Developing a Model for Community Wellness
This neighborhood-based social-cooperative model is designed to build healthier communities from within.

Description: The Allied Community Cooperative developed a social-cooperative model to support residents in Madison’s Allied-Dunns Marsh neighborhood. This community emphasized resident-led initiatives and a network of peer support that is inherent in cooperatives.

Relevance: Madison’s Allied Dunns-Marsh neighborhood has a high number of African American and Latino families who live under the poverty level.

Partnerships: Partnerships with 25 businesses and organizations such Madison Community Cooperatives, Boys and Girls Club and Wisconsin Campus Compact led to additional grants totaling nearly $20,000, including funding for a one-year VISTA volunteer and a grant to improve access to technology.

Results: The cooperative hired an Allied resident who, like many of her neighbors, had faced challenges related to issues of poverty; she learned new job skills and became an exceptional community organizer and outreach worker. Cooperative members worked to create a food cart business and developed skills in strategic planning, team building and small business development. Other resident-led activities included the development of parent support groups, a neighborhood newsletter, a recycling education project, community dances and dinners.

Neighborhood apartment complexes benefitted from container gardens and a farmer’s market vegetable stand that evolved into Freshmobile, a health food delivery solution. Sponsored by Fresh Madison Market and other health and community organizations, this sustainable way to bring fresh fruit and vegetables to the Allied area and other neighborhoods throughout the city resulted in residents being hired in livable wage jobs.

Allied Community Cooperative
Grantee: Allied Wellness Center
Contact: Susan Corrado, Allied Wellness Center, alliedcomcoop@gmail.com
Academic Partner: Brent Hueth, PhD, Agriculture and Applied Economics, UW-Madison, hueth@wisc.edu
Award: $50,000 over one year

Cutline: Fresh Madison Market owner Jeff Mauer (right) joined Allied community members and wellness center staff to celebrate the 2012 grand opening of Freshmobile, designed to bring fresh produce to city neighborhoods underserved by traditional grocery stores.
Reducing Risky Alcohol Use Through Policy Work
This statewide project represented a strategic step toward reducing the financial and human toll of problem alcohol use.

Description: The Building Effective Partnerships to Reduce Risky and Problem Alcohol Use project emphasized collaboration to support advocates, researchers and other public health professionals working to implement environmental and policy-based approaches to reduce the public health impacts of risky alcohol use.

Relevance: Risky and problematic alcohol use, and the negative consequences associated with it, is one of Wisconsin’s most pressing issues. The estimated cost of excessive alcohol consumption in Wisconsin was $6.8 billion in 2012.

Partnerships: State and local partners attended a planning summit in June 2011 to assess the need for and interest in statewide alcohol policy.

Results: With input from leaders at the prevention summit, the project team hosted regional meetings to refine the goals, strategies and tools needed to move forward on both the state and local level. Health First Wisconsin developed a website (http://healthinpractice.org/alcohol-misuse-prevention) for coalition partners, policymakers and the public with links to timely resources. Social media and conference calls created a forum for ongoing conversations and disseminating information, research and educational materials to partners throughout the state.

Expansion of the state leadership team is underway. The leadership team will analyze data collected from various venues and determine what priorities will unite and facilitate continued collaboration around the state. A good example of building statewide capacity to act on a problem through policy, this project led to a $400,000 implementation grant awarded by the Wisconsin Partnership Program in 2012.

Building Effective Partnerships to Reduce Risky and Problem Alcohol Use
Grantee: Health First Wisconsin
Contact: Maureen Busalacchi, Health First Wisconsin, mbusalacchi@healthfirstwi.org
Academic Partner: Richard Brown, MD, PhD, Family Medicine, SMPh, rlbrown@wisc.edu
Award: $50,000 over one year

Cutline: Wisconsin ranks number one in the United States in rates of binge drinking.
Redesigning Systems for Mental Health Treatment
The project team investigated models of integrated mental health and substance abuse treatment.

Description: The Collaborative AODA Service: Identifying Cost Effective Models project explored best practice or evidence-based models for the development of multi-agency shared services and training in outpatient treatment for patients with a dual diagnosis of mental illness and substance abuse issues.

Relevance: Nationally, there is a gap in the provision of cost effective and accessible mental health services for individuals who experience both severe psychological distress and a substance abuse disorder or dependency. Only a fraction of individuals with co-occurring emotional and substance abuse histories receive appropriate treatments.

Partnerships: The Counseling Center of Milwaukee (now Pathfinders Milwaukee, Inc.), Jewish Family Services and Aurora Family Services are three major providers of outpatient mental health services in the metropolitan Milwaukee area. A three-agency team completed two comprehensive evaluations of mental health and substance abuse service delivery systems with the assistance of their academic partners at UW-Madison and UW-Milwaukee.

Results: The three partner agencies identified training and structural needs across agencies, as well as the degree of organizational readiness to adopt treatment innovations and several intervention models for potential local implementation.

The project reaffirmed the need for a comprehensive system redesign. The current mental health and substance abuse service delivery systems typically operate independently from each other and from other community supports system (case management, housing, etc.). Exploring and evaluating other programs revealed lack of widespread recognition of the common co-occurrence of substance abuse and mental illness and the need for dually-trained clinicians.

Collaborative AODA Service: Identifying Cost Effective Models
Grantee: Jewish Family Services, Inc.
Contact: Jim Welsh, Jewish Family Services, Inc., jwelsh@jfsmilw.org
Academic Partner: Randall Brown, MD, PhD, Family Medicine, SMPH, randy.brown@fammed.wisc.edu
Award: $55,281 over two years and six months

Cutline: Co-occurring disorders interact and affect each other: when a mental health problem goes untreated, the substance abuse problem usually gets worse. And when alcohol or drug abuse increases, mental health problems usually increase too.
Reducing Health Disparities Through a Men’s Wellness Network

African American men in Milwaukee’s Lindsay Heights neighborhood benefit from a place to negotiate life stressors and learn from experiences of others.

**Description:** The **Developing a Men’s Wellness Network to Improve Community Health Outcomes** team addressed a significant need to improve the health of African American men by engaging them in the leadership of physical, social and health promotion activities in Milwaukee’s Lindsay Heights neighborhood.

**Relevance:** African American men in Milwaukee suffer high disparities in health, including the highest mortality rates in the country, yet they are underrepresented in health research and health promotion programs.

**Partnerships:** Walnut Way, Inc. and its partners at the Center for Urban Population Health, UW-Milwaukee Zilber School of Public Health and the YMCA Northside launched the Lindsay Heights Men’s Wellness Council in 2011. The council was designed as a venue for African American men to explore the meaning of health, critical determinants of health and areas of action in their community.

**Results:** For 18 months, a small group of African American men met monthly to discuss issues of health and wellness. Though the project initially focused on physical activity in men, council members quickly discovered that a more holistic approach was needed to focus on emotional, mental and financial well-being. Discussions brought to light the tremendous isolation and pressure African American fathers and men experience, leading to their self-definition as “an island of one.” Members found that the council meetings provided the critical space needed to make social connections, negotiate life stressors and learn from experiences of other men. Based on these findings, key recommendations and an action plan were submitted to the Lifecourse Initiative for Healthy Families, which led to implementation funding in 2013.

The council’s efforts resulted in a well-received documentary film, *No Longer An Island*. The film was intended to promote community dialogue and inform local and national audiences interested in developing health promotion programs tailored to African American men. The project team has presented its findings at several conferences and plans to submit the film to the American Public Health Association film festival and develop a journal manuscript for submission in 2013.

**Developing a Men’s Wellness Network to Improve Community Health Outcomes**

*Grantee:* Walnut Way Corp.
*Contact:* Jessie Tobin, Walnut Way Corp., Jessie@walnutway.org
*Academic Partner:* Amy Harley, PhD, Health Sciences, UW-Milwaukee, harley@umn.edu
*Award:* $50,000 over one year and seven months

**Cutline:** Members of a men’s wellness group in Milwaukee participated in a panel discussion at the community premiere of their documentary film, *No Longer An Island.*
Creating Youth Gardens to Curb Childhood Obesity
This project promoted youth gardens are a viable strategy to increase access to and consumption of fruits and vegetables.

Description: The Got Dirt? Garden Initiative designed a process to establish youth gardens at elementary schools and childcare centers throughout Wisconsin.

Relevance: Nutrition research supports the role of increased fruit and vegetable consumption for prevention of cancer, heart disease and obesity.

Partnerships: Brown County UW-Extension, the Wisconsin Department of Health Services and the UW Pediatric Fitness Clinic helped develop this initiative. Support from other community partners increased buy-in from schools, childcare and after-school sites.

Results: Workshops conducted by Wisconsin Master Gardener Volunteers and others trained over 1,000 youth educators and online surveys documented the establishment of 122 youth gardens throughout the state. This intervention focused on improving the school environment to facilitate change. Garden tool kits and manuals were developed to assist youth educators in starting gardens.

Analysis of 30 gardening (intervention) sites and 30 control sites indicated that youth in the intervention group were significantly more willing to try new fruit at home, to choose fruit as a snack instead of chips or candy and to choose vegetables as a snack instead of chips or candy. The control group showed no statistically significant changes.

This project proved to be an important backdrop for communities applying for grants through the Transform Wisconsin Fund and also served as the impetus for a WPP implementation grant to cultivate childhood wellness through gardening.


Got Dirt? Garden Initiative
Grantee: Brown County
Contact: William Wright, bwright@baycomwi.com
Academic partner: Aaron Carrel, MD, Pediatrics, SMPH, alcarrel@pediatrics.wisc.edu
Award: $406,068 over four years

Cutline: Gardening benefits children’s health and well-being, their attitudes toward their environment and connections to community.
Addressing Mental Health Issues in the Workplace
Reducing stigma related to mental illness can make the workplace responsive and helpful to employees experiencing mental disorders.

Description: The Improving Employer Mental Health Practices project identified two interventions to help employers respond more effectively to employees experiencing problems in the workplace related to mental illnesses: manager training on mental illness and employee education to reduce stigma and increase help-seeking behavior.

Relevance: The prevalence of mental health disorders in Wisconsin and the significant gap in treatment creates a need to find new ways to provide early identification and education of individuals with such disorders.

Partnerships: Through a survey of employer members of The Alliance (a nonprofit employer-owned health cooperative) and the Business Health Care Group, key informant interviews and focus groups, the project team explored employer attitudes and activities related to mental health in the workplace and identified potential workplace interventions. An advisory board, including employer, consumer and professional partners, in addition to national and international organizations working on workplace mental health provided guidance.

Results: A strategic plan provided recommendations along with metrics that can be used to measure the impact of employer mental health interventions and an evaluation design that could be used in a pilot program. Results are also available on the website of Wisconsin United for Mental Health.

Strong employer engagement, including considerable interest in an implementation project, suggests that employers recognize the value of these interventions. A pilot program is currently being tested and supported by a 2012 implementation grant for how much?. This bodes well for future efforts and the potential to make the workplace more responsive and helpful to employees who may be experiencing mental disorders.

Improving Employer Mental Health Practices
Grantee: Mental Health America of Wisconsin
Contact: Shel Gross, shelgross@tds.net
Academic partner: Jerry Halverson, MD, Psychiatry, SMPH, jhalverson@wisc.edu
Award: $49,915 over one year and six months

Cutline: Mental health issues heavily impact the workplace: one in five people will experience a mental illness directly.
Going Door-To-Door To Reduce Tobacco Use

Door-to-door surveys assessed smoking prevalence and beliefs in two Milwaukee neighborhoods.

**Description:** The *It Takes a Community to Help a Smoker* developed smoking cessation and prevention strategies and conducted door-to-door surveys in two of the lowest socio-economic status ZIP code areas in metropolitan Milwaukee. The survey was designed to assess beliefs about smoking and quitting by impoverished smokers in relation to past quitting behavior and intention to quit in the future.

**Relevance:** Little is known about the smoking and quitting beliefs of the very poor ($15,000 or less annual family income) because they tend not to be included in research.

**Partnerships:** The Salvation Army of Wisconsin and Upper Michigan partnered with the St. Vincent DePaul Society, UW Center for Tobacco Research and Intervention and the State Tobacco Prevention and Control Program. This project included the guidance of a stakeholder’s group from the community.

**Results:** 654 people completed the survey (a response rate of 78.3 percent), and self-reported smoking prevalence was 42.1 percent. Sixty-eight percent reported annual household incomes of less than $15,000, compared to 30.8 percent in the community as a whole and 13 percent of households nationally. Outreach activities included community-developed billboards, flyers in local stores and presentations to community residents, often through faith-based social services.

The study characterized attitudes toward smoking in this impoverished population and documented prevalent beliefs that may discourage quit attempts or use of evidence-based treatments. Based on these findings, it is clear that efforts to engage very poor smokers in treatment will have to address specific beliefs about smoking and quitting to effectively use evidence-based tobacco dependence treatments.

**Published article:** Christiansen, B., Reeder, K., Hill, M., Baker, T. and Fiore, M. (2012). “Barriers to Effective Tobacco Dependence Treatment for the Very Poor.” *Journal of Studies on Alcohol and Other Drugs*.

**It Takes a Community to Help a Smoker**
Grantee: The Salvation Army of Wisconsin and Upper Michigan
Contact: Kevin Reeder, Kevin_Reeder@usc.salvationarmy.org
Academic partner: Bruce Christiansen, Medicine, SMPH, bc1@ctri.medicine.wisc.edu
Award: $430,612 over four years

**Cutline:** Surveyors were selected from the community, which greatly assisted in the door-to-door efforts.
Emerging as a National Leader in Child Death Review
The project team developed a system to identify the risk factors and circumstances of child deaths in Wisconsin.

Description: The Keeping Kids Alive in Wisconsin project team built a statewide multidisciplinary Child Death Review (CDR) tracking system, using case review and data collection to improve child health and safety and prevent child deaths. In addition to tracking, the project team worked with more than 30 counties to develop a coordinated child death review team.

Relevance: First developed in 1978, CDR now has a large national presence due to various initiatives such as the U.S. Department of Health and Human Service's Healthy People 2020, which calls for a review of all deaths to children under age 18 due to external causes.

Partnerships: A collaborative partnership among Children's Health Alliance of Wisconsin, the Injury Research Center at the Medical College of Wisconsin and the state departments of Justice, Health Services and Children and Families, created the foundation for the CDR system and local multidisciplinary teams to be successful.

Results: Thirty-nine CDR teams were created or restructured to follow this prevention-based model during the grant period. County teams have improved the quality of their reviews and data collection. Local CDR teams report having a greater appreciation for how meaningful data can assist their communities in learning from these unfortunate tragedies and act as a catalyst for prevention. The Child Death Review system will be expanded through an implementation grant awarded by the Wisconsin Partnership Program in 2012.

Through this grant, Wisconsin has emerged as a national and international leader in a variety of aspects of child death review. In 2011, a fellow from the University of Edinburgh observed Wisconsin's CDR program as part of a yearlong fellowship on CDR around the world. The National Center for Child Death Review has used webinars developed for Wisconsin's local teams. Project staff collaborated on an article published in Injury Prevention, and provided technical assistance to CDR programs in Arkansas, Florida, Iowa and Wyoming.

Keeping Kids Alive in Wisconsin
Grantee: Children's Health Alliance of Wisconsin
Contact: Abby Collier, Children's Health Alliance of Wisconsin, ajcollier@chw.org
Academic partner: Timothy Corden, MD, Pediatrics, SMPH, tcorden@mcw.edu
Award: $402, 711 over four years

Cutline: Based on the national Child Death Review model, the Keeping Kids Alive in Wisconsin guidebook provides information on setting up a CDR team, conducting reviews brainstorming prevention ideas and more.
Using Community Health Promoters to Reduce Obesity in the Latino Community
The project embraced an evidence-based approach to build public support for change.

Description: The Public Will Building to Reduce Obesity in the Latino Community of Milwaukee team engaged community members around the topic of obesity and developed an action plan that recognizes community values and the environment in which the community lives, works and plays.

Relevance: The largely Spanish-speaking Latino immigrant population on the south side of Milwaukee is an underserved community with high rates of obesity and barriers to good health.

Partnerships: Proyecto Salud is a grassroots collaborative project of two agencies, CORE/El Centro and Aurora Walker’s Point Community Clinic. Proyecto Salud’s work is carried out through community health promoters trained to provide one-on-one health education, lead group activities around preventive health and organize community-driven efforts for change.

Results: Proyecto Salud developed the Mi Voz Mi Barrrio (“my voice, my neighborhood”) project and convened a 13-member community action board, comprised of members affected by obesity. Community health promoters facilitated discussions with community members and identified changing the built environment as a priority issue to solving the obesity problem.

The community action board created focused on built environmental issues such as cleaning up streets to encourage outdoor recreation and working on public policies that affect the quality of life. The goal is to build capacity to address larger issues, which will have broader impact on the health of the community. Implementation of the action plan will be realized through a continuation grant of $400,000 awarded by the Wisconsin Partnership Program in 2012.

Public Will Building to Reduce Obesity in the Latino Community of Milwaukee
Grantee: CORE/El Centro
Contact: Ana Paula Soares Lynch, CORE/El Centro, anapaula26soares@gmail.com
Academic partner: Amy Harley, PhD, Health Sciences, UW-Milwaukee, harley@uwm.edu
Award: $49,991 over one year and three months

Cutline: Community action board members participated in a leadership exercise at the 2013 Wisconsin Minority Health Month Forum in Milwaukee.
Interviewing Teens About Their Own Substance Abuse,

Milwaukee teens report increases in their motivation to reduce or stop their substance abuse.

Description: The Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools project team trained social services staff in Milwaukee area high schools to conduct Brief Motivational Interviewing (BrMI), an evidence-based approach designed to increase willingness to engage in counseling and reduce or stop their substance use.

Relevance: It’s difficult for high schools to provide in-school counseling for teens at risk for substance abuse and related high-risk behaviors.

Partnerships: Given preliminary results, Aurora Health Care, Aurora Behavioral Health Services and Aurora Psychiatric Hospital have embarked on a continuation of this study to determine if these findings can be replicated and extended.

Results: School social services staff, students and parents formed a project team to adapt the BrMI model for a school setting and developed training and materials. Teens at two Milwaukee area suburban high schools enrolled in the study and they were provided four sessions of BrMI delivered by a BrMI-trained social services staff member from the high schools. Baseline and end-of-treatment data were collected from all students.

Students and BrMI-trained staff found the BrMI acceptable and useful and students showed a statistical trend of increased motivation to reduce or stop their substance use. They found the personalized feedback reports to be helpful and reported knowing more about substance abuse treatment resources.

Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools
Grantee: Aurora Psychiatric Hospital
Contact: Michael Bohn, MD, Aurora Behavioral Health Center, michael.bohn@aurora.org
Academic partner: Patricia Kokotalo, MD, MPH, Pediatrics, SMPH, pkkokota@pediatrics.wisc.edu
Award: $66,972 over three years and two months

Cutline: Adolescents have the highest rates of new cases of drug and alcohol addiction.
Uniting to Reduce Obesity in Richland County

Residents of an entire county take a multi-level approach to increasing physical activity and promoting healthy nutrition.

Description: The Richland County Community Academic Partnership for Obesity Prevention team created a coalition and developed a plan to address the high rates of overweight and obesity in Richland County.

Relevance: With an adult obesity rate of 32 percent, Richland County ranked 56 of 72 overall in Wisconsin’s 2013 County Health Rankings.

Partnerships: With a subsequent Community Transformation Grant and partnerships with community organizations, including the Richland School District, Richland Medical Center and UW Extension, the coalition is implementing their plan to increase physical activity and the availability of healthy foods for all residents. Richland FIT has also partnered with a local newspaper and radio station to launch “FITness Champions,” a series highlighting community members who have made commitments to be healthy.

Results: The coalition, Richland Fitness in Total (Richland FIT), attracted participation from the medical, education, public health, recreation and business communities. Richland FIT completed an assessment of community barriers and assets and developed a strategic plan to prevent obesity by increasing physical activity and promoting healthy nutrition.

A community assessment involving focus groups, key informant interviews, environmental audit surveys and a photo voice project. This creative project invited county residents to capture their environment and experiences in photos and use their “voice” to raise questions and suggest solutions for barriers to physical activity and healthy nutrition. For example, seniors in the county have identified safety and isolation issues related to exercising.

This project was awarded a $400,000 implementation grant by the Wisconsin Partnership Program in 2012.

Richland County Community Academic Partnership For Obesity Prevention
Grantee: Richland County HHS Public Health
Contact: Marianne Stanek, Richland County HHS Public Health, stanekm@co.richland.wi.us
Academic partner: Neil Bard, Family Medicine, Richland Medical Center, neil.bard@richlandmedcctr.com
Award: $50,000 over one year

Cutline: Richland County residents used personal experiences and photos to express their ideas for increasing physical activity and promoting healthy nutrition.
**Making a Difference in Curbing Underage Drinking**
The intervention reduced underage drinking rates in Edgerton, Wisconsin.

**Description:** The *Underage Drinking: A Parent Solution* project team focused on reducing underage alcohol use among Edgerton School District adolescents through prevention strategies involving school, family and community.

**Relevance:** Underage drinking is a pervasive and growing problem nationally, and Edgerton youth report drinking at rates higher than the county, state and national averages. The National Academy of Sciences reported that reducing underage drinking cannot be successfully achieved by focusing on youth alone; greater attention must be given to environments in which drinking takes place and the situations in which adults drink.

**Partnerships:** The project team collaborated with the Rock County Public Health Department, the Edgerton School District and the Edgerton Coalition for a Healthy Community.

**Results:** According to Youth Risk Behavior Surveillance System data, drinking rates declined among Edgerton students in grades 10 to 12 from 2005 to 2009: the number who reported having at least one drink in the last 30 days dropped from 55 percent to 46 percent; binge drinking rates decreased from 44 percent to 31 percent; and the first use of alcohol before the age 13 dropped from 36 percent to 25 percent.

Assessment data were collected through surveys, community focus groups and interviews with key community leaders. The project team developed an intervention, “Parents Make the Difference,” and delivered an educational session to 175 parents. A community information campaign of advertisements, articles and press releases for events such as prom and graduation delivered messages about brain development and how parents and the local environment contribute to underage drinking.

The project was successful at raising the awareness of underage drinking with a focused target population. Parents involved in prevention efforts report better communication with their children about choosing low-risk behaviors, a better understanding of adolescent development and more adult supervision during youth events. The school district’s athletic code has mandated stricter penalties for alcohol and other drug use.

**Underage Drinking: A Parent Solution**
Grantee: Partners in Prevention—Rock County, Inc.
Contact: Kate Baldwin, Partners in Prevention—Rock County, Inc., kate.partners@sbcglobal.net
Academic partner: Douglas Piper, PhD, UW Population Health Institute; Michael Fleming, MD, MPH, Family Medicine, SMPH
Award: $416,746 over four years

**Cutline:** Billboards, banners, posters and informational booths targeted parents in the Edgerton school district with messages about youth alcohol access.
Building the Next Generation of Public Health Leaders
The public health workforce benefits from a diverse corps of highly skilled young professionals.

Description: The Wisconsin Population Health Service Fellowship recruits and deploys early-career public health professionals to work for public health and community-based organizations throughout Wisconsin. Created in 2004 as one of the first initiatives of the Wisconsin Partnership Program, the fellowship combines service — by tackling some of the state’s most pressing public health challenges and attracting resources to community and public health — with workforce development, by building population health skills and experience in future public health leaders.

Relevance: More than 65 percent of program graduates in the past five years have remained in practice in Wisconsin, contributing to the experience, skill level and diversity of the Wisconsin public health workforce.

Partnerships: Fellows are placed in a wide range of rural and urban community-based organizations, from the Rural Wisconsin Health Cooperative, to the United Way and the Lindsay Heights Neighborhood Health Alliance.

Results: In 2011–2012, the program provided the services of 11 full-time fellows to 12 organizations and other community partners throughout the state. More than $1 million was secured through fellow involvement in grant writing for public health efforts in the areas of health impact assessment, public health accreditation and preparation, treatment alternatives to prison, improved birth outcomes and violence prevention.

Fellows often gain public recognition for their work. For example, Rashonda Jones, a second-year fellow, was accepted into the 2012 City Match City Leaders program. A national organization for urban leaders in maternal and child health, City Match selects emerging leaders to participate in an intensive eight-month training. Jones is using the opportunity to strengthen her contributions to maternal and child health in Milwaukee.

Wisconsin Population Health Service Fellowship
Grantee: Population Health Sciences
Contact: Marion Ceraso, mceraso@wisc.edu
Academic partner: Tom Oliver, PhD, Population Health Sciences, SMPH, troliver@wisc.edu
Award: $534,526 over one year and two months

Cutline: Tyler Weber presented findings from his fellowship work with the Milwaukee Health Department and the Lindsay Heights Neighborhood Health Alliance.
**Improving Birth Outcomes in Beloit**

The Beloit LIHF Collaborative attracted local media coverage and increased public awareness about the issue of infant mortality.

**Description:** As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Beloit established a collaborative to enhance coordination in service delivery systems and work towards community change at environmental, policy and system levels. The collaborative developed a community action plan that reflects the community’s vision and strategies for improving healthy birth outcomes.

**Relevance:** An African American baby born in Beloit is almost two times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

**Partnerships:** The Beloit LIHF Collaborative recruited more than 90 members, including participants from the medical and faith-based communities and representatives from 40 local organizations and agencies. Working with Beloit College, residents created a community pictorial by using cameras to capture snapshots of places that demonstrate how their health is influenced by the social determinants of health, where residents live, learn, work, play and worship.

**Results:** Established in 2010, the Beloit LIHF Collaborative participated in a two-year planning process, including a community needs assessment, site visits, discussion groups and the involvement of nearly 200 community residents. After reviewing evidence-based programs and promising practices, recommendations in Beloit’s community action plan focused on three key areas to improve healthy birth outcomes: improve access to health care, strengthen African American Families and address social and economic inequities. The collaborative leveraged additional financial resources of $40,440.

The collaborative will focus its future work on strengthening families through increased father involvement, promoting a culturally competent systems navigator to assist with access to services and undoing racism through strengthening cultural competency among service providers.

The Beloit community action plan is available at www.med.wisc.edu/LIHF.

**Beloit Lifecourse Initiative for Healthy Families**

Fiscal Sponsor Representative: Suzanne Cox
coxs@beloit.edu
Awards: $250,000 over two years

**Cutline:** Regina Hendrix and her daughter Ryann attended the launch of Beloit LIHF’s community action plan in April 2012. Born prematurely at 32 weeks, baby Ryann’s journey to thrive was featured at collaborative meetings and local publications, and became an inspiration for the Beloit community.
Improving Birth Outcomes in Kenosha

Kenosha LIHF Collaborative has established itself as a primary community resource for information on healthy birth outcomes and factors impacting African American infant mortality in Kenosha County.

Description: As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Kenosha meet regularly to enhance coordination of services among local agencies and organizations that work towards improving health, strengthening families and addressing policy and systems change. The collaborative developed a community action plan that reflects the vision and strategies for improving the health for African American women, infants and families in the Kenosha community.

Relevance: At the onset of the Kenosha LIHF project, an African American baby born in Kenosha was almost three times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

Partnerships: Kenosha LIHF is creating new connections with key public and private organizations across multiple sectors to address social and health factors that adversely impact women, fathers, children and families. The collaborative benefits from a partnership with The Mahone Fund and the Kenosha Community Health Center, in engaging the business and corporate sectors to support strategies that promote health and healthy birth outcomes.

Results: More than 110 agency leaders and residents participated in the planning process, which included a community-needs assessment, site visits to learn about promising interventions and discussion groups to inform development of the community action plan. In 2012, the Kenosha LIHF Collaborative raised funds from managed health organizations and community sponsors to sponsor a community baby shower providing gift bags to more than 100 expectant women and families.

Strategies during implementation will focus on service coordination among the LIHF grantees that address father involvement, home visiting, group prenatal care and dismantling racism.

The Kenosha community action plan is available at www.med.wisc.edu/LIHF.

Kenosha Lifecourse Initiative for Healthy Families

Community Partner: Pamela Smith, Kenosha County Division of Health, pamela.smith@kenoshacounty.org
Awards: $250,000 over two years

Cutline: Attendees at an April 2012 event to launch Kenosha’s community action plan included (from left) Cindy Johnson, Kenosha County Division of Health; Wisconsin Senator Bob Wirch; Rev. Janice Cummings; and LIHF Steering Committee member Georgia Cameron, Wisconsin Division of Public Health.
Improving Birth Outcomes in Milwaukee
The Milwaukee Journal Sentinel’s “Empty Cradles” series examining Milwaukee’s infant mortality crisis bolstered the public awareness activities of the Milwaukee LIHF Collaborative.

Description: As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Milwaukee established a collaborative to enhance coordination in service delivery systems and work toward community change at environmental, policy and system levels. The collaborative developed a community action plan that reflects the community’s vision and strategies for improving healthy birth outcomes.

Relevance: An African American baby born in Milwaukee is almost three times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

Partnerships: Nearly 400 citizens and community leaders participated in the Milwaukee LIHF Collaborative’s two-year planning process. Strong partnerships with the Women’s Fund of Greater Milwaukee, Public Allies Milwaukee, the Black Health Coalition of Wisconsin and the Milwaukee Fatherhood Initiative helped attract involvement of local funders, women of reproductive age and fathers.

Results: Established in 2010, the Milwaukee LIHF Collaborative’s comprehensive planning process resulted in a community action plan to eliminate racial disparities in infant mortality. The plan’s key recommendations were to expand health care access for African American families over the lifecourse, strengthen African American families by increasing father involvement and reduce poverty among African American men and their families.

An African American Task Force provided guiding principles and vetted all recommendations. The People’s Institute was invited to Milwaukee to share strategies to promote understanding the role of power dynamics in community change work.

The Milwaukee community action plan is available at www.med.wisc.edu/LIHF.

Milwaukee Lifecourse Initiative for Healthy Families
Community Partner: Kathleen Pritchard, Planning Council for Health and Human Services, Inc., kpritchard@planningcouncil.org
Awards: $300,000 over two years

Cutline: More than 150 concerned Milwaukeeans attended an event to launch the community action plan in April 2012. Donald Payton was among the speakers who shared their personal connections to issues of infant mortality. A candle was lit for every baby who passed away in the past year.
Improving Birth Outcomes in Racine
Racine LIHF participated in dozens of opportunities to speak with more than 1,000 members of the Greater Racine community.

Description: As part of the Lifecourse Initiative for Healthy Families (LIHF), community stakeholders in Racine established a collaborative to enhance coordination in service delivery systems and work towards community change at environmental, policy and system levels. The collaborative developed a community action plan that reflects the community’s vision and strategies for improving healthy birth outcomes.

Relevance: An African American baby born in Racine is almost three times more likely to die before his or her first birthday than a white infant. Addressing disparities in birth outcomes will lead to improvements in overall community health and well-being.

Partnerships: The Racine LIHF Collaborative organized local home visiting providers with the goal of creating an access point for families seeking support services.

Results: Established in 2010, the Racine LIHF collaborative explored approaches to create system and social change through new and existing programs, such as the Birthing Project: Sister/Friends and the YMCA’s Focus on Father Initiative. Racine LIHF’s community action plan was created after an in-depth review of research, data, community discussions and site visits. Key recommendations included increasing support for young adults, mothers and fathers, neighborhood access to services and a mentorship/navigation program that connects individuals to services.

The collaborative leveraged over $460,000 for recommended existing and evidence-based programs services to support pregnant women and their families and address relationship building, stress reduction and the role of fathers in the lives of their children.

The Racine community action plan is available at www.med.wisc.edu/LIHF.

Racine Lifecourse Initiative for Healthy Families
Convening Partner: Carole Johnson, The Johnson Foundation at Wingspread
Community Partner: Sharon Schulz, Racine Kenosha Community Action Agency
Awards: $250,000 over two years

Cutline: Police Chief Art Howell shared his personal connection to the infant mortality crisis at an event to launch the Racine community action plan in April 2012.
Providing Policymakers with Public Health Information and Research
The project focuses on engaging faculty, scientific investigators and students in policy-relevant work and translating their research findings for use by policy leaders.

Description: The Evidence-Based Health Policy Project is an educational resource for public policymakers, researchers and private sector partners on matters of public health and health care policy. The project focuses on issues of immediate concern in the health care environment, such as the implementation of the Affordable Care Act, as well as ongoing public health concerns such as drunk driving and mental health.

Relevance: Jointly funded with the Office of the UW-Madison Chancellor, this partnership of the UW Population Health Institute, the La Follette School of Public Affairs and the Wisconsin Joint Legislative Council provides an infrastructure to meet the ongoing needs of faculty, scientific investigators and students for external engagement, translation, dissemination and relevance in the health policy arena.

Results: Policy considerations among public and private sector stakeholders were informed through a dozen state Capitol briefings and symposia in the past three years. This programming has been linked to the evolution of several bills, regulations or sub-regulatory policy. More than 1,000 people attended briefings during the grant period with each program’s average attendance increasing to over 100. The project also reaches an expanded audience through media coverage such as the Wisconsin State Journal, Wisconsin Public Radio; Wisconsin Eye (Wisconsin’s C-SPAN network) routinely televises its programs; and the project website features program materials, resources and video archives (www.evidencebasedhealthpolicy.org).

Academic investigators developed decision-relevant research and engaged with policy audiences at Capitol briefings and other venues. Medical students participated in policy case studies and two mock legislative visits, addressing daily physical education in public schools and the use of antibiotics in animals.


Advancing Evidence-Based Health Policy in Wisconsin
Principal Investigator: Jonathan Jaffery, MD, MS, Medicine, SMPH
Grant Program: Targeted Education and Research
Award $156,000 over three years

Cutline: UW health researchers participated in briefings and symposia and informed policy audiences at the state Capitol.
**Studying Iron Deficiency in Infants**
Project findings indicated that at-risk pregnancies were predictive of iron deficiency at birth.

**Description:** The Closing the Gap on Pediatric Health Disparities project compared risk factors during pregnancy with iron status at birth to determine the prevalence of iron deficiency in high-risk infants. Other aims included developing better diagnostic tools for screening at birth and discerning the clinical and developmental impact of iron deficiency anemia in one-year-old infants.

**Relevance:** About 5,000 Wisconsin infants become iron-deficient yearly, with children born to mothers from low socioeconomic backgrounds twice as likely to be iron deficient as other children. Iron deficiency in early cognitive development can lead to long-term public health consequences. Early identification could improve outcomes.

**Results:** Project findings showed poorer iron status at birth after at-risk pregnancies complicated by maternal iron deficiency, diabetes, gestational hypertension or fetal growth restriction. The study indicated that self-reported stress and obesity, previously unrecognized as risk factors, might worsen iron status at birth. A summative greater number of risk factors conferred poorer iron status. Data showed that deficient iron status in at-risk, but apparently healthy newborns occurs earlier than 12 months, suggesting that increased awareness and early identification of these newborns are needed for interventions to improve long-term outcomes.

The project also analyzed a method for newborn screening of iron status using blood samples on paper filter cards. Ongoing research is exploring the relationship between iron deficiency in prenatal and postnatal development and permanent changes in iron metabolism and disease susceptibility.


**Closing the Gap on Pediatric Health Disparities: Discerning the Causes and Consequences of Iron Deficiency in Infancy**
Principal Investigator: Pamela Kling, MD, Pediatrics, SMPH
Co-Principal Investigator: Anthony Auger, PhD, Psychology, UW-Madison
Co-Principal Investigator: Christopher Coe, PhD, Psychology, UW-Madison
Grant Program: Collaborative Health Sciences
Award: $404,169 over three years

**Cutline:** Increased awareness and early identification of newborns at risk for iron deficiency will improve long-term health outcomes.
Measuring Vitamin D Levels in Wisconsin Residents
Findings inform public health recommendations and clinical practices guidelines on adequate vitamin D levels.

Description: The Genetic and environmental predictors of serum levels of 25-hydroxyvitamin D project analyzed data from 303 people enrolled in the Survey of the Health of Wisconsin (SHOW) to determine how amounts of sun exposure based on change in skin color, amounts of vitamin D intake from foods and supplements, and genetic factors interact to influence levels of vitamin D in the blood.

Relevance: Vitamin D is critical for health, and low levels in the blood are associated with bone disease, cancer, autoimmune diseases, infectious diseases and type 2 diabetes. Sunlight absorbed through the skin is an important source of vitamin D, along with intake from foods and supplements. Yet there is little data on how these behavioral factors interact with genetic factors to affect levels of vitamin D in the blood.

Results: Findings indicated that genes and both sun exposure and vitamin D intake may interact to influence vitamin D concentrations in the blood. This has important implications for the design of genetic studies of all health outcomes and for public health recommendations and clinical practices guidelines regarding the achievement of adequate vitamin D levels.

The project led to several new collaborations with clinicians and three additional grant applications. Project data also contributed to the hands-on experience of graduate and medical students in a new genetic epidemiology course. One manuscript is under review and a second is in preparation.

Genetic and environmental predictors of serum levels of 25-hydroxyvitamin D
Principal Investigator: Corinne Engelman, MSPH, PhD, Population Health Sciences, SMPH
Grant Program: New Investigator
Award: $90,000 over two years

Cutline: A diet rich in foods such as mushrooms, fish, milk and eggs is effective in addressing vitamin D deficiency.
**Translating Knowledge into Health Improvements**

The programs work collaboratively toward the goal of improving health and reducing health disparities.

Description: The Institute for Clinical and Translational Research (ICTR) creates an environment that transforms research at UW-Madison and the Marshfield Clinic into a continuum from investigation through discovery to translation into community practice, bridging the most basic research to practical improvements in the health of the people of Wisconsin.

Relevance: The Wisconsin Partnership Program has built a strong partnership with the Institute for Clinical and Translational Research. With a common goal of improving the health of communities, ICTR supports community-partnered research that translates new and existing knowledge into improvements in clinical practice, community health programs and health policy.

Results: During this three-year grant period, ICTR used WPP funds to make community engagement and research a major focus of its activity. For example, WPP funds supported 25 community-engaged research grant pilot awards, totaling nearly $1.9 million. These academic-community partnerships leveraged more than $1 million in new research funding. Examples of successful collaborative initiatives included a pilot project to improve the health, safety and quality of life in Wisconsin assisted living facilities, and a collaborative team that investigated the effectiveness of pharmacist medication therapy management in preventing falls among older adults. Through ICTR’s community-academic partnership program, UW faculty engaged 225 community partners in their research.

To better understand issues of significant importance to Wisconsin, such as aging, obesity, health equity and medication management, ICTR has participated in the development of several practice-based research networks including the Community-Academic Aging Research Network, the Public Health Practice-Based Research Network and the Pharmacy Practice Enhancement and Action Research Link.

With the substantial support from the Partnership Program, ICTR announced renewal funding of $41.5 million from the National Institutes of Health in 2012, one of the largest grants ever awarded to the School of Medicine and Public Health.

PERC awarded a third grant of $10.2 million over three years to ICTR in 2012 to expand its programs, including widespread efforts to disseminate and implement research, ultimately contributing to a direct impact on health and equity.

**Institute for Clinical and Translational Research**

Principal Investigator: Marc Drezner, MD, Medicine, SMPH
Grant Program: Targeted Education and Research
Award: $10,185,996 over three years
Making Wisconsin the Healthiest State
This project informs the Wisconsin Partnership Program’s efforts to improve the health of Wisconsin residents.

Description: The Making Wisconsin the Healthiest State project measures Wisconsin’s overall health, health disparities and progress on key health indicators in comparison to other states. The project also supports local efforts in health improvement and statewide impact on policy, systems and environmental changes for health.

Relevance: Funded by the Wisconsin Partnership Program since 2004, this initiative makes significant contributions to population health improvement through its continuous research and dissemination of evidence-informed policies and programs, its profile of health disparities in Wisconsin and assessment of health priorities.

Results: The project has supported exploration and adoption of evidence-based policy strategies and programs by private and public sector policy makers at the local and statewide level. Specifically, the What Works for Health database incorporates numerous evidence-based program and policy suggestions that are used by community grant applicants, public health professionals, and leaders of health improvement efforts across sectors. In addition, insights from the project’s published reports and databases served as guiding documents during the creation of the Healthiest Wisconsin 2020 state health plan and inform the Wisconsin Partnership Program’s efforts to direct and focus resources aimed at improving health in Wisconsin.

As part of the County Health Rankings and Roadmaps program, this initiative has leveraged additional financial support from the Robert Wood Johnson Foundation to create a national What Works for Health database.


Making Wisconsin the Healthiest State
Principal Investigator: Karen Timberlake, JD, Population Health Sciences, SMPH
Grant Program: Targeted Education and Research
Award: $463,635 over three years

Cutline: This 2012 report offered a snapshot of What Works for Health, an online database of policies and programs that can improve health.
Helping American Indians Quit Smoking
The project aimed at improving smoking cessation treatment for American Indian smokers by adding cultural tailoring to standard, evidence-based treatment.

Description: In many American Indian (AI) tribes, there is a long history of using naturally-grown tobacco for ceremonial and sacred purposes. To address the special cultural and historical role of tobacco in AI communities, the Menominee Smoking Cessation Clinical Trial tested the efficacy and safety of a culturally-tailored smoking cessation treatment versus a standard cessation treatment to help AI smokers in the Menominee community quit the use of commercial tobacco.

Relevance: Prevalence rates of smoking in Wisconsin AI communities are significantly higher than rates of smoking in other racial and ethnic groups. These high rates of smoking in AI communities have resulted in health disparities as reflected in high rates of smoking-related cancer and heart disease.

Results: Researchers from the University of Wisconsin-Madison and UW-Milwaukee partnered with the Menominee Indian Tribe of Wisconsin to develop the culturally-tailored cessation treatment. The project recruited 103 AI smokers through the Menominee Tribal Clinic in Keshena to participate in a clinical trial known as START (Stop Tobacco Abuse Renew Tradition). The study was the first to report long-term (six-month) abstinence rates for AI smokers who used the cessation medication varenicline (Chantix), along with evidence-based cessation counseling which was provided by a Menominee AI counselor. A key finding was that study participants who had more smokers in their immediate and extended family had a significantly harder time quitting smoking. The study also offered preliminary evidence that varenicline can be safely used with this population.

Qualitative results show promise for future tailoring of smoking prevention and cessation approaches in tribal communities. This partnership led to a National Cancer Institute funded pilot study, and discussions about research collaborations with two additional Wisconsin tribes. Two manuscripts are under review.

Menominee Smoking Cessation Clinical Trial
Principal Investigator: Stevens S. Smith, PhD, Medicine, SMPH
Co-Principal Investigator: Leah Arndt, PhD, Psychology, UW-Milwaukee
Grant Program: Collaborative Health Sciences
Award: $499,591 over three years

Cutline: START was the first clinical trial to report long-term abstinence rates for American Indian smokers who received cessation treatment, including medication and counseling.
Enabling Personalized Therapies to Fight Cancer
This New Investigator explored new ways to measure cancer tumor progression.

Description: The Positron Emission Tomography Imaging of Tumor Angiogenesis project investigated noninvasive positron emission tomography (PET) scan markers that will allow clinicians to personalize cancer therapy.

Relevance: PET scans can help identify cancer patients who will benefit from a particular type of therapy, guide the administration of the right drug at the right time and show doctors whether the therapy is working. This “personalized medicine” approach will also have applications in other diseases such as heart attack and stroke.

Results: The project worked on optimizing the radiochemistry for labeling cancer-binding peptoids, in addition to creating several new tracers for PET imaging of tumor growth and cancer progression. These tracers can specifically bind to receptors that are overexpressed on tumor vessels, such as CD105 and VEGFR, which are known to correlate with poor survival of cancer patients.

The principal investigator has secured $2.4 million in research grants, and several major grants are pending. The PI has published 16 articles related to this grant and is teaching a dedicated course (Medical Physics 719) on molecular imaging at UW-Madison, a unique undertaking that has been well reviewed.


Positron Emission Tomography Imaging of Tumor Angiogenesis
Principal Investigator: Weibo Cai, PhD, Radiology, SMPH
Grant Program: New Investigator
Award: $90,000 over two years

Cutline: A positron emission tomography scan of a cancer tumor-bearing mouse.
Preventing Infection by Drug-Resistant Bacteria
The study was designed to assess the feasibility of using probiotics for resistant bacteria.

Description: The Probiotics for Prevention of Infection by Multiresistant Bacteria project conducted a randomized controlled trial to examine the role of probiotics for reducing resistant bacteria in high-risk patients.

Relevance: Drug-resistant bacteria are a major cause of severe infections in health care institutions in the United States. A strategy for reducing and containing resistant bacteria has tremendous public health impact.

Results: The project demonstrated the feasibility and safety of conducting a randomized trial of probiotics for drug-resistant bacteria in high-risk patients. The trial determined the effect of a probiotic versus a placebo in eradicating intestinal and nasal colonization. A subsequent pilot study looked at sustained eradication and the reduction in infection over six months. Emerging literature suggests that the beneficial impact of a probiotic is unlikely to remain beyond a few weeks of administration, and this project supports those findings.

Data from this study has been used to apply for federal funding to complete larger randomized trials. Based on this study, the principal investigator received a VA Merit Grant and is leading a large randomized controlled trial on probiotics at the Veterans Hospital in Madison. The PI collaborated with UW faculty in the department of bacteriology, and gave presentations at community hospitals throughout the state on the role of probiotics in infectious diseases. The PI has received funding from the National Institutes of Health to conduct a randomized trial on probiotics for resistant bacteria in older adults and collaborates with investigators at Medical College of Wisconsin to examine probiotics for prevention of infections in pregnant women. A pending R21 application in this area is under review.

Dissemination: Abstract presented at the Association for Professionals in Infection Control annual national meeting, 2013.

Probiotics for Prevention of Infection by Multiresistant Bacteria
Principal Investigator: Nasia Safdar, MD, MS, Medicine, SMPH
Grant Program: New Investigator
Award: $100,000 over two years

Cutline: The use of probiotics (the strains of bacteria that would normally be present in a healthy human digestive tract) has increased dramatically in the treatment of medical conditions.
Studying Alzheimer’s Disease in African Americans
The project established the first African American dementia diagnostic clinic in a federally qualified health center.

**Description:** The Recruitment of Middle-Aged African Americans for Studies of Preclinical Alzheimer’s Disease project expanded recruitment and baseline testing of the Wisconsin Registry for Alzheimer’s Prevention (WRAP) study to include adult children of African Americans with Alzheimer’s disease living in Milwaukee County. WRAP is designed to identify neuropsychological, genetic and lifestyle markers of incipient Alzheimer’s disease in adult children of parents with Alzheimer’s disease. This information is a necessary first step in developing new treatments and lifestyle interventions to delay the onset or slow the progression of the disease.

**Relevance:** African Americans are twice as likely as Caucasians to develop Alzheimer’s disease, but much less likely to be diagnosed and treated for the disease.

**Results:** WRAP study participation increased by 8 percent during the grant period, resulting in nearly 200 African American and Latino enrollees. Memory assessments of study participants recorded high rates of diabetes (43 percent), high blood pressure (82 percent) and high lipid levels (55 percent), suggesting that memory loss may be related to the presence of these conditions, as well as anxiety and depression.

The project team worked with Milwaukee Health Services to establish the first diagnostic memory clinic in a federally qualified health center, specifically for the African American community. The project also created a care coordination program connecting African Americans with dementia to support services, provided access to research studies and encouraged the Milwaukee community to take a role in early detection and prevention of Alzheimer’s disease.

Originally funded by the Wisconsin Partnership Program in 2008, Milwaukee Health Services is providing infrastructure support for the memory clinic; and the Helen Bader Foundation in Milwaukee provided $300,000 in support for the project.

**Recruitment of Middle-Aged African Americans for Studies of Preclinical Alzheimer’s Disease: Development of a Minority Recruitment Model in Milwaukee**
**Principal Investigators:** Mark Sager, MD, Medicine, SMPH; Dorothy Farrar-Edwards, PhD, Kinesiology, SMPH
**Grant Program:** Targeted Education and Research
$219,543 over three years

**Cutline:** Lifestyle interventions and early detection could delay the onset or slow the progression of Alzheimer’s disease.
Reducing Infant Mortality Disparities in Wisconsin
Project findings confirmed that the availability of social, economic and service resources contributes to healthy birth outcomes.

Description: Reducing Infant Mortality Disparities in Wisconsin examined the factors, public policies and programs that affect birth outcomes, and compared results in Dane and Racine counties to draw inferences about what succeeded in improving infant mortality rates in Dane County.

Relevance: Infant mortality, specifically the disparities in birth outcomes between white and African American infants, is one of the most critical health problems facing Wisconsin. Currently the state’s infant mortality rate among African Americans is the fifth worst in the nation, and 86 percent of these infant deaths occur in southeast Wisconsin, including Racine County.

Results: The project established a Community Advisory Board and generated extensive community involvement with use of volunteers, community agencies and medical, graduate and undergraduate students. The project team collected data in four separate studies, all of which compared Dane and Racine counties: Medicaid coverage and infant mortality, a survey of African American and white mothers, community asset mapping and hospital birth record analysis. The project partnered with the Dane and Racine county health departments, health care representatives and community members to conduct the medical record reviews and surveys.

Review of hospital birth records indicated overall improvements in minimizing the risk factors associated with poor birth outcomes in Racine County. Findings confirmed that the availability of social, economic and service resources contributes to healthy birth outcomes in Dane and Racine counties, and recommended further research targeting highly concentrated and contiguous neighborhoods with high deprivation.


Reducing Infant Mortality Disparities in Wisconsin
Principal Investigator: Gloria Sarto, MD, PhD, Obstetrics and Gynecology, SMPH
Co-Principal Investigator: Thomas Schlenker, MD, MPH, Preventive Medicine, Medical College of Milwaukee
Co-Principal Investigator: Barbary Wolfe, PhD, Population Health Sciences, SMPH
Grant Program: Collaborative Health Sciences
Award: $500,000 over three years

Cutline: Madison mothers and their babies benefit from a breastfeeding support group at the African American Breastfeeding Alliance of Dane County, Inc.

Photo: Hershey Barnett-Bridges
Providing Interdisciplinary Resources in Regenerative Medicine
The project supports stem cell research to investigate and pioneer new treatments for degenerative diseases.

Description: The project helped launch the Regenerative Medicine Program on campus by supporting key core services, including an immunology core to understand how cells can be successfully transplanted without being rejected by the immune system and an imaging core to track transplanted cells at the microscopic level.

Relevance: These interdisciplinary resources support stem cell research and the ultimate translation of research to new therapies for degenerative diseases of the brain, heart, blood and joints.

Results: The Regenerative Medicine Program and associated cores provided the cornerstone to establish the Stem Cell and Regenerative Medicine Center at UW-Madison in 2007, which currently includes more than 80 faculty members spanning disciplines ranging from basic biology to clinical medicine. Center investigators have worked collaboratively to develop cell-based therapies and conduct clinical trials such as stem cell therapy for advanced heart disease.

Center faculty have successfully competed for more than a dozen grants and published more than 30 reports. Now funded by the UW Foundation, the UW School of Medicine and Public Health and UW Graduate School, the center also provides unique educational opportunities for the public and K-12 students.

Regenerative Medicine Program
Principal Investigator: Timothy Kamp, MD, PhD, Medicine, SMPH
Co-Principal Investigator: William Burlingham, PhD, Surgery, SMPH
Co-Principal Investigator: Clive Svendsen, PhD, Anatomy, SMPH
Co-Principal Investigator: Jamey Weichert, PhD, Radiology, SMPH
Grant Program: Targeted Education and Research
Award: $1,200,000 over four years

Cutline: Stem cell research has provided unprecedented opportunities to study human diseases and develop new therapies.
Surveying Health Conditions in Wisconsin
With funding from ancillary studies, the SHOW sample size has reached nearly 1,000 participants each year.

Description: The Survey of the Health of Wisconsin (SHOW) gathers data on critical health conditions in Wisconsin and provides a resource for education and training of undergraduate, graduate and medical students.

Relevance: Findings from SHOW present a comprehensive picture of the health of Wisconsin residents. SHOW evaluates the success of programs and policies and helps to identify needs and target resources where they are most needed.

Results: The program has collected neighborhood data on food and nutrition and statewide objective measures of height, weight and blood pressure. It partnered with the state health department to conduct the first-ever oral health screenings of Wisconsin adults and collected blood samples from Great Lakes fishers, exploring their exposure to persistent chemicals such as PCBs and dioxins. The program has established a biorepository to support research exploring individual susceptibility to environmental threats and to translate clinical findings into population health programs.

SHOW partnered with Wood and La Crosse counties and Milwaukee’s Lindsay Heights neighborhood to conduct targeted community assessments. SHOW has received more than 100 data requests and built an inventory of 50-plus publications on topics such as the impact of the statewide smoking ban on population exposure to second-hand smoke. SHOW staff has presented and disseminated results at more than 150 local, state, national and international conferences. The program has also worked with 15 graduate-level students from UW-Madison, UW-La Crosse and Viterbo University.

The program received a $5.5 million grant from the National Heart Lung and Blood Institute for health disparities research and $500,000 from the National Centers for Disease Control and Prevention for community-based evaluation. SHOW will continue to build its fee-for-service infrastructure, with ancillary study income to date totaling nearly $1 million.

The Survey of the Health of Wisconsin (SHOW)
Principal Investigator: F. Javier Nieto, MD, PhD, MPH, Population Health Sciences, SMPH
Grant Program: Targeted Education and Research
Award: $4,119,675 over three years

Cutline: The SHOW survey has three parts: a home interview, a booklet of health questions and a visit to a local survey center for additional health interviews and some physical measurements.