- Competitive awards: \$2,684,020 supported 13 projects – seven in the Collaborative Health Sciences Program and six in the New Investigator Program.

Some of these projects, such as Group Prenatal Care for Vulnerable Pregnant Teens, focus primarily on Milwaukee. Others, such as the Wisconsin Academy for Rural Medicine, focus on rural areas. Initiatives such as the Wisconsin Network for Health Research have a statewide reach, affecting communities large and small.

The evaluation process remains central to the WPP, whether a project is under way or has been concluded. A program-wide strategic evaluation plan was implemented in 2007 with five major areas of focus.

The growth and maturation of the WPP is apparent in the scope of its funding and in the breadth of its achievements, which include:

- Extending the Wisconsin Idea through community-academic partnerships and through collaborations of the University of Wisconsin School of Medicine and Public Health (UW SMPH) faculty across UW-Madison, the UW System, and the state.
- Enabling the development of the UW SMPH transformation, bridging traditional medicine with public health.
- Emphasizing the transfer of knowledge from discoveries made in the laboratory to the bedside and into communities.
- Supporting transformational education programs affecting the education of medical students and the public health work force.
- Promoting collaboration between the OAC and the MERC with the unifying purpose of improving the health of the people of Wisconsin.
- Facilitating community organizations' access to the expertise and resources of the UW SMPH.

The OAC's Community-Academic Partnership initiatives and the MERC initiatives follow standard Request for Proposal (RfP) guidelines. These RfPs adhere to approved protocol and format regarding selection criteria, proposal requirements, and a multi-step review process.

Throughout the year, the WPP evaluated the progress and outcomes of funded grants using financial status reports, progress reports, oral presentations, final reports, and site visits. To further improve its grant-making processes, the WPP relied on information from surveys, roundtable and workgroup recommendations, and strategic planning sessions.

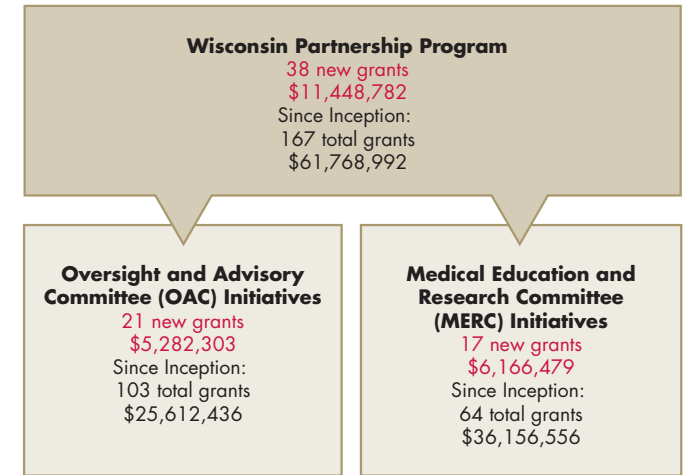


Figure 1: Wisconsin Partnership Program Organization and Funding Distribution (2007 activity in red)

Introduction

The University of Wisconsin School of Medicine and Public Health (UW SMPH), in conjunction with the Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC), is pleased to present the 2007 annual report of the Wisconsin Partnership Program. Now four years into its first five-year plan, the Wisconsin Partnership Program (WPP) is more strongly committed than ever to developing community-academic partnerships and to supporting medical education and research focused on making Wisconsin the nation's healthiest state. With solid experience through four grant cycles and a growing track record of impact of funded programs, the WPP is actively planning for its next five years and for the programs and priorities that will enable it to increase its benefit to the residents of the state.

This fourth annual report of the WPP covers activities and expenditures from January 1, 2007, through December 31, 2007. It was prepared in accordance with the *Insurance Commissioner's Order*, the *Agreement**, and the *Five-Year Plan*, created to guide the distribution of the funds resulting from Blue Cross/Blue Shield United of Wisconsin's conversion to a for-profit corporation. The *Five-Year Plan* was also designed in conjunction with the state's health plan, *Healthiest Wisconsin 2010*, which has as its goals eliminating health disparities, promoting health, and transforming Wisconsin's public health system.

Governing Committees

The Wisconsin Partnership Program fulfills its charge through the work of two governing committees – the OAC and the MERC.

The primary responsibilities of the OAC are to:

- Direct and approve 35 percent of the available funds for public health initiatives;

- Provide public representation through the OAC's four community health advocates; and
- Comment and advise on the MERC's expenditures.

The primary responsibility of the MERC is to:

- Direct and approve 65 percent of the available funds for medical education and research activities that advance population health in Wisconsin.

Both committees are guided by their stewardship responsibility and by the WPP's charge to achieve tangible improvements in the health of the people of Wisconsin.

For detailed information about the WPP, please visit the program's Web site at wphf.med.wisc.edu.

The WPP represents a significant opportunity for the UW SMPH to collaborate with communities, with health care providers, and with faculty and staff throughout the UW System to advance the health of the public. We express our continued gratitude to Blue Cross/Blue Shield United of Wisconsin for entrusting the UW SMPH with the stewardship responsibility and resources to support initiatives to make Wisconsin the healthiest state.

Members of the Oversight and Advisory Committee (OAC)

The primary responsibilities of the OAC are to (1) direct and approve funds for public health initiatives; (2) provide public representation through the OAC's four community members; and (3) comment and advise on the expenditures of the MERC.

The Executive Committee carries out functions delegated by the OAC, such as discussing or reviewing grants and making recommendations to the OAC. The Public Health Education and Training (PHET) Subcommittee provides advice and recommendations to the OAC regarding public health education and training programs.

Health Advocate Appointees

Lorraine Lathen, MA, Secretary

Executive Director, Jump at the Sun Consultants, Inc.
Advocacy Category: Women's Health

Douglas N. Mormann, MS, Vice Chair

Health Officer, La Crosse County Health Department
Advocacy Category: Statewide Health

Gregory Nycz

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

June Martin Perry, MS

President, Access to Success in Nonprofit Management and Succession Planning
Advocacy Category: Urban / Community Health

Insurance Commissioner's Appointee

Martha E. Gaines, JD, LLM

Director, Center for Patient Partnerships; Clinical Associate Professor, UW Law School

UW School of Medicine and Public Health Appointees

Philip M. Farrell, MD, PhD

Professor, Departments of Pediatrics and Population Health Sciences, UW SMPH

Michael Fleming, MD, MPH

Professor, Department of Family Medicine, UW SMPH



Susan L. Goelzer, MD, MS, CPE, Chair (elected chair in February 2007)
Professor, Departments of Anesthesiology and Population Health Sciences, UW SMPH

David A. Kindig, MD, PhD (appointed December 2007)
Emeritus Professor, Department of Population Health Sciences, UW SMPH

Susan Riesch, DNSc, RN, FAAN (resigned October 2007)
Professor, UW Waisman Center and School of Nursing

OAC Executive Subcommittee

Susan L. Goelzer, MD, MS, CPE, Chair
Douglas N. Mormann, MS, Vice Chair
Lorraine Lathen, MA, Secretary
June Martin Perry, MS

Public Health Education and Training (PHET) Subcommittee

Kristin Hill, MSHSA (appointed July 2007)
Director, Great Lakes EpiCenter, Great Lakes Inter-Tribal Council, Inc.

Jan Klawitter

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

Moira A. Lafayette, MA

Director, Health Sciences Solutions, Sonic Foundry, Inc.

Lorraine Lathen, MA

Executive Director, Jump at the Sun Consultants, Inc.

Nancy McKenney, RDH, MS

Director, Workforce Development, Department of Health and Family Services

George C. Mejicano, MD, MS (Ex Officio)
Associate Dean, Continuing Professional Development; Director, Office of Continuing Professional Development in Medicine and Public Health

Douglas N. Mormann, MS, Chair
Health Officer, La Crosse County Health Department

Martin Schaller, MS (appointed July 2007)
Executive Director, Northeastern Wisconsin Area Health Education Center

Lora Taylor, MPH, MBA, RD
Director, Partnerships for Healthy Milwaukee, UW-Milwaukee College of Health Sciences

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

Wisconsin Partnership Program (WPP) Staff

Eileen Smith, Director
Cathy Frey, Assistant Director
Tracy Cabot, Senior Administrative Program Specialist
Tonya Mathison, Grants Specialist
Karla Thompson, Accountant

Board of Regents Liaison

Pat Boyle, PhD (term expired May 2007)
Regent Emeritus and Liaison to the Wisconsin Partnership Program, UW System Board of Regents

Roger E. Axtell (appointed December 2007)
Regent Emeritus and Liaison to the Wisconsin Partnership Program, UW System Board of Regents

Members of the Medical Education and Research Committee (MERC)

The primary responsibility of the MERC is to direct and approve funds for medical education and research activities that advance population health. The MERC Executive Subcommittee offers advice and comment on proposals and policy to the full committee.

Leaders of Focus Areas of Excellence

Cynthia Czajkowski, PhD
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 and Finance, 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 (term expired June 2007)

Professor and Chair, Department of Biostatistics and Medical Informatics, UW SMPH

Norman Drinkwater, PhD

Professor and Chair, Department of Oncology, UW SMPH

Rodney Welch, PhD (appointed July 2007)

Professor and Chair, Department of Medical Microbiology and Immunology, UW SMPH

Clinical Chairs

William Busse, MD

Professor and Chair, Department of Medicine, UW SMPH

Thomas Grist, MD

Professor and Chair, Department of Radiology, UW SMPH

Faculty with Population Health Experience

Maureen Durkin, PhD, DrPH (term expired June 2007)

Associate Professor, Department of Population Health Sciences, UW SMPH

Cindy Haq, MD (appointed July 2007)

Professor, Departments of Family Medicine and Population Health Sciences, UW SMPH

Patrick Remington, MD, MPH

Professor, Department of Population Health Sciences; Director, UW Population Health Institute; Faculty Director, MPH Program, UW SMPH

Faculty at Large

Sanjay Asthana, MD

Professor, Department of Medicine, UW SMPH

Molly Carnes, MD, MS

Professor, Department of Medicine, UW SMPH; Director, UW Center for Women's Health

Academic Staff

Mary Beth Plane, PhD

Senior Scientist, Department of Family Medicine, UW SMPH

Oversight and Advisory Committee (OAC) Appointees

Susan L. Goelzer, MD, MS, CPE

Professor, Departments of Anesthesiology and Population Health Sciences, UW SMPH

Greg Nycz

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

MERC Executive Subcommittee

Paul DeLuca, PhD, Chair

Jeffrey Grossman, MD, Vice Chair

William Busse, MD

Norman Drinkwater, PhD

Maureen Durkin, PhD, DrPH (term expired June 2007)

Susan L. Goelzer, MD, MS, CPE (Ex-Officio)

Cindy Haq, MD (appointed July 2007)

Patrick Remington, MD, MPH

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Regent Emeritus and Liaison to the Wisconsin Partnership Program, UW System Board of Regents



➡ Oversight and Advisory Committee (OAC) Initiatives

The Oversight and Advisory Committee’s (OAC’s) key responsibilities are to:

- Direct and approve funds for public health initiatives;
- Provide public representation through the OAC’s four community health advocates, each representing a specific area of health related to minorities, women, seniors, children, and rural and urban community health organizations; and
- Comment and advise on the Medical Education and Research Committee’s (MERC’s) expenditures.

In addition, the OAC ensures that the use of WPP funds supports its mission and goals and is consistent with its needs.

The OAC funds three categories of initiatives:

- Community-Academic Partnership Fund (CAPF) (page 10).
- Community-Population Health Initiatives (page 16).
- Public Health Education and Training Initiatives (page 16).

Year in Brief

In 2007, the OAC awarded grants for 21 new initiatives – 11 Development Grants and 10 Implementation Grants. Since its inception in 2004, the OAC has awarded a total of \$25,612,436 to support 103 community-academic partnerships.

Philip Farrell, MD, who had provided guidance since the inception of the WPP, stepped down as chair of the OAC in February 2007. Committee members keenly appreciated former Dean Farrell’s leadership in establishing the essential building blocks of the WPP. His departure was marked by expressions of deep gratitude for his dedication and direction during his tenure as chair of the OAC.

Succeeding Farrell in the role of OAC chair was Susan Goelzer, MD, Professor of Anesthesiology and Population Health Sciences and the former chair of Anesthesiology. Prior to her appointment to the OAC,

Dr. Goelzer received a Robert Wood Johnson fellowship and worked in the U.S. Senate Majority Leader’s office, focusing on health disparities and the integration of public health into academic medicine. She brings significant experience with national health policy to her role as chair of the OAC.

Joining the committee in 2007 was David Kindig, MD, PhD, Emeritus Professor in the Department of Population Health Sciences, and Emeritus Vice-Chancellor for Health Sciences. Dr. Kindig was elected to the Institute of Medicine, National Academy of Sciences, and chaired its Health Literacy Committee. In the 1990s, he served as senior advisor to Donna Shalala, U.S. Secretary of Health and Human Services. His expertise and experience with policy at the national and state levels will be of great value to the work of the OAC.

In February 2007 the OAC held a strategic planning meeting, which included opening remarks from Dean Robert Golden assessing the achievements of the WPP. The full-day meeting provided a forum for members to identify future program improvements and refinements, and to discuss ways to be more strategic and effective with grant allocations. OAC members came to a shared understanding of the program’s goals, its stewardship role, and fiscal accountability. The meeting also prompted a discussion of the OAC’s advice-and-comment role on MERC expenditures, the OAC’s focus on strategic grant making as it relates to the next *Five-Year Plan*, and potential collaborative opportunities the OAC and MERC might explore in the future.

Special Funding Initiative: Reducing Health Disparities in Birth Outcomes. A key development from the strategic planning meeting was the agreement to pursue a special funding initiative. The members concurred that identifying and focusing multiple, complementary efforts on an area of critical need – and on evidence-based solutions most likely to address that need – could have a significant impact.

The special initiative that emerged was Reducing Health Disparities in Birth Outcomes. The committee decided to address this issue following an assessment by a Special Initiative Subcommittee, after seeking input from national and state experts, and after engaging in an in-depth discussion of possible areas of focus. While Wisconsin is a leader among states for its low white infant mortality rates, it has the nation’s



“Rather than spending ten minutes per appointment, we have the ability with this grant to spend two hours talking to pregnant teens, listening to their questions, and teaching them about their bodies. We’re hoping to observe a decrease in preterm labor, infant mortality, and maternal mortality and morbidity. We’re also hoping to instill in these teens an ability to self-advocate and to become proactive partners in their health.”

► **Eileen Nyholt**
Aurora Sinai Medical Center Midwifery and Wellness Center
“Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support”



highest African American infant mortality rates. As the OAC proceeds with this special initiative, it expects collaborations with multiple state and local partners. (For more information, see page 17.)

Enhanced OAC-MERC Collaboration. During the year the OAC also pursued greater involvement and collaboration with the MERC. The committees shared more information and engaged in positive dialog – for example, OAC members participated in the MERC strategic planning meeting, and the OAC and MERC formed a joint Evaluation Implementation Subcommittee.

The OAC continued to enhance and improve its ongoing support for grantees through the Community-Academic Partnership Fund (CAPF). The committee funded the expansion and continuation of five highly successful projects from previous years, and it provided funding for 16 new projects.

The committee supported continued program improvements in public health education and training, both in the number of participants served and in their geographic scope. Some notable successes include the graduation of the first fellows of the Wisconsin Population Health Fellowship Program, and the distance education health policy training provided to public health professionals statewide.

Community-Academic Partnership Fund (CAPF)

The Community-Academic Partnership Fund (CAPF) fosters partnerships between community-based organizations and UW SMPH faculty and staff, combining the strengths and skills of each partner. The premise is that health issues in community settings, which can at times involve entrenched social problems, can benefit from a collaborative approach to formulating solutions.

Those in the communities offer insights into the specific public health needs of residents, a familiarity with existing support systems/ infrastructure, and access to local resources. The academic partners bring technical and content expertise as well as their commitment to research. Such partnerships can produce a host of benefits: encouraging

community engagement, improving the overall health of communities, and enhancing student learning through community service.

Initiatives

The CAPF administers two types of grants (Table 1):

- **Collaboration Development Grants** support small implementation programs, development or evaluation activities, community needs assessment, capacity-building initiatives, and pilot or feasibility projects that test ideas to determine if they warrant further development. Development Grants also support projects that foster new collaborations. (Maximum grant amount of \$67,000.)
- **Collaboration Implementation Grants** fund more expansive population and public health projects that address priority health issues. Implementation Grants support projects that have the greatest potential to significantly improve health and/or to be replicated elsewhere in the state. (Maximum grant amount of \$475,000.)

Type of Grant	# Reviewed	# Funded	Total Funding
Collaboration Development Grant	46	11	\$692,927
Collaboration Implementation Grant	47	10	\$4,589,376
Total	93	21	\$5,282,303

Table 1: CAPF Awards for 2007.

For the 2007 funding cycle, the OAC invited community organizations to submit applications for projects that address:

- The mission, vision and guiding principles of the WPP.
- The goals and priorities of the state health plan, *Healthiest Wisconsin 2010*.
- Programs aimed at the elimination of health disparities.
- The health needs of at-risk vulnerable populations who face barriers to obtaining quality health care.
- The health needs of rural and urban underserved areas in Wisconsin.

“Hmong women suffer higher mortality rates from cervical cancer which, with proper screening, can be reduced if diagnosed and treated at an earlier stage. Our goal is to see a reduction in these disparities in cancer rates by emphasizing regular screening, obtaining recommended treatment, and adhering to needed follow-up. In the process, we hope to encourage Hmong women to become informed stakeholders in managing their overall health.”

Pang Vang ◀

House of Peace Community Center

“Staying Healthy as a Hmong Woman: Building Capacity to Address Cancer Disparities”



Training and Technical Assistance

The OAC uses a competitive Request for Partnerships (RfP) process. Training and technical assistance are available to ensure the greatest potential for success in developing and submitting proposals. In addition to the grant-writing resources available at the WPP’s website, the WPP staff assists with capacity building by offering information sessions, grant-writing workshops, and one-on-one technical assistance as needed – via email, phone or in-person meetings. The staff can also connect those in communities and in academic settings who share a common commitment to specific health issues.

Multi-Step Review Process

All CAPF grant applications undergo a uniform review that includes the following steps:

Technical review – verification of eligibility and compliance with proposal requirements.

Expert review – assessment and scoring by external reviewers chosen for their expertise and insight into community needs. The reviewers independently and anonymously review each proposal and supply a numerical score as well as written comments. If scores vary significantly, the reviewers also meet to discuss the merits of initiatives.

Full committee review – thorough discussion and evaluation of each proposal by OAC members based on the need for the project, its potential significance, its partnership capacity, and its potential to advance the State Health Plan.

Collaboration Development Grants

► Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools

Reducing substance abuse and dependence among at-risk youth ages 13 to 17, in partnership with five local school districts.

\$66,972 – Milwaukee County

Community Partner: Aurora Psychiatric Hospital

Academic Partner: Patricia Kokotailo, MD, MPH, Department of Pediatrics, UW SMPH

► Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support

Improving birth outcomes in vulnerable pregnant teens through improved access to prenatal healthcare services in Milwaukee school settings.

\$66,937 – Milwaukee County

Community Partner: Aurora Sinai Medical Center Midwifery and Wellness Center

Academic Partner: Jacquelynn Tillett, CNM, ND, FACNM, Department of Obstetrics & Gynecology, UW SMPH

► Reducing Mental Health Treatment Barriers in Adjudicated, Poor, Substance Abusing Women

Developing strategies with affected women that reduce barriers to mental health treatment.

\$67,000 – Milwaukee County

Community Partner: Benedict Center, Inc.

Academic Partner: Ronald Diamond, MD, Department of Psychiatry, UW SMPH

► Oral Health Improvement for Adults with Developmental Disabilities

Improving oral health for adults with developmental disabilities through screening and referral services, health education, and student training.

\$66,748 – Dunn and Chippewa Counties

Community Partner: Community Health Partnership, Inc.

Academic Partner: Pam Entorf, RDH, BS, Dental Hygiene and Dental Assisting, Chippewa Valley Technical College

► Fluoridation for Healthy Communities

Continuing to plan for community-wide collaboration and support for optimal fluoridation levels.

\$67,000 – La Crosse, Monroe, Crawford and Vernon Counties

Community Partner: Couleecap, Inc.

Academic Partner: James Terman, MD, Department of Family Medicine, UW SMPH



“Our project brings low-income people together to prepare a week’s worth of nutritious meals. We’re working not only with our academic partners but with UW Extension agents, Head Start centers, churches, and farmers offering locally grown produce. Ultimately we will examine the impact on the families financially, nutritionally, and socially.”

► **Thomas Quinn**

West Central Wisconsin Community Action Agency, Inc.

“Family Table Project”



“We are a very small, rural, impoverished county. Yet when you consider the resources this grant provides – combined with the high level of enthusiasm and motivation of so many residents here to enact change – I believe we have the potential to significantly impact the health of our citizens.”

Barb Theis ◀

Juneau County Health Department
“Creating Healthy Rural Communities”



▶ **Promoting a Safe and Healthy Deaf Community**

Providing domestic violence and sexual assault services for deaf women through abuse-responsive services, education and advocacy.

\$54,443 – Statewide

Community Partner: Deaf Unity

Academic Partner: Leah Algier, MD, Department of Family Medicine, UW SMPH

▶ **(Kev Noj Qab Haus Huv Ntawm Pojniam Hmoob Lub Neej) Staying Healthy as a Hmong Woman: Building Capacity to Address Cancer Disparities**

Improving the health of Hmong women by developing prevention strategies that reduce barriers to cancer screening.

\$50,840 – Milwaukee County

Community Partner: House of Peace Community Center

Academic Partner: Sarah Esmond, MS, Center for the Study of Cultural Diversity in Healthcare, UW SMPH

▶ **Creating Healthy Rural Communities**

Developing, implementing and sustaining a community-wide health improvement process and plan.

\$59,250 – Juneau County

Community Partner: Juneau County Health Department

Academic Partner: Barbara Duerst, RN, MS, Department of Population Health Sciences, UW SMPH

▶ **Uniting a County**

Reducing alcohol and other drug abuse among 12- to 17-year-olds through a coalition-directed community action plan.

\$67,000 – Barron County

Community Partner: Marshfield Clinic Research Foundation: A Division of Marshfield Clinic

Academic Partner: John Olson, MD, FACP, Department of Medicine, UW SMPH

▶ **Family Table Project**

Improving the nutrition of low-income residents through a family-centered and shared meal preparation program using locally grown foods.

\$59,864 – Barron County

Community Partner: West Central Wisconsin Community Action Agency, Inc.

Academic Partner: Kirstin Siemering, DrPH, RD, Academic Affairs, Wisconsin Area Health Education Center, UW SMPH

▶ **Healthiest Wisconsin 2020: A Partnership Plan to Improve the Health and Safety of the Public**

Developing the next 10-year public health plan to guide and direct the shared vision of healthy and safe Wisconsin communities.

\$66,873 – Statewide

Community Partner: Wisconsin Department of Health and Family Services

Academic Partner: Susan Riesch, MS, DNSc, UW School of Nursing; Department of Population Health Sciences, UW SMPH

Collaboration Implementation Grants

▶ **Expanding & Sustaining the “Safe Mom, Safe Baby” Project**

Improving perinatal health and safety outcomes for pregnant women and new mothers at risk for intimate partner violence through abuse responsive services, education, prenatal care and advocacy.

\$400,944 – Milwaukee County

Community Partner: Aurora Sinai Medical Center

Academic Partner: Tina Mason, MD, MPH, FACOG, Department of Obstetrics & Gynecology, UW SMPH; and Jacquelynn Tillett, CNM, ND, FACNM, Department of Obstetrics & Gynecology, UW SMPH

▶ **Got Dirt? Garden Initiative**

Improving child health and nutrition by increasing access to and consumption of fruits and vegetables through youth gardens at childcare centers and schools.

\$474,990 – Statewide

Community Partner: Brown County

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



► **Keeping Kids Alive in Wisconsin**

Improving child health and safety, and preventing child deaths, by developing a statewide death tracking system.

\$464,252 – Statewide

Community Partner: Children’s Health Alliance of Wisconsin

Academic Partner: Timothy Corden, MD, Department of Population Health Sciences, UW SMPH

► **Ecocultural Family Interview Project**

Improving birth outcomes in high-risk mothers by adapting and piloting the Ecocultural Family Interview – a tool to address family strengths, challenges and gaps in services.

\$474,943 – Milwaukee County

Community Partner: City of Milwaukee Health Department

Academic Partner: Katherine Magnuson, PhD, School of Social Work, UW-Madison

► **Allied Drive Early Childhood Initiative**

Improving the health of vulnerable young children and their families in Madison’s Allied Drive community through the continuation of a comprehensive home visitation program focusing on health and social services and improved access to employment assistance.

\$474,988 – Dane County

Community Partner: Dane County Department of Human Services

Academic Partner: Roseanne Clark, PhD, Department of Psychiatry, UW SMPH

► **Reducing Tobacco Use Among LGBT Populations in Wisconsin**

Reducing tobacco use through prevention and smoking cessation strategies for lesbian, gay, bisexual and transgender adults.

\$475,000 – Milwaukee, Dane, La Crosse and Chippewa Counties

Community Partner: Diverse and Resilient, Inc.

Academic Partner: Kathleen Oriol, MD, MS, Department of Family Medicine, UW SMPH

► **Expanded Community Role in the Milwaukee Homicide Review Commission**

Reducing violent injuries and promoting healthy and safe neighborhoods by expanding violence-prevention activities in partnership with community-based organizations.

\$474,164 – Milwaukee County

Community Partner: Milwaukee Police Department

Academic Partner: Ron Cisler, PhD, Associate Professor of Health Sciences, UW-Milwaukee

► **Underage Drinking – A Parent Solution**

Reducing underage alcohol use among Edgerton School District adolescents through prevention strategies involving school, family and community.

\$462,991 – Rock County

Community Partner: Partners in Prevention-Rock County, Inc.

Academic Partner: Michael Fleming, MD, MPH, Department of Family Medicine, UW SMPH

► **Changing the Culture of Palliative Care in Rural Wisconsin**

Improving patient and family access to healthcare through a network of palliative care and hospice service providers in rural communities.

\$413,221 – Statewide

Community Partner: The Hospice Organization and Palliative Experts (HOPE) of Wisconsin

Academic Partner: James Cleary, MBBS, Department of Medicine, UW SMPH

► **It Takes a Community to Help a Smoker**

Reducing tobacco use through prevention and smoking cessation strategies for residents in the 53212 Milwaukee zip code area.

\$473,883 – Milwaukee County

Community Partner: The Salvation Army Wisconsin & Upper Michigan

Academic Partner: Bruce Christiansen, PhD, Department of Medicine, Center for Tobacco Research and Intervention (CTRI), UW SMPH



“Regardless of where a child dies in the state, we should take steps to better understand how and why it occurred, and we should take action to prevent future deaths. This grant will expand efforts statewide to prevent nearly half of the 400 unexpected child deaths that occur in Wisconsin each year.”

► **Karen Ordinans**

*Children’s Health Alliance of Wisconsin
“Keeping Kids Alive in Wisconsin”*



CAPF Cumulative Progress 2004-2007

BASED ON 98 TOTAL GRANTS



Figure 2. CAPF Grant Distribution by Target Population

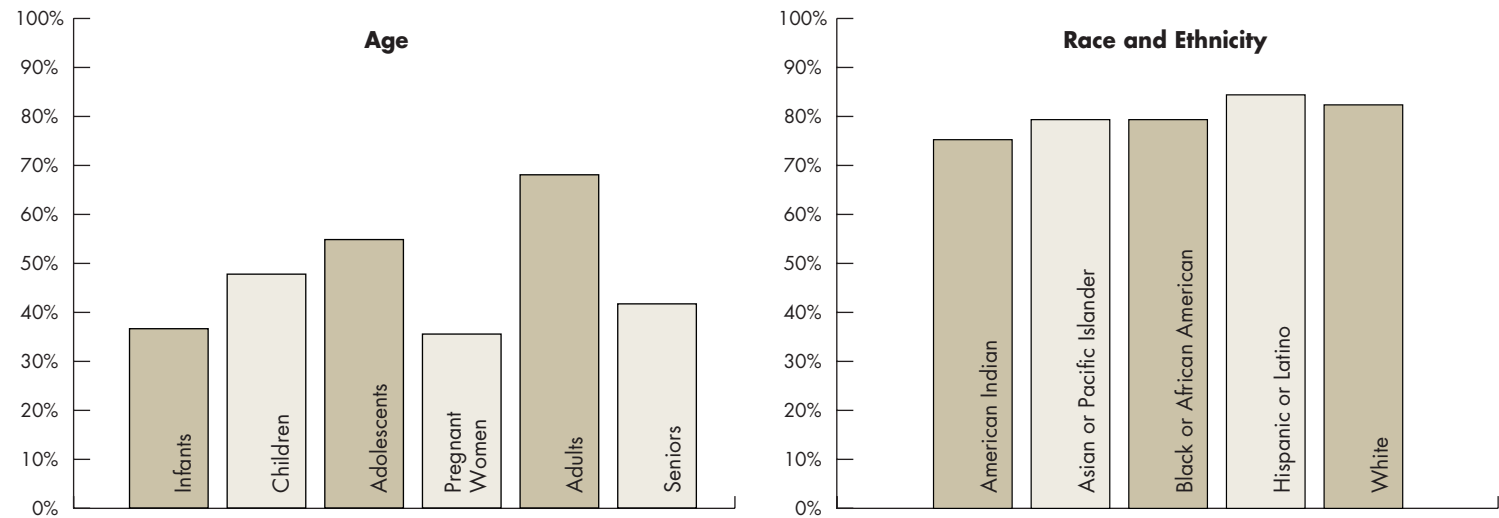
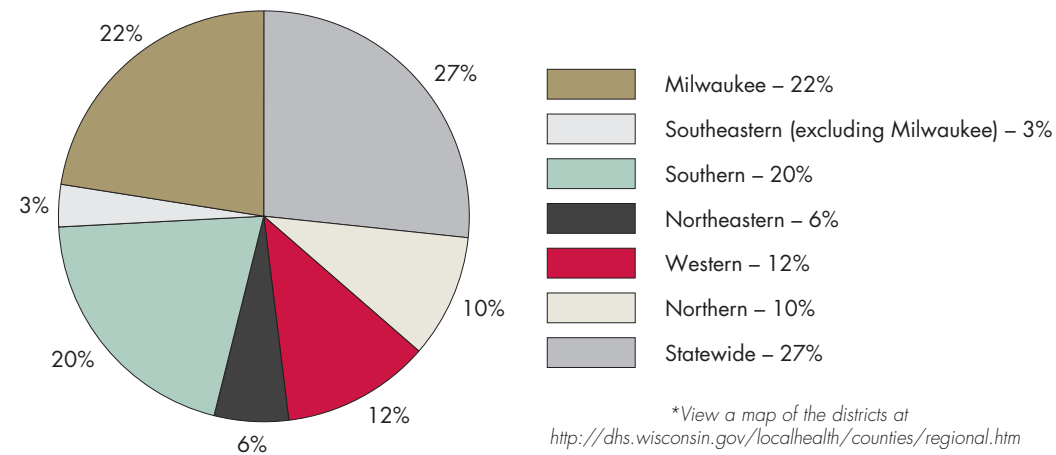


Figure 3. CAPF Grant Dollar Distribution by State Public Health District*



“This project will provide one-on-one training in palliative care to physicians in rural practices. The goal is to ensure that people living in the most rural areas of Wisconsin will have access to the palliative care that will enhance the last part of their life.”

Melanie Ramey ◀

*Hospice Organization and Palliative Experts (HOPE) of Wisconsin
“Changing the Culture of Palliative Care in Rural Wisconsin”*

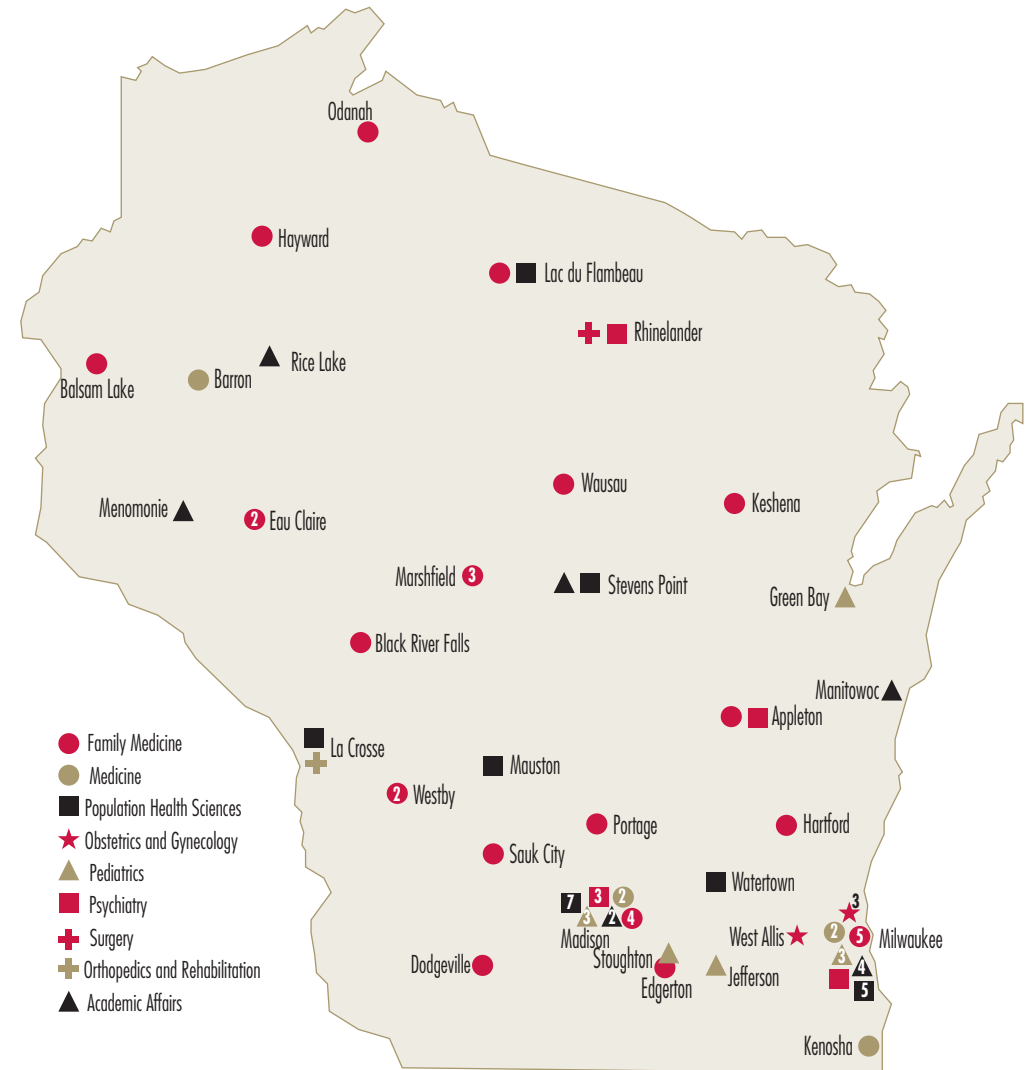
CAPF Cumulative Progress 2004-2007

BASED ON 98 TOTAL GRANTS

Table 2: Breakdown of CAPF Grants by State Health Priority

Health Priorities	# of Grants	\$ Amount	% of Total
Access to primary and preventive health services	20	\$3,587,076	16%
Adequate and appropriate nutrition	2	\$109,318	<1%
Alcohol and other substance use and addiction	9	\$2,408,028	11%
Environmental and occupational health hazards	4	\$525,000	2%
High-risk sexual behavior	1	\$25,000	<1%
Intentional and unintentional injuries and violence	11	\$3,536,155	16%
Mental health and mental disorders	7	\$1,130,559	5%
Overweight, obesity, and lack of physical activity	17	\$3,394,832	15%
Social and economic factors that influence health	7	\$2,298,345	10%
Tobacco use and exposure	3	\$1,398,883	6%
System (Infrastructure) Priorities			
Integrated electronic data and information systems	2	\$792,713	4%
Community health improvement processes and plans	6	\$1,082,282	5%
Coordination of state and local public health system partnerships	6	\$1,296,264	6%
Sufficient, competent workforce	3	\$500,000	2%
	98	\$22,084,455	100%

Figure 4. Academic Partner Distribution by Project Site





Community-Population Health Initiatives

The Community-Population Health Initiatives, launched in 2004, address health disparities in minority populations.

Initiatives and Outcomes

These two initiatives were completed in 2007:

► **Center for Urban Population Health: Multi-Level Information Systems and Health Promotion Interventions for Milwaukee School Children**

The Center for Urban Population Health (CUPH), the UW–Milwaukee School of Nursing, and Milwaukee Public Schools (MPS) collaborated to assess the health needs of preadolescent (ages 6–11) Milwaukee school children. Local school health personnel used the assessment to design and implement effective and culturally appropriate health education programs. These programs aim to promote health, reduce disparities, and remove health-related barriers to learning for all MPS children.

► **Great Lakes Inter-Tribal Council, Inc. (GLITC); Tribal-Academic Partnership for American Indian Health**

The Tribal-Academic Partnership for American Indian Health implemented multiple activities to reduce health disparities among Wisconsin's American Indians. The project promoted cooperative epidemiological research between the UW SMPH and GLITC and encouraged American Indian interest in the sciences and health professions. The GLITC Epidemiological Center provided Wisconsin American Indian tribes with: training and technical assistance in public health; program planning and evaluation; and health data collection, management, analysis and interpretation. Additionally, the project increased the numbers of American Indian students demonstrating interest in the

health professions through curriculum changes and an annual American Indian Health Science Symposium.

Public Health Education and Training Initiatives

The Public Health Education and Training (PHET) Subcommittee offers advice and recommendations to the OAC about public health education and training programs. The training programs help to ensure a highly skilled public health workforce in Wisconsin. It is the responsibility of subcommittee members to assure that educational initiatives address the identified public health education needs of the state's practitioners. The subcommittee works closely with the Wisconsin Public Health Association, the Wisconsin Department of Health and Family Services, and other public health education programs.

The PHET Subcommittee continues to be guided by four goals: (1) seek engagement from the broad public health workforce; (2) collaborate with the UW SMPH Office of Continuing Professional Development in Medicine and Public Health, the Medical College of Wisconsin, and other educational institutions; (3) develop programs in collaboration with community partners; and (4) review proposals and make recommendations as needed.

Three training programs are currently under way: Wisconsin Population Health Fellowship Program, the Healthy Wisconsin Leadership Institute, and Continuing Public Health Education.

Initiatives and Outcomes

Although there were no new PHET awards in 2007, the following PHET initiatives are ongoing:

► **Wisconsin Population Health Fellowship Program**

The Wisconsin Population Health Fellowship Program is an intensive two-year service-learning program for MS,

MPH or PhD graduates in public health or allied sciences. Its goal is to develop future public health practitioners who are skilled in planning, implementing and evaluating public health programs. In 2007, the second cohort of fellows graduated, and further planning was under way to increase placement of fellows in Wisconsin's rural communities.

The Fellowship Program has the following outcomes.

- To date, the program has enrolled 15 fellows, and six completed the program.
- Fellows in the program are working closely with community organizations and contributing in numerous ways to public health capacity in the state. For example:
 - Facilitating neighborhood initiatives on Milwaukee's north side aimed at improving nutrition and increasing physical activity opportunities.
 - Analyzing approaches to reducing Wisconsin's infant mortality rate.
 - Developing health promotion programs for seniors in Milwaukee.
 - Conducting research on the prevention of perinatal transmission of Hepatitis B.
 - Helping rural communities prepare epidemiologic data for local health needs assessments.

\$1,566,789, awarded in 2004, 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

► **Healthy Wisconsin Leadership Institute (HWLI)**

The HWLI is an education and training resource supported by the UW SMPH and the Medical College of Wisconsin. To date, more than 600 public health leaders and practitioners have participated in HWLI educational programs. Specific program components include the following.

Community Teams – Five teams from around the state receive public health and collaborative leadership training



during this one-year program as they mobilize their communities to address local health issues, including obesity, depression, cancer, substance abuse and infant mortality.

Health Policy – Virtual and in-person workshops are held in communities statewide.

Lifelong Learning and Mentoring – Training workshops for public health leaders are based on an annual theme. 2007 programming provided learning opportunities on coaching and mentoring.

The HWLI has the following outcomes:

- To date, more than 600 participants have participated in HWLI programs and are gaining skills and knowledge in key areas affecting public health practice.
- Over 80 individuals participated in the Community Teams program. The first cohort completed the program in 2007 and continues to work on their community health priorities. The second cohort is on track to complete the program in 2008.
- Participants reported broader partnerships, increased grant funding, improved statewide collection of health-related data, more frequent media coverage of health issues, and communication with legislators.

\$814,403, awarded in 2004, over four 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

► **Continuing Public Health Education**

As part of the UW SMPH, the Office of Continuing Professional Development in Medicine and Public Health (OCPD) focuses on education of the public health workforce.

A number of OCPD outreach efforts are ongoing:

- Collaborating with the state Department of Health and Family Services to compile a public health education inventory.

- Developing the learning concierge/counselor plan.

Among 2007 outcomes were the following:

- Developed a survey for the public health workforce, to be implemented in 2008.
- Assessed how public health professionals can use professional development learning resources as a tool to improve education and training experiences.

\$560,338, awarded in 2006, over 30 months – Statewide
UW SMPH Faculty: George Mejicano, MD, MS, Associate Dean, Continuing Professional Development; Director, Office of Continuing Professional Development in Medicine and Public Health

Future Initiative: Reducing Health Disparities in Birth Outcomes

During the OAC’s 2007 strategic planning meeting, members were unified in their decision to pursue a special funding initiative in order to maximize impact on a significant health issue. After several months of gathering information and seeking insights from experts, the committee selected its first statewide special initiative: Reducing Health Disparities in Birth Outcomes.

Infant mortality was chosen since this measure is a critical indicator of communities’ overall health and well-being. And although Wisconsin is a leader among states for its low white infant mortality rate, the state’s African American infant mortality rate is the highest in the nation. Moreover, progress in reducing African American infant mortality has decreased dramatically since 1979-1981. At that time the state ranked third from the top; now it ranks last* among the 34 states reporting data.

As the WPP launched this long-term funding initiative, it consulted with a national expert, Richard Aronson, MD, MPH. Dr. Aronson prepared a detailed policy report identifying



The Wisconsin Partnership Program joined with the Johnson Foundation and the UW SMPH for a two-day conference on May 22 and 23, 2008, entitled “The Wisconsin Infant Mortality Summit” where state and national experts convened at the Wingspread Conference Center in Racine, Wisconsin. The purpose for the conference was to discuss infant health disparities and create a coalition of partners to support an action plan for improving birth outcomes among African American women in Wisconsin.

evidence-based programs and best practices in other states, and he assessed the effectiveness of innovative strategies at the state and national levels. In addition, he consulted with other experts in Wisconsin and other states before submitting recommendations, which will serve as the foundation for future efforts.

“This initiative isn’t focused merely on funding, it’s focused on bringing coalitions together that have never before joined forces. Our intention is not simply to reduce African American infant mortality rates, although that’s a primary goal. At the same time, we hope to impact the even larger issue of morbidity – infant morbidity as well as chronic morbidity.”

► **OAC member Michael Fleming, MD**

The problem of disparities in birth outcomes is far reaching, since factors contributing to those disparities touch all sectors of society. The goal is to support self-sustaining community-based interventions that will lead to better birth outcomes in Wisconsin.

The WPP, in its commitment to this initiative, has set the stage for collaborations with many state and local partners. While the precise amount of long-term funding for the initiative remains to be determined, it is expected to be significant.

* According to the 2004 CDC National Vital Statistics Program



► Medical Education and Research Committee (MERC) Initiatives

The Medical Education and Research Committee (MERC) directs and approves funds for medical education and research that advance population health. The Dean, with advice from the MERC, allocates one-third of the available MERC funding to targeted programs that respond to emerging opportunities requiring immediate or short-term action. The remaining two-thirds of the funding is allocated by MERC to the following:

- Targeted Programs based on five focus areas.
- Competitive Programs, which include the New Investigator Program and the Collaborative Health Sciences Program.

The MERC ensures that funds are used to support the mission, vision and guiding principles of the WPP and to contribute to the transformation to an integrated School of Medicine and Public Health.

Year in Brief

During 2007 the MERC awarded 17 new grants to fund innovative research and education proposals (Figure 5). Since its inception, the committee has allocated more than \$36 million and made a total of 64 awards aimed at benefiting the people of the state.

During the year the MERC welcomed two new members to the committee: Cindy Haq, MD, and Rodney Welch, PhD. Dr. Haq is Professor of Family Medicine and Population Health Sciences, and Director of the Center for Global Health. In addition to developing international health curricula, research and partnerships at the UW Center for Global Health, Dr. Haq has also served as a consultant to medical schools and governments worldwide. Dr. Welch is Professor and Chair of the Department of Medical Microbiology and Immunology. He also serves as Robert Turrell Professor in Infectious Diseases.

His research focuses on the disease processes of different strains of *E. coli*. The goal of his studies has been to uncover unique bacterial processes and structures that can be targeted for new antibiotics and vaccines.

The MERC's objective to promote collaborations expanded markedly during the year as the Collaborative Health Sciences Program was implemented. The goal of this program is to support novel ideas and new approaches to research and education that promote the transformation to an integrated School of Medicine and Public Health. The program is also intended to build critical campus-wide, UW System-wide, and statewide partnerships, again with the objective of improving the health of the people of the state. The MERC expects these collaborative projects will bring together faculty with a high level of interest and investment in addressing Wisconsin's public health challenges.

In 2007 the MERC funded seven research or education projects in the Collaborative Health Sciences Program. These projects are examining new ways to address a wide range of critical health issues – from antibiotic-resistant bacteria to breast cancer to Vitamin D inadequacy in rural populations.

The New Investigator Program, begun in 2005, funded six research projects on topics from ovarian cancer to preventing falls in the elderly to immune responses in HIV patients.

Outcomes have been promising from previously funded and recently concluded initiatives in the New Investigator Program. The findings of these studies have been disseminated through the media and in respected peer-reviewed journals, pointing to the value of this funding opportunity for faculty in the early stages of their careers. (For more information on concluded New Investigator projects, see page 22.)

During the year the MERC continued its support for core programs that reach beyond the UW SMPH. Both of the following initiatives received funding from earlier planning grants, enabling the projects to build a strong foundation prior to receiving 2007 implementation grants:

- Wisconsin Network for Health Research (WiNHR) – a groundbreaking collaborative effort among the four largest health care systems in the state: UW Health, Marshfield Clinic, Aurora Health Care, and Gundersen Lutheran.
- Wisconsin Academy for Rural Medicine (WARM) – a program that improves access to health care in rural areas by increasing the numbers of UW SMPH graduates who select rural practices.

The MERC also funded two initiatives that exemplify the importance of service and outreach education to communities to advance population health:

- The 2007 Emergency Care and Trauma Symposium – which trained more than 600 emergency medical professionals in Wisconsin.
- The Development of Human Rights Initiative – which provided funding to develop a human rights initiative focusing on access to primary health care, nutrition, and social and economic factors impacting health.

A highlight of 2007 was the committee's strategic planning process, culminating in a meeting at which the members assessed accomplishments, identified potential areas of future growth, and discussed development of the next *Five-Year Plan*. The strategic planning session began with an address by Dean Golden and concluded with a consensus document outlining future direction. MERC members appreciated the community health perspectives offered by OAC members. A particularly important part of the strategic planning meeting was discussion of collaborations between the MERC and the OAC, as participants focused on opportunities for the two committees to identify common priorities.

The MERC remains committed to enhancing funding opportunities for faculty so they may bring their expertise to bear on the state's most challenging health problems – through discovery, application of knowledge, and community engagement.



Categories of MERC Allocations

Targeted Programs – Targeted Programs (page 20) are typically multi-year projects designed to develop new approaches to health issues. Decisions regarding allocation of grants are guided by the committee’s goals and objectives outlined in the *Five-Year Plan* and focus on the following five areas: (1) Innovations in Medical Education, (2) the Wisconsin Population Health Research and Clinical Trials Network, (3) Disease Genomics and Regenerative Medicine, (4) Molecular Medicine and Bioinformatics, and (5) Emerging Opportunities in Biomedicine and Population Health.

Competitive Programs – This category encompasses two types of competitive awards (page 21).

- o **The New Investigator Program** is available to UW SMPH Assistant Professors. Emphasis is on education or research projects spanning the spectrum of basic, clinical, or population health science and supporting innovative approaches leading to improvements in health. In 2007 funding was awarded to six initiatives from the 24 proposals submitted. (Maximum grant amount of \$100,000)
- o **The Collaborative Health Sciences Program** is available to UW SMPH Associate Professors, and Senior or Distinguished Scientists. Collaboration across the traditional boundaries of basic science, clinical science, social and behavioral science, and/or population health science is required. The collaborations may be within the UW SMPH; or they may be with other UW-Madison schools or colleges, UW System campuses, the Medical College of Wisconsin, state agencies, or community organizations. (Maximum grant amount of \$300,000)

In 2007, grantees formed collaborations with:

- Faculty members at other UW-Madison Schools and at other UW System campuses.
- Health care providers and organizations.
- Community organizations.

The committee invited 20 full proposals from among 61 submitted letters of intent, and it awarded funding to seven initiatives.

Multi-Step Review Process

The MERC proposals undergo a rigorous review process, including the following steps:

Technical review – verification of eligibility and compliance with proposal requirements.

Expert review – assessment and scoring by external faculty reviewers chosen for their expertise and/or by MERC members.

Full committee review – oral presentations to the MERC by the most highly ranked candidates before the committee made its final selections. Awards were based on the ranking of reviewers, the project’s ability to meet program objectives, and the project’s alignment with the WPP goals.

Grant Monitoring

Financial and progress reports are required from each grantee. The reports are reviewed by MERC and feedback, if necessary, is provided to the grantees. In addition, the recipients of awards over \$500,000 are required to make an annual presentation to MERC highlighting their achievements and their progress towards realizing project goals. Detailed final reports are submitted at the completion of the project.

Award Type	# of Grants	\$ Amount	% of Total
Research			78%
Applied Public Health Research	14	\$9,116,360	25%
Clinical & Translational Research	15	\$13,382,320	37%
Basic Science Research	24	\$5,822,032	16%
Education			22%
Medical Education	5	\$4,583,510	13%
MPH Program	1	\$2,682,977	7%
Continuing Professional Education	5	\$569,357	2%
Total	64	\$36,156,556	100%

Table 3: MERC Awards by Type, 2004 – 2007. This breakdown of the award categories – by research and education – pertains to all MERC grants since 2004. The table demonstrates that significant funding is applied toward research and education projects that bring discovery and the transfer of knowledge to patient care and into communities.

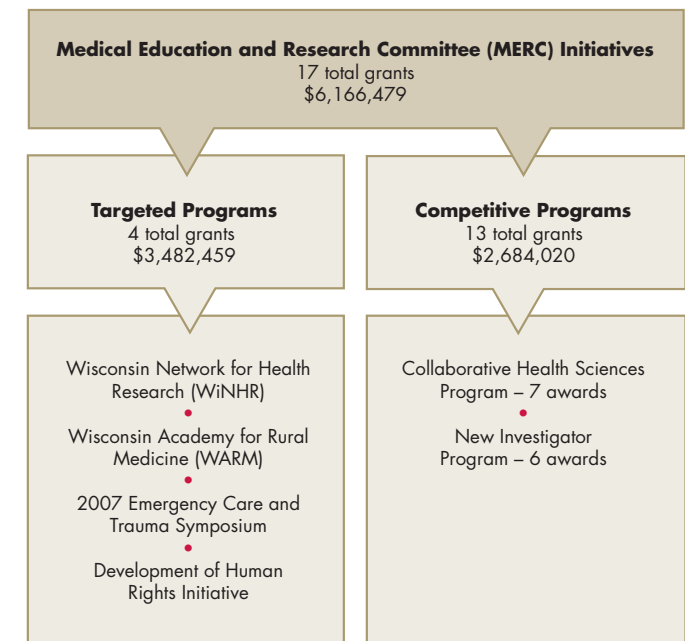


Figure 5. MERC Funding Categories and Awards for 2007



“Ultimately the goal of WiNHR is to make cutting-edge health care delivery available to all residents in the state. Regardless of racial or ethnic background, economic circumstances, or rural versus urban location, all of our state’s residents should have the same opportunities for current and future standards of care.”

► **Howard Bailey, MD**

“Wisconsin Network for Health Research (WiNHR)”

“Without the infrastructure of the WiNHR network, we would lack the ability to conduct projects that truly represent our diverse populations across the state.”

► **Ron A. Cisler, PhD**

Director, Center for Urban Population Health, Associate Professor of Health Sciences, UW-Milwaukee

“Wisconsin Network for Health Research (WiNHR)”

“The WPP provided critical funds so that we could not only target incoming students interested in practicing medicine in rural Wisconsin, we could also work closely with our three statewide partners who provide the students’ clinical training. What’s most satisfying to me is the excitement of the prospective students. Our students in the WARM project have the cultural sensitivity and the appreciation for rural life that, when paired with their education, will enable them to become outstanding physicians.”

► **Byron Crouse, MD**

“Wisconsin Academy for Rural Medicine (WARM)”

Targeted Programs

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

Background: WiNHR is a groundbreaking collaborative effort among the four largest health care systems in the state: UW Health, Marshfield Clinic, Aurora Health Care, and Gundersen Lutheran. Established in 2004 with planning grants from the MERC (in 2004 and 2005), WiNHR continues to link researchers and health care organizations across the state. Its work with medical informatics, in creating a statewide research database, will provide access to data on diseases, trends, interventions and therapies.

Program Overview: This program made significant strides as a research entity in 2007. WiNHR now has the infrastructure in place to give researchers the mentoring and administrative support to pursue their research. WiNHR is working on several studies, including:

- Heart Disease and Diabetes Rates in Latinos and Caucasians.
- Adolescent Scoliosis.
- Alternative Treatment for Asthma.
- Implications of Bacterial Infection in Pregnancy.

By year’s end the WiNHR program was approaching completion of a warfarin pilot study as well as a study titled Genomics of Warfarin Dosing in African Americans. By bringing together the state’s largest health care systems – and by reaching out to non-traditional research settings such as rural health clinics and Tribal clinics – WiNHR is poised to create a research model for other state and national programs.

Implementation Grant: \$2,711,469 over two years

UW SMPH Faculty: Howard Bailey, MD, Professor, Department of Medicine

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

Background: While 33 percent of Wisconsinites live in rural areas, only 11 percent of physicians practice in rural areas, a wider gap than at the national level, where rural areas account for 20 percent of the population and 9 percent of physician practices. As a result, 83 percent of Wisconsin counties (60 of 72) are designated as totally or partially underserved. In addressing the current and increasingly

serious shortage of physicians in the workforce, the UW SMPH has pledged to increase class size, and has created the Wisconsin Academy for Rural Medicine (WARM) to help ensure that more physicians practice in rural areas.



In the fall of 2007 the first five students in the Wisconsin Academy for Rural Medicine (WARM) program were enrolled at the UW SMPH. Students admitted through the WARM program make a commitment to practice medicine in rural parts of Wisconsin.

Program Overview: WARM illustrates the benefit of collaboration between the OAC and MERC. WARM began with an OAC development grant in 2004 followed by a MERC planning grant in 2005, then went on to receive an implementation grant in 2007. During the year the program made significant progress: The first five students enrolled at the UW SMPH, and 13 students were accepted for the next academic year. These students are learning to address the unique medical concerns of rural areas, which often involves working with less healthy, older and poorer patients. During the year important progress was made in:

- Designing the core curriculum for the rural elective.
- Developing clerkships for the students, initially in Rice Lake and Marshfield.
- Establishing various methods of outreach to prospective students, including working with medical organizations and visiting other UW campuses and private colleges statewide.

The WARM project is gaining national attention through journal articles and invitations to present at national meetings. When



operating at full capacity, the goal of the project is to enroll 25 students annually.

Implementation Grant: \$668,490 over three years
UW SMPH Faculty: Byron Crouse, MD, Associate Dean for Rural and Community Health

► **2007 Emergency Care and Trauma Symposium**

Background: More highly trained Emergency Medical Personnel will improve the competency of the public health workforce and the quality of emergency care they provide to Wisconsin residents.

Program Overview: This project made it possible for approximately 600 emergency medical professionals in Wisconsin to attend a professional development conference at no cost. The Office of the UW-Madison Chancellor provided matching funds for this grant.

Participants learned the latest techniques in patient evaluation and emergency medical procedures for application in complex field situations. With UW’s facilities and technology, the lectures and training were filmed and made accessible via the Internet, and the program had far-reaching educational applications well beyond the symposium. More than 1,000 people have accessed the material to date.

Implementation Grant: \$80,000 over one year
UW SMPH Faculty: George Mejicano, MD, MS; Associate Dean, Continuing Professional Development; Director, Office of Continuing Professional Development in Medicine and Public Health

► **Development of Human Rights Initiative**

Background: Students, staff and faculty can play an important role in advancing the concept of health as a basic human right. This project will help prepare them to serve as health care advocates and leaders, statewide and worldwide.

Program Overview: This project provides support for development of an initiative focusing on human rights, access to primary health care, nutrition, and social and economic factors impacting health. The initiative aims to coordinate diverse human rights activities on campus, promote new research, enhance existing studies, and help raise the study and teaching of human rights to a new level.

Implementation Grant: \$22,500 over three years
UW SMPH Faculty: Cynthia Haq, MD; Professor, Departments of Family Medicine and Population Health Sciences; Director, Center for Global Health

Competitive Programs

New Investigator Program

► **Falls Risk Detection and Gait Instabilities in Older Adults**

In Wisconsin, the death rate due to falls is twice the national average, and annual medical care costs due to fall-related injuries were reported at \$96 million. This project seeks to develop an accurate measure of risk for falls among older adults that is easily used in clinics and can facilitate treatment interventions.

\$100,000 over two years
Principal Investigator: Bryan Heiderscheit, PhD, Assistant Professor, Department of Orthopedics and Rehabilitation

► **Reconstructing HIV Sequence Histories to Identify Potent Immune Responses**

With more than 40 million people currently living with HIV/AIDS, including nearly 6,000 in Wisconsin, developing an effective vaccine to prevent HIV transmission is an urgent public health priority. This project uses virus archived within long-lived cells to pinpoint highly potent immune responses that could be included in future HIV vaccines.

\$99,620 over two years
Principal Investigator: David O’Connor, PhD, Assistant Professor, Department of Pathology and Laboratory Medicine

► **A New Diagnostic Test to Monitor Regression and Recurrence of Epithelial Ovarian Cancer**

Ovarian cancer is the fifth leading cause of cancer-related deaths in the country, with approximately 300 deaths from epithelial ovarian cancer annually in Wisconsin. This project seeks to develop a novel diagnostic test that will help identify disease recurrence at a much earlier stage than currently possible. Such a test will lead to more efficient treatment of recurring ovarian cancer.

\$98,738 over two years
Principal Investigator: Manish Patankar, PhD, Assistant Professor, Department of Obstetrics and Gynecology



“I grew up in a small town in Wisconsin and I know what it’s like to have to travel for health care. That’s why I want to be a rural doctor, to serve some of the state’s underserved population. I looked into the rural medicine program at the University of Minnesota Duluth. Then I heard about the WARM program and, since I really want to stay in Wisconsin, this is the perfect fit for me. I want to give back to the community and to Wisconsin – and my classmates in the WARM program share my passion for rural medicine.”

► **Carla Carlson**

*First-year student in the WARM program.
“Wisconsin Academy for Rural Medicine (WARM)”*

“In Wisconsin we have not only a high rate of falls among older adults, we have approximately twice the national average in the number of deaths resulting from falls. Our study will attempt to determine who is at risk for falling based upon how they walk. Our ultimate goal is to make falls screening a routine part of medical exams for older adults, so that proven prevention programs can be ordered for at-risk patients.”

► **Bryan Heiderscheit, PhD**

“Falls Risk Detection and Gait Instabilities in Older Adults”



“We are proposing that analyzing specific immune cells could serve as an alternate, and more sensitive, test to monitor ovarian cancer in patients who are being treated for this disease. We expect that the proposed test will allow us to better treat the disease – and to reduce the toxicity caused by chemotherapy.”

► **Manish Patankar, PhD**

“A New Diagnostic Test to Monitor Regression and Recurrence of Epithelial Ovarian Cancer”

“Bacterial resistance to antibiotics is a widespread problem, both in Wisconsin and nationwide. We are attempting a novel treatment that uses probiotics, or living bacteria, to counter resistance. If our work is successful, it will offer a non-antibiotic-based method for preventing infections caused by drug-resistant bacteria.”

► **Nasia Safdar, MBBS**

“Probiotics for Prevention of Infection by Multiresistant Bacteria”

► **Metabolic Control of Metastasis by a Master Regulator of Neurogenesis: Molecular Mechanisms and Therapeutics**

Breast cancer is the most commonly diagnosed cancer in Wisconsin women. More than 90 percent of breast cancer deaths are due to metastasis of the primary tumor. A therapeutic regimen that prevents metastasis has the potential to save approximately 800 lives per year in Wisconsin. This project tests the hypothesis that regulating sugar metabolism and diet can help control metastasis.

\$99,990 over two years

Principal Investigator: Avtar Roopra, PhD, Assistant Professor, Department of Neurology

► **Probiotics for Prevention of Infection by Multiresistant Bacteria**

Multi-drug-resistant bacteria are a major cause of severe infections in health care institutions, and their containment is a public health priority. This project will examine the use of a probiotic (dietary supplement) preparation in hospitalized patients as a new means of preventing infection by drug-resistant bacteria.

\$100,000 over two years

Principal Investigator: Nasia Safdar, MBBS, Assistant Professor, Department of Medicine

► **The Relationship between Asthma and Obstructive Sleep Apnea (OSA): A Pilot Study of the Effects of Treatment for Comorbid OSA in Patients with Asthma**

Asthma is a significant public health burden. In 2002, nearly 80 percent of the 450,000 people with asthma in Wisconsin reported symptoms in the prior 30 days. Many asthmatic individuals report sleep disturbances, with a high prevalence of obstructive sleep apnea (OSA) in those with severe asthma. This project studies prevalence and predictors of OSA symptoms, and the impact of treatment with continuous positive airway pressure for OSA on asthma control, sleep and quality of life, and health resources utilization.

\$99,995 over two years

Principal Investigator: Mihaela Teodorescu, MD Assistant Professor, Department of Medicine

Outcomes from Concluded New Investigator Program Initiatives

In 2007 four New Investigator initiatives ended with promising results, including publication in peer-reviewed journals, additional funding from external sources, and reports in the media.

► **Scott Kennedy, PhD: Molecular Analysis of the Putative Mammalian siRNase ERI-1**

The investigator subsequently received the Shaw Scientist Award, which will provide funding for this research into 2012. Additional external funding is anticipated.

This project was designed to understand how small interfering RNAs (siRNAs) function in the cell. The research identified three genes essential in regulating gene expression. A better understanding of how to utilize siRNAs could lead to more effective therapies and have far-reaching implications for cancer and other diseases.

► **Luigi Puglielli, MD, PhD: Sterol Carrier Protein 2 Is a Novel Link Between Aging and Alzheimer’s Disease**

The findings were published in the *Journal of Biological Chemistry*.

The abnormal accumulation of amyloid β -peptide is involved in the development of Alzheimer’s disease. The researcher identified a sterol carrier protein, a possible mechanism involved in Alzheimer’s disease. The study’s results may potentially help identify types of medications that could prevent Alzheimer’s disease.



Outcomes from Concluded New Investigator Program Initiatives

► **Robert Striker, MD, PhD: Optimizing Immunosuppressant Therapy Based on Viral Genetics to Improve Hepatitis C-Infected Transplant Patient Outcomes**

The results appeared in *Hepatology*, and the project went on to receive a four-year grant from the American Cancer Society.

Infection with the hepatitis C virus (HCV) is the primary reason for liver transplant today. Infection of the new liver by residual HCV in the blood is inevitable, and the immune system suppression critical for transplant success can worsen HCV-mediated disease. This study, which mapped mutations in HCV with Cyclosporine resistance, offers promise that the drug can serve dual treatment purposes in many patients: providing both immune suppression and anti-HCV activity.

► **Stacey Schultz-Cherry, PhD: Novel Therapies Against Influenza Infection**

The findings were published in the *Journal of Virology* and reported in the media.

The goal was to contribute to the base of knowledge about the prevention and treatment of influenza. A peptide was discovered that blocks the influenza virus from attaching to and entering the cells of its host. This finding could contribute to a class of new antiviral drugs to prevent and treat influenza.

Collaborative Health Sciences Program

► **A Comprehensive Approach to Insomnia**

Seeking to develop an evidence-based behavioral treatment model for insomnia, this study addresses two general aims. Aim 1 tests the hypothesis that insomnia results from abnormalities in slow wave sleep. Findings will elucidate the causes of insomnia as well as improved diagnosis. Aim 2 assesses the epidemiology of insomnia and behavioral treatment efficacy using the Wisconsin Sleep Cohort Study. Findings will provide a better understanding of the health impact of insomnia and define a model for community health interventions.

\$299,654 over three years

Principal Investigator: Ruth Benca, MD, PhD, Professor, Department of Psychiatry

► **Vitamin D Inadequacy: Documentation in Rural Populations and Evaluation of Correction by Food Supplementation**

Vitamin D inadequacy is extremely common and is associated with musculoskeletal disease (osteoporosis, rickets and falls) and increased risk of infections, multiple sclerosis and cancer. The goals of this project are to define regional prevalence, investigate underlying mechanisms, evaluate potential unappreciated consequences, and identify effective means for correcting Vitamin D inadequacy. Two approaches will be explored: (1) Vitamin D supplementation of food, rather than the inadequate “fortification” currently utilized; and (2) whether individuals of varying ages and ethnicities require different amounts of Vitamin D.

\$300,000 over three years

Principal Investigator: Neil Binkley, MD, Associate Professor, Department of Medicine

► **Linking Aging, Resveratrol and Sirtuins**

Caloric restriction is an established method of extending lifespan and promoting healthy aging in diverse organisms. Growing evidence suggests that the same mechanism is operative in humans. Recent articles have strongly implicated a novel group of conserved proteins, sirtuins, in mediating the health benefits of caloric restriction. Resveratrol, a plant compound found in wine and known



“For many generations, our ancestors made Vitamin D simply by spending much of their lives in the sun. However, today Vitamin D deficiency is a common worldwide problem causing adverse health consequences, particularly for those of us living at northern latitudes. Our study looks at food fortification, and at whether Vitamin D requirements vary by life stage or by ethnic and racial group. My hope is that our research will make an important contribution by providing the Food and Nutrition Board essential data to re-evaluate its Vitamin D recommendations, which will in turn prompt industry to increase the amount of Vitamin D added to our food.”

► **Neil Binkley, MD**
“Vitamin D Inadequacy”

“With calorie restriction – maintaining nutrients but taking in 30% fewer calories – we know of the health benefits in certain lower organisms and mammals: not only longer lifespan but decreased incidence of cancer, cardiovascular disease, diabetes, and neurodegeneration. Our study attempts to identify the molecular basis for these health benefits, with the hope that people may eventually be able to achieve those same benefits without requiring the same level of calorie restriction.”

► **John Denu, PhD**
“Linking Aging, Resveratrol and Sirtuins”



“We live in an era when resistance to antibiotics is one of the greatest threats to public health. Our collaborative group has discovered new molecular targets in viruses, fungi and bacteria that can be used to develop new antimicrobial drugs. Our goal is to develop new classes of antimicrobials to effectively treat life-threatening infections caused by drug-resistant germs.”

► **Bruce Klein, MD**

“Wisconsin Infectious Disease Drug Discovery”

“This grant allows us to work with community physicians as they study the effectiveness of ultrasound for identifying arterial damage. Our study places hand-held ultrasound machines in primary care physicians’ offices, and provides rigorous training to ensure excellent results. We’re taking research into our communities so that a technique developed at UW can be studied in a primary care setting – and, if effective, can be disseminated statewide to improve our citizens’ health.”

► **James Stein, MD**

“Improving Cardiovascular Risk Prediction Using Hand-Held Carotid Ultrasonography”

to harbor cardiovascular and neurological health benefits, has been reported to be an activator of sirtuin enzymes. This study explores the molecular basis for the health benefits of caloric restriction and resveratrol, providing new insights into healthy aging modulated by diet.

\$300,000 over two years

Principal Investigator: John Denu, PhD, Associate Professor, Department of Biomolecular Chemistry

► **Individualized Stroma-Targeting Therapy in Breast Cancer**

According to 2006 estimates, 4,000 Wisconsin women are diagnosed with breast cancer each year, and it remains the second leading cause of cancer deaths in Wisconsin women. It is becoming clear that cells in the stroma (tumor bed) actively participate in tumor growth. Since altered fibroblasts (connective tissue cells) in the stroma contribute to cancer growth and progression, it is expected that returning them to a normal biological function will benefit cancer patients. The goal of this project is to develop patient-specific therapeutic strategies aimed at normalizing breast cancer stroma.

\$300,000 over three years

Principal Investigator: Andreas Friedl, MD, Associate Professor, Department of Pathology and Laboratory Medicine

► **Wisconsin Infectious Disease Drug Discovery**

Infectious disease is the second leading cause of death worldwide. A growing number of highly drug-resistant microbes, and the lack of new antibiotics, threaten to worsen this problem. To address the public health crisis of infection due to antibiotic-resistant germs, this project will create an anti-infective drug discovery program to develop new drug therapies. The goal is to identify novel compounds with antimicrobial activity aimed at the organisms that cause major clinical problems for vulnerable patients.

\$300,000 over three years

Principal Investigator: Bruce Klein, MD, Professor, Department of Pediatrics

► **Improving Cardiovascular Risk Prediction Using Hand-Held Carotid Ultrasonography**

The UW Atherosclerosis Imaging Research Program has developed a new technology to screen for early stages of atherosclerosis. Because one-third of first cardiovascular events are fatal, there is strong need for a noninvasive way to identify asymptomatic patients with increased cardiovascular risk. Rather than relying only on risk factors, this project teaches community-based health care providers from five medical practices in Wisconsin to use ultrasound to directly image the cause of cardiovascular events, the atherosclerosis itself.

\$286,297 over two years

Principal Investigator: James Stein, MD, Associate Professor, Department of Medicine

► **Healthy People / Healthy Systems: The OPTIMISE Model**

OPTIMISE (Outcomes of Patients and Trainees in a Model of Industrial & Systems Engineering), as implemented by the Internal Medicine Residency Program, will apply an established engineering model to health care to evaluate and redesign medical resident learning and patient care. The program has four aims: (1) to improve the prevention, diagnosis and management of chronic disease; (2) to improve patient safety through standardized communication; (3) to improve medical resident performance and quality of work life; and (4) to maximize evidence-based practice. This program will transform the training of future Wisconsin physicians by changing the focus from the process of education to the outcome of the learners.

\$299,726 over three years

Principal Investigator: Bennett Vogelmann, MD, Professor (CHS), Department of Medicine

Evaluation

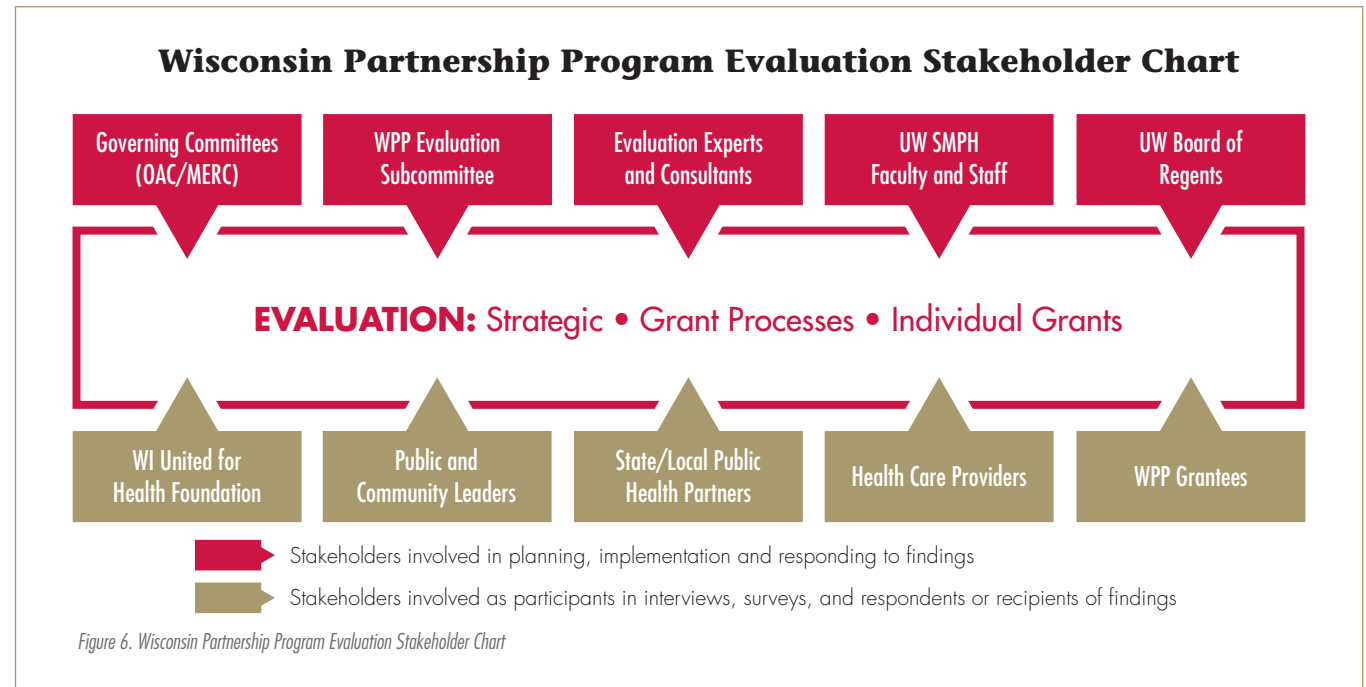
Evaluation of the WPP took place throughout 2007 to assess progress toward the mission, vision and goals described in the 2003-2008 *Five-Year Plan*. Rigorous evaluation and continuous quality improvement are essential to advance the WPP's goals.

Evaluation results will provide valuable feedback for the Oversight and Advisory Committee (OAC), the Medical Education and Research Committee (MERC), and the faculty and staff of the UW SMPH, UW-Madison, the UW System Board of Regents, the Wisconsin United for Health Foundation, and the UW Foundation. These groups will use the evaluation results to report progress and describe accomplishments to interested parties, including state government, elected officials, health care providers, state and local leaders in public and community health, and the public. Results of the evaluation will also support the strategic planning process for the WPP's second five-year plan.

To ensure exemplary stewardship of the funds and to be more strategic and effective with grant allocations, the WPP has instituted three levels of evaluation to assess progress in attaining desired outcomes for the program as a whole, within selected clusters of grants or initiatives, and for individual grants. The three levels include an evaluation of broad strategic activities, the grant-making processes, and individual grant evaluations. Diverse stakeholder participation is essential to the evaluation process (Figure 6).

Strategic Evaluation

In 2007, the WPP developed and approved a strategic evaluation plan to help inform and guide future planning. This plan represented the culmination of a year-long process during which the two governing committees (MERC and OAC) identified the central elements of a five-part framework to assess progress in advancing the program's mission of



improving the health of Wisconsin residents. The strategic evaluation plan goals are to:

- Strengthen program-wide implementation.
- Offer new information about the effectiveness of funding decisions.
- Advise on the most effective forms of fund allocation.
- Provide direct evidence of program effectiveness.
- Assist the program in fulfilling its fiduciary and oversight responsibility.
- Inform the decision-making process for future funding initiatives, including further refinement of the WPP's grant-making strategies.

The plan looks at progress in five strategic focus areas for improving programs and providing guidance for the

development of the next *Five-Year Plan* that begins in 2009. There are specific measures and indicators in each area.

The five focus areas are:

- **Advancing the Public Health System:** The WPP plays an important role in advancing the priorities of the state health plan, *Healthiest Wisconsin 2010*. Through a descriptive analysis and key informant interviews, this area of focus considers to what extent program funds are helping to advance the capacity of Wisconsin's public health system through grants to advance the goals and objectives of the state health plan.
 - o *Measures:* WPP program alignment and progress made in state health plan priorities and objectives. Internal and external stakeholder perspectives of WPP efforts to advance the state health plan.



- o *Outcomes:* Advancements in state health plan goals, objectives and priorities. Increased dissemination of population health programs and practices.
- **UW School of Medicine and Public Health (SMPH)**
 - Transformation:** The WPP plays a primary role as an agent of change in the School's transformation process. Through a descriptive analysis and key informant interviews, this area of focus considers to what degree the WPP is helping to advance the SMPH transformation to a fully integrated School of Medicine and Public Health.
 - o *Measures:* Description of WPP program-wide efforts to promote the SMPH transformation. Internal and external stakeholder perspectives of WPP efforts to promote the transformation.
 - o *Outcomes:* WPP enhancements to the transformation efforts and increased emphasis in population and public health.
- **Balanced Research and Education Portfolio:** From basic research in understanding health and disease, to applied research aimed at improving medical practices and treatments, the WPP plays a key role in supporting scientific inquiry and training health professionals. Through a descriptive grant analysis, this focus area will determine how expenditures reflect a spectrum of research and education by program area, timeline for results, type and approach.
 - o *Measures:* Description of program research and education awards reflecting a range of approaches for application to individual and population health. Description of research discoveries translated in evidenced-based programs, policies and practices.
 - o *Outcomes:* Improved WPP capacity to stimulate a range in projects that address population health needs. Increased translation of research discovery to advance individual and population health.
- **Community-Academic Partnership Model:** A major WPP program strategy is the opportunity for community organizations and the academic community to develop partnerships that will ultimately lead to improved health outcomes. Through a qualitative assessment of funded partnerships, this focus area will determine

how the WPP is promoting successful and effective collaborations, and if they are contributing to improvements in population health.

- o *Measures:* Descriptions of community-academic partnerships and their contributions to community health. Community and academic partner perceptions of the WPP's community-academic partnership model.
- o *Outcomes:* Improved program-wide capacity to promote community-academic partnerships that have an impact on population health.
- **Governance and Stewardship:** The WPP's ability to achieve its mission and goals requires the prudent use of financial resources, effective governance, and sufficient administrative oversight to manage the funds appropriately and in compliance with governing documents. Through an operations and financial audit, this focus area will provide an assessment of the program's governance and stewardship responsibilities.
 - o *Measures:* Operational audit of grants management, compliance, conflict of interest and staffing. Financial audit of leveraged resources, supplanting and management of funds.
 - o *Outcomes:* Improved operational management of funds. Improved financial management and effective use of funds.

A diverse group of UW researchers, faculty, consultants and WPP staff will conduct the evaluation throughout 2008. The Evaluation Subcommittee of the OAC and MERC continues to play an important role in the process by:

- Providing input into the development of evaluation tools.
- Providing oversight on implementation of the plan.
- Reviewing the results of the performance reports and findings.
- Communicating findings and recommendations.

The WPP will publish a detailed report with full results in 2008.



Grant Process Evaluation

The OAC and MERC annually examine how each committee solicits, reviews, funds and classifies grants. These evaluations help refine and revise strategies as needed to enhance the WPP’s effectiveness. In 2007, process evaluations were also helpful in discussing a long-range vision, WPP goals and the next *Five-Year Plan*.

The WPP also devotes special attention to finding ways to gather feedback from key constituents, including grantees, grant seekers, and key leaders in the state by using anonymous surveys, interviews and organized dialogues.

Assessing trends over time is valuable so the WPP can determine improvement in particular areas. Since 2004, over 340 individuals have offered comments and insight on the Community-Academic Partnership Fund, the Request for Partnership application, timeliness, staff technical assistance, and the grant review process through an annual survey. From this survey, the program learned how to improve the application and the grant review process and enhance WPP’s communication strategies.

Individual Grant Evaluations

The vast majority of the WPP’s resources are devoted to making grants to faculty and community organizations that can help to advance the Program’s mission and goals. Clearly, WPP projects are beginning to show impressive progress and outcomes.

WPP staff review grantee reports that measure progress toward program goals, and that detail the partnerships, key activities and related processes. Grantees often provide both qualitative and quantitative data to detail their progress and outcomes, offer their reflections and lessons learned, and describe what they envision as the ultimate impact of their project.

At project completion, final reports may be followed by on-site visits or presentations to the committees. Site visits allow the WPP to observe the project firsthand, and to gain knowledge that may not be easily communicated in a written progress report. In addition, staff share lessons learned and results broadly within the academic and public health community. As evaluations continue in 2008, the WPP will be better able to support and disseminate successful outcomes, program models and initiatives as appropriate.



“PolkADOT (Polk County Alcohol and Drug Outreach and Training) is now in its third and final year of Partnership funding. We have made tremendous strides since first meeting with our academic partner over three years ago. The advent of new funding from the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) brought us to the threshold of opportunities we could not have imagined when we started. When we began, our responsibility was to get local sites to administer the brief healthy lifestyle screening forms to enable telephone follow-up from our faculty partner. Now, our partner clinics and agencies are fully engaged in the local delivery of alcohol and other drug services and are working hard to achieve sustainable service delivery.”

► **Mike Rust**

“Polk County Alcohol and Drug Outreach and Training”



“Becoming a healthier state first requires knowing how to measure overall population health and reduction of health disparities. After that we need to identify the most cost-effective programs and policies to make progress on these measures. The Making Wisconsin the Healthiest State project provides guidance on both of these practical dimensions.”

► **David Kindig, MD, PhD**

“Making Wisconsin the Healthiest State”

► The Health of Wisconsin Report Card



Making Wisconsin the Healthiest State, a project funded by the MERC in 2004, was led by David Kindig, MD, PhD, Emeritus Professor, Department of Population Health Sciences, and Patrick Remington, Professor, Department of Population Health Sciences, UW SMPH. It is an example of the work being conducted by UW SMPH faculty to assess the health of the state now and into the future. The issuance of the *Health of Wisconsin Report Card*,

an important component of the overall project, offers valuable information to the WPP and to state leaders for future health planning and interventions.

Background: According to *America’s Health Rankings*, Wisconsin is becoming healthier over time but is losing ground in comparison to other states. The Report Card is a means of evaluating progress towards two of the three goals of *Healthiest Wisconsin 2010*: protecting/promoting health for all, and eliminating health disparities. In the Report Card, the **health** of the state was assessed by measuring length of life and quality of life. The Report Card looked at the health of people in four life stages: infants, children and young adults, working-age adults, and older adults. **Health disparities** were assessed by looking at health across variables of gender, geography, socioeconomic status, and race/ethnicity.

Program Overview: Findings from the first Report Card revealed the following grades for the state as a whole: a B– in overall health, and a D in health disparities. The grades per life stage are as follows:

- Infants: C in health, D in health disparities.
- Children and young adults: B in health, D in health disparities.
- Working-age adults: B in health, D in health disparities.
- Older adults: C in health, C in health disparities.

A second report, *Opportunities to Make Wisconsin the Healthiest State*, was issued in February 2008. This report indicates how we rank among the states on 51 determinants of health such as smoking rates, health care quality, and healthy child development. In the summer of 2008, another report will be issued evaluating several hundred programs and policies. Perhaps the most effective source of information to improve our grades, this report should guide the state’s public and private policy makers, leaders creating the *Healthiest Wisconsin 2020* state health plan, and the WPP as it formulates plans to invest in future initiatives.



► Planning for the Future

As the WPP moves forward with development of the next *Five-Year Plan*, we are also looking back to the accomplishments of the past four years. When the Program was established, countless individuals collaborated – within as well as outside the UW SMPH – to build the foundation for what has become the Wisconsin Partnership Program. We recognize the contributions of our two governing committees, the OAC and the MERC, both of which have fully embraced their roles and responsibilities as they provide the stewardship and the guidance necessary for our successful grant-making process. Furthermore, the work of the WPP has extended the Wisconsin Idea to foster far-reaching partnerships between those at the UW SMPH and those throughout the UW System and in communities statewide.

The growth of the WPP – as reflected by the number of grants awarded and the amount of dollars allocated for improving health – is impressive. While it is too soon to determine the overall impact, it is not too soon to begin to pinpoint the success stories of many programs and their potential to be replicated statewide.

Through exploration and assessment, we are identifying the projects with the greatest potential to produce the greatest benefits for our state. We will look, for instance, to the *Health of Wisconsin Report Card* and its subsequent reports (see page 28), each of which provides valuable overviews of our state’s health that not only guide Wisconsin’s policy makers but also guide the WPP as we plan for future investments.

As noted earlier, both of our governing committees are focused on strategic planning to develop future initiatives that target pressing health issues. We have engaged in a comprehensive planning process to find new paths to greater collaboration. And in 2008 through our evaluation work, we will be gathering the information and the public input necessary to produce our next *Five-Year Plan*. Guided by this plan, we will make investments that have the greatest potential to benefit the people of Wisconsin.

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.

The Agreement called for approximately \$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, 2005 and 2006 Annual Reports by WUHF, all restricted funds have been transferred to the endowment.

As prescribed in the Agreement, all WPP revenues have been accounted for in segregated accounts at the UW Foundation and all WPP expenditures have been accounted for in separate accounts within the UW SMPH.

Administrative Budget

Administrative expenses were \$597,547 for the period of January 1, 2007 through December 31, 2007 compared to a 2007 budget of \$619,550. The UW SMPH also provides in-kind support for administrative expenses from the Offices of the Dean and Vice Dean, Fiscal Affairs, Human Resources, Legal Services, and Public Affairs. The administrative budget has been approved by the OAC and the MERC. Allocation of costs in the Income Statement on page 31 is based on a 35 percent/65 percent split. Detail expenditures for the period are as follows:

Administrative Expenditures. December 31, 2007	
Total Salaries	\$349,616
Total Fringe Benefits	\$140,607
Other Expenditures. December 31, 2007	
Supplies	\$12,848
Travel	\$9,814
Reviewer Services	\$7,076
Evaluation	\$8,806
Other Expenses	\$68,780
Total	\$597,547
OAC (35%) Allocation	\$209,141
MERC (65%) Allocation	\$388,406

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 the following.

- Individual projects are approved by the OAC, the MERC, or the Dean with the endorsement of the MERC, and are processed in accordance with UW-Madison policies and with broad oversight by the UW System Board of Regents.
- Every awarded project has a Memorandum of Understanding (MOU) (see the following section).
- Every proposal includes a non-supplanting certification (see the following Non-Supplanting Policy section).

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 MERC to monitor progress of their respective awards. Each MOU includes a timeline for progress reports,

financial reports, and applicable compliance documents to be sent to the OAC or to the MERC.

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 UW SMPH has designed a review process for determination of non-supplanting, which was approved by WUHF.

Initial Award

All applicants and award recipients, whether internal or external, must complete a non-supplanting questionnaire developed by the UW 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 UW 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 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 UW 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 UW SMPH for the period January 1, 2007 through December 31, 2007. 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, (shown as follows).

Financial Reports – Unaudited

Balance Sheet (12/31/2007)

Assets	
Current Investments	\$47,111,102
Non-Current Investments	\$358,180,244
Total Assets	\$405,291,346
Liabilities and Fund Balances	
Liabilities	
Accounts Payable	-
Grants Payable	\$38,875,094
Total Liabilities	\$38,875,094
Net Assets*	
Unrestricted	\$8,236,008
Temporarily Restricted	-
Permanently Restricted	\$358,180,244
Total Net Assets	\$366,416,252
Total Liabilities & Net Assets	\$405,291,346

*See further discussion on page 32.

Income Statement (1/1/2007 – 12/31/2007)

Revenues	
Gifts Received	\$15,229,208
Investment Income	\$2,085,157
Realized Gains/(Losses) on Investments	\$36,838,211
Total Revenues	\$54,152,576
Expenditures	
Public Health Initiatives	
Administrative Expenditures	\$209,141
Grant Expenditures	\$5,307,376
Medical Education & Research Initiatives	
Administrative Expenditures	\$388,405
Grant Expenditures	\$6,207,767
Total Expenditures	\$12,112,689
Net Increase/(Decrease) in Net Assets	\$42,039,887

Immediately Available Funds – Report of Expenditure Activity (3/25/2004 – 12/31/2007)

Balance as of 3/25/2004	\$30,000,000
Decreases	
Program Expenditures	
Public Health Initiatives	\$7,908,802
Medical Education & Research Initiatives	\$12,531,501
Total Program Expenditures	\$20,440,303
Outstanding Payables at 12/31/2007	
Public Health Initiatives	\$11,469,543
Medical Education & Research Initiatives	\$17,391,525
Total Outstanding Payables at 12/31/2007	\$28,861,068
Total Immediate Funds – Balance as of 12/31/2007	(\$19,301,371)

Financial Notes

Cash and Investments

The financial resources that support grants for the period January 1, 2007 through December 31, 2007 are generated from funds released by the Wisconsin United for Health Foundation, Inc. (WUHF), as prescribed in the *Agreement*, as well as generated from investment income. All funds are housed and managed by the UW Foundation. As needed, funds are transferred to the UW SMPH to reimburse expenses.

Income received on unrestricted funds is based on the performance of the underlying investments as well as endowment distributions from the permanently restricted funds. All expenses are charged against unrestricted funds. Income received on permanently restricted funds is based on the performance of the underlying investments. The only reductions to the permanently restricted funds are endowment distributions to unrestricted funds.

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 three years. The expendables portfolio is mainly invested in short-duration, fixed-income securities. The UW Foundation has identified a level of the expendables portfolio that is unlikely to be withdrawn over a short-term horizon and therefore 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 models along with qualitative analysis 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, 2007. 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, 2007 are as follows:

GRANTS PAYABLE			
	Public Health	Medical Education and Research	
Year	(OAC-35%)	(MERC-65%)	Total
12/31/08	\$11,469,543	\$17,391,525	\$28,861,068
12/31/09	\$3,474,487	\$4,412,828	\$7,887,315
Thereafter	\$1,551,396	\$575,315	\$2,126,711
Total	\$16,495,426	\$22,379,668	\$38,875,094

Net Assets

Based upon the *Agreement*, net assets are divided into two 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.
- 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, 2007 through December 31, 2007 consist of two components: (1) investment income, which has been recorded as earned throughout 2007; 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 2007 (unrealized).

Investment income distributions to the spendable (unrestricted) funds are based on the UW Foundation spending policy applied to 100 percent of the market value of the endowment (permanently restricted) funds.

Expenditures

Expenditures for the period of January 1, 2007 through December 31, 2007 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, 2007 are shown on the next page.

2007 OAC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
DEVELOPMENT GRANTS				
Creating Healthy Rural Communities	S	59,250	-	59,250
Family Table Project	R/S	59,864	-	59,864
Fluoridation for Healthy Communities	S	67,000	-	67,000
Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support	R/S	66,937	-	66,937
Healthiest Wisconsin 2020: A Partnership Plan to Improve the Health and Safety of the Public	S	66,873	-	66,873
(Kev Noj Qab Haus Huv Ntawm Pojnam Hmoob Lub Neej) Staying Healthy as a Hmong Woman: Building Capacity to Address Cancer Disparities	R/S	50,840	-	50,840
Oral Health Improvement for Adults with Developmental Disabilities	S	66,748	-	66,748
Promoting a Safe and Healthy Deaf Community	S	54,443	-	54,443
Reducing Mental Health Treatment Barriers in Adjudicated, Poor, Substance Abusing Women	R/S	67,000	-	67,000
Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools	R/S	66,972	-	66,972
Uniting a County	S	67,000	-	67,000
IMPLEMENTATION GRANTS				
Allied Drive Early Childhood Initiative	R/S	474,988	-	474,988
Changing the Culture of Palliative Care in Rural Wisconsin	S	413,221	-	413,221
Ecocultural Family Interview Project	R/S	474,943	-	474,943
Expanded Community Role in the Milwaukee Homicide Review Commission	S	474,164	-	474,164
Expanding & Sustaining the "Safe Mom, Safe Baby" Project	R/S	400,944	-	400,944
Got Dirt? Garden Initiative	R/S	474,990	-	474,990
It Takes a Community to Help a Smoker	R/S	473,883	-	473,883
Keeping Kids Alive in Wisconsin	S	464,252	-	464,252
Reducing Tobacco Use Among LGBT Populations in Wisconsin	S	475,000	-	475,000
Underage Drinking - A Parent Solution	S	462,991	-	462,991
Total 2007 OAC Funding		\$5,282,303	\$ -	\$5,282,303

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

2006 OAC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
PLANNING GRANTS				
Childhood Obesity Wellness Campaign	S	45,040	4,438	40,602
Family Teaming to Improve Health Outcomes for Youth	S	49,942	17,959	31,983
Fit Kids, Fit Cities	S	44,210	34,527	9,683
Fluoridation for Healthy Communities	S	50,000	20,672	29,328
Green City, Active People	S	50,000	-	50,000
Health Care Task Force on Pre- and Inter-Conception Care: Optimizing Women's Health and Increasing Access to Primary and Preventive Health Services	S	49,567	9,312	40,255
Increasing Breastfeeding Rates in Milwaukee County	S	49,454	-	49,454
Noj Zoo, Nyob Zoo (Eat Well, Live Well): A Hmong Community Health Promoter Project	S/E	50,000	36,559	13,441
Northern Wisconsin Child and Adolescent Psychiatry Access Project (CAPAP)	S	49,945	8,429	41,516
Planning a Multicultural Women's Education Program to Eliminate the Stigma of Depression	S	48,336	-	48,336
Preventing Substance Abuse Among LGBTQ Youth in Wisconsin	S	48,760	17,504	31,256
Schools and Clinics United for Healthy Children and Youth	S	50,000	-	50,000
IMPLEMENTATION GRANTS				
Coordinating Partnerships to Improve Access to Public Health Coverage	S	446,185	91,074	355,111
FIT WIC - FIT Families	S	450,000	57,165	392,835
Health Watch Wisconsin	S/E	447,700	62,787	384,913
Honoring Our Children Urban/Rural Outreach Project	S	450,000	2,948	447,052
Latino Geriatric Center	S/E	448,251	49,634	398,617
Measuring the Impact	S/R	396,894	7,298	389,596
Milwaukee Nurse-Family Partnership Program	S	449,376	-	449,376
Project Connect	S	450,000	34,151	415,849
Strong Rural Communities Initiative	S	299,815	104,026	195,789
Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women	S	450,000	42,049	407,951
What Works: Reducing Health Disparities in Wisconsin Communities	S/R	429,461	28,557	400,904
Wisconsin Partnership for Childhood Fitness	S/R	446,568	-	446,568
Workforce Development: Advancing the Plan for a Diverse, Sufficient and Competent Workforce	S/E	450,000	35,747	414,253
PUBLIC HEALTH EDUCATION & TRAINING				
Continuing Public Health Education	S/E	560,338	173,405	386,933
Total 2006 OAC Funding		\$6,759,842	\$838,242	\$5,921,600

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

2005 OAC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
PLANNING GRANTS				
Active Prescription for Wisconsin	S	15,865	15,865	–
Assessing Lifestyle Behaviors and Beliefs in Underserved Adults	S	48,637	46,295	2,342
Chippewa Valley Community Diabetes Program	S	49,903	49,903	–
Development of a Wisconsin Public Health Laboratory Network	S	49,234	23,237	25,997
Enhancing the Role of Consumers as Informed Partners in the Health Care System	S	46,569	24,591	21,978
Got Dirt? Initiative	S	41,270	31,819	9,451
Green City, Healthy People: Eliminating Health Disparities while Revitalizing Milwaukee's Johnson Park	S	50,000	45,576	4,424
Hispanic Health Patient Navigation Collaboration Planning Project	S	25,728	12,823	12,905
Reduce Health Disparities within the LGBT Populations in Wisconsin	S	46,482	37,328	9,154
IMPLEMENTATION GRANTS				
Engaging Wisconsin Communities for Substance Abuse Prevention	S	430,872	115,340	315,532
Expand Behavioral Risk Factor Survey Coverage to Provide Local Tracking of Healthiest Wisconsin 2010 Priorities	S/R	440,466	142,105	298,361
Footprints to Health	S	450,000	73,118	376,882
Influencing Wisconsin's Public Health System by Defining, Understanding and Diffusing a Treatment Model for Hmong Mental Health	S/R	450,000	125,165	324,835
Polk County Alcohol and Drug Outreach and Training (PolkADOT)	S/R	448,584	109,151	339,433
Reality Check 21	S	450,000	167,447	282,553
Si Se Puede (Yes You Can)	S	411,183	195,098	216,085
Transporting Children Safely – A Public Health Model for WIC (Women, Infants, and Children) Families	S	344,924	129,427	215,497
Wisconsin Falls Reduction Project	S/R	448,898	107,730	341,168
The Wisconsin Healthy Air Initiative	S	450,000	82,854	367,146
Total 2005 OAC Funding		\$4,698,615	\$1,534,872	\$3,163,743

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

2004 OAC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
PLANNING GRANTS				
Ho–Chunk Nation Culturally Trained Preventive & Supportive Care Project	S	25,000	25,000	–
IMPLEMENTATION GRANTS				
At Risk Adolescent Health Outreach, Prevention and Services Collaborative Program	S	292,467	244,346	48,121
Beyond Lip Service: Integrating Oral Health into Public Health	S	450,000	271,046	178,954
Breaking the Barriers to Health Care & Domestic Violence Prevention for Latino/Hispanic Immigrants	S/E	450,000	430,631	19,369
Co–op Care	S	450,000	308,738	141,262
Dane County Early Childhood Initiative	S	450,000	340,004	109,996
First Breath: Enhancing Service to Health Care Providers and Clients	S/E	450,000	367,297	82,703
Fit Kids Fit Families in Washington County	S	318,971	128,320	190,651
Healthy and Active Lifestyles for Children and Youth with Disabilities: A Comprehensive Community–Based Partnership	S	440,490	235,523	204,967
Healthy Children, Strong Families	S/R	426,120	326,403	99,717
Milwaukee Birthing Project: Improving Birth Outcome for Mothers and Children	S	414,475	399,788	14,687
Milwaukee Homicide Review Commission	S/R	400,001	341,046	58,955
Peridata: A Rural/Urban Information Network	S	395,819	201,994	193,825
Safe Mom, Safe Baby: A Collaborative Model of Care for Pregnant Women Experiencing Intimate Partner Violence	S	448,529	353,818	94,711
COMMUNITY–POPULATION HEALTH INITIATIVES				
Multi–Level Information Systems and Health Promotion Interventions for Milwaukee’s School Children	S/R	299,839	299,839	–
Tribal–Academic Partnership for American Indian Health	S/E/R	245,379	200,248	45,131
PUBLIC HEALTH EDUCATION AND TRAINING				
Wisconsin Population Health Fellowship Program	S/E	1,566,789	1,181,588	385,201
Healthy Wisconsin Leadership Institute	S/E	814,403	554,873	259,530
Total 2004 OAC Funding		8,338,282	6,210,502	2,127,780
Total 2005 OAC Funding		4,698,615	1,534,872	3,163,743
Total 2006 OAC Funding		6,759,842	838,242	5,921,600
Total 2007 OAC Funding		5,282,303	–	5,282,303
Total OAC Funding (2004, 2005, 2006 & 2007)		\$25,079,042	\$8,583,616	\$16,495,426

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

2007 MERC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
TARGETED PROGRAMS				
2007 Emergency Care and Trauma Symposium	S/E	80,000	–	80,000
Development of Human Rights Initiative	E	22,500	–	22,500
Wisconsin Academy for Rural Medicine (WARM)	E	668,490	40,162	628,328
Wisconsin Network for Health Research (WiNHR)	E	2,711,469	23,961	2,687,508
NEW INVESTIGATOR PROGRAM				
A New Diagnostic Test to Monitor Regression and Recurrence of Epithelial Ovarian Cancer	R	98,738	–	98,738
Falls Risk Detection and Gait Instabilities in Older Adults	S/R	100,000	3,971	96,029
Metabolic Control of Metastasis by a Master Regulator of Neurogenesis: Molecular Mechanisms and Therapeutics	R	99,990	–	99,990
Probiotics for Prevention of Infection by Multiresistant Bacteria	R	100,000	–	100,000
Reconstructing HIV Sequence Histories to Identify Potent Immune Responses	R	99,620	2,316	97,304
The Relationship between Asthma and Obstructive Sleep Apnea (OSA) – A Pilot Study of the Effects of Treatment for Comorbid OSA in Patients with Asthma	R	99,995	–	99,995
COLLABORATIVE HEALTH SCIENCES PROGRAM				
A Comprehensive Approach to Insomnia	R	299,654	10,809	288,845
Healthy People/Healthy Systems: The OPTIMISE Model	E	299,726	12,258	287,468
Improving Cardiovascular Risk Prediction Using Hand-Held Carotid Ultrasonography	E	286,297	24,032	262,265
Individualized Stroma-Targeting Therapy in Breast Cancer	R	300,000	10,600	289,400
Linking Aging, Resveratrol and Sirtuins	R	300,000	53,285	246,715
Vitamin D Inadequacy: Documentation in Rural Populations and Evaluation of Correction by Food Supplementation	R	300,000	22,792	277,208
Wisconsin Infectious Disease Drug Discovery	R	300,000	3,064	296,936
Total 2007 MERC Funding		\$6,166,479	\$207,252	\$5,959,227

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

2006 MERC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
MERC INITIATIVES				
UW Institute for Clinical and Translational Research	S/E/R	6,847,846	1,058,474	5,789,372
STRATEGIC INITIATIVES ALLOCATION				
Advancing Evidence-Based Health Policy in Wisconsin: Translating Research into Practice	S/E	149,230	44,095	105,135
Center for Urban Population Health Public Health Development Plan	S/E/R	1,058,448	-	1,058,448
COMBINED MERC/STRATEGIC INITIATIVES ALLOCATION				
The Wisconsin Smokers Health Studies	S/R	600,000	219,048	380,952
NEW INVESTIGATOR PROGRAM				
Creation of a Bovine Cryptosporidium Vaccine to Reduce Outbreaks in Human Populations	R	100,000	69,920	30,080
Determinants of Antibiotic Resistance in Nursing Homes	R	100,000	19,077	80,923
Integrating Variation at Single Nucleotides and Short Tandem Repeats to Identify Genetic Associations with Complex Diseases	R	100,000	19,077	80,923
Magnetic Resonance Imaging in a Study of Prolotherapy for Knee Osteoarthritis	R	99,971	14,132	85,839
Partnering with Quit Lines to Promote Youth Smoking Cessation in Wisconsin	S/R	100,000	9,997	90,003
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	R	100,000	7,667	92,333
Treatment of Vitamin D Insufficiency	R	100,000	64,475	35,525
Total 2006 MERC Funding		\$9,355,495	\$1,525,962	\$7,829,533

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

2005 MERC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
MERC INITIATIVES				
Human Proteomics Program	R	1,867,208	1,465,063	402,145
Regenerative Medicine Program	R	1,200,000	480,850	719,150
Survey of the Health of Wisconsin (SHOW)	S/E/R	4,116,906	1,634,048	2,482,858
Wisconsin Network for Health Research (WiNHR)	S/R	1,175,827	901,206	274,621
STRATEGIC INITIATIVES ALLOCATION				
Library Collection Support for Public Health Research and Training	S/E/R	159,794	53,385	106,409
Reducing Cancer Disparities through Comprehensive Cancer Control	S/E/R	532,126	422,605	109,521
Startup Funding to Recruit Faculty Member Specializing in Genetic Epidemiology	S/E/R	261,706	64,180	197,526
Startup Funding to Recruit Faculty Member Specializing in Health Policy	S/E/R	261,706	27,922	233,784
"The Transformation of Health Care and the Role of the University" Conference	S/E	22,308	22,308	-
Wisconsin Academy for Rural Medicine (WARM)	S/E	134,884	101,004	33,880
COMBINED MERC/STRATEGIC INITIATIVES ALLOCATION				
Health Innovations Program (HIP)	S/E/R	1,310,158	503,078	807,080
NEW INVESTIGATOR PROGRAM-CYCLE 1				
Healthy Children Strong Families-Supporting Caregivers Improving Lifestyles	S/R	93,054	59,515	33,539
Investigating Fungal Infection: Analysis of Spores from the Human Fungal Pathogen Cryptococcus Neoformans	R	100,000	99,154	846
Molecular Analysis of the Putative Mammalian siRNase ERI-1	R	99,913	99,913	-
Molecular Mechanism of Lung Organogenesis, Tumorigenesis, and Asthma	R	100,000	77,210	22,790
Novel Therapies Against Influenza Infection	R	100,000	100,000	-
Sterol Carrier Protein 2 is a Novel Link Between Aging and Alzheimer's Disease	R	99,894	99,894	-
NEW INVESTIGATOR PROGRAM-CYCLE 2				
Androgen Receptor as an Immunological Target for the Treatment of Prostate Cancer	R	99,906	86,370	13,536
Cellular and Viral Determinants of Human Cytomegalovirus Lytic and Latent Replication Cycles	R	100,000	67,471	32,529
Effects of Statin Therapy on Vascular Properties and Outcomes in Diastolic Heart Failure Patients	S/R	100,000	20,142	79,858
GLI2 Protein Stabilization in the Activation of Hedgehog Signaling Pathway in Prostate Cancer	R	100,000	94,725	5,275
Mechanisms of CREB Regulation and Function in Response to DNA Damage	R	100,000	91,338	8,662
Novel Exploratory Approaches to Elucidating the Role of G-RAIL in CD25+ T Regulatory Cell Biological Function	R	91,560	64,608	26,952
Optimizing Immunosuppressant Therapy Based on Viral Genetics to Improve Hepatitis C Infected Transplant Patient Outcomes	R	100,000	100,000	-
The Role of Ikaros in Cellular Proliferation	R	100,000	92,521	7,479
Topical Honey for Diabetic Foot Ulcers	S/R	99,976	55,550	44,426
Wnt/Frizzled Signals in Normal and Malignant Lymphoid Development	R	100,000	75,518	24,482
Total 2005 MERC Funding		\$12,626,927	\$6,959,580	\$5,667,346

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

2004 MERC Funding

Project Title	Type*	\$ Total Award	\$ Total Expended	\$ Grants Payable
MERC INITIATIVES				
Innovations in Medical Education	E/S	3,414,780	2,048,522	1,366,258
Survey of the Health of Wisconsin (SHOW)	R/E/S	121,955	109,585	12,370
Wisconsin Clinical Trials Network (WiCTNet)	R/S	105,414	105,414	–
STRATEGIC INITIATIVES ALLOCATION				
Improving Cancer Care in Wisconsin	R/E/S	313,539	313,539	–
Making Wisconsin the Healthiest State	R/S	820,343	566,368	253,975
Master of Public Health (MPH)	E	2,682,977	1,554,912	1,128,065
Wisconsin Alzheimer's Institute	R/E/S	375,000	212,107	162,893
Total 2004 MERC Funding		7,834,008	4,910,447	2,923,561
Total 2005 MERC Funding		12,626,927	6,959,580	5,667,346
Total 2006 MERC Funding		9,355,495	1,525,962	7,829,533
Total 2007 MERC Funding		6,166,479	207,252	5,959,227
Total MERC Funding (2004, 2005, 2006 & 2007)		\$35,982,909	\$13,603,241	\$22,379,668

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



Subcommittee Members and Reviewers

MERC New Investigator Program: Application Review Subcommittee

All of the Application Review Subcommittee members are affiliated with the UW SMPH.

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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 WPP'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), the 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.

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