Wisconsin Partnership Program

Annual Report

For the period July 1, 2017 – June 30, 2018

Table of Contents

Dean’s Message
Making Wisconsin a Healthier State
Research: Finding Answers to Alzheimer’s Disease
Education: Preparing Leaders in Public Health and Preventive Medicine
Community Partnerships: Addressing Wisconsin’s Opioid Problem
Evaluation
Grants Awarded
Grants Concluded
Financial Overview
Policies and Procedures
Wisconsin Partnership Program Leadership
Dean’s Message

It is a pleasure to share the 2018 Annual Report of the Wisconsin Partnership Program. This report highlights activities and awards during the academic year of July 1, 2017 through June 30, 2018.

This report stimulates both reflection on the past as well as a view forward into the upcoming year and beyond. We recently embarked on the journey of developing the Wisconsin Partnership Program 2019-2024 Five-Year Plan. The new Plan will set the course for our future directions and will emphasize our commitment to health equity. The lens through which we understand and view health, and our focus on improving health for all, is vitally important to our vision.

We remain fully committed to research and education programs and partnerships that fuel knowledge, scientific discovery, and innovations in healthcare delivery. At the same time, the Partnership Program recognizes that many underlying factors, such as toxic stress, race, healthy food environments, safe and stable housing, and community health have enormous impacts on health and well-being. We continue to develop meaningful community partnerships across the state to strengthen our approach to addressing these factors and advancing health equity.

We are grateful to Blue Cross Blue Shield United of Wisconsin for providing the endowment that created the Wisconsin Partnership Program. This legacy gift unites the remarkable resources, talent and expertise that lie within our community partners and the university, as together we work to improve health in Wisconsin. I believe that the work of the Wisconsin Partnership Program—through innovative research, education, healthcare workforce development and meaningful collaborations—will continue to lay the foundations for improved health in our state. I want to thank all of our community partners, the collaborating health systems and the faculty on our campus and throughout the UW System, who have joined us on this vitally important journey.

Sincerely,

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

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 through an endowment gift from Blue Cross Blue Shield United of Wisconsin’s conversion to a stock insurance corporation. Its broad vision to improve the health of people of Wisconsin, now and for years to come is carried out through investments in research, education and community partnerships. In alignment with the Wisconsin Idea, the Partnership Program reaches beyond the campus to improve health.

Two committees, comprised of faculty and community members, govern the work of the Wisconsin Partnership Program. The Oversight and Advisory Committee (OAC) directs and approves funds for public health initiatives. The Partnership Education and Research Committee (PERC) allocates funds for medical, education and research initiatives aimed at improving population health. Their combined experience, expertise and perspectives greatly inform and enhance the Partnership Program’s processes for awarding grants and evaluating outcomes.

New Community Grant Programs

The Wisconsin Partnership Program recognizes that in order to understand and address the evolving health needs of Wisconsin’s diverse populations and communities, it must continue to evaluate and refine its approach to grantmaking.

With this understanding, the Partnership Program launched two new community grant programs in 2017, each taking a unique approach to supporting community-driven work to improve health equity.*

The Community Catalyst Grant Program provides catalyst funding to community-based organizations that are promoting innovative approaches to addressing complex health challenges. Eight organizations were awarded $50,000 each over a period of two years. The new projects address a wide range of topics, including:

- Expanding mental health services for veterans through a smartphone app built to connect vets statewide
- Bringing opioid addiction awareness to schools through a unique documentary that features in-depth interviews with young Wisconsinites fighting to recover their lives and futures from addiction
- Expanding interest among the healthcare workforce to bring person-centered care to correctional settings; a unique partnership between the UW School of Medicine and Public Health, the Department of Corrections and nonprofit organizations led by formerly incarcerated individuals
See page x for a complete list of awards and descriptions. The new projects are innovative and ambitious, and the grantees are committed to achieving greater health equity based on the unique needs of their communities and populations served.

The **Community Collaboration Grant Program** was designed in response to feedback from community-based nonprofits across the state that asked, “How can our small and growing organizations learn from all that the university has to offer the state?” This grant program gives Partnership Program staff time to develop trust-based relationships with community-driven organizations that are closest to some of the most complex health challenges that the state faces. In addition to funding, the organizations receive training and technical assistance that will equip them to make lasting change in their communities, enduring beyond the grant period. Five awards were made this year. The descriptions can be found on page X of this report.

*The Wisconsin Partnership Program defines health equity as the attainment of the highest level of health for all people.*

1 This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.  


Grants Awarded by Type
2004 - June 30, 2018

Wisconsin Partnership Program

- Public Health Portfolio Grants (50%)
  - Applied Public Health Research Grants
  - Community Impact Grants
  - Lifecourse Initiative for Healthy Families
  - Wisconsin Obesity Prevention Initiative

- Public Health Education and Training Grants (14%)
  - Healthy Wisconsin Leadership Institute
  - Transforming Medical Education
  - Wisconsin Academy for Rural Medicine
  - Wisconsin Population Health Services Fellowship

- Clinical and Translational Research Grants (30%)
  - Health Innovation Program
  - Institute for Clinical and Translational Research
  - Winning the War on Antibiotic Resistance in Wisconsin

- Basic Science Research Grants (6%)
  - Dissecting Cross-Species Transmission of Influenza
  - Understanding HIV-1 Cell-to-Cell Transmission
  - Zooming in on Childhood Asthma

456 grants awarded since 2004 totaling over $208 million

Grants Awarded
2004–June 30, 2018
456 grants
$208 Million

Grants Awarded
July 1, 2017–June 30, 2018
27 grants
$9.23 Million
Finding Answers to Alzheimer’s Disease

Researchers across the country, including those here at the University of Wisconsin, are working to understand Alzheimer’s disease, the most common form of dementia, affecting more than 20 million individuals, families and caregivers in the United States. Despite decades of research, the cause of dementia due to Alzheimer’s disease remains unknown, and the burden of the disease continues to grow. According to the Alzheimer’s Institute at the UW School of Medicine and Public Health, as of 2017, 110,000 people in Wisconsin are living with Alzheimer’s and that number is expected to grow to 130,000 by 2025.

In the project Gut Microbiome Dynamics in Alzheimer’s Disease, a team of multidisciplinary researchers led by Barbara Bendlin, PhD, professor of medicine at the UW School of Medicine and Public Health, and Federico Rey, PhD, assistant professor of bacteriology, is exploring the role of gut bacteria in the development and treatment of Alzheimer’s disease.

Previous studies conducted at UW-Madison show that people with dementia due to Alzheimer’s disease have differences in their gut microbiome—the community of microbes, including bacteria, which reside in the gut— compared to people without dementia. Now, using a Collaborative Health Sciences Program grant, the researchers will extend this work by following participants in the Wisconsin Registry for Alzheimer’s Prevention (WRAP) study and the Wisconsin Alzheimer’s Disease Research Center (ADRC) over time to study how gut microbiome is related to brain changes. Using an animal model of Alzheimer’s disease under controlled, germ-free conditions, they will determine which microbes are having an impact on the brain, and which mechanisms may underlie brain changes. Finally, in a first-of-its kind study, they will test whether it’s feasible to change the gut microbiome using a fecal transplant in people with dementia due to Alzheimer’s disease. Through these combined approaches, the researchers expect to maximize the expertise of investigators at UW to push the field of Alzheimer’s research.

Ultimately, these findings may lead to new treatments for Alzheimer’s disease. Drs. Bendlin and Rey are optimistic about the future. “We are just beginning to understand how gut microbes affect health in terms of disease and behavior,” says Dr. Rey. By determining how a modifiable factor—the composition of the gut microbiome—affects the risk for Alzheimer’s disease, the researchers hope to open up a new
area of research and discovery. Adds Dr. Bendlin, “There is a lot of scientific excitement right now, and
good things are happening in the field, including right here in Wisconsin. Thanks to a strong partnership
between the people of Wisconsin and the WRAP and ADRC programs, researchers in Wisconsin are well-
positioned for this work.” Both Dr. Bendlin and Dr. Rey agree that their research is driven by the families
who have been impacted by this devastating disease. Says Dr. Bendlin, “We have been studying adult
children of parents with Alzheimer’s disease for many years now. We want to find answers for them.”
Education

Preparing Leaders in Public Health and Preventive Medicine

The Wisconsin Partnership Program recognizes that in order to meet Wisconsin’s evolving healthcare needs, we must ensure that future health professionals are well trained and prepared to care for entire communities as well as individual patients. Our education investments in programs such as the UW School of Medicine and Public Health Preventive Medicine Residency are helping to achieve this goal.

Established in 2014, the Preventive Medicine Residency (PMR) program is a two-year training program for physicians seeking to train across the full spectrum of healthcare and public health. PMR graduates are uniquely trained in population-based approaches to medicine and well-prepared for careers and leadership in areas such as local, state and federal health agencies, as well as health systems and community-based organizations. Preventive Medicine is one of 24 specialties recognized by the American Board of Medical Specialties and, at present, the UW PMR is the only accredited residency program in Wisconsin.

To date, four residents have graduated from the program, which recruits and trains two new residents annually. The program draws from Wisconsin, the nation and globally. The recruits and graduates reflect diverse backgrounds and medical specialties. Upon graduation, some pursue careers exclusively in public health, while others integrate preventive medicine into their clinical practices.

Patrick Remington, MD, MPH, SMPH Associate Dean for Public Health, says, “Funding from the Wisconsin Partnership Program has provided us the opportunity to fully develop and assure continuity of the residency program, and has helped position it to gain additional external support, as well.” He adds, “We have quickly established a national reputation, reflected in our competitive pool of applicants.”

The program’s reputation was strengthened further when it achieved full, 10-year accreditation by the Accreditation Council for Graduate Medical Education and gained additional external funding through a competitive grant from the American Cancer Society.

And while success can be measured on the merits of accreditation and funding, the program’s best representation of its work shines through its current residents and graduates.

Jasmine Zapata, MD, MPH, is a current resident and plans to join the faculty of the UW SMPH Department of Pediatrics upon graduation. Dr. Zapata explains how the residency program has shaped
her career, “When I went into pediatrics, I knew I wanted to find a way to help people beyond the clinic. The residency has inspired my work around the disparities in African American birth outcomes, and has helped me find innovative methods of health promotion and community engagement to reach people more broadly.” In addition to patient care and teaching, Dr. Zapata is a widely recognized public speaker and author. She is the founder of an international girls’ empowerment movement and has worked extensively with the Foundation for Black Women’s Wellness and many other community organizations.

Robert (Bobby) Redwood, MD, MPH, a graduate of the program, is currently an emergency medicine physician at Divine Savior Hospital in Portage, Wisconsin. He says, “Although I was well trained in emergency medicine, I wanted to reconnect with the public health aspect of medicine as part of my career vision.” He uses his preventive medicine training to focus on antibiotic stewardship. He leads this effort within his emergency department and is involved in several statewide organizations, including the Department of Health Services Antimicrobial Stewardship Committee, Wisconsin Hospital Association and American College of Emergency Physicians. He says, “As an emergency medicine physician, I diagnose and stabilize patients. Through my PMR training, I am able to help prevent emergencies —like serious infections— from happening. It’s a refreshing approach to work on prevention and I couldn’t do it without the tools and knowledge I gained through my preventive medicine residency.”

Read more about our education investments at med.wisc.edu/wisconsin-partnership-program/education/
Community Partnerships

Addressing Wisconsin’s Opioid Problem

Opioid addiction is a complex problem that is affecting every community in Wisconsin – touching people of all backgrounds. Addressing the problem requires a multifaceted approach that focuses on education and prevention as well as treatment and recovery.

Two community grants supported by the Wisconsin Partnership Program are addressing the opioid challenge head on—one, through a statewide school program aimed at education and prevention; the second, through an innovative project focusing on treatment and recovery in rural Wisconsin.

In 2017, the WisconsinEye Public Affairs Network was awarded a $50,000 Community Catalyst Grant to support its film Straight Forward: The Truth about Addiction. The film is a peer-to-peer documentary that discusses addiction through the lives of several young Wisconsinites in recovery, fighting to reclaim their futures. Funding from the Wisconsin Partnership Program supports the curriculum, lesson plans and statewide outreach efforts. The project’s goal is to create awareness about addiction and empower young people and their families with information and inspiration to live sober and successful lives.

Jon Henkes, WisconsinEye President, says, “Currently, there is not a message of prevention and education specifically targeted at this peer-to-peer level, and we hope to close that information gap.” To date, more than 5,000 students, teachers and parents across Wisconsin have viewed the film. More school viewings, and public meetings, are scheduled throughout the state.

The project’s goal is ambitious — to show the film in every middle and high school in Wisconsin by the end of the 2019 academic year. Says Henkes, “We can already see our message is having a powerful impact. Besides gaining understanding, kids are now showing the courage to have conversations about their use or risk for use, and we believe that’s a step in the right direction.”

Watch the film: wiseye.org/Straight-Forward

The Southwestern Wisconsin Community Action Program (SWCAP), an anti-poverty agency that works with the five-county region of Grant, Green, Iowa, LaFayette and Richland counties, received a five-year $1 million Community Impact Grant to create the Southwestern Recovery Pathways program. The program will pilot a model of community-based opioid use treatment and recovery. The project’s goal is
to build a sustainable and replicable model of coordinated access to a range of medical, physical, emotional, social and economic wraparound services for people in recovery. At the center of the program, sober-living housing will aid recovery by providing an environment removed from negative influences and triggers, and will consist of monitoring, support and counseling. SWCAP will pilot the model in Richland and Iowa counties.

Says Walter Orzechowski, SWCAP Executive Director, “Funding from the Partnership Program allows us to focus specifically on addiction issues. Now we are able to combine the resources and services of SWCAP to meet the specific needs of people struggling with addiction and recovery—with the essential added component of sober-living housing.” This is especially important in rural communities where challenges and pressures are high and resources are low. In addition, support from the Partnership Program has helped SWCAP position itself as a leader in addressing opioid addiction. The team recently received a $250,000 grant from the Wisconsin Department of Health Services to advance its work. “We recognize that this epidemic has underlying social and economic challenges that can’t be fixed strictly through medical and clinical treatment. We hope our approach offers one of many solutions to reducing the toll of addiction on our state.”

In addition to community grants, the Wisconsin Partnership Program supports opioid addiction research. The project Screening in Trauma for Opioid Misuse Prevention (STOMP) is developing a screening tool to predict risk for opioid misuse and related complications after traumatic injury, when people are at greater risk for misusing opioids. Researchers will pilot the implementation of the tool at University Hospital in Madison and four Wisconsin trauma centers. Read the story at med.wisc.edu/stomp.
Impact and Learning

The Wisconsin Partnership Program’s unique placement within the UW School of Medicine and Public Health ensures a culture that strongly values evidence to support evaluation and that provides significant university resources, talent and expertise that enhance outcomes and impact. Evaluation is woven throughout the grant process, culminating in grant outcome and evaluation reports that provide a valuable measurement of achievement and goals.

The Wisconsin Partnership Program evaluates its impact by measuring outcomes of its funding. Since 2004, the Wisconsin Partnership Program has determined our success by outcomes such as:

- Grantees financially sustaining projects, thereby extending the impact of their grants
  
  Grantees have leveraged more than $600 million from funders and organizations outside of the UW system

- Publication of grant results to create knowledge and disseminate learning
  
  Partnership-supported individuals have produced more than 3,600 peer-reviewed publications

- Successfully building capacity of health professionals
  
  UW SMPH medical school graduates increasingly rated the quality of their population/public health training as outstanding, from 7 percent of students in 2010 to 30 percent of students in 2014

- Generating and disseminating health data to inform solutions to Wisconsin’s toughest challenges
  
  The 2018 Wisconsin Health Atlas provides ZIP code searchable obesity rate data partnered with actionable steps and connections to catalyze local change

Each year, the Wisconsin Partnership Program reviews outcomes from all concluded grants. The reviews help inform and improve further grantmaking and encourage dissemination and other forms of sustainability. Reports for concluded grants are published each year in an outcomes report, a supplemental publication to the annual report. The 2018 Outcomes Report is available online at [med.wisc.edu/partnership-publications](http://med.wisc.edu/partnership-publications).

Looking Ahead

The Wisconsin Partnership Program’s evaluation strategy continues to evolve. As the program completes its five-year planning process, it is using evidence and community experience to identify goals and strategies and is exploring corresponding measurements and indicators. These measurable outcomes will allow the Partnership Program to assess progress toward improving health. The new evaluation plan will help the Wisconsin Partnership Program further understand impact and continuously refine its funding process to address new evidence and information.

View the 2018 Outcomes Report at [med.wisc.edu/partnership-publications](http://med.wisc.edu/partnership-publications).
Grants Awarded
July 1, 2017 – June 30, 2018


Community Grant Programs

The Oversight and Advisory Committee made the following 17 awards through its community grant programs.

Community Catalyst Grants

The Community Catalyst Grants provide up to $50,000 over two years. The grant program supports community-driven projects with innovative ideas to improve health equity in Wisconsin. There were eight awards in 2017.

Community Health Workers: Working to Increase Knowledge of Mental Health and Nutrition for Postpartum Latina Moms During Home Visits
Centro Hispano of Dane County

This project will develop a community-based wellness educational program to train Community Health Workers (CHWs) to reduce health disparities affecting Latina postpartum women through a home visiting program. The CHWs will also be trained in the skills needed to achieve sustainable employment beyond the grant program.

Dryhootch Digital Forward Operating Base (DigitalFOB)
Great Lakes Dryhootch

This project will create a smartphone application to address the increasing demand from veterans for non-clinical, peer-based mental health services. DigitalFOB will offer a secure, confidential space in which veterans and family members can connect virtually with other veterans and family members.

Increasing Access to Quality Healthcare in Correctional Settings by Expanding Workforce Capacity
Nehemiah Community Development Corporation

This project will assemble a cross-UW campus multidisciplinary class for medical, nursing, pharmacy and physician assistant students on correctional healthcare that will provide both an overview of the complicated criminal justice system and match future graduates to mentors delivering healthcare to people in prison.

Getting Bike Equity Right: A River Rider Bike Share Initiative
Wood County Health Department

This project will ensure that the health needs of the county’s residents are reflected in the River Riders Bike Share Program through increased accessibility, improved infrastructure and community engagement. The project will add bikes that are accessible for people with disabilities and more
supportive for the elderly and large-bodied individuals. The project will improve the bike share program’s infrastructure through more signage, painted lanes and covered locations that can house bikes for year-round use.

**Parent Leadership as a Catalyst for Health Equity**  
*Supporting Families Together Association*

This project will develop a parent leadership cohort to address Adverse Childhood Experiences (ACEs), the health inequities associated with childhood abuse and neglect and how they influence health and well-being later in life. Four teams statewide will form a cohort for shared and peer learning in order to increase parent knowledge of ACEs, increase leadership skills and launch community-based projects to prevent ACEs.

**Straight Forward: The Truth About Addiction**  
*WisconsinEye Public Affairs Network*

This grant supports the creation and statewide distribution of a curriculum for the film “Straight Forward: The Truth About Addiction.” The documentary features five young Wisconsinites of diverse backgrounds who share their stories of opioid and heroin addiction and recovery. Through the project, Wisconsin middle and high schools will show the film and use the accompanying curriculum. The project’s ultimate goal is to create awareness about Wisconsin’s addiction crisis and empower young people and their families with information and inspiration to live sober and successful lives.

**Working Together to Eliminate Health Inequities and Disparities**  
*Health Connect Corp.*

This project will complete the development of the online resource of free and subsidized healthcare and social services. The resource is designed to support the area’s most vulnerable and marginalized residents and connect them with the care and services they need by identifying nearby organizations that are able to provide care and services in real time. The project will initially serve Dane, Rock and Sauk Counties.

**Youth Decarceration**  
*The Milwaukee Inner-City Congregations Allied for Hope (MICAH) Leaders Igniting Transformation (LIT)*

This project aims to improve opportunities for Milwaukee youth at risk for expulsion and incarceration. The ultimate goal is to decrease racial disparities in school suspension and incarceration, and help reform inequities in disciplinary systems by addressing root causes of trauma and social determinants that lead to poor health.
Community Collaboration Grants

Community Collaboration Grants provide funding and training to strengthen community organizations and their ability to address health inequities. The following grantees received awards of $300,000 over four years, as well as training and technical assistance.

Common Wealth Development: a nonprofit community development corporation working to support and preserve the vitality of neighborhoods in the Madison Metropolitan area through an approach centered on racial equity and community-level health improvement.

Family Health La Clinica and the Central Wisconsin Health Partnership: organizations working together to improve health outcomes in the six-county region of Adams, Juneau, Green Lake, Marquette, Waupaca and Waushara Counties.

Foundation for Black Women’s Wellness: a nonprofit organization committed to eliminating health disparities that impact the lives of Black women and girls.

Milwaukee Inner-City Congregations Allied for Hope (MICAH): A multiracial interfaith organization committed to addressing social justice issues that impact the health and well-being of communities, including Milwaukee, Chippewa Valley and Fox Cities.

Rebalanced-Life Wellness Association: a community organization committed to reducing health disparities that adversely affect African American men and boys residing in Dane County.

Community Impact Grants

Community Impact Grants provide up to $1 million over five years to support large-scale, evidence-based, community-academic partnerships aimed at achieving sustainable policy, systems and environmental changes that will improve health, health equity and well-being in Wisconsin.

The following four awards were made in December 2017:

Connecting Campuses to Improve Health Equity
Marshfield Clinic, Family Health Center of Marshfield
Academic Partner: Ruth Cronje, PhD, UW-Eau Claire

This project aims to expand care to address the underlying factors that influence health. Students and community volunteers from Eau Claire, Marshfield, Stevens Point and Wausau will be trained to connect clinic patients who have unmet social needs with community services, such as food, energy, housing and transportation. The project’s ultimate goal is to develop innovative ways for clinics and campuses to work within communities to improve health equity.

Creating Conditions to Improve Housing for Wisconsin Families
Community Advocates’ Public Policy Institute of Milwaukee
Academic Partners: Marah A. Curtis, MSW, PhD, UW School of Social Work; Geoffrey Swain, MD, MPH, UW School of Medicine and Public Health

This project will inform housing policies related to health, quality, stability or affordability to alleviate Wisconsin’s housing crisis and its effect on public health.
**Southwestern Wisconsin Recovery Pathways**  
*Southwestern Wisconsin Community Action Program (SWCAP)*  
*Academic Partner(s):* Elizabeth Feder, PhD, UW School of Medicine and Public Health; Robin Mokowitz-Lecoanet, JD, UW School of Medicine and Public Health

This project will create the Southwestern Wisconsin Recovery Pathways program to pilot a model of coordinated access to medical, physical, emotional, social and economic wraparound services for people in recovery from opioid addiction, ultimately to improve their chances of sustained recovery. The program, which also includes sober-living housing, will pilot this model with the goal of establishing a sustainable and replicable model of rural community-based opioid treatment and recovery.

**First Breath for Families**  
*Wisconsin Women’s Health Foundation*  
*Academic Partner(s):* Bruce Christiansen, PhD, UW Center for Tobacco Research and Intervention; Michael Fiore, MD, MPH, UW Center for Tobacco Research and Intervention

Through this project, the Wisconsin Women’s Health Foundation will expand its efforts to bring tobacco cessation services to high-risk individuals, families and communities in order to reduce inequities and improve health for women, infants and families in Wisconsin.

**Research and Education Grant Programs**

The Wisconsin Partnership Program’s Partnership Education and Research Committee (PERC) addresses issues of health and healthcare across basic, clinical, translational and applied public health research as well as in education and training. In 2017, PERC made seven awards:

**Collaborative Health Sciences Program**

The Collaborative Health Sciences Program (CHSP) recognizes that opportunities for success are greater through collaboration. The CHSP grants provide $600,000 over three years to support established UW School of Medicine and Public Health 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.
PERC made the following Collaborative Health Sciences Awards in October 2017:

**A Cluster Randomized Trial to Assess the Impact of Facilitated Implementation on Antibiotic Stewardship in Wisconsin Nursing Homes**  
*Principal Investigator: Christopher Crnich, MD, PhD, Department of Medicine*

This project will explore how to improve the adoption and implementation of a urinary tract infection management improvement toolkit that has been developed by academic and community stakeholders for use in Wisconsin nursing homes. Ultimately, the team seeks to identify the best strategies to expand use of the toolkit, which should lower rates of inappropriate antibiotic use and therefore reduce antibiotic resistance in nursing homes.

**Gut Microbiome Dynamics in Alzheimer’s Disease**  
*Principal Investigator(s): Barbara Bendlin, PhD, Department of Medicine; Federico Rey, PhD, Department of Bacteriology*

This project will explore the role of gut bacteria in the development and treatment of Alzheimer’s disease. Previous studies conducted at UW-Madison show that people with dementia due to Alzheimer’s disease have differences in their gut microbiome — the community of germs or bacteria that reside in the gut — compared to people without dementia. The researchers will extend this work by following people longitudinally, as well as testing the feasibility of an intervention targeting gut microbiome. Ultimately, the information gained during the study could lead to new treatments for Alzheimer’s disease.

**Integrated Metabolomics, Microbial Genomics and Immune Profiling in Early Infancy to Identify Biomarkers for Allergic Disease Prevention**  
*Principal Investigator: Christine Seroogy, MD, Department of Pediatrics*

This award expands the Wisconsin Infant Study Cohort—the only farm-based birth cohort study in the United States—to include Amish infants in order to identify farm-related microbes and other environment factors that influence immune development. This study will help determine the interaction between environment, immune function and the prevention of allergic diseases, and may provide a model for early detection and prevention of allergic diseases.

**New Investigator Program**

The New Investigator Program is a funding program that, in alignment with other funding and support mechanisms, contributes to the career development of junior faculty in the UW School of Medicine and Public Health. Support from the Wisconsin Partnership Program provides opportunities for early-career faculty to initiate new, innovative educational or research pilot projects that, if successful, can lead to more substantial support from federal and other granting agencies. The awards are typically $100,000 over two years.

The following awards were made in December 2017:
Autologous Regeneration in Burn Injured Patients
Principal Investigator: Angela Gibson, MD, PhD, Department of Surgery

In response to the need to develop new methods to treat serious burns, this project aims to reduce the pain and suffering of burn patients by understanding how wound healing can be accomplished without grafting healthy skin. The proposed work will yield insights into wound healing processes that will help people who suffer burn injuries in Wisconsin and beyond.

Mechano-Electrical Feedback in Pathophysiology of Atrial Fibrillation: Novel Strategy for Antiarrhythmic Therapy
Principal Investigator: Alexey Glukhov, PhD, Department of Medicine

Management of atrial fibrillation (AF) currently focuses primarily on preventing complications such as risk for heart failure and stroke, rather than curing the disease. This project will study the mechanisms responsible for AF associated with high blood pressure. Greater understanding of these mechanisms is expected to lead to the development of new therapies and ultimately reduce treatment costs and decrease the number of patients affected by AF.

The Role of Nesprin 3 in Mammalian Neural Stem Cell Aging
Principal Investigator: Darcie Moore, PhD, Department of Neuroscience

This project will focus on understanding and improving the decline in stem cell function that occurs with age. In doing so, the project will identify new targets for improving stem cell function and reducing age-dependent diseases. The far-reaching goal of this project is to improve health during aging, ultimately leading to better cognitive function and independence for seniors and decreasing the medical costs and burdens of age-related diseases.

Partnership Education and Research Committee (PERC) Opportunity Grant

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

Improving Access to High-Quality Surgical Care in Wisconsin Communities
Principal Investigator: Caprice Greenberg, MD, MPH, Department of Surgery

The project supports the establishment of the Surgical Collaborative of Wisconsin and quality improvement projects in breast and colorectal cancer care across the state.

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.
The Wisconsin Partnership Program supported the following ICTR awards during the period July 1, 2017-June 30, 2018

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Principal Investigator(s)</th>
<th>UW Program Partner</th>
<th>Community Partner</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Building the Capacity of Schools to Address the Social and Emotional Needs of Latino Students and Their Families: Implementation and Evaluation of the Fortalezas Familiares Program in Schools</td>
<td>Carmen R. Valdez, PhD, UW-Madison School of Education</td>
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<td>$150,000</td>
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<tr>
<td>Development of Tailored Approaches for Optimizing Research Engagement Among Disadvantaged Patients with Alzheimer’s Disease and Their Caregivers in Acute Care Settings</td>
<td>Andrea Gilmore Bykovskyi, PhD, RN, UW-Madison School of Nursing</td>
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<tr>
<td>Development of the Patient Advisor Training Strategies (PATS) Toolkit</td>
<td>Betty L. Kaiser, PhD, RN, UW Program Partner: Health Innovation Program</td>
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<td>Lussier Community Education Center; Goodman Community Education Center</td>
<td>$14,793</td>
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<td>Engaging Stakeholders to Develop a Patient-Centered Approach to Improve Older Adult Patient Ambulation During Hospitalization</td>
<td>Barbara J. King, PhD, RN, UW Program Partner: Wisconsin Network for Research Support</td>
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<td>UW Health Geriatric Clinics</td>
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<td>Project Description</td>
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| **Engineering Cancer Survivorship Care Planning**                                  | To address primary care information needs in order to improve health outcomes for cancer survivors.  
*Principal Investigator(s): Amye J. Tevaarwerk, MD, UW School of Medicine and Public Health*  
*UW Program Partner: Wisconsin Research & Education Network,*  
*UW Carbone Cancer Center*  
*Community Partner(s): Gilda’s Club Madison*  
*Amount: $75,000*  
This project employs an interdisciplinary team of experts in oncology, cancer survivorship, primary care and engineering to identify the necessary elements to develop a care plan to improve health outcomes for cancer survivors. |
| **Faith and Community in Action: Increasing Knowledge and Management of Depression in African American Communities** | To support and address the unique challenges that African American women face when dealing with depression.  
*Principal Investigator(s): Earlise C. Ward, PhD, RN, UW-Madison School of Nursing*  
*Community Partner(s): Second Baptist Church, Madison, WI*  
*Amount: $100,000*  
This project will develop a faith-based community advisory board to offer input on adapting an existing intervention and future research design to support and address the unique challenges that African American women face when dealing with depression. |
| **Feasibility and Acceptability of a Pilot Culturally Specific Educational-Behavioral Intervention for African Americans With Type 2 Diabetes** | To support and address the unique challenges that African American women face when dealing with depression.  
*Principal Investigator(s): Olayinka Shiyanbola, PhD, B.Pharm, UW-Madison School of Pharmacy*  
*Amount: $49,994*  
This project enlists patient and community stakeholders to design and determine the feasibility and acceptability of an educational-behavioral intervention focused on addressing culturally informed illness and medication beliefs, self-efficacy, and medication adherence among African Americans with Type 2 diabetes. |
| **Instrument Development for a Social Network Analysis (SNA) of Antibiotic Prescribing in Skilled Nursing Facilities** | To support and address the unique challenges that African American women face when dealing with depression.  
*Principal Investigator(s): Christopher J. Crnich, MD, UW School of Medicine and Public Health*  
*UW Program Partner(s): UW Survey Center, Wisconsin Network for Research Support*  
*Community Partners(s): Badger Prairie Health Care Center, Leading Age, Wisconsin Health Care Association, Wisconsin Medical Directors Association*  
*Amount: $75,000*  
By studying the interactions between nursing home staff and primary care providers, the study aims to improve how healthcare professionals work together as a team to deliver the best care possible to older adults. |
| **Testing Novel Methods for Analyzing and Correcting Root Causes of Patient Harm** | The goal of this project is to test the feasibility of integrating the Human Factors Analysis and**
| Principal Investigator(s): Douglas A. Wiegmann, PhD, UW-Madison College of Engineering | Classification System (HFACS) and Human Factors Intervention Matrix (HFIX) methodologies into UW Health’s root cause analysis program. Results will be used to develop an implementation toolkit, which could facilitate the widespread implementation of these new tools and improve patient safety. |
| Community Partners(s): UW Health | Amount: $150,000 |

| UW Emergency Department Research Services Program | The overall goal of this proposal is to create the UW Emergency Department Research Services Program to identify and enroll eligible ED patients and visitors into research studies and complete research protocols for those studies. |
| Principal Investigator(s): Manish Shah, MD, MPH, UW School of Medicine and Public Health; Brian Patterson, MD, MPH, UW School of Medicine and Public Health | Amount: $50,000 |
Concluded Grants

Grants that concluded July 1, 2017 – June 30, 2018 are listed and featured in the 2018 Outcomes Report. View the report at med.wisc.edu/wisconsin-partnership-program/publications-and-reports/.

The following grants, funded by the Oversight and Advisory Committee, concluded July 1, 2017 – June 30, 2018:

Community Academic Partnership Fund (6)

- Advancing Community Investment in Health: Implementation of the Innovations and Wellness Commons
- Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening Community Health Improvement Implementation and Evaluation for Greater Impact
- Northwoods LEAN (Linking Education, Activity and Nutrition): Pathways to Health
- Reducing Alcohol Abuse Among LGBTQ Youth in Wisconsin
- Southeastern Wisconsin Screening, Brief Intervention, and Referral to Treatment (SBIRT) Project
- Women of Worth (WOW): Family-Centered Treatment Project

Community Opportunity Grant Program (8)

- 5210 Across Dane County
- Early Childhood Comprehensive Systems (ECCS)
- EatPlayGrow: Improving the Health of Cudahy's Youth
- Healthier Together: Pierce and St. Croix Counties Enhancing School Physical Activity
- Healthy People Lincoln County: “Problems Can Be Solved in the Garden”
- Improving the Health Status for Amish and Mennonites in Western Wisconsin
- Providers and Teens Communicating for Health (PATCH) Program - Milwaukee Implementation
- School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth

Lifecourse Initiative for Healthy Families

- The Young Parenthood Project: A Father Engagement Strategy for Healthy Families
The following Education and Research Grants, supported by the Partnership Education and Research Committee, concluded July 1, 2017 – June 30, 2018:

**Collaborative Health Sciences Program (5)**

- Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses
- Multiplexed In Vivo Device to Assess Optimal Breast Cancer Therapy
- *Once Stepping On* Ends: Continuing a Group Falls Prevention Program via the Internet
- PI3K/PTEN Targeted Therapy for HPV-Associated Cancers
- Zooming in on Childhood Asthma: Disease Causality and Personalized Medicine

**New Investigator Program (5)**

- Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings
- Genetic Variants, Immune Dysregulation and Rheumatoid Arthritis
- Implementing Combination Behavioral and Biomedical HIV Prevention Strategies through High Risk Sexual Networks
- Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer
- Understanding M. Tuberculosis Evolution Within and Between Hosts

**PERC Opportunity Grant**

- Improved Healthcare Delivery to Wisconsin Amish Infants

There were 11 Institute for Clinical and Translational Research Grants supported by the Wisconsin Partnership Program that concluded July 1, 2017 – June 30, 2018:

- Academic Effects of Concussion in High School Student Athletes
- Addressing Postpartum Depression in Wisconsin Home Visiting Programs: Dissemination/Implementation of the Evidence Based Mother-Infant Therapy Group
- Contrast-Enhanced MRI to Diagnose Appendicitis: Translating a UW Protocol to a Community-Based Program with a Different Scanner Platform
- Development of a Toolkit To Support Shared Decision Making in Breast Cancer Screening
- Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women
- Engaging Stakeholders in Integration of Preventive Care and Health Promotion in Specialty Clinics
- Engaging Stakeholders in Reducing Overtreatment of Papillary Thyroid Microcarcinomas
- Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations
- Mindful Policing: A Holistic Approach to Improving Officer Well-Being and Police Work
- Patient Engagement in Care Redesign: Identifying Effective Strategies for Measuring and Scaling The Intervention
- UW Department of Emergency Department Research Services Program
Financial Overview

Financial Highlights

• Earnings, net of fees, on endowed funds for the fiscal year 2018 ending June 30, 2018 were $28.7 million

• Endowment distributions, funds released for program and administrative spending, were $15.9 million from July 1, 2017 through June 30, 2018

• Wisconsin Partnership Program grant and administrative cash-basis expenditures were $16.4 million from July 1, 2017 through June 30, 2018

Total program assets increased $12.3 million between July 1, 2017 and June 30, 2018

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

Based on the nonsupplanting determination made by the Senior Associate Dean for Finance, the Dean of the School of Medicine and Public Health has attested to compliance with the supplanting prohibition in this Annual Report. The UW-Madison 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 Oversight and Advisory Committee (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 19, 2017. 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 Wisconsin Foundation and Alumni Association (WFAA) and the SMPH for the fiscal year ending June 30, 2018. The Wisconsin Partnership Program changed its reporting period to a fiscal year ending June 30th effective June 30, 2017. The prior year report was for a six month period. This report is for a full fiscal year ending June 30, 2018. Year-by-year comparative reporting will return in the Fiscal 2019 Annual Report.

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 Committee 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: Statement of Net Assets)

<table>
<thead>
<tr>
<th>Statement of Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As of June 30, 2018</strong></td>
</tr>
<tr>
<td><strong>Assets</strong></td>
</tr>
<tr>
<td>Current Investments</td>
</tr>
<tr>
<td>Noncurrent Investments</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
</tr>
<tr>
<td>Grants Payable</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
</tr>
<tr>
<td>Temporarily Restricted - Spendable</td>
</tr>
<tr>
<td>Temporarily Restricted - Endowment</td>
</tr>
<tr>
<td>Permanently Restricted - Endowment</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
</tr>
</tbody>
</table>
Table 2: Statement of Revenues, Expenses and Changes in Net Assets

<table>
<thead>
<tr>
<th>Statement of Revenues, Expenditures, and Changes in Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the Fiscal Year Ended June 30, 2018</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
</tr>
<tr>
<td>Gifts Received</td>
</tr>
<tr>
<td>Interest Income</td>
</tr>
<tr>
<td>Change in Fair Value of Endowed Funds</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
</tr>
</tbody>
</table>

| **Expenditures**                                             |
| OAC Initiatives                                              |
| Administrative Expenditures                                  | $ 366,105 |
| Grant Expenditures                                           | 6,434,718 |
| PERC Initiatives                                             |
| Administrative Expenditures                                  | 679,909 |
| Grant Expenditures                                           | 4,539,729 |
| **Total Expenditures**                                       | $ 12,020,461 |
| **Net Increase/(Decrease) in Net Assets**                    | $ 16,703,745 |

**FINANCIAL NOTES**

*Cash and Investments*

The financial resources that support Wisconsin Partnership Program grants as of June 30, 2018 (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 Wisconsin Foundation and Alumni Association (WFAA). As needed, funds are transferred to the SMPH to reimburse expenditures.
Current Investments

Current investments consist of participation in the WFAA 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 Wisconsin Partnership Program Callable Pool investments earn a fixed payout rate. On an annual basis, the WFAA Investment Committee will determine the fixed payout rate for the following fiscal year.

Noncurrent Investments

Noncurrent investments consist of participation in the WFAA 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, mindful of the benefits of diversification, to invest within the stated risk-tolerance level, and to promote a cost-conscious investment model while investing within portfolio guidelines.

The WFAA 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 investments team.

Change in Investment Allocation

The Wisconsin Partnership Program has historically maintained funds that have been distributed from the Endowment and are available for expenditure in the WFAA Callable Pool, as described in the Current Investments section of this report. As of December 31, 2012, the Wisconsin 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 June 30, 2018, the balance of these funds is $22.3 million in the Endowment portfolio. There is an additional $18.3 million of funds available in the Callable Pool.

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 on or before June 30, 2018. 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 June 30, 2018.

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 WFAA, and the principal is not available to be spent for Partnership Program purposes.

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS**

**Revenues**

Revenues for the fiscal year ending June 30, 2018 (Table 2), consist of two components: (1) interest income, which has been recorded as earned throughout the period; 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 WFAA Endowment Fund.

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

The Institutional Advancement Fees were $3,692,429 for the fiscal year ending June 30, 2018. Revenues are shown after these fees have been deducted.

Effective January 1, 2012, the WFAA 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 qualified relationship. 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 for public health initiatives.
This proposal was formally accepted by the OAC. These savings were $357,729 for the fiscal year ending June 30, 2018.

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

**Expenses**

Expenses for the fiscal year ending June 30, 2018 consist of grant awards as described above, and administrative expenditures. All expenditures fall under one of the two major components identified in the Wisconsin 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 they on the same renewal timeframes. As such, the total awards in any given year will not necessarily equal the 35/65 ratio of funds between OAC and PERC. Over time, however, awards and actual expenditures will mirror the allocation percentages. Detailed information on OAC award amounts is shown in Tables 4 and 5, while PERC award amounts are in Tables 6 and 7.

Administrative expenses include costs incurred by the Wisconsin Partnership Program in seeking and reviewing applications, monitoring and evaluating awards, and supporting other key components of compliance and infrastructure to maintain its grantmaking activities. They do not include WFAA expenses. The UW School of Medicine and Public Health also provides in-kind support.

The Wisconsin Partnership Program’s Oversight and Advisory Committee and Partnership Education and Research Committee annually approve the administrative budget. Allocation of these costs within the Statement of Revenues, Expenses and Changes in Net Assets (Table 2) is based on a 35 percent OAC/65 percent PERC split.
### Table 3: Administrative Expenses

<table>
<thead>
<tr>
<th>Administrative Expenditures</th>
<th>For the Fiscal Year Ended June 30, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$652,966</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>244,347</td>
</tr>
<tr>
<td>Supplies</td>
<td>11,197</td>
</tr>
<tr>
<td>Travel</td>
<td>15,460</td>
</tr>
<tr>
<td>Other Expenditures</td>
<td>122,044</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,046,014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>OAC (35%) Allocation</th>
<th>PERC (65%) Allocation</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$366,105</td>
<td>$679,909</td>
<td>$1,046,014</td>
</tr>
</tbody>
</table>

### Table 4: OAC Awards—Summary 2004–June 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>Total Awarded</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2004 OAC Funding</td>
<td>$8,779,958</td>
<td>$8,779,958</td>
<td>-</td>
</tr>
<tr>
<td>Total 2005 OAC Funding</td>
<td>4,635,692</td>
<td>4,635,692</td>
<td>-</td>
</tr>
<tr>
<td>Total 2006 OAC Funding</td>
<td>6,259,896</td>
<td>6,259,896</td>
<td>-</td>
</tr>
<tr>
<td>Total 2007 OAC Funding</td>
<td>4,635,452</td>
<td>4,635,452</td>
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</tr>
<tr>
<td>Total 2008 OAC Funding *</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Period</td>
<td>Amount</td>
<td>Amount</td>
<td>Difference</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>Total 2009 OAC Funding</td>
<td>2,715,147</td>
<td>2,715,147</td>
<td>-</td>
</tr>
<tr>
<td>Total 2010 OAC Funding</td>
<td>2,824,529</td>
<td>2,824,529</td>
<td>-</td>
</tr>
<tr>
<td>Total 2011 OAC Funding</td>
<td>4,054,280</td>
<td>4,054,280</td>
<td>-</td>
</tr>
<tr>
<td>Total 2012 OAC Funding</td>
<td>4,486,941</td>
<td>4,486,941</td>
<td>-</td>
</tr>
<tr>
<td>Total 2013 OAC Funding</td>
<td>8,629,570</td>
<td>7,925,510</td>
<td>704,060</td>
</tr>
<tr>
<td>Total 2014 OAC Funding</td>
<td>6,915,486</td>
<td>5,911,264</td>
<td>1,004,222</td>
</tr>
<tr>
<td>Total 2015 OAC Funding</td>
<td>4,740,941</td>
<td>2,125,402</td>
<td>2,615,539</td>
</tr>
<tr>
<td>Total 2016 OAC Funding</td>
<td>4,830,439</td>
<td>1,304,136</td>
<td>3,526,303</td>
</tr>
<tr>
<td>Total January 1 through June 30, 2017 OAC Funding</td>
<td>1,014,374</td>
<td>186,523</td>
<td>827,851</td>
</tr>
<tr>
<td>Total FY18 OAC Funding</td>
<td>6,929,372</td>
<td>333,733</td>
<td>6,595,639</td>
</tr>
<tr>
<td>Project Title</td>
<td>Type</td>
<td>Total Awarded</td>
<td>Total Expended</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>STRATEGIC GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPI Community Organizing Initiative</td>
<td>E, S</td>
<td>$ 421,768</td>
<td>$ 109,369</td>
</tr>
<tr>
<td>Menominee Wellness Initiative</td>
<td>E, S</td>
<td>360,000</td>
<td>21,542</td>
</tr>
<tr>
<td>Community Engagement and Collective Impact: Marathon County</td>
<td>E, S</td>
<td>266,359</td>
<td>62,345</td>
</tr>
<tr>
<td><strong>COMMUNITY GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Decarceration</td>
<td>E, S</td>
<td>50,000</td>
<td>19,556</td>
</tr>
<tr>
<td>Straight Forward: The Truth About Addiction</td>
<td>E, S</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>Increasing Access to Quality Healthcare in Correctional Settings by Expanding Health Workforce Capacity</td>
<td>E, S</td>
<td>38,530</td>
<td>3,756</td>
</tr>
<tr>
<td>The Dryhootch Digital Forward Operating Base (DigitalFOB)</td>
<td>E, S</td>
<td>50,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Working Together to Eliminate Health Inequities and Disparities</td>
<td>E, S</td>
<td>50,000</td>
<td>20,884</td>
</tr>
<tr>
<td>Parent Leadership as a Catalyst for Health Equity</td>
<td>E, S</td>
<td>50,000</td>
<td>417</td>
</tr>
<tr>
<td>Getting Bike Equity Right: A River Rider Bike Share Initiative</td>
<td>E, S</td>
<td>50,000</td>
<td>1,990</td>
</tr>
<tr>
<td>Community Health Workers: Working to Increase Knowledge on Mental Health and Nutrition for Post-Partum Latina Moms During Home Visits</td>
<td>E, S</td>
<td>50,000</td>
<td>7,031</td>
</tr>
<tr>
<td>Black Men’s Health Wellness Sustainable Initiative (BMWSI)</td>
<td>E, S</td>
<td>300,000</td>
<td></td>
</tr>
<tr>
<td><strong>FREE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Wisconsin Health Partnership’s Collective Impact: Moving Towards Resilience</td>
<td>E, S</td>
<td>300,000</td>
<td></td>
</tr>
<tr>
<td>Project</td>
<td>E, S</td>
<td>Amount</td>
<td>E, S</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
<td>------------</td>
<td>------</td>
</tr>
<tr>
<td>EMPOWER ME WELLNESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project: Collaborating for Health Equity for Black Women</td>
<td>E, S</td>
<td>300,000</td>
<td></td>
</tr>
<tr>
<td>Health Equity and the Role of Partnerships: Our Safe, Healthy and Beautiful Neighborhoods</td>
<td>E, S</td>
<td>293,180</td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNITY IMPACT GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating Conditions to Improve Housing Policy For Healthier Families</td>
<td>E, S</td>
<td>1,000,000</td>
<td>19,636</td>
</tr>
<tr>
<td>Connecting Clinics, Campuses, and Communities to Advance Health Equity</td>
<td>E, S</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Southwestern Wisconsin Recovery Pathways</td>
<td>E, S</td>
<td>999,535</td>
<td>3,221</td>
</tr>
<tr>
<td>First Breath Families: Helping Low-Income Moms Quit Smoking and Babies Grow Up Smoke-Free</td>
<td>E, S</td>
<td>1,000,000</td>
<td>48,986</td>
</tr>
<tr>
<td><strong>TOTAL OAC FUNDING FOR THE FISCAL YEAR ENDED JUNE 30, 2018</strong></td>
<td></td>
<td>$ 6,929,372</td>
<td></td>
</tr>
</tbody>
</table>

E=Education, R=Research, S=Service (community-based)
Table 6: PERC Awards—Summary 2004–June 30, 2018

<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>
<td>-</td>
</tr>
<tr>
<td>Total 2005 PERC Funding</td>
<td>13,001,789</td>
<td>13,001,789</td>
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</tr>
<tr>
<td>Total 2006 PERC Funding</td>
<td>9,081,619</td>
<td>9,081,619</td>
<td>-</td>
</tr>
<tr>
<td>Total 2007 PERC Funding</td>
<td>5,511,524</td>
<td>5,511,524</td>
<td>-</td>
</tr>
<tr>
<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>
<td>Total 2010 PERC Funding</td>
<td>759,757</td>
<td>759,757</td>
<td>-</td>
</tr>
<tr>
<td>Total 2011 PERC Funding</td>
<td>1,139,588</td>
<td>1,139,588</td>
<td>-</td>
</tr>
<tr>
<td>Total 2012 PERC Funding</td>
<td>17,538,085</td>
<td>17,538,085</td>
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</tr>
<tr>
<td>Total 2013 PERC Funding</td>
<td>5,711,021</td>
<td>5,711,021</td>
<td>-</td>
</tr>
<tr>
<td>Total 2014 PERC Funding</td>
<td>12,179,890</td>
<td>9,284,202</td>
<td>2,895,688</td>
</tr>
<tr>
<td>Total 2015 PERC Funding</td>
<td>19,950,724</td>
<td>16,832,580</td>
<td>3,118,144</td>
</tr>
<tr>
<td>Total 2016 PERC Funding</td>
<td>6,001,258</td>
<td>2,962,066</td>
<td>3,039,192</td>
</tr>
<tr>
<td>Total January 1 through June 30, 2017 PERC Funding</td>
<td>2,335,299</td>
<td>656,082</td>
<td>1,679,217</td>
</tr>
<tr>
<td>Total FY18 PERC Funding</td>
<td>$4,563,102</td>
<td>426,460</td>
<td>4,136,642</td>
</tr>
<tr>
<td><strong>Total PERC Funding (2004 - June 30, 2018)</strong></td>
<td><strong>$131,432,857</strong></td>
<td><strong>$116,563,974</strong></td>
<td><strong>$14,868,883</strong></td>
</tr>
</tbody>
</table>
Table 7: July 1, 2017 to June 30, 2018 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey of the Health of Wisconsin (SHOW) supplement</td>
<td>E,R,S</td>
<td>$1,866,667</td>
<td>$231,484</td>
<td>$1,635,183</td>
</tr>
<tr>
<td>Transforming Medical Education 3.0 - Moving Medical Education ForWard (TME)</td>
<td>E</td>
<td>$398,266</td>
<td>$102,221</td>
<td>$296,045</td>
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<tr>
<td>supplement for Path of Distinction in Public Health, f.k.a. PRIME</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OPPORTUNITY GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving Access to High Quality Surgical Care in Wisconsin Communities</td>
<td>R,E</td>
<td>$199,886</td>
<td>$-</td>
<td>$199,886</td>
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<tr>
<td><strong>COLLABORATIVE HEALTH SCIENCE PROGRAM GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated Metabolomics, Microbial Genomics and Immune Profiling in Early</td>
<td>R</td>
<td>$600,000</td>
<td>$21,002</td>
<td>$578,998</td>
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<tr>
<td>Infancy to Identify Biomarkers for Allergic Disease Prevention.</td>
<td></td>
<td></td>
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<tr>
<td>Gut Microbiome Dynamics in Alzheimer's Disease</td>
<td>R</td>
<td>$599,871</td>
<td>$-</td>
<td>$599,871</td>
</tr>
<tr>
<td>A Cluster Randomized Trial to Assess the Impact of Facilitated Implementation on Antibiotic Stewardship in Wisconsin Nursing Homes</td>
<td>R</td>
<td>$598,611</td>
<td>$53,436</td>
<td>$545,175</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>Autologous Regeneration in Burn Injured Patients</td>
<td>R</td>
<td>$100,000</td>
<td>$-</td>
<td>$100,000</td>
</tr>
<tr>
<td>Mechano-Electrical Feedback in Pathophysiology of Atrial Fibrillation:</td>
<td>R</td>
<td>$99,801</td>
<td>$7,212</td>
<td>$92,589</td>
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<tr>
<td>Novel Strategy for Antiarrhythmic Therapy</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>The Role of Nesprin 3 in Mammalian Neural Stem Cell Aging</td>
<td>R</td>
<td>$100,000</td>
<td>$11,105</td>
<td>$88,895</td>
</tr>
<tr>
<td><strong>TOTAL PERC FUNDING FOR THE FISCAL YEAR ENDED JUNE 30, 2018</strong></td>
<td></td>
<td>$4,563,102</td>
<td>$426,460</td>
<td>$4,136,642</td>
</tr>
</tbody>
</table>

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

The Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) follow standard Request for Proposal (RFP) guidelines, requirements, multistep 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, Wisconsin Partnership Program staff members provide training and technical assistance for grant applicants throughout the year. In addition, staff facilitate in-person and webcast training sessions for applicants.

Review and Monitoring
All grant applications undergo a multistep review by Wisconsin 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 Wisconsin 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 and the Partnership Education and Research Committee 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 Wisconsin 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 Wisconsin 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 Wisconsin Partnership Program understand the most effective means to address population health issues and to improve health in Wisconsin.

In addition, both OAC and PERC are committed to applying a health equity lens to their grant programs, grantmaking and strategic planning. 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. 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 and a representative of the Chancellor also serve as liaisons to the OAC. The primary responsibilities of the OAC are to:

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

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

Katherine Marks, BA
Community Outreach, City of Kenosha
Category: Urban Health

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

Kenneth Taylor, MPP, Vice Chair
Executive Director, Kids Forward
Category: Children’s Health

Insurance Commissioner’s Appointee
Vacant

SMPH Appointees
Cynthia Haq, MD
Professor, Departments of Family Medicine and Community Health and Population Health Sciences; Director, Training in Urban Medicine and Public Health
Resigned December 2017

Amy Kind, MD, PhD
Associate Professor, Department of Medicine
Representative: Public Health Faculty
Appointed April 2018

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

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). The PERC allocates and distributes funds designated for 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
Deceased June 2017

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

Paul Rathouz, PhD
Professor and Chair, Department of Biostatistics and Medical Informatics
Faculty Representative
Appointed October 2017
Resigned June 2018

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

Tracy Downs, MD*
Associate Professor, Department of Urology
Assistant Dean of Multicultural Affairs
Representative: Clinical Faculty

Corinne Engelman, MSPH, PhD
Associate Professor, Department of Population Health Sciences
Representative: Public Health Faculty

Amy Kind, MD, PhD
Associate Professor, Department of Medicine
Representative: Public Health Faculty
Appointed August 2017

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

Oversight and Advisory Committee Appointees
Gregory 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
Elaine Alarid, PhD
Professor, Department of Oncology
Appointed January 2017
Norman Drinkwater, PhD
Vice Chancellor for Research and Graduate Education, UW-Madison; Professor, Department of Oncology
Resigned December 2017

In Memoriam
Patricia Keely, PhD
Professor and Chair, Department of Cell and Regenerative Biology
June 24, 2017

* PERC Executive Committee Member

Wisconsin Partnership Program Liaisons

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

UW System Board of Regents
Tracey Klein, JD
Member, University of Wisconsin System Board of Regents

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