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A Message From the Dean

To advance our shared mission of improving the health of the people of Wisconsin, the Wisconsin Partnership Program relies on strong and sustainable partnerships between the UW School of Medicine and Public Health and communities throughout the state. Many outstanding examples of this productive synergy are found in the 2011 Annual Report.

The Wisconsin Partnership Program invested over $5.7 million in Wisconsin’s health and well-being in 2011. Collaborations among faculty members are investigating new methods for the early identification of Alzheimer’s disease, and better screening and interventions for tobacco and alcohol use as well as depression. Community-academic partnerships are also creating an obesity prevention network, and working to prevent falls among the elderly and to lower the incidence of sexually transmitted disease. Drawing on the expertise of investigators across disciplines and diverse community organizations, these partnerships bring heightened awareness to the state’s most persistent and troubling public health challenges.

Two important education programs — the Wisconsin Academy for Rural Medicine, and the Master of Public Health — both funded by the Wisconsin Partnership Program during their start-up phase, became self-sustaining in 2011. Together with the transformation of the school’s medical student curriculum, these programs reflect a broad view that embraces the principles and practices of public health, and unites the disciplines of population health and medicine. They represent the Partnership Program’s strong commitment to enhance Wisconsin’s public health workforce by integrating public health into the school’s educational mission.

This annual report, the eighth in the history of the program, illustrates the valuable work of its two governing bodies: the Oversight and Advisory Committee and the Partnership Education and Research Committee. These committees are responsible for ensuring the best possible stewardship of an endowment dedicated to addressing our state’s most pressing health problems. There are many passionate voices at the table, bringing diverse perspectives to the discussions and the decision-making process. The interaction and engagement between the two committees deepens the understanding of their respective responsibilities and enhances the impact of our work.

I am deeply impressed with the substantial impact of the Wisconsin Partnership Program, achieved via its successful community-academic partnership program, and its support of innovative research and educational programs. As we celebrate the 100th anniversary of the Wisconsin Idea this year, it is quite fitting to acknowledge that the Wisconsin Partnership Program has broadened and strengthened the commitment of the School of Medicine and Public Health to serve the needs of the people and communities throughout our state.

We welcome your comments and feedback on this annual report, and look forward to building on our accomplishments in 2012 and beyond.

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

The UW School of Medicine and Public Health (SMPH), in coordination with the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), presents the 2011 Annual Report of the Wisconsin Partnership Program (WPP).

This report covers activities and expenditures from January 1, 2011 through December 31, 2011. It has been prepared in accordance with the Insurance Commissioner's Order, the Agreement* and the 2009–2014 Five-Year Plan. Each of these documents guides the distribution of funds resulting from the conversion of Blue Cross and Blue Shield United of Wisconsin to a for-profit corporation.

Highlights from 2011 include:

**Improving African American Birth Outcomes.** In 2011, WPP awarded four grants totaling $200,000 to Lifecourse Initiative for Healthy Families collaboratives in Beloit, Kenosha, Milwaukee and Racine to complete community action plans for eliminating racial disparities in infant mortality in Wisconsin. The PERC supported the establishment of a senior faculty position to lead maternal and child health activities in research, education, clinical care and community service. The new faculty leader will also work with community health providers, public health agencies and practitioners through the LIHF program.

**Supporting Community Health Initiatives.** The OAC awarded 18 grants totaling $2.96 million to community-academic partnerships that focus on improving health throughout Wisconsin. Programs funded in 2011 included initiatives to reduce alcohol use, establish an obesity prevention network, prevent sports-related injuries in adolescent females and promote healthy food options for families. The funded proposals included a mix of urban, rural and statewide projects that combine the unique skills of community groups, nonprofits and government agencies with those of university faculty and staff.

**Investing in Public Health Education and Research.** The OAC pledged continued support of over $1.01 million to the Healthy Wisconsin Leadership Institute and the Wisconsin Population Health Service Fellowship. The PERC awarded eight grants totaling $1.59 million to support a continuum of applied public health, clinical and basic science research and education, including initiatives aimed at lung and breast cancer treatments and continued funding of a centralized translational science BioBank. In May 2011, the committee changed its name from the Medical Education and Research Committee (MERC) to the Partnership Education and Research Committee (PERC) to reflect the diversity of health initiatives it supports. In October 2011, the PERC began a strategic planning discussion to consider current and future investments, which set in motion work on the 2014–19 Five-Year Plan.

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*Also known as the Agreement between the Wisconsin United for Health Foundation, Inc. (WUHF), the University of Wisconsin Foundation and the University of Wisconsin System Board of Regents.
## Wisconsin Partnership Program Grant Programs

The Wisconsin Partnership Program administers seven grant programs, each employing a unique approach toward improving the health of the people of Wisconsin.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Grant Size/ Duration</th>
<th>Applicants</th>
<th>Community Role</th>
<th>UW Role</th>
<th>Grant Types</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community-Academic Partnership Fund</strong></td>
<td>To improve the health of communities through initiatives to plan and implement health policies, practices and interventions</td>
<td>Implementation: $150K to $400K over three years; Development: Up to $50K over two years</td>
<td>Wisconsin-based nonprofit, state or local government organizations</td>
<td>Working in collaboration with a UW partner responsible for implementing the project</td>
<td>Roles defined collaboratively by community and academic partners with WPP guidance and support</td>
<td>Public health</td>
</tr>
<tr>
<td><strong>LifeCourse Initiative for Healthy Families</strong></td>
<td>To eliminate disparities in birth outcomes among Wisconsin’s African Americans</td>
<td>Implementation: $150K to $400K over three years; Development: Up to $50K over two years</td>
<td>Wisconsin-based nonprofit, state or local government organizations</td>
<td>Working in collaboration with a UW partner responsible for implementing the project</td>
<td>Roles defined collaboratively by community and academic partners with WPP guidance and support</td>
<td>Public health</td>
</tr>
<tr>
<td><strong>Healthy Wisconsin Leadership Institute</strong></td>
<td>To build public and community health skills and leadership capacity throughout Wisconsin</td>
<td>Year-long training for community teams, three workshops, independent study</td>
<td>Community teams, coalitions or individuals from across the state</td>
<td>Organizing a team representing community stakeholders</td>
<td>Training and resources for successful team approach; guidance in project development</td>
<td>Public health education and training</td>
</tr>
<tr>
<td><strong>Wisconsin Population Health Service Fellowship</strong></td>
<td>To develop the next generation of public health practitioners skilled in planning, implementation and evaluation of public health programs</td>
<td>Two-year paid service position working with public health agencies</td>
<td>Individuals with advanced degrees in public health or allied disciplines</td>
<td>Mentorship, service learning and skill-building activities</td>
<td>Education, training and supervision of fellows</td>
<td>Public health education and training</td>
</tr>
<tr>
<td><strong>New Investigator Program</strong></td>
<td>To support innovative research and/or educational approaches that address Wisconsin’s public health issues</td>
<td>Up to $100K over two years</td>
<td>UW School of Medicine and Public Health assistant professors</td>
<td>Dependent on project goals</td>
<td>Responsible for implementing the project</td>
<td>Applied public health, clinical and translational, and basic science research</td>
</tr>
<tr>
<td><strong>Collaborative Health Sciences Program</strong></td>
<td>To support novel ideas and new approaches to research and education</td>
<td>Up to $500K over three years</td>
<td>UW School of Medicine and Public Health full and associate professors, senior and distinguished scientists</td>
<td>Dependent on project goals; communities may be a collaborative partner</td>
<td>Responsible for implementing the project</td>
<td>Public health education and training, applied public health, clinical and translational and basic science research</td>
</tr>
<tr>
<td><strong>Targeted Education and Research Program</strong></td>
<td>To craft new approaches to health and health care issues in response to recognized or emerging needs</td>
<td>Variable</td>
<td>UW School of Medicine and Public Health full and associate professors</td>
<td>Dependent on project goals; communities may be a collaborative partner</td>
<td>Responsible for implementing the project</td>
<td>Public health education and training, applied public health, clinical and translational and basic science research</td>
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Policies and Procedures

The Wisconsin Partnership Program’s governing committees follow standard Request for Proposal guidelines and selection criteria, proposal requirements and a multi-step review process that are consistent with the program’s policies and procedures. Throughout the year, the WPP evaluates the progress and outcomes of funded grants using progress and final reports, financial status reports, oral presentations and site visits.

Training and Technical Assistance. WPP’s program officers and accountant provide training and technical assistance to ensure the greatest potential for success in developing and submitting proposals. For example, 10 of 18 recipients of community grants in 2011 received training during the application process, either individually or during Technical Assistance Days. Held on the UW-Madison campus in August 2011, the inaugural Technical Assistance Days provided personalized training for 12 community partners on topics such as grant writing, financial and budget issues, evaluation and logic models and community-academic partnerships. The WPP also offers webcast training sessions for all applicants.

Review and Monitoring. All grant applications undergo a rigorous multi-step review, including:

- A technical review verifying eligibility and compliance with proposal requirements.
- An expert review consisting of independent assessment and scoring.
- A full committee review of top-ranked proposals and interview of applicants, as applicable.

A Memorandum of Understanding between the grantee and the funding committee outlines requirements such as progress reports, financial status reports and a final report on a schedule determined by the funding committee.

Open Meetings and Public Records Laws. The Wisconsin Partnership Program conducts its operations and processes in accordance with the state of Wisconsin’s Open Meetings and Public Records Laws. Meetings of the OAC and PERC and their respective subcommittees are open to the public and held in accordance with the law. Agendas and minutes are posted on the WPP website 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 Board of Regents of the University of Wisconsin System and UW-Madison. The OAC and PERC have developed a policy to ensure diversity within the programmatic goals and objectives of the WPP. The policy emphasizes the importance of a broad perspective and representation for the program’s goals, objectives and processes.

The commitment to diversity is integral to the WPP’s mission to serve the public health needs of Wisconsin and to reduce health disparities through initiatives in research, education and community partnerships — thus making Wisconsin a healthier state for all. A broad perspective helps the WPP understand the most effective means to address population health issues and to improve the health of the public. The policy is available on the WPP’s website, med.wisc.edu/wpp.
Grants awarded through the Community-Academic Partnership Fund, available through the Oversight and Advisory Committee (OAC), are used to promote the goals of Wisconsin’s health plan, Healthiest Wisconsin 2020, and the mission, vision and guiding principles of the Wisconsin Partnership Program.

Grants Awarded in 2011

Implementation Grants. The Oversight and Advisory Committee awarded six implementation grants of up to $400,000 for three years in 2011:

**Bring Awareness to Produce Real Change: A Unified Statewide Strategy for Reducing and Preventing Risky Alcohol Use in Wisconsin**

Building on a development grant that established a collaborative framework, this project engages communities across Wisconsin to shift the social norms that condone excess drinking. Partners will determine and highlight the economic costs of excessive alcohol consumption by creating a “burden of alcohol” report with local and statewide data.

**Community Partner:** Maureen Busalacchi, Health First Wisconsin (formerly Smoke Free Wisconsin)

**Academic Partner:** Richard Brown, MD, MPH, Family Medicine, SMPH

**Bringing Healthy Aging to Scale: Improving Wisconsin’s Capacity to Implement and Sustain Evidence-Based Prevention Programs for Older Adults**

On the heels of a successful implementation grant, this project works with rural counties to implement and sustain Stepping On and Living Well, two evidence-based programs aimed at preventing falls in older adults. Project leaders are partnering with NIATx, an innovative process improvement program in the UW-Madison’s Center for Health Enhancement Systems Studies.

**Community Partner:** Betsy Abramson, Greater Wisconsin Agency on Aging Resources and Wisconsin Institute for Healthy Aging

**Academic Partner:** Jane Mahoney, MD, Medicine, SMPH

**Harvest of the Month Partnership (La Crosse County)**

Increasing fruit and vegetable consumption among children and adults has been a key strategy in reducing weight problems and obesity in La Crosse County.

**Preserving Infant and Child Health**

An extension of the successful work accomplished with a 2007 implementation grant, this project is the first in the nation to combine a Fetal Infant Mortality Review (FIMR) system with a Child Death Review (CDR) to provide an extensive and comprehensive data system with capacity for data collection and improved data quality. This innovation could lead to best practice prevention efforts, based on risk factor findings from an integrated reporting system.

**Community Partner:** Karen Ordinans, Children’s Health Alliance of Wisconsin

**Academic Partners:** Timothy Corden, MD, Pediatric Critical Care, Medical College of Wisconsin; Population Health Sciences, SMPH; Emmanuel Ngui, DrPH, Public Health, UW-Milwaukee

**Increasing Cultural Congruence Among Nurses in Wisconsin**

The skills of nurses working with American Indian patients in or near Wisconsin tribal communities will be enhanced using a two-pronged approach: education about culturally congruent care (knowledge of and respect for various cultural traditions and languages) and a comprehensive support system for American Indian high school students interested in nursing as a career. This approach can be replicated in other tribal areas and with other cultural workforce issues.

**Community Partner:** Brian Jackson, Great Lakes Inter-Tribal Council, Inc.

**Academic Partners:** Audrey Tluczek, PhD, RN, Nursing, UW-Madison; Robin Moskowitz, JD, Population Health Sciences, SMPH; Alton Smart, MSW, UW-Stevens Point
Wisconsin Obesity Prevention Network

The Wisconsin Obesity Prevention Network is intended to be the “hub” of obesity-related prevention and policy activities on the state level. This coordinated network of researchers, health professionals, local public health coalitions, schools and public policy advocates will finalize a plan for establishing a multidisciplinary obesity prevention research center.

Community Partner: Judy Burrows, Wisconsin Partnership for Activity and Nutrition
Academic Partner: Alexandra Adams, MD, PhD, Family Medicine, SMPH and Nutritional Sciences, UW-Madison; Dale Schoeller, PhD, Nutritional Sciences, UW-Madison

Development Grants. The Oversight and Advisory Committee awarded 12 development grants of up to $50,000 for two years in 2011:

Cashiton Community Wellness Program

Scenic Bluffs Community Health Center and the Cashton School District will create convenient and engaging wellness opportunities for community members to combat the negative health impacts of living in a somewhat isolated and rural community. Project leaders will evaluate participation and reasons for nonparticipation and develop a plan for long-lasting change for community members, which could serve as a model for other rural communities.

Community Partner: Amy Schanhofer, Scenic Bluffs Community Health Centers, Inc.
Academic Partner: Will Cronin, MPA, UW-Extension, Monroe County

Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs

Project leaders and coalition members will determine how evidence-based alcohol, tobacco and drug Screening, Brief Intervention and Referral to Treatment (SBIRT) for high school students can be successfully implemented in other communities and settings to reduce substance use and related negative consequences.

Community Partner: Bill Herd, Alliance for Wisconsin Youth – Southeast Wisconsin Region
Academic Partner: Richard Brown, MD, MPH, Family Medicine, SMPH

Community Investment in Health: Developing the Lindsay Heights Wellness Commons

The Wellness Commons will create a gathering place to catalyze neighbor wellness and economic prosperity in Milwaukee’s Lindsay Heights neighborhood, and a place where community partners can create a shared vision and plan and demonstrate effective programs. This project seeks to provide integrated services accessible to all residents and create a hub for integrated health programming, community health research, education and training opportunities and neighborhood action.

Community Partner: Sharon Adams, MSW, Walnut Way Conservation Corp.
Academic Partner: John Frey, MD, Family Medicine, SMPH

Family Table (St. Croix, Barron, Dunn and Polk Counties)

This project will expand and replicate a successful development grant to pilot an operational model for engaging low-income families in improving cooking skills, increasing nutritional knowledge and expanding use of healthy foods in family meals. The initiative offers a unique opportunity for replication, and builds on existing food assistance, nutrition education and economic support programs in West Central Wisconsin. Many counties throughout the state could benefit from this model.

Community Partner: Robyn Thibado, West Central Wisconsin Community Action Agency
Academic Partner: Kirstin Siemering, DrPH, RD, Population Health Sciences, SMPH

Promoting social wellness in rural Wisconsin. Seniors in the chair exercise class at Trinity Lutheran Church in Cashton, Wisconsin, report benefits from the physical activity as well as “getting out of the house and seeing others.” With a 2011 development grant from the Community-Academic Partnership Fund, this project measures the impact of community wellness activities such as this one to reduce the social isolation that can occur for people living in remote locations.

Photo: Scenic Bluffs Community Health Center
Healthy Kids Healthy County
This project addresses the nutritional needs of rural underserved areas and families by increasing access to and knowledge of healthy food options, pairing up home visitors, nutrition educators and locally produced food. The project will augment Early Head Start home visits by providing taste-testing opportunities to introduce new fruits and vegetables and teach food preparation skills. A strong evaluation component could lead to replication and dissemination of this strategy.
Community Partner: RoAnn Warden, RN, BSN, Green County Health Department
Academic Partner: Barbara Duerst, RN, MS, Population Health Sciences, SMPH

The Intersection of Employment and Health Status
The project team will work with African American fathers in the Milwaukee Area Workforce Investment Board’s transitional employment program. The goal is to learn about the gaps in the employment program to address the full scope of health problems and needs of participants. Results of this survey work and research will address program and policy issues.
Community Partner: Gregory Williams, Milwaukee Area Workforce Investment Board, Inc.
Academic Partner: David Pate, PhD, Social Welfare, UW-Milwaukee

Meta House Replication Project: Pilot Study of Regional Collaboration for Women and Children’s Lifelong Health Improvement
The Racine Interfaith Coalition, Inc. will explore business models for which a residential alcohol and other drug abuse (AODA) treatment facility dedicated to women and children could be developed, supported and sustained within Racine County. The project involves piloting and evaluating the delivery of gender-based treatment for women and children.
Community Partner: Jane Witt, Racine Interfaith Coalition, Inc.
Academic Partner: Ron Cisler, PhD, Health Sciences, UW-Milwaukee; Population Health Sciences, SMPH; Center for Urban Population Health, Aurora Sinai Medical Center

Oneida County Striving to be Healthy
Oneida County Health Department will create a chronic disease coalition and develop a countywide plan to decrease chronic disease by using evidence-based or best practice strategies. Project team members will integrate the strategic plan with other activities in the county.

Community Partner: Linda Conlon, Oneida County Public Health
Academic Partner: Erica Brewster, MPH, UW-Extension, Oneida County

Polk County Behavioral Health Access Audit
The project team will explore the interaction between a clinic and a payer to design a new method to measurably increase access for Polk County area residents seeking mental health treatment. This access audit will pilot a benefits review and advocacy effort at the clinical intake level to ensure that individuals receive maximum available benefits under their health care coverage plans.
Community Partner: Mike Rust, ABC for Rural Health
Academic Partner: Elizabeth Feder, PhD, Population Health Sciences, SMHP

Rock County Coalition for STI Prevention
The project will develop a sustainable collaborative process designed to reduce the number of newly diagnosed sexually transmitted infection (STI) cases. The coalition will incorporate all sectors of the community and develop an implementation plan to reduce the number of STIs in Rock County.
Community Partner: Karen Cain, RN, MS, Rock County Health Department
Academic Partner: Candace Peterson, PhD, Population Health Sciences, SMHP

Sports-Related Lower Extremity Injury Prevention in Rural High School Female Athletes
The project will develop an online strength training, flexibility, balance and agility program to reduce sports-related knee and ankle injuries in junior high and high school female athletes in rural Wisconsin. Health disparities will be addressed, specifically the limited resources available in rural areas.
Community Partner: Mary Jon Hauge, PT, Rural Wisconsin Health Cooperative, Inc.
Academic Partners: Jill Thein-Nissenbaum, DSc, Orthopedics and Rehabilitation, SMPH; M. Alison Brooks, MD, MPH, Orthopedics and Rehabilitation, SMPH

Wisconsin Adolescent Health Care Communication Program Evaluation
High-quality sexual health services are prerequisite to reducing poor sexual health outcomes. This development grant focuses on a comprehensive evaluation of a program developed by the National Institute for Reproductive Health, designed to bridge
the communication gap between teens and health care providers. Teen-led workshops include peer-to-peer education and innovative sessions geared toward health care providers.

**Community Partner:** Amy Olejniczak, MS, MPH, Wisconsin Alliance for Women’s Health  
**Academic Partner:** Heather Royer, PhD, Nursing, UW-Milwaukee

### Grants Concluding in 2011

#### Developing a Home Visitation Model

The **Allied Drive Early Childhood Initiative (ECI)** is an innovative home visitation and employment program developed by Dane County in partnership with several other organizations. It is designed to improve life outcomes of the most vulnerable families in Madison’s Allied Drive community with a special emphasis on economic self-sufficiency, positive infant and child development, and maternal and infant mental health.

During this second three-year grant period, 148 adults and 209 children were served and 91 percent of families were in compliance with their family plans. Between 12 to 24 months after program entry, the percentage of primary caregiver parents who were working increased from 32 percent to 54 percent, and rates of food insecurity declined significantly. Levels of stress, depression and anxiety also improved.

The program has been replicated in three other locations in Dane County. ECI continues to improve its home visitation model and is now conducting clinical interventions in households. Future evaluation work will focus on improving understanding of the program’s impact, learning whether the ECI has a role in increasing early childhood program enrollment and reducing costly mental health and child protective services interventions. ECI holds promise for becoming a best practice model for home visitation targeted at highly challenged, low-income families with its innovative emphasis on economic self-sufficiency through employment and training.

Several funding sources have been critical to ECI’s sustainability. The Wisconsin Department of Children and Families currently provides $247,500 annually, which is matched by Dane County. Additional resources have been leveraged to support the employment and economic assistance programs as well as several staff positions.

**Community Partner:** Andrew Heidt, Dane County Human Services Department  
**Academic Partner:** Rosanne Clark, PhD, Psychiatry, SMPH  
**Award:** $427,486 over three years

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Starting a new conversation. Madison area teens participated in interactive workshops statewide to share valuable insight with health care providers about what it’s like to be a teenager today. A community-academic partnership grant will be used to evaluate the effectiveness of the Wisconsin Adolescent Health Care Communication Program, launched in 2011 as part of a national initiative aimed at addressing a critical issue in adolescent health care: the communication gap between providers and their teen patients. Teen educators also give workshops for their peers on talking openly with doctors about sexual health and other sensitive issues.

Photo: Amber Arnold, courtesy of BRAVA Magazine

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Developing a family-based intervention. At age 18, alone and pregnant with her second child, this mother enrolled in Dane County’s Early Childhood Initiative, supported by OAC funding. Staff worked closely with her on several goals, including completing her GED, getting her driver’s license, improving her job skills and making friends in the community. After three years of receiving ECI services, the young mother now works in the food service industry, lives in an apartment, owns a car and has a solid support network.

Photo: Katie Snow, Early Childhood Initiative
Improving Last Stages of Life

This project increased health care providers' knowledge of palliative care to improve the last stages of life for rural Wisconsin patients and their loved ones. **Changing the Culture of Palliative Care in Rural Wisconsin** created an active network of palliative care and hospice service providers in rural Wisconsin communities.

The first project of its kind in the United States, the Hospice Organization and Palliative Experts (HOPE) of Wisconsin partnered with 12 hospice organizations, focusing on agencies in rural central and northern Wisconsin to reach underserved areas. The project trained 24 providers to use academic detailing (a method of focused one-to-one education) to promote palliative care and hospice as an option for patients and effectively communicate with patients and their families on sensitive topics. They in turn contacted nearly 150 health care providers in rural central and northern Wisconsin communities. Two-thirds of health care providers reported that detailing increased their knowledge of palliative care.

HOPE of Wisconsin has continued contact with the physicians and other health care providers trained during the project and maintains a database to sustain the statewide network of palliative providers. Ten of the 12 sites reported plans to continue detailing as a strategy to enhance the knowledge and skills of their providers.

**Community Partner:** Melanie Ramey, HOPE of Wisconsin  
**Academic Partner:** James Cleary, MD, Medicine, SMPH  
**Award:** $372,407 over three years

Measuring Children’s Mental Health

Through development funding, the **Child and Adolescent Mental Health Scorecard** project examined the use of a scorecard of key indicators to measure the status of Wisconsin's child and adolescent mental health system. These indicators are needed to inform mental health policy decision-making.

A mock scorecard of 18 indicators in four domains was developed and evaluated with policymakers, service providers and health advocates. Indicators of child and adolescent mental health status, service access, utilization and cost were included. Expert opinions were used to better understand potential utility of the indicator data and potential barriers to data use.

**Community Partner:** Hugh Davis, Wisconsin Family Ties, Inc.  
**Academic Partner:** Susan Zahner, PhD, RN, Nursing, UW-Madison  
**Award:** $56,948

Identifying Family Needs

This project aimed to improve birth outcomes in high-risk mothers by piloting and adapting the Ecocultural Family Interview (EFI), a tool to assess family strengths, challenges and gaps in services. Through conversations with parents or caretakers about their daily routine, the **Ecocultural Family Interview Project** uncovered strengths and barriers that affect family functioning to better identify the needs of families and to modify care plans and improve service delivery.

EFI was piloted with 15 families and adapted to Empowering Families of Milwaukee, a program that provides home-visiting services to high-risk pregnant women and their young children. The adapted tool was used to conduct 209 interviews, which were coded and scored in an online database for research purposes. Quantitative analysis indicated the care plans for families participating in the EFI were updated more frequently than control group care plans.

This research project demonstrated that EFI is a useful tool for increasing the quality of health care plans and client services. Families in the program are receiving expanded services, including mental health consultation, through Project LAUNCH (Linking Actions to Unmet Needs in Children's Health), thanks to a $4.5 million grant awarded in 2009 over five years. In 2011, the Wisconsin Department of Children and Families funded the Empowering Families of Milwaukee program for an additional five years.
**Community Partner:** Leah Jepson, MSW, City of Milwaukee Health Department  
**Academic Partner:** Katherine Magnuson, PhD, Social Work, UW-Madison  
**Award:** $426,867 over three years and three months

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**Keeping Milwaukee Neighborhoods Safe**

With an implementation grant from the Wisconsin Partnership Program, the **Expanded Community Role in the Milwaukee Homicide Review Commission (MHRC)** promoted healthy and safe neighborhoods by developing violence-prevention activities in partnership with community-based organizations in Milwaukee. The commission created an incident review process to develop more effective violence prevention plans.

The MHRC reviewed 173 homicides and 99 shootings, and created the most comprehensive and reliable source of violent crime data in Milwaukee. The commission developed information-sharing partnerships with Milwaukee-area criminal justice and social service agencies and created a valuable conduit between community members and the Milwaukee Police Department for information about neighborhood crime problems.

The MHRC review process provided recommendations on improving policies and procedures at the MPD and other participating agencies. The evaluation also found “that the MHRC was associated with a statistically significant reduction in homicides in Milwaukee. Specifically, where the MHRC was involved (i.e., the intervention sites), homicides were reduced 52 percent compared to 9.2 percent in the control sites.”

The MHRC has been embraced by Milwaukee as a productive enterprise for understanding and responding to serious violent crime problems, and the commission is now completely institutionalized within the city of Milwaukee. A $750,000 allocation was added to Milwaukee’s 2009 budget; and in 2010, the MHRC began diversifying its funding sources by providing contract consultations and third-party funded technical assistance for other agencies.

**Community Partner:** Mallory O’Brien, PhD, Milwaukee Police Department  
**Academic Partners:** Jacquelynn Tillett, CNM, Obstetrics and Gynecology, Aurora; Tina Mason, MD, MPH, Obstetrics and Gynecology, Aurora  
**Award:** $362,691 over three years and nine months

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**Ensuring Safety for Expectant Mothers**

Launched in 2005 with OAC implementation funding, the **Expanding and Sustaining the Safe Mom, Safe Baby Project** was designed to improve perinatal health and safety outcomes for pregnant women and new mothers at risk for intimate partner violence through abuse responsive services, education, prenatal care and advocacy.

The Safe Mom Safe Baby program developed and tested an evidence-based collaborative model of care between Aurora Health Care and Sojourner Family Peace Center in the Greater Milwaukee area for providing sensitive and effective services to pregnant women experiencing intimate partner violence. This innovative program was expanded during the second three-year funding cycle (2008–11), serving 558 women who were predominantly African American (63%) and Latina (11%), living in Milwaukee zip codes with the highest infant mortality rates in Wisconsin.

The program worked with the Center for Urban Population Health to develop a resource database, and Aurora Sinai Medical Center adopted the project’s evidence-based Abuse Assessment Screen. Findings were disseminated at state, local and national conferences and published in nursing peer-reviewed journals. The Safe Mom Safe Baby program has secured sustainable funding for continued services to this vulnerable population.

**Community Partner:** Alice Kramer, CNS, Aurora Sinai Medical Center  
**Academic Partners:** Jacquelynn Tillett, CNM, Obstetrics and Gynecology, Aurora; Tina Mason, MD, MPH, Obstetrics and Gynecology, Aurora  
**Award:** $362,691 over three years and nine months

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**Asking the Community for Input**

Piloting the **SHOW Project Community Advisory Board: Partners in Dissemination** formed an African American community advisory board (CAB) to gain insight into the complex factors contributing to Milwaukee's health disparities and provide community members with an opportunity to interpret and respond to health data and survey findings. It acknowledged the existence of the gap between traditional academic research and community members.

CAB members asked to interpret health research and provide recommendations for community action reported feeling more connected to data presented through personal stories, including tours of...
neighbors and digital storytelling than through brochures, graphs and statistics. This project and its results contributed to a National Institutes of Health (NIH) research project grant and several other proposals.

Integrating a community voice is a valuable model for interpreting population health data, addressing health disparities and disseminating health information and research findings to communities and individuals. This illustrates a “life-as-it-is, life-as-it-should-be” approach that allows for the reflection of the underlying economic and social issues that exist in the community, which are contributors to health disparities and social determinants of health.

Community Partner: Ella Dunbar, MS, Social Development Commission
Academic Partner: Loren W. Galvão, MD, MPH, Center for Urban Population Health, UW-Milwaukee
Award: $56,950 over one year and six months

Reducing LGBT Tobacco Use

Building on previous development grants to reduce health disparities related to substance abuse, this project set out to reduce tobacco use through prevention and smoking cessation strategies for lesbian, gay, bisexual and transgender adults in four regions in Wisconsin. Reducing Tobacco Use Among LGBT Populations in Wisconsin created rm2breathe, a smoking cessation project designed to change social norms regarding tobacco use and to replicate and disseminate culturally competent strategies into reduction programs.

Social marketing strategies, including a logo, website and Facebook page, as well as peer-facilitated group interventions and outreach events throughout the state increased awareness of health disparities and provided prevention, reduction and quit resources. The project established a presence with state tobacco control decision-makers and secured continued funding for tobacco prevention programs.

Project organizers plan to continue their outreach activities, expand the use of social media and strengthen partnerships with LGBT organizations in higher education.

Community Partner: Gary Hollander, PhD, Diverse and Resilient, Inc.
Academic Partner: Kathleen Oriel, MD, MS, Family Medicine, SMPH
Award: $426,976 over three years and four months

Building a Stronger Public Health Workforce

Based on several key strategies in the 2010 State Health Plan, Workforce Development: Advancing the Plan for a Diverse, Sufficient and Competent Workforce addressed the recruitment and training needs of Wisconsin’s public health workforce.

The project was successful in leveraging local, state and national resources and partnerships and designing products, including Public Health Workforce Reports 2008 and 2010. Training and continuing education resources were designed “with” the workforce versus “for” the workforce. For example, the project provided onsite cultural competence workshops; enhanced WI TRAIN, a free educational service for Wisconsin’s public health workforce and developed several online tools, including a scenario-based assessment framework, mentor toolbox and job clearinghouse.

As the result of work done during this project, an infrastructure and a set of sustainable programs are in place to assist Wisconsin’s public health workforce. These include computer-based mentoring, competency-based assessment and educational sessions for new and existing health department staff. Further support now comes from the Health Resources Services Administration for a public health training center — Wisconsin Center for Public Health Education and Training (WiCPHET) — for five years through 2015. Additional state needs include strategies to replace an aging workforce and improved methods of recruiting and retaining a workforce that reflects the diversity of its communities.

Community Partner: Nancy McKenney, RDH, MS, Wisconsin Department of Health Services
Academic Partner: Nancy Sugden, Academic Affairs, SMPH
Award: $427,500 over four years
Lifecourse Initiative for Healthy Families (LIHF)

Infant mortality — specifically, the disparities in birth outcomes between white and African American infants — is one of the most critical health problems facing Wisconsin. Currently, Wisconsin’s infant mortality rate among African Americans is the fifth worst in the nation.

In response, the UW School of Medicine and Public Health and the Wisconsin Partnership Program established the Lifecourse Initiative for Healthy Families (LIHF) in 2009 to address the high incidence of African American infant mortality and morbidity in the state. The purpose of the Lifecourse Initiative is to improve community conditions that support African American women and their families to have healthy birth outcomes. Efforts are currently under way in four Wisconsin cities: Beloit, Kenosha, Milwaukee and Racine, which account for 86 percent of African American infant deaths in Wisconsin.

Part of the Community-Academic Partnership Fund, the Lifecourse Initiative is a two-phase, multi-year program beginning with collaborative formation and community action planning, followed by implementation and evaluation. Highlights in 2011, included:

- **Action planning.** Leaders in Beloit, Kenosha, Milwaukee and Racine formalized their commitment to work together by creating local collaboratives designed to bring a voice to the issue of infant mortality and work toward community change. The two-year planning period (spring 2010 to spring 2012) mobilized local groups with a strong emphasis on the involvement and inclusion of African American leaders, residents and organizations.

- **Community leadership.** The LIHF Steering Committee, appointed by the OAC and comprised of 14 maternal and child health experts, health care professionals and community advocates, provided guidance and leadership on the direction for the initiative’s overarching goal to eliminate racial disparities in birth outcomes in Wisconsin. The committee oversaw workgroups focused on communications and public awareness, development of funding Request for Proposals and evaluation.

- **Faculty leadership.** The PERC approved funds for a faculty leader in maternal and child health. This faculty recruitment proposal will develop interdisciplinary faculty leadership, expertise and capacity in maternal and child health, education, clinical care and community service at the UW School of Medicine and Public Health. The full-time faculty leader will engage health care providers and academic partners, promote interdisciplinary research and educational collaborations, and advocate for public policies affecting maternal and infant health.

- **Building awareness.** The Wisconsin Partnership Program and the four LIHF collaboratives heightened public awareness of Wisconsin’s infant mortality crisis by joining forces with statewide partners, including the city of Milwaukee, the Milwaukee Journal Sentinel, the Center for Urban Population Health, and the Statewide Advisory Committee on Healthy Birth Outcomes.

Identifying causes of infant mortality. Racial disparities in health are deeply rooted in social and economic factors. The Lifecourse Initiative for Healthy Families seeks to improve birth outcomes by improving health care services for African American women, strengthening African American families and communities, and addressing social and economic inequities.
• Community relationship building. Community stakeholders participated in the development of LIHF communication and evaluation plans. The evaluation workgroup finalized the initiative's logic model in 2011, and they continue to provide input on specific indicators that will be used to assess progress toward LIHF goals. The communications workgroup developed key messages and strategies to raise public awareness and participated in media spokesperson training at each site.

Grants Awarded in 2011

The Wisconsin Partnership Program’s Oversight and Advisory Committee awarded continuation planning grants of $50,000 each to the four LIHF collaboratives as they completed plans that advance policy and sustainable solutions to eliminate Wisconsin’s racial disparities in infant mortality.

In each community, an oversight group or steering committee oversaw the local planning process and assumed responsibility for developing a community action plan with input from African American residents. Task groups were charged with examining community assets, needs and resource gaps. Over the course of two years, more than 500 individuals participated in the planning process. The resulting local action plans make recommendations on strategies and interventions and reflect each community’s vision for ensuring healthy birth outcomes.

Leveraging Results: OAC-PERC Collaboration. The Wisconsin Partnership Program’s two governing bodies — the Oversight and Advisory Committee and the Partnership Education and Research Committee — work collaboratively to produce positive health outcomes. Examples of this synergistic working relationship include:

• Lifecourse Initiative for Healthy Families (LIHF). With a $10 million pledge from OAC, the initiative will soon benefit from a PERC-funded faculty leader in maternal and child health. In addition, a 2011 PERC grant will evaluate a pilot program to improve the birth outcomes of high-risk pregnant women in southeast Wisconsin through “medical homes,” a team-based delivery model to coordinate care.

• Cuidándome. This OAC-funded partnership to increase breast and cervical cancer screening among Latinas in Dane County was awarded a PERC grant, concluding in 2011, to evaluate its efforts (see pages 17–18).

• Survey of the Health of Wisconsin (SHOW). PERC provides ongoing support for the first statewide research survey of its kind to measure information on the state’s critical health conditions. An OAC grant concluding in 2011 created an African American community advisory board in Milwaukee to participate in the SHOW project by interpreting and responding to health data and survey findings (see pages 11 and 22).

• Wisconsin Academy for Rural Medicine (WARM). Originally funded through an OAC development grant, this program received subsequent funding from PERC to establish educational programs that address the state’s shortage of physicians in rural areas (see page 23).
Healthy Wisconsin Leadership Institute

A unique partnership funded by the Wisconsin Partnership Program and the Medical College of Wisconsin’s Advancing a Healthier Wisconsin endowment, the Healthy Wisconsin Leadership Institute (HWLI) provides public and community health education and leadership development throughout Wisconsin. In 2011, the WPP awarded $476,666 over three years to provide ongoing support for the Leadership Institute.

Co-directed by Thomas Oliver, PhD, MHA of the UW School of Medicine and Public Health, and Peter Layde, MD, MSc of the Medical College of Wisconsin, the HWLI was created in 2005 to contribute to the development of a sufficient and competent workforce, one of the priorities of the state health plan, Healthiest Wisconsin 2020.

The HWLI holds regional workshops throughout Wisconsin and also administers the Community Teams Program, which provides training in public health and leadership to coalitions around the state. Teams come together three times during the year for workshops held in central locations, participate in regular webinars and receive technical assistance as they undertake projects related to community health priorities.

Four teams completed their year with the program in 2011. Teams from Ashland and Bayfield counties, Whitewater, Buffalo County and a statewide team worked on reducing under-age alcohol use, improving community wellness, developing plans for sheltering individuals with functional access needs during emergencies and working to improve access to oral health care through the creation of a mid-level dental provider.

Seven teams were selected for the 2011–12 cohort, including a team that will participate in a “train-the-trainer” model to increase the state’s capacity in community health improvement planning. Other community teams and projects include:

- The CHIPP Team is working to increase the ability of communities across Wisconsin to conduct effective community health improvement plans and processes (CHIPP).

- The Fostering Futures Team is focusing on creating a plan to improve family stability by integrating trauma-informed care principles into the organizations and systems that serve roughly 6,500 Wisconsin children in foster care.

- The Healthier Douglas County Team is focusing on obesity prevention through environmental and policy changes that will encourage healthier physical activity and eating choices.

- The Healthy People Wisconsin-Oneida Tribe Team is working to increase use of health services, screening opportunities and preventive community resources to create change in the Oneida community’s health, wellness and lifestyle.

- The Sexually Transmitted Diseases Reduction Task Force Team is developing a community-wide strategic plan to reduce cases of STDs among youth from age 15 to 24 in Winnebago County.

Developing leadership skills for community health professionals. Nathan Luedke of the Marquette County Health Department mapped out his personal leadership style during a 2011–12 Community Teams Program workshop. As part of the Central Wisconsin Health Partnership Team, Luedke and his colleagues explored ways to provide better access to mental and behavioral health services in Adams, Juneau, Marquette, Waushara and Green Lake counties.

Photo: Wisconsin Healthy Leadership Institute
The Wisconsin Population Health Service Fellowship builds the next generation of public health leaders through education, professional development and service opportunities to address the state’s most pressing public health challenges.

Directed by Thomas Oliver, PhD, MHA of the UW School of Medicine and Public Health, the Fellowship provides an invaluable service to community-based organizations and local and state public health agencies throughout the state and strengthens the ties between the university and Wisconsin communities and residents.

In 2011, the WPP continued support of the Fellowship program by awarding $534,526 for one year. A subcommittee of OAC and PERC members was created to identify strategies to sustain the WPP’s commitment to address public health needs of communities, strengthen the public health workforce and establish alternative sources of funding. The subcommittee was charged with developing a recommendation for OAC and PERC for subsequent funding of the Fellowship program through the end of the 2009–2014 Five-Year Plan.

Thirty-three fellows have participated in this two-year service-learning program since its inception in 2004, including three graduates in 2011. Fellows have been placed in governmental, nonprofit, rural and urban settings and many continue to contribute to the state’s public health-related endeavors: 65 percent are public health professionals in Wisconsin, and four fellows are currently leading new sections and committees of the Wisconsin Public Health Association.

Fellowship accomplishments in 2011 included:

- **Funding.** Collaborated with community partners to secure nearly $24 million in funding for chronic disease prevention from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
- **Partnerships.** Created an advocacy coalition focused on converting a coal plant to natural gas in southeastern Wisconsin.
- **Disease prevention.** Developed a tool to improve surveillance of the H1N1 virus and vaccine supply and demand.
- **Nutrition.** Developed the NEMS protocol (nutrition, environmental measures survey), which will be part of the SHOW survey, and recruited and trained UW students to conduct field surveys around the state.
- **Oral health.** Coordinated the legislatively-mandated Wisconsin oral health feasibility study.
- **Reproductive health.** Provided research and guidance on a bill to allow sex partners of patients diagnosed with sexually transmitted infections to receive medication or a prescription without a prior medical evaluation.

Creating a culture of health and community sufficiency. With former Fellow Jessie Tobin as his preceptor, current Fellow Tyler Weber worked with the Walnut Way Conservation Corp and the Lindsay Heights Neighborhood Health Alliance in Milwaukee through the WPP-supported Wisconsin Population Health Service Fellowship. The OAC also awarded a 2011 community grant to develop the Lindsay Heights Wellness Commons, a hub for integrated neighborhood health and wellness services. Pictured here, hand-painted murals with positive messages were created by high school students participating in ArtWorks for Milwaukee for the Lindsay Heights neighborhood.

Photo: Marion Ceraso, UW Population Health Institute
New Investigator Program

The New Investigator Program (NIP) helps promising researchers take innovative approaches to improving health in Wisconsin. Funded projects span the continuum from basic, clinical, social/behavioral and population sciences. The Partnership Education and Research Committee awarded a total of $300,000 to three NIP proposals in 2011.

Grants Awarded in 2011

**Personalizing Therapy of Women with Polyploid Breast Cancers**
This study will explore ways to improve treatment of “polyploidy” breast cancers — those in which cancer cells have extra chromosomes. At least 20 percent of breast cancers have such extra chromosomes and the prognosis for these patients is poor. Researchers have discovered a chemical that selectively destroys human cells that have double chromosomes and they now aim to develop a breast cancer treatment that can be reserved for cancers with extra chromosomes.

*Mark Burkard, MD, PhD, Medicine, SMPH*
*Award: $100,000 over two years*

**Rational Molecular Multi-targeting in Lung Cancer Treatment**
This study is using nanomedicine — a combination of multiple drugs delivered by molecular machines — to combat the poor prognosis of lung cancer patients. Lung cancer is a significant public health issue in Wisconsin, where rates are significantly higher among African Americans and Native Americans. In collaboration with the UW School of Pharmacy, researchers are testing a new nanomedicine designed to slow or stop the progression and metastasis of lung cancer by simultaneously targeting several critical molecular features of the disease.

*Kevin Kozak, MD, PhD, Human Oncology, SMPH*
*Award: $100,000 over two years*

**Screening for Mild Cognitive Impairment in African Americans**
Older African Americans are nearly twice as likely to develop Alzheimer’s disease as older white Americans are. This study will investigate why older African Americans are not treated for Alzheimer’s disease and mild cognitive impairment in their early stages. Investigators will look at racial differences in how mild memory loss is perceived and managed by older adults, their families and primary caregivers, and identify barriers to receiving early medical attention for memory loss.

*Carey Gleason, PhD, Medicine, SMPH*
*Award: $100,000 over two years*

Grants Concluding in 2011

**Reducing Patient Radiation Exposure**
Though CT scans have revolutionized the practice of medicine in the past 40 years, there is growing concern over the radiation exposure, especially for coronary and pediatric patients. *Computed Tomography (CT) with Reduced Radiation Dose Using Prior Image, Constrained Compressed Sensing (PICCS) Reconstruction* tested the PICCS technique, invented at the UW School of Medicine and Public Health, which could reduce the radiation dose needed for CT scans by 90 percent or more.

The scope of research was expanded when the PICCS technique was introduced into the virtual colonoscopy program to reduce the radiation dose from that procedure. Researchers have also applied PICCS to improve the image quality of low-dose chest CT scans. Initial results in applying the low-radiation technique have been promising.

Researchers are now applying for additional funding to continue progress on refining the PICCS algorithm and demonstrating its ability to provide images of equal diagnostic quality with much less radiation than with current reconstruction methods.

*Christopher Francois, MD, Radiology, SMPH*
*Award: $90,000 over two years*

**Promoting Health of Latinas**
With initial funding by OAC in 2006, this PERC grant supported the *Evaluation of Cuidándome: A Communitywide Intervention to Promote Breast and Cervical Cancer Screening among Latinas.* Cuidándome or “taking care of me” is a community program in Dane County that also identifies factors in Latinas’ underuse of preventive services.

The intervention was associated with increases in breast and cervical cancer screening rates and other positive outcomes, such as improved knowledge. Project findings added to the scarce scientific literature...
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on interventions to promote breast and cervical cancer screening among low-acculturated Latinas and the potential of lay health advisers as health promotion agents for underserved and minority populations. Cuidándome has become a permanent program at Planned Parenthood of Wisconsin, Inc., a community partner.

The project explored the role of lay health advisers and the characteristics that make them most effective in promoting reproductive health and cancer screening among Latinas. Several papers are currently under development.

Ana Martinez-Donate, PhD, Population Health Sciences, SMPH
Award: $90,000 over two years

**Exploring Therapies for Knee Osteoarthritis**

Knee osteoarthritis is a common, expensive and debilitating condition for which there is no cure. Magnetic Resonance Imaging in a Study of Prolotherapy for Knee Osteoarthritis compared the standard MRI technique, which can take up to one hour, to a five-minute, less expensive MRI to determine if both methods can provide similar assessment of the knee. The study also assessed the effects of prolotherapy — an injection therapy for chronic musculoskeletal pain — on knee cartilage volume and pain relief.

The extent to which the accelerated MRI protocol may replace the conventional protocol is still unclear. Prolotherapy resulted in safe, significant and sustained improvement of pain, function and stiffness scores compared to blinded saline injections and at-home exercises in knee osteoarthritis. Prolotherapy did not have a direct effect on cartilage volume, but data suggest it may mitigate discomfort caused by knee pain sources other than loss of cartilage volume.

Several abstracts have been published, including one from the World Congress of OARSI, the pre-eminent osteoarthritis research meeting. Researchers are currently analyzing data associated with a second injectant, as well as qualitative and long-term data. As these results are published, the scientists will apply for federal funding to validate their findings in more definitive large-scale trials.

David Rabago, MD, Family Medicine, SMPH
Award: $99,971 over three years

**Helping Young Smokers Quit**

Although 80 percent of smokers become daily smokers before age 20, few evidence-based tobacco cessation interventions have been developed for younger smokers. Partnering with Quitlines to Promote Youth Smoking Cessation in Wisconsin evaluated the effectiveness of an age-appropriate telephone quitline counseling intervention to help adolescent and young adult smokers quit.

The study showed that quitline-based counseling may benefit young adults by spurring them to set a quit date and by increasing one-month abstinence rates in those who smoke fewer than 10 cigarettes per day. Results also showed that individuals who used cessation medication and received quitline counseling were more likely to quit. Young adult smokers (18 to 24 years of age) were much more willing to enroll in the study than adolescents; 410 of 462 enrollees were young adults.

The difficulty in recruiting adolescent smokers points to the need for more creative approaches for engaging teens in smoking cessation, as well as evidence-based policies that make it less likely for youth to initiate smoking, such as 100 percent clean indoor air laws, higher tobacco product prices and strong counter-advertising mass media campaigns.

Tammy Harris Sims, MD, MS, Pediatrics, SMPH
Award: $100,000 over two years

Encouraging Latina women to seek preventive care. Health advocates flanked a bus advertisement developed during the Cuidándome campaign. A community-academic partnership to increase breast and cervical cancer screening among Latinas in Dane County, Cuidándome received funding from both OAC and PERC and is now a permanent program at Planned Parenthood of Wisconsin.

Photo: Cuidándome and Planned Parenthood of Wisconsin
The Collaborative Health Sciences Program supports the novel ideas and new approaches of associate and full professors, with an emphasis on interdisciplinary research and education to address compelling public health issues. A collaborative team representing the basic, clinical, social/behavioral or population sciences leads funded projects. The Partnership Education and Research Committee awarded $799,080 to fund three proposals in 2011.

**Grants Awarded in 2011**

**Predicting Alzheimer's Disease Using Multimodal Machine Learning**

Researchers will study how data from multiple biomarkers can best be combined to predict future cognitive decline, and to identify people who have Alzheimer’s or may develop the disease in the future. This project will be the first to implement a multi-modal machine learning measure, a statistical test designed to speed up and improve clinical trials so that potential therapies can be evaluated and an effective treatment arrived at as quickly and efficiently as possible.

*Sterling Johnson, PhD, Medicine, SMPH*

**Award:** $299,539 over three years

**Medical Homes for High-Risk Pregnant Women in Southeast Wisconsin: Do They Improve Birth Outcomes**

Southeast Wisconsin cities currently have high infant mortality rates for African American babies, a focus of a broader Wisconsin Partnership initiative, the Lifecourse Initiative for Healthy Families. This study explores whether “medical homes,” a one-stop system to coordinate care for high-risk pregnant women, improve birth outcomes.

*Jonathan Jaffery, MD, Medicine, SMPH*

**Award:** $199,541 over two years

**Preparing Health Educators to Address Behavior Health Determinants Through Health Care Settings**

In partnership with UW-La Crosse, this project will develop a workforce of baccalaureate-level health educators to systematically administer evidence-based, cost-saving behavioral screening and intervention services, including tobacco, alcohol and depression screening, in health care settings in Wisconsin.

*Richard Brown, MD, MPH, Family Medicine, SMPH*

**Award:** $300,000 over three years

**Grants Concluding in 2011**

**Treating Chronic Sleep Problems**

A Comprehensive Approach to Insomnia tapped sleep medicine, neuroscience and epidemiology researchers to create an evidence-based, behavioral treatment model. Researchers tested the hypothesis that insomnia occurs as a result of abnormalities in slow wave sleep, and they also assessed the epidemiology of insomnia and behavioral treatment efficacy using the Wisconsin Sleep Cohort Study.

*Mapping brain activity in sleep. Ruth Benca, director of the UW Center for Sleep Medicine and Sleep Research, led the first high-resolution EEG study of sleep in insomnia, supported by a Collaborative Health Sciences Program grant. Findings from this PERC-supported research could lead to a better understanding of sleep abnormalities related to insomnia and better therapies to treat the sleep problems.*

*Photo: John Maniaci, UW Health*
Researchers performed the first high-resolution EEG study of sleep in insomnia, and found preliminary evidence for abnormalities in the effects of sleep on brain plasticity. These findings could lead to a better understanding of sleep abnormalities related to insomnia and better therapies to treat sleep problems found in patients with a variety of disorders. They also tested a group behavioral therapy approach for participants in the Wisconsin Sleep Cohort Study with chronic insomnia, and found significant improvement in their insomnia symptoms that persisted for six months after treatment was completed. The Wisconsin Sleep Cohort has made several significant contributions to the field of sleep medicine, including a possible link between insomnia and an increased risk for depression.

New protocols developed in this study will guide testing on a broader range of patients with sleep disorders, and results from the high-density EEG studies will be used as pilot data for grant submissions to the NIH. This technology will be better integrated into clinical practice at Wisconsin Sleep, which will lead to ongoing data collection from clinical subjects and the establishment of a clinical research database. Results from the behavioral intervention will be used to develop clinical programs to disseminate insomnia treatment more broadly as well as to investigate the impact of these treatments on health outcomes.

**Ruth Benca, MD, PhD, Psychiatry, SMPH**

**Award:** $278,498 over four years

### Studying Vitamin D Doses

As a result of sun avoidance and low dietary intake, vitamin D deficiency is extremely common and associated with musculoskeletal disease, including osteoporosis, rickets, falls and fractures, as well as increased risk of infections, cancer and other diseases. **Vitamin D Inadequacy: Documentation in Rural Populations and Evaluation of Correction by Food Supplementation** explored a food-based approach to define whether individuals of varying age and ethnicity require different amounts of vitamin D to achieve optimal health.

In phase 1, daily intake of food containing 2,200 IU of vitamin D increased blood vitamin D levels in white women of all ages. In phase 2, the effect of food-based vitamin D supplementation was compared in postmenopausal white and American Indian women; the study found no significant race effect on response to vitamin D fortified food. Researchers concluded that a food-based approach is effective in correcting widespread vitamin D inadequacy, and daily vitamin D dosing at more than 2,200 IU is required to assure adequacy for all women. This study does not support differing recommendations based upon age, weight or race.

Current recommendations regarding vitamin D deficiency and the amount of vitamin D supplementation are extremely contentious. This study could support future changes in recommendations by contributing important information and data to the evidence base, including randomized trial data documenting the safety and efficacy of supplementation at 2,200 IU daily.

The project led to NIH funding and the first study to evaluate potential effects of vitamin D supplementation on vascular health, markers of inflammation and measures relevant to glucose metabolism in a Midwestern American Indian population. Additional funding has been obtained to evaluate individual variability in vitamin D absorption and degradation.

**Neil Binkley, MD, Medicine, SMPH**

**Award:** $275,000 over three years

### Developing Drugs to Fight Infection

Infectious disease is the second-leading cause of death worldwide, and a growing number of highly resistant microbes threaten to worsen this problem. To address the public health crisis of infection due to antibiotic resistant germs, the **Wisconsin Infectious Disease Drug Discovery** project looked for novel compounds that could lead to new antimicrobial drugs.

Laboratory research identified novel lead compounds for anti-staph and anti-fungal activity, which are being studied in animal models with co-investigators. The anti-fungal compound leads generated interest from industry and research support from Johnson & Johnson. The work resulted in a drug target patent, patents that are pending on two of the lead compounds and several research articles. The project funding also helped catalyze a UW-Madison group that represents a drug discovery emphasis in the Wisconsin Center for Infectious Disease.

This drug discovery project leveraged additional support from multiple sources, including two NIH grants, totaling about $4.5 million, as well as Wisconsin Alumni Research Foundation (WARF) accelerator funding for anti-fungal drug development. Research was expanded to include natural products from terrestrial and aquatic sources, leading to another NIH grant for $3.5 million; these studies are ongoing. A novel fungal drug target is the basis for a large-scale screen for anti-fungal compounds that is currently being conducted at the NIH in collaboration with the investigators at the National Center for Advancing Translational Sciences.

**Bruce Klein, MD, Pediatrics, SMPH**

**Award:** $275,000 over three years
Targeted Education and Research Program awards are designed to take new approaches to health and health care issues in response to the state’s challenges and emerging needs. Successful proposals advance biomedical research, promote the application of education and research to prevention, diagnosis and treatment of disease and disseminate knowledge to communities. The Partnership Education and Research Committee pledged a total of $491,707 to two projects in 2011.

**Grants Awarded in 2011**

**Development of a Centralized SMPH BioBank**

Renewal funding by the Partnership Education and Research Committee will propel the BioBank toward financial self-sufficiency and sustainability, including the development of a strategic plan with the UW Carbone Cancer Center. The long-term objective is to support world-class biomedical research in Wisconsin by establishing a financially stable centralized Translational Science BioBank that can meet the biospecimen needs of all investigators at the UW School of Medicine and Public Health for current and future research in the prevention and treatment of human disease.

**Ricardo Lloyd, MD, PhD, Pathology and Laboratory Medicine, SMPH**  
Award: $191,707 over two years and seven months

**Faculty Recruitment in Maternal and Child Health**

This faculty recruitment proposal is in response to Southeastern Wisconsin’s high African American infant mortality rates and unacceptable health disparities. To address the problem, the UW School of Medicine and Public Health will recruit a full-time senior faculty member, dedicating at least half-time to support the Wisconsin Partnership Program’s Lifecourse Initiative for Healthy Families. The new faculty leader will engage health care providers and academic partners, promote interdisciplinary research and educational collaborations, and advocate for public policies affecting maternal and infant health.

**Philip Farrell, MD, PhD, Pediatrics and Population Health Sciences, SMPH**  
Award: $300,000 over three years

**Grants Concluding in 2011**

**Supporting Cancer Research**

The initial award in 2008 supported the Development of a Centralized SMPH BioBank to provide high-quality tissue, blood and other human biological material essential for basic and translational research of human disease. The biobank received renewal funding from PERC in 2011.

The Translational Science BioCore (TSB) was established to facilitate cancer-related basic science and translational research through human biospecimen collection and storage. The biorepository serves to collect, process, store and distribute human cancer biospecimens, including tissue and blood, in accordance with procedures that comply with the confidentiality, safety and other regulatory standards set by UW-Madison and the National Cancer Institute’s Best Practices for Biospecimen Resources. Specialized histological and molecular/morphometric analyses and consultative services are also offered to support the individual research needs of investigators within the UW Carbone Cancer Center.

The economic challenge of operating a biospecimen repository is not unique to the University of Wisconsin. To achieve long-term financial sustainability, the Translational Science BioCore is in the process of developing a business plan based on a reliable revenue base and sustained supplemental funding.

**Ricardo Lloyd, MD, PhD, Pathology and Laboratory Medicine, SMPH**  
Award: $168,790 for one year

**Promoting Health as a Human Right**

**Development of Human Rights Initiative** was designed to promote UW-Madison health and human rights projects targeted to the needs of vulnerable children.

This initiative led to the development of a new UW course that focuses on public health, human rights and vulnerable children. To date, some 60 students have participated in the class, and plans are under way to make it a permanent offering. Service projects supported through this initiative included students working with at-risk youth in Costa Rica, and studying educational programs in Tanzania and issues related
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To child labor in India. The initiative also sponsored a lecture series featuring global leaders working on behalf of vulnerable children.

UW-Madison faculty and students participating in the FACES (Families and Children Everywhere Deserve Support) program, created through this initiative, continue to support student efforts and pursue research and service on behalf of vulnerable children. Two research papers developed through this grant are being considered for publication.

Cynthia Haq, MD, Family Medicine and Population Health Sciences, SMPH; Training in Urban Medicine and Public Health (TRIUMPH)

Award: $22,500 over three years

Proteomics is the study of the protein makeup of cells and tissues and protein function in these systems. The Human Proteomics Program (HPP) provides UW-Madison scientists with new opportunities for collaborative research as well as new tools for understanding and diagnosing human diseases.

The program has provided expertise and instruments vital for successful proteomics to UW-Madison faculty, staff and students, including user-friendly training in proteomics research. In addition, the program hosted two well-attended symposia, featuring the potential of proteomics to impact human health. The HPP Mass Spectrometry Core Facility is now fully operational with modern instruments and highly qualified staff and currently serves more than 30 research labs across the UW-Madison campus. HPP researchers have established dozens of collaborative projects investigating the molecular basis of disease and biomarker discovery and validation in relation to various diseases.

The Human Proteomics Program will continue to promote interdisciplinary collaborations with other UW schools and colleges and local industry, and provide training and research opportunities for students and residents.

Richard Moss, PhD, Cell and Regenerative Biology, SMPH

Award: $200,000 over two years

Training Students in Public Health

Originally established in 2004 with a grant from the Wisconsin Partnership Program, the Master of Public Health Program offers an interdisciplinary approach to public health, practice and evidence-based teaching with an emphasis on field experience. Housed in the Department of Population Health Sciences in the UW School of Medicine and Public Health, the program received accreditation through the Council on Education for Public Health in July 2009.

The MPH program enrolls an average of 35 to 45 new students per semester. Students typically follow a 42-credit program and are also required to complete a 400-hour field experience, followed by a capstone paper and presentation. The program’s “dual degree” option allows students to tailor a public health degree to accompany degrees in medicine, nursing, veterinary science, law and pharmacy. Its 200-plus graduates have gone on to work in public health-related fields in Wisconsin and across the country. Several recent graduates have accepted positions with the Division of Public Health at the Department of

Surveying access to healthy foods. As part of their MPH capstone project, students Madeline Duffy (left) and Sarah Moen traveled across the Badger State to evaluate access to healthy food and exercise opportunities as it relates to rates of diabetes and obesity. The five-member student team collected data for two projects associated with the Survey of the Health of Wisconsin (SHOW) and they provided feedback about their findings to local health departments in Brown, Dane, Jefferson, Milwaukee and Waukesha counties. Both the MPH program and SHOW have received support from the Wisconsin Partnership Program.

Photo: John Maniaci, UW Health
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Health Services, and another won a highly competitive fellowship with the elite Epidemic Intelligence Service at the Centers for Disease Control and Prevention (CDC).

Though the program has focused on traditional, full-time students, it hopes to gradually expand to offer training for working professionals. The program is exploring distance-based technologies to reach an audience broader than on-campus students, as well as shared courses and fieldwork opportunities with other public health programs across the state.

**Thomas Oliver, PhD, MHA, Population Health Sciences, SMPH**
**Award:** $592,214 over two years

**Recruiting a Health Policy Expert**

The Department of Population Health Sciences has gained new expertise in health policy, politics and system reform as a result of **Startup Funding to Recruit Faculty Member Specializing in Health Policy**, which led to the recruitment of Thomas Oliver, PhD, MHA.

Oliver became the second director of the UW Master of Public Health (MPH) program shortly after joining the faculty. He has since helped integrate public health into the medical curriculum and established a number of interdisciplinary collaborations with UW colleagues in the area of health policy and health system reform. He is also the principal investigator on a $3.2 million five-year grant from the Health Resources Services Administration to establish the Wisconsin Public Health Education and Training Center. In addition, Oliver led the qualitative analysis of Wisconsin’s BadgerCare Plus health insurance expansions through a grant from the Robert Wood Johnson Foundation.

Oliver and colleagues are now developing a proposal to expand public health curriculum to meet the needs of working health professionals, through the MPH program. He is leading a study of multi-sector partnerships for population health improvement and organizing an international conference on European and North American approaches to pursuing “health in all policies.”

**F. Javier Nieto, MD, PhD, MPH, Population Health Sciences, SMPH**
**Award:** $261,706 for four years and 10 months

**Improving Wisconsin’s Rural Medicine**

While 30 percent of Wisconsinites live in rural areas, only 11 percent of physicians practice in rural areas, a wider gap than at the national level. As a result, 83 percent of Wisconsin’s 72 counties are underserved in health care. To address the state’s serious shortage of physicians in rural areas, the UW School of Medicine and Public Health created the **Wisconsin Academy for Rural Medicine** (WARM), with a development grant from OAC and renewal funding from PERC. The WARM program engages rural communities, hospitals, clinics and physicians in training future rural physicians.

Nearly 70 percent of WARM students graduating from SMPH in 2011 and 2012 are staying in Wisconsin and 8 of 13 have chosen primary care for their residencies. Each year, the program now admits 25 medical students interested in practicing medicine in rural areas. WARM students who spend seven months or more in a rural location reported increased clinical abilities to diagnose and treat health issues common in rural areas as well as greater opportunities for hands-on patient care.

WARM has achieved financial stability by capturing 75 percent of participating student tuition, with resources following students to their regional and rural learning communities. Strategic planning in 2011 targeted student recruitment, communications and program outreach. Current educational initiatives, including clerkship opportunities in rural areas, are being evaluated.

**Byron Crouse, MD, Rural and Community Health, SMPH**
**Award:** $668,490 over four years

Developing the rural medicine workforce. Abby Taub worked on her suturing skills at Core Days hosted by Gundersen Lutheran in La Crosse, one of several locations throughout the state providing rural learning environments for WARM students in their third and fourth years of medical school. In addition to hands-on training and professional development, Core Days provides students with an opportunity to reconnect with their classmates. With initial funding by OAC and renewal funding by PERC, WARM is now graduating students with plans to practice medicine in rural Wisconsin.

Photo: Media Solutions
I nstitute for C linical and T ranslational R esearch

The Wisconsin Partnership Program has built a strong partnership with the Institute for Clinical and Translational Research (ICTR), led by Marc Drezner, MD, ICTR’s executive director, around a common goal focusing on improving the health of communities. The WPP has made a substantial investment in ICTR since its inception in 2006, and has been instrumental in ICTR securing major funding from the NIH.

The WPP supports ICTR’s community-academic partnership program and Type 2 Translational Pilot Grant Awards, in which researchers collaborate closely with communities. In 2011, the program awarded two community collaboration grants of $200,000 each and five pilot grants of up to $50,000.

2011 Community Collaboration Grants

Evaluating Innovative Public-Private Collaborative Initiatives to Improve Health, Safety and Quality of Life in Wisconsin Assisted-Living Facilities

More than 40,000 residents currently live in the 3,000 assisted-living facilities in Wisconsin. There is much debate about the most effective way to ensure and improve the quality of care in these facilities — and much is at stake in this debate, both economically and in terms of the safety of an exploding residential care population. This project pioneers a public-private collaborative initiative to make it feasible and sustainable for assisted-living facilities and their provider associations to undertake more systematic, information-driven programs to ensure quality of care.

David Zimmerman, PhD, Industrial Engineering, UW-Madison

Award: $200,000 over two years

Preparing Those with Significant and Persistent Mental Illness to Quit Smoking

Despite 50 years of progress, tobacco use remains the number one preventable cause of disease and death, killing 443,000 Americans and 7,700 Wisconsin residents annually. Specific populations have not benefited as much from tobacco control efforts as others, including those with significant mental illness who smoke at rates three to four times higher than the general population. The project will develop, implement and assess the effectiveness of systematic application of evidence-based tobacco dependence treatments. This involves collaboration with individuals with persistent and severe mental illness, advocacy groups, providers and the state mental health care delivery system.

Bruce Christiansen, PhD, Medicine, SMPH

Award: $200,000 over two years

2011 Pilot Projects

Cognitive-Behavioral and Caregiver Education Group Intervention for Depression in Adults With Mild Intellectual Disability

Intellectual disability (ID) involves impairments in cognitive functioning and everyday living skills. There are approximately 90,000 individuals with ID living in Wisconsin and they suffer from depression at rates equal to or higher than that of the general population. Yet depression is often left untreated in adults with ID, or only treated with medications, and the costs of untreated depression are enormous. This study seeks to address this gap in clinical care by developing and pilot testing a cognitive-behavioral and caregiver education intervention to treat depression in adults with mild ID.

Sigan Hartley, PhD, Human Ecology, UW-Madison

Award: $50,000

Complementary and Alternative Interventions for Veterans with PTSD: Community Program Evaluation Study

Twenty percent of the approximately 2 million veterans returning from Iraq and Afghanistan suffer from the symptoms of post-traumatic stress disorder (PTSD). Veterans Administration hospitals and other community institutions have started offering complementary and alternative programs for combat veterans with PTSD, however little research exists on the effects of these alternative treatment programs. This pilot study aims to address this important gap in knowledge by assessing two programs: a meditation-based program and a controlled breathing program. The goal is to research whether these alternative treatments are effective in decreasing PTSD symptoms in veterans, which treatments are most effective and how individual differences predict treatment efficacy.

Emma Seppala, PhD, Waisman Center, UW-Madison

Jack Nitschke, PhD, Psychiatry, SMPH

Award: $50,000
**Promoting Well-Being in the Elderly: A Pilot Intervention with Community Partnership**

Older adults in Wisconsin often suffer from psychological distress, including depression and anxiety, with estimates ranging from 10 to 15 percent of all men and women to as much as 40 percent of those who are most frail. Distress in the elderly reduces quality of life and adds to difficulties living independently, managing chronic disease and partaking in activities that promote health, such as regular exercise. This study will develop and test a new intervention to promote psychological well-being in older adults living in Kenosha County. Researchers will determine whether community elders experience increases in well-being and related declines in depression and anxiety as a result of participating.

**Elliot Friedman, PhD, Institute on Aging, UW-Madison**

**Award:** $50,000

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**Preventing Falls Among Older Adults: The Role of the Community Pharmacist**

One-third of people 65 years and older and one-half of people 80 years and older will fall in a given year. Hospitalizations and emergency department visits due to these falls result in $496 million in hospital charges each year in Wisconsin and over 70 percent of these costs are paid for by government insurance programs such as Medicaid and Medicare. One of the causes of falling is the use of drugs that increase the risk of falls. The goal of this study is to investigate whether a pharmacist-provided individualized medication therapy management session will lead to changed medication use and fewer falls. If effective, the program could be extended to low-income and housebound residents.

**David Mott, PhD, Pharmacy, UW-Madison**

**Award:** $50,000

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**Youth Chef Academy: Effectiveness of a Plant-Based Cooking, Nutrition and Food System Education Course for Middle-School Students**

Less than one quarter of Wisconsin youth eat the recommended five servings of fruit and vegetables per day. Milwaukee’s North Side has been described as a “food desert” with a high concentration of hunger, poverty and dependence on emergency food pantries: 89 percent of food retailers are convenience stores, gas stations and fast food restaurants. Fondy Food Center works to connect Milwaukee’s North Side to locally grown, healthy foods. Through focus groups, Fondy discovered that children commonly begin cooking for the family when they reach middle school and use highly processed, “convenience” ingredients. As a result of these findings, Fondy developed Youth Chef Academy, a school curriculum that is plant-based and whole-foods focused and highlights local cultural food traditions. This pilot project will test the effectiveness of the program in four middle school classrooms in the Milwaukee Public School system in hopes of extending it throughout the district and elsewhere, if found effective.

**Amy Harley, PhD, Public Health, UW-Milwaukee**

**Award:** $50,000

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*Testing a cooking class for teens. Milwaukee middle school students learned to prepare healthy meals through Fondy Food Center’s Youth Chef Academy. The WPP supports ICTR’s community-academic partnership program, including this pilot grant to test the effectiveness of a school-based curriculum that teaches teens about the importance of eating a diet rich in fruits and vegetables, legumes and whole grains.*

*Photo: FoodRight*
The Wisconsin Partnership Program fulfills its charge of "promoting public health initiatives that will generally benefit the Wisconsin population" through the work of two governing committees, the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC).

The primary responsibilities of the OAC are to:
- Direct and approve 35 percent of the available funds for public health initiatives and public health education and training.
- Provide public representation through the OAC’s four community health advocates.
- Comment and advise on the PERC’s expenditures.

The primary responsibilities of the PERC are to:
- Direct and approve 65 percent of the available funds for education and research initiatives.
- Maintain a balanced portfolio of investments in population health in Wisconsin.
- Strengthen collaborations with communities and health leaders statewide.

**Members of the Oversight and Advisory Committee**

The nine-member OAC is comprised of four community representatives appointed by the UW System Board of Regents; four representatives from the UW School of Medicine and Public Health, appointed by the UW System Board of Regents; and an appointee of the Insurance Commissioner.

**Community Representatives (Health Advocates)**

**Douglas N. Mormann, MS, Vice Chair**
Director, La Crosse County Health Department  
Advocacy Category: Statewide Health Care

**Gregory Nycz**
Executive Director, Family Health Center of Marshfield, Inc.  
Director, Health Policy, Marshfield Clinic  
Advocacy Category: Rural Health

**Christine P. Holmes, MSW, Secretary**  
(effective February 2011)  
President and CEO, Penfield Children’s Center  
Advocacy Category: Children’s Health

**Katherine Marks, BA**
Chief Executive Officer, United Way of Kenosha County  
Advocacy Category: Urban Health

**Insurance Commissioner’s Appointee**

**Martha E. Gaines, JD, LLM**  
Clinical Professor of Law, UW Law School  
Director, Center for Patient Partnerships

**SMPH Representatives**

**Philip M. Farrell, MD, PhD**  
Professor Emeritus, Pediatrics and Population Health Sciences

**Cynthia Haq, MD**  
Professor, Family Medicine  
Director, Training in Urban Medicine and Public Health

**Susan L. Goelzer, MD, MS, CPE, Chair**  
(term as Chair ended February 2011)  
Professor, Anesthesiology, Medicine and Population Health Sciences  
Associate Dean for Graduate Medical Education

**Patrick Remington, MD, MPH, Chair**  
(appointed Chair February 2011)  
Professor, Population Health Sciences  
Associate Dean for Public Health

**Lifecourse Initiative for Healthy Families Steering Committee**

**Georgia Cameron, MBA, BS, RN**  
Deputy Director of Southeastern Office, State of Wisconsin Division of Public Health  
Co-Chair, Division of Public Health Statewide Advisory Committee on Reducing Health Disparities in Birth Outcomes

**Ron Cisler, PhD**  
Professor, Health Sciences, UW-Milwaukee  
Associate Professor, Population Health Sciences, SMPH  
Director, Center for Urban Population Health, Aurora Sinai Medical Center

**Philip M. Farrell, MD, PhD, Co-Chair**  
Professor Emeritus, Pediatrics and Population Health Sciences, SMPH

**Tito L. Izard, MD**  
Chief Executive Officer, Milwaukee Health Services, Inc.  
Clinical Associate Professor, Family Medicine, SMPH

**Sheri Johnson, PhD, MA**  
Assistant Professor, Pediatrics, Medical College of Wisconsin

**Murray Katcher, MD, PhD**  
Chief Medical Officer, Bureau of Community Health Promotion  
Director, State Maternal and Child Health

**Marilyn Kilgore, MA**  
Chair, Beloit Infant Mortality Coalition

**Katherine Marks, BA, Co-Chair**  
Chief Executive Officer, United Way of Kenosha County
Governing Committees

Tina Mason, MD, MPH, FACOG  
Director, Medical Operations, Aurora Sinai Medical Center  
Associate Professor, Obstetrics and Gynecology, SMPH

Stephen C. Ragatz, MD, FAAP  
Chair and Staff Neonatologist, Pediatrics, Wheaton Franciscan Healthcare-St. Joseph

Laurel Rice, MD  
Professor and Chair, Obstetrics and Gynecology, SMPH

Bill Solberg, LCSW  
CSM Director of Community Services, CSM Office Center

Betty Stinson, BA  
Chair, Racine Infant Mortality Coalition  
Consultant

Lorraine Lathen, MA  
LIHF Program Leader  
President, Jump at the Sun Consultants, LLC

Department Chairs

K. Craig Kent, MD  
Professor and Chair, Surgery

James Shull, PhD (appointed April 2011)  
Professor and Chair, Oncology

Rodney Welch, PhD (term ended March 2011)  
Professor and Chair, Medical Microbiology and Immunology

Faculty Representatives

Norman Drinkwater, PhD (term ended March 2011)  
Professor, Oncology  
Representative: Basic Sciences Faculty

Jenny Gumperz, PhD  
Associate Professor, Medical Microbiology and Immunology  
Representative: Basic Sciences Faculty

Robert Lemanske, MD  
Professor, Pediatrics and Medicine  
Representative: Clinical Faculty

Tom Oliver, PhD  
Professor, Population Health Sciences  
Representative: Public Health Faculty

Academic Staff Representative

D. Paul Moberg, PhD  
Research Professor, Population Health Sciences

Oversight and Advisory Committee Appointees

Susan L. Goelzer, MD, MS, CPE, Chair  
(term ended February 2011)  
Professor, Anesthesiology, Internal Medicine and Population Health Sciences  
Associate Dean for Graduate Medical Education

Patrick Remington, MD, MPH, Chair  
(appointed February 2011)  
Professor, Population Health Sciences  
Associate Dean for Public Health

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

External Appointee

Betty Chewning, PhD  
Professor, Pharmacy, UW-Madison  
Director, Sonderegger Research Center

Wisconsin Partnership Program Staff

Michael Smith, Assistant Dean and Director  
Cathy Frey, Associate Director  
Christine Blakey, Administrative Assistant  
Quinton Cotton, Program Officer  
Mary Jo Knobloch, Program Officer  
Tonya Mathison, Administrative Manager  
Steve Smith, Financial Specialist

Members of the Partnership Education and Research Committee

The PERC is broadly representative of the faculty, staff and leadership of the UW School of Medicine and Public Health, and also includes representatives from the Oversight and Advisory Committee and an external appointee. In May 2011, the committee changed its name from the Medical Education and Research Committee to the Partnership Education and Research Committee to reflect the broad spectrum of approaches it supports.

SMPH Leadership

Byron Crouse, MD (term ended August 2011)  
Professor, Family Medicine  
Interim Senior Associate Dean for Academic Affairs  
Associate Dean for Rural and Community Health

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

Norman Drinkwater, PhD (ex-officio, effective April 2011)  
Professor, Oncology

Richard Moss, PhD, Chair  
Professor, Cell and Regenerative Medicine  
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies

Elizabeth Petty, MD (appointed September 2011)  
Professor, Pediatrics  
Senior Associate Dean for Academic Affairs

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

Faculty Representatives

Norman Drinkwater, PhD (term ended March 2011)  
Professor, Oncology  
Representative: Basic Sciences Faculty

Jenny Gumperz, PhD  
Associate Professor, Medical Microbiology and Immunology  
Representative: Basic Sciences Faculty

Robert Lemanske, MD  
Professor, Pediatrics and Medicine  
Representative: Clinical Faculty

Tom Oliver, PhD  
Professor, Population Health Sciences  
Representative: Public Health Faculty

Academic Staff Representative

D. Paul Moberg, PhD  
Research Professor, Population Health Sciences

Oversight and Advisory Committee Appointees

Susan L. Goelzer, MD, MS, CPE, Chair  
(term ended February 2011)  
Professor, Anesthesiology, Internal Medicine and Population Health Sciences  
Associate Dean for Graduate Medical Education

Patrick Remington, MD, MPH, Chair  
(appointed February 2011)  
Professor, Population Health Sciences  
Associate Dean for Public Health

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

External Appointee

Betty Chewning, PhD  
Professor, Pharmacy, UW-Madison  
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Michael Smith, Assistant Dean and Director  
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Christine Blakey, Administrative Assistant  
Quinton Cotton, Program Officer  
Mary Jo Knobloch, Program Officer  
Tonya Mathison, Administrative Manager  
Steve Smith, Financial Specialist
Assets decrease slightly: Net endowment returns were slightly negative for the year. The endowment distributed just under $14 million. Total program assets were down approximately $13.7 million or 4 percent.

Administrative Expenses

WPP administrative expenses were $863,070 for the period of January 1, 2011 through December 31, 2011, compared to $848,347 in 2010. The SMPH also provides in-kind support for WPP administrative expenses from the Offices of the Dean; Senior Associate Deans for Basic Science and Finance; Associate Dean for Public Affairs; Human Resources, Legal Services and Public Affairs. The administrative budget for 2011 was $890,038.

The administrative budget is approved annually by the OAC and PERC. Allocation of costs in the Income Statement on page 29 is based on a 35 percent/65 percent split. Detail expenditures for the period are as follows:

Table 1: Administrative Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Salaries</td>
<td>$592,310</td>
</tr>
<tr>
<td>Total Fringe Benefits</td>
<td>$204,723</td>
</tr>
<tr>
<td>Supplies</td>
<td>$18,882</td>
</tr>
<tr>
<td>Travel</td>
<td>$13,111</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$34,044</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$863,070</td>
</tr>
</tbody>
</table>

OAC (35%) Allocation $302,075
PERC (65%) Allocation $560,996

Nonsupplanting 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, WPP funds may not be used to supplant funds or resources available from other sources. The school has designed a review process for determination of nonsupplanting, which was approved by WUHF. The WPP’s full supplanting policy can be found in the Appendix to this report.

Annual Report

Based on the nonsupplanting determination made by the Senior Associate Dean for Finance, the Dean of the SMPH has attested to compliance with the supplanting prohibition in the annual report. The UW-Madison Vice Chancellor for Administration has also attested that the UW-Madison and UW System have complied with the supplanting prohibition.

OAC Review and Assessment of the Allocated Percentage of Funds

As required in the addendum to the first Five-Year Plan, the 2009–2014 Five-Year Plan and in the Agreement, and as agreed to by OAC’s vote on December 15, 2010 to defer, the OAC discussed the allocation percentage for public health and education and research initiatives on June 15, 2011. After considerable discussion regarding the UW Foundation’s recapture fee, including the related discussions between the UW Foundation and the Wisconsin United for Health Foundation, Inc., the OAC moved to retain the allocation of 35 percent for public health initiatives and 65 percent for education and research initiatives until the next vote in December 2011. The motion passed with six affirmative votes.

On December 14, 2011 the OAC decided to defer the vote on the allocation until June 2012, in alignment with approval of the WPP’s annual report. The motion passed unanimously.

Accounting

The following financial report consolidates activities of the UW Foundation and the SMPH for the period January 1, 2011 through December 31, 2011. Revenues consist of investment income and market valuation and expenditures consist of administrative and program costs. All expenses and awards are reported as either Public Health Initiatives (OAC–35 percent) or Partnership Education and Research Initiatives (PERC–65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown on page 29.
The financial resources that support WPP grants for the period January 1, 2011 through December 31, 2011 are generated from funds released by the Wisconsin United for Health Foundation, Inc. (WUHF), as prescribed in the Agreement, as well as generated from investment income. All funds are housed and managed by the UW Foundation. As needed, funds are transferred to the School of Medicine and Public Health to reimburse expenses.

Income received on spendable funds is based on the performance of the underlying investments, as well as endowment distributions. All expenses are charged against spendable funds. Income received on endowment funds is based on the performance of the underlying investments. The only reductions to the permanently restricted funds are endowment distributions to spendable funds.

**Current Investments**

Current investments consist of participation in the UW Foundation expendables portfolio. The objective of the expendables portfolio is to preserve principal and provide a competitive money market yield. Investments in the expendables portfolio have a short-term horizon, usually less than three years and are mainly short-duration, fixed-income securities. The UW Foundation has identified a level of the expendables portfolio that is unlikely to be withdrawn over a short-term horizon and therefore this percent is invested in higher returning asset classes.

**Noncurrent Investments**

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

The UW Foundation uses quantitative models along with qualitative analysis to maximize returns while minimizing risk. The UW Foundation recognizes that individual investments or asset classes within the endowment will be volatile from year to year, but believes that this risk will be mitigated through diversification of asset classes and investments within asset classes.
**Liabilities — Grants Payable**

Grants payable are recorded as of the date of Oversight and Advisory Committee or Partnership Education and Research Committee approval. The liability reflects the total amount of the grant award, which ranges from one to three years in length, less any payments made before December 31, 2011. Any subsequent modifications to grant awards are recorded as adjustments of the grant expense in the year the adjustment occurs.

**Net Assets**

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

**Temporarily Restricted — Spendable Fund:** Interest and investment income earned by the funds invested in the expendable portfolio at the UW Foundation. These funds are available for both grants and administrative expenses of the program.

**Temporarily Restricted — Endowment Fund:** The unrealized gains or losses related to the permanently restricted funds that are invested within the endowment portfolio. As of December 31, 2011, these funds are available for both grants and administrative expenses of the program.

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

**Income Statement**

**Revenues**

Revenues for the period of January 1, 2011 through December 31, 2011 consist of two components: (1) investment income, which has been recorded as earned throughout 2011; and (2) net realized gains/(losses) on investments, which represents the difference between the original cost of investments and the sales proceeds (realized) or the fair market value at the end of 2011 (unrealized).

Investment revenue amounts are shown after fees have been deducted (net of fees). The UW Foundation pays management fees to external asset managers and records its revenues net of these fees. In addition, the UW Foundation assesses an expense recapture fee of 1 percent of endowed funds to finance its internal operations (including administration, accounting, internal investment management and development). For 2011, the expense recapture fee was $3,085,636. Revenues of the Wisconsin Partnership Program are shown after these fees have been deducted.

In 2011, the UW Foundation modified its policy regarding the investment recapture fee, to be implemented effective January 1, 2012. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above $250,000,000 per account. WPP funds exceed the newly established level and the WPP will experience the lower rates beginning in 2012. In addition, the Dean of the School of Medicine and Public Health decided that the savings from this fee reduction will be fully allocated to the Oversight and Advisory Committee for public health initiatives.

Investment income distributions to the spendable funds are based on the UW Foundation spending policy applied to the market value of the endowment funds.

**Expenditures**

Expenditures for the period of January 1, 2011 through December 31, 2011 consist of grant awards, as described above, and administrative expenses. All expenses fall under one of the two major components identified in the Five-Year Plan: Public Health Initiatives (OAC—35 percent) and Partnership Education and Research Initiatives (PERC—65 percent).

**Table 4: OAC Awards — Summary 2004-2011**

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Total Award</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>$0</td>
</tr>
<tr>
<td>Total 2005 OAC Funding</td>
<td>$4,635,692</td>
<td>$4,635,692</td>
<td>$0</td>
</tr>
<tr>
<td>Total 2006 OAC Funding</td>
<td>$6,262,333</td>
<td>$6,259,896</td>
<td>$2,437</td>
</tr>
<tr>
<td>Total 2007 OAC Funding</td>
<td>$4,714,307</td>
<td>$4,506,245</td>
<td>$208,062</td>
</tr>
<tr>
<td>Total 2008 OAC Funding</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Total 2009 OAC Funding</td>
<td>$2,792,352</td>
<td>$2,160,546</td>
<td>$631,806</td>
</tr>
<tr>
<td>Total 2010 OAC Funding</td>
<td>$2,917,732</td>
<td>$1,088,657</td>
<td>$1,829,075</td>
</tr>
<tr>
<td>Total 2011 OAC Funding</td>
<td>$4,184,161</td>
<td>$373,054</td>
<td>$3,811,107</td>
</tr>
<tr>
<td>Total OAC Funding (2004-2011)</td>
<td>$34,286,534</td>
<td>$27,804,047</td>
<td>$6,482,487</td>
</tr>
</tbody>
</table>

1 Due to the financial downturn of 2008-2009, the OAC did not fund new grants in 2008.
## Table 5: 2011 OAC Awards

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Type1</th>
<th>Total Award</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPLEMENTATION GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></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>E, R, S</td>
<td>$399,053</td>
<td>–</td>
<td>$399,053</td>
</tr>
<tr>
<td>Increasing Cultural Congruence among Nurses in Wisconsin</td>
<td>E, S</td>
<td>$399,998</td>
<td>–</td>
<td>$399,998</td>
</tr>
<tr>
<td>Harvest of the Month Partnership</td>
<td>E, S</td>
<td>$400,000</td>
<td>–</td>
<td>$400,000</td>
</tr>
<tr>
<td>Bring Awareness to Produce Real Change: A Unified Statewide Strategy for Reducing and Preventing Risky Alcohol Use in Wisconsin</td>
<td>E, S</td>
<td>$399,998</td>
<td>–</td>
<td>$399,998</td>
</tr>
<tr>
<td>Preserving Infant and Child Health</td>
<td>E, R, S</td>
<td>$400,000</td>
<td>–</td>
<td>$400,000</td>
</tr>
<tr>
<td>Wisconsin Obesity Prevention Network</td>
<td>E, S</td>
<td>$400,000</td>
<td>–</td>
<td>$400,000</td>
</tr>
<tr>
<td><strong>DEVELOPMENT GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cashton Community Wellness Program</td>
<td>E, S</td>
<td>$19,916</td>
<td>–</td>
<td>$19,916</td>
</tr>
<tr>
<td>Family Table</td>
<td>E, S</td>
<td>$49,965</td>
<td>–</td>
<td>$49,965</td>
</tr>
<tr>
<td>Wisconsin Adolescent Health Care Communication Program Evaluation</td>
<td>E, S</td>
<td>$50,000</td>
<td>–</td>
<td>$50,000</td>
</tr>
<tr>
<td>Sports-Related Lower Extremity Injury Prevention in Rural High School Female Athletes</td>
<td>E, R, S</td>
<td>$50,000</td>
<td>–</td>
<td>$50,000</td>
</tr>
<tr>
<td>The Intersection of Employment and Health Status for African American Males</td>
<td>R, S</td>
<td>$50,000</td>
<td>–</td>
<td>$50,000</td>
</tr>
<tr>
<td>Meta House Replication Project: Pilot Study of Regional Collaboration for Women and Children’s Lifelong Health Improvement</td>
<td>S</td>
<td>$50,000</td>
<td>–</td>
<td>$50,000</td>
</tr>
<tr>
<td>Healthy Kids Healthy County</td>
<td>E, S</td>
<td>$49,430</td>
<td>–</td>
<td>$49,430</td>
</tr>
<tr>
<td>Rock County Coalition for STI Prevention</td>
<td>E, S</td>
<td>$45,664</td>
<td>–</td>
<td>$45,664</td>
</tr>
<tr>
<td>Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs</td>
<td>E, S</td>
<td>$48,979</td>
<td>–</td>
<td>$48,979</td>
</tr>
<tr>
<td>Oneida County Striving to be Healthy</td>
<td>S</td>
<td>$49,966</td>
<td>–</td>
<td>$49,966</td>
</tr>
<tr>
<td>Community Investment in Health: Developing the Lindsay Heights Wellness Commons</td>
<td>E, R, S</td>
<td>$50,000</td>
<td>–</td>
<td>$50,000</td>
</tr>
<tr>
<td>Polk County Behavioral Health Access Audit</td>
<td>R, S</td>
<td>$50,000</td>
<td>–</td>
<td>$50,000</td>
</tr>
<tr>
<td><strong>LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Racine Collaborative for Healthy Birth Outcomes: Planning Continuation</td>
<td>S</td>
<td>$50,000</td>
<td>–</td>
<td>$50,000</td>
</tr>
<tr>
<td>Milwaukee LIHF Continued Planning</td>
<td>S</td>
<td>$50,000</td>
<td>$12,500</td>
<td>$37,500</td>
</tr>
<tr>
<td>Beloit LIHF</td>
<td>S</td>
<td>$50,000</td>
<td>$22,017</td>
<td>$27,983</td>
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<tr>
<td>Lifecourse Initiative for Healthy Families (Kenosha LIHF)</td>
<td>S</td>
<td>$50,000</td>
<td>$5,305</td>
<td>$44,695</td>
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<tr>
<td>Racine Collaborative Lifecourse Initiative for Healthy Families</td>
<td>S</td>
<td>$10,000</td>
<td>–</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>PUBLIC HEALTH EDUCATION &amp; TRAINING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin Population Health Service Fellowship</td>
<td>E, S</td>
<td>$534,526</td>
<td>$241,828</td>
<td>$292,698</td>
</tr>
<tr>
<td>Healthy Wisconsin Leadership Institute</td>
<td>E, S</td>
<td>$476,666</td>
<td>$91,404</td>
<td>$385,262</td>
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</tbody>
</table>

Total 2011 OAC Funding | $4,184,161 | $373,054 | $3,811,107

1 E = education, R = research, S = service (community based)
2 OAC approved budget adjustment
## Table 6: PERC Awards – Summary 2004-2011

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Total Award</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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<tr>
<td>Total 2005 PERC Funding</td>
<td>$13,008,047</td>
<td>$13,002,041</td>
<td>$6,006</td>
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<tr>
<td>Total 2006 PERC Funding</td>
<td>$9,108,054</td>
<td>$9,056,673</td>
<td>$51,381</td>
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<tr>
<td>Total 2007 PERC Funding</td>
<td>$5,515,236</td>
<td>$5,484,927</td>
<td>$30,309</td>
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<tr>
<td>Total 2008 PERC Funding</td>
<td>$6,165,481</td>
<td>$5,127,463</td>
<td>$1,038,018</td>
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<tr>
<td>Total 2009 PERC Funding</td>
<td>$19,834,940</td>
<td>$14,731,947</td>
<td>$5,102,994</td>
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<tr>
<td>Total 2010 PERC Funding</td>
<td>$760,366</td>
<td>$403,483</td>
<td>$356,883</td>
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<tr>
<td>Total 2011 PERC Funding</td>
<td>$1,590,691</td>
<td>$32,822</td>
<td>$1,557,869</td>
</tr>
<tr>
<td><strong>Total PERC Funding (2004-2011)</strong></td>
<td><strong>$63,818,225</strong></td>
<td><strong>$55,674,765</strong></td>
<td><strong>$8,143,460</strong></td>
</tr>
</tbody>
</table>

## Table 7: 2011 PERC Awards

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Type</th>
<th>Total Award</th>
<th>Total Expended</th>
<th>Grants Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLLABORATIVE HEALTH SCIENCES PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing Health Educators to Address Behavioral Health Determinants through Health Care Settings</td>
<td>E, R</td>
<td>$300,000</td>
<td>$-</td>
<td>$300,000</td>
</tr>
<tr>
<td>Predicting Alzheimer’s Disease Using Multimodal Machine Learning</td>
<td>R</td>
<td>$299,539</td>
<td>$-</td>
<td>$299,539</td>
</tr>
<tr>
<td><strong>NEW INVESTIGATOR PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rational Molecular Multi-targeting in Lung Cancer Treatment</td>
<td>R</td>
<td>$99,994</td>
<td>$-</td>
<td>$99,994</td>
</tr>
<tr>
<td>Screening for Mild Cognitive Impairment (MCI) in African Americans</td>
<td>R, S</td>
<td>$100,000</td>
<td>$-</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>TARGETED PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Development of a Centralize SMPH Biobank</td>
<td>R</td>
<td>$191,707</td>
<td>$32,822</td>
<td>$158,885</td>
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<tr>
<td>Faculty Recruitment in Maternal and Child Health</td>
<td>E, R, S</td>
<td>$300,000</td>
<td>$-</td>
<td>$300,000</td>
</tr>
<tr>
<td><strong>Total 2011 PERC Funding</strong></td>
<td></td>
<td><strong>$1,590,691</strong></td>
<td><strong>$32,822</strong></td>
<td><strong>$1,557,869</strong></td>
</tr>
</tbody>
</table>

1 E = education, R = research, S = service (community based)