Table of Contents

Dean’s Message
Making Wisconsin a Healthier State
Research: A Novel Approach to Breast Cancer Treatment
Education: Beyond the Exam Room
Community: Improving Care for Wisconsin’s Seniors
Health Equity
Strategic Initiative: The Obesity Prevention Initiative
Strategic Initiative: Lifecourse Initiative for Healthy Families
Impact and Learning
Grants Awarded in 2016
Grants Concluded in 2016
Financial Overview
Policies and Procedures
Wisconsin Partnership Program Leadership
Dean’s Message

On behalf of the UW School of Medicine and Public Health, I am pleased to share with you the 2016 Annual Report of the Wisconsin Partnership Program.

In 2016 the Wisconsin Partnership Program continued to support promising projects aimed at making Wisconsin a healthier state for all. Through its two governing bodies, the Partnership Education and Research Committee and the Oversight and Advisory Committee, the Partnership Program invested in research, education and community partnerships that address a myriad of health issues facing our state.

One project, funded by the Partnership Education and Research Committee, seeks to improve the quality of life and survival of women living with triple negative breast cancer – a particularly devastating and deadly form of cancer. Through this Collaborative Health Sciences Program award, Dr. Vincent Cryns and his team of researchers are using a dietary approach to help prime cancer cells to make them more vulnerable to treatment. This novel approach has the potential to dramatically improve clinical outcomes in metastatic triple negative breast cancer. Please see page X to learn more about this exciting new project.

The Oversight and Advisory Committee continues to support a wide range of community partnerships. From projects like the one on page X that works to improve care for our state’s senior citizens, to awards that focus on access to healthy food, mental health services and more, our grantees are addressing diverse issues, focusing on the social determinants of health, and working to develop policies and programs that promote health. I am particularly impressed with the learning collaboratives that have developed within the Community Impact Grants program. These collaboratives provide an opportunity for grantees from various fields to share their unique strengths and expertise as they address shared challenges. It is inspirational to see the collaboration and mutual support across so many different sectors.

This past year also marked the Wisconsin Partnership Program’s continued efforts to bring an explicit lens of health equity to all of its work. In September 2016, the Advancing Health Equity conference brought together national leaders and more than 400 people from across the state to discuss how to better understand and improve health equity in Wisconsin. Both committees and the Wisconsin Partnership Program staff have carefully evaluated the information and feedback from the conference. We are now poised to take the next steps towards further incorporating health equity into the Wisconsin Partnership Program’s vision and future investments. Please see page X for more information about this important work.

We are grateful for the generous endowment provided by Blue Cross & Blue Shield United of Wisconsin that led to the establishment of the Wisconsin Partnership Program. Our committees and staff recognize the great privilege and opportunity to support the work of many grantees and partners, both on campus and throughout communities, as together we strive to improve health and well-being of the people of Wisconsin.

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

The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) was established in 2004 with the vision to make Wisconsin a healthier state for all through investments in research, education and community partnerships. Since its inception, the Partnership Program has worked to form partnerships both on campus and throughout the state that support a broad array of approaches to improve health here in Wisconsin and beyond.

The work of the Wisconsin Partnership Program is governed by two committees: the Oversight and Advisory Committee (OAC) and the Partnership Research and Education Committee (PERC). The committees provide programmatic balance and emphasize innovation, creativity and excellence in processes for awarding grants and evaluating outcomes.

The primary responsibility of the Oversight and Advisory Committee is to direct and approve funds for public health initiatives. This committee includes health advocate appointees who represent rural, urban, statewide and children’s health as well as an appointee from the Office of the Commissioner of Insurance and appointees from the School of Medicine and Public Health.

The Partnership Education and Research Committee allocates and distributes funds designated for medical, education and research initiatives that advance population health. The committee’s broad representation includes SMPH leadership, faculty and staff with experience and expertise in basic science, clinical science, education and population health science.

The following pages highlight several projects and initiatives supported by the committees.

Grants Awarded by Type
2004-2016

Public Health Community and Research Grants   50%
Public Health Education and Training Grants 14%
Clinical and Translational Research Grants  30%
Basic Science Research Grants 6%

Grants Awarded 2004-2016
437 grants $192.9 Million

Grants Awarded in 2016
28 grants $10.8 Million
Research

A Novel Approach to Breast Cancer Treatment

Breast cancer is a leading cause of cancer deaths in women worldwide and in Wisconsin. Fifteen to twenty percent of these cancers are triple negative breast cancer (TNBC), an aggressive type of cancer that has few effective treatments. TNBC can strike anyone but occurs more often in younger women, African American and Hispanic women and women who have the BRCA1 gene mutations. Women with metastatic TNBC have a poor prognosis due to the lack of alternatives to chemotherapy.

A new project funded in part by the Wisconsin Partnership Program in 2016 is aiming to improve treatment and health outcomes for women living with TNBC.

The project, Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy is exploring metabolic priming, a novel model for cancer therapy that uses diet to make cancer cells more vulnerable to a targeted new drug that kills tumor cells, but not normal cells.

Led by Vincent Cryns, MD, professor of medicine at the UW School of Medicine and Public Health, the project brings together a multi-disciplinary team of scientists and clinicians with broad expertise in cancer biology, clinical trials, nutrition, metabolism and biostatistics. The team will explore whether reducing dietary intake of the nutrient methionine can improve a patient’s response to the drug ONC201. Dr. Cryns’ group has shown that reducing methionine increases the ability of ONC201 to trigger tumor cells to die. The novel approach has the potential to dramatically improve clinical outcomes in metastatic TNBC by specifically targeting chemotherapy-resistant cancer stem cells that contribute to treatment resistance. The team also receives invaluable input from a team of breast cancer survivors, who serve as project advocates.

Methionine is abundant in meats, fish, eggs and some nuts but is generally low in vegetables and fruits. In the study, patients with metastatic TNBC are randomly assigned to a diet low in methionine, or a regular diet followed by ONC201. Patients on the low methionine diet will consume fruits and vegetables as well as a medical protein supplement shake that contains all essential amino acids except methionine. “Another advantage of this treatment is that it should cause fewer side effects than chemotherapy,” says Dr. Cryns. “The patients in our study have already had to endure the side effects of multiple chemotherapy drugs, which were unable to control their metastatic disease.”

“Our study is the first of its kind to use diet to prime triple negative breast cancer cells to respond to a targeted cancer drug,” Dr. Cryns says. If the study is positive, a Phase III multi-center trial will follow.
“Ultimately we hope our findings will have a significant impact on the quality of life and survival of women living with triple negative breast cancer.”

**Sidebar (181)**

A group of breast cancer survivors brings their collective perspective and patient experience to their role as advocates in the *Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy* study.

In their role, the survivors will review patient education materials, participate in patient outreach, and bring their perspective to all aspects of the project including planning, patient recruitment, carrying out trials and communicating results to the broader breast cancer community.

The group of advocates, including Sally Hollman and Lorie Caffrey, are excited to support a study that could potentially revolutionize cancer treatment and make a difference in the lives of women living with metastatic disease. Hollman says, “For many years I avoided thinking about my cancer experience, but eventually admitted to myself that it was part of me and something I shared with a community of survivors. By becoming an advocate, I can reach out to other members of this community and ensure that the patient’s perspective comes through all phases of the study.” She says, “As breast cancer survivors, our group is acutely aware of the urgent need for better treatments.”

**Pull-out quote:**

Our study is the first of its kind to use diet to prime triple negative breast cancer cells to respond to a targeted cancer drug. - Vincent Cryns, MD, professor of medicine, UW School of Medicine and Public Health

**Infographic**

Fifteen to twenty percent of breast cancers are triple negative breast cancer (TNBC), an aggressive type of cancer that has few effective treatments.

Photo from Media Solutions — sending
Education

Beyond the Exam Room

Strategic funding from the Wisconsin Partnership Program is helping to prepare the next generation of physicians at the UW School of Medicine and Public Health. With support from the Partnership Program, the SMPH has redesigned its medical curriculum into a model that fully integrates basic, public health and clinical sciences throughout the medical student’s education. Students learn to work in the exam room, and within communities and complex health systems—to understand how to care for both patients and populations.

In 2016, the Wisconsin Partnership Program funded the third and final phase of Transforming Medical Education (TME), which supports the implementation of the full three-phase ForWard Curriculum. The innovative competency-based curriculum ensures that SMPH graduates are well equipped to work in complex health systems and within local, regional, national and global communities to address key determinants of health.

Christine Seibert, MD, SMPH associate dean of medical education says, “SMPH’s ForWard Curriculum develops a workforce that will be better prepared to play a role in creating healthier communities, improving health outcomes and decreasing disparities.” She says, “Our students are developing skills that will equip them to address critical issues such as social determinants of health, bias and health equity, as well as some of the largest health problems that our state faces—obesity, mental health issues and substance abuse.”

Helping students connect with community members is one part of the new model. Early on in their education, medical students leave their classrooms to meet with local community leaders. The medical school works in partnership with community organizations such as the Lussier Community Education Center, in Madison, Wisconsin. The center’s director Paul Terranova helps connect leaders from the local community with medical students. The students attend small group discussions and hear from neighborhood leaders about the challenges and obstacles their community faces. They discuss access to health care, physician-patient relationships, as well as access to healthy food and physical activity, and other issues that influence their health. Says Terranova, “It’s remarkable that some of the students’ first teachers are individuals without any medical experience or degree—who otherwise may be
marginalized—but have tremendous lived experience that can’t be conveyed in a textbook or classroom.”

“Support from the Wisconsin Partnership Program has helped us make meaningful changes in medical education,” says Dr. Seibert. “These changes will help our future physicians understand the world beyond the exam room, and how that world shapes the health of their patients.”

Pullout Quote:

“Support from the Wisconsin Partnership Program has helped us make meaningful changes in medical education. These changes will help our future physicians understand the world beyond the exam room, and how that world shapes the health of their patients.” Christine Seibert, MD, SMPH Associate Dean of Medical Education

Main photo and caption - MS-47822-17

Early on in their training, UW SMPH medical students meet with local community leaders and members to learn about health care needs outside of the classroom. Here community leader Nikki Conklin (left) meets with medical students Michael Nyugen and Adithy Nagarajan at the Lussier Community Education Center.

Infographic:

1400 students have participated in the TME curriculum changes

UW SMPH graduates are prepared to play a significant role in promoting health for people and populations throughout Wisconsin.

Sidebar – COMING – with photo – MS 47417-17 – can be set up as sidebar or inset
Community Partnerships

Improving Care for Wisconsin’s Seniors

Many of Wisconsin’s most vulnerable senior citizens live in assisted living communities. Most of them are 75 years or older, need help with two or three activities of daily living like bathing, assistance with medications, dressing, going to the bathroom, or eating, and many have multiple chronic conditions like hypertension or dementia. These individuals are grandparents, parents, neighbors and loved ones who need complex help.

In Wisconsin, assisted living is growing at a rapid pace, with fewer of these seniors living in nursing homes, and more now living in assisted living communities. Although nursing homes are subject to strict federal and state regulations surrounding their quality of care, there is limited oversight and support for assisted living sites.

A Wisconsin Partnership Program funded project, Improving Assisted living through Collaborative Systems Changes seeks to improve the quality of life for the residents of Wisconsin’s assisted living communities. The five-year million dollar Community Impact grant aims to do so by enhancing and expanding access to the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL), an established and tested quality improvement infrastructure.

WCCEAL is a group of dedicated people organized to improve the outcomes of individuals living in Wisconsin assisted living communities. The innovative collaborative includes the Wisconsin Department of Health Services, the Wisconsin state ombudsman’s program, four assisted living and residential provider associations, and the Center for Health Systems Research and Analysis (CHSRA), established by the Industrial Engineering and Preventive Medicine at the University of Wisconsin-Madison. Currently more than 430 assisted living communities are participating in the coalition, but this represents only 11 percent of the facilities in the state. This project aims to ensure that more assisted living residents have access to quality care by expanding the number of participating communities.

Assisted living communities that participate in WCCEAL use quality-improvement programs approved by Wisconsin Department of Health Services and researchers from the University of Wisconsin-Madison. Coalition participants have access to secure, interactive data that allows them to compare themselves to
similar facilities; to benchmark their data using shared quality indicators such as resident satisfaction, hospital readmissions, falls with injury, influenza cases; and to measure their progress towards quality improvement goals.

“WCCEAL provides the tools and reports the communities need to implement internal quality assurance and quality improvement throughout their systems, and ultimately, to help them achieve better outcomes for their residents,” says David Zimmerman, PhD, UW Professor Emeritus and former CHRSA director. Kevin Coughlin of the Wisconsin Department of Health Services says, “This approach allows facilities to take a strong role in improving themselves. By expanding the coalition’s reach, we can make tremendous headway in improving care for more of Wisconsin’s seniors.”

Sidebar (176)
Skaalen Assisted Living in Stoughton Wisconsin is one of more than 400 assisted living communities that participate in the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL). The assisted living community participates through LeadingAge Wisconsin, a statewide membership association and its Echelon quality improvement program, a WCCEAL-approved program.

Through Echelon, participating assisted living communities like Skaalen strive for excellence in their organizations and use WCCEAL data to identify areas for improvement. They use quality indicators such as:

- Falls with injury
- Hospital readmission
- Norovirus cases
- Influenza cases
- Staffing
- Food service
- Medication Management

Janice Mashak of LeadingAge Wisconsin says, “Involvement in WCCEAL helps us ensure we are giving the best care to our residents, and gives us the tools we need to make sure we are able to sustain that level of care.” WCCEAL participants and their employees are committed to the well-being of their tenants. Skaalen’s Shari Kellogg says, “When staff truly care about our residents, it’s much easier to care for them and prioritize quality improvement efforts.”
Pull out quote:

WCCEAL provides the tools and reports assisted living communities need to implement internal quality assurance and quality improvement throughout their systems, and ultimately, to help them achieve better outcomes for their residents.

David Zimmerman, PhD, UW Professor Emeritus and former director, Center for Health Systems Research and Analysis
**Advancing Health Equity (469 words)**

How can we advance health? How can we improve health at a more rapid rate for people who are disproportionately suffering poorer health outcomes? How can we bring a lens of health equity to the decisions we make? On September 7, 2016, the Partnership Program hosted the conference, *Advancing Health Equity* to explore answers to these questions. More than 400 attendees, representing academia, public health, health care, nonprofit organizations, community organizers, businesses, and community members, joined nationally recognized thought leaders and local experts to better understand how to address health disparities and advance health equity in Wisconsin.

SMPH Dean Robert Golden, MD told participants that the conference was a first step in the Wisconsin Partnership Program’s journey to expand the incorporation of health equity into the program’s vision and framework for future investments. “This is the time to spark an inclusive effort to address the crucial imperative of health equity head on,” said Dean Golden.

David Williams, PhD, MPH of the Harvard T. H. Chan School of Public Health addressed the social determinants of health, including race, socio-economic status, and environment, and the necessity to address the large socioeconomic gaps and policies that influence health. He discussed the importance of improving neighborhoods and strengthening the capacity of communities in order to improve health. “Your zip code,” he said, “may be a stronger predictor of your health than your genetic code.” Dr. Williams encouraged the audience to break down silos and collaborate across all sectors in order to improve health for everyone.

Other featured speakers included Susan Skochelak, MD, MPH of the American Medical Association, on health equity and the role of medical education; Edward Ehlinger, MD, MPH, Minnesota Commissioner of Health, on partnerships and health equity; and Sergio Aguilar-Gaxiola, MD, PhD, of University of California-Davis, Center for Reducing Health Disparities, on health equity and the role of research.

In his closing remarks, Dean Golden challenged participants, “Take your individual passions and follow them. Build partnerships to help achieve your goals. And most importantly, have resilience for the struggles ahead.” He said, “We know there will be challenges, but we are committed to the long-game and to the ambitious, audacious goals we will set.”
"This is the time to spark an inclusive effort to address the crucial imperative of health equity head on,” SMPH Dean Robert Golden, MD

PHOTO: MS-44722-17

Caption: (52) – photo of David Williams keynote address

Dr. David Williams of the Harvard T.H. Chan School of Public Health shared a passionate message about health equity, from a national perspective. He addressed the importance of improving neighborhoods and strengthening communities. “Your zip code,” he said, “may be a stronger predictor of your health than your genetic code.”

Side Bar: (180)

Advancing Health Equity: The Next Steps

The intent of the Advancing Health Equity conference was for the Wisconsin Partnership Program to gain insight and guidance to move forward with a strong focus on health equity. Program staff as well as the Oversight and Advisory Committee and Partnership Education and Research Committee have been carefully reviewing input and feedback from participants. Six main themes have emerged that the Wisconsin Partnership Program will use to inform its grant programs and strategic planning efforts.

1. Define health equity broadly; recognizing all groups that experience health inequities
2. Support efforts that address the social determinants of health—the influence of where we live, work, learn and play on our health
3. Promote authentic community engagement in all efforts—including research, education, and community partnerships
4. Support capacity building with communities to sustain commitments to health equity
5. Discover innovative and effective models that affect health equity; share those discoveries
6. Support innovative and effective models that affect health equity

To view the conference video, resources and summary report, visit med.wisc.edu/partnership-health equity.

Health Equity Defined: “The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”
Strategic Initiatives

The Wisconsin Partnership Program makes strategic infrastructure investments in programs that address the mission of improving health, health equity and well-being in Wisconsin residents through investments in research, education, prevention practices and interventions and policy development. Two current initiatives, the Lifecourse Initiative for Healthy Families (LIHF) and the Obesity Prevention Initiative (OPI) focus on two of Wisconsin’s most challenging public health concerns.

Lifecourse Initiative for Healthy Families

Supporting Healthy Birth Outcomes

The Lifecourse Initiative for Healthy Families (LIHF) is a strategic initiative funded by the Wisconsin Partnership Program at the UW School of Medicine and Public Health to address the root causes of disparities in infant health outcomes in Wisconsin. LIHF recognizes that for babies to be born healthy, and stay healthy, mothers and families need to have access to quality health care and physical, social and economic environments that promote health throughout their lifetimes.

As part of its efforts to improve birth outcomes, LIHF supports collaboratives in Kenosha, Milwaukee, and Racine Counties, where more than 80 percent of Wisconsin’s African American babies are born. The collaboratives are comprised of diverse stakeholders including community residents and leaders from non-profit, healthcare, business, public sector and faith-based organizations.

Each collaborative has unique, community-driven priorities to improve maternal and child health:

- The Kenosha LIHF Collaborative is improving navigation of mental health services for mothers and families in Kenosha and is increasing efforts to engage African American mothers in receiving appropriate mental health screening and support, particularly for postpartum depression. Kenosha LIHF is also facilitating community-wide conversations about how to reduce stigma and promote environments supportive of maternal mental wellness.

- The Milwaukee LIHF Collaborative is working with local clinics to improve preconception and reproductive health care. To do so, Milwaukee LIHF is implementing a pilot project to test the effectiveness of the One Key Question® protocol. By asking “Would you like to become pregnant in the next year?” as a practice standard in primary care settings, the pilot project aims to ensure that women’s reproductive health needs are being met, such as receiving contraceptive counseling or preparing for a healthy pregnancy.

- The Racine LIHF Collaborative is working to improve breastfeeding rates among African American women. The Racine LIHF Breastfeeding Committee is pursuing better access to quality breast pumps for women on Medicaid and creating breastfeeding-friendly worksites in Racine,
starting with the organizations represented within the Collaborative. The Collaborative also conducted a social media campaign during Black Breastfeeding Week featuring stories from community members to increase awareness about the benefits of breastfeeding and create positive social norms.

LIHF also provides leadership in statewide maternal and child health efforts. It works with the Wisconsin Department of Health Services and supports data collection through the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS). This data is essential for monitoring disparities in birth outcomes by providing insight into the experiences of mothers before, during and after pregnancy.

Through its use of multi-level strategies, LIHF continues its efforts to achieve more equitable birth outcomes.

**Pull-out quote (if room):** By focusing on multiple layers of policy and systems change, LIHF can have lasting impact on the health of babies, mothers and families for generations to come.

- Deborah Ehrenthal, MD, associate professor of obstetrics and gynecology and faculty director of the Lifecourse Initiative for Healthy Families

**Infographic:**

From 2011 – 2015, babies born to African American mothers in Wisconsin were nearly three times more likely to die before their first birthday than babies born to white mothers.

**Sidebar: (162) –**

The *Lifecourse for Healthy Families* (LIHF) communities have identified maternal mental health as a regional priority action topic. Maternal mental health is essential to the health and well-being of mothers, babies and families. Maternal mental illnesses like perinatal depression or anxiety can affect:

- maternal physical, social, and emotional health
- family relationships
- the infant’s physical, social, and emotional development

Pre-pregnancy and postpartum depression symptoms are common in the LIHF communities, and African American mothers in the LIHF counties report disproportionately high rates of postpartum depression symptoms and stressful life events that can pose a risk to mental health. Experience and research also tell us that African American women may face specific barriers to screening and mental health treatment, such as stigma and cultural beliefs, historical trauma, insurance coverage and other barriers related to accessing health care.
The collaboratives are working together to identify opportunities across the region to improve screening and referral processes, ensure access to culturally appropriate treatment options, and reduce stigma and stress.

**Strategic Initiatives**

**The Obesity Prevention Initiative (2 page spread)**

The Obesity Prevention Initiative (OPI) is one of the Wisconsin Partnership Program’s strategic initiatives aimed at impacting childhood obesity in Wisconsin. OPI, which includes communities, agencies, researchers, UW faculty and other stakeholders, uses a multifaceted approach that includes community-based research, outreach, surveillance and dissemination.

In 2016, Marathon County and Menominee County, the two OPI pilot communities testing models for childhood obesity prevention, took important steps to creating system and environmental changes that support health and well-being in their respective communities.

**Marathon County**

After conducting a walkability audit to study pedestrian safety and explore pedestrian infrastructure improvements, Marathon County was ready to make their streets and sidewalks more accessible for its residents. Officials are using information and data collected from the audit to make budget decisions about improvements to sidewalks and streets, in part to meet the needs of residents with limited mobility. They are making significant environmental improvements including:

- Painting new crosswalks
- Flashing signs at the busiest intersections
- Implementation of wayfinding signs that show pedestrians and bicyclists the distance in minutes to everyday locations

**Menominee County**

In Menominee County, the Menominee Wellness Initiative is working to ensure that its approach to health and wellness is culturally relevant to its tribal residents. The initiative continues to focus on traditional food practices and ways to increase physical activity.

The group is examining existing food policies on the reservation and refining those policies to better reflect its culture and values. By promoting seasonal activities, such as foraging, making maple syrup and the traditional gathering and harvesting of wild rice, the Menominee Wellness Initiative is encouraging access to culturally appropriate food and physical activity and connecting residents to culture and history.

In 2016, as part of its efforts promote physical activity, the initiative expanded access to its tribal recreation center. A new swipe card system allows 24-hour access and makes it easier for second and third shift workers to access the facility. James Oshkeshequoam, a community partner from the Menominee Nation says, “Our new swipe card system has allowed us to expand our center’s hours and
remove a significant barrier to access." He says, “Residents now have more opportunity and flexibility to use the fitness center—and can exercise on a schedule that works for them.”

Infographic – 39.4% of Wisconsin residents are obese
Source: Survey of the Health of Wisconsin (SHOW)

Sidebar – pull-out quote from Guy/Menominee (coming)

More than #72

The Obesity Prevention Initiative partners in Menominee County are dedicated to improving health in their community. Community organizer Guy Reiter is inspired by his tribe’s commitment to wellness. He says, “If you measure our tribe against national rankings we are going to come up last – number 72 out of 72 counties. But if you measure our tribe by our strength, resilience and determination, we would be at the top of the list.” The community doesn’t think of itself as ranking last in the state for health. Instead its members are working hard to build upon their strengths. Indigenous mindfulness activities focus on improving mental health and well-being and pre-contact feasts are helping the community reclaim their diet, food, stories and their connection to the environment.

Pull out quote:

“If you measure our tribe against national rankings we are going to come up last – number 72 out of 72 counties. But if you measure our tribe by our strength, resilience and determination, we would be at the top of the list.” Guy Reiter (Anahkwet), Menominee County Community Organizer
Impact and Learning – Two page spread

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 is used to improve grantee progress toward outcomes, funding decisions and to understand the portfolio of funded grants.

In 2016, 28 grants concluded, expending a total of $5.5 million in funds focusing on a broad range of topics including:

- Access to health services
- Cardiovascular health
- Data and surveillance
- Health care delivery
- Infectious disease
- Injury and violence
- Maternal, infant and child health
- Mental health
- Nutrition
- Obesity
- Physical activity
- Public health workforce development
- Social determinants of health (the structural determinants and conditions—social, economic and environmental—in which all people are born, grow, live, work and age that affect health)
- Substance abuse

*Note: This infographic design should mirror other infographics in report*

More than $10 Million currently leveraged by the 28 concluding grantees to sustain grants

71% of the 28 concluding grants focused on health equity*

Grant Outcomes

The Wisconsin Partnership Program publishes an annual Outcomes Report. You can review the complete 2016 report online at med.wisc.edu/partnership. Below are selected highlights from several 2016 concluded grants:

Community Grant Highlights
• Wheaton Franciscan Healthcare – All Saints implemented the CenteringPregnancy Program in Racine. The program provides pregnancy-related group education from obstetricians to expectant moms with close due dates. Four hundred twenty women completed the program; decreasing the average rate of preterm birth to 4.2 percent (national average is 11.5 percent).

• The Wisconsin Chapter of the American Academy of Pediatrics enhanced the system of care at Wingra Family Medical Center and improved provider education by training healthcare and social service students to link families to community resources. In one year, students screened 627 patients, of which 59 percent identified at least one need. The project estimates that it will screen at least 1,750 patients over the next two years.

• The Great Lakes Inter-tribal Council, Inc. significantly increased nurses’ knowledge about American Indian beliefs, values and customs, awareness of their racial privilege and institutional discrimination and recognition of the importance of cultural competence in healthcare.

• Adams County Health and Human Services Department of Public Health improved healthcare by gaining insurance coverage (through WEA Trust) for health navigation services in Adams County. Health navigators can often provide services and education to patients who have chronic health problems, reducing cost for insurance carriers and healthcare providers.

Research Grant Highlights

• Dr. Amy Kind at the UW School of Medicine and Public Health Department of Medicine and collaborators evaluated hospital discharge orders to nursing homes, identifying that orders frequently miss information. For example, they found that orders lacking information about the drug warfarin resulted in greater risk of 30-day rehospitalization and/or death. The project is now developing interventions to improve this transitional process.

• Dr. Caprice Greenberg at the UW School of Medicine and Public Health Department of Surgery and collaborators developed a surgical coaching program, pairing surgeons with trained surgical coaches to enhance technical and interpersonal skills as part of their continuing professional development. The ultimate goal is to improve the quality and safety of surgical care. The coaching program received national interest, generating five additional coaching initiatives and receiving almost $3 million in additional funding.

• Dr. Nancy Pandhi at the UW School of Medicine and Public Health Department of Family Medicine and Community Health and collaborators established a first of its kind network and website in the U.S. on patient experiences at www.healthexperiencesusa.org, beginning with the launch of a module on young adults’ experiences with depression. The module includes 250 video, audio, and text clips from in-depth interviews. The project partners with three other universities and is the U.S representative for this international effort. The project will launch more than five additional modules over the next three to five years, including one on veterans with traumatic brain injury.

Learning
The Wisconsin Partnership Program emphasizes the importance of learning. How do projects incorporate lessons learned to improve further grant making? A major theme from review of the concluding 2016 community grants highlighted the need for grantees to ensure basic needs of participants are met before education-focused interventions can take place. Many interventions to address health may not have the intended impact without looking at the larger context, such as root causes, social determinants of health and racism.

Dissemination

The Wisconsin Partnership Program also emphasizes the importance of dissemination of project information such as results, lessons learned and other materials. Of the 28 grants ending in 2016, grantees have published 12 peer-reviewed publications, submitted or plan to submit 21 publications for review, given more than 80 local, national or international presentations, conducted more than 70 trainings, were featured in more than 24 print media stories, and have one patent pending.

Other grantees demonstrated the importance of other forms of communication and dissemination. Community Groundworks, a Madison, WI based nonprofit organization that connects people to nature and local food published a book on principles of garden-based education. The publication was distributed to over 3,000 educators in Wisconsin and in 49 other U.S. States, Washington, D.C., and more than 35 countries around the world. Their work was also featured on Wisconsin Public Radio.

Strategic Investments

The Wisconsin Partnership Program makes strategic infrastructure investments in programs aimed at improving health. Five strategic grants were renewed in 2016.

- Institute for Clinical and Translational Research
- Transforming Medical Education
- Optimized Chronic Care for Smokers: A Comparative Effectiveness Approach
- Health Innovation Program
Grants Awarded in 2016

In 2016, the Wisconsin Partnership Program awarded 28 grants for $10.8 million. The following pages describe the grant programs and awarded projects.

Community Grants Program

The Partnership Program’s Oversight and Advisory Committee (OAC) directs and approves funds for public health initiatives. In 2016, the Committee made 12 awards through its community grants programs.

Community Impact Grants

Community Impact Grants provide up to one million dollars over five-years to support large-scale, evidence-based, community-academic partnerships aimed at achieving sustainable policy, systems and/or environmental changes that will improve health, health-equity and well-being in Wisconsin.

There were three awards in 2016:

**Improving Health through Enhanced Work**
Community Advocates Public Policy Institute and UW-Milwaukee

This project will expand upon the success of Wisconsin’s Transitional Jobs Program by facilitating access to primary and behavioral health care for job-seeking individuals in order to increase their employability, and assist with obtaining health insurance coverage. The project’s goal is to help Wisconsin’s jobless citizens not only obtain jobs, but also thrive in the workplace and live healthier lives.

**Legacy Community Alliance for Health (LCAH):**
UniverCity Alliance, Green Tier Legacy Communities

The project aims to improve health and health equity at the community level by implementing a Health in All Policies (HiAP) approach, a proven framework for comprehensive and collaborative government action.

**Race to Equity: Wisconsin**
Wisconsin Council on Children and Families

This project will work with communities in the state to help develop local racial-equity policy agendas that can ultimately improve the well-being of children and families of color in Wisconsin, and address the underlying social determinants of health that threaten the health and well-being of children and families regardless of race, ethnicity or class.

Community Opportunity Grants

Community Opportunity Grants provide up to $50,000 in support for up to two years to implement and evaluate strategies identified in community health improvement plans and needs assessments. The grants are designed to enhance collaboration among public health departments, nonprofit organizations, hospitals, clinics, health care systems, schools, businesses and government leaders on community-identified health priorities.
In 2016, the Partnership Program’s Oversight and Advisory Committee awarded nine community opportunity grants:

**Smart Meds Program**: United Way of Dane County, Madison

The project will implement the Smart Meds program in clinic-based pharmacies to provide low-income, at-risk older adults with Comprehensive Medication Reviews (CMR), an evidence-based screening tool, to help improve medication and chronic disease management.

**Door County’s Partnership Program to Enhance School Readiness for Children**: Door County Public Health Department, Door County

The Door County Partnership for Children and Families will implement “I Can Problem Solve” program for students 4 to 7 years of age, and the “Raising a Thinking Child” program for parents and caregivers to strengthen children’s social, emotional, problem solving, and self-regulation skills and help improve healthy parent-child interactions.

**EatPlayGrow: Improving the Health of Cudahy’s Youth**: City of Cudahy Health Department, Cudahy

This project aims to improve knowledge of healthy foods, increase physical activity and establish healthy behaviors among children 2 to 5 years of age and their parents through the implementation of EatPlayGrow, an evidence-based strategy to reduce childhood obesity, for childcare facilities.

**Every Student, Every Day Program**: West Allis Health Department, West Allis

This project seeks to address the harmful effects of chronic absenteeism by eliminating barriers to regular school attendance by promoting presenteeism through policy development and outreach. Efforts will primarily focus on elementary level students (K4 through 3rd grade) and over subsequent years expand in scope to include all grades.

**The Fond du Lac County YScreen Expansion Project**: Fond du Lac School District, Fond du Lac

This project aims to prevent suicide and connect students with mental health problems to critical, timely services. It will expand and normalize a universal, voluntary, research-based emotional health screening system among all high school students in the county.

**Increasing Access to Nutritious Food through Summer Food Service Programming**: REAP Food Group, Madison

This project aims to evaluate the expansions of a meals program at new sites during summer months when many of Madison’s children experience increased food insecurity. The project will also offer free meals for adult companions, increase consumption of fresh fruits and vegetables and increase awareness about healthy food choices.

**Transgender Health-A New Horizon in Equity and Health Care**: Fair Wisconsin Education Fund, Wisconsin

This project aims to improve the environment of health care for transgender and gender non-conforming youth in Wisconsin. It will build an online database of competent physical and mental health providers.
care providers, connect provider-advocates, and conduct provider trainings around the state of Wisconsin.

**Create an Alcohol Reduction Strategies Toolkit for Community Use in Northwestern Wisconsin:**
Bayfield County Health Department, Bayfield and Ashland County

In this project, Bayfield and Ashland counties will work in partnership to address the harmful effects of alcohol abuse and misuse. The project will increase awareness on alcohol use and potential solutions among decision-makers as well as facilitate changes to limit alcohol availability by focusing on outlet density, licensing and sales.

**Community Health Worker Led Postpartum Support Group for Latino Mothers and Infants:**
Centro Hispano, Madison

Centro Hispano of Dane County (Centro), in partnership with Access Community Health Center and the University of Wisconsin, Department of Pediatrics, will implement a community-based health intervention integrating culturally tailored peer groups through a community health worker-led postpartum support group program for Latino mothers and infants.

**Research and Education Grant Programs**

The Wisconsin Partnership Program’s Partnership Education and Research Committee (PERC) addresses issues of health and health care in a continuum that spans basic, clinical, translational and applied public health research as well as education and training. In 2016, PERC made the following awards.

**Collaborative Health Science Program**

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

In 2016, PERC made the following Collaborative Health Sciences awards:

**Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy**
Principal Investigator: Vincent Cryns, MD, Medicine (Endocrinology)

Physicians and community partners including breast cancer survivors and advocates will explore metabolic priming, a novel model for cancer therapy that uses diet to make tumor cells more vulnerable to a cancer drug that activates cell death. The team will explore whether short-term dietary restriction of the essential amino acid methionine can enhance clinical response to this drug in patients with metastatic triple-negative breast cancer (TNBC), a largely incurable disease with few effective treatments. The novel model has the potential to dramatically improve clinical outcomes in metastatic TNBC by specifically targeting chemotherapy-resistant cancer stem cells that contribute to treatment resistance.
Quantitative Models to Define Cancer Cell Heterogeneity and Predict Patient Drug Responses
Principal Investigator: Shigeki Miyamoto, PhD, Oncology

This project addresses one of the fundamental challenges facing clinical management of human cancers: the inability to predict clinical responses of a given patient to different therapy options. This project aims to develop a new approach to predicting individual patient responses to therapies for multiple myeloma, a currently incurable cancer by constructing a new approach to enable large-scale quantitative description of the phenotypic characteristics of cancer cells from individual patients and then develop mathematical models that best predict therapy responses of individual patients to different drug options.

Rapid Assessment of and Prophylaxis for Influenza in Dwellers of Long-Term Care Facilities (LTCF)
Principal Investigator: Jonathan L. Temte, PhD, Family Medicine and Community Health

The project will test the effectiveness of very simple, inexpensive and adaptable technology for extremely early detection of influenza in LTCFs and the immediate transmission of test results to public health officials. The randomized, controlled clinical trial will assess the effect of on-site, rapid influenza detection at LTCFs on influenza-related hospitalizations, deaths and health care-associated costs over three influenza seasons. Ultimately, the project would provide a translatable model for very early and proactive detection of, and response to, influenza in LTCFs, allowing for appropriate medical and public health interventions.

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.

PERC made the following awards, which are typically $100,000 over two years, in 2016:

Investigating Retention in Care to Address Healthcare Disparities in Lupus: A Wisconsin Lupus Cohort
Principal Investigator: Christie Bartels, MD, Medicine (Rheumatology)

This project aims to close the mortality gap in Black women in Wisconsin with lupus. The project will confirm diagnoses in an urban group of lupus patients, and study who does and does not stay in rheumatology care. The impact of race and other predictors of keeping patients in care will be examined during the study. Expected outcomes include an innovative approach to measure lupus care, and baseline data for future trials to improve health among the estimated 28,000 Wisconsinites with lupus.

Community-Based Continence Promotion: Mind Over Matter; Healthy Bowels, Healthy Bladder
Principal Investigator: Heidi Brown, MD, Obstetrics and Gynecology

This project will test the effectiveness of using Mind Over Matter; Healthy Bowels, Healthy Bladder (MOM), a community-based workshop for older Wisconsin women to control incontinence symptoms,
at senior centers, and develop a tool-kit that will allow busy senior centers to more easily consider and incorporate MOM into their programming. Upon the project’s completion, MOM will be ready for widespread dissemination in Wisconsin in partnership with the Wisconsin Institute for Healthy Aging (WIHA) with the objective of improving continence and promoting healthy aging in place for more than 200,000 older WI women living with bladder or bowel incontinence.

Reprogramming β-cell Metabolism to Prevent and Rescue Type 2 Diabetes
Matthew Merrins, PhD, Medicine and Biomolecular Chemistry

This project proposes that activating a metabolic enzyme, pyruvate kinase, has the potential to prevent diabetes and rescue insulin secretion from the diabetic β-cell. The studies are needed to provide a firm scientific basis for a clinical intervention that preserves β-cell metabolic health in people.

Partnership Education and Research Opportunity Grant

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.

Improved Diagnosis of Familial Hypercholesterolemia in Children and Families through the Wisconsin Pediatric Lipid Consortium (WPLC)
Amy Peterson, MD, Pediatrics

This project establishes the Wisconsin Pediatric Lipid Consortium (WPLC), a network of pediatric health care clinics across the state to monitor the diagnosis and treatment of children with Familial Hypercholesterolemia (FH), a common inherited cholesterol disorder that leads to premature cardiovascular disease. The goal is to improve the diagnosis of children and their families, and implement early treatment in order to prevent cardiovascular disease in these individuals.

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, to selected investigators with relevant expertise to establish new initiatives aimed at addressing emerging health and health care needs in the state. There were three strategic awards in 2016:

Statewide partnerships with the Health Innovation Program: Enhancing chronic condition management and preventive screening in diverse populations:
Principal Investigator: Maureen Smith, MD, PHD, MPH, Department of Population Health Sciences, Family Medicine and Surgery

This project aims to support statewide innovations in chronic condition management and preventive screening with a focus on diverse populations. It builds on previous HIP activities that have engaged UW researchers and created strong partnerships with statewide organizations, extensive data resources, and
an outstanding environment for collaboration. The project goal will be accomplished by enhancing statewide health measurement and improvement activities conducted by partnering organizations and integrating these activities with the research activities of UW faculty who participate in HIP.

Transforming Medical Education 3.0 – Moving Medical Education Forward
Principal Investigator: Christine Seibert, MD, Associate Professor, Department of Medicine, Associate Dean for Medical Education

This project will implement a fully integrated, innovative, competency-based 3-Phase curriculum design that includes integration of ten critical longitudinal threads across four years of undergraduate medical education to ensure that SMPH graduates are prepared as physicians to play a significant role in promoting greater health for individuals and populations.
Optimized Chronic Care for Smokers
Principal Investigator: Michael C. Fiore, MD, MPH, Department of Medicine

This project seeks to develop treatment packages for clinical intervention in tobacco dependence by using innovative and efficient research methods and to improve the translation and delivery of effective tobacco dependence treatments into health care settings through new systems-level strategies. Another aim is to increase the reach of tobacco dependence treatment to help smokers not now ready to quit, those who tried to quit and have relapsed, and populations where tobacco use is increasingly concentrated - the poorer, minorities and special needs groups.

UW Institute for Clinical and Translational Research Grants

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

In 2016, the Wisconsin Partnership Program supported the following awards:

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Principal Investigator</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Living after Cancer: Building a Physical Activity Intervention into Clinical Care for Breast and Colorectal Cancer Survivors in Wisconsin</td>
<td>Lisa Cadmus Bertram, PhD, UW College of Education</td>
<td>$37,494.50</td>
</tr>
<tr>
<td>Adapting the Physical Activity for Life for Seniors (PALS) program for Older African Americans</td>
<td>Kimberlee Gretebeck, PhD, RN, UW School of Nursing</td>
<td>$51,008.50</td>
</tr>
<tr>
<td>Application of Pedigree Data in an E.H.R. for Precision Medicine</td>
<td>David C. Page Jr, PhD, UW School of Medicine and Public Health</td>
<td>$30,318.00</td>
</tr>
<tr>
<td>Breast Cancer Phenotyping and Prediction using the Electronic Health Record</td>
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<tr>
<td>Principal Investigator</td>
<td>Amount</td>
<td></td>
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<tr>
<td>------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Wu Yirong, UW School of Medicine and Public Health</td>
<td>$24,958.00</td>
<td></td>
</tr>
</tbody>
</table>

- **Principal Investigator:** Wu Yirong, UW School of Medicine and Public Health
- **Amount:** $24,958.00

**Clinical Implementation of Mammography Screening Shared Decision Making. Co-Funding: UW Carbone Cancer Center**

- **Principal Investigator:** Elizabeth S. Burnside, MD, MPH, MS, UW School of Medicine and Public Health
- **Amount:** $75,000

**Contrast-Enhanced MRI to Diagnose Appendicitis: Translating a UW Protocol to a Community-Based Program with a Different Scanner Platform**

- **Principal Investigator:** Michel Repplinger, UW School of Medicine and Public Health
- **Amount:** $49,350.00

**Development of a toolkit to support shared decision making in breast cancer screening**

- **Principal Investigator:** Sarina B. Schrager, MD, UW School of Medicine and Public Health
- **Amount:** $15,000

**Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women**

- **Principal Investigator:** Michael C. Fiore, MD, MPH, ME, UW School of Medicine and Public Health
- **Amount:** $150,000

**Description:**
- **Principal Investigator:** Wu Yirong, UW School of Medicine and Public Health
- **Amount:** $24,958.00

- **Description:** Physician expertise and machine-learned logic rules, for identifying subjects with the “most harmful” breast cancers from the EHR. The BMAP model will enable the use of the EHR data to develop risk prediction models for predicting the risk of the “most harmful” breast cancer.

- **Principal Investigator:** Elizabeth S. Burnside, MD, MPH, MS, UW School of Medicine and Public Health
- **Amount:** $75,000

- **Description:** This multidisciplinary research team has developed an alpha version of the Breast Cancer Risk Estimator (B~CARE) embedded in the EHR at UW Health. An aim of this research is to determine core components of shared decision-making for mammography in women 40-49; and the long-term hypothesis is that B~CARE supported shared decision making will improve the well-being of women and improved public health outcomes.

- **Principal Investigator:** Michel Repplinger, UW School of Medicine and Public Health
- **Amount:** $49,350.00

- **Description:** Although computed tomography (CT) is the standard imaging test used to diagnose appendicitis, it has potential risks including nephrotoxicity and allergic reactions to the intravenous contrast agent, as well as radiation-induced cancers. This study aims to improve patient health by evaluating the use of safer imaging practices for a very common gastrointestinal surgical emergency, thereby mitigating the long-term risk of developing various cancers.

- **Principal Investigator:** Sarina B. Schrager, MD, UW School of Medicine and Public Health
- **Amount:** $15,000

- **Description:** B~CARE is an interactive EMR-embedded shared-decision making tool that provides individual breast cancer risk assessment based on risk factors and breast density from previous mammogram as well as demonstrating risks and benefits of mammograms. The tool is designed to be used within a primary care encounter with joint input from the clinician and the patient. This award supports the development of a toolkit to support the implementation of B~CARE in primary care settings, including dissemination of the toolkit to primary care clinicians and patients within UW Health clinics.

- **Principal Investigator:** Michael C. Fiore, MD, MPH, ME, UW School of Medicine and Public Health
- **Amount:** $150,000

- **Description:** This proposal will test whether a smoking cessation intervention for pregnant women that extends postpartum (Striving to Quit) can be implemented and disseminated outside of the research environment that established its effectiveness.
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Principal Investigator(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaging Stakeholders in Integration of Preventive Care and Health Promotion in Specialty Clinics</td>
<td>Christie M. Bartels, MD, MS, UW School of Medicine and Public Health</td>
<td>Patients with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) experience premature cardiovascular disease (CVD) and lose on average 5 years of life. However, these CVD risk factors are rarely addressed in specialty clinics, where 73% of RA and SLE visits occur. This research team has created and pilot-tested a staff-protocol intervention to address high BP and smoking in RA and SLE patients. The specific aims of this study will lay the groundwork for a future PCORI application to compare the effectiveness of this rheumatology staff protocol approach versus evidence-based annual nurse management in a multisite comparative effectiveness trial.</td>
</tr>
<tr>
<td>Engaging Stakeholders in Reducing Overtreatment of Papillary Thyroid Microcarcinomas</td>
<td>Susan C. Pitt, MD, MPHS, UW School of Medicine and Public Health</td>
<td>This study aims to engage stakeholders to help study the factors that lead to overtreatment of thyroid cancer. Knowing what causes overtreatment will allow the research team and stakeholder partners to develop, test, and put into practice interventions that decrease overtreatment, reduce healthcare costs, and improve the efficiency of healthcare delivery.</td>
</tr>
<tr>
<td>Mindful Policing: A holistic approach to improving officer well-being and police work</td>
<td>Daniel Grupe, PhD</td>
<td>Police officers face extreme levels of occupational stress that can have deleterious effects on their physical and mental health, interpersonal relationships, and job efficacy. Reducing the impact of stress will improve officer well-being as well as the overall well-being of the communities these officers serve. The overarching aim of this study is to adapt a mindfulness-based training program for the Madison Police Department (MPD), and to investigate this program’s benefits on outcomes of practical significance for well-being and police work.</td>
</tr>
<tr>
<td>Patient engagement in care redesign: Identifying effective strategies for measuring and scaling the intervention</td>
<td>Nancy Pandhi, MD, MPH, PhD, UW School of Medicine and Public Health and Sarah Davis, JD, MPA, UW Law School and School of Pharmacy</td>
<td>National health reform efforts have mandated patient engagement as a critical component of primary care practice transformation, but clinical practices report being ill prepared to engage patients in improving care quality. This research team has developed, implemented, and evaluated an intervention that successfully increased primary care teams’ involvement of patients in quality improvement work at a single academic health system. This pilot will expand on the previous work and lay the foundation for a</td>
</tr>
<tr>
<td>Project Description</td>
<td>Details</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Future proposal that will be a randomized hybrid effectiveness-implementation clinical trial of different training methods for patient engagement in quality improvement.</td>
<td></td>
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</tr>
<tr>
<td><strong>Reaching MyHEART: Website Design and Evaluation to Disseminate Young Adult Hypertension Education</strong></td>
<td>In the U.S., over 10 million 18-39 year-olds have hypertension, increasing their risk of heart failure, stroke, and chronic kidney disease. To address the unmet need in the delivery of hypertension care for young adults, the research team developed the MyHEART program, a multi-component, theoretically based intervention designed to increase hypertension education and self-management skills among young adults with uncontrolled hypertension. This award supports the development of a MyHEART website that will be disseminated locally and nationally to clinical providers, healthcare systems, and organizations committed to hypertension control.</td>
<td></td>
</tr>
<tr>
<td><strong>Wisconsin Infant Study Cohort (WISC)</strong></td>
<td>WISC is a birth cohort study designed to identify farming exposures that promote immune development and reduce the risk of developing respiratory illnesses and allergic diseases.</td>
<td></td>
</tr>
<tr>
<td>Principal Investigator: Heather M. Johnson, MD, MS, UW School of Medicine and Public Health Amount: $14,677.00</td>
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<td></td>
</tr>
<tr>
<td>Principal Investigator: James E. Gern, MD UW School of Medicine and Public Health Amount: $67,000</td>
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</tr>
</tbody>
</table>
### Grants Concluded in 2016

The following Community Grants concluded in 2016.

<table>
<thead>
<tr>
<th>Title</th>
<th>Community Organization, Academic Partner</th>
<th>Type</th>
<th>$ Amount</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVATE: Advocacy for Children — Transformational Impact Via Action and Teamwork for Engagement</td>
<td>Via Lluback, WHAM Foundation (a/ k/ a Wisconsin Academy of Pediatrics Foundation); Dipesh Navaria, MD, Pediatrics</td>
<td>CAPF</td>
<td>$150,000</td>
<td>2 years, 6 months</td>
</tr>
<tr>
<td>Adams County Community Wellness Program</td>
<td>Sarah Grosshuesch, Adams County Health and Human Services Dept of Public Health; Alexandra Adams, MD, Family Medicine; Rebecca Lukens, UW Carbone Cancer Center</td>
<td>CAPF</td>
<td>$398,167</td>
<td>3 years, 7 months</td>
</tr>
<tr>
<td>Addressing the Mental Illness Tobacco Disparity: Peers Helping Peers</td>
<td>Julianne Carbin, National Alliance on Mental Illness (NAMI) Wisconsin, Inc.; Bruce Christiansen, PhD, Medicine - General</td>
<td>CAPF</td>
<td>$149,999</td>
<td>2 years</td>
</tr>
<tr>
<td>Applying Clinical Data to New Public Health: A Model for Accountable Care Communities</td>
<td>Mary Michaud, Public Health - Madison and Dane County; Lawrence Hanrahan, PhD, University Of Wisconsin-Madison Department Of Family Medicine</td>
<td>CAPF</td>
<td>$49,933</td>
<td>2 years, 6 months</td>
</tr>
<tr>
<td>Bringing Healthy Aging to Scale: Improving Wisconsin's Capacity to Implement and Sustain Evidence-Based Prevention Programs for Older Adults</td>
<td>Betty Abramson, Greater Wisconsin Agency on Aging Resources and Wisconsin Institute for Healthy Aging; Jane Mahoney, MD, Medicine</td>
<td>CAPF</td>
<td>$399,053</td>
<td>4 years</td>
</tr>
<tr>
<td>Building the Mentally Healthy Workplace</td>
<td>Shal Gross, Mental Health America of Wisconsin; Jerry Halverson, MD, Psychiatry-Gian</td>
<td>CAPF</td>
<td>$149,930</td>
<td>3 years, 6 months</td>
</tr>
<tr>
<td>Centering Program of Racine Lifecourse Initiative for Healthy Families</td>
<td>Chris Krizek, Wheaton Franciscan Healthcare - All Saints ; Teresa Johnson, PhD, University Of Wisconsin-Milwaukee, College Of Nursing</td>
<td>LIHF</td>
<td>$148,764</td>
<td>3 years</td>
</tr>
<tr>
<td>Changing Views of Hunger: One Community at a Time</td>
<td>Emily Moore, Feed My People, Inc; Mary Canales, PhD, Nursing</td>
<td>CAPF</td>
<td>$49,995</td>
<td>2 years</td>
</tr>
<tr>
<td>Community Action and Community Capacity Building for Type 2 Diabetes Prevention</td>
<td>Patricia McNamus, Black Health Coalition of Wisconsin, Inc.; Alice Yan, PhD, UW-Milwaukee, Zilber School Of Public Health</td>
<td>CAPF</td>
<td>$56,034</td>
<td>3 years</td>
</tr>
<tr>
<td>Evaluation of the Bilingual Healthy Choices Program</td>
<td>Wina Zorro, 56th Street Community Health Center; David Frazer, MPH, Population Health Sciences</td>
<td>LIHF</td>
<td>$149,481</td>
<td>2 years, 6 months</td>
</tr>
<tr>
<td>Growing Farm to School: Cultivating Childhood Wellness Through Gardening</td>
<td>Nathan Larson, Community GroundWorks; Aaron Carrel, MD, Pediatrics; Dale Schoeller, PhD, Medicine; Samuel Dennis Jr, PhD, Family Medicine</td>
<td>CAPF</td>
<td>$399,629</td>
<td>3 years</td>
</tr>
<tr>
<td>Harvest of the Month Partnership</td>
<td>Paula Silha, La Crosse County Health Department; Kirsten Siemering, DrPH, RD, Population Health Sciences</td>
<td>CAPF</td>
<td>$400,000</td>
<td>3 years, 7 months</td>
</tr>
<tr>
<td>Healthy Families Kenosha</td>
<td>Ron Rogers, Kenosha County Department of Human Services; David Riley, PhD, UW-Madison, School Of Human Ecology</td>
<td>LIHF</td>
<td>$400,001</td>
<td>3 years, 6 months</td>
</tr>
<tr>
<td>Healthy Parents, Healthy Babies (Healthy Next Babies)</td>
<td>Aurora Health Care, Inc.; Ron Cisler, PhD, Population Health Sciences</td>
<td>LIHF</td>
<td>$400,000</td>
<td>3 years</td>
</tr>
<tr>
<td>Implementation of a Rock County Fetal Infant Mortality Review Team</td>
<td>Deb Erickson, Rock County Health Department; Sara McKinnenn, PhD, Communication Arts</td>
<td>LIHF</td>
<td>$150,000</td>
<td>3 years</td>
</tr>
<tr>
<td>Increasing Cultural Congruence among Nurses in Wisconsin</td>
<td>Amy Poupard, Great Lakes Inter-Tribal Council, Inc.; Audrey Tuczak, PhD, RN School Of Nursing; Robin Moskowitz, JD, Public Hlth/Anth Consilium; Policy I; Alton Smart, Sociology</td>
<td>CAPF</td>
<td>$399,988</td>
<td>4 years, 6 months</td>
</tr>
<tr>
<td>Latino Youth Health Leadership Teams: Implementing the Healthy Activist Partnership Program for Youth (HAPPY)</td>
<td>Al Castro, Centro De La Comunidad/United Community Center, Inc.; Samuel Dennis Jr, PhD, Family Medicine</td>
<td>CAPF</td>
<td>$399,087</td>
<td>3 years, 3 months</td>
</tr>
<tr>
<td>Lifecourse Initiative for Healthy Families - PRAMS 2015-2016</td>
<td>Deborah Ehrenthal, MD, MPH Obstetrics &amp; Gynecology</td>
<td>LIHF*</td>
<td>$209,950</td>
<td>1 year</td>
</tr>
<tr>
<td>Madison-Dane County Healthy Birth Outcomes</td>
<td>Daniel Stattelman-Scanlan, Public Health for Madison and Dane County; Deborah Ehrenthal, MD, MIPH, Obstetrics &amp; Gynecology</td>
<td>CAPF</td>
<td>$49,471</td>
<td>3 years</td>
</tr>
<tr>
<td>Public Will Building to Reduce Obesity in the Latino Community of Milwaukee</td>
<td>Stephanie Calloway, CORE/B Centro; Amy Harlay, PhD, MPH, RD, Health Sciences, UW-Milwaukee</td>
<td>CAPF</td>
<td>$149,116</td>
<td>3 years</td>
</tr>
<tr>
<td>Reducing African American Infant Birth Disparities Through Decreased Prison Recidivism and Increased Living Wage Employment of Mothers and Fathers</td>
<td>Mark Boatwright, Racine Vocational Ministry; Helen Rosenberg, PhD, Sociology/Ethnography</td>
<td>LIHF</td>
<td>$149,996</td>
<td>3 years</td>
</tr>
<tr>
<td>Striving to Create Healthier Communities through Innovative Partnerships</td>
<td>Lovell Johnson, Quality of Life Center, Inc.; Lucy Mikandawire-Valhu, PhD, RN, College Of Nursing, UW Milwaukee</td>
<td>LIHF</td>
<td>$149,906</td>
<td>2 years, 10 months</td>
</tr>
<tr>
<td>Yoga's Effect on Fall Risk Factors in Rural Older Adults</td>
<td>Mary Mezera, Aging and Disability Resource Center; Paul Smith, MD, Family Medicine; Irene Hamrick, MD, Family Medicine</td>
<td>CAPF</td>
<td>$49,998</td>
<td>2 years</td>
</tr>
</tbody>
</table>

LIHF = Lifecourse Initiative for Healthy Families  
CAPF = Community-Academic Partnership Fund
The following Education and Research Grants concluded in 2016:

<table>
<thead>
<tr>
<th>Title</th>
<th>Principal Investigator</th>
<th>Type</th>
<th>$ Amount</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building an Accessible Database of Patient Experience for the U.S.</td>
<td>Nancy Pandhi, MD, PhD, Department of Family Medicine</td>
<td>Opp</td>
<td>$45,000</td>
<td>2 years</td>
</tr>
<tr>
<td>Discharge Order Completeness and 30-Day Rehospitalizations in Rural</td>
<td>Amy Kind, MD, PhD, Department of Medicine</td>
<td>NIP</td>
<td>$99,104</td>
<td>3 years</td>
</tr>
<tr>
<td>Health Innovation Program</td>
<td>Maureen Smith, MD, PhD, MPH, Health Innovation Program</td>
<td>Strategic*</td>
<td>$874,545</td>
<td>3 years</td>
</tr>
<tr>
<td>Institute for Clinical and Translational Research (ICTR)</td>
<td>Marc Drezner, MD, Institute for Clinical and Translational Research</td>
<td>Strategic*</td>
<td>$10,200,003</td>
<td>4 years</td>
</tr>
<tr>
<td>Mechanistic insights into the Role of Grainyhead Proteins in Neural Tube</td>
<td>Melissa Harrison, PhD, Department of Biomolecular Chemistry</td>
<td>NIP</td>
<td>$100,000</td>
<td>2 years</td>
</tr>
<tr>
<td>Nanoparticles for Treating Restenosis: Sustained and Targeted</td>
<td>Lian-Wang Guo, PhD, Department of Surgery</td>
<td>NIP</td>
<td>$100,000</td>
<td>2 years</td>
</tr>
<tr>
<td>Optimized Chronic Care for Smokers: A Comparative Effectiveness</td>
<td>Michael Fiore, MD, MPH, MBA, UW Center for Tobacco Research and</td>
<td>Strategic*</td>
<td>$300,000</td>
<td>2 years</td>
</tr>
<tr>
<td>The Wisconsin Surgical Coaching Program</td>
<td>Caprice Greenberg, MD, MPH, Department of Surgery</td>
<td>CHSP</td>
<td>$499,958</td>
<td>4 years</td>
</tr>
<tr>
<td>Transforming Medical Education 2.0: Healthcare System Improvement,</td>
<td>Christine Seibert, MD, SMPH Academic Affairs</td>
<td>Strategic*</td>
<td>$2,474,587</td>
<td>3 years, 3 months</td>
</tr>
<tr>
<td>Understanding HIV-1 Cell-to-Cell Transmission</td>
<td>Nathan Sherer, PhD, Department of Oncology</td>
<td>NIP</td>
<td>$97,076</td>
<td>2 years, 2 months</td>
</tr>
</tbody>
</table>

CHSP = Collaborative Health Sciences Program  NIP = New Investigator Program  Opportunity = Partnership Education and Research Opportunity Grant Strategic = Strategic Research and Education Program
The following Institute for Clinical and Translational Research Grants (ICTR) concluded in 2016.

<table>
<thead>
<tr>
<th>Title</th>
<th>Community Organization, Academic Partner</th>
<th>Type</th>
<th>$ Amount</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapting The Physical Activity For Life For Seniors (PAls) Program For Older African Americans</td>
<td>Kimberlee Gretebeck, PhD, RN, UW School of Nursing; Jane Mahoney, MD, UW SMPH; Earlis Ward, PhD, UW School of Nursing North/Eastside Senior Coalition (NESCO) in Madison; Milwaukee</td>
<td>DnI Research</td>
<td>$150,000</td>
<td>One year</td>
</tr>
<tr>
<td>Barriers Faced By Caregivers Managing Older Adults’ Medications In Rural Areas</td>
<td>Kevin A. Look, PhD, UW School of Pharmacy; Michelle Chui, PharmD, PhD, School of Pharmacy; Jane Mahoney, SMPH; Clark County Aging</td>
<td>CCOR</td>
<td>$74,801</td>
<td>One year, five months</td>
</tr>
<tr>
<td>Forming And Sustaining Multi-Stakeholder Panels</td>
<td>Caprice C. Greenberg, MD, MPH, SMPH, Surgery; Sharon Weber, MD, Gretchen Schwarze, MD, David Schneider, MD, Rebecca Sippel, MD, Heather Neuman, MD, Jessica Schumacher, PhD, SMPH;</td>
<td>PCOR Supplement</td>
<td>$25,000</td>
<td>Seven months</td>
</tr>
<tr>
<td>Forming And Sustaining Multi-Stakeholder Panels</td>
<td>Caprice C. Greenberg, MD, MPH, SMPH, Surgery; Sharon Weber, MD, Gretchen Schwarze, MD, David Schneider, MD, Rebecca Sippel, MD, Heather Neuman, MD, Jessica Schumacher, PhD, SMPH;</td>
<td>PCOR Supplement</td>
<td>$49,991</td>
<td>Nine months</td>
</tr>
<tr>
<td>Imaging Neuroplasticity In Mild Cognitive Impairment</td>
<td>Andrew L. Alexander, PhD, * SMPH, Medical Physics; Barbara Bendlin, PhD, SMPH;</td>
<td>ADRC</td>
<td>$14,635</td>
<td>One year</td>
</tr>
<tr>
<td>In Vivo Tau Imaging In Alzheimer’S Brain Injury</td>
<td>Sterling C. Johnson, PhD, * SMPH, Medicine;</td>
<td>ADRC</td>
<td>$15,000</td>
<td>One year</td>
</tr>
<tr>
<td>Sleep-Disordered Breathing In Brain Injury</td>
<td>Paul E. Peppard, PhD, * SMPH, Pop Health Sciences; Sterling Johnson, MD, Erika Hagen,</td>
<td>Transl Basic &amp; Clin</td>
<td>$99,999</td>
<td>One year, three</td>
</tr>
<tr>
<td>Stepping On To Pisando Fuerte: Adapting An Evidence-Based Falls Prevention Program For Latino Seniors</td>
<td>Jane E. Mahoney, MD, SMPH, Medicine, Geriatrics; Elizabeth Jacobs, MD, SMPH/Medicine; Sarah Omond, Collaborative Center for Health Equity; Latino Health Council, United Community Center, Centro Hispano, North/Eastside Senior Coalition</td>
<td>DnI Research</td>
<td>$148,935</td>
<td>One year, six months</td>
</tr>
<tr>
<td>Surveillance Of Hospital Acquired Infection Using Natural Language</td>
<td>Eneida A. Mendonca, MD, PhD, *SMPH, Biostatistics; Nasia Safdar, MD, SMPH; VA Hospital</td>
<td>Transl Basic &amp; Clin</td>
<td>$48,973</td>
<td>One Year</td>
</tr>
<tr>
<td>Sustaining Engagement Of Blended Stakeholder Boards Across The Pcor Trajectory</td>
<td>Elizabeth D. Cox, MD, PhD, SMPH, Pediatrics; Betty Cheunming, PhD, School of Pharmacy; Project ACE Blended Advisory Board; American Family Children’s Hospital Patient &amp; Family Advisory</td>
<td>PCOR Supplement</td>
<td>$49,977</td>
<td>One year</td>
</tr>
<tr>
<td>The “Angel’S” in the Details: The Five Ws Of Deeply Engaging Patients In Research</td>
<td>Sarah Davis, JD, * Law School, Center for Patient Partnership; Nancy Pandhi, MD, SMPH; Martha Gaines, Law School/Center for Patient Partnerships; Rachel Grob, SMPH/Center for</td>
<td>PCOR Supplement</td>
<td>$49,791</td>
<td>One year</td>
</tr>
<tr>
<td>Using Developmentally Appropriate Educational Materials To Improve Child Behavioral Health And Family Relationships</td>
<td>Julie A. Pothmann-Tynan, PhD, School of Human Ecology, Human Development &amp; Family Studies; Rebecca Shlafer, University of Minnesota; Mary Huser, UW-Extension; Racine County Jail, WI; Special Pilot: “2013 Wisconsin-Minnesota</td>
<td>Special Pilot: “2013 Wisconsin-Minnesota</td>
<td>$76,307</td>
<td>Two years, eight months</td>
</tr>
</tbody>
</table>

CCOR = Clinical and Community Outcomes Research
DnI SUPP = Dissemination Supplement
PCOR = Patient Centered Outcomes Research
Financial Overview

Financial Highlights

- Earnings, net of fees, on endowed funds for 2016 were $16.1M
- Endowment distributions for program expenditures were $15.7M
- Wisconsin Partnership Program grant and administrative expenditures for 2016 were $17.7M
- Total program assets decreased $1.6M

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 School of Medicine and Public Health (SMPH) has designed a review process for determination of non-supplanting, which was approved by the Wisconsin United for Health Foundation, Inc.

Based on the non-supplanting 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 Vice Chancellor for Finance and Administration also has 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 July 20, 2016. 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 reports consolidate activities of the UW Foundation and the SMPH for the years ending December 31, 2016 and December 31, 2015. Revenues consist of interest income and changes in market valuation of investments, 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 and recorded as Grant Expenditures (Table 2). The Grants Payable liability reflects accrued awards less any expenditures (Table 1).
**Table 1: Statements of Net Assets**

<table>
<thead>
<tr>
<th>As of the Years Ended December 31, 2016 and 2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Investments</td>
<td>17,988,864</td>
<td>19,743,245</td>
</tr>
<tr>
<td>Noncurrent Investments</td>
<td>339,996,169</td>
<td>339,837,826</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>357,985,033</strong></td>
<td><strong>359,581,071</strong></td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants Payable</td>
<td>40,182,827</td>
<td>46,809,168</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>40,182,827</strong></td>
<td><strong>46,809,168</strong></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporarily Restricted - Spendable</td>
<td>(1,789,551)</td>
<td>(6,671,016)</td>
</tr>
<tr>
<td>Temporarily Restricted - Endowment</td>
<td>37,764,015</td>
<td>37,615,177</td>
</tr>
<tr>
<td>Permanently Restricted - Endowment</td>
<td>281,827,742</td>
<td>281,827,742</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>317,802,206</strong></td>
<td><strong>312,771,903</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>357,985,033</strong></td>
<td><strong>359,581,071</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>For the Years Ended December 31, 2016 and 2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gifts Received</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Interest Income</td>
<td>44,906</td>
<td>38,521</td>
</tr>
<tr>
<td>Change in Fair Value of Endowed Funds</td>
<td>16,101,099</td>
<td>(8,699,403)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>16,146,005</strong></td>
<td><strong>(8,660,882)</strong></td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAC Initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Expenditures</td>
<td>356,425</td>
<td>285,155</td>
</tr>
<tr>
<td>Grant Expenditures</td>
<td>4,283,707</td>
<td>4,544,753</td>
</tr>
<tr>
<td>PERC Initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Expenditures</td>
<td>661,933</td>
<td>529,573</td>
</tr>
<tr>
<td>Grant Expenditures</td>
<td>5,813,637</td>
<td>19,868,038</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>11,115,702</strong></td>
<td><strong>25,227,519</strong></td>
</tr>
<tr>
<td><strong>Net Increase/(Decrease) in Net Assets</strong></td>
<td><strong>5,030,303</strong></td>
<td><strong>(33,888,401)</strong></td>
</tr>
</tbody>
</table>
Financial Notes

Cash and Investments
The financial resources that support Partnership Program grants as of December 31, 2016 and December 31, 2015 (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.

Current Investments
Current investments consist of participation in the UW Foundation (UWF) Callable Pool. The primary investment objective of the Callable Pool is to preserve capital and provide liquidity when dollars are called. The Callable Pool is invested in high quality, short-term fixed income securities. The University of Wisconsin Hospital and Clinics Callable Pool fund maintains an agency fund at UWF. As such, its Callable Pool fund earns a payout rate. On an annual basis, the UWF Investment Committee will determine the interest paid for the following fiscal year.

Noncurrent Investments
Noncurrent investments consist of participation in the UW Foundation (UWF) Endowment portfolio. The primary investment objective of the Endowment portfolio is to maximize long-term real returns commensurate with the stated risk tolerance while providing distributions for current spending needs. The Endowment portfolio’s asset allocation model is primarily equity oriented and includes public equities, equity-like vehicles such as private equity and real estate as well as fixed income.

The Endowment portfolio’s asset allocation model is designed to seek broad exposure to the global capital markets, be mindful of the benefits of diversification and invest within the stated risk-tolerance level and promote a cost-conscious investment model while investing within portfolio guidelines.

The UWF Investments team has managing fiduciary responsibility and monitors industry trends, explores and evaluates financial opportunities and works closely with the Investment Committee, whose members have significant experience in the investment field. The committee, guided by established Foundation policy, governs and provides oversight to the investment team.

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 Callable Pool, 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 Callable Pool 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. As of December 31, 2016, the balances of these funds were $19.5M in the Callable Pool and $20.4M in the Endowment Portfolio.
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, 2016 and December 31, 2015 (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 $3,112,854 and $3,237,430 in 2016 and 2015, 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 2016 and 2015, these savings were $262,651 and $316,042, 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, 2016, and December 31, 2015, 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).

Award amounts 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 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. Detailed information on OAC award amounts is 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 Statement of Revenues, Expenditures, and Changes in Net Assets within Table 2.

Partnership Program administrative expenditures were $1,018,358 and $814,728 for the years ended December 31, 2016 and December 31, 2015, respectively. Expenditures in 2016 were more than the prior year due to staff positions being filled throughout the entire year that had vacancies in the prior year. Additionally, the WPP hosted a Health Equity conference and purchased an online database software program in 2016. 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; and Associate Dean for Public Health. UW-Madison’s Department of Human Resources and 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 Statement 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

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$612,917</td>
<td>$467,115</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>241,629</td>
<td>172,251</td>
</tr>
<tr>
<td>Supplies</td>
<td>64,192</td>
<td>5,981</td>
</tr>
<tr>
<td>Travel</td>
<td>13,797</td>
<td>10,618</td>
</tr>
<tr>
<td>Other Expenditures</td>
<td>85,823</td>
<td>158,763</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,018,358</td>
<td>$814,728</td>
</tr>
</tbody>
</table>

OAC (35%) Allocation $356,425 $285,155
PERC (65%) Allocation $661,933 $529,573
**Total** $1,018,358 $814,728

Table 4: OAC Awards – Summary 2004-2016

<table>
<thead>
<tr>
<th>Total OAC Funding</th>
<th>Total Awarded</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 OAC Funding</td>
<td>$8,779,958</td>
<td>$8,779,958</td>
<td>$-</td>
</tr>
<tr>
<td>2005 OAC Funding</td>
<td>4,635,692</td>
<td>4,635,692</td>
<td>-</td>
</tr>
<tr>
<td>2006 OAC Funding</td>
<td>6,259,896</td>
<td>6,259,896</td>
<td>-</td>
</tr>
<tr>
<td>2007 OAC Funding</td>
<td>4,635,452</td>
<td>4,635,452</td>
<td>-</td>
</tr>
<tr>
<td>2008 OAC Funding</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2009 OAC Funding</td>
<td>2,715,147</td>
<td>2,715,147</td>
<td>-</td>
</tr>
<tr>
<td>2010 OAC Funding</td>
<td>2,824,529</td>
<td>2,824,529</td>
<td>-</td>
</tr>
<tr>
<td>2011 OAC Funding</td>
<td>4,064,554</td>
<td>4,021,641</td>
<td>42,913</td>
</tr>
<tr>
<td>2012 OAC Funding</td>
<td>4,516,404</td>
<td>4,302,964</td>
<td>213,440</td>
</tr>
<tr>
<td>2013 OAC Funding</td>
<td>8,883,360</td>
<td>6,518,715</td>
<td>2,364,646</td>
</tr>
<tr>
<td>2014 OAC Funding</td>
<td>7,219,468</td>
<td>3,686,752</td>
<td>3,532,716</td>
</tr>
<tr>
<td>2015 OAC Funding</td>
<td>4,742,265</td>
<td>826,280</td>
<td>3,915,985</td>
</tr>
<tr>
<td>2016 OAC Funding</td>
<td>4,844,641</td>
<td>49,011</td>
<td>4,795,631</td>
</tr>
<tr>
<td><strong>Total OAC Funding (2004 - 2016)</strong></td>
<td><strong>$64,121,365</strong></td>
<td><strong>$49,256,035</strong></td>
<td><strong>$14,865,329</strong></td>
</tr>
</tbody>
</table>

*Due to the financial downturn during 2008–2009, the OAC did not approve any awards in 2008.*
### Table 5: 2016 OAC Awards

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Type</th>
<th>Total Awarded</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRATEGIC GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Course Initiative for Healthy Families Pregnancy Risk Assessment System</td>
<td>R</td>
<td>$510,644</td>
<td>$26,906</td>
<td>$483,738</td>
</tr>
<tr>
<td>Healthy Wisconsin Leadership Institute</td>
<td>E, S</td>
<td>$884,140</td>
<td>-</td>
<td>$884,140</td>
</tr>
<tr>
<td><strong>COMMUNITY GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Way of Dane County: SmartMeds Program</td>
<td>E, S</td>
<td>$50,000</td>
<td>$29,771</td>
<td>$49,771</td>
</tr>
<tr>
<td>Door County’s Partnership Program to Enhance School Readiness for Children</td>
<td>E, S</td>
<td>$49,934</td>
<td>$11,022</td>
<td>$38,912</td>
</tr>
<tr>
<td>Community Health Worker Led Postpartum Support Group for Latino Mothers and Infants</td>
<td>E, S</td>
<td>$49,934</td>
<td>$1,345</td>
<td>$48,590</td>
</tr>
<tr>
<td>EatPlayGrow: Improving the Health of Cudahy’s Youth</td>
<td>E, S</td>
<td>$45,000</td>
<td>-</td>
<td>$45,000</td>
</tr>
<tr>
<td>Every Student, Every Day Program</td>
<td>E, S</td>
<td>$49,000</td>
<td>-</td>
<td>$49,000</td>
</tr>
<tr>
<td>The Fond du Lac County YScreen Expansion Project</td>
<td>E, S</td>
<td>$49,959</td>
<td>-</td>
<td>$49,959</td>
</tr>
<tr>
<td>Create a Alcohol Reduction Strategies Toolkit for Community Use in Northwestern Wisconsin</td>
<td>E, S</td>
<td>$49,996</td>
<td>-</td>
<td>$49,996</td>
</tr>
<tr>
<td>Increasing access to nutritious food through Summer Food Service Programming</td>
<td>E, S</td>
<td>$50,000</td>
<td>-</td>
<td>$50,000</td>
</tr>
<tr>
<td>Transgender Health A New Horizon in Equity and Health Care</td>
<td>E, S</td>
<td>$50,000</td>
<td>$3,475</td>
<td>$46,525</td>
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<tr>
<td>Community Action and Community Capacity Building for Type 2 Diabetes Prevention</td>
<td>E, S</td>
<td>$6,034</td>
<td>$6,034</td>
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<tr>
<td><strong>COMMUNITY IMPACT GRANTS</strong></td>
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<td></td>
</tr>
<tr>
<td>Healthy Policy for Wisconsin Communities</td>
<td>E, R, S</td>
<td>$1,000,000</td>
<td>-</td>
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</tr>
<tr>
<td>Improving Health Through Enhanced Work</td>
<td>E, R, S</td>
<td>$1,000,000</td>
<td>-</td>
<td>$1,000,000</td>
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<tr>
<td>Race to Equity Wisconsin</td>
<td>E, R, S</td>
<td>$1,000,000</td>
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<td>$1,000,000</td>
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<tr>
<td><strong>TOTAL 2016 OAC FUNDING</strong></td>
<td></td>
<td>$4,844,644</td>
<td>$49,011</td>
<td>$4,795,631</td>
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</table>

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

---

### Commented [AP1]: Change HiAP title

### Table 6: PERC Awards – Summary 2004–2016

<table>
<thead>
<tr>
<th></th>
<th>Total Awarded</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2004 PERC Funding</td>
<td>$7,835,411</td>
<td>$7,835,411</td>
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<td>Total 2005 PERC Funding</td>
<td>$13,001,789</td>
<td>$13,001,789</td>
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<td>Total 2006 PERC Funding</td>
<td>$9,081,619</td>
<td>$9,081,619</td>
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<tr>
<td>Total 2007 PERC Funding</td>
<td>$5,511,524</td>
<td>$5,511,524</td>
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<td>Total 2008 PERC Funding</td>
<td>$6,140,982</td>
<td>$6,140,982</td>
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</tr>
<tr>
<td>Total 2009 PERC Funding</td>
<td>$19,682,808</td>
<td>$19,682,808</td>
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</tr>
<tr>
<td>Total 2010 PERC Funding</td>
<td>$759,757</td>
<td>$759,757</td>
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<td>Total 2011 PERC Funding</td>
<td>$1,139,588</td>
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<td>Total 2012 PERC Funding</td>
<td>$17,540,951</td>
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<td>$43,932</td>
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<td>Total 2013 PERC Funding</td>
<td>$5,711,021</td>
<td>$5,390,202</td>
<td>$320,819</td>
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<td>Total 2014 PERC Funding</td>
<td>$12,203,254</td>
<td>$5,145,082</td>
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<tr>
<td>Total 2015 PERC Funding</td>
<td>$19,950,734</td>
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<td>$12,140,957</td>
</tr>
<tr>
<td>Total 2016 PERC Funding</td>
<td>$6,001,258</td>
<td>$247,639</td>
<td>$5,753,619</td>
</tr>
</tbody>
</table>

---

40
### Table 7: 2016 PERC Awards

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Type</th>
<th>Total Awarded</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRATEGIC GRANTS</strong></td>
<td></td>
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</tr>
<tr>
<td>Survey of the Health of Wisconsin</td>
<td>E, R, S</td>
<td>$300,000</td>
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<td>$300,000</td>
</tr>
<tr>
<td>Optimized Chronic Care for Smokers: A Comparative Effectiveness Approach</td>
<td>R, S</td>
<td>$450,000</td>
<td>$44,391</td>
<td>$405,609</td>
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<tr>
<td>Transforming Medical Education 3.0 - Moving Medical Education ForWard</td>
<td>E</td>
<td>$2,474,393</td>
<td>$109,079</td>
<td>$2,365,314</td>
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<tr>
<td>Statewide partnerships with the Health Innovation Program: Enhancing chronic condition management and preventive screening in diverse populations</td>
<td>R, S</td>
<td>$728,790</td>
<td>$40,574</td>
<td>$688,216</td>
</tr>
<tr>
<td>Lifecourse Initiative for Healthy Families Faculty Leader</td>
<td>E, R, S</td>
<td>$100,475</td>
<td></td>
<td>$100,475</td>
</tr>
<tr>
<td><strong>OPPORTUNITY GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved Diagnosis of Familial Hypercholesterolemia in Children and Families through the Wisconsin Pediatric Lipid Consortium</td>
<td>R</td>
<td>$100,000</td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>Improved Health Care Delivery to Wisconsin Amish Infants</td>
<td>E, R, S</td>
<td>$47,600</td>
<td>$21,168</td>
<td>$26,432</td>
</tr>
<tr>
<td><strong>COLLABORATIVE HEALTH SCIENCES PROGRAM GRANTS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Metabolic Priming Triple-Negative Breast Cancer to Proapoptotic Therapy</td>
<td>R</td>
<td>$500,000</td>
<td></td>
<td>$500,000</td>
</tr>
<tr>
<td>Rapid Assessment of and Prophylaxis for Influenza in Dwellers of Long-Term Care Facilities</td>
<td>R</td>
<td>$500,000</td>
<td>$17,658</td>
<td>$482,342</td>
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<tr>
<td>Quantitative Models to Define Cancer Cell Heterogeneity and Predict Patient Drug Responses</td>
<td>R</td>
<td>$500,000</td>
<td>$14,769</td>
<td>$485,231</td>
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<tr>
<td><strong>NEW INVESTIGATOR PROGRAM GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-Based Continence Promotion: Mind over Matter; Healthy Bowels, Healthy Bladder</td>
<td>R, S</td>
<td>$100,000</td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>Reprogramming B-cell metabolism to prevent and rescue type 2 diabetes</td>
<td>R</td>
<td>$100,000</td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>Investigating Retention in Care to Address Healthcare Disparities in Lupus: A Wisconsin lupus cohort</td>
<td>R, S</td>
<td>$100,000</td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>TOTAL 2016 PERC FUNDING</strong></td>
<td></td>
<td>$6,001,258</td>
<td>$247,639</td>
<td>$5,753,619</td>
</tr>
</tbody>
</table>

*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 facilitate in-person and webcast training sessions for applicants as well.

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 participate in a team orientation and agree to a Memorandum of Understanding that outlines grant requirements including 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.

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
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, Secretary
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

Cynthia Haq, MD
Professor, Departments of Family Medicine 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 Medicine and Pediatrics

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 (SMPH) and includes representatives from the Oversight and Advisory Committee (OAC) as well as an external appointee. The 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
Richard L. Page, MD
Professor and Chair, Department of Medicine

**Faculty Representatives**

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

Tracy Downs, MD
Associate Professor, Urology
Assistant Dean of Multicultural Affairs
Representative: Clinical Faculty
Appointed April 2016

Corinne Engelman, MSPH, PhD
Associate Professor, Population Health Sciences
Representative: Public Health Faculty
Appointed April 2016

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
Department of Surgery
Representative: Clinical Faculty
Resigned February 2016

Thomas Oliver, PhD, MHA*
Professor, Department of Population Health Sciences
Representative: Public Health Faculty
Term Ended March 2016

James Shull, PhD*
Professor and Chair, Department of Oncology
Representative: Basic Science Faculty

**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 Research and Graduate Education,
Professor, Department of Oncology

Wisconsin Partnership Program Liaisons

Office of the Chancellor Liaison
Paul M. DeLuca, Jr. PhD
Provost Emeritus

Board of Regents Liaison
Tim Higgins, JD
Member, UW System Board of Regents

* PERC Executive Committee member

Wisconsin Partnership Program Staff
Eileen M. Smith, Assistant Dean and Director
Andrea Dearlove, Senior Program Officer
Mike Lauth, Accountant
Tonya Mathison, Administrative Manager
Anne Pankratz, University Relations Specialist
Courtney Saxler, Program Officer
Nathan Watson, Administrative Assistant
Kate Westaby, Evaluator
Debbie Wu, Financial Specialist

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Madison, WI 53705

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(866) 563-9810 (toll free)
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