Partnerships for a Healthy Wisconsin

2012 ANNUAL REPORT
A Message From the Dean

The Wisconsin Partnership Program’s Annual Report offers an excellent opportunity to learn more about the many ways the program is responding to Wisconsin’s public health challenges. The grant activities described in the Annual Report introduce new directions, new partnerships and new collaborations. We also share some of the exciting results of concluded grants and their level of success in helping to build healthier communities throughout the state.

Each year since its founding in 2004, the Wisconsin Partnership Program has sought to support community-academic partnerships, create a portfolio of innovative research and design new educational programs for future public health and health care leaders. At the same time, these efforts have had a profound and lasting impact on the UW School of Medicine and Public Health. We have worked rigorously to incorporate public health principles, practices and perspectives in all of the school’s missions: education, research, patient care and community engagement. The Wisconsin Partnership Program continues to provide the strategic direction, resources and commitment necessary to make progress toward making Wisconsin a healthier state.

In 2012, the Wisconsin Partnership Program awarded $22.3 million in grants to improve the health and lives of individuals, families and communities. The program continued its focus on the state's most pressing health challenges, including racial disparities in infant mortality, through its support of the Lifecourse Initiative for Healthy Families. A commitment was also made to launch a major interdisciplinary initiative to attack the state's obesity epidemic — a problem that will be the focus of the next five years.

The 2012 Annual Report is informative and illustrative of the Wisconsin Partnership Program’s dedication to improve the health of the people in our state. While we continue to face major challenges in these efforts, we are pleased and encouraged with the formation of productive community partnerships, the successful launch of several public health initiatives that are now being replicated, the expansion of our research agenda and the incorporation of public health principles in the education of our trainees. These are important and measurable steps toward building a healthier Wisconsin for all.

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 2012 Annual Report of the Wisconsin Partnership Program (WPP).

This report covers activities and expenditures from January 1, 2012 through December 31, 2012. 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 2012 include:

Supporting Communities. OAC awarded 30 grants totaling $4.9 million to partnerships focused on improving health in communities across the state and ensuring that Wisconsin’s future public health workforce needs are met. Community initiatives include an Emergency Medical Services (EMS) project to improve care for aging rural adults, a mental health initiative focused on workplace education and training, and a project using an intergenerational approach to increase breast cancer screening in the American Indian population.

Investing in Education and Research. PERC awarded 13 grants totaling $17.4 million to support applied public health, clinical and basic science research and education, including collaborations aimed at breast cancer research and a planning grant to lay the groundwork for a state-of-the-art Environmental Health Center at UW-Madison. PERC grants included $4.2 million over three years to the Survey of the Health of Wisconsin (SHOW) to continue research on the health needs and determinants of health in Wisconsin.

Strategic Planning. OAC and PERC held strategic planning sessions and a joint meeting focused on developing a targeted obesity initiative, and began the process of conceptualizing the partnership program’s 2014–2019 Five-Year Plan.

Measuring Outcomes. Twenty-nine final reports from projects concluding in 2012 were accepted by the respective committees. Outcome reports for each project can be found in a supplement to this report. The outcome reports include projects addressing Wisconsin’s risky alcohol behavior through coordinated and strategic policy approaches, initiating a countywide intervention to tackle obesity in a rural area and assessing trends in health and health disparities.

*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>
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<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>Promotes exchange of expertise between community and academic partners to design, implement and evaluate community programs</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>
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<tr>
<td><strong>Lifecourse Initiative for Healthy Families</strong></td>
<td>To eliminate disparities in birth outcomes among Wisconsin’s African Americans</td>
<td>Expands access to care, strengthens support networks and addresses social and economic inequities through collaboratives in Beloit, Kenosha, Milwaukee and Racine</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>
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<td><strong>Healthy Wisconsin Leadership Institute</strong></td>
<td>To build public and community health skills and leadership capacity throughout Wisconsin</td>
<td>Provides continuing education in leadership and the practical skills needed to lead community health improvement efforts</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>
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<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>Places new public health professionals with community and academic partners to address public health challenges</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>
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<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>Funds innovative proposals from new faculty, which may be leveraged for external funding</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>
</tr>
<tr>
<td><strong>Collaborative Health Sciences Program</strong></td>
<td>To support novel ideas and new approaches to research and education</td>
<td>Funds collaborative projects that cross traditional boundaries of basic science, clinical science, social science, education, population health science and/or community practice</td>
<td>Up to $500K over three years</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>
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<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>Makes major investments in research and education to address the state’s public health challenges</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>
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OAC-PERC Collaboration. The Wisconsin Partnership Program's two governing bodies — the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) — work collaboratively to build healthier communities.

Examples of this productive partnership include:

- **Lifecourse Initiative for Healthy Families (LIHF).** This major multiyear initiative to improve birth outcomes in Wisconsin was launched with a $10 million commitment from OAC. In 2012, the initiative’s four targeted communities celebrated their final planning product and began implementing community action plans. The first Request for Partnerships (RfP) was released for community projects to improve birth outcomes among African Americans. Additionally, PERC is supporting the recruitment of a faculty leader in maternal and child health in the coming year.

- **Targeted Obesity Initiative.** A new multidisciplinary collaboration led by PERC will address obesity, the number one health issue identified by grantees and applicants, UW faculty and staff and other key stakeholders surveyed by the Wisconsin Partnership Program in 2012 and 2013.

- **Wisconsin Population Health Service Fellowship.** A two-year service and training program for early-career public health professionals, the fellowship addressed state priorities ranging from minority health to emergency preparedness in 2012, and attracted almost $1 million in grant resources for community and public health projects. Funded by OAC since its inception in 2004, and supported by both committees last year, the fellowship retains two-thirds of its graduates as public health professionals in Wisconsin.

Leading the Way Conference. September 27, 2012 marked the inaugural joint conference of the Medical College of Wisconsin’s Advancing a Healthier Wisconsin program and the University of Wisconsin School of Medicine and Public Health’s Wisconsin Partnership Program. Following eight years of programming, and distributing more than $200 million for projects and initiatives to improve Wisconsin’s health, the conference promoted the successes and lessons learned from those funded efforts. Goals included increased connections and exchange of ideas among community participants and researchers, increased awareness of the scope of community partnerships and wider dissemination of achievements.

Introduction

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<thead>
<tr>
<th>Wisconsin Partnership Program Grant Awards</th>
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<tr>
<td>43 grants in 2012</td>
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<tr>
<td>$22,264,406</td>
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<tr>
<td>299 total grants since 2004</td>
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<tr>
<td>$122,685,863</td>
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<tr>
<th>Oversight and Advisory Committee</th>
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<tbody>
<tr>
<td>30 new grants</td>
</tr>
<tr>
<td>$4,867,166</td>
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<tr>
<td>183 total grants</td>
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<td>$40,221,807</td>
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<tr>
<th>Partnership Education and Research Committee</th>
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<tr>
<td>13 new grants</td>
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<tr>
<td>$17,397,240</td>
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<tr>
<td>116 total grants</td>
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<td>$82,464,056</td>
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<tr>
<th>Total Grant Awards by Type: 2004-2012</th>
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<tr>
<td>OAC: 175 total grants, $33,755,108</td>
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<tr>
<td>PERC: 32 total grants, $21,970,012</td>
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<td><strong>45%</strong></td>
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<tr>
<th>Public Health Portfolio</th>
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<tr>
<td>OAC: 8 total grants, $6,466,699</td>
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<tr>
<td>PERC: 17 total grants, $11,656,977</td>
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<td><strong>15%</strong></td>
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<tr>
<th>Clinical and Translational Research Grants</th>
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<tbody>
<tr>
<td>PERC: 35 total grants, $39,175,791</td>
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<td><strong>32%</strong></td>
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<tr>
<th>Basic Science Research Grants</th>
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<tbody>
<tr>
<td>PERC: 32 total grants, $9,661,276</td>
</tr>
<tr>
<td><strong>8%</strong></td>
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</table>

299 total grants
$122,685,863
Grants awarded through the Community-Academic Partnership Fund by the Oversight and Advisory Committee address the goals of Wisconsin’s state health plan, Healthiest Wisconsin 2020. The list of newly-funded grants reflects a dedication to a balanced portfolio of geographically and culturally diverse partnerships, an emphasis on addressing health disparities and a combination of education and research-focused initiatives. The grants projects also demonstrate a commitment to community engagement supporting the transformation to an integrated school of medicine and public health and alignment with the Wisconsin Idea — the philosophy that UW research should be applied to solve problems and improve the quality of life for all Wisconsin residents.

**Grants Awarded in 2012**

**Implementation Grants.** The OAC awarded five implementation grants of up to $400,000 over three years.

**Adams County Community Wellness Program**
Adams County faces reduced life expectancy due to chronic diseases such as cancer, diabetes and heart disease, and consistently ranks in the bottom five in the County Health Rankings. In addition, residents are experiencing fair or poor health at a rate higher than the statewide average and have high rates of obesity, tobacco use and inadequate physical activity — all significant factors in the development of chronic disease. This rural project will enlist community health workers and health navigators in efforts to assist residents with prevention strategies and help alleviate access issues.

**Community Partner:** Adams County Health and Human Services, Department of Public Health  
**Academic Partner:** Alexandra Adams, MD, PhD, Family Medicine, SMPH

**Community Safety Data Repository Project**
The prevention of violence is a significant public health issue. The link between violence and social issues such as education, employment, poverty, housing and economic development has been well established. Public health practitioners are now working closely with police departments and other Milwaukee area agencies to build relationships and implement strategies that engage an array of partners in the prevention of violent crimes. This project aims to improve the availability and quality of data to answer questions about the changing patterns of land use, property values and migration issues related to crime prevention.

**Community Partner:** Milwaukee Health Department, Office of Violence Prevention  
**Academic Partner:** Eric Gass, PhD, Public Health, UW-Milwaukee

**Growing Farm to School: Cultivating Childhood Wellness through Gardening**
Obesity in children is a significant public health concern in Wisconsin. Evidence suggests a myriad of health benefits from eating fruits and vegetables, however, little progress has been made toward increasing consumption rates in children.

Kindergarten and first grade students from Kennedy Elementary School in Madison planted broccoli at the Goodman Youth Grow Local Farm. OAC grantee Community GroundWorks partners with the Madison Metropolitan School District and Goodman Community Center to offer farm-based educational programs on gardening, food preparation and nutrition.
The project aims to improve the health and wellness of Wisconsin children through garden-based nutrition education at schools, child care centers and after-school programs across the state.

**Community Partner:** Community GroundWorks  
**Academic Partner:** Dale Schoeller, PhD, Nutritional Sciences, UW-Madison

**Latino Youth Health Leadership Teams: Implementing the Healthy Activities Partnership Program for Youth**

Teams of students from the Bruce Guadalupe Community School will be recruited to participate in a program to increase physical activity and improve eating habits with an emphasis on media influences and environmental factors. This school serves about 975 children from K-8th grade, of which 80 percent qualify for free or reduced lunches, 65 percent receive special education. The program will directly engage 90 middle school students and their families, with the expectation of reaching the entire student body and their families over the three-year grant. This project builds on the work accomplished through a Collaborative Health Sciences Program grant awarded by PERC.

**Community Partner:** United Community Center  
**Academic Partners:** Samuel Dennis, Jr., PhD, MLA, Landscape Architecture, UW-Madison

**Richland FIT: Academic Partnership to Build a Healthy Environment in Rural Richland County**

Richland County has the highest rate of overweight adults in Wisconsin and the seventh highest rate of children enrolled in the Women, Infants and Children (WIC) program. The *County Health Rankings* identified Richland County as an area with low access to healthy food. Project staff will work with businesses, health professionals, schools and community members to create countywide environmental change designed to increase accessibility of healthy food for adults and children. This project aims to raise awareness and create change using a solid commitment from the Richland County medical community and other important stakeholders.

**Community Partner:** Richland County Health & Human Services, Public Health  
**Academic Partners:** Peggy Olive, MSW, Richland County, UW-Extension; Neil Bard, MD, Family Medicine, SMPH

**Small Implementation Grants.** The OAC awarded two implementation grants of up to $150,000 over three years.

**Building the Mentally Healthy Workplace**

Mental illness results in more days of work loss and work impairment than many other chronic conditions. Nationally, approximately 217 million work days are lost annually due to productivity declines related to mental illness and substance abuse disorders, costing employers billions each year. People with mental illness are discouraged from gainful employment by stigmatizing beliefs and attitudes, as well as systemic and environmental barriers and disincentives. Wisconsin employers are participating in this project with a combined goal of increasing employees’ ability to seek help and increasing managers’ skills to respond to employees in need.

**Community Partner:** Mental Health America of Wisconsin  
**Academic Partner:** Jerry Halverson, MD, Psychiatry, SMPH

As part of a community-academic partnership to build a healthy environment in Richland County, high school students participated in a photo project designed to raise questions and suggest solutions for barriers to physical activity and healthy nutrition.
Public Will Building to Reduce Obesity in the Latino Community of Milwaukee

Milwaukee has among the highest prevalence rates of obesity and chronic disease in Wisconsin. Within this project’s targeted Milwaukee communities, 30 percent of families live below the poverty line, 31 percent of residents are obese and 70 percent have inadequate fruit and vegetable consumption. This project will train community health promoters and a community action board to implement a “public will building” process to engage residents to take action and implement solutions to the obesity epidemic.

**Community Partner:** CORE/El Centro  
**Academic Partner:** Amy Harley, PhD, Health Sciences, UW-Milwaukee

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Adopting an Easy-to-Read Medication Label in Wisconsin

National studies indicate that adverse drug events are responsible for 3.6 million office visits per year, 700,000 emergency room visits and 117,000 hospitalizations. In one study, 46 percent of patients across all literacy levels misunderstood one or more medication dosage instructions. Seniors are at risk of misunderstanding drug labels and misusing medications, leading to negative health outcomes such as falls. National pharmacy chains have developed 31 different label styles, resulting in variability in the clarity and complexity of dosage instructions. This pilot study explores factors affecting adoption of new standards for patient-centered medication labeling.

**Community Partner:** Health Literacy Wisconsin, a division of Wisconsin Literacy, Inc.  
**Academic Partner:** David Mott, PhD, Pharmacy, UW-Madison

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CESA #9 Active and Healthy Schools

Counties represented in Cooperative Educational Service Agency #9 in northern Wisconsin have high rates of obesity and physical inactivity. This project will pilot-test a program to increase students’ level of physical activity during the school day among 4th graders in three targeted elementary schools, which have a higher than state average of students eligible for the National School Lunch Program. The program will include active recess, active energy breaks in the classroom and increased physical education time.

**Community Partner:** Cooperative Educational Service Agency #9  
**Academic Partner:** Aaron Carrel, MD, Pediatrics, SMPH

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Community Action and Community Capacity Building for Type 2 Diabetes Prevention

Type 2 diabetes disproportionately affects African American women. The project aims to test the feasibility of lay health advisors in a community-based participatory research approach to translate and adapt the empirically supported Diabetes Prevention Program. The goal is to reduce risk factors for type 2 diabetes among overweight or obese African American women.

**Community Partner:** Black Health Coalition of Wisconsin, Inc.  
**Academic Partner:** Alice Yan, MD, PhD, Public Health, UW-Milwaukee

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Community-Based EMS Pilot Project

This rural pilot project in Shawano County will position Emergency Medical Services providers to become the eyes and ears for physicians and social service agencies. EMS providers will be trained to work with the elderly when responding to a 911 non-life threatening call. Using a screening tool outlining key risk factors, EMS providers will refer individuals to an appropriate health care or social service agency.

**Community Partner:** Northeast Wisconsin Technical College  
**Academic Partner:** Robert Jecklin, PhD, Health Education and Health Promotion, UW-La Crosse

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Development of a Curriculum to Support Healthy Bites, A Wisconsin Guide for Improving Childhood Nutrition

Obesity rates, particularly among low-income children from minority populations, are increasing around the country and the state. Research suggests that children are most amenable to dietary changes at an early age and, because a majority of Wisconsin children are in child care, the project seeks to implement nutritional improvements in early care and education settings. A Healthy Bites evidence-based curriculum, based on the Healthy Bites resource guide, will be developed and piloted.

**Community Partner:** Celebrate Children Foundation  
**Academic Partner:** Tara LaRowe, PhD, Family Medicine, UW-Madison

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“Community-academic partnerships have brought rich resources to many communities. The capacity of faculty to assist with evaluation and content expertise is highly valued by communities.”

— Wisconsin Public Health Association Board of Directors
E-Z Access to Health Project

African American youth in Milwaukee experience high rates of teen pregnancy, sexually transmitted infections and HIV infection. This Milwaukee-based project will pilot test the use of youth-led, culturally-specific strategies to increase knowledge about sexual and reproductive health in a community-based, non-clinical setting. The purpose is to inform, engage and support African American youth age 14 to 25 to make healthy decisions about reproductive and sexual health behaviors and increase access to reproductive and sexual health services.

**Community Partner:** Urban Underground  
**Academic Partner:** Paul Florsheim, PhD, UW-Milwaukee

Great Dane Exchange: Exploring the Reasons for the Success of the Wisconsin State Employee Health Plan Insurance Exchange

Since the early 1980s, the Wisconsin State Employee Health Plan has operated health insurance exchanges in each of Wisconsin's 72 counties. In Dane County, state employee individual and family plans are less expensive than in counties without plans competing for state employees. This project will research and analyze Dane County's health insurance model to determine which factors play a role in lower premiums.

**Community Partner:** Community Advocates, Inc.  
**Academic Partner:** John Mullahy, PhD, Population Health Sciences, SMPH

Madison-Dane County Healthy Birth Outcomes

There has been a threefold increase in the infant mortality rate among African Americans in Dane County in the last several years. Understanding the experience of families who have lost their babies is a valuable approach to address community factors that may be related to infant health disparities. A maternal home interview tool will be developed and integrated with the Dane County Fetal and Infant Mortality Review, a national evidence-based model to improve birth outcomes and prevent infant deaths.

**Community Partner:** Department of Public Health for Madison and Dane County  
**Academic Partner:** Whitney Witt, PhD, MPH, Population Health Sciences, SMPH

Menominee Community Journey to Wellness

Menominee County, made up of the Menominee Reservation, is the poorest Wisconsin county and currently ranks last in Wisconsin's County Health Rankings. The Menominee people suffer from high rates of cardiovascular disease, type 2 diabetes and rising cancer rates that may be due to rapidly increasing rates of obesity. Realizing the need for a comprehensive, collective and sustainable plan, tribal leaders created a community engagement committee to address childhood obesity. This project coordinates efforts through a strategic evaluation process using data to drive decision-making for prevention efforts.

**Community Partner:** Menominee Indian School District.  
**Academic Partner:** Alexandra Adams, MD, PhD, Family Medicine, SMPH

Camara Jones, MD, MPH, PhD, who conducts research on the social determinants of health and equity at the Centers for Disease Control and Prevention, presented a UW Population Health Institute seminar and met with health leaders in Madison and Milwaukee in May 2012.
Prenatal Virtual Home Visitation Program

Healthy birth outcomes are dependent on the mothers’ physical, mental, emotional and social well-being. Malnutrition, prenatal exposure to tobacco, alcohol, other drugs and maternal stress have negative consequences for early brain and child development and can potentially result in pre-term births or infants born with special needs. Compounding these factors is the reality of limited access to resources in rural Wisconsin. Home visitation programs can be effective with families of children who are most at risk for poor development. This feasibility project takes home visiting one step further by testing visitation services for women and teens in rural Taylor County by combining virtual technology and a model parent education and family support program.

Community Partner: Parent Resource Center of Taylor County
Academic Partner: Patricia Caro, PhD, Education, UW-Stevens Point

Safe and Healthy Food for the Hungry

Food pantries are key components of the local food environment for tens of thousands of individuals in Wisconsin. Reliance on pantries has increased 56 percent in Wisconsin since the onset of the recession. Food pantry inventories have never been systematically evaluated for food safety and nutritional quality, nor has a systematic effort been made to engage and educate pantries as active partners in improving the safety and nutritional quality of distributed food. This project will review food inventory, procurement and distribution issues with the goal of improving access to adequate, safe and nutritious food for low-income people in Wisconsin.

Community Partner: Wisconsin Community Action Program Association
Academic Partners: Amber Canto, MPH, RD, CD, UW-Extension; Barbara Ingham, PhD, Food Science, UW-Madison

Training Intergenerational Health and Wellness Messengers to Address American Indian Breast Cancer Disparities

Breast cancer is the most common cancer among American Indian women and a leading cause of cancer death. American Indian women tend to be diagnosed at a younger age, have more advanced disease at diagnosis and have the lowest five-year survival rate of any racial or ethnic group. Late stage diagnosis and subsequent high mortality from breast cancer are at least partially explained by low screening rates. Culturally-framed interventions, including lay health education, navigation and peer mentor programs, have been successful in many American Indian communities. This project builds upon these evidence-based models while using a recognized cultural strength in American Indian families and communities: strong, women-centered intergenerational networks and relationships. Through training workshops with youth health messengers and peer educators in Milwaukee and Oneida Counties, American Indian youth will gain the knowledge, skills and confidence necessary to discuss breast health with women in their communities.

Community Partner: Wisconsin Pink Shawl Initiative
Academic Partner: Shannon Sparks, PhD, Human Ecology, UW-Madison

Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin

There is a link between adverse childhood events and poor adult health outcomes including substance abuse, depression, cardiovascular disease, diabetes, cancer and premature mortality. The ACE Study, conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, was the first large-scale study of childhood precursors of adult health risk behaviors, disability, disease and premature mortality. The study connected reports of adverse childhood events with health and social well-being data. This project aims to enhance public health surveillance systems, a priority of the State Health Plan, with childhood adversity measures to drive policy, practice and resource allocation to reduce and prevent adverse childhood experiences. Long-term, the project provides the foundation for improved adult health outcomes and reduction of health disparities statewide.

Community Partner: Wisconsin Children’s Trust Fund
Academic Partners: Barbara Knox, MD, Pediatrics, SMPH; Kristen Shook Slack, PhD, Social Work, UW-Madison
Winnebago County STI Task Force: Comprehensive Sexual Health Education Pilot Program

Two of the most commonly reported communicable diseases in Wisconsin are the sexually transmitted infections chlamydia and gonorrhea. In Winnebago County, about 70 percent of chlamydia infections are among 15 to 24 year olds. Research demonstrates that comprehensive sex education delays initiation of sexual activity, reduces the number of partners, and increases contraceptive use. The aim of this project is to develop and pilot a middle school sexual health curriculum based on National Sexuality Education Standards, and to measure the impact on student knowledge and risky sexual behavior in comparison with current sex education curricula.

Community Partner: Winnebago County Health Department
Academic Partner: Juyeon Son, PhD, Sociology, UW-Madison

Wisconsin Health Equity Alliance (WHEA): Driving Policy Change to Improve Health in Wisconsin

The University of Wisconsin Population Health Institute developed a population health model indicating that the strongest factors to influence health outcomes are socioeconomic determinants of health, such as employment, community safety and social support. However, social determinants of health remain neglected at the “action level,” particularly with regard to systemic efforts to solve public health problems. This project will build the foundation for an alliance dedicated to improving health outcomes across the state by providing training and education to communities ready to implement evidence-based practices and policies that address these social determinants.

Community Partner: WISDOM
Academic Partner: Brian Christens, PhD, Human Ecology, UW-Madison

YMCA/UW Department of Obstetrics and Gynecology Partnership Promoting Healthy Weight in Pregnancy

Obesity in pregnancy, excess gestational weight gain and postpartum weight retention are associated with severe, long-term adverse health outcomes for women and their children. Wisconsin now ranks number one among states with the highest rate of African American adult female obesity in the nation, a rate nearly double that of white women. Data shows that the South Madison Redevelopment District, which is home to the most racially diverse population in Dane County, faces a myriad of social and health disparities. This partnership will assess current needs of underserved women in South Madison, evaluate community readiness and design pilot programs aimed at promoting healthy weight for low-income women before, during and after pregnancy.

Community Partner: YMCA of Dane County, Inc.
Academic Partner: Cynthia Anderson, MD, MPH, Obstetrics and Gynecology, SMPH

Grants Concluding in 2012

Seventeen community grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report.

Implementation Grants

Got Dirt? Garden Initiative
Brown County
This project promoted youth gardens as a viable strategy to increase access to and consumption of fruits and vegetables.

It Takes a Community to Help a Smoker
The Salvation Army of Wisconsin and Upper Michigan Door-to-door surveys assessed smoking prevalence and beliefs in two Milwaukee neighborhoods.

Keeping Kids Alive in Wisconsin
Children’s Health Alliance of Wisconsin
The project team developed a system to identify the risk factors and circumstances of child deaths in Wisconsin.

Underage Drinking: A Parent Solution
Partners in Prevention—Rock County, Inc.
The intervention helped to reduce underage drinking rates in Edgerton, Wisconsin.

Wisconsin Population Health Service Fellowship
Population Health Sciences
The public health workforce benefits from a diverse corps of highly skilled young professionals.
Development Grants

Allied Community Cooperative

Allied Wellness Center
A neighborhood social-cooperative model is designed to build healthier communities from within.

Building Effective Partnerships to Reduce Risky and Problem Alcohol Use

Health First Wisconsin
This statewide project represented a strategic step toward reducing the financial and human toll of risky alcohol use.

Collaborative AODA Service: Identifying Cost Effective Models

Jewish Family Services, Inc.
The project team investigated models of integrated mental health and substance abuse treatment.

Developing a Men’s Wellness Network to Improve Community Health Outcomes

Walnut Way Corp.
African American men in Milwaukee's Lindsay Heights neighborhood benefit from a place to make social connections and to negotiate life stressors.

Improving Employer Mental Health Practices

Mental Health America of Wisconsin
Project findings suggest that reducing stigma related to mental illness can help employers respond more effectively.

Public Will Building to Reduce Obesity in the Latino Community of Milwaukee

CORE/El Centro
The project took an evidence-based approach to building public support for change.

Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools

Aurora Psychiatric Hospital
Milwaukee teens report increases in their motivation to reduce or stop their substance abuse.

Richland County Community Academic Partnership For Obesity Prevention

Richland County HHS Public Health
Community members work to create countywide environmental change.
The Lifecourse Initiative for Healthy Families (LIHF) is a multi-year program created by the UW School of Medicine and Public Health and the Wisconsin Partnership Program to address the state’s high rates of African American infant mortality, among the worst in the nation. With a $10 million pledge from OAC, the effort targets the southeast cities of Beloit, Kenosha, Milwaukee and Racine, which account for nearly 90 percent of African American births in the state.

Addressing one of Wisconsin’s most complex and critical health challenges — infant mortality — requires an approach that builds strong relationships among community stakeholders. The Lifecourse Initiative promotes partnerships and cooperation in local communities by supporting the work of collaboratives. Using a collaborative strategy provides a framework for communities to build and energize a broad base of support to drive community change.

A two-phase initiative, the planning phase resulted in the establishment of LIHF collaboratives and community action plans. The implementation and evaluation phases place emphasis on actionable strategies that address conditions that make experiencing infant mortality more likely among African American women and their families.

**Highlights in 2012 included:**

**Community action planning.** More than 500 community stakeholders participated in a two-year planning process that led to the development of local action plans. Plans reflect each community’s priorities and vision for improving healthy birth outcomes. The LIHF collaboratives unveiled action plans in April 2012, highlighting “what works” to improve healthy birth outcomes. The collaboratives were successful at influencing public conversation on infant mortality by promoting the Lifecourse Perspective as a framework for understanding and developing “lifecourse-informed” solutions to address infant mortality.

**Community leadership.** A steering committee, appointed by the OAC and comprised of 18 maternal and child health experts, health care professionals and community advocates, provided guidance and leadership on the initiative’s overarching goal to eliminate racial disparities in birth outcomes in Wisconsin.

**Faculty leadership.** A nationwide search for a faculty leader in maternal and child health was launched in 2012. Funded through PERC, this faculty addition to the UW School of Medicine and Public Health will engage health care providers and academic partners, promote interdisciplinary research and educational collaborations, advocate for public policies affecting maternal and child health and provide leadership for the Lifecourse Initiative.

Regina Hendrix and her daughter Ryann attended an April 2012 event to launch Beloit’s community action plan. Born prematurely at 32 weeks, baby Ryann’s journey to thrive was featured at LIHF collaborative meetings and in local publications, and became an inspiration for the Beloit community to support healthy birth outcomes.
Community grants. The Wisconsin Partnership Program released its first Request for Partnerships (RfP) in 2012 for project grants to complement and enhance the Lifecourse Initiative’s collaborative strategy. Funding priorities informed by community action plans included: social support networks for pregnant women, new mothers and families; prenatal care; home visitation programs; access to medical homes; and family supports, including fatherhood involvement and family sustaining jobs.

Grants Awarded in 2012

The Wisconsin Partnership Program’s Oversight and Advisory Committee awarded each community $250,000 through collaborative implementation grants to advance sustainable solutions to eliminate disparities in birth outcomes. Each collaborative will coordinate and mobilize their stakeholders around priorities identified in their community action plan, serving as credible strategic leaders who drive local and regional change.

Grants Concluding in 2012

Four LIHF collaborative grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report.

**Beloit Lifecourse Initiative for Healthy Families**
Stateline Community Foundation
Local media and the Beloit LIHF Collaborative increased public awareness about the state’s infant mortality crisis.

**Kenosha Lifecourse Initiative for Healthy Families**
Black Health Coalition of Greater Kenosha
The Kenosha LIHF Collaborative is a key community resource for information on healthy birth outcomes in Kenosha County.

**Milwaukee Lifecourse Initiative for Healthy Families**
Planning Council for Health and Human Services, Inc.
Among the Milwaukee LIHF Collaborative’s top recommendations is strengthening African American families by increasing father involvement.

**Racine Lifecourse Initiative for Healthy Families**
The Johnson Foundation at Wingspread
The Racine LIHF Collaborative reached more than 1,000 community members to raise awareness about the state’s disparities in infant mortality.
Healthy Wisconsin Leadership Institute

A joint program of the UW School of Medicine and Public Health and Medical College of Wisconsin, the Healthy Wisconsin Leadership Institute (HWLI) provides public and community health education and leadership training for the state’s public health workforce.

The HWLI holds regional workshops throughout Wisconsin and also sponsors the Community Teams Program. This program provides training and technical assistance in collaborative leadership and public health skills from state and national experts as teams tackle their community health priorities. Community-facilitated logic models and grant writing are just two of the workshops offered through the Community Teams Program.

Seven teams from around the state participated in the program in 2012. Teams worked on improving birth outcomes, improving access to mental and behavior health services and reducing cases of sexually transmitted diseases among youth. Other projects included a plan to improve family stability for children in foster care and a model to increase the state’s capacity in community health improvement planning.

Six teams were selected for the 2012–2013 cohort, including representatives from health care and human services, faith communities, tribal nations, local businesses, public health agencies, academia and government. Community teams and projects include:

- **Burnett County Poverty Task Force**: reducing poverty as a health improvement strategy in Burnett County
- **Jefferson County and Fort Healthcare**: addressing adult and childhood obesity in Jefferson County
- **Jackson County’s AACTION (Alcohol Awareness Community Team Influencing Our Neighbors)**: reducing underage drinking in Jackson County
- **Northwoods LEAN (Linking Education, Activity and Nutrition)**: increasing physical activity and improving nutrition to reduce and manage chronic disease in Oneida and Vilas Counties
- **Statewide Active Communities Team**: multiple communities across Wisconsin working together to create infrastructure improvements that encourage increased physical activity
- **Youth Suicide Prevention Task Force**: communities of Wittenberg, Birnamwood and the Ho-Chunk tribe addressing mental health needs and preventing youth suicide

Co-directed by Karen Timberlake, JD of the UW Population Health Institute and Peter Layde, MD, MSc of the Medical College of Wisconsin, HWLI was created in 2005 to develop a sufficient and competent workforce, a priority of the state health plan, *Healthiest Wisconsin 2020.*

“HWLI helped our team gain the momentum needed to implement a community-based program to increase healthy eating choices among middle and high school students.”

— Pam Bork, Community Teams Participant

Wisconsin Healthy Leadership Institute participants in 2012, the Healthier Douglas County team focused on obesity prevention through environmental and policy changes that encourage healthy physical activity and eating choices.
The Wisconsin Population Health Service Fellowship recruits and deploys early-career public health professionals to work for public health and community-based organizations throughout Wisconsin. The Fellowship combines service, by addressing some of the state’s most pressing public health challenges and attracting resources to community and public health — with workforce development, by building population health skills and experience in future public health leaders.

In 2012, the Wisconsin Partnership Program, through OAC and PERC, continued support of the Fellowship program by providing $534,526 for the upcoming year.

Thirty-eight fellows have participated in the program since its inception in 2004. Fellows train in governmental, nonprofit, rural and urban settings and directly impact local and statewide initiatives. The program has retained 65 percent of its graduates, who are now employed as public health professionals in Wisconsin.

**Accomplishments in 2012 included:**

**Funding.** Secured nearly $1 million to support public health efforts in Wisconsin. Funds supported training for childcare workers to support breastfeeding, home visiting for new mothers to decrease post-partum depression, creating a wellness cooperative in a low-income Madison neighborhood and developing a health impact assessment curriculum.

**Policy and systems development.** Supported the development and adoption of policies for newborn screening and a foodborne illness outbreak protocol for the city of Milwaukee.

**Workforce development.** Developed a webinar on HIV/STI prevention, conducted training for Wisconsin Department of Health Services employees and provided outreach and communications support to the Milwaukee Consortium for Hmong Health.

**Communicable disease prevention.** Provided analysis of tuberculosis and hepatitis C outbreaks in Milwaukee, which informed the follow-up strategies of public health nurses.

**Health equity.** Provided statewide trainings and presentations at the American Public Health Association annual conference on using Health Impact Assessments as a tool for public health improvement. Developed a new public health worker orientation and a health equity resource guide, featured on the Wisconsin Center for Health Equity website.

Directed by Thomas Oliver, PhD, MHA of the UW School of Medicine and Public Health, the Fellowship program is conducted in partnership with the Wisconsin Department of Health Services’ Division of Public Health, the City of Milwaukee Health Department and other public and private organizations across Wisconsin.
New Investigator Program

The New Investigator Program (NIP) helps promising researchers at the level of assistant professor take innovative approaches to improving health in Wisconsin. Funded projects span the continuum of basic, clinical, social/behavioral and population sciences. PERC awarded $400,000 to four new investigators in 2012.

Grants Awarded in 2012

Cholecystokinin in the Survival of Human Pancreatic Islets

Diabetes is a disease that affects almost 300,000 people in Wisconsin, a number that has nearly doubled over the past 15 years and is expected to triple in the next 15 years. Obesity is a major risk factor for type 2 diabetes. A key problem in type 2 diabetes is ongoing death of pancreatic beta-cells that produce insulin. The hormone cholecystokinin (CCK) can prevent beta-cell death in mouse models of diabetes. This project tests the ability of CCK to protect human beta-cells and explore its treatment potential for type 2 diabetes.

Dawn Davis, MD, PhD, Medicine, SMPH
Award: $100,000 over 18 months

Circulating Tumor Cells in Renal Cell Carcinoma: Biomarkers for Personalized Medicine

Renal cell carcinoma is the eighth leading cause of cancer death in the United States. Despite many new treatment options, metastatic kidney cancer remains incurable with a median survival less than two years. This project uses a novel technology developed at UW-Madison to capture tumor cells in the bloodstream, known as circulating tumor cells, from patients with kidney cancer, and test them for sensitivity to anti-cancer therapies. The goal is personalizing therapies and developing better treatment options for Wisconsin patients with kidney cancer.

Joshua Lang, MD, MS, Medicine, SMPH
Award: $99,964 over two years

Discharge Order Completeness and 30-Day Rehospitalizations in Rural Wisconsin Nursing Home Patients

Of the five million Medicare patients discharged from hospitals to nursing homes each year, one in four is rehospitalized within 30 days. In Wisconsin, these rehospitalizations cost more than $30 million annually.

Poor hospital-nursing home communication at the time of hospital discharge can lead to readmission, especially for patients with dementia who often have limited ability to advocate for needed care.

The project evaluates the association between discharge orders and local rehospitalization data for a random sample of patients discharged to nursing homes in 2012 from three rural Wisconsin hospitals. This work holds the potential to improve hospital-nursing home communication and patient care throughout Wisconsin.

Amy Kind, MD, PhD, Medicine, SMPH
Award: $99,104 over two years

The Partnership Education and Research Committee (PERC) supports innovative efforts in research and education with the overall goal of improving the health of Wisconsin residents through three grant programs. Two of these programs are based on a “Request for Application” model, in which junior faculty (New Investigator Program) or collaborative groups of established faculty (Collaborative Health Sciences Program) submit their best ideas for review by a panel of scientific experts. The third grant category, the Targeted Education and Research Program, is intended to address emerging or critical needs identified by PERC. Individual or groups of faculty are invited to apply for funding through this program.
New Investigator Program

Dissecting Cross-Species Transmission of Influenza Virus

Infections from seasonal influenza viruses cause up to 36,000 deaths per year in the United States and are a frequent cause of patient visits to health care providers in Wisconsin. These seasonal infections are punctuated by pandemic outbreaks as new viruses move from animals to humans, often causing high mortality.

This project explores the diversity of influenza hosts and the process by which the virus jumps species. Findings could suggest strategies to prevent influenza virus from jumping across species, to limit the spread after transmission has occurred and to help predict, and possibly prevent, future widespread outbreaks of the flu.

Andrew Mele, PhD, Medical Microbiology and Immunology, SMPH

Award: $100,000 over two years

Grants Concluding in 2012

Three New Investigator Program (NIP) grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report.

Genetic and Environmental Predictors of Serum Levels of 25-hydroxyvitamin D

Corinne Engelman, PhD, MSPH, Population Health Sciences, SMPH

Findings inform public health recommendations and clinical practices guidelines on adequate vitamin D levels.

Positron Emission Tomography (PET) Imaging of Tumor Angiogenesis

Weibo Cai, PhD, Radiology, SMPH

This grant project explored new ways to measure cancer tumor progression.

Probiotics for Prevention of Infection by Multiresistant Bacteria

Nasia Safdar, MD, PhD, MS, Medicine, SMPH

The study was designed to assess the use of probiotics to reduce resistant bacteria.
Collaborative Health Sciences Program

The Collaborative Health Sciences Program supports the novel ideas and approaches of associate and full professors and senior and distinguished scientists, with an emphasis on interdisciplinary research and education to address compelling public health issues. A collaborative team representing basic, clinical, social/behavioral and/or population sciences leads funded projects. The Partnership Education and Research Committee (PERC) awarded nearly $1.5 million to three projects in 2012.

Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses

This project will explore the use of bisphosphonate (BP) drugs for breast cancer prevention. A multidisciplinary team will develop strategies for the short-term administration of FDA-approved BP drugs to prevent breast cancer with minimal to no toxicity.

The team will develop a mouse model to test the hypothesis that BP drugs activate the immune cells found in the breast to kill developing cancer cells and also to change the nature of breast cells, making them more resistant to malignant transformation. Findings from the mouse studies will be validated in a pilot clinical trial with female volunteers at high risk for developing breast cancer.

Principal Investigator: Michael Gould, PhD, Oncology, SMPH
Co-Principal Investigators: Howard Bailey, MD, Medicine, SMPH; Lee Wilke, MD, Surgery, SMPH
Award: $499,997 over three years

Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making

Although screening mammography reduces overall mortality from breast cancer, it is not without negative consequences, such as unnecessary interventions, patient anxiety and increased health care use. This multidisciplinary project will design and test a clinical decision support tool (CDST) to facilitate conversations and shared decision-making between patients and clinicians as the optimal approach for determining whether and how to screen women for breast cancer with mammography.

An integrated team of physicians, communication and population health specialists and community partners will develop and test this novel CDST, the Breast Cancer Risk Estimator (B-CARE). Accessible online and in the electronic health record, this support tool will help patients and physicians weigh the “benefits” of mammographic screening to improve breast cancer detection and the “harms” of false positives in improving population health.

Principal Investigator: Elizabeth Burnside, MD, MPH, Radiology, SMPH
Co-Principal Investigators: Amy Trenham-Dietz, PhD, MS, Population Health Sciences; Lee Wilke, MD, Surgery, SMPH
Award: $500,000 over three years
Collaborative Health Sciences Program

Wisconsin Surgical Coaching Program

This multidisciplinary collaboration between University of Wisconsin faculty and surgeons throughout the state is designed to improve surgical performance and the quality and safety of surgical care in Wisconsin. With input from the Wisconsin Surgical Society, the UW Schools of Engineering, Music and Education, the Department of Surgery and the UW football program, project leaders will adapt methodology, theory and key coaching principles from these disciplines to develop a video-based coaching program for Wisconsin surgeons.

The initiative aims to decrease technical errors and improve surgical performance in any care setting. Participating surgeons and surgical coaches will evaluate the educational value and impact of video-based coaching on patient safety.

**Principal Investigator:** Caprice Greenberg, MD, MPH, Surgery, SMPH

**Co-Principal Investigator:** Douglas Wiegmann, PhD, Industrial and Systems Engineering, UW-Madison College of Engineering

**Award:** $499,958 over three years

Grants Concluding in 2012

Three Collaborative Health Sciences Program grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report. Titles of projects and Principal Investigators are listed below:

**Closing the Gap on Pediatric Health Disparities: Discerning the Causes and Consequences of Iron Deficiency in Infancy**

Pamela Kling, MD, Pediatrics, SMPH

Project findings indicated that at-risk pregnancies were predictive of iron deficiency at birth.

**Menominee Smoking Cessation Clinical Trial**

Stevens Smith, PhD, Medicine, SMPH

The project added cultural tailoring to standard, evidence-based treatment for American Indian smokers.

**Reducing Infant Mortality Disparities in Wisconsin**

Gloria Sarto, MD, PhD, Obstetrics and Gynecology, SMPH

Project findings confirmed that the ready availability of social, economic and service resources contributes to healthy birth outcomes.

Caprice Greenberg, associate professor in the Department of Surgery, leads a Collaborative Health Sciences grant project focused on improving performance and safety in surgical care.
Targeted Education and Research Program

Targeted Education and Research Program awards are designed to take new approaches to health and health care issues in response to the state’s 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. Application to this program is by invitation from PERC. The Partnership Education and Research Committee pledged a total of $15.2 million to five projects in 2012.

Grants Awarded in 2012

Environmental Health Center Strategic Planning Grant

Despite progress in environmental regulation over the last 40 years, exposure to toxic chemicals is still a major threat to the public’s health. This one-year planning grant lays the groundwork for a state-of-the-art Environmental Health Center at UW-Madison with the goal of positioning Wisconsin as a leader in environmental health research.

The grant takes novel approaches to understanding environmental toxicology through collaborations among scientists from different disciplines. Funds will be used to look at how genes respond to environmental threats within cells through model in vivo (mouse) and in vitro systems as well as parallel patterns of response in a Wisconsin human population sample. This research will address health disparities by identifying population vulnerabilities and susceptibilities to environmental exposure and providing a more complete picture of the human response to environmental threats.

Christopher Bradfield, PhD, Oncology, SMPh
Award: $200,000 over one year

Institute for Clinical and Translational Research

The Institute for Clinical and Translational Research (ICTR) will continue to strengthen and expand biomedical and health sciences research at the University of Wisconsin-Madison and Marshfield Clinic. The goal is to transform health-related research into a continuum, extending from investigation through discovery to translation into clinical practice, linking research to real and measurable improvement in the health of Wisconsin. This renewal application included a new aim to increase the use of research to improve practices, programs and policies; to disseminate research results through existing community, practice and policy networks; and to facilitate dissemination and implementation of research results between investigators and their community partners.

Read more about WPP’s partnership with ICTR on page 23.

Marc Drezner, MD, Medicine, Institute for Clinical and Translational Research, SMPh
Award: $10,200,003 over three years

Making Wisconsin the Healthiest State

With renewal funding, the UW Population Health Institute will continue to support the Wisconsin Partnership Program’s commitment to making Wisconsin a healthier state for all by measuring, assessing and reporting on the state’s health and health disparities; supporting local efforts in health improvement; and promoting statewide impact on policy, systems and environmental changes for health.

Building on two previous awards that produced several reports, including the Health of Wisconsin Report Card 2010, Wisconsin Health Trends: 2011 Progress Report and What Works? Policies and Programs to Improve Wisconsin’s Health, this project augments those efforts by tracking Wisconsin’s progress in health improvement over time and providing information on the data, policies and programs needed to address locally identified gaps in health.

Karen Timberlake, JD, Population Health Sciences, Population Health Institute, SMPh
Award: $463,354 over three years
Planning Grant for a Preventive Medicine Residency Program

This two-year planning grant aims to establish an accredited Preventive Medicine Residency program. Preventive Medicine is a board-certified medical specialty focused on improving the health of populations through clinical and public health approaches. Based on national models and current UW residency programs, the Preventive Medicine Residency program will seek to build partnerships for practicum training, secure extramural funding and, ultimately, accreditation by the Accreditation Council for Graduate Medical Education.

Once established, the program will benefit the preventive medicine and public health workforce in Wisconsin and position the School of Medicine and Public Health to apply to the Centers for Disease Control and Prevention for a Prevention Research Center.

Patrick Remington, MD, MPH, Population Health Sciences, SMPH

Award: $167,600 over two years

Survey of the Health of Wisconsin

With renewed funding, the Survey of the Health of Wisconsin (SHOW) will continue its research on the health needs and determinants of health in Wisconsin. Initially funded by PERC in 2004, SHOW has met its recruitment goals, leveraged federal funding and supported community-academic partnerships in both rural and urban areas of the state.

This three-year funding cycle aims to maintain SHOW’s population health research infrastructure for tracking trends in priority health indicators and supporting research on the multiple determinants of health and health disparities, facilitate population health data dissemination and educational initiatives, and provide a flexible platform and infrastructure that supports ancillary studies.

F. Javier Nieto, MD, PhD, MPH, Population Health Sciences, SMPH

Award: $4,199,997 over three years

Grants Concluding in 2012

Six Targeted Education and Research Program grants concluded in 2012. Outcome reports for each project can be found in a supplement to this report. Titles of projects and Principal Investigators are listed here:

Advancing Evidence-Based Health Policy in Wisconsin
Jonathan Jaffery, MD, MS, Medicine, SMPH
The project focuses on engaging faculty, scientific investigators and students in policy-relevant work and translating their research findings for use by policy leaders.

Institutional Clinical and Translational Science Award
Marc Drezner, MD, Medicine, Institute for Clinical and Translational Research, SMPH
ICTR supports research that is translated to practical improvements in community health and health equity.

Making Wisconsin the Healthiest State
Karen Timberlake, JD, UW Population Health Institute, SMPH
Published reports and databases focus health improvement efforts and measure Wisconsin’s health in comparison to other states.
**Recruitment of Middle-Aged African Americans for Studies of Preclinical Alzheimer’s Disease: Development of a Minority Recruitment Model in Milwaukee**

Mark Sager, MD, Medicine, SMPH
The project established the first African American dementia diagnostic clinic in Milwaukee Health Services, a federally qualified health center.

**Regenerative Medicine Program**

Timothy Kamp, MD, PhD, Medicine, SMPH
Researchers work collaboratively to investigate and pioneer new treatments such as stem cell therapy for advanced heart disease.

**Survey of the Health of Wisconsin (SHOW)**

F. Javier Nieto, MD, PhD, MPH, Population Health Sciences, SMPH
SHOW surveys nearly 1,000 Wisconsin residents each year to identify needs and target resources.

**Institute for Clinical and Translational Research**

The Wisconsin Partnership Program has a strong partnership with the Institute for Clinical and Translational Research (ICTR), led by executive director Marc Drezner, MD, around a common goal of improving the health of Wisconsin communities. With substantial support from WPP since its inception in 2006, ICTR announced renewal funding of $41.5 million from the National Institutes of Health in July 2012, one of the largest grants ever awarded to the School of Medicine and Public Health.

WPP supports ICTR’s community-academic partnership program and Type 2 Translational Pilot Grant Awards, in which researchers collaborate closely with communities.

**2012 Pilot Projects**

**Pharmacotherapeutic Intervention to Improve Treatment Engagement Among Alcohol-dependent Veterans After Hospital Discharge**

Problem alcohol use is a crucial health issue and rates of use among veterans, particularly combat-exposed veterans, exceed those in the general population — with fewer than four percent of veterans accessing needed treatment. Despite the availability of medications to assist patients, non-adherence has been a barrier to recovery. The availability of a long-acting monthly injectable medication may overcome this barrier. This pilot will work with inpatient veterans at the William S. Middleton Memorial VA Hospital to understand the impact of medication adherence upon engagement in behavioral treatment for alcohol use disorders.

**Randy Brown, MD, PhD, FASAM, Family Medicine, SMPH**

*Award: $49,124*

**A Video Analytic Approach to Deconstructing Surgical Skill**

Studies have shown that more people die annually from adverse events in the health care system than from car accidents, breast cancer or AIDS and that the majority of these events originate in the operating room and are due to a technical error. This project will develop a quantifiable measure of surgical technical skill in the unique collaboration between industrial engineers and surgeons. Such a measure of technical skill is the critical first step to a better understanding of surgical skill and the design of interventions to reduce technical errors, improve patient safety and save lives.

**Caprice Greenberg, MD, MPH, Surgery, SMPH**

*Collaborators: Madison Surgical Society; Wisconsin Surgical Society*  
*Award: $50,000*

**Improving Bone Health Among Older Adults in Rural Wisconsin Communities**

Almost one in two women and one in four men will have a bone fracture due to osteoporosis in their lifetime. As the U.S. and Wisconsin populations age, the numbers of adults experiencing osteoporosis-related fractures are dramatically rising. Preventive and diagnostic measures exist; however, they are extremely underused. This project proposes a new intervention to improve osteoporosis preventive behaviors that participants find helpful, and improve older adults’ calcium and vitamin D intake and intentions to discuss osteoporosis risk and testing with primary providers.

**Diane Lauver, PhD, RN, Nursing, UW-Madison**

*Collaborators: Washington County Aging and Disability Resource Center*  
*Award: $50,000*
Coalition Building for Community Health in Milwaukee

Milwaukee consistently ranks poorly in Wisconsin in morbidity, mortality and other health determinants. However, a community effort to cleanup and redevelop contaminated land in the Menomonee River Valley has put Milwaukee at the forefront of a national movement to redefine what constitutes a healthy community: a place where residents can access primary health care services, purchase nutritious foods, exercise in safe and attractive recreation spaces and work in jobs that produce a family-supporting income. This project will try to uncover what enhances or impedes the development of multidisciplinary partnerships that can lead to a community’s ability to identify, mobilize and address social problems.

Laura Senier, PhD, MPH, Family Medicine, SMPH; Community and Environmental Sociology, UW-Madison

Collaborators: Sixteenth Street Community Health Center; Wisconsin Department of Natural Resources

Award: $50,000

Improving Health Outcomes after Breast Cancer Treatment: Assessing the Impact of Survivorship Care Plans on Wisconsin Cancer Survivors

With 65 percent of individuals diagnosed with cancer surviving five years or more, cancer care must expand beyond its traditional short-term focus to the management of long-term health risks and treatment of side effects. Many survivors are unsure about the details of diagnosis, treatment and follow-up testing and are unprepared for chronic side effects. This project engages cancer survivors in the assessment of “survivorship care plans” and will also explore the differences in education and support needs of those with access to rural versus urban resources.

Amye Tevaarwerk, MD, Medicine, SMPH

Collaborators: Marshfield Clinic Research Foundation; Marshfield Survivorship Program Advisory Council; Security Health Plan

Award: $25,000

Grants Concluding in 2012

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

Amy Harley, PhD, MPH, UW-Milwaukee School of Public Health

The project team worked with Milwaukee middle school students, teachers, school administrators and grocers to promote healthy eating with a focus on increased vegetable consumption.

Reducing Work Disability in Breast Cancer Survivors

Mary Sesto, PhD, Orthopedics and Rehabilitation, SMPH

Employers and breast cancer survivors developed innovative ways to allow people who wanted to return to work to do so without undue fatigue and physical pressure.

Testing Maps and Graphics to Promote Safe Drinking Water from Private Wells

Dolores Severtson, PhD, UW-Madison School of Nursing

Researchers worked to better understand how the public interprets maps that are created to depict risk (i.e., arsenic in water wells), which therefore, can influence beliefs and impact decisions.

Family-Focused Intervention for Latino Families Affected by Parental Depression: A Community Collaboration

Carmen Valdez, PhD, Counseling Psychology, UW-Madison School of Education

This pilot project designed and tested a culturally-relevant, family-based intervention to support Latino mothers with depression.
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)

Christine P. Holmes, MSW, Secretary
(Resigned October 2012)
President and CEO, Penfield Children’s Center
Advocacy Category: Children’s Health

Kenneth Taylor, MPP
(Appointed December 2012)
Executive Director, Wisconsin Council on Children and Families
Advocacy Category: Children’s Health

Katherine Marks, BA
Outreach Specialist, Wisconsin Women’s Business Initiative Corporation
Advocacy Category: Urban Health

Douglas N. Mormann, MS, Vice Chair
Public Health 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

Insurance Commissioner’s Appointee

Martha E. Gaines, JD, LLM
(Resigned August 2012)
Clinical Professor of Law, UW Law School
Director, Center for Patient Partnerships, UW Law School

SMPH Representatives

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

Susan L. Goelzer, MD, MS, CPE
Professor, Anesthesiology, Medicine and Population Health Sciences
Associate Dean for Graduate Medical Education

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

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

Lifecourse Initiative for Healthy Families Steering Committee

Fredrik (Frits) Broekhuizen, MD
Professor, Obstetrics and Gynecology, Medical College of Wisconsin

Georgia Cameron, MBA, BS, RN
Deputy Director of Southeastern Region, State of Wisconsin Division of Public Health

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

Deborah Embry, MBA
Director, Racine Mayor’s Office of Strategic Partnerships
Grant Facilitator, City of Racine Mayor’s Office

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

Veronica Lawson Gunn, MD, MPH, FAAP
Medical Director, Community Services Division, Children’s Hospital and Health Systems
Cynthia Haq, MD  
Professor, Family Medicine and Population Health Sciences, SMPH  
Director, Training in Urban Medicine and Public Health

Mark Huber  
Vice President for Social Responsibility, Aurora Health Care

Reverend James Ivy  
New Zion Baptist Church

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

Cheryl Jackson, JD  
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

Katherine Marks, BA, Co-Chair  
Outreach Specialist, Wisconsin Women's Business Initiative Corporation

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

Betty Stinson, BA  
Chair, Racine Infant Mortality Coalition

Jack Waters  
Executive Director, Kenosha Community Health Center

Lora Wiggins, MD  
Chief Medical Officer, Wisconsin Division of Health Care Access and Accountability

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.

SMPH Leadership

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

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

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

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

Department Chairs

K. Craig Kent, MD  
Professor and Chair, Surgery

James Shull, PhD  
Professor and Chair, Oncology

Faculty Representatives

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

Ex-officio

Norman Drinkwater, PhD  
Professor, Oncology

Academic Staff Representative

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

Oversight and Advisory Committee Appointees

Patrick Remington, MD, MPH, Chair  
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, UW-Madison School of Pharmacy

Wisconsin Partnership Program Staff

Eileen Smith, Assistant Dean and Director  
Cathy Frey, Associate Director  
Quinton Cotton, Program Officer  
Mary Jo Knobloch, Senior Program Officer  
Tonya Mathison, Administrative Manager  
Ann McCall, Project Assistant  
Catherine Puisto, Administrative Assistant  
Karen Roach, Communications Specialist  
Steve Smith, Financial Specialist
The Wisconsin Partnership Program's governing committees follow standard Request for Proposal (RfP) 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, 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 staff provide training and technical assistance to ensure the greatest potential for success in developing and submitting proposals. For example, 21 of 29 Community-Academic Partnership Fund project teams invited to submit full applications in 2012 received training during the application process, either individually or during Technical Assistance Days. Held on the UW-Madison campus in August 2012, Technical Assistance Days provided personalized training for community project teams on topics such as grant writing, financial and budget issues, evaluation and community-academic partnerships. WPP also offers webcast training sessions for all applicants.

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

- Technical review verifying eligibility and compliance with proposal requirements.
- Expert review consisting of independent assessment and scoring.
- Full committee review of top-ranked proposals and interview of applicants, as applicable.
- Individual grantee orientations.
- Memorandum of Understanding outlining 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 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. 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 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 WPP understand the most effective means to address population health issues and to improve the health of the public. The policy is available on WPP’s website, med.wisc.edu/wpp.

“Our academic partners provided the technical support we needed and were inclusive in the planning process.”

— OAC grantee
**Financial Overview**

Net endowment returns were positive for the year with the endowment balance growing by $12.8 million after distributions. The endowment distributed $13.3 million in 2012. Total program assets increased approximately $14.9 million or 5 percent.

**Administrative Expenses**

Wisconsin Partnership Program (WPP) administrative expenses were $863,070 and $1,089,174 for the years ending December 31, 2011 and 2012 respectively. The UW School of Medicine and Public Health also provides in-kind support for WPP administrative expenses from the Office of the Dean; Senior Associate Dean for Basic Science, Biotechnology and Graduate Studies; Senior Associate Dean for Finance; and Associate Dean for Public Health; and from the Department of Human Resources, Office of Legal Services and UW Health Public Affairs.

The administrative budget is approved annually by the Oversight and Advisory and Partnership Education and Research committees. 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>
<thead>
<tr>
<th>Table 1: Administrative Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the Years Ended December 31, 2012 and 2011</td>
</tr>
<tr>
<td>2012</td>
</tr>
<tr>
<td>Total Salaries</td>
</tr>
<tr>
<td>Total Fringe Benefits</td>
</tr>
<tr>
<td>Supplies</td>
</tr>
<tr>
<td>Travel</td>
</tr>
<tr>
<td>Other Expenses</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>OAC (35%) Allocation</td>
</tr>
<tr>
<td>PERC (65%) Allocation</td>
</tr>
</tbody>
</table>

**Nonsubplanting 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 nonsubplanting, which was approved by the Wisconsin United for Health Foundation, Inc. The WPP’s supplanting policy can be found in the Appendix to this report.

**Annual Report**

Based on the nonsubplanting determination made by the Senior Associate Dean for Finance, the Dean of the School of Medicine and Public Health has attested to compliance with the supplanting prohibition in 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 the Grant Agreement, the OAC annually reviews and assesses the allocation percentage for public health and for education and research initiatives. The OAC took up the matter on June 20, 2012. It was 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 June 2013. The motion passed unanimously.

**Change in Investment Allocation**

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

**Accounting**

The following financial report consolidates activities of the UW Foundation and the SMPH for the years ending December 31, 2011 and 2012. 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.
Cash and Investments

The financial resources that support WPP grants for the years ending December 31, 2011 and 2012 are generated from funds released by the Wisconsin United for Health Foundation, Inc., 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 of the reporting year. 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: The portion of net assets relating to funds which have been distributed from the endowment fund, along with related income that are available to the program. These funds are available for both grants and administrative expenses of the program.

Temporarily Restricted — Endowment Fund: The portion of net assets relating to realized gains or losses related to the permanently restricted funds that have not been distributed and remain within the endowment portfolio as of December 31, 2012.

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

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.

Revenues

Revenues for the years ending December 31, 2011 and 2012 consist of two components: (1) investment income, which has been recorded as earned throughout the year; 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 the year (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). The expense recapture fees were $3,085,636 and $2,858,058 in 2011 and 2012 respectively. 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 2012 fees of $2,858,058 reflect this decrease. 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. In 2012 this savings was $153,632.

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 years ending December 31, 2011 and 2012 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>
<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>$8,779,958</td>
<td>$-</td>
</tr>
<tr>
<td>Total 2005 OAC Funding</td>
<td>$4,635,692</td>
<td>$4,635,692</td>
<td>$-</td>
</tr>
<tr>
<td>Total 2006 OAC Funding</td>
<td>$6,259,896</td>
<td>$6,259,896</td>
<td>$-</td>
</tr>
<tr>
<td>Total 2007 OAC Funding</td>
<td>$4,641,892</td>
<td>$4,641,892</td>
<td>$-</td>
</tr>
<tr>
<td>Total 2008 OAC Funding</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Total 2009 OAC Funding</td>
<td>$2,751,349</td>
<td>$2,540,472</td>
<td>$210,877</td>
</tr>
<tr>
<td>Total 2010 OAC Funding</td>
<td>$2,902,536</td>
<td>$1,793,613</td>
<td>$1,108,923</td>
</tr>
<tr>
<td>Total 2011 OAC Funding</td>
<td>$4,173,604</td>
<td>$1,366,532</td>
<td>$2,807,072</td>
</tr>
<tr>
<td>Total 2012 OAC Funding</td>
<td>$4,867,166</td>
<td>$334,415</td>
<td>$4,532,751</td>
</tr>
<tr>
<td><strong>Total OAC Funding (2004-2012)</strong></td>
<td><strong>$39,012,092</strong></td>
<td><strong>$30,352,469</strong></td>
<td><strong>$8,659,623</strong></td>
</tr>
</tbody>
</table>

1 Due to the financial downturn of 2008-2009, the OAC did not fund new grants in 2008.
### Table 5: 2012 OAC 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>IMPLEMENTATION GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adams County Community Wellness Program</td>
<td>E,S</td>
<td>$398,167</td>
<td>$-</td>
<td>$398,167</td>
</tr>
<tr>
<td>Building the Mentally Healthy Workplace</td>
<td>E,R</td>
<td>$149,930</td>
<td>$-</td>
<td>$149,930</td>
</tr>
<tr>
<td>Community Safety Data Repository Project</td>
<td>R,S</td>
<td>$400,000</td>
<td>$-</td>
<td>$400,000</td>
</tr>
<tr>
<td>Growing Farm to School: Cultivation Childhood Wellness through Gardening</td>
<td>E,S</td>
<td>$399,629</td>
<td>$-</td>
<td>$399,629</td>
</tr>
<tr>
<td>Latino Youth Health Leadership Teams: Implementing the Healthy Activities Partnership Program for Youth</td>
<td>E,S</td>
<td>$399,989</td>
<td>$-</td>
<td>$399,989</td>
</tr>
<tr>
<td>Public Will Building to Reduce Obesity in the Latino Community of Milwaukee</td>
<td>E,R</td>
<td>$149,116</td>
<td>$-</td>
<td>$149,116</td>
</tr>
<tr>
<td>Richland FIT: Academic Partnerships to Build a Healthy Environment in Rural Richland County</td>
<td>E,S</td>
<td>$399,966</td>
<td>$-</td>
<td>$399,966</td>
</tr>
<tr>
<td><strong>DEVELOPMENT GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopting an Easy-to-Read Medication Label in Wisconsin</td>
<td>R</td>
<td>$49,929</td>
<td>$-</td>
<td>$49,929</td>
</tr>
<tr>
<td>CESA #9 Active and Healthy Schools</td>
<td>R,E</td>
<td>$48,815</td>
<td>$-</td>
<td>$48,815</td>
</tr>
<tr>
<td>Community Action and Community Capacity Building for Type 2 Diabetes Prevention</td>
<td>E</td>
<td>$50,000</td>
<td>$-</td>
<td>$50,000</td>
</tr>
<tr>
<td>Community-Based EMS Pilot Project</td>
<td>E,R,S</td>
<td>$19,998</td>
<td>$-</td>
<td>$19,998</td>
</tr>
<tr>
<td>E-Z Access to Health Project</td>
<td>E,S</td>
<td>$50,000</td>
<td>$-</td>
<td>$50,000</td>
</tr>
<tr>
<td>Great Dane Exchange: Exploring the Reason for the Success of the Wisconsin State Employee Health Plan Insurance Exchange</td>
<td>R</td>
<td>$49,997</td>
<td>$-</td>
<td>$49,997</td>
</tr>
<tr>
<td>Madison - Dane County Healthy Birth Outcomes</td>
<td></td>
<td>$49,471</td>
<td>$-</td>
<td>$49,471</td>
</tr>
<tr>
<td>Menominee Community Journey to Wellness</td>
<td>E,R,S</td>
<td>$49,614</td>
<td>$-</td>
<td>$49,614</td>
</tr>
<tr>
<td>Prenatal Virtual Home Visitation Program</td>
<td>E,S</td>
<td>$50,000</td>
<td>$-</td>
<td>$50,000</td>
</tr>
<tr>
<td>Safe and Healthy Food for the Hungry</td>
<td>E,R</td>
<td>$49,914</td>
<td>$-</td>
<td>$49,914</td>
</tr>
<tr>
<td>Training Intergenerational Health and Wellness Messengers to Address American Indian Breast Cancer Disparities</td>
<td>E,S</td>
<td>$50,000</td>
<td>$-</td>
<td>$50,000</td>
</tr>
<tr>
<td>Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin</td>
<td>R,E</td>
<td>$50,000</td>
<td>$-</td>
<td>$50,000</td>
</tr>
<tr>
<td>Winnebago County STI Task Force: Comprehensive Sexual Health Education Pilot Program</td>
<td>E</td>
<td>$49,290</td>
<td>$-</td>
<td>$49,290</td>
</tr>
<tr>
<td>Wisconsin Health Equity Alliance (WHEA): Driving Policy Change to Improve Health in Wisconsin</td>
<td>E</td>
<td>$49,947</td>
<td>$-</td>
<td>$49,947</td>
</tr>
<tr>
<td><strong>LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES GRANTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beloit Lifecourse Initiative for Healthy Families</td>
<td>E,S</td>
<td>$250,000</td>
<td>$13,274</td>
<td>$236,726</td>
</tr>
<tr>
<td>Kenosha Lifecourse Initiative for Healthy Families</td>
<td>E,S</td>
<td>$250,000</td>
<td>$70,800</td>
<td>$179,200</td>
</tr>
<tr>
<td>Milwaukee Lifecourse Initiative for Healthy Families</td>
<td>E,S</td>
<td>$250,000</td>
<td>$27,219</td>
<td>$222,781</td>
</tr>
<tr>
<td>Pregnancy Risk Assessment Monitoring System</td>
<td>E,R</td>
<td>$269,529</td>
<td>$34,212</td>
<td>$235,317</td>
</tr>
<tr>
<td>Racine Lifecourse Initiative for Healthy Families</td>
<td>E,S</td>
<td>$75,000</td>
<td>$55,076</td>
<td>$19,924</td>
</tr>
<tr>
<td>Racine Lifecourse Initiative for Healthy Families Continuation</td>
<td>E,S</td>
<td>$175,000</td>
<td>$-</td>
<td>$175,000</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>$133,833</td>
<td>$400,693</td>
</tr>
<tr>
<td><strong>Total 2012 OAC Funding</strong></td>
<td></td>
<td>$4,867,166</td>
<td>$334,415</td>
<td>$4,532,751</td>
</tr>
</tbody>
</table>

1 E = education, R = research, S = service (community based)
### Table 6: PERC Awards – Summary 2004-2012

<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>
<td>-</td>
</tr>
<tr>
<td>Total 2005 PERC Funding</td>
<td>$13,001,789</td>
<td>$13,001,789</td>
<td>-</td>
</tr>
<tr>
<td>Total 2006 PERC Funding</td>
<td>$9,081,619</td>
<td>$9,081,619</td>
<td>-</td>
</tr>
<tr>
<td>Total 2007 PERC Funding</td>
<td>$5,511,524</td>
<td>$5,511,524</td>
<td>-</td>
</tr>
<tr>
<td>Total 2008 PERC Funding</td>
<td>$6,164,574</td>
<td>$5,909,226</td>
<td>$255,348</td>
</tr>
<tr>
<td>Total 2009 PERC Funding</td>
<td>$19,716,515</td>
<td>$18,711,154</td>
<td>$1,005,361</td>
</tr>
<tr>
<td>Total 2010 PERC Funding</td>
<td>$760,366</td>
<td>$639,646</td>
<td>$120,720</td>
</tr>
<tr>
<td>Total 2011 PERC Funding</td>
<td>$1,590,691</td>
<td>$507,193</td>
<td>$1,083,499</td>
</tr>
<tr>
<td>Total 2012 PERC Funding</td>
<td>$17,393,049</td>
<td>$2,330,923</td>
<td>$15,062,125</td>
</tr>
<tr>
<td><strong>Total PERC Funding (2004-2012)</strong></td>
<td><strong>$81,055,537</strong></td>
<td><strong>$63,528,485</strong></td>
<td><strong>$17,527,053</strong></td>
</tr>
</tbody>
</table>

### Table 7: 2012 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>Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses</td>
<td>R</td>
<td>$499,997</td>
<td>-</td>
<td>$499,997</td>
</tr>
<tr>
<td>Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making</td>
<td>R</td>
<td>$500,000</td>
<td>-</td>
<td>$500,000</td>
</tr>
<tr>
<td>Wisconsin Surgical Coaching Program</td>
<td>R</td>
<td>$499,958</td>
<td>$6,641</td>
<td>$493,317</td>
</tr>
<tr>
<td><strong>NEW INVESTIGATOR PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholecystokinin in the Survival of Human Pancreatic Islets</td>
<td>R</td>
<td>$100,000</td>
<td>-</td>
<td>$100,000</td>
</tr>
<tr>
<td>Circulating Tumor Cells in Renal Cell Carcinoma: Biomarkers for Personalized Medicine</td>
<td>R</td>
<td>$99,964</td>
<td>-</td>
<td>$99,964</td>
</tr>
<tr>
<td>Discharge Order Completeness and 30-Day Rehospitalization in Rural Wisconsin Nursing Home Patients</td>
<td>R</td>
<td>$99,104</td>
<td>-</td>
<td>$99,104</td>
</tr>
<tr>
<td>Dissecting Cross-Species Transmission of Influenza Virus</td>
<td>R</td>
<td>$100,000</td>
<td>-</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>TARGETED PROGRAMS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Health Center Strategic Planning Grant</td>
<td>R</td>
<td>$200,000</td>
<td>-</td>
<td>$200,000</td>
</tr>
<tr>
<td>Institute for Clinical and Translational Research</td>
<td>E,R</td>
<td>$10,200,003</td>
<td>$758,460</td>
<td>$9,441,543</td>
</tr>
<tr>
<td>Making Wisconsin The Healthiest State</td>
<td>R,S</td>
<td>$463,354</td>
<td>-</td>
<td>$463,354</td>
</tr>
<tr>
<td>Planning Grant for a Preventive Medicine Residency Program</td>
<td>E</td>
<td>$167,600</td>
<td>$8,470</td>
<td>$159,130</td>
</tr>
<tr>
<td>Survey of the Health of Wisconsin</td>
<td>E,R,S</td>
<td>$4,199,997</td>
<td>$1,421,622</td>
<td>$2,778,375</td>
</tr>
<tr>
<td>Wisconsin Population Health Service Fellowship</td>
<td>E,S</td>
<td>$267,263</td>
<td>$135,731</td>
<td>$131,532</td>
</tr>
<tr>
<td><strong>Total 2012 PERC Funding</strong></td>
<td></td>
<td><strong>$17,397,240</strong></td>
<td><strong>$2,330,923</strong></td>
<td><strong>$15,066,317</strong></td>
</tr>
</tbody>
</table>

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