



2015 Annual Report
**Wisconsin
Partnership
Program**

Making Wisconsin a healthier state for all



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Message from the Dean

On behalf of the UW School of Medicine and Public Health, I am pleased to present the Wisconsin Partnership Program's 2015 Annual Report.

Founded with the vision of making Wisconsin a healthier state for all through investments in research, education and community partnerships, the Wisconsin Partnership Program continued its support of promising work in each of these areas in 2015. This report provides a snapshot of the portfolio of exciting projects across our state.

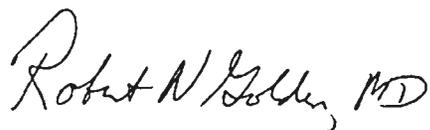
Within the following pages are stories that illustrate the Wisconsin Idea at work: groundbreaking research on the role of genetics in the diagnosis and treatment of asthma and lung disease, innovative programs for increasing the accessibility and relevance of continuing education, and strong community-academic partnerships that are applying evidence-based approaches to the obesity epidemic.

Last year marked an exciting shift in the Wisconsin Partnership Program's funding mechanisms with the launch of two new major community grant programs. The Community Opportunity and the Community Impact grant programs focus on cross-sector collaborations.

In 2015, the Wisconsin Partnership Program began to explore the best ways to incorporate the advancement of health equity as a crucial component of its vision and a framework for future investments. The Partnership Program has always strived to reduce health disparities in Wisconsin; now, we want to ensure that this commitment is explicit and focused. We will seek a balanced portfolio of long-term goals coupled with more

immediate impacts on health equity. Our new community grant programs will ask applicants to address health challenges through an equity lens. This commitment will continue to evolve in 2016 as the Wisconsin Partnership Program hosts a major conference on health equity to explore the best approaches for addressing this important issue.

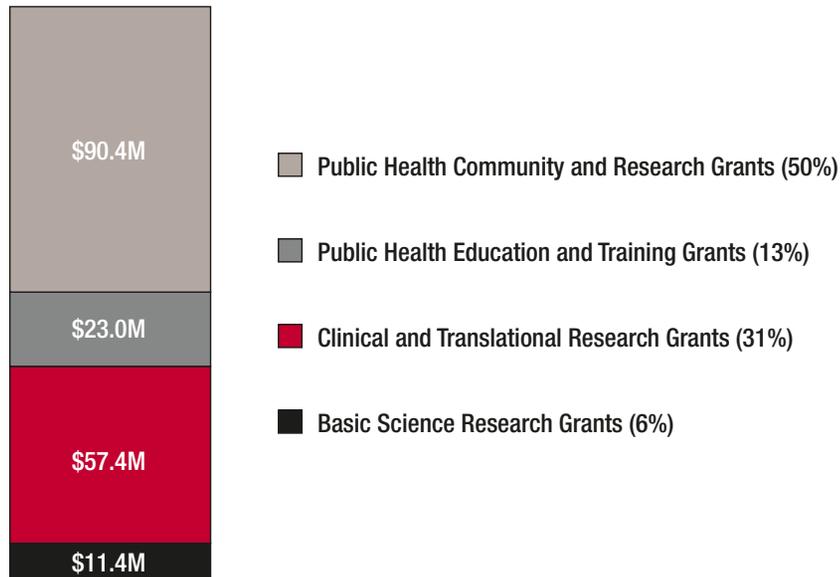
We will always be deeply appreciative of the generous endowment from Blue Cross & Blue Shield United of Wisconsin and the visionary leadership which led to the establishment of the Wisconsin Partnership Program in 2004. Our program's greatest strengths reside in the connections that are created among people and communities across the state. Whether in the laboratory, classroom or community, through investigation, dissemination or community engagement, our grantees are demonstrating remarkable levels of dedication and commitment to the advancement of health in Wisconsin. Through the growing network of partnerships and programs, we will achieve the shared vision of creating healthier communities across our state.



Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison



Grants Awarded by Type 2004–2015



Grants Awarded 2004 – 2015

408 grants for \$182.1 million

Grants Awarded in 2015

29 grants for \$24.7 million

Transforming Health through Partnerships

The Wisconsin Partnership Program represents a far-reaching commitment of the University of Wisconsin School of Medicine and Public Health (SMPH) to greatly improve the health of people in Wisconsin for years to come. An embodiment of the Wisconsin Idea, the Partnership Program supports research and education that goes beyond the classroom and laboratory, to benefit individuals and families throughout Wisconsin communities. The program fosters partnerships and collaboration between academic experts, researchers, public health officials, patients and community members as well as agencies, organizations and other stakeholders. These partnerships support a broad array of approaches that address health and well-being in the state and beyond.

The work of the Wisconsin Partnership Program is governed by two complementary committees. The Oversight and Advisory Committee (OAC) is charged with directing and approving funds for public health initiatives and the Partnership Education and Research Committee (PERC) supports a remarkable breadth of research and education programs that have great potential to impact the health of the people of Wisconsin.

OAC includes public representatives from urban and rural communities, an appointee from the Office of the Wisconsin Commissioner of Insurance and representatives from the UW School of Medicine and Public Health.

PERC's broad representation includes SMPH administrative leaders, department chairs and faculty representatives from both basic science and clinical departments and faculty with expertise in population health science.

Both committees provide oversight advice and programmatic balance, and emphasize innovation, creativity and excellence in processes for awarding grants and evaluating outcomes.

Improving Health in Our Communities

In 2015, the Partnership Program's Oversight and Advisory Committee launched two major competitive community grant programs to address a wide range of health issues facing Wisconsin communities. The new funding mechanisms provide a greater focus on impact, collaboration and sustainability and enhance the Partnership Program's ability to address large-scale health initiatives. The new grant programs were each designed with a unique purpose and scope.

Community Opportunity Grants Program

The Community Opportunity Grants program provides up to \$50,000 for up to two years to support implementation and evaluation strategies identified in local Community Health Needs Assessment plans and Community Health Improvement Plans as required by the Affordable Care Act (ACA) and state law. The grants program also enhances collaboration among public health departments, nonprofit organizations, hospitals, clinics, health care systems, schools, businesses and government leaders on local health priorities.

In 2015, the Wisconsin Partnership Program awarded 11 Community Opportunity Grants totaling nearly \$540,000 to address a wide range of topics, including obesity, alcohol and other drug abuse, child abuse and mental health. The two-year grants span eight Wisconsin counties and were awarded to public health departments and nonprofit organizations.



Advancing School-Based Mental Health in Dane County, a 2015 Community Impact Grant, will develop an innovative model of school-based mental health care within the Madison Metropolitan School District (MMSD). Members of the Behavioral Health in Schools Program coordination team at Schenk Elementary School include (left to right) Dr. Emmett Durtschi, Principal; Dr. Tally Moses, Academic Partner, UW-Madison School of Social Work; Tom Kaufman, Clinical Coordinator and therapist; Jeanette Deloya, Coordinator of Mental Health Supports; and Tara Schluesche, School Psychologist.

In 2015, OAC made the following Community Opportunity Grant Awards:

<p>Understanding the Impacts of Adverse Childhood Experiences to Improve Prevention Services: <i>Central Racine County Health Department, Franksville</i></p>	<p>Using data from home-visiting programs in Racine, this project will evaluate the prevalence of adverse childhood experiences and their relationship to risk factors for poor birth outcomes and child abuse and neglect.</p>
<p>School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth: <i>GSAFE, Madison</i></p>	<p>Through this project, select school districts will receive technical assistance to implement gender-inclusive student non-discrimination policies.</p>
<p>Jackson County Drug-free Communities Initiative: <i>Jackson County Health Department, Black River Falls</i></p>	<p>The project will enhance systems coordination among alcohol and other drug abuse services in Jackson County to reduce the harmful consequences of drug use, abuse and addiction.</p>
<p>Improving Early Childhood Comprehensive Systems: <i>Kenosha County Division of Health, Kenosha</i></p>	<p>Mental health providers and stakeholders will be equipped with screening tools and information to build trauma-informed practices into the system of care in Kenosha and mitigate toxic stress in the social-emotional development of children from birth to age 5.</p>
<p>Improving the Health Status for Amish and Mennonites in Western Wisconsin: <i>La Farge Medical Clinic, Vernon Memorial Healthcare Foundation, La Farge</i></p>	<p>This project aims to improve health literacy among Amish and Mennonites while collaborating with UW-Madison partners for the provision of specialized care services for children with complex genetic and metabolic disorders.</p>
<p>Lifestyle Initiative for Fitness Empowerment (LIFE) Foundation: <i>Cross Plains</i></p>	<p>This project will implement two evidence-supported strategies designed to increase physical activity and improve community access to nutritious foods.</p>
<p>Healthy People Lincoln County: “Problems Can Be Solved in the Garden”: <i>Lincoln County Health Department, Merrill</i></p>	<p>Workshops, education classes and mentoring programs will give community members the knowledge, skills and tools to change behaviors and increase healthy food consumption.</p>
<p>5210 Across Dane County: <i>UnityPoint Health-Meriter, Madison</i></p>	<p>The 5-2-1-0 evidence-based educational project will support primary care providers with a framework to effectively communicate with their patients and families about healthy behaviors: 5 fruits and vegetables per day, 2 hours or less of screen time, 1 hour of daily physical activity and 0 sugary drinks.</p>
<p>Healthier Together Pierce and St. Croix Counties Enhancing School Physical Activity: <i>Pierce County Health Department, Ellsworth</i></p>	<p>This project will provide technical assistance, training and resources to implement the Wisconsin Department of Public Instruction’s Active Schools: Core 4+ strategies to create sustainable changes in student physical activity.</p>
<p>Providers and Teens Communicating for Health (PATCH) Program – Milwaukee: <i>Wisconsin Alliance for Women’s Health, Madison</i></p>	<p>This project seeks to empower Milwaukee teens to speak openly with health care providers about sensitive topics such as sexual health, mental health, drug and alcohol use, relationships and safety.</p>
<p>Perinatal Smoking Cessation Services – Northwest Wisconsin: <i>Wisconsin Women’s Health Foundation, Madison</i></p>	<p>Through this project, pregnant women will have access to home visits and tele-counseling services to encourage a smoke-free home and to increase the likelihood of maintaining smoke-free status at six months postpartum.</p>

Community Impact Grants Program

The Partnership Program’s Community Impact Grants program is designed to address the overall health, health equity and well-being of Wisconsin communities through support for large-scale, evidence-based, community-academic partnership initiatives. These partnerships require substantial community engagement to achieve sustained policy, system and environmental change, and must be supported by robust evaluation and effective dissemination.

In 2015, the Wisconsin Partnership Program awarded four Community Impact Grants that support and extend innovative health projects that will affect the lives of Wisconsinites of all ages, races and backgrounds. The new awards each total \$1 million over five years, and bring robust community-university collaborations.

Photo by Community Groundworks



The Cultivate Health Initiative, a 2015 Community Impact grant, will develop the Wisconsin School Garden Network, which will provide technical assistance and direct support to 200 educational gardens throughout Wisconsin.

In 2015, OAC made the following Community Impact Grant awards:

<p>Cultivate Health Initiative (CHI): Growing the School Garden Network</p>	<p>The Cultivate Health Initiative (CHI) will develop the Wisconsin School Garden Network in five regions of Wisconsin. It will provide direct technical assistance to 200 educational garden program sites and support to more than 2,000 educators to reach a diverse population of 90,000 children in both urban and rural settings.</p>
<p>Improving Assisted Living Quality Through Collaborative System Change</p>	<p>This grant will expand the reach of an existing quality-improvement coalition formed in 2009 to help these communities share information and assess their progress toward quality-improvement goals.</p>
<p>From Punishment to Restoration: Reimagining Criminal Justice to Improve the Health of Wisconsin’s Families and Communities</p>	<p>This project aims to improve population-level health in Wisconsin by changing re-entry processes when incarcerated individuals are re-integrated into society.</p>
<p>Advancing School-Based Mental Health in Dane County</p>	<p>The Advancing School-Based Mental Health in Dane County project will work toward the goal of improving the well-being and school performance of students with mental health concerns by refining an existing pilot model of integrated mental health services.</p>

Creating a Healthier Hometown

The LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation, a grassroots nonprofit organization in Cross Plains, WI, was awarded a Community Opportunity Grant in 2015 to improve health for members of its rural community. Founder Jane Busch, a lifelong resident of Cross Plains, academic partner Daniel Jarzemsky, MD, a physician at the UW Health Cross Plains Clinic, and the LIFE Foundation are employing two key strategies to achieve their goal.

The *Empower Social Support* strategy is comprised of the Empower program and a Step Up walking club. The Empower Program is a healthy lifestyle program within a social support network.

The biweekly Empower Adults support group offers weigh-ins, waist circumference measurements, group discussions, food and activity journals and presentations by wellness experts. In the first 12 weeks, the group collectively lost 297 pounds and 99.5 inches off their waists. “I’m so proud of them,” said Jane. “They are taking exercise classes, walking on treadmills, practicing portion control and using food calorie apps!”

Empower Adults promotes physical activity. “We have such a beautiful, scenic community,” said Jane, “and we’d like to see people take advantage of that.” The Step Up walking program encourages participants to use a weekly walking log and pedometer and meet for a weekly group walk.

Through the programs, participants have gained better control over their diabetes, lost weight, reduced blood pressure and for many, improved their quality of life. Empower Kids and Empower Employees are scheduled to begin later in 2016.

The project also aims to help improve nutrition in Cross Plains. The *Gardens Grow* strategy creates home, community, childcare and senior gardens to improve access to fruit and vegetables. Home gardeners receive free seeds and tips from master gardeners, and a community gardens program provides 30 garden plots at a local park. Garden beds raised to wheelchair and standing heights provide easier access at the local senior center. The child care garden program incorporates a “Read It, Grow It, Eat It” theme by working with the local library and a dietician to create healthy classroom snacks.

For Jane and Dr. Jarzemsky, their partnership represents a deep commitment to making Cross Plains a healthier place to live and work. “I truly believe that dietary modification and exercise can have a huge impact on the health of our patients and community,” said Dr. Jarzemsky. They are both grateful for the support the program has received from the Village of Cross Plains and from the businesses, organizations and community members who share their commitment to building a healthy community.



The LIFE Foundation uses a 2015 Community Opportunity grant to promote healthy living. Their Step Up walking club enjoys a scenic walk in Cross Plains, WI.

Making Strategic Investments in Health

The Wisconsin Partnership Program makes strategic infrastructure investments in programs that address the mission of improving health and well-being in Wisconsin residents through investments in research, education, prevention practices and interventions and policy development. These include the Lifecourse Initiative for Healthy Families (LIHF) and the Obesity Prevention Initiative (OPI), jointly funded by OAC and PERC.

Working Together to Fight Obesity

The Obesity Prevention Initiative was launched in 2014 to address Wisconsin's obesity epidemic. The project provides the infrastructure to bring together communities, agencies, organizations, researchers, UW faculty and other stakeholders to:

- develop a childhood obesity surveillance system
- promote statewide communications
- test and implement a community-based model for childhood obesity prevention in two Wisconsin counties

In 2015, the Initiative conducted significant research on the burden of obesity, its causes and consequences, and potential interventions, which resulted in 11 publications that were featured in the *Wisconsin Medical Journal* in 2016.

The Initiative is also developing a childhood obesity surveillance system. “Our comprehensive public health surveillance system draws on data from diverse sources including electronic health records, vital statistics, in-person surveys, school-based assessments and environmental audits,” said Sara Lindberg, OPI Program Director for Evaluation and Surveillance. “The system is the only one of its kind in the country. It will tell us where Wisconsin is now in terms of obesity and related illness, and will guide our efforts in reducing and preventing obesity in the future.”

Right: Programs within the Obesity Prevention Initiative focus on issues related to improving nutrition and physical activity in Wisconsin communities.



In 2015, healthTIDE was launched as the community engagement arm of the Obesity Prevention Initiative. healthTIDE connects partners and organizations across the state who focus on a wide range of issues related to improving physical activity and nutrition.

Marathon County and Menominee County are the two pilot communities testing models for childhood obesity prevention. In 2015, both counties worked to bring many diverse stakeholders and community partners together to understand their respective community's needs and goals.

In 2015, Marathon County focused on expanding its Healthy Eating Active Living (HEAL) Coalition as a multi-sector partnership. Its priorities include increasing access to healthy food options and creating opportunities for active living. The coalition is currently exploring access to community gardens and pedestrian infrastructure improvements.

In Menominee County, a core team of community builders identified common priorities around community cohesion, language and culture revitalization. The Menominee Nation is exploring how reclaiming their culture can restore healthier eating and physical activity. The Menominee Wellness Initiative created three areas of focus: gardening/traditional food practices, local food systems and increasing opportunity for physical activity.

In 2015, multiple Menominee communities hosted "feasts" to share traditional food and celebrate culture, language, community and health. Organizers are exploring options for organic farming and traditional gathering and harvesting of wild rice.

As a result of their efforts to understand and engage their communities, both Marathon and Menominee counties are better poised to prevent obesity and promote wellness. The lessons learned in these counties will prove extremely valuable in the expansion of the Obesity Prevention Initiative's work to other Wisconsin communities.



Left: Third graders from a Menominee elementary school carry in the weekly harvest from their indoor growing system. The system helps provide fresh produce that is used by the school's food service.

“Our culture and history are so important to our identity as a people. The feasts are a form of cultural expression that help unify our community. We are a natural people, and by rekindling our feasts we are reconnecting with our culture and working to address obesity by connecting with natural, seasonal foods.”

– Anahkwet,
Menominee Community Organizer



Volunteers in Marathon County conduct a walkability audit to study pedestrian safety and evaluate how walking – the healthy choice – is also the safe and easy choice.

Improving Birth Outcomes in Wisconsin Cities

The Lifecourse Initiative for Healthy Families (LIHF) addresses disparities in African American infant mortality and morbidity in the cities of Kenosha, Milwaukee and Racine, where 85 percent of the state's African American babies are born, and where an African American infant is three times more likely to die than a white infant. More than 20 project grants in these communities address a wide range of issues aimed at improving prenatal care, increasing family and community support and improving community conditions so that African American women and their families have healthy birth outcomes.

Improving Mental Health and Prenatal Care

In a recent grant, *Strong Families, Healthy Homes*, the Mental Health America (MHA) of Wisconsin and academic partner Alice Yan, PhD, assistant professor of community health and behavioral health promotion at the University of Wisconsin-Milwaukee, sought to address mental health and stress among Milwaukee families in areas with the highest rates of infant mortality. The project supported pregnant African American women who had a history of mental illness or substance abuse. The women received individualized services, participated in prenatal education programs and connected with mental health providers. Program results showed that participants' babies were born at healthy birth weights and that the women felt an increased sense of control over their lives.

Increasing Family Support

The Kenosha *Fatherhood Involvement Planning Project*, a partnership between the Racine Kenosha Community Action Agency (RKCAA) and academic partner David Pate, PhD, associate professor of social welfare at UW-Milwaukee, recognized the importance of reaching out to individuals who are close to new and expectant mothers. The RKCAA worked through their supplemental nutrition program for Women, Infants and Children (WIC) to engage new and expectant fathers when they visited the Kenosha WIC office. The project surveyed and conducted focus groups with men to better understand their needs and then piloted strategies to include fathers in programming activities. The project team then developed a comprehensive Father Involvement Model that increases father participation in WIC-related activities and links fathers to additional programming and support services. The Racine Family YMCA provided training to RKCAA staff on how to implement the Nurturing Father Program, a promising practice designed to teach parenting and nurturing skills to men.

Improving Community Conditions

LIHF project grants also address community conditions that impact family health and birth outcomes. *Reducing African American Infant Birth Disparities Through Decreased Prison Recidivism and Increased Living-Wage Employment of Mothers and Fathers* is a community partnership between the Racine Vocational Ministry and academic partner Helen Rosenberg, PhD, professor of sociology and anthropology at the University of Wisconsin-Parkside. It addresses the problem of repeat offenses as they

relate to family economic stability and poverty in Racine. "It is our belief that as income improves and families are kept together, chronic stress levels will diminish and, in the process, reduce the high infant mortality and low birth outcomes experienced in our target neighborhoods," said James Schatzman, founder and executive director of the Racine Vocational Ministry. This project provides returning African American ex-offenders and their families with life skills development, job training, job placement and employment and educational support.

"Infant mortality rates are a powerful reflection of the health of a community," said Deborah Ehrenthal, MD, MPH, associate professor of obstetrics and gynecology at the UW School of Medicine and Public Health and faculty director of the Lifecourse Initiative. "Poverty, race, stress and environmental factors are a few of the many determinants that impact the health of a mother and her child," she said. Through the Lifecourse Initiative, community collaboratives and projects focus on improving health care, increasing family and community support and improving community conditions to positively impact birth outcomes. The program's surveillance and evaluation efforts guide the initiative as it assesses its overall impact in reducing African American infant mortality in Wisconsin.

In 2015, the following LIHF project was funded:

**Lifecourse Initiative for Healthy Families –
Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS)**

Principal Investigator: Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology, UW School of Medicine and Public Health

Amount: \$209,950

PRAMS supplements birth certificate and hospital data by surveying mothers about their health and health-related behaviors before, during and after pregnancy. This award allows PRAMS to continue oversampling of African American women in the LIHF counties of Kenosha, Milwaukee, Racine and Rock.



In 2015 a LIHF Project Grantee Forum was held at the Zilber School of Public Health at UW-Milwaukee. The forum provided project grantees an opportunity to share lessons learned and strengthen connections.

Promoting Health Through Education and Research

The Wisconsin Partnership Program's Partnership Education and Research Committee (PERC) addresses issues of health and health care along a continuum that spans basic, clinical, translational and applied public health research, as well as education and training. In 2015, PERC funded 13 projects through its four major grant programs.

Collaborative Health Sciences Program

The Collaborative Health Sciences Program provides up to \$500,000 over three years to support the efforts of established SMPH investigators to initiate new programs of collaborative, interdisciplinary research and education aimed at addressing public health issues that have not yielded to traditional approaches.

In 2015, PERC made the following awards:

Big Data for Little Kids: The Impact of Prenatal Interventions on Birth Outcomes and School Readiness

Principal Investigator: Deborah Ehrenthal, MD, MPH, Department of Obstetrics and Gynecology

This project will assess data in five Wisconsin counties with the greatest health and educational disparities to better understand the impact of prenatal programs on infant health and early childhood literacy. Ultimately the goal is to inform strategies to reduce racial disparities in preterm delivery and adverse infant health outcomes.

Paradigm Shifting, High Throughput Assay for Serial Quantification of HIV Reservoirs

Principal Investigator: Robert Striker, MD, PhD, Department of Medicine

Better clinical treatment and a potential cure for HIV resides in shrinking or eliminating the reservoir of long-lived infected immune cells which replicate the virus just days after therapy is stopped. This project will develop and validate an automated, affordable assay to measure the size of the reservoir. By helping researchers gain a mechanistic understanding of how reservoirs grow and shrink, this assay represents a critical step forward in HIV treatment and in ultimately finding a cure.

Screening in Trauma for Opioid Misuse Prevention (STOMP)

Principal Investigator: Randall Brown, MD, PhD, Department of Family Medicine and Community Health

This project will pilot a screening tool to assess patient risk of opioid misuse and is expected to result in better screening and early intervention, ultimately reducing opioid misuse, addiction and overdose deaths.

Winning the War on Antibiotic Resistance in Wisconsin: The WARRIOR Study

Principal Investigator: Nasia Safdar, MD, PhD, Department of Medicine

This project explores how the diversity of organisms in the gastrointestinal tract, or gut, play a role in preventing antibiotic resistant infections including multidrug resistant organisms (MDRO) and if diets high in fiber can lead to lower MDRO colonization. The project will collect detailed health information using the Survey of the Health of Wisconsin (SHOW) and ultimately aims to reduce the number of MDRO infections in Wisconsin and beyond.

New Investigator Program

The New Investigator Program provides opportunities for early-career SMPH faculty to initiate new, innovative pilot projects that, if successful, can lead to more substantial support from federal and other granting agencies.

In 2015, PERC made the following awards (typically \$100,000 over two years)

<p>Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings Principal Investigator: Yao Liu, MD, Department of Ophthalmology and Visual Sciences</p>	<p>This project will expand the use of telecommunications for eye care delivery to increase access to screening and improve eye screening rates in underserved, rural Wisconsin communities. It will test interventions to overcome identified barriers to tele-ophthalmology in order to reduce vision loss from diabetic retinopathy in communities that have limited access to eye screening.</p>
<p>Improved Glycemic Control Through Reduction of Specific Dietary Amino Acids Principal Investigator: Dudley Lamming, PhD, Department of Medicine</p>	<p>The project aims to better understand the impact of the amino acid composition of the diet on glycemic control, metabolism and weight gain, and examine the potential efficacy of altered dietary amino acid intake as a sustainable intervention to improve blood sugar levels and minimize weight gain.</p>
<p>Improving Antibiotic Stewardship for Long-Term Care Facility Residents Treated in the Emergency Department Principal Investigator: Michael Pulia, MD, Department of Emergency Medicine</p>	<p>This project aims to create a model of antibiotic use by identifying key stakeholder perspectives on appropriate care of long-term care facility (LTCF) residents treated in the emergency department (ED). The findings will inform a refined antibiotic stewardship ED intervention that improves antibiotic use for LTCF patients.</p>
<p>Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer Principal Investigator: Dustin Deming, MD, Department of Medicine</p>	<p>This project aims to advance treatment options for patients with colorectal cancer. It uses innovative methods to investigate combinations of directed therapies to target subtypes of colorectal cancer. These novel combinations will likely be more effective and better tolerated than standard cytotoxic chemotherapy regimens and may hold promise for applicability across other cancer types.</p>

Education and Research Opportunity Grants

Education and Research Opportunity Grants provide pilot funds of up to \$150,000 over two years to jump-start innovative projects that have the potential for transformative impact on health.

There was one award in 2015:

<p>Engaging Clinicians in Online Social Learning to Close Knowledge Gaps in Community Health: Pilot Focus on Obesity and Mental Health Care Principal Investigator: Elizabeth Petty, MD, SMPH Academic Affairs</p>	<p>My Lifelong Learning Online Communities (MyLLOCs) seeks to create an innovative interactive e-learning program that combines online social learning modalities with traditional e-learning formats in order to improve access to high-quality and innovative interprofessional continuing education activities for primary care and other community-based health care providers across Wisconsin.</p>
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Strategic Education and Research Grants

Through its Strategic Education and Research Grants program, the Wisconsin Partnership Program provides significant levels of funding, sometimes over long periods of time, to selected investigators with relevant expertise to establish new initiatives aimed at addressing emerging health and health care needs in the state.

There were four awards in 2015:

<p>Advancing Evidence-Based Health Policy in Wisconsin Principal Investigator: Karen Timberlake, JD, Department of Population Health Sciences</p>	<p>This project connects lawmakers, researchers and others in the public and private sector to advance Wisconsin’s health through two goals: provide policymakers, in both the public and private sectors, with timely, nonpartisan, high-quality information for evidence-based decision-making, and increase the involvement of UW faculty research and teaching activities in topical issues of state public policy.</p>
<p>Institute for Clinical and Translational Research (ICTR) Principal Investigator: Marc Drezner, MD, Institute for Clinical and Translational Research</p>	<p>The Wisconsin Partnership Program provides funding to ICTR to support their shared goal of improving health in Wisconsin. ICTR’s community engagement core is an important component of the Partnership Program’s commitment to community-academic partnerships aimed at improving health.</p>
<p>Making Wisconsin the Healthiest State Principal Investigator: Karen Timberlake, JD, Department of Population Health Sciences</p>	<p>The Making Wisconsin the Healthiest State project seeks to understand and improve health across Wisconsin and has three primary aims: to measure, assess and report on Wisconsin’s health and health disparities, to support local efforts in health improvement and to support statewide impact on policy, systems and environmental changes for health.</p>
<p>Survey of the Health of Wisconsin (SHOW) Principal Investigator: Paul Peppard, PhD, Department of Population Health Sciences</p>	<p>SHOW is a novel program for monitoring population health. It gathers information about the health of state residents living in both urban and rural areas and offers new opportunities for epidemiologic and translational health research and policy development.</p>

Zooming in on Childhood Asthma

In Wisconsin, 14 percent of adults and 10 percent of children have been diagnosed with asthma, and asthma visits to the emergency room alone cost more than \$23 million annually. Researchers at the University of Wisconsin continue to build on a strong tradition of excellence in research aimed at improving treatment for patients with asthma.

In 2005, Dr. Xin Sun, professor of medical genetics at the UW School of Medicine and Public Health, received a New Investigator Program award from

the Wisconsin Partnership Program. The goal of this project was to better understand the molecular and genetic mechanisms involved in lung formation and lung diseases like asthma and cancer. “The New Investigator award gave me the boost I needed to begin to study this vital organ,” said Dr. Sun. Her findings helped lay the groundwork for future research and funding into the treatment of lung disease, and set her on a trajectory toward novel discovery.

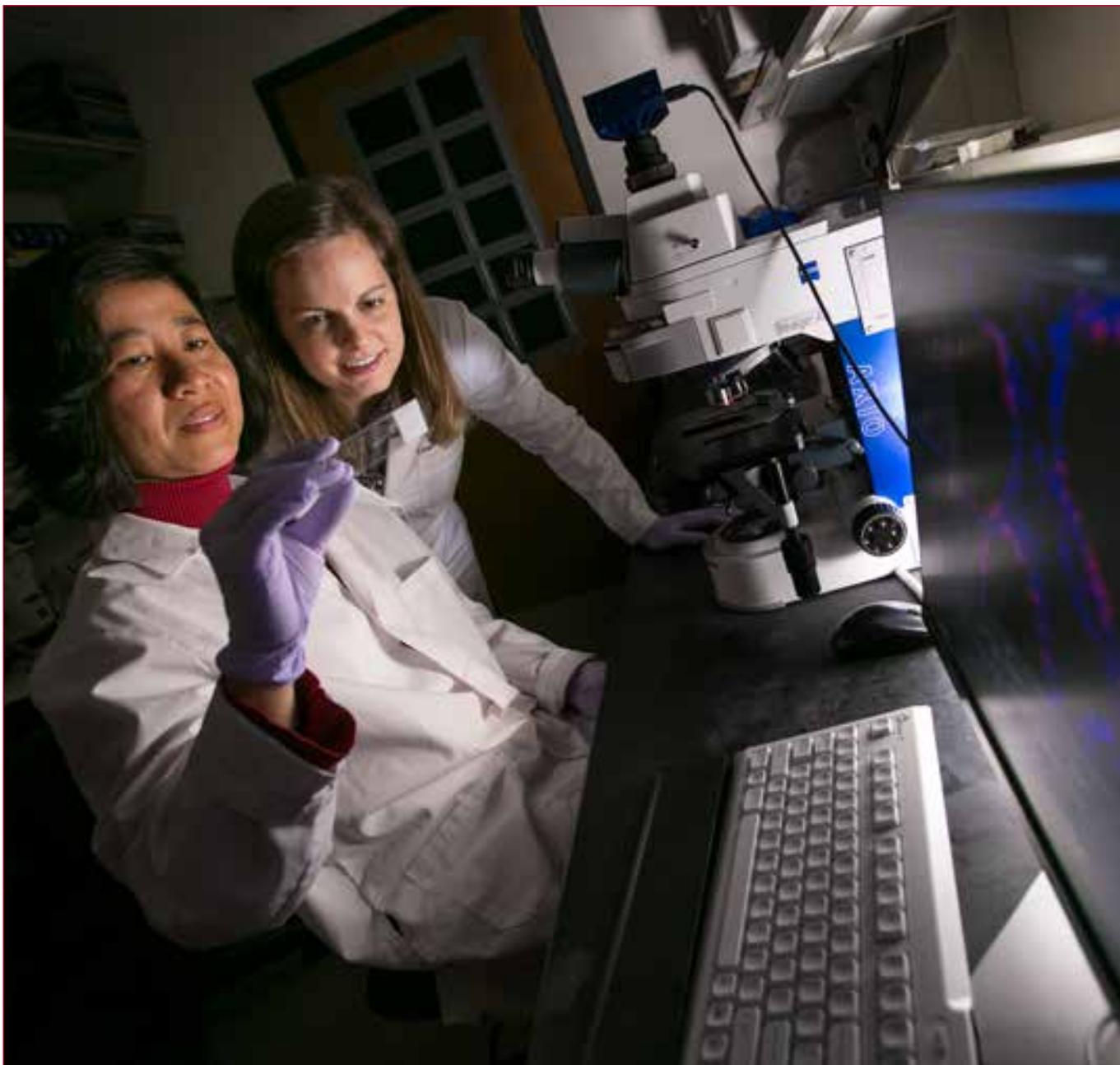
In 2014, Dr. Sun received her second award from the Wisconsin Partnership Program. *Zooming*

in on Childhood Asthma: Disease Causality and Personalized Medicine, a Collaborative Health Sciences Program award set out to first pinpoint the genes that cause asthma, then determine how abnormal function of these genes leads to asthma in distinct gene-specific ways. Ultimately, the goal is to use the new causal genes as guides to treat asthma on a patient-specific basis.

The goals of this study were based on the findings of the Childhood Origins of ASThma (COAST) study, one of the largest and longest-running asthma birth cohort

studies in the nation, led by Drs. Robert Lemanske and James Gern, professors of pediatrics and medicine at the UW School of Medicine and Public Health. The study established a novel example of gene and environment interactions that are important in the causes of asthma. “Now our goal is to map the genetic differences in people with asthma and those without it,” said Dr. Sun. “We know there are many variants and we need to determine if these mutations are causing asthma.” The study investigates individual gene function in the lung when the gene is altered. The findings can help determine how to treat different types of asthma.

During the study, Dr. Sun and her team made an unexpected breakthrough when they found that an uncommon and little-studied type of cell in the lungs acts like a sensor, linking the pulmonary and central nervous systems to regulate immune response in reaction to environmental cues. The cells, known as pulmonary neuroendocrine cells (PNECs) are associated with a wide range of human lung diseases, including asthma, pulmonary hypertension, cystic fibrosis and sudden infant death syndrome. “These cells make up less than one percent of the layer of cells that lines the respiratory tract,” said Dr. Sun, “but our findings conclude that they are capable of receiving, interpreting and responding to environmental stimuli such as allergens or chemicals mixed with the air we breathe.” This discovery may provide insights for new treatment options for a wide range of serious lung diseases.



Right: Dr. Xin Sun (left) and post-doctoral fellow Dr. Leah Nantie

Combatting Infectious Disease

A project funded by the Wisconsin Partnership Program brought together campus basic scientists and clinical infectious disease and population health faculty to focus on translating new discoveries into clinical advances aimed at reducing the threat of infectious disease.

The project created the Wisconsin Center for Infectious Disease (WisCID) to investigate microbiological areas of public health importance and translate the research findings into new treatments and preventive measures in response to the alarming rise of drug-resistant infections.

Infectious disease is the second leading cause of death worldwide and new threats from disease-causing, antibiotic-resistant micro-organisms are occurring at an alarming rate. Dr. Bruce Klein, professor of pediatrics and medical microbiology and immunology and principal investigator of WisCID said, “The virtual

Center was designed to integrate what at the time of the award were fragmented efforts of outstanding campus physicians and scientists to allow them to better apply the tools of microbiology, immunology and public health to combat these threats.”

The Center’s main goal was to foster interdisciplinary research and training in microbiology and infectious disease that promoted discovery and translated into public health benefits. WisCID was especially successful in fostering new collaborations and extramurally funded research in antimicrobial drug discovery, symbiosis (beneficial microbiology) and immunity and inflammation.

WisCID fostered many collaborations and initiatives including a pilot project grant program that leveraged additional funding within its first year. One of the projects, led by Dr. Tony Goldberg, professor of pathobiological sciences at the University of Wisconsin School of Veterinary Medicine, investigated novel tools for viral discovery and pandemic prevention.

WisCID was also successful in supporting training in microbiology and infectious disease. The Center provided learning opportunities for 40 pre- and post-doctoral trainees. Post-doctoral student Grisca Chen focused his research on understanding strategies that bacterial pathogens use to survive inside mammalian cells and cause disease.

“WisCID was successful in achieving its goals,” said Dr. Klein. “The project fostered new collaborations and extramurally funded research, expanded training opportunities through funding of Microbes in Health and Disease, a National Institutes for Health (NIH) supported training program, and provided a pre- and post-doctoral training program.”

The project’s focus on drug discovery was particularly successful and helped leverage a five-year, \$16 million NIH Center for Excellence in Translational Research (CETR) grant at UW-Madison focused on anti-microbial drug discovery.

WisCID Helps Leverage Funding for New Research

The Wisconsin Center for Infectious Disease (WisCID), funded by the Wisconsin Partnership Program, helped leverage a five-year \$16 million National Institutes of Health (NIH) Center for Excellence in Translational Research (CETR) grant at UW-Madison. The grant aims to find new sources of antibiotics to combat the rising number of dangerous and deadly antibiotic-resistant infections.

A multidisciplinary team of researchers led by Dr. David Andes, professor of medicine and division chief of infectious diseases, is using this funding to

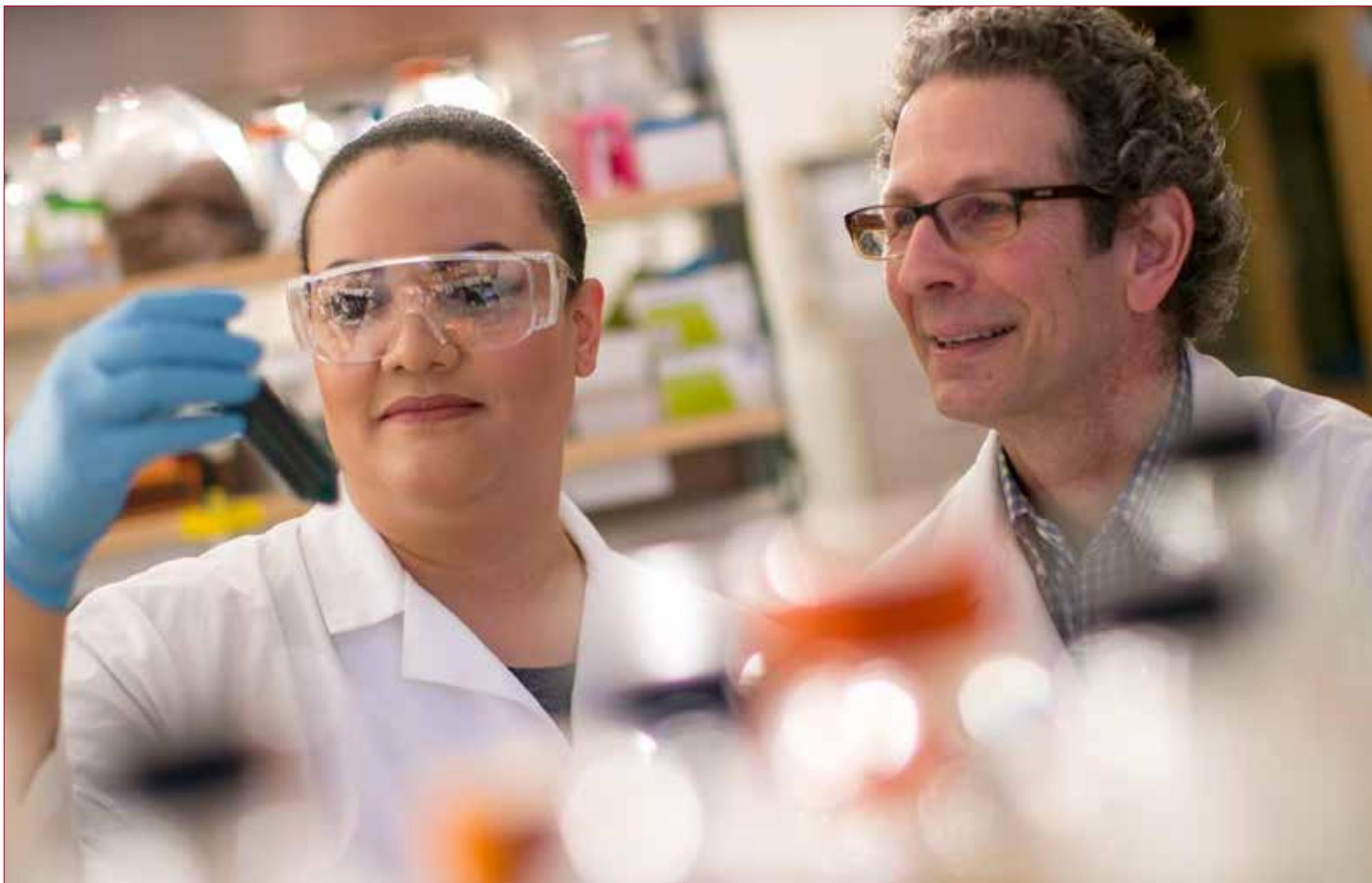
study natural products from microbes isolated from insects and marine animals for antibiotic development.

“Our team has developed a completely new model for anti-infective drug discovery,” Dr. Andes said. “We have developed novel ways of finding new antibiotics and testing them rapidly. It’s a fresh approach catalyzed by complementary input from basic and physician scientists, microbiologists, chemists and pharmacologists who are thinking about the same thing.”

The team is looking at two groups of relevant microbes: fungi associated with infections in

immunocompromised patients like cancer and transplant patients, and the bacteria responsible for the majority of U.S. hospital infections. “There are patients in almost every hospital with infections that have absolutely no treatment options,” said Dr. Andes. But the team is seeing promising results. “We’ve been finding large numbers of new compounds at a rate greater than what the pharmaceutical industry ever did,” said Dr. Andes.

To date, 400 novel compounds have been discovered which are being tested for development as antibiotics.



Dr. Bruce Klein and post-doctoral fellow Dr. Nydiaris Hernandez

Engaging Physicians in a Novel Approach to Continuing Education

A new project funded by the Partnership Program takes an innovative approach to making continuing education more accessible and relevant to primary care providers and community-based health care providers in Wisconsin.

The project will develop My Lifelong Learning Online Communities (MyLLOCs) an interactive e-learning program that combines online social learning modalities with traditional e-learning formats and aims to improve access to high quality and innovative interprofessional online education.

Dr. Elizabeth Petty, Senior Associate Dean for Academic Affairs at the UW School of Medicine and Public Health and principal investigator of the project, recognized that not all primary care physicians or health professionals have access to high-quality, leading-edge educational opportunities. “Providers may not have the time or budget to travel to a conference,” said Dr. Petty. “Through MyLLOCs, we can make learning more accessible, affordable and convenient. Learners will be able to come together in an online space to experience the power of social learning, access content from national experts and ultimately improve the health of their patients.”

MyLLOCs uses a “Just in Time” teaching and learning strategy that provides the participant with a learning solution when and where they need it, rather than on a deferred basis.

“We asked ourselves how we could apply technology in a new way to reach primary care providers and community-based health professionals,” said Dr. Petty. “MyLLOCs will provide a streamlined format to disseminate public health information and important research findings. Participants will be able to share successful approaches and experience interprofessional networking benefits similar to those you would gain by attending a conference.”

The project will launch two pilot communities in 2016. MyLLOC-Obesity and MyLLOC-Mental Health will target two of Wisconsin’s highest priority health issues.

During the development phase, co-investigator Barbara Anderson, Director of the Office of Continuing Professional Development, and the project team will select a technology platform and collaborate with community-based content leaders and SMPH experts to design the curriculum for both pilot communities.

Content will be featured in several formats:

- Journals
- Podcasts
- Videos
- Blogs
- Interactive cases

“Learners will be able to explore strategies to apply what they’ve learned to their own practice or community by engaging with peers, asking questions and sharing outcomes within the MyLLOC,” said Anderson.

MyLLOC-Obesity and MyLLOC-Mental Health will connect health care providers around the state with colleagues facing similar challenges. “Participants will have the opportunity to move outside their clinic walls and engage with the greater health care community. Patients throughout Wisconsin will benefit through the improved care they may receive from these health care providers,” said Dr. Petty.



Above: Barbara Anderson (left) and Julie Martinelli of the UW SMPH Office of Continuing Professional Development prepare a content review for MyLLOC – Obesity.

Partnering with ICTR to Improve Health in Wisconsin

The Wisconsin Partnership Program provides funding to the UW Institute for Clinical and Translational Research (ICTR) to support their shared commitment to community — academic partnerships aimed at improving health in Wisconsin. Grants range in focus from clinical, community and patient-centered outcomes to dissemination and implementation of evidence-based, community-driven interventions.

In 2015, the Wisconsin Partnership Program supported the following awards:

Addressing Postpartum Depression in Wisconsin Home-Visiting Programs: Dissemination/Implementation of the Evidence-Based Mother-Infant Therapy Group

Principal Investigator: Roseanne Clark, PhD, UW School of Medicine and Public Health
Amount: \$150,000

This pilot uses the evidence-based Mother-Infant Therapy Group to improve the capacity of home visiting and public health providers in Wisconsin to address mental health needs of pregnant women in underserved populations.

Barriers Faced by Caregivers Managing Older Adults' Medications in Rural Areas

Principal Investigator: Kevin Look, PharmD, PhD, UW School of Pharmacy
Amount: \$74,801

The project will examine the challenges and barriers faced by this population and identify strategies to help overcome these barriers. Ultimately the goal is to improve the safety and appropriateness of medication use by older adults in rural areas who receive assistance from a family caregiver.

Big Data for Little Kids: Establishing Population Effectiveness of Maternal and Child Health Programs

Principal Investigator: Deborah Ehrenthal, MD, MPH, UW School of Medicine and Public Health
Amount: \$75,000

This pilot will support the creation of a data system to analyze the reach and impact of Prenatal Care Coordination (PNCC), and will support future efforts to examine the impact of policies, programs and the environment on women's and children's health and children's educational outcomes.

Imaging Neuroplasticity in Mild Cognitive Impairment

Principal Investigator: Andrew Alexander, PhD, UW School of Medicine and Public Health
Amount: \$15,000

This research aims to determine whether imaging short-term neuroplasticity is predictive for individual patients of either future conversion to Alzheimer's disease or the effectiveness of cognitive training therapies.

Improving the Care of Children with Spinal Muscular Atrophy

Principal Investigator: Matthew Halanski, MD, UW School of Medicine and Public Health
Amount: \$99,645

This pilot will develop an electronic multicenter, multidisciplinary database containing validated outcome measures and clinical data to allow comparisons between different treatments and outcomes to determine optimal care for complex children as well as patient/family-entered data and quality-of-life measures to evaluate how treatments affect patient and family life. Investigators will use data and lessons learned to submit a PCORI grant to expand the database allowing clinicians to compare the effectiveness of various interventions for this population.

In-Vivo Tau Imaging in Alzheimer's Disease

Principal Investigator: Sterling Johnson, PhD, UW School of Medicine and Public Health
Amount: \$15,000

The overarching hypothesis is that the spatial pattern of tau-related pathology may explain the very earliest cognitive changes that occur in Alzheimer's disease. The objective of the pilot is to validate a new tracer of tau pathology known as [F-18]THK5117.

<p>My Life, My Dialysis Choice: A Decision and Patient/Nephrologist Communication Tool</p> <p>Principal Investigator: Margaret Wise, PhD, UW School of Pharmacy</p> <p>Amount: \$75,000</p>	<p>This pilot will incorporate a dialysis decision-aid tool into the nephrology clinic workflow and analyze whether patients in this group had more dialogue with their clinician and made different dialysis decisions than those who did not have the decision-aid tool. The project will assess the feasibility of integrating the tool within clinic workflow.</p>
<p>Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations</p> <p>Principal Investigator: Betty Chewning, PhD, UW School of Pharmacy</p> <p>Amount: \$149,797</p>	<p>This study will implement and evaluate a six-week session of Tai Chi Fundamentals (TCF) in three community organizations serving older adults and evaluate the effectiveness of the TCF program, study the barriers and facilitators to TCF implementation and prepare a package of TCF with recommendations for dissemination and use.</p>
<p>The Role of Duration of Sleep-Disordered Breathing in Brain Injury</p> <p>Principal Investigator: Paul E Peppard, PhD, UW School of Medicine and Public Health</p> <p>Amount: \$100,000</p>	<p>The hypotheses are that long-term exposure to sleep-disordered breathing (SDB) in adults results in brain injury that is quantifiable by structural and functional neuroimaging; and that intermittent hypoxia, sleep disruption and vascular pathology mediate, to varying degrees, the association between SDB and brain injury. The study will provide pilot and baseline neuroimaging studies that assess brain volumes, ischemic lesions, white matter health and cerebral blood flow.</p>
<p>Surveillance of Hospital-Acquired Infections Using Natural Language (SHAINL)</p> <p>Principal Investigator: Eneida Mendonça, MD, PhD, UW School of Medicine and Public Health</p> <p>Amount: \$49,845</p>	<p>This study aims to develop and test a prediction model of clostridium difficile infection (CDI) that incorporates clinical data from electronic health records, such as CDI signs and symptoms and effect of treatment, including patient-centered outcomes such as diarrhea, incontinence, dehydration and functional limitation. These data are critical to devising effective treatment and prevention strategies for CDI.</p>

Bridging the Communication Gap in Surgical Decision Making

Dr. Gretchen Schwarze, assistant professor of surgery at the UW School of Medicine and Public Health was awarded an ICTR Patient-Centered Outcomes Research Award to develop an intervention aimed at improving communication and understanding between older patients facing high-risk operations and their surgeons. Through the project, Engaging Stakeholders to Develop a Patient Navigation Tool for High-Risk Surgery, Dr. Schwarze and her team of academic and community collaborators designed a tool to help older patients considering major surgery make decisions that are in line with their goals and preferences.

Each year, 10,000 Wisconsinites aged 65 years and older will decide whether to undergo a high-risk operation such as heart bypass or risky cancer surgery. Though these surgeries offer many benefits, they also carry significant risk for death or serious complications. Although surgeons use informed consent to disclose risks, there is often a gap in understanding regarding complications, unwanted outcomes and quality-of-life expectation after surgery.

Interviews with patients and their family members helped Dr. Schwarze, a vascular surgeon and medical ethicist, identify this gap in the decision-making process.

“For these patients, surgery could mean unwanted outcomes, including loss of independence, prolonged life-support or long-term nursing home care, but it wasn’t something that they understood,” she said. Dr. Schwarze and her team engaged a Patient Family Advisory Council (PFAC) comprised of older adults who recently had high-risk surgery or family members of older people who had high-risk surgery, and other stakeholders, including surgeons and patient advocates, to inform the design of a Question Prompt List (QPL). The QPL aims to help patients and providers engage in a discussion about issues that are not routinely addressed, including potential trade-offs of having surgery and realistic expectations regarding life after surgery. “This type of discussion

helps patients decide if surgery is right for them and allows them to better anticipate possible outcomes and care needs after surgery,” said Dr. Schwarze.

The PFAC identified several critical questions related to a patient’s decision-making process, clarification of postoperative expectations, and support with advance care planning, that were reflected in the QPL. It was then shared with community focus groups, including Spanish-speaking audiences, for input and refinement.

“The QPL is designed to help patients access the surgeon’s knowledge in a way the patient will understand and it gives family members the opportunity to discuss possible outcomes at a time when the patient, family and surgeon are together and able to do so.” “By better understanding what their lives might look like after surgery, these patients are better equipped to make a decision that’s right for them.”

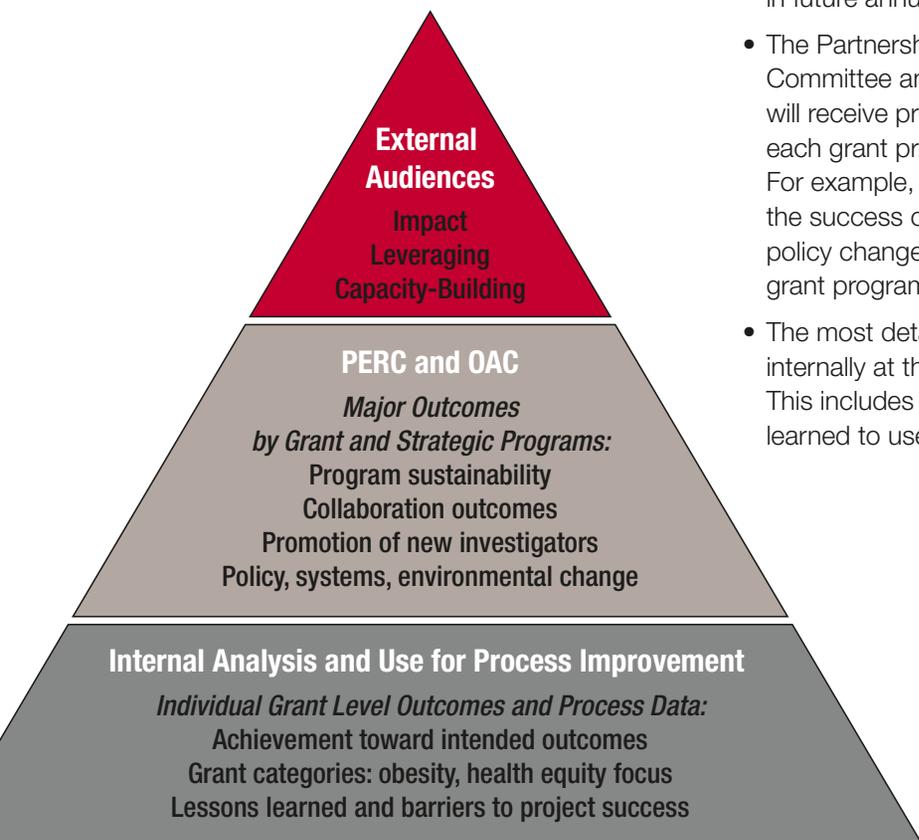
Dr. Schwarze and her team have received additional funding through a \$2.1 million award from the Patient-Centered Outcomes Research Institute (PCORI) to conduct a national multi-site randomized controlled trial aimed at determining if the QPL intervention increases patient participation in decision-making and reduces post-treatment regret and conflict.

Right: Dr. Gretchen Schwarze uses a Question Prompt List (QPL) to help older patients make informed decisions regarding having major surgery.



Impact and Learning

The Wisconsin Partnership Program has made a significant commitment to evaluate the impact of awarded grants and determine the long-term contributions of funded programs. Data has been used to improve grantee progress toward outcomes, funding decisions, and to understand the portfolio of funded grants. With the addition of an evaluation position in 2015, the capacity exists to more robustly use data to continue improvement and learning efforts.



A new framework has been developed (see Figure 1) to inform evaluative analysis and reporting at three levels:

- External audiences will be presented with outcome information to better understand health impacts of partnership-funded work and improve transparency. This includes categorizing outcomes into capacity building (e.g., new devices or methods, coalition development); impact (e.g., new therapies, measurable health improvements, systems change); and leveraged funds as an indicator of grant sustainability. This information will be shared in future annual reports.
- The Partnership Education and Research Committee and Oversight and Advisory Committee will receive process and outcome information for each grant program to inform funding decisions. For example, the committees will be able to assess the success of the collaborative team as well as policy change outcomes for each community grant program.
- The most detailed information will be utilized internally at the staff level to improve processes. This includes identification of barriers and lessons learned to use in future grant programming.

Figure 1. Wisconsin Partnership Program's levels of evaluation to increase understanding and learning and improve processes.

Grantee Leveraging, an Indicator of Sustainability

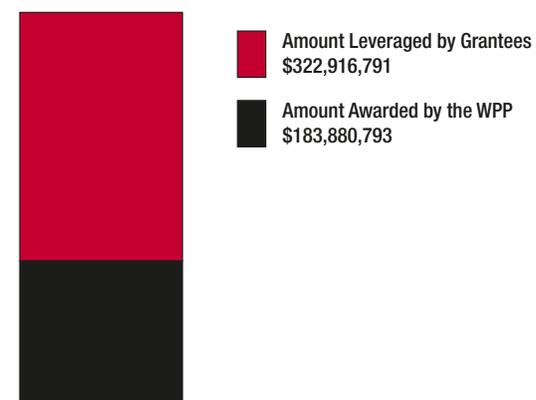


Figure 2. Sustainability of grantee programs as indicated by leveraged funding.

Sustainability of grant projects can be demonstrated by many indicators, one of which is leveraging. The Wisconsin Partnership Program defines leveraging as committed grants or contracts from other funders that sustain or expand a Partnership Program funded project. Leveraging demonstrates that other funders believe the project merits additional funding. The Wisconsin Partnership Program's current level of leveraging for grantees is shown in Figure 2. Sustainability is an indicator used at all three levels to inform understanding and learning.

Grants Concluded in 2015

Improving Health in Our Communities - Community Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Bethel AME Church Jobs for Fathers	Brenda Atlas, Bethel African Methodist Episcopal Church; Jeffrey Lewis, PhD, UW-Extension	LIHF	122,896	2 years
The BYIn Program - Beloit Youth Internship Program	Pentecostal Tabernacle Church; Brian Christens, PhD, Associate Professor, School of Human Ecology	LIHF	41,646	1 year, 6 months
Family Connectedness for New and Expectant Mothers	Debra Lemke, Children's Service Society of Wisconsin; Mary Jo Baisch, PhD, RN, Nursing, UW-Milwaukee	LIHF	50,000	1 year, 6 months
Family Peer Navigation and Home Visit Project	Nancy Brooks, Children's Service Society of Wisconsin; Sara Busarow, MD, MPH, Department of Population Health Sciences	LIHF	116,656	2 years
Focus on Fathers Initiative	Jeff Collen, Young Men's Christian Association; Noelle Chesley, PhD, Sociology, UW-Milwaukee; Sarah Halpern-Meekin, PhD, Sociology, UW-Milwaukee	LIHF	111,036	2 years, 3 months
Normalizing Breastfeeding: Building Social Support and Community Capacity	Dalvrey Blackwell, African American Breastfeeding Network; Courtenay L. Kessler, MS, UW-Milwaukee and UW School of Medicine and Public Health, Center for Urban Population Health	LIHF	149,953	2 years
Preserving Infant and Child Health	Children's Health Alliance of Wisconsin	LIHF	398,469	3 years
PWNS Birthing Project	Professional Women's Network for Services, Inc; Teresa Johnson, PhD, Nursing, UW-Milwaukee	LIHF	130,925	2 years
UNCOM Initiative For Healthy Families	Anthony Shields, United Neighborhood Centers of Milwaukee; Mary Jo Baisch, PhD, RN, Nursing, UW-Milwaukee	LIHF	95,867	2 years, 6 months
Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin	Wisconsin Children's Trust Fund	LIHF	47,425	2 years
Winnebago County STI Task Force - Comprehensive Sexual Health Education Pilot Program	Winnebago County Health Department	LIHF	39,482	2 years 6 months
Adopting an Easy-to-Read Medication Label in Wisconsin	Health Literacy Wisconsin, a division of Wisconsin Literacy, Inc.	CAPF	42,891	2 years
Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating Community Health Improvement Processes and Plans (CHIPP)	Wisconsin Association of Local Health Departments and Boards	CAPF	349,140	4 years
LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation Cross Plains Community Project	LIFE Foundation/Village of Cross Plains	CAPF	35,360	1 year, 2 months
The Menominee Community Journey to Wellness	Menominee Indian School District	CAPF	44,214	2 years
Prenatal Virtual Home Visitation Program	Indianhead Community Action Agency	CAPF	49,500	2 years
Promoting Physical Activity in Child Care	Supporting Families Together Association	CAPF	388,148	4 years
Safe and Healthy Food for the Hungry	Wisconsin Community Action Program Association	CAPF	48,036	2 years
Safe Schools for Wisconsin's Transgender Youth	GSAFE	CAPF	50,000	1 year, 3 months
Wisconsin Obesity Prevention Network	Wisconsin Partnership for Activity and Nutrition (WI PAN)	CAPF	400,000	3 years

Continued: Improving Health in Our Communities - Community Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
YMCA/UW Dept. of Obstetrics and Gynecology Partnership Promoting Healthy Weight in Pregnancy	YMCA of Dane County, Inc; Cynthia Anderson, MD, Assistant Professor (CHS), SMPH Obstetrics and Gynecology	CAPF	24,132	2 years, 4 months

LHF = Lifecourse Initiative for Healthy Families CAPF = Community-Academic Partnership Fund

Promoting Health through Education and Research Grants Concluded in 2015

Title	Principal Investigator	Type	\$ Amount	Duration
Circulating Tumor Cells in Renal Cell Carcinoma: Biomarkers for Personalized Medicine	Joshua Lang, MD, Department of Medicine	NIP	99,964	2 years, 6 months
Cholecystokinin in the Survival of Human Pancreatic Islets	Dawn Davis, MD, PhD, Department of Medicine	NIP	100,000	2 years, 6 months
Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy	Scott Nagle, MD, PhD, Department of Radiology	NIP	99,839	4 years
Dissecting Cross-species Transmission of Influenza Virus	Andrew Mehle, PhD, Department of Medical Microbiology and Immunology	NIP	100,000	2 years
Predicting Alzheimer's Disease Using Multimodal Machine Learning	Sterling Johnson, PhD, Department of Medicine	CHSP	299,539	3 years
Wisconsin Center for Infectious Diseases (WisCID)	Bruce Klein, MD, Department of Pediatrics	Strategic	1,205,964	6 years, 2 months

CHSP = Collaborative Health Sciences Program NIP = New Investigator Program Strategic = Strategic Education and Research Program

Partnering with ICTR to Improve Health in Wisconsin - ICTR Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Better, Safer Care Through Clear Communication	Paul Smith, MD, UW School of Medicine and Public Health, Department of Family Medicine, Aging and Disability Center, Green County	CCOR	75,000	2 years, 5 months
A Community-based, Behavioral Intervention to Improve Screening for Hepatitis C Among High-risk Young Adults in Wisconsin	Ryan Westergaard, MD, PhD, MPH, UW School of Medicine and Public Health, Department of Medicine and Population Health Sciences, UW Hospitals and Clinics; AIDS Network-Madison; AIDS Resource Center of Wisconsin; WI Department of Public Health	CCOR	75,000	3 years
Expanding the Role of the Community Pharmacist in Falls Prevention	David Mott, PhD, UW School of Pharmacy, LaCrosse County Aging Unit, Aging and Disability Resource Center (ADRC) of Calumet, Waupaca and Outagamie counties; Brown County ADRC	PCOR Pilot	77,670	2 years, 6 months
Reducing Readmission After Complex Cancer Surgery: A Human Factors and Systems Engineering Approach	Sharon Weber, MD, UW School of Medicine and Public Health, Department of Surgery, UW Hospitals and Clinics; Pancreas Cancer Task Force; Carbone Cancer Center	PCOR Pilot	99,907	1 year, 2 months
Living Well with Memory Partners	Carey Gleason, PhD, MW, UW School of Medicine and Public Health, Department of Medicine, Wisconsin Institute for Healthy Aging; Alzheimer's and Dementia Alliance of Wisconsin	CCOR	75,000	1 year, 10 months
Pharmacotherapeutic Intervention to Improve Treatment Engagement Among Alcohol-dependent Veterans After Hospital Discharge	Randy Brown, MD, PhD, UW School of Medicine and Public Health, Department of Family Medicine, William S. Middleton Veterans Hospital	CCOR	49,124	2 years

Partnering with ICTR to Improve Health in Wisconsin - ICTR Grants Concluded in 2015

Title	Community Organization, Academic Partner	Type	\$ Amount	Duration
Improving Health Outcomes after Breast Cancer Treatment: Assessing the Impact of Survivorship Care Plans on Wisconsin Cancer Survivors	Amye Tevaarwerk, MD, UW School of Medicine and Public Health, Department of Medicine, Marshfield Survivorship Program Advisory Council, Security Health Plan	CCOR	25,000	2 years, 3 months
Stepping Up in Specialty Clinics to Reduce Blood Pressure	Christie Bartels, MD, UW School of Medicine and Public Health, Department of Medicine, UW Health Rheumatology Clinic	CCOR	75,000	1 year, 4 months
Engaging Stakeholders and Developing Partners in Mental Health and Primary Care Integration Research	Nancy Pandhi, MD, UW School of Medicine and Public Health, Department of Family Medicine, United Way of Dane County; WORT Community Radio; National Alliance on Mental Illness; Cornucopia, Inc; Access Community Health Centers; Center for Patient Partnerships, Group Health Cooperative; UW Health	PCOR	100,000	1 year, 5 months
Can Community Advisors Improve Recruitment of Underrepresented People?	Barbara Bowers, RN, PhD, UW Madison School of Nursing, Goodman Community Center; Lussier Community Education Center; Community Advisors on Research Design and Strategy members	PCOR Pilot	90,500	1 year
Evidence-Based Tobacco Dependence Treatment Clinician Days of Learning	Robert Adsit, MEd, UW School of Medicine and Public Health, Department of Medicine, health care systems in Eau Claire, Neenah and Milwaukee; UW Center for Tobacco Research and Intervention; to train 165 participating clinicians and health professionals	DISS SUPP	10,000	1 year
Using Technology to Improve Dissemination and Translation of Survey of the Health of Wisconsin (SHOW) Data to Public Health Officials and Stakeholders Across Wisconsin	Kristen Malecki, PhD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences; Mathew Walsh, PhD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences; Survey of the Health of Wisconsin (SHOW); Wisconsin Clearinghouse for Prevention; Marathon County Health Department; Winnebago County Health Department	DISS SUPP	9,926	1 year
The Wisconsin Sports Concussion Education Project (WISCEP)	Timothy McGuine, PhD, UW School of Medicine and Public Health, Department of Orthopedics and Sports Medicine, UW Health Sports Medicine; Alison Brooks MD, MPH, UW School of Medicine and Public Health, Department of Orthopedics and Rehabilitation; Wisconsin Academy of Family Physicians; Wisconsin Athletic Trainers Association; Wisconsin Association of School Nurses	DISS SUPP	4,940	1 year
Integration of Stepping On Fall Prevention Program into the University of Wisconsin Hospitals and Clinics	Hee Soo Jung, MD, UW School of Medicine and Public Health, Department of Surgery; UW School of Pharmacy; Wisconsin Institute for Healthy Aging; Dane County Fall Prevention Task Force; UW Hospitals and Clinics	DISS SUPP	5,000	1 year
Training and Support for the Implementation of the Transitioning Together Program for Adolescents with ASD and their Families	Leann Smith, PhD, UW-Madison, Waisman Center; WI LEND, University of Minnesota; Cincinnati Children's Hospital	DISS SUPP	15,000	1 year
Dissemination of Zoonotic Disease Research Findings to Key Government Organizations to Facilitate the Identification and Adoption of Prevention Priorities	Tony Goldberg, DVM, PhD, MS, UW School of Veterinary Medicine; Kabarole District Health Officer, Uganda; Kibale EcoHealth Project, Uganda	DISS SUPP	12,750	1 year
Using Developmentally Appropriate Educational Materials to Improve Child Behavioral Health and Family Relationships when Parents Are in Jail	Julie Poehlmann, PhD, UW School of Medicine and Public Health, School of Human Ecology; University of Minnesota; Dane County; Racine County; Washington County, MN; Dakota County, MN	Health Equity	76,794	2 years
Multi-Scale Statistical Analysis of Networks: Application to Group Analysis of Brain Connectivity Networks	Vikas Singh, PhD, UW School of Medicine and Public Health, Department of Medicine	Informatics	49,956	1 year, 2 months

Financial Overview

Financial Highlights

- Wisconsin Partnership Program expenditures for 2015 were \$15.9M
- The fair value of endowed funds declined \$8.7M
- Total program assets decreased \$24.5M
- Endowment distributions for program expenditures were \$15.5M

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, Partnership Program funds may not be used to supplant funds or resources available from other sources. The SMPH has designed a review process for determination of nonsupplanting, which was approved by the Wisconsin United for Health Foundation, Inc.

Based on the nonsupplanting determination made by the Senior Associate Dean for Finance, the Dean of the School of Medicine and Public Health has attested to compliance with the supplanting prohibition in this Annual Report. The UW-Madison Interim Vice Chancellor for Finance and 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 outlined in its founding documents, the OAC annually reviews and assesses the allocation percentage for public health initiatives and for education and research initiatives. The OAC took up the matter on August 19, 2015. It was moved to retain the allocation of 35 percent for public health initiatives and 65 percent for education and research initiatives, and the motion was unanimously passed.

Accounting

The following financial report consolidates activities of the UW Foundation and the SMPH for the years ending December 31, 2015, and December 31, 2014. Revenues consist of interest income and changes in market valuation, while expenditures consist of administrative and program costs. All expenditures and awards are reported as either public health initiatives (OAC–35 percent) or partnership education and research initiatives (PERC–65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown in Tables 1 and 2.

Table 1: Statements of Net Assets

As of the Years Ended December 31, 2015 and 2014		
	2015	2014
Assets		
Current Investments	\$ 19,743,245	\$ 19,790,637
Noncurrent Investments	\$ 339,837,826	\$ 364,303,288
Total Assets	\$ 359,581,071	\$ 384,093,925
Liabilities and Net Assets		
Liabilities		
Grants Payable	\$ 46,809,168	\$ 37,433,620
Total Liabilities	\$ 46,809,168	\$ 37,433,620
Net Assets		
Temporarily Restricted - Spendable	\$ (6,671,016)	\$ 4,220,186
Temporarily Restricted - Endowment	\$ 37,615,177	\$ 60,612,377
Permanently Restricted - Endowment	\$ 281,827,742	\$ 281,827,742
Total Net Assets	\$ 312,771,903	\$ 346,660,305
Total Liabilities and Net Assets	\$ 359,581,071	\$ 384,093,925

Table 2: Statements of Revenues, Expenditures and Changes in Net Assets

For the Years Ended December 31, 2015 and 2014		
	2015	2014
Revenues		
Gift Received	–	–
Interest Income	\$ 38,521	\$ 28,612
Change in Fair Value of Endowed Funds	\$ (8,699,403)	17,171,553
Total Revenues	\$ (8,660,882)	\$ 17,200,165
Expenditures		
OAC Initiatives		
Administrative Expenditures	\$ 285,155	\$ 331,028
Grant Expenditures	\$ 4,544,753	\$ 7,005,160
PERC Initiatives		
Administrative Expenditures	\$ 529,573	\$ 614,766
Grant Expenditures	\$ 19,868,038	\$ 11,885,202
Total Expenditures	\$ 25,227,519	\$ 19,836,156
Net Increase/(Decrease) in Net Assets	\$ (33,888,401)	\$ (2,635,991)

Financial Notes

Cash and Investments

The financial resources that support Wisconsin Partnership Program grants as of December 31, 2015 and December 31, 2014 (Table 1) were generated from funds released by the Wisconsin United for Health Foundation, Inc., as prescribed in the Grant Agreement, as well as generated from investment earnings. All funds are in custody of and managed by the UW Foundation. As needed, funds are transferred to the SMPH to reimburse expenditures.

Income received on spendable funds is based on the performance of the underlying investments. All expenditures are charged against spendable funds. Income received on endowment funds is also based on the performance of the underlying investments, and released in accordance with the UW Foundation's approved spending policy.

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. Current investments have a short-term horizon, usually less than three years, and are mainly short-duration, fixed-income securities.

Noncurrent Investments

Noncurrent investments consist of participation in the UW Foundation endowment portfolio. The objective of the endowment portfolio is to achieve a long-term return that creates an income stream to fund programs, preserves the real value of the funds and provides for real growth. To achieve this objective, the endowment is invested in a diversified portfolio, which includes global equity, fixed income, real assets, alternative assets and cash equivalents.

The UW Foundation uses quantitative models and qualitative analysis to maximize returns 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 this risk will be mitigated through diversification of asset classes and investments within asset classes.

Change in Investment Allocation

The Partnership Program has historically maintained funds that have been distributed from the endowment and are available for expenditure in the UW Foundation expendables portfolio, as described in the Current Investments section of this report. As of December 31, 2012, the Partnership Program moved \$10 million of funds from the expendables portfolio to the endowment portfolio as described in the Noncurrent Investments section of this report. The purpose of this move was to achieve a higher rate of return, allowing for increased grant levels. The program made a planned second reinvestment of \$10 million in March 2013. These funds remain fully available to the program and are reflected in Net Assets Temporarily Restricted – Spendable.

Liabilities – Grants Payable

Grants payable are recorded as of the date of approval by the Oversight and Advisory Committee or Partnership Education and Research Committee. The liability reflects the total amount of the grant award less any payments made before December 31 of the reporting year. Any subsequent modifications to grant awards are recorded as adjustments of the grant expenditures in the year the adjustment occurs.

Net Assets

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

Temporarily Restricted — Spendable Fund: The portion of net assets relating to funds that have been distributed from the endowment fund, along with related income that is available to the program. These funds are available for the program's grants and administrative expenditures.

Temporarily Restricted — Endowment Fund: The portion of net assets derived from gains or losses to the permanently restricted funds that have not been distributed and remain within the endowment portfolio as of the end of each year.

Permanently Restricted — Endowment Fund: The portion of the gift proceeds initially allocated to permanently endow the Wisconsin Partnership Program. These funds have been invested in the endowment portfolio of the UW Foundation, and the principal is not available to be spent for Partnership Program purposes.

Statements of Revenues, Expenditures and Changes in Net Assets

Revenues

Revenues for the years ending December 31, 2015, and December 31, 2014 (Table 2), consist of two components: (1) interest income, which has been recorded as earned throughout the year; and (2) the change in fair value of endowed funds, which represents the increase or decrease in the fair value of funds invested in the UW Foundation Endowment Fund.

The change in fair value of endowed funds is shown after fees have been deducted (net of fees). The UW Foundation incurs management fees for both external and internal asset managers and records its revenues net of these fees. In addition, the UW Foundation assesses an Institutional Advancement Fee of 1 percent of endowed funds to finance its internal operations including administration, accounting, and development. The name of this fee was changed in 2015. The fee was previously called the Expense Recapture Fee.

The Institutional Advancement Fees were \$3,237,430 and \$3,329,180 in 2015 and 2014, respectively. Partnership Program revenues are shown after these fees have been deducted.

Effective January 1, 2012, the UW Foundation modified its policy regarding the Investment Recapture Fee, now known as the Institutional Advancement Fee. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above \$250 million per account. Partnership Program

funds exceed the newly established level, and the annual fee amounts in the preceding paragraph reflect this decrease. The Dean of the School of Medicine and Public Health proposed that the savings from this fee reduction would be fully allocated to the Oversight and Advisory Committee (OAC) for public health initiatives. This proposal was formally accepted by the OAC. In 2015 and 2014, these savings were \$316,042 and \$355,364, respectively.

Endowment fund distributions to the spendable funds are based on the UW Foundation spending policy, which is applied to the market value of the endowment funds.

Expenditures

Expenditures for the years ending December 31, 2015, and December 31, 2014, consist of grant awards, as described above, and administrative expenditures. All expenditures fall under one of the two major components identified in the Partnership Program's 2014–2019 Five-Year Plan: public health initiatives (OAC—35 percent) and partnership education and research initiatives (PERC—65 percent). OAC award amounts are shown in Tables 4 and 5, while PERC award amounts are in Tables 6 and 7.

Administrative Expenditures

Administrative expenditures include costs incurred by the Partnership Program in seeking and reviewing applications, monitoring and evaluating awards, and supporting other key components of compliance and infrastructure to maintain its grant-making activities. They do not include UW Foundation expenses, which are reported as a reduction of income and described

in the Revenues narrative of the Statements of Revenues, Expenditures and Changes in Net Assets in Table 2.

Partnership Program administrative expenditures were \$814,728 and \$945,794 for the years ended December 31, 2015, and December 31, 2014, respectively. Expenditures in 2015 were less than the prior year mainly because of multiple personnel recruitments during the first half of the year. The UW School of Medicine and Public Health (SMPH) also provides in-kind support for Partnership Program administrative expenditures from the Office of the Dean; Senior Associate Dean for Basic Science, Biotechnology and Graduate Studies; Senior Associate Dean for Finance; Associate Dean for Public Health; and Department of Human Resources. UW-Madison's Office of Legal Services also provide in-kind support.

The Partnership Program's Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) annually approve the administrative budget. Allocation of these costs within the Statements of Revenues, Expenditures and Changes in Net Assets (Table 2) is based on a 35 percent OAC/65 percent PERC split. Detailed administrative expenditures for each year are as follows:

Table 3: Administrative Expenditures

For the Years Ended December 31, 2015 and 2014		
	2015	2014
Salaries	\$ 467,115	\$ 556,835
Fringe Benefits	\$ 172,251	\$ 195,928
Supplies	\$ 5,981	\$ 6,657
Travel	\$ 10,618	\$ 8,540
Other Expenditures	\$ 158,763	\$ 177,834
Total	\$ 814,728	\$ 945,794
OAC (35%) Allocation	\$ 285,155	\$ 331,028
PERC (65%) Allocation	\$ 529,573	\$ 614,766
Total	\$ 814,728	\$ 945,794

Table 4: OAC Awards - Summary 2004–2015

	\$ Total Awarded	\$ Total Expended	\$ Grants Payable
Total 2004 OAC Funding	8,779,958	8,779,958	–
Total 2005 OAC Funding	4,635,692	4,635,692	–
Total 2006 OAC Funding	6,259,896	6,259,896	–
Total 2007 OAC Funding	4,635,452	4,635,452	–
Total 2008 OAC Funding *	–	–	–
Total 2009 OAC Funding	2,715,147	2,715,147	–
Total 2010 OAC Funding	2,836,381	2,824,529	11,852
Total 2011 OAC Funding	4,072,761	3,941,132	131,629
Total 2012 OAC Funding	4,573,854	3,728,600	845,254
Total 2013 OAC Funding	9,273,382	4,289,144	4,984,238
Total 2014 OAC Funding	7,313,622	1,890,088	5,423,534
Total 2015 OAC Funding	4,742,412	16,548	4,725,864
Total OAC Funding (2004 - 2015)	\$ 59,838,557	\$ 43,716,186	\$ 16,122,371
*Due to the financial downturn during 2008–2009, the OAC did not approve any awards in 2008.			

Award amounts shown on the Statements of Revenues, Expenditures and Changes in Net Assets, as well as Tables 4–7 reflect the total award amounts made in any year over their complete duration. For example, an award of \$100,000 per year with a term of three years will be recorded as a \$300,000 award in the year it is made. OAC and PERC awards do not all have the same durations, nor are they on the same renewal timeframes. As such, the total awards in any given year will not necessarily equal the 35/65 ratio of funds between OAC and PERC. Over time, however, awards and actual expenditures will mirror the allocation percentages.

Table 5: 2015 OAC Awards

Project Title	Type	\$ Total Awarded	\$ Total Expended	\$ Grants Payable
COMMUNITY OPPORTUNITY GRANTS				
Jackson County Drug-Free Communities Initiative	S	50,000	–	50,000
LIFE Foundation Community Opportunity	S	49,962	–	49,962
Improving the Health Status for Amish and Mennonites in Western Wisconsin	E, S	49,743	–	49,743
Providers and Teens Communicating for Health (PATCH) Program - Milwaukee Implementation	S	50,000	–	50,000
School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth	E, S	50,000	–	50,000
Understanding the Impacts of Adverse Childhood Experiences to Improve Prevention Services	R, S	50,000	–	50,000
Healthier Together Pierce and St Croix Counties Enhancing School Physical Activity	S	50,000	–	50,000
Healthy People Lincoln County: “Problems Can Be Solved in the Garden”	S	50,000	–	50,000
Perinatal Smoking Cessation Services - Northwest Wisconsin	S	50,000	–	50,000
5210 Across Dane County	E, S	45,210	–	45,210
Early Childhood Comprehensive Systems (ECCS)	S	45,000	–	45,000
LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES GRANTS				
Lifecourse Initiative for Healthy Families - PRAMS 2015–2016	R, S	209,950	16,548	193,402
COMMUNITY IMPACT GRANTS				
Cultivate Health Initiative: Growing the Wisconsin School Garden Network	E, R, S	999,991	–	999,991
Advancing School-Based Mental Health in Dane County	E, R, S	1,000,000	–	1,000,000
Improving Assisted-Living Quality Through Collaborative System Change	E, R, S	1,000,000	–	1,000,000
From Punishment to Restoration: Reimagining Criminal Justice to Improve the Health of Wisconsin’s Families and Communities	E, R, S	992,556	–	992,556
TOTAL 2015 OAC FUNDING		\$4,742,412	\$16,548	\$4,725,864

E = Education, R = Research, S = Service (community-based)

Table 6: PERC Awards - Summary 2004–2015

	\$ Total Awarded	\$ Total Expended	\$ Grants Payable
Total 2004 PERC Funding	7,835,411	7,835,411	–
Total 2005 PERC Funding	13,001,789	13,001,789	–
Total 2006 PERC Funding	9,081,619	9,081,619	–
Total 2007 PERC Funding	5,511,524	5,511,524	–
Total 2008 PERC Funding	6,140,982	6,140,982	–
Total 2009 PERC Funding	19,682,808	19,682,808	–
Total 2010 PERC Funding	760,364	759,757	607
Total 2011 PERC Funding	1,139,588	1,139,588	–
Total 2012 PERC Funding	16,484,297	15,885,932	598,365
Total 2013 PERC Funding	5,827,087	3,413,744	2,413,343
Total 2014 PERC Funding	13,330,665	3,298,153	10,032,512
Total 2015 PERC Funding	19,950,734	2,308,764	17,641,970
Total PERC Funding (2004–2015)	\$118,746,868	\$88,060,071	\$30,686,797

Table 7: 2015 PERC Awards

Project Title	Type	\$ Total Awarded	\$ Total Expended	\$ Grants Payable
STRATEGIC GRANTS				
Survey of the Health of Wisconsin (SHOW)	E, R, S	3,898,569	1,031,988	2,866,581
Institute for Clinical and Translational Research (ICTR)	E, R	12,750,000	1,273,828	11,476,172
Advancing Evidence-Based Health Policy in Wisconsin	E, S	236,924	–	236,924
Making Wisconsin the Healthiest State	R, S	518,371	–	518,371
OPPORTUNITY GRANTS				
Engaging Clinicians in Online Social Learning to Close Knowledge Gaps in Community Health: Pilot Focus on Obesity and Mental Health Care	E	150,000	2,948	147,052
COLLABORATIVE HEALTH SCIENCES PROGRAM GRANTS				
Paradigm Shifting, High-Throughput Assay for Serial Quantification of HIV Reservoirs	R, S	499,761	–	499,761
Big Data for Little Kids: The Impact of Prenatal Interventions on Birth Outcomes and School Readiness	R, S	499,315	–	499,315
Winning the War on Antibiotic Resistance in Wisconsin: The WARRIOR Study	R	498,501	–	498,501
Screening in Trauma for Opioid Misuse Prevention (STOMP)	R, S	499,293	–	499,293
NEW INVESTIGATOR PROGRAM GRANTS				
Improved Glycemic Control Through Reduction of Specific Dietary Amino Acids	R	100,000	–	100,000
Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings	R, S	100,000	–	100,000
Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer	R	100,000	–	100,000
Improving Antibiotic Stewardship for Long-Term Care Facility Residents Treated in the Emergency Department	R	100,000	–	100,000
TOTAL 2015 PERC FUNDING		\$19,950,734	\$2,308,764	\$17,641,970

E = Education, R = Research, S = Service (community-based)

Policies and Procedures

The Wisconsin Partnership Program's governing committees follow standard Request for Proposal (RFP) guidelines, requirements, multi-step review processes and selection criteria. Throughout the year, the Partnership Program evaluates the progress and outcomes of funded grants using progress and final reports, financial status reports, presentations and site visits.

Training and Technical Assistance

To ensure the greatest potential for successful proposals, Partnership Program staff members provide training and technical assistance for grant applicants throughout the year. Staff also facilitate in-person and webcast training sessions for applicants.

Review and Monitoring

All grant applications undergo a multi-step review by Partnership Program staff members, university faculty and staff, and representatives from state and local agencies and nonprofit organizations. The process includes:

- Technical review verifying eligibility and compliance with proposal requirements
- Expert review consisting of independent assessment and scoring
- Full committee review of top-ranked proposals and interview of applicants, as applicable

In addition, grantees receive a team orientation and agree to a Memorandum of Understanding that outlines grant requirements such as progress reports, financial status reports and a final report.

Open Meetings and Public Records

As directed by the Order of the Commissioner of Insurance, the Partnership Program conducts its operations and processes in accordance with the state's Open Meetings and Public Records Laws. Meetings of the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) and their subcommittees are open to the public. Agendas and minutes are posted at med.wisc.edu/partnership and in designated public areas.

Diversity Policy

The Wisconsin Partnership Program is subject to and complies with the diversity and equal opportunity policies of the UW System Board of Regents and UW-Madison. Furthermore, the Partnership Program has developed a diversity policy to ensure diversity within the Partnership Program's goals, objectives and processes.

A commitment to diversity is integral to the Partnership Program's mission to serve the public health needs of Wisconsin and to reduce health disparities through research, education and community partnerships. The policy provides a broad perspective to help the Partnership Program understand the most effective means to address population health issues and to improve health in Wisconsin.

The policy is available online at med.wisc.edu/partnership.

Wisconsin Partnership Program Leadership

The Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) serve as the Wisconsin Partnership Program's governance committees. Members carefully exercise their fiduciary responsibilities to improve the health of Wisconsin residents.

Oversight and Advisory Committee

The University of Wisconsin (UW) System Board of Regents appoints four representatives from the UW School of Medicine and Public Health (SMPH) and four public health advocates to the nine-member Oversight and Advisory Committee (OAC). The Wisconsin Office of the Commissioner of Insurance also appoints one OAC member. Members serve four-year terms and may be re-appointed. One member of the Board of Regents also serves as a liaison to the OAC. The primary responsibilities of the OAC are to:

- Direct and approve available funds for public health initiatives and public health education and training
- Provide public representation through the OAC's four health advocates
- Offer comment and advice on the PERC's expenditures

Health Advocate Appointees

Sue Kunferman, RN, MSN, CPM, Secretary
Director/Health Officer, Wood County
Health Department
Category: Statewide Health Care

Katherine Marks, BA
Outreach Specialist, Wisconsin Women's Business
Initiative Corp.
Category: Urban Health

Gregory Nycz
Executive Director, Family Health Center of
Marshfield, Inc.
Category: Rural Health

Kenneth Taylor, MPP, Vice Chair
Executive Director, Wisconsin Council on
Children and Families
Category: Children's Health

Insurance Commissioner's Appointee

Barbara J. Zabawa, JD, MPH
Owner, Center for Health Law Equity LLC

SMPH Appointees

Philip M. Farrell, MD, PhD
Professor Emeritus, Departments of Pediatrics and
Population Health Sciences
Termed ended March 2015

Cynthia Haq, MD
Professor, Departments of Family Medicine and
Community Health and Population Health Sciences;
Director, Training in Urban Medicine and Public Health

Robert F. Lemanske, MD
Associate Dean for Clinical and
Translational Research
Professor, Departments of Pediatrics and Medicine
Appointed April 2015

Richard L. Moss, PhD
Senior Associate Dean for Basic Research,
Biotechnology and Graduate Studies
Professor, Department of Cell and
Regenerative Biology

Patrick Remington, MD, MPH, Chair
Associate Dean for Public Health
Professor, Department of Population Health Sciences

Partnership Education and Research Committee

The Partnership Education and Research Committee (PERC) broadly represents the faculty, staff and leadership at the UW School of Medicine and Public Health and includes representatives from the Oversight and Advisory Committee. PERC allocates and distributes funds designated for medical education and research initiatives that advance population health. The primary responsibilities of the PERC are to:

- Direct and approve available funds for education and research initiatives
- Maintain a balanced portfolio of investments in population health
- Strengthen collaborations with communities and health leaders statewide

SMPH Leadership

Marc Drezner, MD
Senior Associate Dean for Clinical and Translational
Research; Director, Institute for Clinical and
Translational Research
Professor, Department of Medicine

Richard L. Moss, PhD, Chair*
Senior Associate Dean for Basic Research,
Biotechnology and Graduate Studies
Professor, Department of Cell and
Regenerative Biology

Elizabeth Petty, MD*
Senior Associate Dean for Academic Affairs
Professor, Department of Pediatrics

Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Department of Population Health Sciences

Department Chairs

Patricia Keely, PhD
Professor and Chair, Department of
Cell and Regenerative Biology
Appointed April 2015

Richard L. Page, MD
Professor and Chair, Department of Medicine

* PERC Executive Committee member

Faculty Representatives

David Allen, MD
Professor, Department of Pediatrics
Representative: Clinical Faculty

David Andes, MD
Associate Professor, Departments of Medicine and
Medical Microbiology and Immunology
Division Head, Infectious Disease
Representative: Clinical Faculty
Term ended March 2015

Elizabeth Jacobs, MD*
Associate Professor and Associate Vice Chair for
Health Services Research
Departments of Medicine and
Population Health Sciences
Representative: Public Health Faculty

Gregory D. Kennedy, MD, PhD
Associate Professor, Department of Surgery
Representative: Clinical Faculty
Appointed April 2015

Thomas Oliver, PhD, MHA*
Professor, Department of Population Health Sciences
Representative: Public Health Faculty

James Shull, PhD*
Professor, Department of Oncology
Representative: Basic Science Faculty
Appointed April 2015

Oversight and Advisory Committee Appointees

Greg Nycz*
Executive Director, Family Health Center of
Marshfield, Inc.

Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Department of Population Health Sciences;
OAC Chair

Ex-officio

Norman Drinkwater, PhD
Associate Vice Chancellor for Biological Sciences,
UW-Madison Office of the Vice Chancellor for
Research and Graduate Education
Professor, Department of Oncology

Liaisons

UW-Madison Office of the Chancellor
Paul M. DeLuca Jr., PhD
Provost Emeritus

UW-Madison Board of Regents
Tim Higgins, JD
Member, UW System Board of Regents

Wisconsin Partnership Program Staff

Eileen M. Smith, Assistant Dean and Director

Quinton D. Cotton, Program Officer

Andrea Dearlove, Senior Program Officer

Michael Lauth, Accountant

Tonya Mathison, Administrative Manager

Anne Pankratz, University Relations Specialist

Nathan Watson, Administrative Assistant

Kate Westaby, Evaluator

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* PERC Executive Committee member



Wisconsin
Partnership Program
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SCHOOL OF MEDICINE AND PUBLIC HEALTH

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