Outcomes Report for the Period
January 1, 2017 – June 30, 2017
Making Wisconsin a Healthier State
# Table of Contents

**Grants Awarded by the Oversight and Advisory Committee**

- Community Safety Data Repository Project ................................................................. 5
- Improving Well-Being Among Wisconsin Older Adults .................................................. 6
- Perinatal Smoking Cessation Services - NorthWest WI .................................................... 7
- Richland Fitness in Total .................................................................................................. 8
- Understanding the Impacts of Adverse Childhood Experiences to Improve Prevention Services .................................................................................................................. 9

**Lifecourse Initiative for Healthy Families**

- Direct Assistance for Dads (DAD) Project ....................................................................... 10
- No Longer an Island: Creating a Place-Based Men’s Peer Outreach and Social Support Network ...................................................................................................................... 11

**Grants Awarded by the Partnership Education and Research Committee**

- Characterization of the Role of PASTA Kinases in Beta-Lactam Resistance ...................... 12
- The Effectiveness of an Integrated Mental Health and Primary Care Model for Wisconsin Patients with Severe Mental Illness ........................................................................................................... 13
- Repurposing FDA-Approved Drugs as Therapeutics for Age-Related Macular Degeneration ................................................................................................................................. 14
- Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making .... 15
Overview

The Wisconsin Partnership Program was established in 2004 through a generous endowment from Blue Cross and Blue Shield United of Wisconsin. The Partnership Program’s unique location within the University of Wisconsin School of Medicine and Public Health allows it to leverage the university’s immense talent and resources to fund research, education and community partnerships to improve the health of the people of Wisconsin.

Two committees carry out the Wisconsin Partnership Program’s governance and funding decisions: the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC). The primary responsibility of the Oversight and Advisory Committee is to direct and approve funds for population health initiatives while the Partnership Education and Research Committee allocates and distributes funds for education and research initiatives that advance health.

In 2017, the Wisconsin Partnership Program transitioned from reporting on a calendar year basis to a July through June 30 fiscal year. As a result, the Wisconsin Partnership Program is providing this six-month Outcomes Report to reflect the grants that concluded within the period of January 1 – June 30, 2017. Twelve projects ended within this period and eleven are highlighted in this report. One project is not reported as it needed additional time to submit its final report and the Partnership Program values being responsive to grantee needs.

Working in partnership with communities and researchers throughout Wisconsin, our grantees addressed many pressing health challenges including:

- Antibiotic resistance
- Data-to-action for prevention
- Parent and child health and development
- Trauma-informed care
- Patient and physician shared decision-making
- Mental health
- Smoking cessation
- Food access
- Physical activity

Grant Outcomes

Community Grant Highlights

The Office of Violence Prevention within the City of Milwaukee Health Department developed a secure and integrated data repository, DataShare, to expand access to health, environment and public safety information for community members working to reduce violence. This data is now being applied to prevent opioid overdoses, inform policy around problematic landlords with high eviction rates, and decrease length of jail time due to mental health illnesses.

The Central Racine County Health Department gathered data that demonstrated the significant effects of trauma on outcomes for mothers and their children within Racine County, prompting structural changes to how families who have experienced trauma are cared for by the services of the Racine County Home Visiting Network.
The City of Milwaukee Health Department also worked to strengthen African American family engagement and access to community resources through the Direct Assistance for Dads Project (DAD), a home visiting program. The project was intentionally community-driven and successfully demonstrated an empowerment approach. The DAD Project ensured community members shaped the program’s development and delivery, shifting power, fostering community cohesion and improving the sustainability of their important work. Fathers who completed the program reported more involvement in their children’s lives, confidence in their parenting and improved health and well-being. The project has secured additional funding to continue its work.

The Wisconsin Women’s Health Foundation, Inc. successfully implemented a new smoking cessation program, First Breath, which supported pregnant mothers in remaining smoke-free after giving birth. At the end of the program, 79 percent of participants reported being smoke-free.

Research Grant Highlights
Dr. Aparna Lakkaraju at the UW School of Medicine and Public Health Department of Ophthalmology and Visual Sciences studied a variety of medications that could be used as therapies for individuals with age-related macular degeneration (ADM) – a disease that has no cure, few therapies, and affects 2.5 percent of Wisconsinites. Dr. Lakkaraju successfully identified three FDA-approved medications that inhibit enzymes responsible for AMD and has moved their study along the research pipeline — a significant step in bringing therapies to patients in the near future.

Sustainability Highlights
One important indicator of grant impact and sustainability is leveraging other funding. Leveraged funds reflect the merit, success and sustainability of grants as it demonstrates that other funders believe the project is of enough importance to merit additional funding and allows grantees to sustain, replicate and expand their programs to further their impact. Of the 11 grants highlighted in this report, seven have secured more than $4.4 million to sustain their work. This is impressive, as often, funds aren’t leveraged until months or years after a grant has ended.

Particularly successful projects that leveraged funding include:

- The Central Racine County Health Department leveraged $2.4 million including a $1.8 million grant from the Substance Abuse and Mental Health Services Administration to implement and evaluate three types of trauma-informed care to enhance services in Milwaukee and Racine counties.

- The Office of Violence Prevention within the City of Milwaukee Health Department leveraged more than $1.1 million to ground community work in data using the data repository, DataShare. The Department of Justice, Greater Milwaukee Foundation, and the Advancing a Healthier Wisconsin Endowment are just some of the funders who have provided additional funding to inform efforts around criminal justice, eviction and education.

- Dr. Elizabeth Burnside has secured a National Cancer Institute grant for $800,000 to continue the work of researching the breast cancer screening decision guide support tool.
Community Safety Data Repository Project

The Challenge: For some neighborhoods, violence has become the norm and has persisted for generations despite multiple initiatives. Violence is a symptom of a greater, complex set of problems and is intertwined with health and well-being. A public health approach can help providers understand the health burden from violence, evaluate evidence for prevention strategies, and learn where to turn for information about planning and implementing prevention strategies for this preventable problem. The use of data to identify problems, make decisions and evaluate projects allows practitioners and researchers to identify and address systems that directly affect the conditions that lead to improved quality of life.

Project Goal: The primary goal of this project was to provide proof-of-concept for reducing homicides and other violence in urban areas using interagency collaboration and culturally competent strategies that increase protective factors and decrease risk factors. Specific objectives included:

- Increase cross-agency sharing of administrative data by developing formal mechanisms such as data sharing agreements or electronic and automated data sharing
- Increase the availability of quality data to develop a sustainable data repository system in order to refine and evaluate culturally competent violence prevention strategies
- Answer key research questions to demonstrate the utility of a multiagency and interdisciplinary dataset and the value added of ongoing information sharing and collaboration

Results: This project created a secure, integrated data system, DataShare, for key community stakeholders in Milwaukee. It greatly expanded access to health, environment and public safety data to understand the drivers of violence. This has given service providers, government officials and researchers the opportunity for data-informed decision-making and ultimately will support reduction in community violence, fostering supportive and safe communities in the Milwaukee area.

The project successfully implemented and built the data framework as a basis for research and community-based projects. In addition, the project successfully ensured DataShare’s sustainability by securing seven additional funding sources for the coming years totaling over $1 million to support and further expand this work. Highlights include:

- Reviewing retaliatory evictions and property owners with excessive evictions for a single property (more than 20 in five years) in order to address problematic landlords and assist their tenants
- Adding jail, House of Corrections data, and Milwaukee County Behavioral Health to improve services and reduce the number of days an individual with mental health issues spends in jail (funded by the MacArthur Foundation)
- Integrating medical examiner, emergency medical services and crime lab data to identify opportunities for intervention and prevention of opioid overdoses (funded by the Healthier Wisconsin Partnership Program)

The data system developed during this grant is informing initiatives to reduce evictions, jail-time for individuals with mental illness and opioid overdoses.
Improving Well-Being Among Wisconsin Older Adults

The Challenge: Thirty percent of people 65 years or older in Wisconsin live alone. Living in remote communities, having a low income, chronic disease and/or a disability can cause isolation, which can have detrimental effects on well-being – including depression.

Project Goal: This project was created with the goal of improving the well-being of older Wisconsin adults in Kenosha, Brown and Rock Counties. The program, LightenUP, delivered a series of 90-minute classes over eight weeks that were designed to help individuals identify positive aspects in their daily lives and strengthen their sense of purpose – which research has shown can lead to reduced depression, increased sleep and improved overall sense of well-being.

Results: This project was successful in decreasing loneliness and lowering depression for participants six months after they completed LightenUP. There were twenty-four in-person classes held over two years with 233 people enrolled. Of the people who enrolled, 75 percent of enrollees in Kenosha County completed the program and 72 percent of those who enrolled in Rock County finished the program. Due to the success of LightenUP in Rock and Kenosha Counties, both counties are continuing to offer LightenUp classes using funding from their aging or Aging and Disability Resource Center (ADRC) programming. In addition to this sustained use of the programming, academic partners are working to secure National Institutes of Health funding to perform a randomized controlled trial of the LightenUp curriculum so that its success can be more carefully tested and replicated elsewhere.
Perinatal Smoking Cessation Services - NorthWest Wisconsin

The Challenge: Tobacco use is a community health issue identified by many Wisconsin counties. Tobacco use remains one of the most significant modifiable causes of poor birth outcomes. Mothers who quit smoking during their pregnancy are likely to relapse during their infant’s first six months of life. This is often due to many stressors associated with recovering from childbirth and raising an infant, and is even more likely to occur when mothers’ social networks also smoke.

Project Goal: The goal of this project was to expand smoking cessation services for mothers in northwestern Wisconsin and prevent postpartum relapse. The project also provided cessation services for support people in the mothers’ lives to ensure social support in their goal of becoming smoke-free. The project implemented a comprehensive perinatal smoking cessation program, which built on the existing First Breath program delivered by the Wisconsin Women’s Health Foundation. Women who enrolled received four home visits and four telephone-counseling sessions from a tobacco treatment specialist. Support people who enrolled in the program were also able to receive home visits and carbon monoxide breath tests.

Results: The project demonstrated that new mothers and their support people can maintain a smoke-free home when offered intensive, person-to-person smoking cessation services like First Breath. This new iteration of First Breath successfully enrolled 48 women. Once they had completed the program, 79 percent of women enrolled in the program reported being smoke-free at their final home visit and 54 percent of women enrolled in the program were smoke-free at six-months postpartum. The program enrolled 14 support people and half of them reported being smoke-free at the end of the new First Breath program.

Throughout the course of the program, project staff also hosted 36 outreach events around northwestern Wisconsin to promote the program and increase awareness of resources available for mothers and individuals who want to quit smoking. Due to the success of this program, the Wisconsin Women’s Health Foundation and community partners received additional funding from the Wisconsin Partnership Program to sustain and expand the First Breath program.

Mothers who quit smoking during pregnancy are likely to relapse in the first six months. 54% of women enrolled in the First Breath program were smoke-free after six-months postpartum.
The Challenge: In 2012, the Richland County Community Health Assessment identified activity and nutrition as significant health issues. The assessment highlighted that the county had various parks, an accessible recreation center and supported local efforts in schools to promote fruit and vegetable consumption among students. However, the assessment also found that schools in the area commonly sold soda and a variety of junk food in tandem with their healthy eating programming. Also, despite other efforts related to healthy eating within the county, worksites often lacked healthy food options and there were many fast food outlets in the area.

Project Goal: This project aimed to use a community-wide campaign to increase activity, increase willingness to make healthy food choices, strengthen their Richland Fitness in Total (Richland FIT) health coalition and promote a holistic understanding of wellness. Project efforts included increasing support for activity promotion and food service protocols within schools and posting Richland FIT-branded nutrition information in local restaurants and worksites. The project also helped local community physicians offer nutrition prescriptions and self-assessment health tools for Richland County patients.

Results: Richland FIT supported system changes within the Richland Medical Center including “prescription” physical activity, which screens patients for readiness for lifestyle changes. They also partnered with local physicians to create “Food for Life,” an award-winning educational program for healthy eating, which resulted in classroom handouts, cooking materials and an interactive four-session program.

A Farm to School program was successfully implemented in all five Richland schools. In addition, the project conducted a food environment assessment of the district and shared findings with the new school superintendent with the intent to work toward healthier concessions policies in the future.

Richland FIT also assessed the local food environment and collaborated with the Greater Richland Area Cancer Elimination organization to promote sales of healthy food options at local brat stand fundraisers and healthy options within the hospital dining facility.
Understanding the Impacts of Adverse Childhood Experiences to Improve Prevention Services

The Challenge: Traumatic events are those that cause a person extreme emotional, physical or psychological stress and overwhelm their body’s ability to cope using typical, healthy coping strategies. The danger that trauma poses to public health is significant as the effects are multigenerational. Childhood experiences shape people’s lifelong health and well-being.

Adverse Childhood Experiences (ACEs) are a measurable example of trauma and have the capacity to harm the emotional, cognitive and social development of children, later impact maternal reproductive health and birth outcomes and contribute to individuals adopting dangerous health behaviors later in life. Understanding, recognizing and responding to trauma are key steps for communities to take to ensure the best care for the children they support. This illustrates and reaffirms the need for trauma-informed programming and policies within social services.

Project Goal: The project aimed to prompt structural change to the way children, adults and families who experienced trauma are supported by the services of Racine County Home Visiting Network (RCHVN). The project team accomplished this by conducting an evaluation of ACEs in Racine County and disseminating the findings among key stakeholders. They aimed to catalyze structural change to programs working with pregnant and parenting families who are vulnerable to the impacts of ACEs.

Results: This project confirmed the importance of ACE assessments in providing services and trauma-informed care for children and adults. By utilizing ACE tools in services that provide care to populations with a high prevalence of adverse experiences, the project continues to contribute to breaking the cycle of trauma in Racine County. They found that women participating in RCHVN services had a significantly higher prevalence of adverse childhood experiences. They also found that women with five or more ACEs experienced additional negative impacts than those with fewer ACEs (See Figure 1).

The dissemination efforts of the results prompted system-level changes to trauma-informed curriculum within a variety of service providers for those vulnerable to ACEs in Racine County. They also sparked community-wide interest, which resulted in an initiative to address trauma. The data was presented at community-organized events and academic conferences, resulting in greater awareness of ACEs and their impacts in Racine County.

![Figure 1: Women with more ACEs were significantly more likely to experience abuse, pregnancy loss, smoke, and drink during pregnancy](image-url)
Direct Assistance for Dads (DAD) Project

**The Challenge:** When fathers face systemic barriers such as disproportionate rates of incarceration, highly segregated neighborhoods and few employment opportunities, involvement in their children's lives becomes difficult. Many African American men in the community of Milwaukee face these challenges that, in turn, negatively impact child development. Children that grow up with an involved father have better social skills, higher school achievement and are less likely to experience behavioral problems.

**Project Goal:** The goal of this program was to strengthen African American father engagement with their infants, children and families. The program strategy provided home visits with individual dads and importantly included a community empowerment approach, improving the sustainability of the program and the community as a whole.

- Fathers who enrolled in the program:
  - Completed frequently reviewed and individualized strengths-based care plans with Father Involvement Specialists (FIS)
  - Participated in bimonthly meetings with FIS who provided coaching using evidence-based curricula to build confidence in parenting
  - Were screened for depression and AODA concerns, receiving referrals to mental health services and treatment as needed
  - Were provided referrals to programs supporting educational completion, employment, financial literacy, legal assistance and child support
  - Received support with accessing preventative health services including family planning, wellness visits and disease prevention and treatment
  - Were encouraged to participate in home visiting meetings

**Results:** This project demonstrated an empowerment and community-led approach, vital to impactful and sustainable programs, which included:

- Conducting initial focus groups with the men to identify needs that were incorporated in the design of the program
- Hiring and training four Father Involvement Specialists (FIS) from the community, imperative for gaining trust through having shared lived experience with other community members
- Involving several dads who were served by the program in decision-making roles on their advisory council and in other leadership roles in the community
- Asking participating men to review and provide feedback on evaluative assessments

Fathers reported being more involved in their children's lives, participating in more co-parenting behaviors with the mothers of their children, improved health, improved well-being and reduced stress. While the program was intentionally focused on the role of fathers, the mothers also reported decreased stress levels and lower rates of depression than mothers whose children's fathers were not enrolled in the DAD Project. The DAD Project was sustained with additional funding from the Family Foundations Home Visiting program and the United Way of Greater Milwaukee and Waukesha Counties.
No Longer an Island: Creating a Place-Based Men’s Peer Outreach and Social Support Network

The Challenge: In the city of Milwaukee, the Lindsay Heights neighborhood has undergone community-led revitalization efforts such as housing restoration, increasing access to food and access to social support. The community still faces challenges including poverty, joblessness and residual lack of access to key socioeconomic resources. These factors serve as significant barriers to men’s well-being and family engagement. Previous work with Lindsay Heights fathers highlighted a common experience of feeling that they were on an “island of one.” This sense of isolation has serious ramifications for African American men’s well-being and health, which are inextricably tied to the outcomes of their children and families. The decline in the well-being of black men is marked by the corresponding decline in perceived stress. Men were connected to a variety of resources and organizations so that they no longer faced challenges alone, including referrals to health insurance, fatherhood resources and employment opportunities.

Project Goal: This “island of one” sentiment indicated a critical need for spaces where African American men could explore their self-identity, access mentorship opportunities and participate in a space that fostered their well-being and resilience. The No Longer an Island project aimed to implement an evidence-based outreach campaign called Porch-to-Porch to connect a Community Health Navigator with men to create life goals, build self-belief and connect men in the program with one another to reduce stress and simultaneously increase their social support. The ultimate goal of the peer network would be to improve health among African American men and in turn enhance family engagement and the health of families throughout the community.

Results: The No Longer an Island project engaged over 200 men in the Lindsay Heights neighborhood through Porch-to-Porch and men’s wellness peer groups, resulting in a significant reduction in perceived stress. Participants also reinvested in their community together to affect environmental changes by establishing a partnership with their local alderman. Collaboratively, the men successfully advocated for speed bumps to slow traffic in Lindsay Heights, ensuring safer streets for children and families.

The efforts of No Longer an Island and the work of men involved have been documented and shared throughout the country in the form of both community, professional and academic presentations and a series of short films found at IAmTheBridge.org.

Building community efficacy to create change leads to sustainable change. This project helped community men become advocates for their local communities.
Characterization of the Role of PASTA Kinases in Beta-Lactam Resistance

**The Challenge:** Over time, some bacteria have become resistant to commonly used antibiotics, putting people at risk for returning to a time when common infections or minor injuries could have life threatening consequences. In the United States, antibiotic resistant organisms have caused more than twenty-three thousand deaths and over fifty billion dollars in societal cost. The development of new antibiotics is an important step in ensuring the continued ability to effectively fight infections.

**Project Goal:** The research team identified a novel antibiotic target, PASTA kinase, and a series of compounds that inhibit it and thereby resensitize bacteria to antibiotic treatments to which the bacteria had previously been resistant. Using a series of genetic and biochemical experiments, the project team set out to determine why the PASTA kinase inhibitors work this way when they come in contact with antibiotic resistant bacteria.

**Results:** This project demonstrated how PASTA kinase inhibitors work and found other proteins that could be used to make new combinations of antibiotics that are capable of re-sensitizing bacteria that have been resistant to antibiotics. The data may also allow researchers to understand why resistance develops.

This project resulted in one publication in *PLOS Pathogens*. Three additional publications are under review. This project was presented at three conferences across the United States. Due to the preliminary data, which was collected with the support of the New Investigator Program grant, Adam Schaezner, a supporting researcher on this project, received funding from the PhRMA Foundation Pre-Doctoral Fellowship to support the remainder of his graduate studies.
The Effectiveness of an Integrated Mental Health and Primary Care Model for Wisconsin Patients with Severe Mental Illness

The Challenge: Mental health disorders are the leading cause of disability and are one of the most costly medical conditions in the United States with over $50 billion spent annually. People experiencing severe mental illness die 25 years earlier on average than the general population. This disparity may be caused by insufficient primary care, preventive care and care for chronic diseases.

Project Goal: Traditional care for patients with severe mental illness occurs in two separate systems—primary care and psychiatric care. Given the shortage of psychiatrists in Wisconsin, the team set out to test the effectiveness of providing those with severe mental illness both medical and mental health care in the same setting through a model of integrated care. The research team, through a partnership with the Wisconsin Collaborative on Healthcare Quality, compared electronic health records data on visit patterns and health outcomes at a Federally Qualified Health Center that uses an integrated model of care to those of an academic health center that uses a traditional model of care. The project examined three specific traits: healthcare use, cancer screening and diabetes preventive care.

Results: The data demonstrated more frequent visits to the health center for individuals being treated with an integrated care model. However, individuals in the integrated care model did not see improvement in cancer screening rates or diabetes. The project findings suggest that treatment for severe mental illness needs additional primary care interventions beyond integrated care to have an effect on severe disparities in morbidity and mortality within this population of patients.

Grantee: Nancy Pandhi, MD, MPH, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health; Marguerite Burns, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences; Meghan Fondow, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: 8/1/2014 – 1/31/2017
Amount Spent: $99,962
Program: New Investigator Program
Repurposing FDA-Approved Drugs as Therapeutics for Age-Related Macular Degeneration

The Challenge: Age-related macular degeneration (AMD) is the most common cause of irreversible blindness in older adults. How the disease occurs is not fully understood. There is no cure and very few therapies are available for people with this disease. More than 50,000 Wisconsinites have lost vision because of AMD. The prevalence in Wisconsin is one of the highest in the nation with almost two and a half percent of Wisconsinites living with AMD. Previous research at the SMPH Department of Ophthalmology and Visual Sciences discovered a group of medications already approved by the Food and Drug Administration that could be used to treat both their intended disease and serve as a therapy for people losing vision due to AMD. One such drug is an antidepressant, Desipramine, which inhibits an enzyme called acid sphingomyelinase, or ASMase. Inhibiting ASMase has been shown to increase the removal of debris from the eye and decrease inflammation, two causal factors in AMD. Researchers want to find other drugs that could work as therapies to help patients with AMD.

Project Goal: The goal of this project was to find the best drugs for ASMase inhibition among the over thirty new FDA-approved medications that could ultimately be used as therapies for patients with AMD. The team first studied the activity of several ASMase inhibitors within the layer of cells that nourishes and supports the light-sensing photoreceptors in the eye. They then set out to identify drugs that best inhibit ASMase to lay a foundation for future studies in patients with AMD.

Results: The team was able to examine how well several drugs were able to inhibit ASMase in cell models and then successfully identify three drugs as optimal candidates for the inhibition of ASMase. These drugs have potential to become therapies to address AMD. The team is now conducting further studies of the impact of these three medications in mouse models of macular degeneration with the hope of bringing a specific therapy to patients within the next five to seven years. The team also successfully published the findings of this research in the Proceedings of National Academy of Sciences USA, six presentations at numerous conferences globally and three conference abstracts.
Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making

The Challenge: Breast cancer is the most common cancer, accounting for nearly one-third of all cancers diagnosed among women in Wisconsin. Mammography is the most effective and widely used test to screen women for breast cancer, and has reduced the number of women who have died from breast cancer by forty percent. While this is a remarkable success, mammography remains controversial for women ages 40-49 and regulatory organizations differ in their mammography recommendations, causing substantial confusion for patients and physicians.

Project Goal: The goal of this project was to develop, implement and test a Clinical Decision Support Tool (CDST) for breast cancer screening to improve breast health care for women ages 40-49 in Wisconsin. This innovative tool supports evidence-based conversations between patients and physicians to weigh the benefits of mammographic screening (e.g., lives saved) along with the harms (e.g., false positives) to support individual decisions and improve population health. This tool, which provides a platform for shared decision-making represents a futuristic vision of healthcare that embraces systems in which patients and physicians mutually understand individual disease risk, accurately discuss diagnosis and treatment information and jointly weigh patient values to make more data-driven, yet patient-centered decisions. Ultimately, this project aims to take a personalized approach to improving breast cancer health outcomes for women around the state.

Results: This project successfully created a CDST for physicians and patients to mutually understand the benefits and risks of breast cancer screening and make an informed, data-driven and patient-centered decision about when and how often to receive a mammogram. The CDST represents a key step towards health care approaches in which patients and physicians work together to make fully informed healthcare decisions that are right for each patient. UW Health has embedded the CDST model known as the Breast Cancer Risk Estimator (B-CARE) in its electronic health record, which is now used in clinical encounters every day. This project resulted in 23 publications and 15 presentations. It received additional funding to continue research into how this tool can be disseminated among medical professionals and implemented effectively to improve the health of women throughout Wisconsin and beyond.

Grantee: Elizabeth Burnside, MD, MPH, MS, UW School of Medicine and Public Health, Department of Radiology

Dates: 1/1/2013 – 4/30/2017

Amount Spent: $499,996

Program: Collaborative Health Sciences Program

Shared decision-making in healthcare settings allows patients more control and buy-in over their own outcomes. This project increased shared decision-making to improve women’s health.