Wisconsin Partnership Program

2014 Outcomes Report – draft
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Program encourages kids to stay active at school

**Grantee:** Cooperative Educational Service Agency (CESA) #9, Lynn Verage  
**Grant title:** CESA #9 Active & Healthy Schools  
**Academic partner:** Aaron L. Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics  
**Dates:** April 1, 2013 – May 31, 2014  
**Amount:** $48,815  
**Program:** Community-Academic Partnership Fund  
**Project ID:** 2486

**The Challenge:** One-quarter of Wisconsin high school students and 29 percent of 2- to 4-year-olds participating in the Women, Infants and Children (WIC) Program are overweight or obese. Low levels of physical activity contribute to this growing health concern, and schools are an obvious partner for increasing activity levels among children because so much time is spent in school. Traditionally, schools have relied on physical education classes to address students’ activity needs; however, these programs are greatly underfunded and do not provide enough time or training for the classes to truly impact students’ lives.

**Project Goals:** The goal of this planning grant was to pilot three strategies from the evidence-based Active & Healthy Schools Program within three elementary schools in north-central Wisconsin. The schools were chosen to represent small, medium and large districts in rural and low-income areas of the state. The strategies were active recess, active energy breaks in the classroom and increased physical education minutes. Project leaders sought to demonstrate increased physical fitness levels through pre- and post-fitness measures by using pedometers and Fitness Gram, a tool that assesses fitness and activity levels.

**Results:** Based on PACER (progressive aerobic cardiovascular endurance run) scores and pedometer steps, students at all three schools demonstrated an increased level of fitness and activity during the school day as a result of this program. In addition, students responded well to the energy breaks, and teachers saw student engagement increase and behavior issues decrease after implementing the breaks. Students also were more on task and focused on their lessons. The structured and active recesses eliminated many discipline problems on the playground and kept students motivated to move during the entire recess, thus improving their overall health.
**Screenings can help identify at-risk older adults**

**Grantee:** Northeast Wisconsin Technical College, Chester Lintz  
**Grant title:** Community-based EMS Pilot Project  
**Academic partner:** Robert Jecklin, MPH, PhD, UW-La Crosse, College of Science and Health  
**Dates:** May 1, 2013 – October 31, 2014  
**Amount:** $19,999  
**Program:** Community-Academic Partnership Fund  
**Project ID:** 2482

**The Challenge:** Emergency Medical Service (EMS) teams frequently are the first point of contact for older adults experiencing health problems. Because these teams often enter the homes of people in distress, they have the opportunity to identify and prevent underlying issues that may lead to more serious medical conditions.

**Project Goals:** This pilot project in Shawano County positioned EMS personnel to become the eyes and ears for physicians and social service agencies. EMS providers were trained to screen older adults for key risk factors when responding to non-life-threatening 911 calls. The screenings determined whether patients were at risk for falls, medication errors and/or depression. If patients were deemed at risk, EMS personnel referred them to an appropriate health care or social service agency for further evaluation and treatment.

**Results:** Northeast Wisconsin Technical College faculty provided training to Shawano Ambulance Service staff using a national curriculum on geriatric emergency medical services that was adapted to include screening for risks related to falls, medication errors, untreated depression and home environment conditions. After the training, Shawano EMS personnel and paramedics screened 1,556 people ages 60 and older, and they referred 369 patients at risk of falls, medication errors or depression to further services. Before this pilot project, they had not referred any patients for services related to these issues.

Many patients indicated that they knew they needed help but did not know how to find it or did not realize they qualified for programs that could help them. Shawano Ambulance Service has made screening and referrals of older adults a part of its ongoing practice and is continuing to provide staff members with geriatrics education.

**Publications:** “EMS project receives $20,000 grant.” Fox11online.com. (2013)

Marquardt, L. “Ambulance service learning more about senior patients.” *The Shawano Leader.* (2013)
Childcare providers learn strategies for nutritious eating

Grantee: Celebrate Children Foundation, James Leonhart
Grant title: Development of a Curriculum to Support Healthy Bites, A Wisconsin Guide for Improving Childhood Nutrition
Academic partner: Tara LaRowe, PhD, RD, UW School of Medicine and Public Health, Department of Family Medicine
Dates: May 1, 2013 – April 30, 2014
Amount: $49,987
Program: Community-Academic Partnership Fund
Project ID: 2481

The Challenge: Early childhood represents a critical period for developing diet and activity behaviors that continue into adulthood; however, a child’s parents and home often are not the only influences over the nutrition environment. Nearly 60 percent of children 3 to 4 years old with employed mothers participate in center-based childcare, and 41 percent of preschool-age children are in early care and education (ECE) for 35 or more hours per week. Children consume between 50 percent and 100 percent of their food during this time.

Obesity rates are increasing among children at earlier ages, especially in low-income and ethnically diverse groups. ECE settings can influence a child’s eating and activity habits and should be considered as opportunities for preventing obesity. Most childcare facilities are regulated by state laws; therefore, changing policies that affect these facilities has the potential for improving nutrition and activity environments.

Project Goals: The purpose of this project was to develop a curriculum based on the Healthy Bites resource guide, which offers strategies for improving nutrition and for preventing and remediating childhood obesity. Partners in this effort included the Celebrate Children Foundation, Wisconsin Early Childhood Obesity Prevention Initiative, Supporting Families Together Association, Wisconsin Early Childhood Association, UW-Madison faculty members and Wisconsin Departments of Children and Families, Public Instruction and Health Services. Project goals were to produce a Healthy Bites nutrition curriculum, pilot the curriculum and training with early care and education providers, and train regional technical consultants/trainers for statewide dissemination and implementation.

Results: The Healthy Bites curriculum pilot project implemented all of the goals in the application and addressed the following issues of importance to ECE providers:

- Selecting, purchasing and preparing safe, healthy, nutrient-rich locally grown foods
- Institutionalizing safe food handling, feeding and nutrition policies
- Discussing access and affordability issues in disparate center environments
- Supporting and strengthening strategies such as breastfeeding, on-site gardens and parental engagement

Findings from this project will guide future collaborations for expanding Healthy Bites training; instituting ECE garden-based learning, fresh food production and consumption; establishing cost-effective delivery of nutritious foods, including an affordable and accessible farm-to-preschool system; and providing evidence for science-based improvement in statewide nutrition policies for early care and education.
Bringing fresh food to low-income families

**Grantee:** Green County Health Department, RoAnn Warden  
**Grant title:** Healthy Kids, Healthy County  
**Academic partner:** Barbara Duerst, RN, MS, UW School of Medicine and Public Health, Department of Population Health Sciences  
**Dates:** April 1, 2012 – March 31, 2014  
**Amount:** $49,430  
**Program:** Community-Academic Partnership Fund  
**Project ID:** 2286

**The Challenge:** According to the U.S. Department of Agriculture, Green County has the highest obesity rate for low-income preschoolers in the state at 24.7 percent. To combat this, Green County formed the Healthy Kids, Healthy County Coalition.

**Project Goal:** This project sought to influence Green County decision-makers and create a countywide nutrition educator position. Another goal was to increase the availability of fruits and vegetables to Early Head Start (EHS) families by teaching food-preparation skills and providing taste-testing.

**Results:** A team of public health providers delivered educational programming, which included twice-monthly “fun day” events that gave families opportunities to taste-test and learn new recipes and food-preparation methods. The team also created a partnership with community-supported agriculture (CSA) farms to provide fresh fruits and vegetables to families at the events. Green County hired a nutrition educator in January 2014 to provide services to county residents and continue the team’s work.

The project served 45 EHS families. Pre- and post-project surveys indicated that EHS families increased their consumption of fruits and vegetables as snacks by 8 percent and 6 percent, respectively. The majority of the families who regularly attended the events and picked up their CSA shares reported that they enjoyed the vegetables they received. Unused CSA produce was donated to the local food pantry, which shared it with other low-income families.

The Healthy Kids, Healthy County project also established a partnership with the local farmers’ market, which is exploring the possibility of accepting FoodShare Electronic Benefit Transfer — thus increasing the availability of fresh fruits and vegetables to low-income families.


Green County Health Department. “Healthy Kids, Healthy County.” 2013 Annual Report.
Dental care and education for uninsured patients

Grantee: Bread of Healing Clinic, Inc., Barbara Horner-Ibler
Grant title: Improving Dental Health of Uninsured Populations in Milwaukee
Academic partner: Cynthia Haq, MD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health
Dates: January 1, 2012 – June 30, 2014
Amount: $50,000
Program: Community-Academic Partnership Fund
Project ID: 2000

The Challenge: Uninsured people in Milwaukee struggle to find quality and affordable dental care. Few providers are available to serve the poor; and community-based preventive and treatment programs are not widely available. Poor oral health has been linked to numerous health conditions, such as cardiovascular disease, diabetes and respiratory infection.

Description: The Bread of Healing Clinic, a free clinic on the north side of Milwaukee, set out to increase the accessibility of affordable dental services in the area. This project sought to develop a replicable system for oral health education and services for uninsured, low-income patients. The project recruited volunteer dentists, dental hygienists and students to perform assessments, X-rays, cleanings and oral evaluations and made referrals to dentists for dental services.

Results: This grant allowed 215 patients to receive dental care; many required multiple visits due to the extent of their needs. During the project period, dentists performed 1,200 procedures, most of which were fillings and extractions.

Patients received oral health education while in the waiting room. The oral health education addressed the importance of dental health in maintaining overall health. Patients’ oral health knowledge was assessed using pre-test and post-test measures. On a scale of 1 to 10, with 10 indicating greater knowledge, they scored an average of 6.83 on the pre-test and 8.25 on the post-test — a statistically significant improvement. Findings from quality-of-life surveys and interviews were very positive, with some patients stating that they were no longer in pain and were able to smile again without feeling self-conscious about the condition of their teeth.

While substantial efforts to recruit professional volunteers were noteworthy, a complementary state grant enabled the clinic to hire part-time dentists and hygienists to provide additional hours of care to patients. The project team is currently working with the Milwaukee County Oral Health Task Force to identify and scale-up affordable oral health strategies.
Northwoods LEAN encourages healthy living

Grantee: Oneida County Health Department, Linda Conlon
Grant title: Oneida County Striving to be Healthy
Academic partner: Erica Brewster, MPH, Oneida County Family Living Agent, UW-Extension
Dates: April 2, 2012 – March 31, 2014
Amount: $49,967
Program: Community-Academic Partnership Fund
Project ID: 2291

Background: Oneida County’s most recent Community Health Needs Assessment identified four priorities: chronic disease prevention, alcohol and other drug abuse (AODA), mental health and physical activity. Oneida County developed a chronic disease coalition.

The county’s Public Health Department and the Steering Committee of Healthy People Healthy Oneida County led the needs assessment process. Representatives from businesses, medical centers, ancillary healthcare providers, churches, schools, local governments and community coalitions addressing health-related issues participated.

Project Goals: This project focused on building the capacity to address chronic disease by creating a broad-based Chronic Disease Prevention Coalition, developing a strategic plan and identifying sustainable funding and capacity for disease prevention and management programs.

Results: The Northwoods LEAN coalition used Wisconsin Partnership Program funds to create a sustainable coalition with an active leadership team, vision and strategic plan. In addition to accomplishing all of the grant goals, the coalition was chosen to participate in the Healthy Wisconsin Leadership Institute and received a Partnership Program implementation grant. This grant also led to several other programs, including:

- CHANGE (Community Health Assessment and Group Evaluation) grant to conduct a more detailed community needs assessment specifically related to chronic disease
- CHANGE 2.0 grant to work with local convenience stores to offer healthy items, alter displays and make other changes
- Security Health grant to implement a bicycle education program, build bike racks and hold a bike rodeo
- Wisconsin Department of Health Services grant to conduct focus groups with local businesses to better understand worksite wellness and tailor activities to meet employers’ needs
Helping patients access mental health, substance abuse treatment

**Grantee:** ABC for Rural Health, Inc., Mike Rust  
**Grant title:** Polk County Behavioral Health Access Audit  
**Academic partner:** Elizabeth Feder, PhD, UW School of Medicine and Public Health, Population Health Institute  
**Dates:** April 1, 2012 – June 30, 2014  
**Amount:** $49,789  
**Program:** Community-Academic Partnership Fund  
**Project ID:** 2296

**The Challenge:** Nationally, those in need of mental health or substance abuse treatment too often do not receive treatment. More than 60 percent of adults with a diagnosable disorder and 70 percent of children needing treatment do not receive mental health services. Public and private insurance coverage for mental health treatment is often unfairly limited, terminated or denied. Numerous changes to the health insurance system have opened access to mental health treatment for people who previously did not have coverage. ABC seeks to educate patients about their options.

**Project Goal:** This project sought to better understand and remove barriers for patients seeking access to mental health and substance abuse treatment. ABC for Rural Health worked with three Polk County mental health clinics to document, describe and model a program that assures full access regardless of the patient’s age, disability, health or economic status.

**Results:** The project uncovered issues with private insurance in the Mental Health Parity and Provider Non-Discrimination sections of the Affordable Care Act as well as issues with the delivery of Wisconsin Medicaid. The effort also helped patients gain access BadgerCare Plus, Medicaid and insurance through the Affordable Care Act. In addition, the project underscored the importance of benefits counseling and empowering clinic staff members to educate patients about their options. ABC also developed an online Behavioral Health Screener, which helps patients find health insurance programs or policies.
Helping school staff educate families about health insurance

**Grantee:** Covering Kids and Families – Wisconsin, Molly Bandt  
**Grant title:** REACH BC+: Retention and Enrollment to Achieve Children’s Health  
**Academic partner:** Donna A. Friedsam, MPH, UW School of Medicine and Public Health, Population Health Institute  
**Dates:** June 1, 2011 – August 31, 2014  
**Amount:** $399,365  
**Program:** Community-Academic Partnership Fund  
**Project ID:** 2017

**The Challenge:** Access to health care, especially preventive care, is a major factor in maintaining health, and insurance is a key to that access. However, the health insurance system is constantly changing and often difficult to navigate.

This project sought to determine if Wisconsin’s schools could be an effective partner way to help ensure children have access to health insurance; one way to help them arrive at school healthy and ready to learn. The project emphasized reducing health disparities among Wisconsin’s most underserved and diverse areas.

**Project Goals:** Covering Kids and Families’ (CKF) goal was to partner with schools and community groups to deepen their joint commitment to ensuring students have health insurance, promoting public health insurance options, helping families navigate the insurance system and having centralized support for school staff. This pilot project also sought to evaluate the program’s sustainability and the potential for implementation throughout Wisconsin.

CKF worked with two Cooperative Educational Service Agencies (CESAs), which use public and private funds to provide resources to school districts in its area of the state: CESA 1 in southeastern Wisconsin and CESA 8 in northeastern Wisconsin.

**Results:** CKF provided school district staff in both CESAs with extensive training and workshops about BadgerCare Plus. The project became even more important for the districts midway through the grant period, when the passage of the Affordable Care Act (ACA) prompted more questions from the families they serve.

The project positively impacted school staff’s knowledge, attitudes and practices regarding health coverage assistance; 83 percent of staff wanted to continue BadgerCare Plus assistance and activities. CKF’s online Toolbox, which connects school staff members to updated ACA information and fact sheets, has proven to be particularly helpful.

“As a school social worker, I rely on the website as a rapid and reliable source for me to use when I have families in my office that need advice – now. I appreciate that the CKF staff have reviewed, updated and ‘translated’ the complex and frequently changing information about BadgerCare Plus, and now the Affordable Care Act, so that I can quickly explain or share it,” one staff member wrote in her program evaluation.

School staff members have expressed a strong desire to learn more about BadgerCare Plus and the new Health Insurance Marketplace through the ACA, and CKF continues to seek and receive funding to provide training to them.
One county’s experience with health care

**Grantee:** Community Advocates Public Policy Institute, Mike Bare and David Riemer  
**Grant title:** The Great Dane Exchange: Exploring the Reasons for the Success of the Wisconsin State Employee Health Plan Insurance Exchange for Clues to Successfully Establish Exchanges Required by the Affordable Care Act  
**Academic partner:** John Mullahy, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences  
**Dates:** June 1, 2013 – December 31, 2014  
**Amount:** $49,997  
**Program:** Community-Academic Partnership Fund  
**Project ID:** 2484

**The Challenge:** Health care reform has received substantial attention with the passage of the Affordable Care Act (ACA). During the next few years, states and the federal government likely will be seeking solutions to control costs and improve quality in the ACA’s insurance marketplaces. There is still much to learn about improving efficacy and efficiency in health care.

**Project Goal:** Wisconsin state employees choose their health insurance in the Wisconsin State Employee Health Plan (WSEHP), an insurance exchange. Researchers have long noted that premiums in Dane County (which includes the city of Madison) are significantly lower than those in Wisconsin’s other 71 counties. This project sought to explain the reasons for that difference and establish a health policy research partnership between the Community Advocates Public Policy Institute (PPI) and UW-Madison Professor John Mullahy, an economist specializing in health economics.

**Results:** The project team identified the following four variables as potential areas to explore in future research to more fully understand the relationship between health care plan offerings and costs.

1. The number of health care plans offered in the county’s exchange.
2. The size of the county exchange pool’s membership as a percent of the county’s private insurance market (23.58 percent).
3. The number of health care plans in the county’s exchange that are integrated delivery systems.
4. The quality of the health care plans offered in the county’s exchange.

The team did acknowledge other explanatory variables (such as hospital reimbursement rates, number of hospitals in the county, physician to patient ratio and health of the population) may also contribute to Dane County’s experience of being able to offer health plans with lower premiums.

**Publications and presentations:** *Health Affairs Blog.* “The Dane Difference: Why Are Dane County’s Exchange Premiums Lower?” December 18, 2014.

[http://communityadvocates.net/ppi/programs/aca/the_dane_difference.php](http://communityadvocates.net/ppi/programs/aca/the_dane_difference.php)

Study recommends mental health services at job-placement programs

Grantee: Milwaukee Area Workforce Investment Board, Gregory Williams
Grant title: The Intersection of Employment and Health Status for African-American Males
Academic partner: David J. Pate, UW-Milwaukee, Helen Bader School of Social Welfare
Dates: July 1, 2013 – December 31, 2014
Amount: $50,000
Program: Community-Academic Partnership Fund
Project ID: 2282

The Challenge: In the United States, African-American men have the shortest life expectancy of all races. Many factors contribute to this, including history of incarceration, exposure to violence, racism, limited health care access, inadequate mental health support and stress. Researchers have linked socioeconomic status to poor health outcomes. As a group, African-American men face issues of employability in alarming numbers, thus making them more susceptible to poor health outcomes. Of the social determinants, perhaps none is more significant than employment.

Project Goal: The project sought to assess the needs of unemployed African-American men receiving services at the Milwaukee Area Workforce Investment Board (MAWIB), particularly non-custodial fathers enrolled in MAWIB’s transitional employment program. The assessment included a survey, in-depth interviews and focus groups which captured information from men about their physical, mental and emotional health as well as legal status. A community advisory board was formed to review and make recommendations based on project team findings.

Results: Findings suggest that adverse childhood events such as physical, mental and emotional abuse; battered mothers; separation or divorce; early trauma; and stress were major contributors to some of the poor outcomes experienced by African-American men. The team concluded that job-placement programs working with African-American men who live in urban areas should consider incorporating behavioral and mental health services into their offerings, with particular focus on trauma-informed care. Equally valuable, the project made recommendations about integrating a common goal among urban social service agencies to develop policies and strategies that work to decrease exposure to adverse childhood experiences.

MAWIB has secured funding from the Safer Foundation and through the Workforce Innovation and Opportunity Act to plan a pilot project targeting young African-American men. The pilot project will test the implementation of behavioral and mental health services and trauma interventions recommended as a result of this study.


Teens and providers learn communication techniques

**Grantee:** Wisconsin Alliance for Women’s Health, Amy Olejniczak  
**Grant title:** Wisconsin Adolescent Health Care Communication Program Evaluation  
**Academic partner:** Heather Royer, PhD, FNP-BC, UW-Milwaukee College of Nursing  
**Dates:** July 1, 2012 – June 30, 2014  
**Amount:** $50,000  
**Program:** Community-Academic Partnership Fund  
**Project ID:** 2275  

**The Challenge:** Efforts to combat teenage pregnancy have been successful nationally, but additional strategies to lower rates of unintended pregnancies and sexually transmitted diseases among teens are still needed. Research shows that one of the best ways to improve adolescent health outcomes is to increase communication between adolescent patients and their health care providers. Interventions aimed at improving health literacy and advocacy skills among youth, and similarly, improving communication skills among health care providers offer some promise.

**Project Goal:** The project sought to develop and evaluate workshops that brought together teenagers and health care providers. Project planners trained 10 teen educators at a pilot site in Dane County to assist with leading the workshops throughout Wisconsin. The workshops included videos, skits, games and group discussions on barriers that hinder teenagers and health care providers from communicating effectively with each other about sexual and reproductive health.

**Results:** Project planners conducted 28 workshops with more than 200 providers and nearly 400 teenagers. Participants completed pre- and post-tests to assess their knowledge regarding sexual health issues, with considerable gains in knowledge reported by both teens and providers.

Project planners also learned that teenagers found it difficult to speak with health care providers about suicide, depression, and drug and alcohol use. As a result, the Wisconsin Alliance for Women’s Health has enhanced the program, now called PATCH (Providers and Teens Communicating for Health), to encompass and address sensitive health topics.


Thrive Wisconsin seeks to create health equity

Grantee: WISDOM, David Liners  
Grant title: Wisconsin Health Equity Alliance (WHEA): Driving Policy Change to Improve Health in Wisconsin  
Academic partner: Brian Christens, PhD, UW-Madison, School of Human Ecology  
Dates: July 1, 2013 – June 30, 2014  
Amount: $49,947  
Program: Community-Academic Partnership Fund  
Project ID: 2473

The Challenge: The UW Population Health Institute’s (UWPHI) population health model recognizes that the strongest factors that influence health outcomes are socioeconomic determinants such as education, employment, income, community safety and social support. While there have been many strides in public health over the last two decades, there is an increasing understanding and need for intervention approaches that build the collective strength of a range of stakeholders in communities. Techniques for community change, such as community organizing or collective impact, are becoming more widely utilized approaches among public health practitioners.

Project Goal: This project sought to develop a partnership between community organizers, public health practitioners and academics — leading to the creation of an alliance for health equity in Wisconsin. The project also provided an opportunity for alliance members to discuss issues related to organizing and to access peer support to help refine local community organizing action plans.

Results: The Thrive Wisconsin summit led to the creation of the Wisconsin Health Equity Alliance — a formal group of public health and community organizing professionals. Alliance members have increased their skills by participating in trainings and successfully advocated for state-level funding for treatment alternative diversion programs. A statewide network is now in place for groups to convene and share information. The Alliance continues to meet regularly.
Core-4 strategies help students stay fit

Grantee: Wisconsin Department of Public Instruction, Doug White  
Grant title: Wisconsin Partnership for Childhood Fitness, Phase II  
Academic partner: Aaron L. Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics  
Dates: July 1, 2011 – September 30, 2014  
Amount: $400,000  
Program: Community-Academic Partnership Fund  
Project ID: 2023

The Challenge: Studies have shown that large-scale obesity and chronic disease prevention fitness programs targeted at early adolescents can have a significant, positive impact on cardiovascular health. Incorporating these programs within the school day provides an ideal environment to implement and determine the impact of sustained fitness interventions that can inform a statewide cardiovascular fitness data collection system.

Project Goals: This grant supported efforts to incorporate evidence-based physical activity strategies — called Core-4 — in 48 middle schools with families and children across the state. The Core-4 strategies are:

- Increase accrued minutes of moderate to vigorous physical activity in physical education classes (Active Physical Education)
- Encourage active classroom breaks
- Provide organized physical activity during recess (Active Recess)
- Provide physical activity opportunities before and after school

Results: School personnel received extensive training that included in-person presentations from national experts and a two-day symposium. Schools received state-of-the-art resources, including pedometers, recess activity guides and support for after-school programs.

The schools were divided into two intervention groups, with one group delaying implementation until year 2 of the project to evaluate program effectiveness. Results indicated significant improvements in cardiovascular fitness among both groups. The most significant gains took place in the first year of program implementation. The team also found that boys were more likely to experience gains than girls, and that Hispanic students had lower fitness scores than students of other ethnicities.

As a result of this project, the Department of Public Instruction has incorporated school-based physical activity into other projects and initiatives. The project partners received funding to participate in a five-year project with the U.S. Centers for Disease Control and Prevention and are using the results from this project to inform that initiative. Partners are also testing methodologies for future efforts that will use monitoring devices to track physical activity throughout the school day.
Team pledges to address racism in Kenosha

Grantee: Kenosha County Division of Health, Cynthia Johnson  
Grant title: Dismantling Racism in Kenosha County  
Academic partner: Markus Brauer, PhD, UW-Madison, Department of Psychology  
Dates: July 1, 2013 – June 20, 2014  
Amount: $50,000  
Program: LifeCourse Initiative for Healthy Families  
Project ID: 2587

The Challenge: Among Wisconsin counties, Kenosha has some of the highest racial disparities in infant mortality rates between African-Americans and whites. These poor health outcomes are the result of deeply rooted community and societal-level attitudes and practices. A growing body of evidence on Lifecourse Theory has linked these embedded social norms to chronic and toxic stress, which results in disproportionate poor health and well-being outcomes among racial minorities. There are few successful examples of efforts taken by communities to unpack and understand how racism is nested in systems and structures and even fewer examples of how communities acquired skills to implement projects that result in eliminating racial disparities.

Project Goal: The Dismantling Racism project sought to bring together a team of stakeholders in Kenosha from a range of sectors (health, criminal justice, schools, social services, etc.) and partner with a UW faculty member to more deeply understand the subject of racism. Project goals included the following: increase the team’s knowledge about racism; conduct a literature review on effective approaches for dismantling racism; gather community input including the development of a report outlining action steps; and build broad community support for moving action forward on priorities identified in the report.

Results: The Dismantling Racism team, which started with just five people, has expanded to 18 members, with representatives from a wide range of city and county entities. Existing groups exploring the issue of racism joined the Dismantling Racism team to help streamline efforts, ultimately, increasing the community’s collective capacity to address racial disparities under a single entity. The team’s next step is to pursue training opportunities on how to have courageous conversations.

Findings from a survey of project participants indicate respondents self-reported that the project helped them understand racism, the link between race and health outcomes, how racism relates to their work, why equity matters and their own biases and behavior. The team’s next step is to identify which priorities in the community report to carry forward.
Dads getting more engaged

Grantee: IMPACT Alcohol & Other Drug Abuse Services, Inc., Kathleen Pritchard
Grant title: Engaging African-American Fathers to Reduce Infant Mortality by Improving Their Health Literacy
Academic partner: David J. Pate, Jr., PhD, UW-Milwaukee, Helen Bader School of Social Welfare; Kris A. Barnekow, PhD, UW-Milwaukee, Department of Occupational Science and Technology
Dates: June 1, 2013 – July 31, 2014
Amount: $50,000
Program: Lifecourse Initiative for Healthy Families
Project ID: 2575

The Challenge: Having adequate, sufficient and understandable health information is an important aspect of taking responsibility for one’s health and those we care about. While health information about the prenatal period is available for women, adequate information is not available for men. Research has shown that when fathers are involved during the prenatal period, they provide support that can reduce stress of the expectant mother, and in turn, improve the likelihood of a healthy birth outcome. More efforts to understand and develop health information for men during the prenatal period are needed.

Project Goal: The project sought to bring together a team of academic partners, a health planning agency and the Milwaukee County Medical Society with groups of African-American fathers. The team’s combined health literacy expertise was informed by the practical knowledge and experience of African-American fathers. The project sought to (1) increase the team’s cross-disciplinary learning and (2) document perspectives from African-American men to inform the development of strategies to promote their involvement during the prenatal period.

Results: The project team worked with local organizations (Milwaukee Fatherhood Initiative, My Father’s House, Silver Spring Neighborhood Center and Next Door Foundation) to recruit fathers and expectant fathers into focus groups. Findings from the four focus groups identified a number of themes regarding needs, barriers and the interests of African-American men to be more involved during the prenatal period. Project partners secured a grant from the Greater Milwaukee Foundation for an American Evaluation Association fellow to further investigate effective health messaging practices. The project will help inform the content for a pilot program that focuses on training medical and public health students to work more inclusively with fathers when providing prenatal services and information.


Involving dads early on has benefits

Grant title: Expecting Moms, Expecting Dads
Academic partner: Emmanuel Ngui, DrPH, UW-Milwaukee, Zilber School of Public Health
Dates: July 1, 2013 – October 31, 2014
Amount: $50,000
Program: Lifecourse Initiative for Healthy Families
Project ID: 2588

The Challenge: A recent study concluded that infants without strong father involvement experience higher rates of infant mortality compared to those with an involved father, regardless of race. Most prenatal interventions are aimed at mothers exclusively, and yet, there is a growing recognition about the value and importance of involving fathers early on, before and during pregnancy. Many practitioners are now exploring innovative ways to meet the needs of fathers during the prenatal period.

Project Goal: St. Joseph’s Hospital in Milwaukee has found great success with Centering Pregnancy, an evidence-based group prenatal care program at its Women’s Outpatient Center. The project set out to increase father involvement. Specifically, the project aimed to enhance the Centering Pregnancy curriculum by addressing fathers’ needs and concerns and pilot-test the new program. The pilot program integrated the 24/7 Dad program with Centering Pregnancy. The 24/7 Dad program helps men improve their parenting skills and fathering knowledge.

Results: Through focus groups and individual interviews with expectant fathers, the project team collected data on various topics, such as stress management, physical and mental health, sexual relations, family culture and values, self-awareness, body image, communication and conflict management, a father’s role, manhood and self-esteem.

Participating couples carried their babies to term, delivering between 39 and 41 weeks’ gestation. All babies had a healthy birthweight, and all women had spontaneous vaginal deliveries. Findings from the pilot suggest that fathers were interested in and likely to attend prenatal group sessions.

The project also made observations regarding strategies to improve institutional practices for creating a welcoming place for fathers. For example, scheduling health services around the patient’s availability rather than the clinician’s schedule or working with trusted and experienced community partners to serve as group facilitators. Because of the limited number of participants in the pilot, additional pilot testing is needed with a larger sample and follow up with program participants to track progress after their baby’s birth.
Father involvement to strengthen families through WIC

**Grantee:** Racine Kenosha Community Action Agency, Pam Halbach  
**Grant title:** Kenosha Fatherhood Involvement Planning Project  
**Academic partner:** David J. Pate, Jr., PhD, UW-Milwaukee, Helen Bader School of Social Welfare  
**Dates:** July 1, 2013 – September 30, 2014  
**Amount:** $50,000  
**Program:** Lifecourse Initiative for Healthy Families  
**Project ID:** 2586

**The Challenge:** Positive father involvement has a protective capacity and is linked to a child’s self-esteem as well as reductions in poverty, health, emotional and behavioral problems, incarceration, high school drop-out rates, teenage pregnancy and substance abuse. For unmarried couples, father involvement is strong during pregnancy but begins to decline after the baby’s birth. It is important that researchers and practitioners begin to understand what barriers might contribute to this decline by speaking with fathers and use this information to develop interventions that promote father involvement.

**Project Goal:** The Racine Kenosha Community Action Agency (RKCAA) wanted to develop an action plan for increasing fathers’ involvement in their pregnant partners’ and young children’s lives. The project sought to gain a better understanding of fathers’ needs and strategies for engaging them, mapping out community resources and developing a father involvement program model. RKCAA operates the supplemental nutrition program for Women, Infants and Children (WIC) in Kenosha and worked with new and expectant fathers visiting the WIC office.

**Results:** With the assistance of WIC staff, the research team surveyed 171 men and conducted two focus groups to better understand the needs of fathers. RKCAA staff also developed an asset map of local resources to support fathers. Using this information, the project team piloted strategies to involve fathers in cooking sessions and include fathers in programming activities throughout the year. There was no formal method of documenting father participation in WIC appointments and other activities. The project team successfully worked with the state WIC office to amend the state tracking system, ROSIE. This change has created an opportunity for the Kenosha WIC office to track and analyze data on father involvement.

The project team developed a comprehensive Father Information Program Model. This model suggests a two-pronged approach for engaging fathers: (1) increase involvement in WIC-related activities by fathers (and other important male figures such as stepfathers, grandfathers, uncles, etc.), and (2) link fathers to additional programming and support services (for example, providing wraparound services, developing a stronger referral system and implementing the evidence-based Nurturing Fathers Program).
Pregnant women receive mental health support

**Grantee:** Mental Health America (MHA) of Wisconsin, Martina Gollin-Graves

**Grant title:** Strong Families Healthy Homes (SFHH) Extension — Pregnancy Pilot Program

**Academic partner:** Alice Yan, PhD, UW-Milwaukee, Zilber School of Public Health

**Dates:** July 1, 2013 – June 30, 2014

**Amount:** $50,000

**Program:** Community-Academic Partnership Fund

**Project ID:** 2582

**The Challenge:** Research shows that stress can negatively impact pregnancy and can contribute to low birthweight, prematurity and infant mortality. High levels of stress and trauma are especially taxing on racial minorities living in poverty because of limited access to resources for managing hardships. More efforts targeting distressed neighborhoods and families in vulnerable socio-economic positions offer some hope in reversing the devastating trends of infant mortality in African-American communities.

**Project Goal:** The Strong Families Healthy Homes (SFHH) program sought to address mental health and stress issues among Milwaukee-area families in ZIP codes with the highest rates of infant mortality. Over the past 10 years, the SFHH program primarily focused on parents with children, rather than expecting mothers. This year-long project involved 12 pregnant, African-American women who have a history of mental illness or substance abuse. Women received intensive and individualized services, including in-home visits from master’s degree-level mental health professionals, and participated in prenatal education programs.

**Results:** Self-reported survey responses from participants indicated that all babies born had a healthy birthweight and only one baby was born pre-term. The number of participants connected to a mental health provider at the beginning of the project nearly doubled, with nearly three of four participants connected to a mental health provider after the intervention. Participants also self-reported feeling more confident about the support they received from their families and significant others, and that they developed an increased sense of control over their lives.

Initial enrollment into the project posed some challenges because many participants feared that the child welfare system would be more likely to intervene if they participated in this program. For many participants, meeting their basic needs, such as food and shelter, was stressful, so focusing on their mental health was difficult. However, due to the program’s strong focus on engagement, participants’ fears were eased and there was increased understanding of how the project could improve their overall health.

Through this grant, Mental Health America of Wisconsin (MHA –WI) found SFHH to be a vital program for pregnant women and has received additional local funding to continue the project. As a result, graduate-level internship and externship opportunities were formed to assist the program, and a staff member was added to support these interns. MHA-WI also partnered with the Bureau of Milwaukee Child Welfare and Milwaukee County to provide peer support services to pregnant women with mental health and substance abuse issues.
Health educators trained on Behavioral Screening and Intervention services

**Grantee:** Richard Brown, MD, MPH, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

**Grant title:** Preparing Health Educators to Address Behavioral Health Determinants through Healthcare Settings

**Dates:** November 1, 2011 – December 31, 2014

**Amount:** $300,000

**Program:** Collaborative Health Sciences

**Project ID:** 2070

**Description:** This project aimed to develop a curriculum for training community health educators to provide evidence-based, empathetic, cost-saving Behavioral Screening and Intervention (BSI) services across Wisconsin, and eventually the country. With faculty from UW-La Crosse, a BSI curriculum was developed, implemented and prepared for dissemination.

**Relevance:** Unhealthy behaviors, including excessive alcohol consumption, illicit drug and tobacco use, cause more than 40 percent of deaths and 75 percent of chronic disease in the United States. They also generate more than $600 billion in costs per year. Undiagnosed and untreated cases of depression add another $82 billion per year in costs as well as incalculable personal harm and social loss.

BSI strategies involve screening patients for risky behaviors followed by evidence-based, empathetic interventions or referrals to experts, if necessary. BSI services can drastically reduce unhealthy behavior and lessen the associated social, economic and personal burdens. Support for incorporating BSI services into standard medical practice is growing; however, medical and health education providers are often not equipped to provide them.

**Results:** Several UW-La Crosse faculty members were recruited and involved in developing and offering a new BSI services course to students in community or public health programs. Students in the course were required to put the skills and knowledge into practice through a preceptorship.

Feedback from students in the first session was used to re-evaluate and modify the curriculum before the next session. Students reported high satisfaction levels and believed the skills they learned would help them in their careers.

A motivational interviewing course based on this project’s outcomes will be included in the Community Health Education program at UW-La Crosse. A two-credit introductory course on the principles and practices of motivational interviewing also will be offered nationwide through UW-La Crosse’s Office of Continuing Education and Extension in 2016.

Targeting treatment for high-risk breast cancers

Grantee: Mark Burkard, MD, PhD
Grant title: Personalizing Therapy of Women with Polyploid Breast Cancers
Dates: July 1, 2012 – June 30, 2014
Amount: $99,910
Program: New Investigator Program
Project ID: 2261

The Challenge: Breast cancer affects nearly 200,000 women in the United States each year, including more than 4,000 in Wisconsin. Many treatments are limited in their ability to help treat cancer and some, like chemotherapies, confer significant toxicity.

Project Goal: Researchers sought to determine the mechanism of increased sensitivity of polyploid cells to a previously identified chemical. They also hypothesized that polyploidy is more common in aggressive cancer subtypes and prognosticates poor risk.

Results: In this project, researchers identified a unique subtype of breast cancer in which there are extra DNA-containing chromosomes, called polyploid. Polyploid tumors constitute 10 percent to 14 percent of all breast cancers and confer a higher risk of recurrence and death, they learned.

The researchers also identified a drug that destroys these abnormal cells without affecting normal cells. It specifically elicits “DNA damage signals” using a unique mechanism that is specific for polyploid cells. This work provides the basis for a potential low-toxicity treatment for a high-risk breast cancer type.
Improving mild cognitive impairment screening among African-Americans

Grantee: Carey Gleason, PhD, MS, UW School of Medicine and Public Health, Department of Medicine
Grant title: Screening for Mild Cognitive Impairment (MCI) in African-Americans
Dates: July 1, 2012 – December 1, 2014
Amount: $100,000
Program: New Investigator Program
Project ID: 2263

Description: This project aimed to better understand the perceptions surrounding memory loss within the African-American community and how these perceptions affect willingness to be screened for mild cognitive impairment (MCI). The long-term goal is to use the information from this study to design more effective and culturally sensitive screening strategies and interviews for African-Americans.

Relevance: African-Americans are at twice the risk of developing Alzheimer’s disease compared to Caucasians. They also are more likely to be diagnosed later than Caucasians and are less likely to receive appropriate treatments and services. One way to lower the delay between disease onset and diagnosis is by developing strategies that screen for predictive conditions.

MCI is an intermediate stage between full cognitive health and the development of dementia. Early screening and diagnosis of MCI can help identify individuals who are at risk of developing Alzheimer’s disease. Understanding the barriers that prevent MCI screening within the African-American community is a first step in developing strategies to identify Alzheimer’s disease earlier in African-Americans.

Results: To determine which factors affected the willingness of African-Americans to be screened for MCI, the study authors interviewed hundreds of people at community events. The authors discovered that educating African-Americans about the benefits of screening and early detection, increasing social support for screening efforts and addressing concerns about potential social stigma could boost screenings.

Based on data from this project, the authors designed a health promotion intervention, the Memory Partners Project. This intervention targets older African-Americans who are at elevated risk of developing MCI and dementia due to cardiovascular risk factors such as diabetes and hypertension. The goal is to modify “Living Well,” an evidence-based chronic disease self-management program, to improve engagement of African-Americans with mild memory loss. Modifications such as additional social support and greater emphasis on maintaining overall health to promote brain health focus on the benefits of being proactive.

Biobank spanning multiple diseases fosters translational research

Grantee: Ricardo Lloyd, MD, PhD, UW School of Medicine and Public Health, Department of Pathology & Laboratory Medicine

Grant title: Development of a Centralized UWSMPH Biobank

Dates: September 1, 2011 – March 31, 2014

Amount: $191,706

Program: Strategic

Project ID: 2249

Description: The goal of this project was to expand the recently established UW Carbone Cancer Center’s Translational Science BioCore from a repository of human biological samples and associated molecular data and health outcomes information to one spanning multiple diseases.

Relevance: Complex human diseases can be understood, prevented and treated most effectively through a multi-layered approach that takes into account both laboratory discoveries and health care outcomes.

For example, if patients suffering from the same disease respond differently to particular treatments, access to patient samples in the Biobank will allow researchers to query the molecular or genetic reasons underlying such differential responses. The materials in the Biobank also can advance public health studies involving disease screening and surveillance.

The samples and information in the Biobank will allow researchers across UW-Madison to pursue innovative, collaborative, transdisciplinary research linking laboratory findings with clinical outcomes for various human diseases.

Results: Adding non-cancer samples to the Biobank has been a key achievement of this project. Between 2010 and 2012, about 50 percent of the samples collected were from non-cancer patients. Collection of blood, urine and other biofluids started in 2011. Patients are not asked to provide these samples unless they are required for clinical testing.

Overall, there has been a significant increase in the number and diversity of samples in the Biobank. Researchers have access to more than 28,000 samples from over 6,000 patients. Collaborations with other tissue repositories, for example the Translational Research Initiatives in Pathology lab, allow researchers access to hundreds of thousands of archived, preserved tissue for molecular and translational research.

Because the quality of specimens is critical to successful research, rigorous quality checks ensure sample integrity. Adoption of a standard operating procedure will help streamline the collection and distribution of samples.

Plans include expanding sample storage capacity, increasing services offered and serving as a bank for validating cell lines.

Establishing a UW environmental health center

**Grantee:** Christopher Bradfield, PhD, UW School of Medicine and Public Health, McArdle Laboratory for Cancer Research

**Grant title:** Environmental Health Center Strategic Planning

**Dates:** January 1, 2013 – June 30, 2014

**Amount:** $200,000

**Program:** Strategic

**Project ID:** 2608

**Description:** The goal of this project was to lay the groundwork for an environmental health center at the UW School of Medicine and Public Health. The center would use molecular and epidemiological strategies to better understand how chemical exposure affects people. This pilot project tested whether it was possible to differentiate active smokers from former or non-smokers by testing for specific biomarkers in saliva and blood samples.

**Relevance:** Understanding how chemicals affect human physiology is a complex process. Because individual reactions are influenced by several factors (including genetics, personal decisions and lifestyle choices), discovering how chemical exposure may drive physiological reactions or disease progression is of paramount importance.

To understand the nuances of human responses to chemical exposure, there is a great need to connect lab discoveries to population-level studies. The environmental health center would serve as a hub for combining research from several planned and existing centers across the UW System, including the Molecular and Environmental Toxicology Center and the Wisconsin State Laboratory of Hygiene.

**Results:** This pilot project sought to determine whether biomarkers in saliva and blood could be used to identify individuals who had been exposed to cigarette smoke. Smoking was selected for the initial study because smokers represent a high-risk population and molecular tests can be used to verify self-reported smoking status.

Cigarette smoke contains compounds known as polycyclic aromatic hydrocarbons. These compounds can bind to a molecule or receptor in the surface of cells and elicit known cellular responses by turning different genes on or off to various extents. Researchers collected blood from current and former or non-smokers and surveyed which genes were turned on or off and to what extent in their blood cells. They identified three such genes as biomarkers that were present at significantly different levels in the cells of smokers compared to those of former or non-smokers.

The success of the pilot project makes it likely that biomarkers for exposures to other environmental chemicals can be efficiently detected and provides impetus for establishing the environmental health center.
Engaging communities to reduce racial disparities in Alzheimer’s research

Grantee: Sanjay Asthana, MD, UW School of Medicine and Public Health, Department of Medicine

Grant title: Recruitment of Middle-Aged African-Americans for Studies of Preclinical Alzheimer’s Disease: Minority AD Prevention Program-2

Dates: March 1, 2013 – August 31, 2014

Amount: $69,076

Program: Strategic

Project ID: 2609

Description: To address the under-representation of African-Americans in Alzheimer’s disease research trials, this project sought to expand the Minority Alzheimer’s Prevention Program into Dane and Rock counties. The main goal was to continue reducing racial disparities in Alzheimer’s research by educating and recruiting African-American volunteers for the UW Alzheimer’s Disease Research Center (ADRC).

Relevance: African-Americans comprise more than 13 percent of people older than 54 in the United States and are at a higher risk for Alzheimer’s disease than Caucasians. Various historical, cultural and socioeconomic factors have led to an underrepresentation of African-Americans in clinical studies. For example, more than 90 percent of the current ADRC research subjects are Caucasian.

Recruiting subjects across ethnic and age groups is especially vital for prospective Alzheimer’s research. These studies aim to collect biological samples and medical and lifestyle information from a diverse group of people before they develop symptoms of Alzheimer’s disease or at the preclinical stage. Access to preclinical samples and data from people who did or did not develop Alzheimer’s disease allows scientists to better understand risk factors and to research prevention and treatment options. Without adequate representation of minority communities in the research volunteer pool, it becomes challenging to ensure that treatments developed will be effective across racial and ethnic groups.

Projects like this play a vital role in engaging, educating and recruiting a diversity of research subjects, including African-Americans, to Alzheimer’s disease studies, ultimately helping members of minority communities.

Results: Project leaders built community partnerships and strengthened existing ones by attending seminars, festivals, churches and other places with strong African-American participation. At several community gatherings, project personnel offered free Alzheimer’s disease screenings, shared information and answered questions from community members.

These exercises, which were designed to forge relationships with community leaders and members, led to a 31 percent increase in recruitment of African-American volunteers for Alzheimer’s disease studies at the ADRC and an increased participation in various research projects.