Wisconsin Partnership Program
2014 Outcomes Report
Table of Contents

Program Encourages Kids to Stay Active at School . . . . . . . . . . . . . . . . . . . . . . . . . page 1
Screenings Can Help Identify At-risk Older Adults. . . . . . . . . . . . . . . . . . . . . . . . . page 2
Childcare Providers Learn Strategies for Nutritious Eating . . . . . . . . . . . . . . . . . . . page 3
Bringing Fresh Food to Low-income Families . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . page 4
Dental Care and Education for Uninsured Patients . . . . . . . . . . . . . . . . . . . . . . . . . page 5
Northwoods LEAN Encourages Healthy Living . . . . . . . . . . . . . . . . . . . . . . . . . . . . . page 6
Helping Patients Access Mental Health, Substance Abuse Treatment . . . . . . . . . page 7
Helping School Staff Educate Families About Health Insurance. . . . . . . . . . . . . . . . page 8
One County’s Experience with Health Care. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . page 9
Study Recommends Mental Health Services at Job Placement Programs . . . . . . page 10
Teens and Providers Learn Communication Techniques . . . . . . . . . . . . . . . . . . . . page 11
Thrive Wisconsin Seeks to Create Alliance for Health Equity. . . . . . . . . . . . . . . . . page 12
Core-4 Strategies Help Students Stay Fit . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . page 13
Team Pledges to Address Racism in Kenosha . . . . . . . . . . . . . . . . . . . . . . . . . . page 14
Dads Getting More Involved . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . page 15
Involving Dads Early on Has Benefits . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . page 16
Father Involvement to Strengthen Families through WIC . . . . . . . . . . . . . . . . . . . page 17
Pregnant Women Receive Mental Health Support. . . . . . . . . . . . . . . . . . . . . . . . . . page 18
Health Educators Trained on Behavioral Screening and Intervention Services . . . . page 19
Targeting Treatment for High-risk Breast Cancers . . . . . . . . . . . . . . . . . . . . . . . page 20
Improving Mild Cognitive Impairment Screening Among African-Americans . . . . . page 21
Biobank Spanning Multiple Diseases Fosters Translational Research . . . . . . . . . . page 22
Pilot Project Lays Groundwork for Establishing a UW Environmental Health Center . page 23
Engaging Communities to Reduce Racial Disparities in Alzheimer’s Research. . . . page 24
**Program Encourages Kids to Stay Active at School**

**The Challenge:** One-quarter of Wisconsin high school students and 29 percent of 2- to 4-year-olds participating in the Women, Infants and Children (WIC) Program are overweight or obese. Low levels of physical activity contribute to this growing health concern, and schools are an obvious partner for increasing activity levels among children because they spend so much of their time there. Traditionally, schools have relied on physical education classes to address students’ activity needs; however, these programs are greatly underfunded and do not provide enough time or training for the classes to truly impact students’ lives.

**Project Goals:** The goal of this planning grant was to pilot three strategies from the evidence-based Active & Healthy Schools Program within three elementary schools in northwest Wisconsin. The schools were chosen to represent small, medium and large districts in rural and low-income areas of the state. The strategies were active recess, active energy breaks in the classroom and increased physical education minutes. Project leaders sought to demonstrate increased physical fitness levels through pre- and post-fitness measures by using pedometers and Fitness Gram, a tool that assesses fitness and activity levels.

**Results:** Based on PACER (progressive aerobic cardiovascular endurance run) scores and pedometer steps, students at all three schools demonstrated an increased level of fitness and activity during the school day as a result of the Active & Healthy Schools program. The students responded well to energy breaks and after implementing these breaks in the classroom, teachers saw student engagement increase and behavior issues decrease. Students also were more on task and focused on their lessons. The structured and active recesses eliminated many discipline problems on the playground and kept students motivated to move during the entire recess, thus improving their overall health.

**Grantee:** Cooperative Educational Service Agency (CESA) #9, Lynn Verage

**Grant Title:** CESA #9 Active & Healthy Schools

**Academic Partner:** Aaron L. Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics

**Dates:** April 1, 2013 – May 31, 2014

**Amount:** $48,815

**Program:** Community-Academic Partnership Fund

**Project ID:** 2486
Screenings Can Help Identify At-risk Older Adults

**The Challenge:** Emergency Medical Service (EMS) teams frequently are the first point of contact for older adults experiencing health problems. Because these teams often enter the homes of people in distress, they have the opportunity to identify and prevent underlying issues that may lead to more serious medical conditions.

**Project Goals:** This pilot project in Shawano County will position EMS personnel to become the eyes and ears for physicians and social service agencies. EMS providers will be trained to screen older adults for key risk factors when responding to 911 non-life-threatening calls. The screenings will determine whether patients are at risk for falls, medication errors and/or depression. If patients are deemed at risk, EMS personnel will refer them to an appropriate health care or social service agency for further evaluation and treatment.

**Results:** EMS personnel and paramedics screened 1,556 people 60 and older, and they referred 369 patients at risk of falls, medication errors or depression to further services. Before this pilot project, they had not referred any patients for services related to these issues.

Many patients indicated that they knew they needed help but didn’t know how to find it or didn’t realize they qualified for programs that could help them. Shawano Ambulance Service has made screening and referrals of older adults a part of its ongoing practice and is continuing to provide staff members with geriatrics education.

**Publication:** Marquardt, L. “Ambulance service learning more about senior patients.” *The Shawano Leader.* (2013)
Childcare Providers Learn Strategies for Nutritious Eating

**The Challenge:** Early childhood represents a critical period for developing diet and activity behaviors that continue into adulthood; however, a child’s parents and home often are not the only influences over his/her nutrition environment. Nearly 60 percent of children 3 to 4 years old with employed mothers participate in center-based childcare, and 41 percent of preschool-age children are in early care and education (ECE) for 35 or more hours per week. Children consume between 50 percent and 100 percent of their food during this time.

Obesity rates are increasing among children at earlier ages. ECE settings can influence children’s eating and activity habits and should be considered as opportunities for preventing obesity. Most childcare facilities are regulated by state laws; therefore, changing policies that affect these facilities has the potential for improving children’s nutrition and activity environments.

**Project Goals:** The purpose of this project is to develop a curriculum based on the Healthy Bites resource guide, which offers strategies for improving nutrition and for preventing and remediating childhood obesity. Partners include the Celebrate Children Foundation, Wisconsin Early Childhood Obesity Prevention Initiative, Supporting Families Together Association, Wisconsin Early Childhood Association, UW-Madison faculty members and Wisconsin Departments of Children and Families, Public Instruction and Health Services. Project goals are to produce a Healthy Bites nutrition curriculum, pilot the curriculum and training with ECE providers, and train regional technical consultants/trainers for statewide dissemination and implementation.

**Results:** The Healthy Bites curriculum pilot project implemented all of the goals in the application and addressed the following issues of importance to ECE providers:

- Selecting, purchasing and preparing safe, healthy, nutrient-rich locally grown foods
- Institutionalizing safe food handling, feeding and nutrition policies
- Discussing access and affordability issues in disparate center environments
- Supporting and strengthening strategies such as breastfeeding, on-site gardens and parental engagement

Findings from this project will guide future collaborations for expanding Healthy Bites training; instituting ECE garden-based learning, fresh food production and consumption; establishing cost-effective delivery of nutritious foods, including an affordable and accessible farm-to-preschool system; and providing evidence for science-based improvement in statewide nutrition policies for early care education.

**Grantee:** Celebrate Children Foundation, James Leonhart

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

**Academic Partner:** Tara LaRowe, PhD, RD, UW School of Medicine and Public Health, Department of Family Medicine

**Dates:** May 1, 2013 – April 30, 2014

**Amount:** $49,987

**Program:** Community-Academic Partnership Fund

**Project ID:** 2481
Bringing Fresh Food to Low-income Families

The Challenge: Low-income families often have limited access to fresh fruits and vegetables, while nutrition education programs focus on school-aged children. The Healthy Kids, Healthy County project is unique because it serves low-income families with children younger than 13.

Project Goal: The goal of this project was multi-faceted – seeking to influence county decision-makers and create a nutrition educator position in Green County. It also sought to increase the availability of fruits and vegetables to Early Head Start (EHS) families by teaching food-preparation skills and providing taste-testing.

Results: A team of public health providers delivered educational programming, which included twice-monthly “family fun day” events that gave families opportunities to taste-test and learn new recipes and food-preparation methods. The team also created a partnership with community-supported agriculture (CSA) farms to provide fresh fruits and vegetables to families at the events. Green County hired a nutrition educator in January 2014 to provide services to county residents and continue the team’s work.

The project served 45 EHS families. Pre- and post-project surveys indicated that EHS families increased their consumption of fruits and vegetables as snacks by 8 percent and 6 percent, respectively. The majority of the families who regularly attended the events and picked up their CSA shares reported that they enjoyed the vegetables they received and were using most of them. Unused CSA produce was donated to the local food pantry, which shared it with other low-income families.

The Healthy Kids, Healthy County project also established a partnership with the local farmers’ market, which is exploring the possibility of accepting FoodShare Electronic Benefit Transfer — thus increasing the availability of fresh fruits and vegetables to low-income families.


Green County Health Department. “Healthy Kids, Healthy County.” 2013 Annual Report.
Dental Care and Education for Uninsured Patients

The Challenge: Uninsured people in Milwaukee struggle to find quality and affordable dental care. Few providers are available to serve the poor; and community-based preventive and treatment programs are not widely available. And unfortunately, poor oral health has been linked to a number of health conditions such as cardiovascular disease, diabetes and respiratory infection.

Description: The Bread of Healing Clinic, a free clinic on the north side of Milwaukee, set out to increase the accessibility of affordable dental services in the area. This project sought to develop a replicable system for oral health education and services for uninsured, low-income patients. The project recruited volunteer dentists, dental hygienists and students to perform assessments, X-rays, cleanings and oral evaluations, and made referrals to dentists for dental services.

Results: This grant allowed 215 patients to receive dental care; many required multiple visits due to the extent of their needs. During the project period, dentists performed 1,200 procedures, most of which were fillings and extractions.

Patients received oral health education while in the waiting room. The oral health education addressed the importance of dental health in maintaining overall health. Patients’ oral health knowledge was assessed using pre-test and post-test measures. On a scale of 1 to 10, with 10 indicating greater knowledge, patients scored an average of 6.83 on the pre-test and 8.25 on the post-test. Findings from a quality of life survey and interviews were very positive overall, with some patients expressing that they were no longer in pain and were able to smile again without feeling self-conscious about the condition of their teeth.

While substantial efforts to recruit professional volunteers were noteworthy, a complementary state grant enabled the clinic to hire part-time dentists and hygienists to provide additional hours of care to patients beyond what was previously offered solely through volunteers. The project team is currently working with the Milwaukee County Oral Health Task Force to identify and scale-up affordable oral health strategies.

Grantee: Bread of Healing Clinic, Inc., Barbara Horner-Ibler

Grant Title: Improving Dental Health of Uninsured Populations in Milwaukee

Academic Partner: Cynthia Haq, MD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

Dates: January 1, 2012 – June 30, 2014

Amount: $50,000

Program: Community-Academic Partnership Fund

Project ID: 2000
Northwoods LEAN Encourages Healthy Living

Background: Oneida County’s most recent Community Health Needs Assessment identified four priorities: chronic disease prevention, alcohol and other drug abuse (AODA), mental health and physical activity. Because Oneida County already had AODA and mental health coalitions, this project focused on developing a chronic disease coalition.

The county’s Public Health Department and the Steering Committee of Healthy People Healthy Oneida County led the needs assessment process, which included representatives from businesses, medical centers, ancillary health care providers, churches, schools, local governments and community coalitions addressing health-related issues to participate.

Project Goals: This project focused on building the capacity to address chronic disease by creating a broad-based Chronic Disease Prevention Coalition, developing a strategic plan and identifying sustainable funding and capacity for disease prevention and management programs.

Results: The Northwoods LEAN coalition used Wisconsin Partnership Program funds to create a sustainable coalition with an active leadership team, vision and strategic plan. In addition to accomplishing all of the grant goals, the coalition was chosen for the Healthy Wisconsin Leadership Institute and received a Partnership Program implementation grant. This grant also led to several other programs, including:

- CHANGE (Community Health Assessment and Group Evaluation) grant to conduct a more detailed community needs assessment specifically related to chronic disease
- CHANGE 2.0 grant to work with local convenience stores to offer healthy items, alter displays and make other changes
- Security Health grant to implement a bicycle education program, build bike racks and hold a bike rodeo
- Wisconsin Department of Health Services grant to conduct focus groups with local businesses to better understand worksite wellness and tailor activities to meet employers’ needs

Grantee: Oneida County Health Department, Linda Conlon

Grant Title: Oneida County Striving to be Healthy

Academic Partner: Erica Brewster, MPH, Oneida County Family Living Agent, UW-Extension

Dates: April 2, 2012 – March 31, 2014

Amount: $49,967

Program: Community-Academic Partnership Fund

Project ID: 2291
Helping Patients Access Mental Health, Substance Abuse Treatment

**The Challenge:** Nationally, those in need of mental health or substance abuse treatment too often do not receive treatment. More than 60 percent of adults with a diagnosable disorder and 70 percent of children needing treatment do not receive mental health services. Public and private insurance coverage for mental health treatment often is unfairly limited, terminated or denied. Numerous changes to the health insurance system have opened access to mental health treatment for people who did not previously have coverage. ABC seeks to educate patients about their options.

**Project Goal:** This project sought to better understand and remove barriers for patients seeking access to mental health and substance abuse treatment. ABC for Rural Health worked with three Polk County mental health clinics to document, describe and model a program that assures full access regardless of the patient’s age, disability, health or economic status.

**Results:** The project uncovered private insurance problems with the Mental Health Parity and with the Provider Non-Discrimination sections of the Affordable Care Act and uncovered policy problems with the delivery of Wisconsin Medicaid. The effort also helped patients gain eligibility for BadgerCare Plus, Medicaid and insurance through the Affordable Care Act. In addition, the project underscored the importance of benefits counseling and of empowering clinic staff members to educate patients about their options. ABC also developed an online Behavioral Health Screener, which helps patients find health insurance programs or policies.
Helping School Staff Educate Families About Health Insurance

The Challenge: Access to health care, especially preventive care, is a major factor in maintaining health, and insurance is a key to that access. However, the health insurance system is constantly changing and often difficult to navigate.

This project sought to determine if Wisconsin’s schools could be an effective way to help children arrive at school healthy and ready to learn, with an emphasis on reducing health disparities among Wisconsin’s most underserved and diverse areas.

Project Goals: Covering Kids and Families’ (CKF) goal was to partner with schools and community groups to deepen their joint commitment to ensuring students have health insurance, promoting public health insurance options, helping families navigate the insurance system and having centralized support for school staff. This pilot project also sought to evaluate the program’s sustainability and the potential for implementing it throughout Wisconsin.

CKF worked with two Cooperative Educational Service Agencies (CESAs), which use public and private funds to provide resources to school districts in its area of the state: CESA 1 in southeastern Wisconsin and CESA 8 in northeastern Wisconsin.

Results: CKF provided school district staff in both CESAs with extensive training and workshops about BadgerCare Plus. The project became even more important for the districts midway through the grant period, when the passage of the Affordable Care Act (ACA) prompted more questions from the families they serve.

The project positively impacted school staff’s knowledge, attitudes and practices regarding health coverage assistance; 83 percent of staff wanted to continue BadgerCare Plus assistance and activities. CKF’s online Toolbox, which connects school staff members to updated ACA information and fact sheets, has proven to be particularly helpful.

“As a School Social Worker, I rely on the website as a rapid and reliable source for me to use when I have families in my office that need advice – now. I appreciate that the CKF staff have reviewed, updated and ‘translated’ the complex and frequently changing information about BadgerCare Plus, and now the Affordable Care Act, so that I can quickly explain or share it,” one school social worker wrote in her program evaluation.

School staff members have expressed a strong desire to learn more about BadgerCare Plus and the new Health Insurance Marketplace through the ACA, and CKF continues to seek and receive funding to provide training to them.
One County’s Experience With Health Care

The Challenge: Health care reform has received substantial attention with the passage of the Affordable Care Act (ACA). During the next few years, states and the federal government likely will be seeking solutions to control costs and improve quality in the ACA’s insurance marketplaces. There is still much to learn about improving efficacy and efficiency in health care.

Project Goal: Wisconsin state employees choose their health insurance in the Wisconsin State Employee Health Plan, an insurance exchange. Researchers have long noted that premiums in Dane County (which includes the city of Madison) are significantly lower than those in Wisconsin’s other 71 counties. This project sought to explain the reasons for that difference and establish a health policy research partnership between the Community Advocates Public Policy Institute (PPI) and UW-Madison Professor John Mullahy, an economist specializing in health economics.

Results: The project team identified the following four variables as potential areas to explore in future research to more fully understand the relationship between health care plan offerings and costs.

1. The number of health care plans offered in the county’s exchange.

2. The size of the county exchange pool’s membership as a percent of the county’s private insurance market (23.58 percent).

3. The number of health care plans in the county’s exchange that are integrated delivery systems.

4. The quality of the health care plans offered in the county’s exchange.

The team did acknowledge that other explanatory variables (such as hospital reimbursement rates, number of hospitals in the county, physician-to-patient ratio and health of the population) may contribute to Dane County’s experience of being able to offer health plans with lower premiums.


Grantee: Community Advocates, Inc., David Riemer

Grant Title: The Great Dane Exchange: Exploring the Reasons for the Success of the Wisconsin State Employee Health Plan Insurance Exchange for Clues to Successfully Establish Exchanges Required by the Affordable Care Act

Academic Partner: John Mullahy, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: June 1, 2013 – December 31, 2014

Amount: $49,997

Program: Community-Academic Partnership Fund

Project ID: 2484
Study Recommends Mental Health Services at Job Placement Programs

**The Challenge:** In the United States, African-American men have the shortest life expectancy of all races. Many factors contribute to this, including history of incarceration, exposure to violence, racism, limited health care access, inadequate mental health support and stress. Researchers have linked socioeconomic status to poor health outcomes. As a group, African-American men face issues of employability in alarming numbers, thus making them more susceptible to poor health outcomes. Of the social determinants, perhaps none is more significant than employment.

**Project Goal:** The project sought to assess the needs of unemployed African-American men receiving services at the Milwaukee Area Workforce Investment Board (MAWIB), particularly non-custodial fathers enrolled in MAWIB’s transitional employment program. The assessment included a survey, in-depth interviews and focus groups that provided information from men about their physical, mental and emotional health as well as legal status. An advisory board reviewed and made recommendations for changes based on findings of the project team.

**Results:** Findings suggest that adverse childhood events such as physical, mental and emotional abuse; battered mothers; separation or divorce; early trauma; and stress were major contributors to unemployment among African-American men. They concluded that job placement programs working with African-American men who live in urban areas should consider incorporating behavioral and mental health services into their offerings. These programs should also look at the possibility of trauma-focused interventions. Equally valuable, the project made recommendations about integrating a common goal among many urban social service agencies to develop policies and strategies that decrease exposure to adverse childhood experiences.

MAWIB has secured funding from the Safer Foundation and through the Workforce Innovation and Opportunity Act to plan a pilot project targeting young African-American men. The pilot project will test the implementation of the behavioral and mental health services and trauma interventions that were recommended as a result of this study.


Teens and Providers Learn Communication Techniques

The Challenge: The Wisconsin Alliance for Women’s Health sought to lower rates of unintended pregnancies, sexually transmitted diseases and health disparities among youth. Research has shown that one of the best ways to do this is to help teenagers and health care providers improve communication with each other.

Project Goal: The goal was to develop and evaluate workshops for teenagers and health care providers. Project planners trained 10 teen educators at a pilot site in Dane County to help lead the workshops throughout Wisconsin. The workshops targeted barriers to teenagers and health care providers communicating effectively with each other about sexual and reproductive health.

Results: Project planners hoped to conduct 20 workshops statewide, reaching 300 providers and 200 teens. They exceeded their goal – conducting 28 workshops for over 200 providers and nearly 400 teens. Participants completed pre- and post-tests to assess their knowledge about sexual health issues. The tests showed considerable gains in knowledge, with scores ranging from 32 percent to 78 percent for teens and 20 percent to 77 percent for providers. All of the teen educators said that their knowledge about sexual health issues had increased and that they felt more confident talking with their health care providers.

Project planners also learned that teenagers find it difficult to talk with health care providers about suicide, depression, and drug and alcohol use. As a result, the Wisconsin Alliance for Women’s Health has transformed the program, now called PATCH (Providers and Teens Communicating for Health), to address other areas of sensitivity.

The highly successful workshops generated more requests than project planners had resources to conduct. However, the Alliance leveraged its work to secure funding to expand the program into Wood County, and it is seeking another grant for a site in Milwaukee. The Alliance also is seeking grants to support development of curricula, and PATCH is building relationships with health systems across Wisconsin.

Publications and Presentations:

Grantee: Wisconsin Alliance for Women’s Health, Amy Olejniczak
Grant Title: Wisconsin Adolescent Health Care Communication Program Evaluation
Academic Partner: Heather Royer, PhD, FNP-BC, UW-Milwaukee College of Nursing
Dates: July 1, 2012 – June 30, 2014
Amount: $50,000
Program: Community-Academic Partnership Fund
Project ID: 2275
Thrive Wisconsin Seeks to Create Alliance for Health Equity

**The Challenge:** The UW Population Health Institute’s population health model recognizes that the strongest factors that influence health outcomes are socioeconomic determinants such as employment, community safety and social support. While there have been many strides in public health over the last two decades, there is an increasing understanding and need for intervention approaches that involve community organizing and community development, and pull on the collective strength of all stakeholders in communities.

**Project Goal:** This project sought to develop a partnership between community organizers, public health practitioners and academics — leading to the creation of an alliance for health equity in Wisconsin. The project also provided a gathering space for alliance members to discuss issues related to organizing and refine local organizing action plans.

**Results:** The Thrive Wisconsin summit led to the creation of the Wisconsin Health Equity Alliance — a formal group of public health and community organizing professionals. Alliance members have increased their skills by participating in trainings and successfully advocated for state-level funding for treatment alternative diversion programs. A statewide infrastructure is now in place, and the Alliance continues to meet regularly.

**Grantee:** WISDOM, David Liners

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

**Academic Partner:** Brian Christens, PhD, UW-Madison, School of Human Ecology

**Dates:** July 1, 2013 – June 30, 2014

**Amount:** $49,947

**Program:** Community-Academic Partnership Fund

**Project ID:** 2473
Core-4 Strategies Help Students Stay Fit

The Challenge: Studies have shown that large-scale obesity and chronic disease prevention fitness programs targeted at early adolescents can have a significant, positive impact on cardiovascular health. Incorporating these programs within the school day provides an ideal environment to implement and determine the impact of sustained fitness interventions that can inform a statewide cardiovascular fitness data collection system.

Project Goals: This grant supported efforts to incorporate evidence-based physical activity strategies — called Core-4 — in 48 middle schools with families and children across the state. The Core-4 strategies are:

- Increase accrued minutes of moderate to vigorous physical activity in physical education classes (Active Physical Education)
- Encourage active classroom breaks
- Provide organized physical activity during recess (Active Recess)
- Provide physical activity opportunities before and after school

Results: School personnel received extensive training that included in-person presentations from national experts and a two-day symposium. Schools received state-of-the-art resources, including pedometers, recess activity guides and support for after-school programs.

The schools were divided into two intervention groups, with one group delaying implementation until year 2 of the project to evaluate program effectiveness. Results indicated significant improvements in cardiovascular fitness among both groups. The most significant gains took place in the first year of program implementation. The team also found that boys were more likely to experience gains than girls, and that Hispanic students had lower fitness scores than students of other ethnicities.

As a result of this project, the Department of Public Instruction has incorporated school-based physical activity into other projects and initiatives. The project partners received funding to participate in a five-year project with the U.S. Centers for Disease Control and Prevention and are using the results from this project to inform that initiative. Partners are also testing methodologies for future efforts that will use monitoring devices to track physical activity throughout the school day.

Grantee: Wisconsin Department of Public Instruction, Doug White
Grant Title: Wisconsin Partnership for Childhood Fitness, Phase II
Academic Partner: Aaron L. Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics
Dates: July 1, 2011 – September 30, 2014
Amount: $400,000
Program: Community-Academic Partnership Fund
Project ID: 2023
Team Pledges to Address Racism in Kenosha

The Challenge: Among Wisconsin counties, Kenosha has some of the highest racial disparities in infant mortality rates between African-Americans and whites. These poor health outcomes are the result of deeply rooted community and societal attitudes and practices. A growing body of evidence on Lifecourse Theory has linked these embedded social norms to chronic and toxic stress, which results in disproportionate poor health and well-being outcomes among racial minorities. There are few successful examples of efforts taken by communities to unpack and understand how racism is nested in systems and structures and even fewer examples of how communities acquired skills to implement projects that result in eliminating racial disparities.

Project Goal: The Dismantling Racism project sought to bring together a team of stakeholders in Kenosha from a range of sectors (health, criminal justice, schools, social services, etc.) and partner with a UW faculty member to more deeply understand the subject of racism. Project goals included: increase the team’s knowledge about racism; conduct a literature review on effective approaches for dismantling racism; gather community input including the development of a report outlining action steps; and build broad community support for moving action forward on priorities identified in the report.

Results: The Dismantling Racism team, which started with just five people, has expanded to 18 members, with representatives from a wide range of city and county entities. Existing groups exploring the issue of racism joined the Dismantling Racism team to help streamline efforts, ultimately increasing the community’s collective capacity to address racial disparities under a single entity.

Findings from a survey of project participants indicate respondents self-reported that the project helped them understand racism, the link between race and health outcomes, how racism relates to their work, why equity matters and their own biases and behavior. The team’s next step is to pursue training opportunities on how to have courageous conversations and identify which priorities in the community report to carry forward.

Grantee: Kenosha County Division of Health, Cynthia Johnson

Grant Title: Dismantling Racism in Kenosha County

Academic Partner: Markus Brauer, PhD, UW-Madison, Department of Psychology

Dates: July 1, 2013 – June 30, 2014

Amount: $50,000

Program: Lifecourse Initiative for Healthy Families

Project ID: 2587
Dads Getting More Involved

The Challenge: Having adequate, sufficient and understandable health information is an important aspect of taking responsibility for one’s health and those we care about. While health information about the prenatal period is available for women, adequate information is not available for men. Research has shown that when fathers are involved during the prenatal period, they provide support that can reduce stress of the expectant mother, and in turn, improve the likelihood of a healthy birth outcome. More efforts to understand and develop health information for men during the prenatal period are needed.

Project Goal: The project sought to bring together a team of academic partners, a health planning agency and the Milwaukee County Medical Society with groups of African-American fathers. The team drew upon its combined health literacy expertise and the experience of African-American fathers. The project sought to (1) increase the team’s cross-disciplinary learning and (2) document perspectives from African-American men to inform the development of strategies to promote their involvement during the prenatal period.

Results: The project team worked with local organizations (Milwaukee Fatherhood Initiative, My Father’s House, Silver Spring Neighborhood Center and Next Door Foundation) to recruit fathers and expectant fathers into focus groups. Findings from the four focus groups identified a number of themes regarding needs, barriers and the interests of African-American men to be more involved during the prenatal period. Project partners secured a grant from the Greater Milwaukee Foundation for an American Evaluation Association fellow to further investigate effective health messaging practices. This project will help inform the content of a pilot program that focuses on training medical and public health students to work more inclusively with fathers when providing prenatal services and information.


Grantee: IMPACT Alcohol & Other Drug Abuse Services, Inc., Kathleen Pritchard

Grant Title: Engaging African-American Fathers to Reduce Infant Mortality by Improving their Health Literacy

Academic Partner: David J. Pate, Jr., PhD, UW-Milwaukee, Helen Bader School of Social Welfare; Kris A. Barnekow, PhD, UW-Milwaukee, Department of Occupational Science and Technology

Dates: June 1, 2013 – July 31, 2014

Amount: $50,000

Program: Lifecourse Initiative for Healthy Families

Project ID: 2575
Involving Dads Early on Has Benefits

**The Challenge:** A recent study concluded that infants without strong father involvement experience higher rates of infant mortality compared to those with an involved father, regardless of race. Most prenatal interventions are aimed at mothers exclusively, and yet, there is a growing recognition about the value and importance of involving fathers early on, before and during pregnancy. Many practitioners are now exploring innovative ways to meet the needs of fathers during the prenatal period.

**Project Goal:** St. Joseph Hospital in Milwaukee has found great success with Centering Pregnancy, an evidence-based group prenatal care program at its Women’s Outpatient Center. The project set out to increase father involvement. Specifically, the project aimed to enhance the Centering Pregnancy curriculum by addressing fathers’ needs and concerns and pilot-test the new program. The pilot program integrated the 24/7 Dad program with Centering Pregnancy. The 24/7 Dad program helps men improve their parenting skills and fathering knowledge.

**Results:** Through focus groups and individual interviews with expectant fathers, the project team collected data on various topics, such as stress management, physical and mental health, sexual relations, family culture and values, self-awareness, body image, communication and conflict management, a father’s role, manhood and self-esteem.

Participating couples carried their babies to term, delivering between 39 and 41 weeks’ gestation. All babies had a healthy birthweight, and all women had spontaneous vaginal deliveries. Findings from the pilot suggest that fathers were interested in and likely to attend prenatal group sessions.

The project also made observations regarding strategies to improve institutional practices for creating a welcoming place for fathers. For example, scheduling health services around the patient’s availability rather than the clinician’s schedule or working with trusted and experienced community partners to serve as group facilitators. Because of the limited number of participants in the pilot, additional pilot testing is needed with a larger sample and follow up with program participants to track progress after their baby’s birth.

**Grantee:** Wheaton Franciscan Healthcare – St. Joseph Foundation, Dawn Groshek

**Grant Title:** Expecting Moms, Expecting Dads

**Academic Partner:** Emmanuel Ngui, DrPH, UW-Milwaukee, Zilber School of Public Health

**Dates:** July 1, 2013 – October 31, 2014

**Amount:** $50,000

**Program:** Lifecourse Initiative for Healthy Families

**Project ID:** 2588
Father Involvement to Strengthen Families Through WIC

The Challenge: Positive father involvement has a protective capacity and is linked to a child’s self-esteem as well as reductions in poverty, health, emotional and behavioral problems; incarceration; high school drop-out rates; teenage pregnancy and substance abuse. For unmarried couples, father involvement is strong during pregnancy but begins to decline after the baby’s birth. It is important that researchers and practitioners begin to understand what barriers might contribute to this decline by speaking with fathers and use this information to develop interventions that promote father involvement.

Project Goal: The Racine Kenosha Community Action Agency (RKCAA) wanted to develop an action plan for increasing fathers’ involvement in their pregnant partners’ and young children’s lives. The project sought to gain a better understanding of fathers’ needs and strategies for engaging them, mapping out community resources and developing a father involvement program model. RKCAA operates the supplemental nutrition program for Women, Infants and Children (WIC) in Kenosha and worked with new and expectant fathers visiting the WIC office.

Results: With the assistance of WIC staff, the research team surveyed 171 men and conducted two focus groups to better understand the needs of fathers. RKCAA staff also developed an asset map of local resources to support fathers. Using this information, the project team piloted strategies to involve fathers in cooking sessions and include fathers in programming activities throughout the year.

There was no formal method of documenting father participation in WIC appointments and other activities. The project team successfully worked with the state WIC office to amend the state tracking system, ROSIE. This change has created an opportunity for the Kenosha WIC office to track and analyze data on father involvement.

The project team developed a comprehensive Father Information Program Model. This model suggests a two-pronged approach for engaging fathers: (1) increase involvement in WIC-related activities by fathers and other important male figures (such as stepfathers, grandfathers, uncles, etc.), and (2) link fathers to additional programming and support services (for example, providing wraparound services, developing a stronger referral system and implementing the evidence-based Nurturing Fathers Program).

Grantee: Racine Kenosha Community Action Agency, Pam Halbach

Grant Title: Kenosha Fatherhood Involvement Planning Project

Academic Partner: David J. Pate, Jr., PhD, UW-Milwaukee, Helen Bader School of Social Welfare

Dates: July 1, 2013 – September 30, 2014

Amount: $50,000

Program: Lifecourse Initiative for Healthy Families

Project ID: 2586
Grantee: Mental Health America (MHA) of Wisconsin, Martina Gollin-Graves

Grant Title: Strong Families Healthy Homes (SFHH) Extension — Pregnancy Pilot Program

Academic Partner: Alice Yan, PhD, UW-Milwaukee, Zilber School of Public Health

Dates: July 1, 2013 – June 30, 2014

Amount: $50,000

Program: Community-Academic Partnership Fund

Project ID: 2582

Pregnant Women Receive Mental Health Support

The Challenge: Research shows that stress can negatively impact pregnancy and can contribute to low birthweight, prematurity and infant mortality. High levels of stress and trauma are especially taxing on racial minorities living in poverty because of limited access to resources for managing hardships. More efforts targeting distressed neighborhoods and families in vulnerable socio-economic positions offer some hope in reversing the devastating trends of infant mortality in African-American communities.

Project Goal: The Strong Families Healthy Homes (SFHH) program sought to address mental health and stress among Milwaukee-area families in ZIP codes with the highest rates of infant mortality. Over the past 10 years, the SFHH program primarily focused on parents with children, rather than expecting mothers. This year-long project involved 12 pregnant, African-American women who have a history of mental illness or substance abuse. Women received intensive and individualized services, including in-home visits from master’s degree-level mental health professionals, and participated in prenatal education programs.

Results: Self-reported survey responses from participants indicated that all babies born had a healthy birthweight and only one baby was born pre-term. The number of participants connected to a mental health provider at the beginning of the project nearly doubled, with nearly three of four participants connected to a mental health provider after the intervention. Participants also self-reported feeling more confident about the support they received from their families and significant others, and that they developed an increased sense of control over their lives.

Initial enrollment in the project posed some challenges because many participants feared that the child welfare system would be more likely to intervene if they participated in this program. For many participants, meeting their basic needs, such as food and shelter, was stressful, so focusing on their mental health was difficult. However, due to the program’s strong focus on engagement, participants’ fears were eased and there was increased understanding of how the project could improve their overall health.

Through this grant, Mental Health America of Wisconsin (MHA-WI) found SFHH to be a vital program for pregnant women and has received additional local funding to continue the project. As a result, graduate-level internship and externship opportunities were formed and a staff position was added to support the students. MHA-WI also partnered with the Bureau of Milwaukee Child Welfare and Milwaukee County to provide peer support services to pregnant women with mental health and substance abuse issues.
Health Educators Trained on Behavioral Screening and Intervention Services

**Description:** This project aimed to develop a curriculum for training community health educators to provide evidence-based, cost-saving Behavioral Screening and Intervention (BSI) services across Wisconsin, and eventually the country. With faculty from UW-La Crosse, a BSI curriculum was developed, implemented and prepared for dissemination.

**Relevance:** Unhealthy behaviors, including excessive alcohol consumption and illicit drug and tobacco use, cause more than 40 percent of deaths and 75 percent of chronic disease in the United States. They also generate more than $600 billion in costs per year. Undiagnosed and untreated cases of depression add another $82 billion per year in costs as well as incalculable personal harm and social loss.

BSI strategies involve screening patients for risky behaviors followed by evidence-based interventions or referrals to experts, if necessary. BSI services can drastically reduce unhealthy behavior and lessen the associated social, economic and personal burdens. Support for incorporating BSI services into standard medical practice is growing; however, medical and health education providers often are not equipped to provide them.

**Results:** Several UW-La Crosse faculty members were recruited and involved in developing and offering a new BSI services course to students in community or public health programs. Students in the course were required to put the skills and knowledge into practice through a preceptorship. Feedback from students in the first session was used to re-evaluate and modify the curriculum before the next session. Students reported high satisfaction levels and believed the skills they learned would help them in their careers.

A motivational interviewing course based on this project’s outcomes will be included in the Community Health Education program at UW-La Crosse. A two-credit introductory course on the principles and practices of motivational interviewing also will be offered nationwide through UW-La Crosse’s Office of Continuing Education and Extension in 2016.


**Grantee:** Richard Brown, MD, MPH, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

**Grant Title:** Preparing Health Educators to Address Behavioral Health Determinants through Health Care Settings

**Dates:** November 1, 2011 – December 31, 2014

**Amount:** $300,000

**Program:** Collaborative Health Sciences

**Project ID:** 2070
Targeting Treatment for High-risk Breast Cancers

Description: Researchers sought to determine the mechanism of increased sensitivity of polyploid cells to a previously identified chemical. They also hypothesized that polyploidy is more common in aggressive cancer subtypes and prognosticates poor risk.

Relevance: Breast cancer affects nearly 200,000 women in the United States each year, including more than 4,000 in Wisconsin. Many treatments are limited in their ability to help treat cancer and some, like chemotherapies, confer significant toxicity.

Results: In this project, researchers identified a unique subtype of breast cancer in which there are extra DNA-containing chromosomes, called polyploid. Polyploid tumors constitute 10 percent to 14 percent of all breast cancers and confer a higher risk of recurrence and death, they learned.

The researchers also identified a drug that destroys these abnormal cells without affecting normal cells. It specifically elicits “DNA damage signals” using a unique mechanism that is specific for polyploid cells. This work provides the basis for a potential low-toxicity treatment for a high-risk breast cancer type.

Grantee: Mark Burkard, MD, PhD, UW School of Medicine and Public Health, Department of Medicine

Grant Title: Personalizing Therapy of Women with Polyploid Breast Cancers

Dates: July 1, 2012 – June 30, 2014

Amount: $99,910

Program: New Investigator Program

Project ID: 2261
Improving Mild Cognitive Impairment Screening Among African-Americans

**Description:** This project aimed to better understand the perceptions surrounding memory loss within the African-American community and how these perceptions affect willingness to be screened for mild cognitive impairment (MCI). The long-term goal is to use the information from this study to design more effective and culturally sensitive screening strategies and interviews for African-Americans.

**Relevance:** African-Americans are at twice the risk of developing Alzheimer’s disease compared to Caucasians. They also are more likely to be diagnosed later than Caucasians and are less likely to receive appropriate treatments and services. One way to lower the delay between disease onset and diagnosis is by developing strategies that screen for predictive conditions.

MCI is an intermediate stage between full cognitive health and the development of dementia. Early screening and diagnosis of MCI can help identify individuals who are at risk of developing Alzheimer’s disease. Understanding the barriers that prevent MCI screening within the African-American community is a first step in developing strategies to identify Alzheimer’s disease earlier in African-Americans.

**Results:** To determine which factors affected the willingness of African-Americans to be screened for MCI, the study authors interviewed hundreds of people at community events. The authors discovered that educating African-Americans about the benefits of screening and early detection, increasing social support for screening efforts and addressing concerns about potential social stigma could boost screenings.

Based on data from this project, the authors designed a health promotion intervention, the Memory Partners Project. This intervention targets older African-Americans who are at elevated risk of developing MCI and dementia due to cardiovascular risk factors such as diabetes and hypertension. The goal is to modify “Living Well,” an evidence-based chronic disease self-management program to improve engagement of African-Americans with mild memory loss. Modifications such as additional social support and greater emphasis on maintaining overall health to promote brain health focus on the benefits of being proactive.

**Grantee:** Ricardo Lloyd, MD, PhD, UW School of Medicine and Public Health, Department of Pathology & Laboratory Medicine

**Grant Title:** Development of a Centralized UWSMPH Biobank

**Dates:** September 1, 2011 – March 31, 2014

**Amount:** $191,706

**Program:** Strategic

**Project ID:** 2249

---

**Biobank Spanning Multiple Diseases Fosters Translational Research**

**Description:** The goal of this project was to expand the recently established UW Carbone Cancer Center’s Translational Science BioCore from a repository of human biological samples and associated molecular data and health outcomes information to one spanning multiple diseases.

**Relevance:** Complex human diseases can be understood, prevented and treated most effectively through a multi-layered approach that takes into account both laboratory discoveries and health care outcomes.

For example, if patients suffering from the same disease respond differently to particular treatments, access to patient samples in the Biobank will allow researchers to query the molecular or genetic reasons underlying such differential responses. The materials in the Biobank also can advance public health studies involving disease screening and surveillance.

The samples and information in the Biobank will allow researchers across UW-Madison to pursue innovative, collaborative, transdisciplinary research linking laboratory findings with clinical outcomes for various human diseases.

**Results:** Adding non-cancer samples to the Biobank has been a key achievement of this project. Between 2010 and 2012, about 50 percent of the samples collected were from non-cancer patients. Collection of blood, urine and other biofluids started in 2011. Patients are not asked to provide these samples unless they are required for clinical testing.

Overall, there has been a significant increase in the number and diversity of samples in the Biobank. Researchers have access to more than 28,000 samples from over 6,000 patients. Collaborations with other tissue repositories (for example, the Translational Research Initiatives in Pathology lab) allow researchers access to hundreds of thousands of archived, preserved tissue for molecular and translational research.

Because the quality of specimens is critical to successful research, rigorous quality checks ensure sample integrity. Adoption of a standard operating procedure will help streamline the collection and distribution of samples.

Plans include expanding sample storage capacity, increasing services offered and serving as a bank for validating cell lines.

Pilot Project Lays Groundwork for Establishing a UW Environmental Health Center

Description: The goal of this project was to lay the groundwork for an environmental health center at the UW School of Medicine and Public Health. The center would use molecular and epidemiological strategies to better understand how chemical exposure affects people. This pilot project tested whether it was possible to differentiate active smokers from former or non-smokers by testing for specific biomarkers in saliva and blood samples.

Relevance: Understanding how chemicals affect human physiology is a complex process. Because individual reactions are influenced by several factors (including genetics, personal decisions and lifestyle choices), discovering how chemical exposure may drive physiological reactions or disease progression is of paramount importance.

To understand the nuances of human responses to chemical exposure, there is a great need to connect lab discoveries to population-level studies. The environmental health center would serve as a hub for combining research from several planned and existing centers across the UW System, including the Molecular and Environmental Toxicology Center and the Wisconsin State Laboratory of Hygiene.

Results: This pilot project sought to determine whether biomarkers in saliva and blood could be used to identify individuals who had been exposed to cigarette smoke. Smoking was selected for the initial study because smokers represent a high-risk population and molecular tests can be used to verify self-reported smoking status.

Cigarette smoke contains compounds known as polycyclic aromatic hydrocarbons. These compounds can bind to a molecule or receptor in the surface of cells and elicit known cellular responses by turning different genes on or off to a various extent. Researchers collected blood from current and former or non-smokers and surveyed which genes were turned on or off, and to what extent, in their blood cells. They identified three such genes as biomarkers that were present at significantly different levels in the cells of smokers compared to those of former or non-smokers.

The success of the pilot project makes it likely that biomarkers for exposures to other environmental chemicals can be efficiently detected and provides impetus for establishing the environmental health center.

Grantee: Christopher Bradfield, PhD, UW School of Medicine and Public Health, McArdle Laboratory for Cancer Research

Grant Title: Environmental Health Center Strategic Planning


Amount: $200,000

Program: Strategic

Project ID: 2608
Engaging Communities to Reduce Racial Disparities in Alzheimer’s Research

**Description:** To address the under-representation of African-Americans in Alzheimer’s disease research trials, this project sought to expand the Minority Alzheimer’s Prevention Program into Dane and Rock counties. The main goal was to continue reducing racial disparities in Alzheimer’s research by educating and recruiting African-American volunteers for the UW Alzheimer’s Disease Research Center (ADRC).

**Relevance:** African-Americans comprise more than 13 percent of people older than 54 in the United States and are at a higher risk for Alzheimer’s disease than Caucasians. Various historical, cultural and socioeconomic factors have led to an underrepresentation of African-Americans in clinical studies. For example, more than 90 percent of the current ADRC research subjects are Caucasian.

Recruiting subjects across ethnic and age groups is especially vital for prospective Alzheimer’s research. These studies aim to collect biological samples and medical and lifestyle information from a diverse group of people before they develop symptoms of Alzheimer’s disease or at the preclinical stage. Access to preclinical samples and data from people who did or did not develop Alzheimer’s disease allows scientists to better understand risk factors and to research prevention and treatment options. Without adequate representation of minority communities in the research volunteer pool, it becomes challenging to ensure that treatments developed will be effective across racial and ethnic groups.

Projects like this play a vital role in engaging, educating and recruiting a diversity of research subjects, including African-Americans, to Alzheimer’s disease studies, ultimately helping members of minority communities.

**Results:** Project leaders built community partnerships and strengthened existing ones by attending seminars, festivals, churches and other places with strong African-American participation. At several community gatherings, project personnel offered free Alzheimer’s disease screenings, shared information and answered questions from community members.

These exercises, which were designed to forge relationships with community leaders and members, led to a 31 percent increase in recruitment of African-American volunteers for Alzheimer’s disease studies at the ADRC and an increased participation in various research projects.
<table>
<thead>
<tr>
<th>Grant Program</th>
<th>Goal</th>
<th>Description</th>
<th>Grant Size/Duration</th>
<th>Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Health Sciences Program</td>
<td>To support novel ideas and new approaches to research and education</td>
<td>Funds projects that cross traditional boundaries of basic science, clinical science, social science, education, population health science and/or community practice</td>
<td>Up to $500,000 over 3 years</td>
<td>UW School of Medicine and Public Health full and associate professors, senior and distinguished scientists</td>
</tr>
<tr>
<td>Community Impact Grants Program</td>
<td>To improve the overall health, health equity and well-being of Wisconsin communities through large-scale, evidence-based, community-academic partnership initiatives</td>
<td>Requires substantial community engagement to achieve sustained policy, systems and environmental change. Initiatives must be supported by robust evaluation and effective dissemination</td>
<td>Up to $1 million over 5 years</td>
<td>Wisconsin-based nonprofit, state or local government organizations</td>
</tr>
<tr>
<td>Community Opportunity Grants Program</td>
<td>To enhance collaboration among public health departments, nonprofit organizations, hospitals, clinics, health care systems, schools, businesses and government leaders on community-identified health priorities</td>
<td>Supports implementation and/or evaluation strategies that address health priorities identified in a Community Health Improvement Plan or a Community Health Needs Assessment implementation plan</td>
<td>Up to $50,000 over 2 years</td>
<td>Wisconsin-based nonprofit, state or local government organizations</td>
</tr>
<tr>
<td>Community-Academic Partnership Fund</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: $150,000 to $400,000 over 3 years; Development: Up to $50,000 over 2 years</td>
<td>Wisconsin-based nonprofit, state or local government organizations</td>
</tr>
<tr>
<td>Healthy Wisconsin Leadership Institute</td>
<td>To build public and community health skills and leadership capacity throughout Wisconsin</td>
<td>Provides continuing education in leadership and practical skills needed to lead community health improvement efforts</td>
<td>Training, workshops, independent study for community teams</td>
<td>Community teams, coalitions or individuals from across the state</td>
</tr>
<tr>
<td>Lifecourse Initiative for Healthy Families</td>
<td>To eliminate disparities in birth outcomes among Wisconsin's African-American population</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: $150,000 to $400,000 over 3 years; Development: Up to $50,000 over 2 years</td>
<td>Wisconsin-based nonprofit, state or local government organizations</td>
</tr>
<tr>
<td>New Investigator Program</td>
<td>To support innovative research and/or educational approaches that address Wisconsin’s public health issues</td>
<td>Funds novel proposals from early-career faculty, which may be leveraged for external funding</td>
<td>Up to $100,000 over 2 years</td>
<td>UW School of Medicine and Public Health assistant professors</td>
</tr>
<tr>
<td>PERC Opportunity Grants Program</td>
<td>To support high-profile, highly innovative education and research projects with leveraging potential</td>
<td>Provides pilot funding for education and research projects benefitting the health of Wisconsin residents</td>
<td>Typically $50,000 to $100,000 over 2 years</td>
<td>UW School of Medicine and Public Health assistant, associate and full professors</td>
</tr>
<tr>
<td>Strategic Education and Research Program</td>
<td>To craft new approaches to health and health care issues in response to recognized or emerging needs</td>
<td>Makes major investments for research and education infrastructure 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>
</tr>
<tr>
<td>Wisconsin Obesity Prevention Initiative</td>
<td>To drive down the obesity rate by using a multi-faceted approach that includes community-based research</td>
<td>Provides the infrastructure to build strategic alignment among partners, develop a childhood obesity surveillance system, create statewide messaging; and builds, tests and implements a community-based model for obesity prevention</td>
<td>Variable</td>
<td>UW School of Medicine and Public Health and UW-Madison full and associate professors; community organizations</td>
</tr>
<tr>
<td>Wisconsin Population Health Service Fellowship</td>
<td>To develop the next generation of public health practitioners skilled in planning, implementing and evaluating public health programs</td>
<td>Places new public health professionals with community organizations 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 and allied disciplines</td>
</tr>
</tbody>
</table>