

Making Wisconsin a Healthier State

Wisconsin Partnership Program

OUTCOMES REPORT | JULY 1, 2017 – JUNE 30, 2018



Wisconsin Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH



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OVERVIEW

The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health was established in 2004 through a generous endowment from Blue Cross and Blue Shield United of Wisconsin. The Wisconsin Partnership Program provides 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 public health initiatives while the Partnership Education and Research Committee allocates and distributes funds for education and research initiatives that advance population health.

The following report highlights twenty-five grants that ended in the 2018 fiscal year. Our community partners and researcher grantees addressed many pressing health challenges including:

- Access to eye screening in rural communities
- Addiction screening and treatment
- Asthma
- Breast cancer prevention and treatment
- Creating health and wellness opportunities in local communities
- Falls prevention
- Fatherhood engagement
- Healthy food access
- Improving health in Wisconsin Plain communities
- Improving school district health policies
- Infectious disease
- Youth leadership for health improvement

Grant Outcomes

Of the twenty-five grants that ended and are further described in this report, the accomplishments of several are highlighted in this overview.

Community Grant Highlights

The Racine Interfaith Coalition created a comprehensive, trauma-informed alcohol and other drug program called Women of Worth. The innovative project provided gender-specific substance abuse treatment in an at-risk population with high rates of post-traumatic stress disorder (PTSD). Substance use was significantly reduced (statistically and clinically) and there was reduction in trauma symptoms and lowering depression and anxiety scores. The program raised more than \$320,000 in funding and is now self-sustaining at Wheaton Franciscan Healthcare Ascension in Racine.

IMPACT Alcohol and Other Drug Abuse Services screened approximately 2500 students across southeastern Wisconsin using an evidence-based alcohol, tobacco and drug Screening, Brief Intervention and Referral to Treatment (SBIRT) program. As a result of the groundwork done through this project, Wisconsin was chosen as one of only five states to participate in a national effort to improve insurance coverage and access for early screening and intervention services. Importantly, the project is close to sustainable policy change, as one state representative has drafted preliminary legislation that would require the Department of Public Instruction to include SBIRT in its alcohol and other drug abuse intervention programs and offer SBIRT training to a school district upon the district's request.

Research Grant Highlights

Dr. Christine Seroogy at the UW School of Medicine and Public Health, Department of Pediatrics and collaborators increased newborn screening rates in the Wisconsin Plain communities. The research team partnered with Amish midwives who increased newborn screening submissions by 50 percent. They also leveraged more than \$700,000 in grant awards to sustain this work.

Dr. Miriam Shelef at the UW School of Medicine and Public Health, Department of Medicine and collaborators created a repository of clinical information and biological samples. This repository is a building block for additional research studies to identify novel mechanisms of disease pathology, including diagnostics for rheumatoid arthritis and other autoimmune and inflammatory disorders. The research team has already leveraged almost \$1 million to continue its efforts.

Sustainability Highlights

To be impactful, the Partnership Program's work must endure beyond any specific investment. Ninety-two percent of the grants highlighted in this report described how their projects were planning to continue beyond the end of Partnership Program funding. These successful grantees have sustained projects by receiving additional grant awards, integrating positions into organizations, creating shared organizational agreements, creating and further implementing a replicable program model, changing school policy for wellness, drafting state legislation, creating inter-organizational relationship agreements and receiving one patent.

In addition, 80 percent of grantees described applying for or receiving additional funding. To date, grantees have successfully leveraged more than \$9.6 million, from external and internal sources, with more funding pending.

Dissemination

The production of new knowledge is instrumental in innovation and learning. This knowledge is often distributed in many different ways. Grantees highlighted here have disseminated knowledge through peer-reviewed publications, reports, conference presentations, toolkits, local press and more. Dissemination of project information can inform and spur research, community and education ideas. Of the 25 grants, 96 percent of grantees produced evidence of dissemination. Grantees have also published 16 peer-reviewed manuscripts and submitted or plan to submit 13 more peer-reviewed publications.

Strategic Investments

The Wisconsin Partnership Program makes strategic infrastructure investments in programs aimed at improving health. Two strategic grants were renewed in 2018.

- Wisconsin Population Health Service Fellowship
- Phase One: Building Community Engaged, Collective Impact with Multi-setting Interventions in Two Wisconsin Counties (an arm of the Obesity Prevention Initiative)

More than
\$9.6 MILLION
already leveraged by the
**25 concluding grantees to sustain,
replicate, or expand projects**

96%
of the 25 concluding grantees
disseminated results or
project information to inform
others or spur new ideas

92%
of the 25 concluding grantees
described how their projects
were planning to continue
beyond the end of funding

Advancing Community Investment in Health: Implementation of the Innovation and Wellness Commons

Grantee: Walnut Way Conservation Corp.

Dates: 4/1/2014 – 3/31/2018

Amount Spent: \$344,364.04

Grant Program: Community-Academic Partnership Fund

The Challenge: The Lindsay Heights neighborhood is a 110 square-block community in Milwaukee's Central City, encompassing over 2,700 families, of which 93 percent are African American. The neighborhood has many assets including strong community leaders, improving access to healthy food with local gardens, and healthcare through increasing access to wellness and health practitioners. The community also faces challenges including abandoned businesses, high unemployment and low median household income. As expected, these social determinants have adversely affected the community's health. In the face of these alarming health disparities, community residents and partners have organized to create a bold vision for neighborhood health and wellness.

Project Goal: Building upon a previous grant from the Wisconsin Partnership Program, Walnut Way's goal with this project was to fully implement the Innovation and Wellness Commons to help revitalize the Lindsay Heights neighborhood and transform it into a corridor that promotes well-being and economic prosperity. The project established "The Commons" as a collaborative center that integrates evidence-based wellness programs, community health research, economic development initiatives and neighborhood action campaigns to improve individual quality of life and strengthen a neighborhood culture of wellness. Its objectives included:

- develop a network of wellness, prevention and integrative medicine practitioners to offer services within the Commons
- develop a research infrastructure to engage university and community researchers in measuring individual and community outcomes that improve health
- implement and evaluate the Commons Healing Circles to meaningfully connect residents to wellness and preventive health practices and build social support for healthy lifestyle changes
- advance employment and entrepreneurial opportunities for community residents

- develop a mentoring and consulting service that shares lessons learned with other communities that are interested in using innovative ways to build community investment in health

Results: Through the establishment of The Commons, with leadership from the community, this project impacted the built environment, supported economic growth, strengthened community connectivity and transformed neighborhood culture.

This project tested and has shown that if given the opportunity, community members, such as the women involved in the Healing Circles, will commit to programming that improves their health. It also has shown that women are interested in participating in a broad range of wellness activities, often previously mainly marketed to a white, affluent population. Finally, the project has proven that local wellness, prevention and integrative medicine practitioners are willing to partner and offer services in the neighborhood.

The potential impact on the broader public health domain is that hubs like The Commons build trust among participants and broaden exposure to non-medical wellness activities.

Walnut Way is committed to moving forward with this project. It used its earned revenue to keep the health coach on staff, who was originally hired through this grant's funding. This is significant as the health coach continues to facilitate the Healing Circles and expand the practitioner network.

The organization has also received \$10,000 in additional funding from the Forest County Potawatomi Foundation to enhance its community engagement, including the Healing Circles.

Walnut Way continues to explore opportunities to help residents improve their well-being. In addition, it is scheduled to implement Phase II of the Innovations and Wellness Commons, which includes a new Wellness Studio and an expanded network of health and wellness practitioners.

Building the Infrastructure to Make Wisconsin the Healthiest State

Grantee: Wisconsin Association of Local Health Departments and Boards

Dates: 6/01/2014 – 12/31/2017

Amount Spent: \$368,455

Grant Program: Community-Academic Partnership Fund

The Challenge: A community health improvement process and plan (CHIPP) is a long-term, systematic effort to address public health problems in a community. The process includes several stages, including assessment, prioritization, planning, implementation and evaluation. While Wisconsin communities tend to excel at assessing community needs, some lack the tools and resources to implement, track and evaluate the health improvement activities they identify.

Project Goal: The purpose of this project was to strengthen communities' capacity to implement and evaluate effective community health improvement plans, especially as they related to alcohol misuse.

The project aimed to:

- increase knowledge about and use of evidence-based strategies that address alcohol misuse
- increase skills to develop and implement local policies regarding alcohol misuse
- increase engagement from multiple sectors in local CHIPP activities
- increase ability of state and local health department staff and community partners to lead the CHIPP process
- increase the local commitment to high quality collaborative CHIPP processes and outcomes
- increase the utilization of evaluation strategies to measure outcomes

Results: The project team created Community Health Improvement in Action (CHIA) to strengthen communities' capacity to implement and evaluate effective CHIPPs and identified alcohol misuse, a shared community health issue, as the stage on which to practice skills. The project formed a Community of Practice to develop skills and enhance collaboration. Activities included in-person trainings, webinars and an online forum. A core group of twenty partner communities also received hands-on coaching and mini-grant funding.

The CHIA project created seven tools to help Wisconsin communities implement a multifaceted action plan that includes alcohol policy change and evaluate their efforts. The tools, available for download at walhdab.org/page/customsitetable, include a comprehensive, multi-layered online strategy map and a dashboard for tracking and reporting on progress and impact. The strategy map and dashboard are comprehensive models that not only provide detailed guidance on alcohol-related initiatives, but also serve as templates for CHIPP efforts in other health focus areas. The tools were disseminated widely across the state.

The team that participated in the CHIA Community of Practice also translated their learning into action. Nearly half of the 20 core communities were able to successfully achieve positive local alcohol ordinance changes. In addition, on December 8, 2017, 2017 Wisconsin Act 126, a state social host law that holds adults responsible for providing a location for underage drinking parties, was passed. Although this project does not claim responsibility for these advances, the results indicate that CHIA met its goal of increasing local commitment to high quality CHIPP processes and outcomes.

By creating tools, enhancing collaboration, increasing skills and synergizing with local health departments' commitment to meeting accreditation requirements, this project increased the efficacy of community health planning, the main mechanism for systematic, collaborative effort to improve community health in Wisconsin.

Northwoods LEAN (Linking Education, Activity and Nutrition): Pathways to Health

Grantee: Oneida County Health Department

Dates: 4/01/2014 – 12/31/2017

Amount Spent: \$379,368

Grant Program: Community-Academic Partnership Fund

The Challenge: In Oneida and Vilas Counties, more than half the population is obese or overweight. These large, rural counties, though rich in natural resources, are economically depressed and lack access to healthcare. Northwoods LEAN (Linking Education, Activity and Nutrition) is a coalition in Oneida and Vilas Counties that works to prevent chronic disease. The coalition is addressing physical activity and nutrition in order to prevent obesity-related illness and disease.

Project Goal: The Northwoods LEAN: *Pathways to Health* project aimed to implement sustainable strategies to increase physical activity and improve nutrition in Oneida and Vilas County residents. The project had four primary goals to improve health:

- increase community awareness and motivation to make healthy behavior choices
- increase the number of students who walk or bike to school
- increase the number of worksites with worksite wellness programs
- increase the consumption of fruits and vegetables in youth

Results: The *Pathways to Health* project utilized a four-pronged approach to improve nutrition and increase physical activity of Northwoods residents, including:

- community participation through point-of-decision prompts (restaurant table tents, grocery store and worksite signage)
- Bike and Walk to School strategies
- worksite wellness activities
- school-based garden nutrition program

Project outcomes included the following:

Point-of-Decision-Prompts (PDP) were most effective in restaurants

- sixty-seven percent of participants said the table tent “prompt” in restaurants encouraged them to order a healthier food choice

One hundred percent of participants said the Worksite Wellness Summit increased their understanding of the benefits and resources, and how to measure impact

- nine worksites implemented wellness programs including: walking challenges, expert lectures on nutrition, exercise and stress management

Students increased their physical activity

- over 550 students biked or walked to school across four Bike and Walk to School events
- students logged over 3,400 miles in the 100-mile challenge
- three schools created wellness policies to include time for students to participate in daily physical activity

School-Based Gardens increased children’s healthy food intake:

- over 3,500 students participated in garden activities such as planting, maintaining, harvesting and tasting new food
- one hundred percent of school districts in the LEAN service area participated in a school-based garden nutrition program

An additional goal of this project was to contribute to understand how evidence-based interventions work in small, rural communities. This project team authored a white paper and final report for dissemination detailing how the selected evidence-based interventions worked in these two small, rural counties.

Reducing Alcohol Abuse Among LGBTQ Youth in Wisconsin

Grantee: Diverse & Resilient, Inc.

Dates: 4/01/2014 – 3/31/2018

Amount Spent: \$339,153

Grant Program: Community-Academic Partnership Fund

The Challenge: Wisconsin's lesbian, gay, bisexual, transgender and queer (LGBTQ) youth are at greater risk than their heterosexual peers for alcohol abuse. Data from the 2013 Wisconsin Youth Risk Behavior Survey (YBRS) reveals that LGBTQ youth disproportionately engage in binge drinking, and begin drinking before the age of 13 when compared to their heterosexual peers.

Many factors contribute to this disparity: LGBTQ youth are more likely to be bullied at school; they have few safe venues where they can socialize without alcohol; and they often turn to alcohol and other substances as a way to cope with isolation and the rejection they can experience from family and friends. To date, mainstream community-based programs have not tailored their programs to address the culture and language of LGBTQ youth. LGBTQ youth are also not accessing traditional prevention programming as data indicate they find themselves unwelcome in school, community and home.

Project Goal: This project addressed the disparity and increased risk of lesbian, gay, bisexual, transgender and queer (LGBTQ) youth for alcohol abuse. The project's primary goals were to:

- prevent and reduce underage alcohol abuse among LGBTQ youth
- address substance abuse disparities evident with LGBTQ youth
- increase the infrastructure to competently address LGBTQ youth alcohol abuse and the factors that influence this disparity.

Results: As a result of this project, Diverse & Resilient has increased its ability and the ability of community partners to address the disparities or know what agencies can help address them.

The project achieved the following:

- replicated an alcohol harm reduction and prevention model tailored for LGBTQ youth (Milwaukee, Appleton, Green Bay)

- increased access for LGBTQ youth ages 14-24 to interventions that support a reduction in binge and underage drinking
- increased the infrastructure, including sustainable programming, to address LGBTQ youth alcohol abuse
- the project reached a total of 2,793 youth through various program activities including Alcohol Skills Training Program, Drinks on the House, Youth Health Promoter training and peer-to-peer outreach

The project also developed strong partnerships across the state, including UW-Marquette LGBT Center and Milwaukee Public Schools.

Additionally, information about alcohol use among LGBTQ youth in Wisconsin and the project was published in *Our Lives*, Madison's LGBT and XYZ magazine, in the September/October 2016 edition.

Diverse & Resilient was awarded a five-year, \$208,283 grant from the Substance Abuse and Mental Health Services Administration, a portion of which will be used to provide alcohol abuse reduction programming for LGBTQ youth, specifically young men of color who have sex with men (MSM) in Milwaukee. Since 2010, Diverse & Resilient has received a yearly \$25,000 grant through Community Advocates to provide additional alcohol abuse reduction programming for LGBTQ youth in Milwaukee.

Southeastern Wisconsin SBIRT Project

Grantee: Impact Alcohol and Other Drug Abuse Services, Inc.

Dates: 4/01/2014 – 2/28/2018

Amount Spent: \$222,472

Grant Program: Community-Academic Partnership Fund

The Challenge: Adolescence is a time of substance use experimentation for many young people and problematic substance use for some. Among eighth graders, 22.8 percent have tried or drunk alcohol, 12.8 percent have used marijuana, and 8.9 percent have used illicit drugs. Rates of substance use increase progressively in early high school. By tenth grade, these rates increase to 43.4 percent for alcohol, 29.7 percent for marijuana, and 14.0 percent for illicit drugs. [Citation: Miech RA, Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE, Patrick ME. Monitoring the Future National Survey Results on Drug Use, 1975-2016: Volume I, Secondary School Students. Ann Arbor, MI: Institute for Social Research, The University of Michigan 2017.]

Project Goal: This project implemented an evidence-based alcohol, tobacco and drug *Screening, Brief Intervention and Referral to Treatment (SBIRT)* program with youth (ages 14-19) at nine high schools across southeastern Wisconsin. The goal was to identify teens engaging in risky behaviors and refer them to needed treatment. The intervention also can delay the age at which current nonusers begin using illegal substances, which reduces probability of future alcoholism and addiction. Implementing SBIRT in a school instead of a clinical setting, provided access to a much larger percentage of the youth population, and lowered costs by using paraprofessionals to deliver SBIRT rather than healthcare professionals.

Results: The project demonstrated the feasibility of implementing SBIRT as a universal prevention and intervention strategy in diverse high schools. The team screened more than 2500 students (76 percent of student population) from nine high schools in six different school districts between January and June 2016. Because it worked with rural, suburban and urban school districts in southeastern Wisconsin, and schools that varied widely in their racial and socioeconomic makeup, the project provided some preliminary evidence for the feasibility of universal SBIRT across a variety of school contexts.

The connections made between the community drug abuse prevention coalitions and the schools contributed to the project's success. Project challenges included: identifying and training appropriate personnel to deliver the intervention, assuring participants' confidentiality, and establishing consent and referral procedures.

Project partners are working with the UW Population Health Institute's Evidence-Based Health Policy Project (EBHPP) to host a legislative briefing to inform state policymakers about the benefits of SBIRT and youth substance abuse services in Wisconsin.

The project's paper was published in January 2018, in the *Journal Substance Abuse: Research and Treatment (SART)*. The full report can be read for free online at doi.org/10.1177/1178221817746668.

Due in large part to the groundwork done through this project, Wisconsin was chosen as one of only five states to participate in a national effort to improve insurance coverage for early screening and intervention services, increase the number and types of locations where youth can access those services and boost the number and type of professionals who can conduct screening and brief intervention. Lessons learned will be gathered and disseminated nationally.

Finally, State Representative LaTonya Johnson (D-Milwaukee) drafted preliminary legislation that would require the Department of Public Instruction to include SBIRT in its alcohol and other drug abuse intervention and instruction programs and to offer SBIRT training to a school district upon the district's request.

Women of Worth (WOW): Family Centered Treatment Project

Grantee: Racine Interfaith Coalition

Dates: 4/01/2014 – 12/31/2017

Amount Spent: \$399,394

Grant Program: Community-Academic Partnership Fund

The Challenge: Wisconsin continues to rank highest in the nation for alcohol use and misuse and women of childbearing age continue to be more likely to binge drink. The use of marijuana and misuse of prescription drugs are also rising. Research on women with substance abuse issues has demonstrated a significant correlation between women staying and successfully completing treatment and the following: provision of integrated treatment and services for their children; prenatal and other medical care; supplemental women-focused services that are gender responsive, strengths-based and trauma-informed.

Project Goal: The project goal is to provide a family-centered treatment program, Women of Worth, for the treatment of substance use and mental health disorders that by definition have highly integrated services that are accessible for women and their children.

Results: The Women of Worth (WOW) Program is a comprehensive and trauma-informed alcohol and other drug program for women and their families living in Racine and Kenosha Counties. Based on a community assessment, which identified the need for gender-specific substance abuse treatment, WOW was started in 2011 by a group of volunteers through the Racine Interfaith Coalition.

Since then, the Partnership Program has supported WOW through two grant awards. Leveraging these initial investments, WOW has now developed into a self-sustaining program housed at Wheaton Franciscan Healthcare Ascension in Racine.

The WOW program enrolled over 100 women. The 8 babies born to women during WOW were born drug free. The 86 WOW women who voluntarily agreed to participate in evaluation experienced both a statistically and/or clinically significant reduction in trauma symptoms and addiction severity. Case management services coordinated community support services, and several WOW women were able to receive their children back from the child welfare system while in the WOW program.

The project outcomes on psychological trauma are significant and serve as a take-away message for the larger substance abuse treatment community. In WOW, almost 68 percent of women screened positive for post-traumatic stress disorder (PTSD) at baseline, and this screening rate has stayed more or less consistent over the WOW project. National statistics indicate that 33 to 59 percent of women in substance abuse treatment are diagnosed with PTSD. Thus, the amount and type of additional program resources required to meet the trauma needs of this specific treatment population may be greater than realized.

The successes of WOW were driven by strong executive committee membership that was diverse in experience, training and discipline, including the disciplines of business and marketing, in addition to social work and medicine. This convergence sparked innovation in approaches to accomplishing the WOW project goals and objectives. In addition, WOW is powered by a dedicated group of community partnerships, and its executive committee has raised over \$260,000 in additional funding for WOW.

5210 Across Dane County

Grantee: UnityPoint Health Foundation-Meriter

Dates: 9/01/2015 – 08/31/2017

Amount Spent: \$45,209

Program: Community Opportunity Grant Program

The Challenge: Obesity and its resulting complications continue to pose challenges for families as well as healthcare providers. Families often do not adopt healthy behaviors as prescribed by their healthcare providers, and primary care providers are frustrated by their effectiveness in influencing change.

In 2012, Meriter Hospital, St. Mary's Hospital, Stoughton Hospital, UW Health and Public Health – Madison and Dane County and Group Health Cooperative formed Healthy Dane, a partnership to complete a collaborative Community Health Needs Assessment (CHNA) for Dane County. The CHNA identified twenty-four percent of youth as being overweight or obese. The assessment also identified a high prevalence of pre-diabetes and Type 2 diabetes among residents. This data informed Healthy Dane's decision to select obesity reduction to reduce the impact of diabetes in Dane County.

Project Goal: The project sought to introduce and implement an integrated, evidence-based prevention campaign, 5210, to children and families through multiple channels and health systems across Dane County. Previously successfully implemented in Maine, 5-2-1-0 refers to: 5 fruits and vegetables, 2 hours or less of screen time, 1 hour of daily physical activity and 0 sugary drinks each day. Healthy Dane planned to introduce the campaign to youth and families in Dane County at pediatric doctor visits in coordination with participating health systems and other community partners.

The project had five key objectives:

- meet with every health system in Dane County to discuss 5210
- create 5210 resources that are culturally and locally relevant to the Dane County population
- develop a template for provider education
- identify a pilot clinic to integrate 5210 in screening tools and electronic medical records (EMR) for well-child checks
- create a Maintenance of Certification (MOC) module for the 5210 Intervention

Results: The 5210 Across Dane County Program was put into place to provide primary care clinic staff a framework to effectively communicate with their patients and families about obesity prevention behaviors. The project team met with healthcare providers to better understand their needs and to develop strategies that could be readily implemented within health systems. Needs identified included: developing stigma-reducing 5210 materials for all health systems to use with patients and families; systems-level changes such as MOC development, motivational interviewing training and the development of an electronic community resource.

The project was successful in developing 5210 clinician resources and culturally relevant promotional materials; however it recognized that developing tools within the EMR or creating an MOC was beyond the scope of the grant and limited by external influences within the different health systems.

5210 Dane County went beyond proposed outcomes in terms of developing and distributing promotional materials and resources for health systems partners and school partners. The materials have been distributed to partners across the state and are available in English and Spanish at healthydane.org/5-2-1-0. Material production has been integrated into the Healthy Kids Collaborative budget to allow for ongoing dissemination.

Additionally, the project was able to obtain external funding to sustain its program coordinator position. The position, which was funded at a 30 percent FTE at the project's onset, was fully funded at a doubled FTE status of 60 percent by the American Family Children's Hospital upon the project's conclusion.

Early Childhood Comprehensive Systems (ECCS)

Grantee: Kenosha County Division of Health

Dates: 9/01/2015 – 8/31/2017

Amount Spent: \$45,000

Grant Program: Community Opportunity Grant

The Challenge: Mental health was identified as a top health condition by respondents in a 2014 Kenosha County Community Health Survey. The primary mental health issues identified were: lack of access to therapist/counselor, postpartum depression, needs around medications and insurance coverage. In addition, a UW-Madison School of Nursing report identified multiple issues related to stress and childhood trauma, racism and discrimination as risk factors that lead to barriers to treatment for African American women, in particular.

Project Goal: This project sought to establish baseline data, evaluate the mental health systems of care and access to therapists for women, pregnant and post-partum mothers involved with public health programs or clinical services at the community level. It proposed to examine the impact of maternal and paternal mental health and trauma upon the social development of infants pre-birth to age 5 in collaboration with the early childhood comprehensive systems initiative.

Results: The ECCS project was created to expand local capacity for providing trauma informed care, under administration of the Kenosha County Division of Health, and a core team of early childhood professionals and community partnerships. The ECCS collaborative:

- trained more than 200 educators, providers and families on toxic stress and adverse childhood experiences (ACES) in children birth to five
- integrated data (from the Ages and Stages Questionnaire) into centralized system for analysis
- presented seminars and workshops on topics including developmental screening, ACES, curricula of the National Child Traumatic Stress Network and more
- worked with a prominent local pediatrician to engage the school district, child welfare agencies, Early Intervention Program, practitioners and therapists

The project convened community summits and published a quarterly newsletter. In 2015, the ECCS team created and disseminated 350 copies of a community resource and referral handbook providing a comprehensive directory of medical, health and social services for childhood trauma. The project has better equipped Kenosha County families and early education providers to monitor and contribute to the social emotional growth and development of its youngest children.

The project identified several factors that contributed to its success:

- establishing a diverse team of therapists, providers, school representatives, parents and pediatricians created a framework of inclusion for integrating multiple perspectives
- having a champion pediatrician that was passionate about early childhood development and trauma informed care
- selecting professional development curricula and projects that were tailored to the needs and interests of the affected population
- continual communication and engagement of the local team

Sustainability has been achieved by a Train-the-Trainer strategy — participating providers, pediatricians and therapists are now able to implement trauma-informed care strategies within their work place to expand local capacity. Sustaining the progress and integrating trauma informed care into more early childhood programs remains challenging due to turnover and training new providers. A partnership with Building Our Futures offers potential for continuation of this work.

EatPlayGrow: Improving the Health of Cudahy's Youth

Grantee: City of Cudahy Health Department

Dates: 10/01/2016-3/31-2018

Amount Spent: \$30,798

Grant Program: Community Opportunity Grant

The Challenge: Childhood obesity is a complex public health problem that begins within communities and leads to poor health outcomes in adulthood. The disease is further complicated by multiple factors including genetics, behaviors, environmental influences and socio-economic (SE) influences. The leading SE indicators include family income, access to transportation and available food sources, and social inequities. The City of Cudahy is working to improve health outcomes and raise the social norms around healthy eating, nutrition and physical activity, but is faced with SE challenges including having a lower median income, more renter-occupied housing and residents without transportation, than many other Wisconsin communities.

Project Goal: The Cudahy City Health Department's Physical Activity and Nutrition Task Force wanted to bring the curriculum of the *EatPlayGrow* program to its community. *EatPlayGrow* is an evidence-based systematic approach designed to reduce childhood obesity, targeted to children ages 2-5. Lessons are offered in various settings including homes, childcare centers, playgroups, libraries and within the healthcare environment. It incorporates national pre-K health performance standards including storytelling, art, movement and music. Through using *EatPlayGrow*, the project team aimed to increase the capacity for local organizations to promote healthy eating and physical activity and ultimately decrease the burden of childhood obesity within the community.

Results: The project was successful in achieving its goals. The Cudahy Health Department provided the *EatPlayGrow* program curricula to 3 of the 4 childcare facilities within the City of Cudahy. Each facility and classroom was provided a 12-lesson education program that utilized art, play and music to learn about healthy eating habits. After program completion each facility received a toolkit and materials to continue offering programming and education within their facility.

Participating organizations also developed policies to address and increase sessions for physical activity and movement as well as policies to decrease high-sugar drinks and promote water intake. Facilities also received training regarding healthy snack options and how to increase fruit/vegetable intake.

The project will be sustained through an innovative partnership with the Cudahy Family Library and Milwaukee County Library. This program allows children and families to checkout backpacks (5 total) with education in the form of books, play materials and games that are geared toward each of the lessons in the *EatPlayGrow* curricula.

Furthermore, the Cudahy Health Department was able to engage community members in focus groups to better understand perceptions related to food, health and obesity. Importantly, the project opened doors for communication between city leadership and childcare facilities. As a result, the Cudahy School District has formed a partnership with the local Head Start provider for additional programming around reducing obesity.

Healthier Together Pierce & St Croix County Enhancing School Physical Activity

Grantee: Pierce County Public Health Department

Dates: 9/01/2015 – 8/31/2017

Amount Spent: \$49,999

Grant Program: Community Opportunity Grant

The Challenge: More than one third of adults in Pierce and St. Croix counties report being overweight or obese and 20 percent report no leisure-time physical activity or exercise, leaving community members — adults as well as children — at risk for significant health issues.

Project Goal: The *Healthier Together Pierce & St Croix County Enhancing School Physical Activity* project aimed to increase the number of Pierce and St. Croix elementary students with access to opportunities for physical activity. The project's goal was to implement the Wisconsin Department of Public Instruction's *Active Schools: Core 4+* strategies — strategies with demonstrated improvements in student physical activity within elementary schools — in 10 of the 12 school districts in Pierce and St. Croix counties. The strategies include: active physical education minutes, active classrooms, active recess/open gym, active before and after school, and family and community physical activity. In addition, the project aimed to increase in the number of school district wellness policies incorporating *Active Schools Core 4+* strategies.

Results: The project provided technical assistance, training and resources to facilitate implementation of the *Active Schools: Core 4+* strategies. The project team also evaluated how policy and environmental changes could increase physical activity among students, and provided school liaisons with education and low to no-cost resources that could be implemented in a daily curriculum. Some specific outcomes included:

- Prescott school district approved a revised wellness policy with Active School language in June 2017
- policy changes are underway in Baldwin-Woodville, St. Croix Central, New Richmond, River Falls and Glenwood City school districts

These changes will positively influence how teachers write their curriculum in relation to the *Core 4+* strategies. Policy revisions will spread *Core 4+* practices throughout the entire elementary school rather than one classroom or one grade and will increase the accountability of schools on a district, community and individual level.

Healthier Together will continue to assist the schools with desire to improve the health and wellness of their staff and students. Multiple school districts are interested in receiving continued support as well as monthly resources such as the brain breaks. Healthier Together will partner with UW-River Falls' Aspiring Educators to sustain efforts including brain break calendars and indoor recess school kits.

Healthy People Lincoln County: Problems Can Be Solved in the Garden

Grantee: Lincoln County Health Department

Dates: 10/01/2015-9/30/2017

Amount Spent: \$49,898

Grant Program: Community Opportunity Grant

The Challenge: Lincoln County, located in North Central Wisconsin, like many other small rural communities, faces several health challenges. It has a growing population over the age of 65; the primarily manufacturing town reports low incomes, and is the third highest group in the state reporting food hardship. In 2012, 30 percent of Lincoln County residents reported that money was a barrier to eating healthy. In addition, obesity and overweight issues are increasing in Lincoln County, with 31 percent of adults reporting as obese and 18 percent of school-age children reporting as overweight or obese.

Project Goal: Through this project, Healthy People Lincoln County (HPLC), comprised of the Lincoln County Health Department and membership from UW-Extension-Lincoln County and Live Sustainable Lincoln County, sought to promote healthy eating and reduce obesity through a garden program. Community gardens, a strategy suggested by the *Robert Wood Johnson County Health Rankings*, are an evidence-based approach for access to healthy foods, and can also reduce isolation and improve social connection among an aging population. The project had three primary objectives:

- create, expand, maintain, promote and sustain community gardens
- develop community members' social connectedness
- educate the community on how to garden, eat healthy and prepare whole foods

The overarching goal was to increase resident access to healthy foods and increase their social and emotional well-being through participating in community gardens.

Results: The project was successful in achieving its aims. In 2016, it created a community garden in the city of Merrill. Plots were promoted with successful media outreach including social, newspaper, radio and web. Plots expanded in 2017 and resulted in more than 625 pounds of food donated to the local pantry during its first year, and 1200 pounds donated the second year. The project also supported and expanded two gardens in the City of Tomahawk.

The project developed community members' social connectedness through two mentoring programs, launched a program to distribute container gardens to low income families and hosted six gardening workshops in Lincoln County. The workshops were attended by more than 100 people, with 89 percent reporting increased knowledge of gardening. Overall, residents increased their knowledge and gardening skills through community workshops; low income residents learned about produce food preparation through cooking demonstrations and nursing home and low income families participating in a garden mentorship program.

Ultimately, the project provided an opportunity to bring awareness around gardening and healthy foods to help promote healthy eating, address food hardship and obesity concerns and encourage social connectedness.

Improving the Health Status for Amish and Mennonites in Western Wisconsin

Grantee: Vernon Memorial Healthcare Foundation

Dates: 11/01/2015 – 10/31/2017

Amount Spent: \$47,068

Grant Program: Community Opportunity Grant

The Challenge: Wisconsin now has the fourth largest population of Plain people, estimated at 20,000. The Plain population, which is a large, impoverished and culturally separate population, is estimated to double every 10-20 years, and has unmet healthcare needs that must be addressed. Due to cultural beliefs, these families are universally uninsured and have a large family size. Because this is a closed culture, some of the health needs are very high for genetic and environmental reasons. In addition, Plain communities are generally less inclined to seek medical care from Western healthcare providers.

Project Goal: This project aimed to improve the quality of life for Amish and Mennonite communities, collectively referred to as Plain communities, by increasing utilization of healthcare providers and decreasing healthcare costs for families.

Results: The project was successful in achieving its goals. The project team engaged Plain community members in community meetings which focused on relevant healthcare topics, and hosted trainings for traditional Amish birth attendants in topics related to the health of pregnant mothers and new babies. The project increased the cultural competency of healthcare workers in Western Wisconsin by hosting a medical conference on genetic conditions and training medical students at genetic outreach clinics. The project team worked with a local healthcare system to establish fixed prices for routine medical procedures for self-pay, Plain community patients. The project has resulted in increased understanding and access to affordable and culturally-appropriate care for Amish and Mennonite community members, thus improving the lives of children and adults in these communities.

In addition, the Wisconsin Newborn Screening Program has implemented an optional system to identify Amish and Mennonite community members, allowing for screening for metabolic conditions that may be more prevalent in the Plain community.

The program was sustained through grant awards, fundraising and organizational commitment. The research team received a \$600,000 Wisconsin Partnership Program Collaborative Health Sciences Program award and a \$120,000 Reilly Baldwin Wisconsin Idea Endowment Award. Vernon Memorial Healthcare and the board of the Center for Special Children are committed to funding and supporting the program in the long term; the program raised over \$200,000 through fundraising and donations and received a \$10,000 CATCH grant for improving immunization rates. Journal articles were published in *Molecular Genetics and Metabolism Reports* and *Journal of Community Health*.

Providers and Teens Communicating for Health (PATCH) Program - Milwaukee Implementation

Grantee: Wisconsin Alliance for Women's Health

Dates: 09/01/2015 - 08/31/2017

Amount Spent: \$50,000

Program: Community Opportunity Grant Program

The Challenge: For adolescents to reach their ultimate health potential, they must be able to have honest and medically accurate conversations with their healthcare providers. Unfortunately, teens don't always speak the same language as their providers, nor view them as valuable and trusted resources.

To address this problem, Providers and Teens Communicating for Health (PATCH) was founded in 2010 as an innovative, teen-delivered educational program targeting barriers that interfere with the ability of healthcare providers and teens to communicate effectively about sensitive behavioral health topics, such as sexual and reproductive health, mental health, drug and alcohol use, relationships, and safety. PATCH launched successfully in Madison, Wisconsin but further strategic expansion was required to meet health needs in Milwaukee, where the Milwaukee County Community Health Needs Assessment identified the need for improved behavioral health outcomes for the area's teens.

Project Goal: This project aimed to improve healthcare for teens in Milwaukee, Wisconsin through the strategic expansion of PATCH. The overall objective of this project was to improve communication between healthcare providers and Milwaukee teens. The project team's longer-term goals included:

- more competent adolescent healthcare providers in Milwaukee
- improved behavioral health outcomes among Milwaukee adolescents
- an improved cultural norm around adolescent sexual and mental health care

Results: PATCH successfully achieved its objective to improve communication between providers and diverse teens in Milwaukee by launching and sustaining its first full program expansion site and Teen Educator team in Milwaukee. PATCH hired a team of 12 Teen Educators and hosted a comprehensive Teen Educator Training based on the PATCH Teen Educator Model. Teen Educators provided *PATCH for Providers* and *PATCH for Teens* workshops. To fulfill its commitment to diversity, the PATCH teen team consisted of 75 percent youth of color, 25 percent LGBTQ youth and 16 percent Spanish speaking, from ten different schools and a wide variety of backgrounds and experiences. The team reached over 100 healthcare professionals including physicians, pediatricians, nurses, public health professionals and medical students. Healthcare audiences reported improvement in several areas including:

- understanding of teen preferences and concerns in healthcare settings
- how to build a better patient-provider relationship with teens
- confidence about ability to discuss personal and sensitive topics with teens and establish and protect right to confidentiality

The project has informed the creation of a replicable program model that is being explored in other parts of Wisconsin and was used as a model in Buffalo, New York. At the conclusion of this grant, Milwaukee PATCH is pursuing national funding for sustaining its work. In addition, the teen educators in Milwaukee are poised to become young leaders, mentors and key voices on important issues related to adolescent health.

School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth

Grantee: GSAFE

Dates: 12/01/2015 – 1/31/2018

Amount Spent: \$49,999

Grant Program: Community Opportunity Grant

The Challenge: Currently, transgender and gender non-conforming (GNC) students in Wisconsin's K-12 public schools are not protected against discrimination under state law; many face exclusion, isolation, and/or discrimination. Many transgender and GNC students are harassed at school, are not referred to by their preferred name or gender pronoun, are not allowed to use the bathroom or locker room of their choice, or have safe access to any bathroom or locker room. As a result, many transgender students report being less connected to their peers, frequently being late or absent from school, dropping out of school, and/or having lower grade point averages at higher rates than their non-transgender peers. Discrimination at school is a social determinant of health and, as such, results in adverse health outcomes.

Project Goal: The goals of this project were to reduce discrimination and improve social cohesion, educational outcomes and health outcomes of all youth and of transgender, and GNC youth in particular, in Wisconsin public schools. This project's specific objective was to use GSAFE's model for policy implementation with two schools that have passed gender-inclusive student non-discrimination policies and evaluate the process.

This project subscribes to a social determinants of health model, which suggests that identities shape health access and experience. When those social determinants of health (such as gender identity discrimination), are addressed, health is advanced for those most impacted, as well as for everyone who is impacted through personal experience and relationships to that health outcome.

Results: The project partnered with the Beloit and Green Bay school districts to implement nondiscrimination policies previously passed by both districts. The Green Bay school district successfully passed official guidance procedures to assist in implementing their previously-passed transgender inclusive nondiscrimination policy, and Beloit prepared similar procedures that are awaiting formal adoption.

In addition, this grant allowed GSAFE to increase its stature as the state experts on including and supporting transgender and nonbinary students in Wisconsin schools. As a result, other school districts have adopted trans-inclusive policies over the course of this project. Milwaukee Public Schools passed and has worked to implement the state's most comprehensive guidance procedures to date.

One significant finding of this study is that interventions around gender identity and expression need to be adaptable to the local community. Whether it be an urban, rural, progressive or conservative community, the intervention model must be sensitive to the local context, prioritize community buy-in and be flexible and responsive.

The Young Parenthood Project: A Father Engagement Strategy for Healthy Families

Grantee: Milwaukee Health Services Inc. (MHSI)

Dates: 7/01/2013 – 1/31/2018

Amount Spent: \$399,889

Grant Program: Lifecourse Initiative for Healthy Families

The Challenge: The rate of childbirth among unmarried couples has risen dramatically over the past several decades, particularly within economically disadvantaged African American communities. While some unmarried couples are able to navigate a successful transition to parenthood, many experience high levels of stress associated with psychosocial distress, relationship problems and pregnancy/birth complications.

Project Goal: The primary goal of this project was to compare the efficacy of two versions of The Young Parenthood Program (YPP), a co-parenting counseling program for expectant mothers and fathers designed to support positive communication and cooperation. Four Milwaukee-based prenatal clinics in primarily African American communities worked with UW-Milwaukee researchers to identify young couples in need of co-parenting support. The targeted population included young African American pregnant women (ages 16-21) and expectant fathers (16-26) in neighborhoods/communities with disproportionately high rates of infant mortality/morbidity.

Results: The project tested the standard version of YPP (12-14 sessions) against a briefer version (6-8 sessions) intended to increase the efficiency of delivering co-parenting support through prenatal clinics. Eighty-eight young couples were recruited to participate in YPP and randomized to either YPP-standard or YPP-brief. As anticipated, findings indicated that this group of young expectant parents had elevated rates of pregnancy/birth complications, such as low birth weight or preeclampsia. The most significant findings include:

- Expectant mothers who reported more aggressive behavior toward their partners were at higher risk for pregnancy/birth complications.

- Fathers whose partners had pregnancy/birth complications were found to have “adjustment to parenthood problems” including significantly more aggressive behavior scores and lower levels of involvement in childcare, compared to fathers whose partner had no pregnancy/childbirth complications.
- YPP-standard had a differential impact on couples with and without pregnancy/childbirth complications. For example, fathers who experienced pregnancy/ birth complications, and who were randomized into the YPP-standard group, reported lower rates of aggressive behavior and higher rates of positive involvement in childcare at follow up.

These findings indicate that the standard version of YPP helped diminish some of the risks associated with pregnancy/ birth complications, but the brief version is not sufficient to have much impact. More broadly, these results suggest that co-parenting counseling could be an effective intervention for expectant couples’ at risk for pregnancy/birth complications. While the intervention did not prevent negative birth outcomes, it seems to have helped fathers cope more effectively with a difficult transition to parenthood, perhaps reducing the risk for more problems, including disengagement.

The YPP team has published a manual for their program and is creating an online training course to reduce the costs of training new YPP counselors and build sustainability. In addition, the team is exploring funding options to build upon the success of this project and plans to disseminate its findings through academic publications and conferences.

The grantee has noted the challenges of integrating father-inclusive services – such as co-parenting counseling - into existing prenatal care systems.

Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses

Grantee: Michael N. Gould, PhD, UW School of Medicine and Public Health,
Department of Surgery

Dates: 1/01/2013 – 12/31/2017

Amount Spent: \$499,997

Grant Program: Collaborative Health Sciences Program

The Challenge: Breast cancer is a common disease in American women, affecting one in eight over their lifetime. Reducing the risk to this disease, especially in high-risk women is an important goal. There is urgent unmet clinical need for developing chemopreventive agents for breast cancer, particularly agents to prevent ER-negative breast cancer. Observations suggest that bisphosphonates (BP), a commonly used drug to treat osteoporosis, could be a potential candidate agent for breast cancer. Its use to treat osteoporosis in women has been associated with a reduced risk of breast cancer in several studies.

Project Goal: This was a two-part study, first to determine how BP acts to prevent breast cancer, then leading to a large, randomized clinical study of BP as chemopreventive agents for breast cancer. Because BP is already FDA-approved, the project team anticipated the results could be rapidly translated into clinical practice to lower the incidence of breast cancer among Wisconsin women.

Results: The studies suggested that lymphocytes (white blood cells responsible for immune response) can be activated by commonly used osteoporosis bisphosphonate (BP) drugs to provide an immunopreventive effect for young women at high genetic risk for developing breast cancer.

The laboratory studies were extended to a pilot clinical trial in which five women at high-risk for developing breast cancer underwent biopsies, before and after short-term BP treatment, to provide breast tissue for analysis, yielding promising results. These studies will advance the development of a highly novel clinical breast cancer strategy and provide important new information to ultimately enhance breast health.

The project has obtained additional external funding from the American Cancer Society, UW Carbone Cancer Center and the Wisconsin Alumni Research Foundation totaling over \$175,000 to extend its work. The team has also applied for three National Institutes of Health grants that would bring significant funding to advance this work.

Multiplexed In Vivo Device to Assess Optimal Breast Cancer Therapy

Grantee: Lee Wilke, MD UW School of Medicine and Public Health, Department of Surgery; Mark Burkard, MD, PhD, UW School of Medicine and Public Health, Department of Medicine; David Beebe, PhD, UW-Madison College of Engineering, Department of Biomedical Engineering

Dates: 3/01/2014 – 2/28/2018

Amount Spent: \$499,995

Grant Program: Collaborative Health Sciences Program

The Challenge: Currently it is difficult for oncologists to predict which patients will benefit from available chemotherapy drugs. Cancer treatments remain unfocused and broadly directed, resulting in both under and over treatment. Since learning that cancers are genetically distinct, researchers recognize that cancer treatment could be improved and personalized if they are able to identify effective treatments for these distinct tumors. This is an overwhelming task given that drugs are generally tested on 50 – 200 patients. However, this barrier can be overcome by enabling testing within living cells (*in vivo*) of multiple cancer-fighting drugs on individual tumors, ultimately allowing for better prediction of drug effectiveness on individual patients.

Project Goal: A team of researchers from engineering, medical oncology and surgery sought to design and test an innovative treatment tool to improve outcomes for women with breast cancer. The team's goal was to develop a drug delivery device with the necessary functionality to enable localized delivery and assessment of cancer drug response *in vivo*. By delivering and simultaneously testing multiple drugs within a tumor, the tool has the potential to remove current barriers to drug testing and pave the way for personalized cancer treatment. Upon successful completion of this study, the team will test the device in humans with the ultimate goal of bringing it to the clinic.

Results: The project team successfully developed the first ever implantable device that both enables sustained local drug delivery and assessment of tumor response to determine the most effective anticancer drug combination for breast cancer patients. The small, implantable device allows efficient, minimally invasive delivery of drugs within a tumor, sparing future patients from the unnecessary drug toxicity of full and unspecified chemotherapy treatments. Specific drugs or drug combinations can be delivered to different areas of the tumor; then surgical removal of the tumor with the devices in place enables assessment of drug effectiveness on affected cells. Researchers successfully demonstrated the technical capabilities of the device in mouse tumor models and are positioned to seek extramural funding to initiate human trials.

The technology has successfully been awarded a US patent and the team is applying for extramural funding to support studies of the device in human patients. The project also resulted in multiple presentations and publications including at the Annual Midwest Tumor Microenvironment Meeting 2017; Wisconsin Alumni Research Foundation (WARF) solicitation *Implantable Cancer Drug Delivery Device Signals the Future of Personalized Medicine; Localized In Vivo Drug Response Assessment Via a Needle-Implantable Microdevice* (to be submitted in 2018), *Health Canal Web Journal* (2014) article as well as UW Carbone Cancer Center materials and publications.

Once Stepping On Ends: Continuing a Group Falls Prevention Program via the Internet

Grantee: Jane Mahoney, MD, UW School of Medicine and Public Health, Department of Medicine

Dates: 5/01/2014 – 4/30/2018

Amount Spent: \$499,934

Grant Program: Collaborative Health Sciences Program

The Challenge: In Wisconsin, one-third of older adults are at risk for falls. Falls, and associated hospitalizations and entry into long-term care, pose a critical and costly public health issue that is expected to increase as Wisconsin's population ages. In addition, fear of falling contributes to isolation and low quality of life of older adults. With support from previous Wisconsin Partnership Program grants, Dr. Jane Mahoney and a team of researchers investigated how to reduce falls and associated injuries through the implementation and dissemination of *Stepping On*, an evidence-based small group in-person exercise program to prevent falls. *Stepping On* was well-received by participants and reduced falls by over 30 percent. Almost half of the graduates wanted to continue their falls prevention exercises and efforts at home through an online experience.

Project Goal: To meet the demands of *Stepping On* graduates who wanted to continue their participation, the research team developed a falls prevention program that could be completed by participants online at home. The project had two primary objectives: develop the internet-based falls prevention program, *Stepping Online*, and assess its feasibility and effects through a pilot randomized control trial. This included an intervention group that participated in *Stepping Online* after graduating from the in-person *Stepping On* course, and a control group whose participation ended with *Stepping On*.

Results: The team developed *Stepping Online*, an online falls prevention home practice program, which included falls prevention tips and resources, falls prevention exercise videos with narrations and safety precautions, guest expert videos, access to a specialist for personal feedback, group discussion and messaging and goal-setting/tracking tools.

To the project team's knowledge, this project is the first online continuation of an in-person falls prevention program. Results of the pilot study are promising, showing *Stepping Online* is helpful and safe for learning new exercises.

The online intervention, *Stepping Online*, lasted six months and started immediately after the in-person *Stepping On* sessions ended. Compared to those randomized to the control group, at three months, those in the intervention group practiced a greater number of balance and strength exercises each week, and had a significant improvement in balance. At six months, those in the intervention group had better social bonding, gait speed and balance, and reported greater improvement in balance compared to baseline. For both groups, the number of balance and strength exercises performed each week correlated with scores on physical performance and balance tests at three and six months. These results indicate the online intervention was successful in increasing adherence to home practice of balance and strength exercises and increasing social bonding.

The project team is exploring the dissemination of *Stepping Online* through the Wisconsin Institute for Healthy Aging, which currently offers *Stepping On*. Future plans include conducting a larger trial to test its effectiveness in reducing falls and its feasibility for widespread implementation.

Zooming in on Childhood Asthma: Disease Causality and Personalized Medicine

Grantee: Robert F. Lemanske, MD, UW School of Medicine and Public Health, Department of Pediatrics; James Gern, MD, UW School of Medicine and Public Health, Department of Pediatrics; Xin Sun, PhD, UC San Diego Division of Biological Sciences

Dates: 2/01/2015 – 1/31/2018

Amount Spent: \$500,000

Grant Program: Collaborative Health Sciences Program

The Challenge: According to the *Burden of Asthma in Wisconsin*, 14 percent of adults and 10 percent of children in Wisconsin have been diagnosed with asthma. Asthma-related visits to the emergency department alone cost over \$23 million per year in the state, with an overall health care bill of \$15.6 billion in the nation. Children under five years of age are the most affected, and asthma in children continues to rise. A major focus in asthma research is mapping of the genomic variations in children with and without asthma to determine which variations contribute to asthma development. Researchers recognize that development of personalized treatments for asthma patients first requires a focused effort to identify the underlying disease mechanisms that cause asthma.

Project Goal: This study built upon the findings of Childhood Origins of ASThma (COAST), one of the largest and longest running asthma birth cohort studies in the nation, led by Drs. Robert Lemanske and James Gern, professors of pediatrics and medicine at the UW School of Medicine and Public Health. The goal of study was to identify the genetic basis of childhood asthma in order to support future studies to develop personalized treatment for children with asthma.

Results: Using both mouse and human models to investigate individual gene function in the lung when the gene is altered, the study established a novel example of gene and environment interactions that are important in the causes of asthma. The project team had an unexpected breakthrough when it found that a rare cell type previously not linked to asthma — pulmonary neuroendocrine cells (PNECs) — plays a critical role in asthma development. The team discovered that these cells are increased in number in the lungs of childhood asthma patients, suggesting that the increase may contribute to disease development. This discovery may provide insights for new treatment options for asthma, as well as for a wide range of serious lung diseases. The researchers plan to continue to study PNECs and are applying for further extramural funding.

The team published the journal article *Pulmonary Neuroendocrine Cells Amplify Allergic Asthma Responses* in *Science* in June, 2018.

Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings

Grantee: Yao Liu, MD, UW School of Medicine and Public Health, Department of Ophthalmology and Visual Sciences

Dates: 4/01/2016 – 3/31/2018

Amount Spent: \$100,000

Grant Program: New Investigator Program

The Challenge: Diabetic eye disease affects more than 135,000 people in Wisconsin and is the leading cause of blindness among working age U.S. adults, largely due to lack of screening. Early diagnosis and treatment decrease the risk of severe vision loss by 90 percent, but less than half of the 29.1 million Americans with diabetes receive yearly eye screenings. Teleophthalmology is an evidence-based program where photos of the patient's eyes are taken in the primary care clinic. The photos are evaluated by a specialist, who could be hundreds of miles away, for eye disease. This is highly effective for improving diabetic eye screening rates and visual outcomes, but it is significantly underutilized in rural Wisconsin, where residents have less access to care and higher rates of diabetic eye disease than those in urban areas.

Project Goal: This project aimed to identify and address barriers to teleophthalmology screening for diabetic retinopathy faced by both patients and health care providers in rural Wisconsin, and develop implementation strategies and methods to overcome these barriers and increase eye screenings. Ultimately, the goal is to reduce vision loss in underserved, rural Wisconsin communities by improving diabetic screening rates through teleophthalmology.

Results: Dr. Yao Liu and collaborators partnered with the Mile Bluff Medical Center, a federally designated rural health clinic located in Juneau County, Wisconsin. There, the team interviewed patients and primary care providers to identify both barriers and facilitators to using teleophthalmology for diabetic eye screenings, as well as strategies to increase its use. They found major barriers to diabetic eye screening including travel, misconceptions about screenings, limited communication between eye and primary care providers, poverty and health literacy.

In response to these findings, Dr. Liu and the Mile Bluff Medical Center have partnered to establish a quality improvement team of clinic providers and staff to test strategies to increase teleophthalmology referrals and improve screening rates, and have established a patient advisory group to further examine barriers and challenges to screenings. Mile Bluff Medical Center has also streamlined their clinical practices for documenting diabetic eye screenings. To date, the project has achieved and sustained a 12-13 percent increase in diabetic screenings over two years at the Mile Bluff Medical Center.

The project team is developing a toolkit of teleophthalmology implementation strategies and has received additional federal funding to further test and refine it. The success of this project has supported the establishment of a teleophthalmology program at two UW Health clinics as well as 4 additional cameras at each of Mile Bluff Medical Center's outreach clinics. In addition, other Wisconsin health systems are currently exploring teleophthalmology programs after learning about this project. The team is working to educate state and national policy makers regarding insurance reimbursement policies for teleophthalmology as well.

Genetic Variants, Immune Dysregulation, & Rheumatoid Arthritis

Grantee: Miriam A. Shelef, MD, UW School of Medicine and Public Health,
Department of Medicine

Dates: 6/01/2015 – 10/31/2017

Amount Spent: \$99,997

Grant Program: New Investigator Program

The Challenge: Rheumatoid arthritis is an inflammatory, destructive arthritis that can cause pain, disability, and early death despite lifelong treatment. To better understand the pathophysiology of rheumatoid arthritis, many genome-wide association studies have been performed, but little is known about how the rheumatoid arthritis associated genetic variants that were found promote the development of rheumatoid arthritis.

Project Goal: The long term objective of this project is to advance understanding of rheumatoid arthritis by determining how rheumatoid arthritis associated genetic variants relate to immune dysregulation in order to provide rationale for better biomarkers and treatments. Ideally, this will lead to the development of tests to identify people who are on the path to developing rheumatoid arthritis in order to prevent disease as well as subsets of patients who might benefit from specific treatments.

The project aimed to establish a biobank of clinical data, DNA, and serum from healthy patients and those with rheumatoid arthritis in order to test hypotheses around specific genotypes.

Results: This project was successful in achieving its goal with the establishment of the UW Rheumatology Biorepository, a repository of clinical information and biological samples that enables researchers to investigate how genetic variants associated with rheumatoid arthritis correlate with autoimmune antibodies. This biorepository now serves as the foundation for additional studies to identify novel mechanisms of disease pathology and to develop new diagnostics for rheumatoid arthritis and other autoimmune and inflammatory disorders. Such findings will improve the health of people with rheumatoid arthritis and other autoimmune and inflammatory disorders in Wisconsin and beyond.

The project team has been very successful in obtaining leveraged funding, totaling over \$3.2 million, to continue this work. The team received a grant from the Doris Duke Charitable Foundation to enlarge the biorepository substantially and expand upon the initial findings of this study with a greater subject number and more autoantibody targets, as well as an award from the Department of Defense Peer Reviewed Medical Research Program grant to understand the regulation of immunity in rheumatoid arthritis.

Implementing Combination Behavioral and Biomedical HIV Prevention Strategies through High Risk Sexual Networks

Grantee: Ryan Westergaard, MD, PhD, MPH, UW School of Medicine and Public Health, Department of Medicine

Dates: 3/01/2015- 2/28/2017

Amount Spent: \$98,965

Grant Program: New Investigator Program

The Challenge: Wisconsin has alarming racial disparities in the rate of HIV infection. Black men between the ages of 15 and 29 accounted for 28 percent of HIV diagnoses in the state, despite accounting for less than 1 percent of the population. There is strong evidence that an antiretroviral pill taken once daily as pre-exposure prophylaxis (PrEP) can successfully prevent high-risk, HIV-negative individuals from contracting the HIV virus, yet very few people have adopted this approach.

Project Goal: This research focused on eliminating racial disparities in HIV in Wisconsin by delivering HIV prevention services to young, black gay and bisexual men. In partnership with a consortium of stakeholders including the AIDS Resource Center of Wisconsin and Diverse & Resilient, the largest prevention agency serving LGBT clients in Milwaukee, the project team first surveyed young, black men who have sex with men (MSM) to better understand attitudes and barriers to using PrEP for HIV prevention, and conducted a community readiness assessment in Milwaukee on the use of PrEP as a prevention tool. Together, the survey and the community readiness assessment would inform the development and pilot testing of a computerized tailored behavioral intervention for increasing the use of PrEP and decreasing risky sexual behaviors.

Results: In collaboration with community partners, the research team was successful in achieving its goals. It successfully collected data describing attitudes, knowledge and beliefs related to PrEP among Black MSM in the Milwaukee area. The team also conducted a Community Readiness Assessment among key stakeholders in Milwaukee, and presented those findings to the Wisconsin Statewide Planning Group at its annual meeting. Finally, it developed and implemented an online social marketing intervention, delivered through Facebook groups, with support from the target community; however, due to its modest reach, it was determined that the social marketing campaign would not be extended beyond the grant period.

The research team needed to address misinformation and institutional mistrust among the target community, who is skeptical of health messages that come from medical institutions and do not feel empowered to seek medical care that is sensitive to their sexual health needs. The project successfully established close engagement with the Black LGBT community in Milwaukee during all phases of the project, and catalyzed collaboration between Diverse & Resilient, Inc, UW Health, AIDS Resource Center of Wisconsin and the Wisconsin State Health Department's HIV/AIDS Program. This work created a platform for collaboration among numerous stakeholders across Wisconsin who are engaged in addressing the persistent problem of racial disparities in HIV prevalence. The findings of the community readiness assessment were instrumental to the Wisconsin AIDS/HIV Program, which has dedicated increased resources to improving awareness of PrEP among health care providers and other stakeholders. One major accomplishment related to this work was implementation of a satellite "PrEP Clinic" at the Diverse & Resilient office in Milwaukee. At the same time, the AIDS Resource Center of Wisconsin and UW Health have substantially increased the number of patients started on PrEP, estimated at more than 400 people since this project was launched.

Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer

Grantee: Dustin A. Deming, MD UW School of Medicine and Public Health, Department of Medicine

Dates: 7/01/2016 – 6/30/2108

Amount Spent: \$100,000

Grant Program: new Investigator Program

The Challenge: Colorectal cancer is the second-leading cause of cancer related death and new treatment options are needed. In general, patients with colorectal cancer are all treated in a very similar manner based on the stage of their disease. To advance the treatment of patients with colorectal cancer, a fundamental change is needed to a more personalized approach to treatment using precision medicine strategies.

Project Goal: The capability now exists to subtype each colorectal cancer based on its mutation profile; however, how to utilize the mutation profile to guide the choice of therapies has yet to be determined. This study proposed to use innovative methods to investigate combinations of directed therapies to target subtypes of colorectal cancer. These novel combinations are likely to be more effective and better tolerated than standard cytotoxic chemotherapy. Since the mutations targeted in this proposal are common across many types of cancer, these results hold promise for applicability for other cancer types, including breast, lung and gynecologic malignancies.

Results: This study sought to determine which patients with colorectal cancer might benefit from a new treatment combination (a new regimen that combines MTORC1/2 and BCL-2/BCL-xL inhibition). Using mouse models and patient-derived cell cultures, the research team discovered that certain colorectal cancers have profound response to this regimen. With the potential to benefit 40 percent of colorectal cancer patients, the team will remain steadfast in advancing their findings from bench to bedside. The treatment strategy will be moved forward clinically with a \$4.2 million grant from the National Institutes for Health/ National Cancer Institute. Future plans are also underway to seek funding for a clinical trial.

Understanding M. Tuberculosis Evolution Within and Between Hosts

Grantee: Caitlin Pepperell, MD, UW School of Medicine and Public Health, Department of Medicine

Dates: 4/01/2015 – 9/30/2017

Amount Spent: \$99,996

Grant Program: New Investigator Program

The Challenge: Every second, someone in the world develops tuberculosis (TB). Drug resistant TB is an emerging problem, and untreatable strains of Mycobacterium tuberculosis (M.tb) have been identified in several regions. In resource-limited settings, most people with drug resistant TB will die of the disease. In resource rich settings, like the United States, the infection can usually be treated, but at a great cost. In Wisconsin, drug resistant TB is a significant problem for ethnic minority populations. The treatment and control of this disease is complex, and associated with significant morbidity for the patient.

Project Goal: The goal of this project is to better understand how M.tb evolves during human infection in order to ultimately create more effective strategies for preventing evolution of drug resistant TB. This research will also generate new insights into the interaction between M.tb and the individual with M.tb. This will, in turn, aid in development of better vaccines and other therapies to treat and prevent TB.

Results: The project was successful in achieving its goal. The researchers assembled and analyzed genetic and phenotypic data from more than 1800 cases of TB and identified signatures to drug resistance. The project also developed methods for multiple sequencing of clinical samples from TB patients in Wisconsin. Analyses of this data have generated new insights into the evolution of the disease during infection. This can be used to diagnose and treat drug resistant TB more quickly, allowing tailored treatment and prevention of transmission of the disease as well as worsening of drug resistance. This information can also be used to design better treatments for the disease.

As a result of this work, the article *Signatures of Selection at Drug Resistance Loci in Mycobacterium tuberculosis* was published in *mSystems*,™ an American Society for Microbiology Journal.

Improved Healthcare Delivery to Wisconsin Amish Infants

Grantee: Christine Seroogy, MD, UW School of Medicine and Public Health, Department of Pediatrics

Dates: 4/01/2014 – 12/31/2017

Amount Spent: \$147,245

Grant Program: PERC Opportunity Grant

The Challenge: Wisconsin has one of the best newborn screening programs in the country, screening for 44 treatable disorders; and, all newborns in the state are required to undergo newborn screening (NBS) to identify genetic and metabolic diseases that result in severe developmental delay or death if early recognition and treatment does not occur.

Wisconsin Plain infants (Amish or Old Order Mennonites) have lower rates of NBS in the state with likely several hundred Plain infants not being tested annually. Many of these children are at high-risk for long-term disability and fatal outcomes after costly hospitalizations. Access to NBS and affordable healthcare would likely prevent disability and infant and child mortality in this population.

Project Goal: The project aims were focused on: 1) Community survey for NBS perspectives and unmet healthcare needs; 2) Community outreach activities for educational and healthcare purposes; and 3) Implementation of genetic testing to define the genetic disorders in the Wisconsin Plain community and inform development of low-cost genetic testing. By determining the barriers to newborn screening and establishing access to appropriate care for the Wisconsin Plain populations, this project aimed to gain the knowledge necessary to achieve early diagnosis and treatment for genetic disorders. The long-term goal of the project is to improve access to culturally-appropriate, high-quality affordable healthcare for all Wisconsin Plain children.

Results: The published survey data from 474 households showed decreased rates of newborn screening compared to the total Wisconsin NBS rate. Longitudinal NBS tracking show a trend toward increasing NBS in Plain infants since the inception of the project's community educational and outreach meetings. Beginning in 2015, through partnership with the LaFarge Medical Clinic Center for Special Children, UW Pediatric subspecialty faculty (genetics, cardiology, ophthalmology, immunology) have staffed 27 outreach clinics seeing 173 patients with 81 diagnosed genetic disorders. Overall, the work has resulted in improved NBS rates and increased our knowledge of genetic disorders within the Wisconsin Plain population. This work identified 40 distinct genetic disorders in the Wisconsin population. Of these disorders, over 50 percent were previously unrecognized conditions in Wisconsin and several of these disorders are not commonly seen in Plain communities in other states. As a result, 23 low cost genetic tests are now clinically available with many more being validated.

This project enabled establishment of strong community-academic partnerships, enhanced trust in relationships with Plain communities, improved access to evidence-based healthcare, and enriched knowledge of the genetic disorders present in Wisconsin Plain people. This project was recognized by University of Wisconsin-Madison Chancellor Rebecca Blank through a Community-University Partnership Award in 2017. Genetic diseases in Plain populations are similar to, not different from, the genetic diseases in the general population, and the project team's ongoing collaborations and newly awarded projects have implications for all Wisconsin children and families.

TABLES OF CONCLUDED GRANTS

The following community grants concluded July 1, 2017 – June 30, 2018:

Title	Community Organization, Academic Partner	Type	Amount	Duration (years)
5210 Across Dane County	Unity Point Health – Meriter Foundation	Comm Opp	\$45,210	2 years
Advancing Community Investment in Health: Implementation of the Innovations and Wellness Commons	Walnut Way Conservation Corp. John Frey, MD, and Cynthia Haq, MD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health	CAPF	399,995	3 years
Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening Community Health Improvement Implementation and Evaluation for Greater Impact	Wisconsin Association of Local Health Departments Julie Willems Van Dijk, PhD, RN, FAAN, UW School of Medicine and Public Health, Department of Population Health Sciences	CAPF	399,998	3 years, 6 months
Early Childhood Comprehensive Systems (ECCS)	Kenosha County Division of Health	Comm Opp	45,000	2 years
EatPlayGrow: Improving the Health of Cudahy's Youth	City of Cudahy Health Department	Comm Opp	45,000	2 years, 5 months
Healthier Together: Pierce and St. Croix Counties Enhancing School Physical Activity	Pierce County Public Health Department	Comm Opp	50,000	2 years,
Healthy People Lincoln County: "Problems Can Be Solved in the Garden"	Lincoln County Health Department Daniel Marzu, UW Extension, Lincoln County	Comm Opp	50,000	2 years
Improving the Health Status for Amish and Mennonites in Western Wisconsin	Vernon Memorial Healthcare Foundation Murray Katcher, MD, and Christine Seroogy, MD, UW School of Medicine and Public Health, Department of Pediatrics	Comm Opp	49,743	2 years
Northwoods LEAN (Linking Education, Activity and Nutrition): Pathways to Health	Oneida County Health Department Aaron Carrell, MD, UW School of Medicine and Public Health, Department of Pediatrics	CAPF	400,201	3 years, 8 months

Title	Community Organization, Academic Partner	Type	Amount	Duration (years)
Providers and Teens Communicating for Health (PATCH) Program - Milwaukee Implementation	Wisconsin Alliance for Women's Health	Comm Opp	\$50,000	2 years
Reducing Alcohol Abuse Among LGBTQ Youth in Wisconsin	Diverse and Resilient, Inc. Lance Weinhardt, PhD, UW-Milwaukee, Zilber School of Public Health	CAPF	400,000	3 years
School District Implementation of Gender-Inclusive Policies to Improve Outcomes for Transgender Youth	GSAFE Sara McKinnon, PhD, UW-Madison, Department of Communication Arts	Comm Opp	50,000	3 years
Southeastern Wisconsin Screening, Brief Intervention, and Referral to Treatment (SBIRT) Project	IMPACT Alcohol and Other Drug Abuse Services, Inc. Richard Brown, MD, MPH, UW School of Medicine and Public Health, Department of Family Medicine and Community Health	CAPF	399,478	3 years, 5 months
The Young Parenthood Project: A Father Engagement Strategy for Healthy Families	Milwaukee Health Services, Inc. Paul Florsheim, PhD, UW-Milwaukee, Zilber School of Public Health	LIHF	399,916	4 years, 5 months
Women of Worth (WOW): Family-Centered Treatment Project	Racine Interfaith Coalition Ron Cisler, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences Lisa Berger, PhD, UW-Milwaukee, Helen Bader School of Social Welfare	CAPF	399,394	3 year, 5 months

CAPF: Community Academic Partnership Fund
Comm Opp: Community Opportunity Grant

The following Education and Research Grants concluded July 1, 2017 – June 30, 2018:

Title	Academic Partner	Type	Amount	Duration (years)
Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses	Michael Gould, PhD, UW School of Medicine and Public Health, Department of Oncology	CHSP	\$499,997	4 years
Multiplexed In Vivo Device to Assess Optimal Breast Cancer Therapy	Lee Wilke, MD, UW School of Medicine and Public Health, Department of Surgery	CHSP	499,995	3 years, 11 months
Once <i>Stepping On</i> Ends: Continuing a Group Falls Prevention Program via the Internet	Jane Mahoney, MD, UW School of Medicine and Public Health, Department of Medicine	CHSP	499,934	4 years
Zooming in on Childhood Asthma: Disease Causality and Personalized Medicine	Robert Lemanske, MD, UW School of Medicine and Public Health, Department of Pediatrics	CHSP	500,000	3 years
PI3K/PTEN Targeted Therapy for HPV-Associated Cancers	Paul Lambert, PhD, UW School of Medicine and Public Health, Department of Oncology	CHSP	500,000	3 years
Understanding M. Tuberculosis Evolution Within and Between Hosts	Caitlin Pepperell, MD, UW School of Medicine and Public Health, Department of Medicine	NIP	100,000	3 years, 6 months
Genetic Variants, Immune Dysregulation and Rheumatoid Arthritis	Miriam Shelef, MD, PhD, UW School of Medicine and Public Health, Department of Medicine	NIP	99,965	2 years, 4 months
Implementing Combination Behavioral and Biomedical HIV Prevention Strategies through High Risk Sexual Networks	Ryan Westergaard, MD, PhD, UW School of Medicine and Public Health, Department of Medicine	NIP	99,882	2 years
Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings	Yao Liu, MD, UW School of Medicine and Public Health, Department of Ophthalmology and Visual Sciences	NIP	100,000	2 years
Novel Targeted Therapies for the Treatment of Subtypes of Colorectal Cancer	Dustin Deming, MD, UW School of Medicine and Public Health, Department of Medicine	NIP	100,000	2 years
Improved Healthcare Delivery to Wisconsin Amish Infants	Christine Seroogy, MD, UW School of Medicine and Public Health, Department of Pediatrics	PERC Opp	147,245	3 years, 8 months

CHSP: Collaborative Health Sciences Program

NIP: New Investigator Program

PERC OPP: Partnership Education and Research Opportunity Grant

The following Institute for Clinical and Translational Research Grants concluded July 1, 2017 – June 30, 2018.

Title	Academic Partner	Type	Amount	Duration (years)
Academic Effects of Concussion in High School Student Athletes	Alison Brooks, MD, MPH, UW School of Medicine and Public Health	Clinical & Community Outcomes Research (CCOR)	\$74,805	1 year, 2 months
Addressing Postpartum Depression in Wisconsin Home Visiting Programs: Dissemination/ Implementation of the Evidence-Based Mother-Infant Therapy Group	Roseanne Clark, PhD, UW School of Medicine and Public Health	Dissemination & Implementation Research (D&I)	150,000	2 years, 10 months
Contrast-Enhanced MRI to Diagnose Appendicitis: Translating a UW Protocol to a Community-Based Program with a Different Scanner Platform	Michael Replinger, MD, UW School of Medicine and Public Health	Translational Basic & Clinical	49,350	2 years, 4 months
Development of a Toolkit to Support Shared Decision Making in Breast Cancer Screening	Sabrina Schrager, MD, UW School of Medicine and Public Health	Dissemination Supplement	15,000	1 year, 9 months
Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women	Michael Fiore, MD, MPH, UW-Madison Center for Tobacco Research and Intervention	Dissemination & Implementation Research (D&I)	150,000	1 year, 6 months
Engaging Stakeholders in Integration of Preventive Care and Health Promotion in Specialty Clinics	Christine Bartels, MD, UW School of Medicine and Public Health	Stakeholder & Patient Engaged Research (SPER)	100,000	1 year
Engaging Stakeholders in Reducing Overtreatment of Papillary Thyroid Microcarcinomas	Susan Pitt, MD, MPH, UW School of Medicine and Public Health	Patient-Centered Outcomes Research (PCOR)	100,000	1 year, 6 months
Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations	Betty Chewning, PhD, UW-Madison School of Pharmacy	Dissemination & Implementation Research (D&I)	149,797	2 years, 5 months
Mindful Policing: A Holistic Approach To Improving Officer Well-Being and Police Work	Daniel Grupe, PHD, UW-Madison Center for Healthy Minds	Clinical & Community Outcomes Research (CCOR)	149,797	1 year, 3 months
Patient Engagement In Care Redesign: Identifying Effective Strategies For Measuring and Scaling the Intervention	Nancy Pandhi, MD, MPH, UW School of Medicine and Public Health	Dissemination & Implementation Research (D&I)	150,000	1 year, 8 months
UW Emergency Department Research Services Program	Manish Shah, MD, MPH, UW School of Medicine and Public Health	Novel Methods	50,000	1 year



Wisconsin Partnership Program

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