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The Medical College of Wisconsin, Inc. (MCW) and the MCW Consortium on Public and Community Health, Inc. (MCW Consortium) are pleased to present the sixth annual report on the Advancing a Healthier Wisconsin (AHW) endowment.

This report outlines the MCW Consortium’s commitment to, and compliance with, the documents established to guide its stewardship: the State of Wisconsin Office of the Commissioner of Insurance Final Decision and Order, issued March 2000; the Grant Agreement, issued March 2004; the first AHW Five-Year Plan dated April 2003 and the plan Addendum dated December 2003; and the AHW 2009-2014 Five-Year Plan commencing in January 2009.

These documents guide the process by which MCW received and now stewards proceeds from the conversion of Blue Cross and Blue Shield United of Wisconsin from a non-profit company to a stock insurance corporation.

This report addresses all activities and expenditures relevant to AHW from July 1, 2008, through June 30, 2009.

The MCW Consortium appreciates this opportunity to report on the past year of activities to make Wisconsin a healthier state through the AHW endowment.
Advancing a Healthier Wisconsin Overview

The Advancing a Healthier Wisconsin endowment is dedicated in its entirety, and in perpetuity, to improving the health of the people in Wisconsin through three complementary components:

- The Healthier Wisconsin Partnership Program (HWPP) supports community-MCW partnerships that address public and community health improvement through a competitive Request for Proposal process as well as MCW Consortium-directed non-competitive special initiatives.
- Research for a Healthier Tomorrow supports basic, clinical, applied and translational research, and addresses leading causes of death and disability through the development of strong inter-disciplinary programs that span MCW.
- Educational Leadership for the Health of the Public supports programs that address health issues of an increasingly diverse and aged population through individualized, competency-based and flexible educational models that integrate basic and clinical sciences (patient-centered) throughout MCW while attracting and training a diverse workforce through physician training.

In accordance with the Insurance Commissioner’s Order, AHW dedicates 35 percent of funds for HWPP and 65 percent of funds for research and education initiatives. The divided allocation remains unless it is increased or decreased by the affirmative vote of two-thirds of all MCW Consortium members at the time an AHW Five-Year Plan is approved. However, as required by the Grant Agreement, the MCW Consortium evaluates the allocation as part of its annual review process. On November 10, 2008, the MCW Consortium unanimously approved the AHW 2009-2014 Five-Year Plan, which maintains the previously determined distribution of funds.

Cumulative Funding Commitments and Framework

From July 1, 2008, through June 30, 2009, the MCW Consortium approved funding for 19 new AHW initiatives totaling $6.1M as follows:

- Healthier Wisconsin Partnership Program awarded $1.1M to eight community-MCW academic partnerships.
- Research for a Healthier Tomorrow awarded $3.6M to 10 projects.
- Educational Leadership for the Health of the Public awarded $1.4M to the first of three phases for a major education initiative to support curriculum development for the College.

The MCW Consortium recognizes that all three components are necessary to improve the health of the people of Wisconsin. The chart on the following page represents cumulative funding commitments since AHW’s inception and the framework under which the endowment operates.
ADVANCING A HEALTHIER WISCONSIN
Three Complementary Components
Cumulative Funding Commitments* (2004-June 2009)

Principles of Stewardship (From AHW 2009-2014 Five-Year Plan)

- Collaboration
- Prioritization
- Leverage
- Accountability

- Transformation
- Building Academic and Community Strengths
- New Knowledge

Inclusive Process

- Health Trends (local, state and national)
- Health Assessments and Plans (local, state and national)
- Public Participation

- MCW Consortium on Public and Community Health
- Broad Input from MCW Faculty, Staff and Students

Three Complementary Components
Total Funds Committed for 233 Projects
$67.8M*

Educational Leadership for the Health of the Public
32 Projects
$9.4M

Address health issues of an increasingly diverse and aged population through individualized, competency-based and flexible educational models that integrate basic and clinical sciences (patient-centered) throughout MCW while attracting and training a diverse workforce through physician training in the following tracks:
- Master Clinician
- Community and Population Health
- Urban Health
- Physician Scientist
- Global Health
- Clinician Educator
- Collaboration with Marquette University for a six-year BS/MD

Educate future public health professionals through initiatives including:
- PhD in Public and Community Health
- Master’s in Public Health
- Healthy Wisconsin Leadership Institute

Healthier Wisconsin Partnership Program
111 Projects
$23.5M

Competitive Request for Proposal Process
109 Projects; $22.4M
Through community-MCW academic partnerships:
- Address leading health risks and priorities
- Focus on specific populations
- Prevent causes of death and disability

Consortium Initiative on Youth Violence Prevention
2 projects; $1.1M
- Development phase

Research for a Healthier Tomorrow
90 projects
$34.9M

Through basic, clinical, applied and translational research, address leading causes of death and disability through the development of strong inter-disciplinary programs that span MCW including:
- Cancer
- Cardiovascular Disease
- Neurosciences
- Infectious Diseases and Immunology
- Kidney Disease
- Community and Population Health

Support research platforms that will advance the research priorities and all of the faculty research efforts throughout the College:
- Genetics
- Imaging
- Stem Cell Biology and Regenerative Medicine
- Proteomic and Structural Biology
- Clinical and Translational Science Institute
- Community and Population Health

Outcomes

- Improved Health of the People of Wisconsin
- Strengthened Community Capacity
- Leadership in Public Health

* Totals reflect figures for those projects reviewed by MCW Consortium on Public and Community Health and approved by the MCW Board of Trustees for the period ending June 30, 2009. Figures represent budget reductions incorporated during the 2008-09 fiscal year.
EXECUTIVE SUMMARY

Ideals and Goals
MCW and its Consortium Board are committed to the following ideals and goals, as identified in the AHW 2009-2014 Five-Year Plan:

Ideals:
- Leveraging the AHW endowment funds in a coordinated, interdisciplinary effort, assuring support for public health partnerships, research and education.
- Recognizing all three components are related in advancing the vision of improving the health of the people of Wisconsin.
- Defining public health inclusively, focusing on broad determinants of health in communities when addressing public health improvement.
- Supporting MCW in its efforts to expand expertise in community partnerships so that it can better serve community health needs.
- Listening to and valuing what is learned through public participation, comment and opinion, and reporting annually on AHW activities, outcomes and operations.

Goals:
- Supporting innovative projects implemented by Wisconsin partners, in Wisconsin communities, for the benefit of Wisconsin residents.
- Continuing to be informed by Healthiest Wisconsin 2010, the state health plan, and Healthiest Wisconsin 2020, currently under development.
- Improving understanding about what an effective community-MCW partnership looks like.
- Documenting the results of funding community-MCW partnerships that address community health improvement.
- Documenting the results of research and education initiatives.
- Evaluating the impact of a more generously-funded special initiative by investing in a MCW Consortium-directed Violence Prevention Initiative.
- Continuing to support the Healthy Wisconsin Leadership Institute’s development of leaders who engage in innovative activities to protect and promote the health of the public.
- Improving the HWPP funding process, for future funding cycles, in response to constituent feedback by:
  - incorporating a letter of intent process to provide a review component for the applicants in order to reduce the burden of the full proposal process;
  - re-evaluating the purpose and length of awards so that specific value is placed on partnership development that leads to more sustainable efforts, and more time is allowed for projects to reach their full potential;
  - funding a 0.5 FTE MCW faculty from research and education funds who will work to strengthen and expand MCW and community partnerships; and,
  - broadening the definition of an MCW partner.
Principles of Stewardship
MCW has established a set of guiding principles to support AHW initiatives that strive to improve the health of the people of Wisconsin. These principles include:

**Collaboration:** Supporting effective collaboration between community and MCW partners to broaden program impact throughout the state and to enhance the translation of knowledge into community practice.

**Prioritization:** Aiming to have maximum impact on the health of the people of Wisconsin by deliberately focusing on diseases and conditions that most affect people's health, longevity and quality of life.

**Leverage:** Seeking opportunities to leverage funding, with an emphasis on pooling existing resources, attracting additional resources and encouraging sustainability.

**Accountability:** Measuring and accounting for outcomes through effective oversight and rigorous evaluation by including comprehensive involvement of affected communities. AHW funding will result in outcomes that are identifiable, transparent and reported to AHW and the greater community through regular and annual reports.

**Transformation:** Effecting systemic change by emphasizing prevention, innovation and capacity-building. AHW will identify initiatives that will enhance the health of our community through research, education, and service, locally, statewide and, indirectly, nationally and internationally.

The AHW 2009-2014 Five-Year Plan includes two additional Principles of Stewardship to support AHW initiatives that strive to improve the health of the people of Wisconsin. These additional Principles will be incorporated into future HWPP Request for Proposals.

**Building Academic and Community Strengths:** Developing new extramural research and education grants, publications and faculty recruitment, broadening partnership opportunities and advancing a more personalized approach to medicine.

**New Knowledge:** Promoting academic excellence through the discovery of new knowledge through the creation of interdisciplinary research centers, integrated clinical research networks and population and community health.
Governance

The MCW Consortium formed in 2002 as a non-stock, non-profit corporation whose purpose is to fulfill the obligations of the Public and Community Health Oversight and Advisory Committee as described in the March 2000 Insurance Commissioner’s Order. The MCW Consortium meets on a monthly basis and conducts itself in accordance with its bylaws and Wisconsin Open Meetings and Public Records Laws.

**TERRY BRANDENBURG, MPA, MBA**  
Chair (through January 2009)  
Health Commissioner  
City of West Allis

Mr. Brandenburg is a statewide leader in public health. For the past 20 years, he has directed and managed all public health programs for the City of West Allis and the Village of West Milwaukee, communities with a total population of approximately 65,000.

**PAULA A. LUCEY, RN, MSN**  
Chair (January 2009 to present)  
President  
Lamplighter Consulting

Ms. Lucey is one of Wisconsin’s leading advocates for urban health including minority communities and the special health care needs of the poor. Ms. Lucey provides strategic guidance for community development initiatives and is a past Director of Milwaukee County Health and Human Services.

**PEGGY HINTZMAN, MBA**  
Vice Chair  
Former Deputy Director  
Wisconsin State Laboratory of Hygiene

Ms. Hintzman is past president of the Wisconsin Public Health Association and represents statewide health interests. With more than 20 years experience in public health, she is a statewide advocate for Wisconsin’s public health needs.

**T. MICHAEL BOLGER, JD**  
President and Chief Executive Officer  
Medical College of Wisconsin

Mr. Bolger has led the College through a period of unprecedented growth in research, patient care activity, and the expansion of MCW’s academic programs and outreach efforts in the community.

**DOUGLAS R. CAMPBELL, MHA**  
Senior Vice President and Chief Operating Officer  
Medical College of Wisconsin

Mr. Campbell has provided fiscal oversight and management at MCW for 17 years.

**TASHA JENKINS**  
Executive Director  
Fighting Back, Inc.

Ms. Jenkins has focused her career on serving as an advocate for children and children’s health issues, specifically addressing substance abuse prevention for Milwaukee youth.

**RANDALL S. LAMBRECHT, PhD**  
Vice President for Research and Academic Relations  
Aurora Health Care, Inc.

Dr. Lambrecht has been an advocate for Wisconsin’s senior citizens, helping launch UW-Milwaukee’s Age and Community Initiative, and working with Milwaukee County Department of Aging to establish five community-based older adult fitness centers which take a comprehensive approach to the health and quality of life of seniors.

**CHERYL A. MAURANA, PhD**  
Senior Associate Dean for Public and Community Health  
Medical College of Wisconsin

Dr. Maurana has received national recognition for her work in public health research and community-academic partnership development.

**JONATHAN RAVDIN, MD**  
Dean and Executive Vice President  
Medical College of Wisconsin

Dr. Ravdin is an internationally recognized expert in infectious diseases, has a long record of successful leadership in academic advancement and is the executive vice president and dean of MCW. Dr. Ravdin oversees all academic, research, patient care and public and community health programs for MCW.

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**Staff**

<table>
<thead>
<tr>
<th>Healthier Wisconsin Partnership Program</th>
<th>Office of the Senior Associate Dean for Public and Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erin Frederick</td>
<td>Alicia Witten</td>
</tr>
<tr>
<td>Director</td>
<td>Assistant Director</td>
</tr>
<tr>
<td>Christina Ellis</td>
<td>Pam Kohal, MPH</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>Jean Moreland</td>
<td>Sarah DiPadova, MPS</td>
</tr>
<tr>
<td>Administrative Coordinator</td>
<td>Donna Martin</td>
</tr>
</tbody>
</table>

*Medical College of Wisconsin  ■  Advancing a Healthier Wisconsin Annual Report 2008-2009*
The Medical College of Wisconsin's Advancing a Healthier Wisconsin program successfully completed its fifth year in 2008. From July 2004 through June 2009, MCW and its Consortium Board committed funds totaling more than $67.8M for 233 projects to improve the public’s health throughout Wisconsin.

During the past fiscal year, the AHW Endowment experienced a significant decline in the asset value with the downturn in the economy. As a result, the MCW Consortium and the MCW Board of Trustees determined that budget reductions for all areas of AHW programming were necessary. Understanding the challenges that this situation presented, AHW staff worked closely with all partners and investigators to assist in the budget reduction process. The MCW Consortium remains committed to supporting these partnerships and collaborations into the future.

From July 1, 2008, through June 30, 2009, Research for a Healthier Tomorrow awarded $3.6M to 10 projects and Educational Leadership for the Health of the Public awarded $1.4M to the first of three phases for a major education initiative to support curriculum development for the College. In March 2009, the MCW Consortium awarded $1.1M to eight community-MCW academic partnerships through the Healthier Wisconsin Partnership Program.

The MCW Consortium also continued its commitment to the Youth Violence Prevention Initiative. In early 2008, the MCW Consortium approved $1.1M for an 18-month Development Phase of a violence prevention initiative. The Violence Prevention Initiative (VPI) is a community-based initiative that aims to: 1) decrease rates of violence in identified areas of Milwaukee and, possibly, other areas of Wisconsin, and 2) strengthen community capacity to prevent future violence. A 21-member steering committee, with 15 community members, three MCW Consortium members, and three MCW faculty, is guiding the development phase with a charge to prepare the implementation proposal based on a public health and community asset model.

Upon completion of the Development Phase, the MCW Consortium intends to commit approximately $1.5M per year to the VPI through its public and community health component of the AHW Endowment for up to 10 years, with a re-evaluation at five years.

In January 2009, the MCW Board of Trustees approved the AHW 2009-2014 Five-Year Plan. The first Five-Year Plan provided a framework for prioritizing funding requests and making awards, providing partnership support and tracking progress toward achieving the MCW Consortium’s vision and goals. The new Five-Year Plan retains the fundamental principles and framework from the first Five-Year Plan, but makes refinements to several areas identified by stakeholders. The 2009-2014 Plan continues its commitment to the MCW Consortium’s vision of developing partnerships, providing professional development for public health professionals, promoting consumer health education, modifying medical school curriculum and improving the ability to identify, treat and prevent disease.

The development and implementation of community-based partnerships and education and research initiatives to improve public health is an ongoing process, evolving as new knowledge is gained and the environment changes. In the future, medical research will continue to progress, and cures will be found for some diseases. Enhanced public education on health issues will have a positive impact on health status. At the same time, new health concerns will arise that cannot yet be anticipated. MCW and its Consortium Board are confident that the activities outlined in the AHW 2009-2014 Five-Year Plan will contribute to the improvement of the health of the people of Wisconsin.

Clearly, the challenges that face this state and nation’s health are many and complex, with progress achieved in incremental steps that lead toward sustainable, long-term change. MCW and its Consortium Board remain committed to a Wisconsin-based focus on improving the health of the public through community-MCW partnerships that address public and community health improvement, research and education.
The vision of the Healthier Wisconsin Partnership Program is to improve the health of the people of Wisconsin by funding community-MCW academic partnership projects that address public and community health promotion and disease prevention initiatives through two types of awards (as per the Advancing a Healthier Wisconsin 2003-2008 Five-Year Plan):

**Development Awards:** These awards generally fund planning, evaluation or pilot activities related to the formation or development of a partnership, project and/or program; or, the evaluation or implementation of capacity-building strategies aimed at strengthening organizations, sectors or systems. They are typically awarded for a 12-month period totaling no more than $50,000.

**Impact Awards:** These awards generally fund partnership activities related to the implementation of a health promotion or health prevention project, program and/or partnership with significant impact; or, the implementation of capacity building strategies that will have significant impact on a health-related organization, sector or system. They are typically awarded for a 36-month period totaling no more than $450,000.
**Funding Priorities**

Funding from HWPP is a competitive, unique and transformative opportunity for community organizations and MCW academicians to leverage resources, share information and capitalize on expertise as they work in partnership to address Wisconsin’s greatest health needs. Successful applicants embrace interrelated approaches to health improvement and community-MCW academic partnerships through the following two models:

### Health Improvement Model

- **Address major areas of health risks**
- **Focus on specific population**
- **Emphasize prevention of causes of death and disability**
- **Transform health improvement efforts through capacity-building and systemic programs**

### Community-Academic Partnership Model

1. **Understanding the environment for partnerships**
2. **Commitment to partnership principles**
3. **Partnership development**
Funding Cycle Process
(5th Funding Cycle)

HWPP commenced its 5th Funding Cycle in September 2008. Key dates and events from this funding cycle include:

- On September 1, 2008, HWPP issued the Request for Proposal (RFP) for community-MCW academic partnership projects.

- To assist applicants, HWPP offered a proposal writing workshop and five statewide pre-application sessions that were conducted between September 2 and September 4, 2008.

- The initial phase of the RFP included the submission of an electronic Notice of Intent representing 40 Development and 57 Impact projects for a total of 97 eligible submissions.

- After a technical review of these 97 submissions, 34 Development and 45 Impact full proposals were submitted and advanced to the National Merit Reviewers.

- After careful consideration, the MCW Consortium recommended five Development and three Impact awards to the MCW Board of Trustees for funding.

- The MCW Board of Trustees approved funding recommendations on March 20, 2009.

Training and Technical Assistance

HWPP provided technical assistance that included information and training on the proposal process and partnership development steps, including:

- An updated academic partner directory, listing MCW faculty and staff with interest in forming partnerships with community organizations. A community partner directory also is available online.

- HWPP conducted a Partnership Proposal Writing Workshop to provide proposal writing and partnership formation assistance for community-MCW academic partnership projects. This workshop featured Dr. Lynn Miner, the founder of a nationally-recognized firm, Miner and Associates, who has trained more than 10,000 successful grant seekers and fundraisers, helped nonprofit organizations raise multi-millions and reviewed proposals for government, local and national foundations. Dr. Miner concentrated on the practical elements of planning and writing proposals specifically tailored to the HWPP requirements, key components and provided examples of persuasive writing.
• Partnering with the Wisconsin Partnership Program, HWPP presented a pre-conference session at the 2008 Wisconsin Public Health Association-Wisconsin Association of Local Health Departments Annual Conference in Madison, WI, entitled “Conceptualizing Evaluation for Partnership Programs.” Session objectives included: learning the importance of integrating evaluation into partnership projects; clarifying evaluation expectations; learning steps to plan an evaluation; beginning an evaluation plan for your partnership; and, identifying evaluation resources. HWPP also offered a Funded Partner Reception providing an informal opportunity for funded partners from both partnership programs to make connections to help strengthen their partnership projects. More than 35 people attended the session and reception.

• HWPP staff offered five statewide pre-application sessions that were conducted in early September 2008. The sessions provided background information on HWPP, detailed information contained in the RFP and tips for building successful community-academic partnerships. The sessions were free and attendance was not required for proposal submission. More than 100 people attended the sessions.

• Between September 1 and the Notice of Intent deadline of October 1, 2008, 18 individuals contacted HWPP requesting partnership facilitation assistance. HWPP responded to more than 100 calls and emails requesting additional technical assistance to improve proposal applications, access RFP materials, design effective project budgets and provide education about HWPP priorities and review processes.

• Quarterly electronic newsletters were disseminated to more than 2,000 community and MCW stakeholders providing additional resources and assistance.

Competitive, Multi-Step Review Process

Technical Review
A technical review process provided an initial assessment of proposal submissions to determine eligibility requirements were met and all sections were completed according to the RFP guidelines. Submissions that successfully passed the technical review proceeded to the merit review process.

Merit Review
National Merit Review
An independent consultant facilitated the National Merit Review process for HWPP. Following a national recruitment process conducted by this consultant, 18 community and academic reviewers were engaged to serve on the review panel. Reviewers reside outside Wisconsin with expertise in public and community health, community-academic partnerships and proposal review. During December 2008 and January 2009, each proposal was independently reviewed and scored by two community and two academic reviewers.

MCW Consortium Review
On March 9, 2009, the MCW Consortium reviewed and discussed those proposals prioritized by the National Merit Review Panel, taking into account scores and comments as well as results of a thorough budget analysis by the MCW Controller’s Office. The MCW Consortium also considered all other proposals and determined a final slate to advance to the MCW Board of Trustees based on the following general criteria:

• Qualitative comment and quantitative assessment by national merit reviewers.
• Demonstrated alignment with Wisconsin health priorities as defined by the State of Wisconsin health plan.
• Articulated commitment to Principles of Stewardship, the Health Improvement Model and the Community-Academic Partnership Model.

Award Announcement
On March 20, 2009, the MCW Board of Trustees approved the proposals recommended for funding by the MCW Consortium.

All applicants were notified of the funding determinations, received reviewer comments and their final score.
5th Funding Cycle Awards

Summary of Proposal Applications

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<tr>
<th>Category</th>
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<td># of MCW Partners</td>
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<td># of MCW Departments</td>
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</table>

5TH FUNDING CYCLE IMPACT PROJECTS

The following three projects were awarded funding in March 2009 for implementation of 3-year health promotion projects in Wisconsin.

Changing the Culture of Risky Drinking Behavior: Underage Access
$300,000 • 07/01/09 to 06/30/12

The purpose of Changing the Culture of Risky Drinking Behavior: Underage Access is to reduce access and use of alcohol in La Crosse County by translating evidence-based strategies into action according to a community-developed strategic plan.

La Crosse Medical Health Science Consortium
Catherine Kolkmeier
Brenda Rooney

Coulee Council on Addictions
Pat Ruda

Cooperative Educational Service Agency #4
Tracy Herlitzke

La Crosse County Health Department
Doug Mormann
Al Bliss

City of La Crosse Police Department
Chief Edward N. Kondracki

MCW Department of Emergency Medicine
Stephen Hargarten, MD, MPH
Ann Herbst
Donna Peterson
Collaborative Response to the Growing Wisconsin Health Workforce Crisis
$300,000  07/01/09 to 06/30/12

This project will address the health workforce shortage threatening our most vulnerable communities by providing data collection and forecasting, critically needed for workforce planning.

Wisconsin Health Workforce Data Collaborative
Tim Size

Wisconsin Medical Society
Nancy Nankivil

MCW Department of Population Health
Peter M. Layde, MD, MSc
Jenny Her

Nuestros Niños Nuestro Futuro (Our Children Our Future)
$300,000  07/01/09 to 06/30/12

This project will address mental health problems experienced by students exposed to violence through implementation of an evidence-based behavioral intervention program and build sustainable school capacity to support good mental health for children.

La Causa, Inc.
Chyra A. Trost, MSW, LCSW

Milwaukee Public Schools
Kristi Cole

Mobile Urgent Treatment Team
Chris Morano, PhD

Wraparound Milwaukee
Bruce Kamradt

MCW Department of Psychiatry and Behavioral Medicine
Julia Dickson-Gomez, PhD
Laura R. Glasman, PhD
Cheryl Sitzler, MA
Angel Rosado

5TH FUNDING CYCLE DEVELOPMENT PROJECTS

The following five projects were awarded funding in March 2009 for implementation of 1-year health promotion projects in Wisconsin.

A Faith Community GYM: Guiding Youth Movement for Sustained, Healthy Futures
$40,000  07/01/09 to 06/30/10

This partnership will increase health activities within a large, faith-based community in Milwaukee, while building capacity to reduce health risks by training youth, family and health advocates to embed and sustain running and fitness in their community.

Milwaukee Area Technical College
Judy Springer, PhD

Greater New Birth Church
Willie B. Davis, Jr.

MCW Department of Family and Community Medicine
Jeff A. Morzinski, PhD
Melissa DeNomie, MS
Cross Cultural Strategies to Address the Healthcare Needs of the Hmong Community in Milwaukee
$40,000 ♦ 07/01/09 to 06/30/10

The goal of this project is to develop cross cultural strategies to address the healthcare needs of the Hmong community in Milwaukee, WI, with regard to chronic and preventable diseases.

Shee Yee Community of Milwaukee Inc.
Kevin Her
MCW Department of Family and Community Medicine
Melanie S. Hinojosa, PhD
Alan L. Wells, PhD, MPH

Dryhootch: Veterans using peer support to make sure their comrades get the care they need
$40,000 ♦ 07/01/09 to 06/30/10

Despite significant, often service-related, health problems, returning veterans and their families underuse available healthcare and social resources. The project will explore the use of trained peer counselors to facilitate use of these services.

Dryhootch of America, Inc.
Robert Curry
John Kusko
Joseph Mitchell
MCW Department of Medicine
Jeff Whittle, MD, MPH
Karen Bertem PhD

Open Wide: Expanding Oral Health Primary Prevention Opportunities through Partnership
$40,000 ♦ 07/01/09 to 06/30/10

The intent of the project is to expand the competencies of nurse case managers to confidently include oral health prevention and promotion services in their work with low income, disabled women and children.

Marquette University School of Dentistry
Christopher Okunseri, BDS, MSc
S.E.T. Ministry, Inc.
Thelma Newby, RN, MSN, PhD
MCW Department of Pediatrics
Sheri Johnson, PhD

Sowing Seeds to Grow Healthy Communities: A School Garden Pilot Project
$39,957 ♦ 07/01/09 to 06/30/10

Concerned about the high rate of obesity and chronic disease in the population, community partners in Buffalo and Pepin Counties want to educate children and families about nutrition and healthy food choices by implementing a school garden pilot project.

Pepin County
Heidi Stewart
Buffalo County
Jen Rombalski
Cochrane Fountain City School District
Barbara LaDuke
Pepin Area Schools
Jill Riesgraf
Pepin County UW Extension
Marie Ritscher
Saint John Lutheran Church
Joel A. Bacon
MCW Department of Psychiatry and Behavioral Medicine
George Jacobson, PhD
Cumulative Awards 2004-2009

HWPP has awarded $22.4M in five funding cycles to 109 community-MCW academic partnerships. Each funded partnership consists of at least one community partner and one MCW academic partner and exemplifies HWPP’s vision to improve the health of the people of Wisconsin.

All HWPP funded projects propose transformational ways to improve the health of Wisconsin’s citizens, focusing on health promotion and disease prevention while also recognizing the significant role of building capacity and strengthening systems in an effort to reach those goals. The following table represents the distribution of all HWPP funded projects along the four interrelated areas of the Health Improvement Model as well their geographic emphasis.

Project Distribution (see table) (109 projects)

Applicants are able to select more than one indicator for each focus area, resulting in an overlapping of indicators. The total reflects the number of projects selecting that indicator from each area.

<table>
<thead>
<tr>
<th>Address Major Areas of Health Risks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and economic factors that influence health</td>
<td>76</td>
</tr>
<tr>
<td>Access to primary and preventative health services</td>
<td>72</td>
</tr>
<tr>
<td>Nutrition</td>
<td>44</td>
</tr>
<tr>
<td>Intentional and unintentional injuries</td>
<td>40</td>
</tr>
<tr>
<td>Overweight, obesity and lack of physical activity</td>
<td>39</td>
</tr>
<tr>
<td>Mental health and mental disorders</td>
<td>35</td>
</tr>
<tr>
<td>High risk sexual behavior</td>
<td>21</td>
</tr>
<tr>
<td>Environmental and occupational health hazards</td>
<td>20</td>
</tr>
<tr>
<td>Substance abuse and addiction</td>
<td>20</td>
</tr>
<tr>
<td>Communicable disease</td>
<td>19</td>
</tr>
<tr>
<td>Tobacco use and exposure</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus on Specific Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>70</td>
</tr>
<tr>
<td>Racial and ethnic populations</td>
<td>69</td>
</tr>
<tr>
<td>Children and adolescents</td>
<td>50</td>
</tr>
<tr>
<td>Women</td>
<td>36</td>
</tr>
<tr>
<td>Uninsured</td>
<td>34</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
</tr>
<tr>
<td>Seniors</td>
<td>25</td>
</tr>
<tr>
<td>Rural</td>
<td>25</td>
</tr>
<tr>
<td>Men</td>
<td>23</td>
</tr>
<tr>
<td>Disabled</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention of Causes of Death and Disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>74</td>
</tr>
<tr>
<td>Intentional and unintentional injuries</td>
<td>48</td>
</tr>
<tr>
<td>Heart</td>
<td>44</td>
</tr>
<tr>
<td>Stroke</td>
<td>37</td>
</tr>
<tr>
<td>Cancer</td>
<td>33</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transform Health Improvement Efforts Through Capacity-Building and Systemic Programs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health improvement processes</td>
<td>87</td>
</tr>
<tr>
<td>Organizational, sector or system capacity building</td>
<td>70</td>
</tr>
<tr>
<td>Public and community health leadership and policy</td>
<td>42</td>
</tr>
<tr>
<td>Sufficient and competent workforce</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographic Emphasis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>77</td>
</tr>
<tr>
<td>Statewide</td>
<td>16</td>
</tr>
<tr>
<td>Rural</td>
<td>16</td>
</tr>
</tbody>
</table>
Key Findings and Assessment

HWPP is committed to evaluating the effectiveness of funded projects through each annual funding cycle, as well as the overall program processes and policies that guide its operations. To fulfill this commitment, HWPP institutes a continuous quality improvement method to inform the evaluation of the program process and projects that it supports. The Principles of Stewardship serve as benchmarks and provide the evaluation framework for HWPP funded projects.

Process Key Findings and Assessment

National Merit Reviewers Survey

Following the completion of the review cycle, national merit reviewers are asked to provide feedback on the process utilized and priorities identified by HWPP. This information is gathered by an independent consultant and draws on these sources of data:

- Informal comments about the review process shared by reviewers by email.
- An anonymous online survey of merit reviewers completed by 11 reviewers in February-March 2009. Respondents included seven community and four academic reviewers. Respondents included three new reviewers (including one alternate reviewer) and eight continuing reviewers.

Key Findings

- Request for Proposal Process (RFP): Reviewers are for the most part satisfied with the RFP and proposal instructions. Returning reviewers greatly appreciated the improvements made in response to their past feedback.
- Quality of Proposals Reviewed: Reviewers identified potential areas for applicant and grantee technical assistance, including developing authentic community-academic partnerships, getting to systems/policy change and broadening the conception of “sustainability.” One reviewer indicated the following about the quality of proposals, “the overall quality is improving and partners are showing better understanding of partnerships.”
### Project Key Findings and Assessment

HWPP requires funded partners to submit performance reports at 6-month intervals throughout the duration of their projects in relation to the Principles of Stewardship. These reports outline the strategic project outputs, key activities, related processes, participation by stakeholders and partners, short- and medium-term results that have been achieved, reflections and lessons learned. Using qualitative and quantitative data, partners are asked to detail progress toward goals and outcomes and describe the ultimate impact of the project. In addition, site visits are conducted to enhance HWPP's knowledge of funded partnership projects in a manner that cannot be fully realized from written progress reports.

The Principles of Stewardship serve as benchmarks and provide the evaluation framework for HWPP. The following results are a summary of findings from completed projects from HWPP's first five funding cycles related to the Principles of Stewardship.

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Effective collaboration between MCW faculty and community partners capitalizes on the strengths that each brings to the partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• To date, 183 community partners and 69 MCW academic partners have collaborated on funded projects.</td>
</tr>
<tr>
<td></td>
<td>• Nearly 100 percent of funded projects have reported successful collaborations resulting from their partnership.</td>
</tr>
<tr>
<td></td>
<td>• HWPP's funding priorities support Wisconsin's priorities as detailed in Healthiest Wisconsin 2010, the state health plan.</td>
</tr>
<tr>
<td></td>
<td>• The MCW Consortium collaborates regularly with the University of Wisconsin School of Medicine and Public Health on such matters as the Healthy Wisconsin Leadership Institute (HWLI), evaluation, technical assistance and partnership development.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prioritization</th>
<th>Geographic distribution of funds across Wisconsin maximizes impact to improve the health of the people of Wisconsin by implementing prioritization processes and projects that address the highest priorities identified by state and local needs assessments.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Thirty Wisconsin counties have been directly impacted by HWPP projects, and 11 projects have generated statewide impact.</td>
</tr>
<tr>
<td></td>
<td>• One hundred percent of impact projects and 94 percent of development projects have documented the development of innovative or evidenced-based practices resulting from their funded projects.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leveraging</th>
<th>HWPP encourages the leveraging of project funds by pooling existing resources and attracting additional dollars to provide sustainability.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• More than 88 percent of impact projects and nearly 70 percent of development projects report leveraged funds from federal, state, or local resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accountability</th>
<th>The MCW Consortium strives to insure public accountability for the use of the Funds and the impact of the programs on improved health. This includes both oversight responsibility and rigorous evaluation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The Consortium Board communicates with and welcomes input from the public.</td>
</tr>
<tr>
<td></td>
<td>• Nearly 80 percent of impact and development projects have disseminated information to the public via state, national and international conferences and presentations, and have garnered media attention for project and partnership successes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transformation</th>
<th>In order to enhance the health of Wisconsin communities, HWPP projects must aim to effect systemic change by emphasizing prevention, innovation, and capacity-building.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Ninety-five percent of all funded projects have reported such transformation.</td>
</tr>
</tbody>
</table>


**2008–2009 Funded Projects Key Findings**

The following samples of key findings represent projects that completed in the past year based on the same five Principles of Stewardship. Since the Principles of Stewardship are closely related, many of the highlights listed could apply to more than one area within the five principles.

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Prioritization</th>
</tr>
</thead>
</table>
| • A 16-member task force was convened, representing a broad range of Community Health Worker programs and experiences, taking into account geographic areas, populations served and prospective members’ professional roles. *(The Wisconsin Community Health Worker (CHW) Network – Development)*  
• The unique strength of this project was the multi-dimensional partnership represented by the two state medical schools, the Rural Health Development Council and six rural community partners. *(Strong Rural Communities Initiative – Impact)*  
• Working in some of Milwaukee’s lowest income areas where residents are at particular risk for unhealthy nutrition, lack of physical activity, overweight and obesity, this project worked with eight member agencies of United Neighborhood Centers of Milwaukee to change the Center’s food and fitness environments, programming and policy. *(Citywide Nutrition and Physical Activity for Urban Children and Families – Impact)*  
• Relationships were solidified with the American Legion, Vietnam Veterans of America and National Association for Black Veterans. *(Empowering Individuals to Improve Their Hypertension Control Through Peer Support – Impact)* | • A total of 839 surveys were distributed to three separate groups − child welfare and legal staff, medical providers and foster parents in order to focus project priorities. *(The Medically Fragile Foster Child - Improving Health Status Through Education and Community – Development)*  
• Although the project sought information from nurses across the state, an initial emphasis on Milwaukee and Southeastern Wisconsin is consistent with health assessment data that identifies this as an area of greatest need. *(School Nursing: The Tipping Point for Health for Vulnerable Families – Development)*  
• Quantitative data (surveys, physiological measures) were collected pre- and post-intervention on parents. *(Healthy Latino Families and Schools: Elementary School Students – Impact)*  
• This project identified health-related barriers to employment by analyzing data obtained from the Barriers Screening Tool (BST). BST is a survey instrument developed by Wisconsin’s Department of Workforce Development to identify barriers to employment among low income workers seeking assistance completed by survey respondents. *(Healthier Workforce 2009: Improving the Health & Employability of Welfare-to-Work Participants – Impact)* |
### Leveraging

- A partner took learnings from Strong Rural Communities Initiative to help another collaborative obtain a multi-million dollar grant from the Robert Wood Johnson Foundation for a number of purposes including examining models to enhance and incent local collaboratives leading to healthier communities. *(Strong Rural Communities Initiative – Impact)*
- Additional funds to support this initiative were leveraged from the Forest County Potawatomi Community Foundation ($20,000), United Way ($5,000), the Wisconsin Department of Health and Human Services and Blue Cross Blue Shield ($40,000). *(MilwaukeeCares – Impact)*
- Project partners received a grant in the amount of $25,000 from the Greater Milwaukee Foundation in support of the school-based curricular changes in the 5th-8th grades that is complementary to the HWPP grant. *(Healthy Latino Families and Schools: Elementary School Students – Impact)*
- The project received grant funding from 3M in the amount of $3,000 and the Local Implementation of the Wisconsin Nutrition and Physical Activity State Plan Grant in the amount of $29,000 to sustain the leadership and activities generated through this project. *(Healthier Cumberland – Impact)*
- FAM Allies partners were awarded additional grants to control childhood asthma in Milwaukee: $199,000 from Centers for Disease Control (CDC) to Milwaukee Public Schools for asthma education in 10 schools (and a total $1M through 2013 in 40 schools); $85,000 from CDC and the State of Wisconsin to Children’s Hospital and Health System for FAM Allies (and continued funding through 2014); $45,000 from AztraZeneca to Children’s Health Alliance of Wisconsin; and, $43,000 from GlaxoSmithKline to the Wisconsin Academy of Pediatrics Foundation for allergist outreach asthma education. *(Fight Asthma Milwaukee (FAM) Allies: Improving Access to Quality Asthma Care – Impact)*

### Accountability

- Project outcomes were held accountable to the Wellness Council of America standards, to the leaders of organizational members and to the Mayor of Milwaukee. *(Well City Milwaukee: Creating a Workable Plan to Evaluate a City-Wide Worksite Wellness Initiative – Development)*
- The partners developed a Steering Committee that met quarterly to monitor activities and determine how well the project was aligned with established objectives. A process evaluation occurred after each Steering Committee meeting as well as at 6- and 12-month intervals. *(The Great Lakes Environmental Health Project – Development)*
- State legislators invited FAM Allies, among others, to present with a panel on Closing the Gap on Asthma Disparities in Milwaukee. *(Fight Asthma Milwaukee (FAM) Allies: Improving Access to Quality Asthma Care – Impact)*
- An article about the project entitled, “Monitoring the Pressure - A Valuable Program,” appeared in the December 11, 2008, issue of the Veterans of Foreign Wars News, a statewide publication for all VFW members. *(Empowering Individuals to Improve Their Hypertension Control Through Peer Support – Impact)*
| Transformation | • The West Allis Health Department, following a Train-the-Trainer environmental health workshop, incorporated the educational materials and information into practice. *(The Great Lakes Environmental Health Project – Development)*  
• The MCW Primary Investigator was invited to serve on the Wisconsin Child Passenger Safety Advisory Board as a result of this project’s efforts to highlight the needs of central city children. *(Milwaukee Kids: Drive Me Safely - Drive for Health – Impact)*  
• School-based changes in the lunch program were implemented in the form of increased use of fresh fruits and vegetables when feasible. *(Healthy Latino Families and Schools: Elementary School Students – Impact)*  
• This partnership authored the Public School Wellness Policy which was adopted by the Cumberland School Board. Adoption of a school policy to address nutrition and physical activity issues provides a foundation and avenue for future school-based health promotion interventions. *(Healthier Cumberland – Impact)*  
• The coalition successfully advocated with others for the smoke-free workplace statute and reduced diesel bus idling at Milwaukee Public Schools. *(Fight Asthma Milwaukee (FAM) Allies: Improving Access to Quality Asthma Care – Impact)*  
• As a result of the referral processes developed for this project, Children’s Court in Milwaukee revised some of their referral processes with other agencies to better facilitate the process. *(Family Risk Reduction Intervention with Female Juvenile Delinquents – Impact)* |

Project summaries for completed and currently funded projects may be found on the AHW website at [www.mcw.edu/healthierwisconsin](http://www.mcw.edu/healthierwisconsin) in the Funded Projects Section.
Youth Violence Prevention Initiative

Purpose
The Youth Violence Prevention Initiative (VPI) is a community-based initiative that aims to: 1) decrease rates of violence in identified areas of Milwaukee and, possibly, other areas of Wisconsin, and 2) strengthen community capacity to prevent future violence. The initiative uses both a public health and asset-based model that focuses on community strengths. This approach emphasizes preventing violence before it occurs, making public health science integral to identifying effective policies and programs, and integrating the efforts of diverse scientific disciplines, local organizations, and communities. The initiative intends to complement, not replace, other Medical College partnerships and the many other excellent community violence prevention projects underway. By investing in a long-term initiative, collaborating with many people and groups, and addressing the complex problem of violence from a public health standpoint, the initiative seeks to decrease violence and prevent its increase in the future.

The VPI is an initiative of the MCW Consortium on Public and Community Health, funded by the Advancing a Healthier Wisconsin endowment. Through AHW’s public and community health component, the Consortium intends to commit up to $1.5M per year to the Violence Prevention Initiative through its public and community health component of the Advancing a Healthier Wisconsin for up to 10 years with a re-evaluation after the first five years. In addition, the Consortium will seek matching funds from local, state, public, and national funders for a total investment of $40-60M. HWPP competitive partnership funding will continue each year.

Development Phase
In July 2008, the Consortium launched an 18-month development process for the VPI to solicit community input and develop the implementation plan. Key accomplishments from the development phase include: creating VPI infrastructure; reviewing research literature; identifying successful local and national models; launching VPI community forums; conducting community and youth assessments to identify existing assets and programs; and, defining the VPI implementation model, principles, priorities and goals.

Steering Committee
The leadership for the VPI development phase is a 21-person Steering Committee comprised of the following 15 community and 6 academic partners (11 community members from diverse sectors, 4 youth, 3 MCW Consortium representatives, 3 MCW faculty) whose charge is to prepare the implementation proposal based on a public health and community asset model.

Anthony Acevedo, Riverside High School
Elaine Banton, Milwaukee Public Schools
Chaparis Blackmon, Marquette University
David Bowen, Urban Underground
Karen Brasel, MCW Department of Surgery
Douglas Campbell, MCW Senior Vice President and MCW Consortium Member
Richard Cox, Neighborhood House
Lindsey Draper, Office of Justice Assistance
Janet Fitch, New Moon Productions
Sheldon Fountain Jr., Washington High School
Stephen Hargarten, MCW Department of Emergency Medicine and the Injury Research Center

Tasha Jenkins, Fighting Back Milwaukee and MCW Consortium Member
Patricia Kirby, Milwaukee Public Schools
Ka Lovang, Hmong American Women’s Association
Cheryl Maurana, MCW Senior Associate Dean for Public and Community Health and MCW Consortium Member
Marlene Melzer-Lange, MCW Department of Pediatrics/Emergency Medicine
Carmen Ortiz, Legal Aid Society of Milwaukee
Terry Perry, Office of Violence Prevention for the City of Milwaukee
Carmen Pitre, Sojourner Family Peace Center
Marcus Tatum, Bryant and Stratton College
Hillary Wynn, St. Charles Youth and Family Services
**Funding Priorities**
Based upon a systematic review of the research literature, community asset mapping and extensive community consultation, the MCW Youth Violence Prevention Initiative identified three major priorities for its first five years:

1. Prevent and intervene early with youth 0-11 years of age;
2. Motivate and influence youth 12-17 years of age; and,
3. Educate, develop, catalyze and convene across all youth to build capacity for violence prevention with neighborhoods, schools and the broader community.

**Community and Youth Assessments**
In addition to the Steering Committee’s leadership, the priorities and goals reflected in the Implementation Plan result from the collective voices of several community and youth representatives. The VPI staff team conducted interviews with 18 high-risk youth, ages 14-25 and facilitated discussion with 6 focus groups (N=64), which helped to determine key youth violence prevention priority areas and strategies.

**Key Findings from Youth Interviews**

<table>
<thead>
<tr>
<th>What types of violence have youth experienced or witnessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bullying/harassment</td>
</tr>
<tr>
<td>• Street violence (gun violence, gang violence, fighting)</td>
</tr>
<tr>
<td>• Interpersonal violence (domestic, sexual, child abuse)</td>
</tr>
<tr>
<td>• Prejudice or discrimination</td>
</tr>
<tr>
<td>• Indirect violence against a sense of safety (commercial sex work, drug dealing)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where do youth feel safe?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• At home</td>
</tr>
<tr>
<td>• Home of trusted family members</td>
</tr>
<tr>
<td>• Teen/youth centers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where do youth feel unsafe?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outside in the streets or neighborhood</td>
</tr>
<tr>
<td>• Public places (e.g. parks)</td>
</tr>
<tr>
<td>• School</td>
</tr>
<tr>
<td>• Homes with abusive environments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Academic guidance programs, such as tutoring and reading programs for younger youth</td>
</tr>
<tr>
<td>• Recreational and educational programs</td>
</tr>
<tr>
<td>• Youth and peer leadership programs</td>
</tr>
<tr>
<td>• Anti-gang programs</td>
</tr>
<tr>
<td>• AODA prevention programs for youth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who should deliver youth programs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Older adult role models</td>
</tr>
<tr>
<td>• Community leaders who have experienced violence</td>
</tr>
<tr>
<td>• Adults with stable homes, jobs, and families</td>
</tr>
<tr>
<td>• Adults identified as community assets (pastors, youth workers)</td>
</tr>
<tr>
<td>• Peer role models</td>
</tr>
<tr>
<td>Violence Prevention Initiative (VPI) Development Phase Accomplishments</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Development Phase: April 2008– September 2009</strong></td>
</tr>
</tbody>
</table>

1. **Created VPI Infrastructure**
   - Established VPI Community Office and recruited faculty and administrative staff to support the VPI
   - Established website, newsletter, and listserves to increase communication across VPI stakeholders

2. **Developed VPI Steering Committee**
   - Established a 21-member Steering Committee with representation from academic and broader community to identify VPI priorities and develop an implementation plan

3. **Identified Successful Local, National and International Models**
   - Reviewed the academic literature, collected data on violence statistics, and compiled information on local and national violence prevention initiatives

4. **Launched VPI Community Events**
   - Hosted four community events to provide information on the VPI, report on progress, and solicit community input and participation in workgroups

5. **Conducted Community and Youth Assessments to Identify Existing Assets & Programs**
   - Conducted interviews with 62 community stakeholders to document existing efforts and identify agency collaboration and service area gaps
   - Mapped community assets and needs across six high-risk zip codes, including demographic and census data, parks, schools, churches, community providers, and social service agencies
   - Created and distributed Community Assessment Report with findings from the community interviews as well as mapping of zip code areas

6. **Convened Organizations to Encourage Exchange of Information**
   - Conducted 13 community education workshops on violence prevention
   - Hosted 40 community initiatives to help establish the VPI office as a community resource

7. **Defined VPI Focus, Principles, and Strategies**
   - Based on community stakeholder interview data and evidence from the literature, the VPI Steering Committee determined that the VPI will focus on:
     - People aged 0-11 yrs on primary prevention/intervention in school-based settings
     - Youth aged 12-17 yrs to influence/motivate in neighborhood-based settings
     - At-risk youth using a positive outcomes approach that will support successful transition into adulthood
     - Social settings and the broader community level that will emphasize community-capacity building
   - Identified guiding principles including: invest in prevention, address the root causes, adopt a learn-as-we go approach, emphasize coordinated action, intervene early, and work with the community

8. **Developed Implementation Plan**
   - Identified key program components for implementation plan
   - Determined timeline, budget, and leadership for action plan deliverables
The Medical College of Wisconsin (MCW) awards research and education project funding from the Advancing a Healthier Wisconsin (AHW) endowment to leverage academic expertise and assets to promote discoveries and educational opportunities that will translate into improvements in health status.

**Funding Priorities, Commitments and Guidelines**

*The 2009-2014 AHW Five-Year Plan, under which this document is guided, establishes the following funding priorities:*

**Research for a Healthier Tomorrow**

Funding is used to support both basic and clinical research initiatives in several key areas including: cancer, cardiovascular disease, neuroscience, infectious disease and immunology, kidney disease, and community and population health. Funds are also used to support the following platforms: genetics, imaging, stem cell biology and regenerative medicine, proteomics and structural biology, the clinical and translational science institute, and community and population health projects that emphasize and support the research priorities. The translation of biomedical research findings from the laboratory to the bedside is also critical to improving the health of the residents of Wisconsin. Strengthening clinical research collaborations and expanding patient access to new treatment protocols is included in the cardiovascular disease, cancer, neuroscience and genetics initiatives. Population health research addressing leading health risks and priorities in the Healthiest Wisconsin State Health Plan is included. MCW and the University of Wisconsin School of Medicine and Public Health continue to pursue a complementary approach to biomedical research exploring the leading causes of death in Wisconsin, emphasizing the strengths of each organization. This multi-faceted approach toward research guides investigations into the major causes of death and disability and leverages the assets and capabilities of both institutions and their collaborating research organizations.

**Educational Leadership for the Health of the Public**

Improvements in health are achieved not only through medical research but also through the training of public health and health care providers and educating the public on how to improve and maintain health. Lifelong learning will become a normal part of living as technology-based delivery of information becomes the rule, not the exception.

**Funding Cycle Overview (July 2008-June 2009)**

As a result of the assessment from previous funding cycles, areas of improvement were identified and incorporated into the 2008 funding cycle process. Several of the changes are highlighted in the *Key Findings and Assessment* section of this report on pages 34-37. The competitive review has been complemented by the Research and Education Initiative Funds.

MCW presented recommended research projects resulting from competitive review to the MCW Consortium at the February 2009 meeting. The MCW Consortium provided advisory funding recommendations to the MCW Board of Trustees. The projects include:

- Seven research proposals totaling $525,000 were approved by the MCW Board of Trustees on March 20, 2009.
- Four research and education proposals totaling $4.5M were advanced through the AHW Research and Education Initiative Fund. These proposals were presented publicly at MCW Consortium meetings, reviewed by the MCW Consortium, and approved by the MCW Board of Trustees prior to June 30, 2009.
  - A major three phase initiative totaling $1.4M specifically addresses education principles through the following components:
    - integration of basic and clinical sciences education;
    - early and sustained clinical experience; and,
    - individualization opportunities for students through the creation of new pathways (e.g., Urban and Community Health, Physician Scientist).
  - Three proposals totaling $3.1M specifically addressed priorities in research and include cancer and infectious disease.

Four research and education proposals totaling $4.5M were advanced through the AHW Research and Education Initiative Fund. These proposals were presented publicly at MCW Consortium meetings, reviewed by the MCW Consortium, and approved by the MCW Board of Trustees prior to June 30, 2009.

- A major three phase initiative totaling $1.4M specifically addresses education principles through the following components:
  - integration of basic and clinical sciences education;
  - early and sustained clinical experience; and,
  - individualization opportunities for students through the creation of new pathways (e.g., Urban and Community Health, Physician Scientist).
- Three proposals totaling $3.1M specifically addressed priorities in research and include cancer and infectious disease.
Detailed summaries of all projects funded by the Advancing a Healthier Wisconsin endowment through the Research and Education Competitive Fund processes and the Research and Education Initiative Funds between July 1, 2004 and June 30, 2009 are provided on the AHW website at www.mcw.edu/healthierwisconsin.

A timeline and process for the complete funding cycle of each fund of the Advancing a Healthier Wisconsin through Research and Education is found below.

Review Process for Competitive Funds Research Funding Cycle 2008-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>May</td>
<td>May 5: Issued RFP</td>
</tr>
<tr>
<td></td>
<td>September</td>
<td>September 19: Proposals received in the Advancing a Healthier Wisconsin Office</td>
</tr>
<tr>
<td></td>
<td>December</td>
<td>December: Review of proposals by Research Affairs and Clinical and Translational Research Committees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>December: Completed supplanting determinations</td>
</tr>
<tr>
<td></td>
<td>January</td>
<td>January: Research Affairs and Translational Research Committees advanced recommendations</td>
</tr>
<tr>
<td>2009</td>
<td>February</td>
<td>February 12: Research and Education Advisory Committee (REAC) review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>February 16: Dean review and final recommendations made</td>
</tr>
<tr>
<td></td>
<td></td>
<td>February 19: MCW Consortium for Public and Community Health review</td>
</tr>
<tr>
<td></td>
<td>April</td>
<td>April: Notification of funding awards</td>
</tr>
<tr>
<td></td>
<td>May</td>
<td>May 1: Projects began</td>
</tr>
</tbody>
</table>
Research and Education Initiative Funds

2008-2009 Review Process

The Research and Education Initiative Funds (REIF) support program development and strategic initiatives in areas consistent with both the AHW Five-Year Plan and MCW’s strategic plan. Funds will be allocated on a rolling basis as opportunities arise.

During this funding period, the Request for Proposal process was eliminated for the education component and funded its final cohort for the research component. To ensure a more coordinated and integrated approach toward investing in research and education priorities, AHW Research and Education funds are awarded through the REIF process.

The REIF funds support program development and strategic initiatives in areas consistent with both the AHW Five-Year Plan and MCW’s strategic plan. The Research and Education Initiative Funds focuses on fewer, larger awards aligned with MCW strengths and Wisconsin’s leading health priorities and increases opportunities for inter-institutional and community collaboration. Fund proposals are advanced for review on a rolling basis as opportunities arise.

Research and education initiatives will be evaluated based upon the compatibility with the areas of emphasis outlined in this Five-Year Plan and the criteria noted below:

- fit with the State Health Plan;
- fit with the Principles of Stewardship;
- significance;
- innovation;
- ability to leverage funding;
- scientific merit (applicable to research initiatives);
- sustainability (as applicable);
- non-supplanting with existing resources; and,
- conformance to organizational policies and procedures.

The REIF proposals are reviewed by the Research and Education Advisory Committee (REAC), the Budget Office, the MCW Consortium, and the MCW Board of Trustees. The REAC is comprised of the Dean, the Senior Vice President, the Senior Associate Dean for Academic Affairs, the Senior Associate Dean for Public and Community Health, the Senior Associate Dean for Research and additional faculty leaders as necessary. The REAC advises the Dean on AHW funding recommendations as well as fund administration policies and protocols. REIF proposals are also reviewed by the Budget Office for supplanting and adherence with budget guidelines. The MCW Consortium reviews and comments on REIF proposals prior to review by the MCW Board of Trustees.

MCW describes to the Consortium the education and research initiatives, the amount of financial support to be provided, supplanting, the objectives and milestones to be achieved and the timeline for the initiatives. The initiatives are discussed and comments of the Consortium are taken into consideration in the final funding determination. Some partnership proposals and education and research initiatives may share areas of emphasis defined by both the Consortium and MCW.

### AHW Research and Education Initiative Funds Process

<table>
<thead>
<tr>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support program development and strategic initiatives in areas consistent with both the AHW Five-Year Plan and MCW’s strategic plan. Funds will be allocated on a rolling basis as opportunities arise.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program development</td>
</tr>
<tr>
<td>Recruitment of faculty expertise in targeted areas of the AHW Five-Year Plan</td>
</tr>
<tr>
<td>Expansion of core laboratories, learning centers, and inter-departmental equipment</td>
</tr>
<tr>
<td>Collaborative projects (multi-investigator, multi-departmental, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application and review process (RFP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean discusses proposal concept with the principal investigator and invites the principal investigator to submit a proposal</td>
</tr>
<tr>
<td>Dean makes allocations on a rolling basis after consultation with the REAC</td>
</tr>
<tr>
<td>Dean requests advice and comment from Consortium and then makes the final decision with Board of Trustees approval</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately $4M to $7M annually</td>
</tr>
</tbody>
</table>
Funded Projects in Research and Education
2008-2009

During the period of July 1, 2008 through June 30, 2009, Research and Education Initiative Funds funded 11 projects for a total of $5.1M. Thirteen projects awarded during the first three funding cycles have concluded. Although funding for these 13 projects through the AHW endowment has ended, project activity may continue as researchers build on the knowledge gained from the projects. Project activities and progress from July 1, 2008-June 30, 2009 are reflected below. Some findings and highlights from these projects are noted on page 34 (Program Key Findings).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>15</td>
<td>23*</td>
<td>18</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Education</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Total Awards</td>
<td>20</td>
<td>31</td>
<td>29</td>
<td>31</td>
<td>11</td>
</tr>
<tr>
<td>Total Funding</td>
<td>$4.6M</td>
<td>$6.0M</td>
<td>$12.0M</td>
<td>$16.6M</td>
<td>$5.1M</td>
</tr>
</tbody>
</table>

$44.3M**

*Project from research component of AHW totaling $360K was rescinded in FY 2007-08
**Total funding has been adjusted for the approved budget reductions.

EDUCATIONAL LEADERSHIP FOR THE HEALTH OF THE PUBLIC

Advancing a Healthier Wisconsin through a New Model for Medical Student Education: Phase 1 of 3: Planning

Principal Investigator: Deborah Simpson, PhD, Office of Educational Services and Academic Affairs

Collaborators: Karen Marcdante, MD, Department of Pediatrics, Philip Redlich, MD, Department of Surgery

Research and Education Initiative Funds: $1,420,546 (2009-2010)

Focus Area(s): Master Clinician, Clinician Educator, Physician Scientist, Global Health

By June 2013, MCW will have a new medical student curriculum model with implementation of key instructional and performance-based assessment units. This curriculum will be responsive to the priorities in the Wisconsin State Health Plan through preparation of a sufficient and competent workforce to protect and promote the health of the people of Wisconsin. The curriculum will include an emphasis on:

- Prevention of death and disability;
- Health care disparities; and,
- Health risks and priorities (e.g., nutrition, communicable disease, high risk sexual behavior, intentional and unintentional injuries and violence, mental health and mental disorder, obesity, and tobacco use and exposure).
RESEARCH FOR A HEALTHIER TOMORROW

Chemokine Receptors as Novel Targets for Cancer Therapy
Principal Investigator: Sam T. Hwang, MD, PhD, Department of Dermatology
Collaborator(s): Michael Dwinell, Brian Volkman, Edit Olasz
Research and Education Initiative Funds: $1,303,130 (2009-2012)
Focus Area(s): Cancer

This project seeks to develop novel, potent CXCR4 antagonists in order to test the hypothesis that inhibition of CXCR4 (and other chemokine receptors) can either be effective by themselves for cancer therapy or synergize with known cancer therapies to improve existing treatment modalities without resulting in additional side effects.

Clinical Correlates of Deep Brain Stimulation
Principal Investigator: Christopher Butson, PhD, Department of Neurology
Collaborator(s): Department of Neurology, Division of Neuropsychology
Research and Education Initiative Funds: $75,000 (2009-2011)
Focus Area(s): Clinical and Translational Research

This project seeks to improve the health outcomes for Parkinson’s disease and other movement disorders affecting patients, by increasing the understanding of treatment side effects and developing new methods to treat DBS (deep brain stimulation) patients. This study has the potential to improve quality of life, reduce long-term treatment costs and prevent adverse neuropsychological outcomes.

Could an in vitro Spectrokinetic Prion-Copper Binding Assay Predict Neurodegenerative Disease?
Principal Investigator: Brian Bennett, PhD, Department of Biophysics
Research and Education Initiative Funds: $75,000 (2009-2011)
Focus Area(s): Neuroscience

This project seeks to develop an in vitro predictive test based on genetic screening for mutations in the prion gene for predisposed neurodegenerative diseases, including Parkinson’s, Wilson’s and Alzheimer’s diseases. Successful development of a predictive test will facilitate early intervention and advise life planning and genetic counseling for Wisconsin residents found to have a predilection towards these diseases.
**FMRI Abnormalities in Geriatric Depression, and Depressed and Non-Depressed MCI Elderly**  
**Principal Investigator:** Joseph Goveas, MD, Department of Psychiatry and Behavioral Medicine  
**Collaborator(s):** Department of Biophysics  
**Research and Education Initiative Funds:** $75,000 (2009-2011)  
**Focus Area(s):** Clinical and Translational Research

This project seeks to identify and target prevention and treatment interventions to persons at highest risk for developing Alzheimer's disease (AD). Individuals with Mild Cognitive Impairment (MCI) and geriatric depression are at increased risk of developing AD, further suggesting depression in MCI as a marker of disease severity.

---

**Forward Genetic Analysis of Glaucoma-related Phenotypes in Zebrafish**  
**Principal Investigator:** Brian Link, PhD, Department of Cell Biology, Neurobiology & Anatomy  
**Collaborator(s):** Department of Pediatrics, Division of Genetics  
**Research and Education Initiative Funds:** $75,000 (2009-2011)  
**Focus Area(s):** Genetics

This project develops a genetic screen in zebrafish that will identify genes that render individuals susceptible to glaucoma. With early detection, blindness by glaucoma can be prevented in a majority of cases.

---

**Gene Expression in HS Rats to Identify Novel Genes and Pathways Involved in Glucose Regulation**  
**Principal Investigator:** Leah Solberg-Woods, PhD, Department of Pediatrics-HMGC  
**Collaborator(s):** UW-Madison/Department of Biostatistics  
**Research and Education Initiative Funds:** $75,000 (2009-2011)  
**Focus Area(s):** Genetics

This project uses heterogeneous stock (HS) rats, a unique genetic resource, to identify novel genes and pathways that play a role in the development of Type 2 diabetes (T2D). Understanding the genetic and molecular mechanisms involved in regulating blood glucose will enhance drug discovery and lead to better treatment and care for those affected with T2D.

---

**Immunoregulatory Function of the HTLV-2 Tax Protein**  
**Principal Investigator:** Mark Beilke, MD, Department of Medicine  
**Collaborator(s):** Department of Microbiology and Molecular Genetics  
**Research and Education Initiative Funds:** $75,000 (2009-2011)  
**Focus Area(s):** Clinical and Translational Research, Cancer, Genetics, Population Health

Project investigators will test the hypothesis that HIV-1 infected individuals, frequently co-infected with the human T cell leukemia virus type 2 (HTLV-2), receive a survival benefit from this co-infection. The regulatory gene product of HTLV-2, known as Tax2, functions as an immunomodulator of host gene expression leading to the observed survival benefit, including a delayed progression to AIDS.
Pancreatic Cancer Research Program
Principal Investigator: Douglas B. Evans, MD, Department of Surgery
Research and Education Initiative Funds: $1,000,000 (2009-2012)
Focus Area(s): Cancer

This project seeks to create a novel clinical trial of personalized therapy for patients with Stage I and II pancreatic adenocarcinoma. With an understanding of the molecular biology of the tumor and the genotype of the patient, the selected treatment should be more successful.

Program Development Support for Vera Tarakanova, PhD
Principal Investigator: Vera Tarakanova, PhD, Department of Microbiology and Molecular Genetics
Collaborator(s): Paula Traktman, PhD, Department of Microbiology and Molecular Genetics
Research and Education Initiative Funds: $834,525 (2008-2011)
Focus Area(s): Cancer, Infectious Disease

Funds from this project were used to recruit Dr. Vera Tarakanova by the Department of Microbiology and Molecular Genetics and the Cancer Center. Dr. Tarakanova, who began her work at MCW in 2008, will enhance MCW’s program in molecular oncogenesis, and in particular, address how viruses contribute to the development of cancer. This is an area of significant importance to public health, since viruses are known to be the direct cause of a variety of human cancers, such as cervical cancer and certain lymphomas, and are now thought to contribute to the development of a broader array of cancers.

Vascular Endothelial Redox Stress Mediated by Acrolein
Principal Investigator: Charles Myers, PhD, Department of Pharmacology & Toxicology
Collaborator(s): Department of Pharmacology & Toxicology
Research and Education Initiative Funds: $75,000 (2009-2011)
Focus Area(s): Cardiovascular Disease

This project seeks to understand the effects of endothelial cell (EC) dysfunction on diverse cardiovascular diseases including atherosclerosis, a disease affecting arterial blood vessels.

Information regarding project accomplishments can be found on the AHW website at www.mcw.edu/healthierwisconsin.
The impact of Research for a Healthier Tomorrow and Educational Leadership for the Health of the Public projects funded by the Advancing a Healthier Wisconsin endowment will be realized in future years through the availability of new and more effective prevention and treatment protocols aimed at major causes of death and disability. Equally as important are education projects aimed at enhancing the effectiveness of medical and public health professionals who serve the residents of Wisconsin.

Results of research and education initiatives can transform the traditional health care delivery system and statewide public health capacity as new knowledge and core competencies are transferred to the health professional workforce, and the latest medical breakthroughs are integrated into community practice.

The evaluation framework for AHW is comprised of two components: (1) Program key findings, and (2) Project key findings. These components are informed by a commitment to continuous quality improvement.

- **Program Key Findings:** This component includes assessing projects for fit with the overall AHW Five-Year Plan and its research and education priorities, and the AHW Principles of Stewardship.

- **Project Key Findings:** As projects are completed, AHW evaluates project outcomes, dissemination of research findings through publications, additional funding leveraged, scientific awards and enhancement of public health and medical leadership. All funded projects are required to provide annual progress reports on funded project activities. A summary of project progress reports are presented to the Wisconsin United for Health Foundation as part of the annual reporting process and also made available to the public via the website.
PROGRAM: KEY FINDINGS

The framework and priorities for Advancing a Healthier Wisconsin through Research and Education are guided by the Principles of Stewardship which include: collaboration, prioritization, leverage, accountability and transformation.

<table>
<thead>
<tr>
<th>AT A GLANCE—KEY PROGRAM FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaboration</strong></td>
</tr>
<tr>
<td>New and innovative collaborations have been developed as a result of the AHW Research and Education Funds.</td>
</tr>
<tr>
<td>♦ More than 74 percent of active projects report collaborators on funded projects.</td>
</tr>
<tr>
<td>♦ Projects reflect 140 inter-departmental, multi-disciplinary partnerships.</td>
</tr>
<tr>
<td>♦ Approximately 341 individual collaborators are identified including partnerships with other academic institutions, industry, community representatives, health care agencies and research centers.</td>
</tr>
</tbody>
</table>

| **Prioritization**               |
| Projects aim to maximize the impact on the health of the people of Wisconsin by deliberately focusing on diseases and conditions that most affect people's health, longevity, and quality of life. |
| ♦ All active projects have leveraged MCW strengths in areas of research, faculty expertise, inter-institutional and industry alliances and state-of-the-art facilities. Examples include: |
| ❖ Center for Biopreparedness and Infectious Disease |
| ❖ Clinical and Translational Research Institute |
| ❖ MPH and PhD Program in Public and Community Health |
| ❖ Healthy Wisconsin Leadership Institute |

| **Leverage**                     |
| The program works to leverage funds by pooling existing resources, attracting additional dollars and encouraging sustainability for projects. The program recognizes the leveraging of MCW faculty expertise to benefit the health of Wisconsin residents. |
| ♦ Thirty projects in research and education have leveraged the assets of MCW and/or secured additional funding of more than $65.6M through National Institutes for Health (NIH), American Heart Association (AHA), National Heart, Lung and Blood Institute (NHLBI), matched funds, foundations, and several other funding sources. |

| **Accountability**               |
| AHW through Research and Education is committed to ensuring accountability for the use of the funds. This includes both oversight responsibility and rigorous evaluation. |
| ♦ Currently funds from all projects are highly accounted for through a continuous reporting process. Progress reports are required throughout the duration of the project. The collaborations resulting from the funded projects have allowed for the expansion of additional research on campus, across disciplines, leading to innovation and greater overall impact on the patient's future health. It has also led to pooling of different types of resources. Results of funded projects are reviewed and analyzed for satisfaction and quality improvement to expand the accessibility and level of knowledge that can be afforded to all. |
MCW investigators work to effect change by emphasizing prevention, capacity-building and expanding MCW’s focus on the health of the public and encouraging innovation. AHW funding will enhance the health of our community through research, education, and service, locally, statewide and, indirectly, nationally and internationally.

- The investment in research and education has led to increased understanding, prevention, diagnosis and treatment of human disease and has allowed for innovations in medical education through:
  - the development of phase one of a New Model for Medical Student Education;
  - the creation of the Healthy Wisconsin Leadership Institute;
  - the development of a new PhD in Public and Community Health; and,
  - the development of new knowledge and collaborations.

- Additionally, the investment in research and education provides the necessary infrastructure for multi-disciplinary, interdisciplinary, clinical and translational research programs and has cultivated an environment that fosters continuous improvement, organizational renewal and exceptional service to members of the community.

- The education of health professionals is also a continually transforming, dynamic process. New programs are offered, while others are revised to respond to the ever-changing challenges in health care. Educational programs must constantly evolve to assure the transfer of new knowledge into the health professional workforce.

- The translation of biomedical research findings from the laboratory to the bedside is critical to improving the health of the residents of the state of Wisconsin. Investments in translational research support the conversion of scientific discoveries from laboratories into practical medical advances for the patients and communities who need them most.

- The goal is to move from the current unidirectional approach of translational research that often stops at the bedside, to an engaged partnership approach that moves from bench and bedside to the community and back. The approach is guided by the recognition that community engagement must be integrated into the work in education, research, clinical care and community programs in order to have the greatest impact on health.
## PROJECTS: KEY FINDINGS

### AT A GLANCE—KEY PROJECT FINDINGS

#### Educational Leadership for the Health of the Public

- Approximately $2M was committed for 3 projects to strengthen faculty and curriculum development, create stronger collaborations with the community, and enhance the relationship between patients and their health care providers.

- Over $1.4M has been committed to one project to develop curriculum that will address prevention of death and disability, health care disparities, and health risks and priorities.

- Over $3.4M was committed for 20 projects to support training experiences and rapid advancement in new technology and scientific discoveries.

- More than $1.3M was committed for 3 projects that address public health professional leadership.

- More than $3.8M was committed for 4 projects to develop a doctoral degree program in Public and Community Health and expand the Master of Public Health degree program.

- Approximately $.2M was committed for one project to support and train emergency physicians which could affect thousands of local patients who receive care in Emergency Departments.

- More than $1.6M was committed for 11 projects to improve skills, knowledge and attitudes in residents and to explore innovations in education.

#### Research for a Healthier Tomorrow

- More than $3.1M was committed for 3 projects to create a critical mass of scientists in specialized areas of cancer research and advance investigations in cancer prevention, identification, and treatment.

- Approximately $.2M was committed to 3 projects in clinical and translational science.

- Over $3.3M was committed for 12 active projects to advance investigations into cardiovascular disease.

- Approximately $3.2M was committed for 9 projects to advance investigations in genetics.

- More than $.5M was committed for 4 projects to advance investigations in brain injuries, Alzheimer’s, Parkinson’s, epilepsy, and stroke.

- Approximately $4.5M was committed for 5 projects to support improvements in community health.

- Over $10.1M was committed for 19 projects supporting collaborations between clinical and basic investigators to increase advances in patient care.

- Projects with a focus on clinical and translational research have resulted in more than 12 inter-departmental collaborations among approximately 36 MCW faculty. This research has also facilitated inter-institutional collaborations including: Blood Research Center of Wisconsin, Marquette University, UW-Madison School of Medicine and Public Health and UW-Milwaukee.

- Individual investigators were trained in the culture and manipulation of human embryonic stem cells.
**Investment Summary**

The Advancing a Healthier Wisconsin funds are invested with the Medical College of Wisconsin Endowment Funds using a diversified asset allocation strategy that includes marketable debt and equity securities, bond and equity mutual funds, commingled bond and equity funds, and other equity securities. The investment goal for the Advancing a Healthier Wisconsin funds, as approved by the Medical College of Wisconsin Board of Trustees, is to preserve the purchasing power of its investment, while providing a level of investment return and liquidity that funds its purposes within a reasonable and prudent level of risk. The Medical College of Wisconsin has a long-term investment objective for the endowment assets to earn on average a real (inflation adjusted) annual rate of return and to provide a return for appropriation of not less than the total annual appropriation rate under the endowment fund spending policy.

All Endowment Funds, including the Advancing a Healthier Wisconsin funds, are invested in a unitized pool. Pooling of funds allows an individual participating fund to benefit from diversification and economies of scale in the investment process. Income is also unitized and allocated based on relative value on the first of the month. Realized capital gains are reinvested in the pool. The identity of each fund participating in the Endowment Fund pool is fully preserved, and each fund’s share in the income and gains and losses of the pool is separately tracked. The Medical College of Wisconsin has retained Marshall & Ilsley Trust Company to maintain the unitized accounting for the Endowment Funds, including the Advancing a Healthier Wisconsin funds.

The Advancing a Healthier Wisconsin funds are segregated within the Endowment Fund. With respect to the 35% allocation of the funds for the Healthier Wisconsin Partnership Program and the 65% allocation of the funds for the Research for a Healthier Tomorrow and Educational Leadership for the Health of the Public programs, separate accounts for the endowed funds and the spendable income funds available for current and future program distribution are maintained.

Distributions are based on the MCW Endowment Fund Spending Policy. Investment earnings that are not distributed are temporarily restricted under the terms of the Grant Agreement.

The Advancing a Healthier Wisconsin funds are considered one endowment with different donor designations for specific portions of the funds. As of June 30, 2009 and 2008, the portion of the endowment designated by the grant agreement to be held in perpetuity was below the fair value of the original gift by $31,285,000 and $0, respectively. The deficiency as of June 30, 2009 resulted from unfavorable market fluctuations and is offset by the accumulation of unappropriated income from those funds.

The grant agreement placed a temporary restriction on $50,000,000 of the funds for the initial planning and implementation of programs (defined in the grant agreement as immediate funds) and a permanent restriction on the balance of the funds. After five years, any unexpended balance of the immediate funds was to be added to the endowed funds. In accordance with this provision, approximately $113,000 of the Research for a Healthier Tomorrow and Educational Leadership for the Health of the Public remaining immediate funds were transferred to permanently restricted net assets in fiscal year 2009. The transfer from temporarily restricted net assets to permanently restricted net assets was recorded as a donor redesignation of a contribution. The immediate funds for the Healthier Wisconsin Partnership Program were fully expended as of June 30, 2008. The immediate funds distributed all investment earnings to the spendable income funds.

**Financial Statements**

A financial audit of The Medical College of Wisconsin, Inc. Advancing a Healthier Wisconsin Program was conducted by an external audit firm for the fiscal years ending June 30, 2009 and 2008. The following pages reflect the financial position for the fiscal years ended June 30, 2009 and 2008 and the activities and changes in net assets for the fiscal year ended June 30, 2009.
### Advancing a Healthier Wisconsin

#### Statement of Financial Position

**As of June 30, 2009 and 2008**

(in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments, at fair value:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spendable income funds</td>
<td>$42,135</td>
<td>$55,096</td>
</tr>
<tr>
<td>Immediate funds</td>
<td>-</td>
<td>6,066</td>
</tr>
<tr>
<td>Endowed funds</td>
<td>257,291</td>
<td>322,181</td>
</tr>
<tr>
<td>Total investments</td>
<td>299,426</td>
<td>383,343</td>
</tr>
<tr>
<td>Collateral held under securities lending agreement</td>
<td>-</td>
<td>20,934</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$299,426</td>
<td>$404,277</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
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<tbody>
<tr>
<td><strong>Liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payable under securities lending agreement</td>
<td>-</td>
<td>$21,404</td>
</tr>
<tr>
<td>Due to The Medical College of Wisconsin, Inc.</td>
<td>1,747</td>
<td>714</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>1,747</td>
<td>22,118</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>$8,990</td>
<td>$93,583</td>
</tr>
<tr>
<td>Permanently Restricted</td>
<td>288,689</td>
<td>288,576</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>297,679</td>
<td>382,159</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$299,426</td>
<td>$404,277</td>
</tr>
</tbody>
</table>
Advancing a Healthier Wisconsin
Statements of Activities and Changes in Net Assets
For the Fiscal Year Ended June 30, 2009
(in thousands)

<table>
<thead>
<tr>
<th>Changes in unrestricted net assets:</th>
<th>Healthier Wisconsin Partnership Program</th>
<th>Research for a Healthier Tomorrow and Educational Leadership for the Health of the Public</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty salaries</td>
<td>$773</td>
<td>$2,310</td>
<td>$3,083</td>
</tr>
<tr>
<td>Staff salaries</td>
<td>897</td>
<td>1,499</td>
<td>2,396</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>508</td>
<td>1,119</td>
<td>1,627</td>
</tr>
<tr>
<td>Supplies, service, and other</td>
<td>447</td>
<td>1,583</td>
<td>2,030</td>
</tr>
<tr>
<td>Subcontracts</td>
<td>4,412</td>
<td>139</td>
<td>4,551</td>
</tr>
<tr>
<td>Equipment</td>
<td>28</td>
<td>447</td>
<td>475</td>
</tr>
<tr>
<td>Total expenditures</td>
<td>7,065</td>
<td>7,097</td>
<td>14,162</td>
</tr>
<tr>
<td>Net assets released from restriction</td>
<td>(7,065)</td>
<td>(7,097)</td>
<td>(14,162)</td>
</tr>
<tr>
<td>Increase in unrestricted net assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Changes in temporarily restricted net assets: | | | |
| Contribution redesignated by donor | - | (113) | (113) |
| Investment income                  | 2,883 | 5,562 | 8,445 |
| Realized losses on investments and collateral held under securities lending agreement | (11,054) | (21,524) | (32,578) |
| Unrealized losses on investments and collateral held under securities lending agreement | (16,140) | (30,045) | (46,185) |
| Net assets released from restrictions | (7,065) | (7,097) | (14,162) |
| Decrease in temporarily restricted net assets | (31,376) | (53,217) | (84,593) |

| Changes in permanently restricted net assets: | | |
| Contribution redesignated by donor | - | 113 | 113 |
| Increase in permanently restricted net assets | - | 113 | 113 |
| Net assets, beginning of year: | $131,552 | $250,607 | $382,159 |
| Net assets, end of year: | $100,176 | $197,503 | $297,679 |
The MCW Consortium on Public and Community Health authorized the following changes in outstanding commitments for the Advancing a Healthier Wisconsin program (in thousands):

<table>
<thead>
<tr>
<th>COMMITMENTS:</th>
<th>Healthier Wisconsin Partnership Program</th>
<th>Research for a Healthier Tomorrow and Educational Leadership for the Health of the Public</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inception to June 30, 2008:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorized funding</td>
<td>$28,863</td>
<td>$46,282</td>
<td>$75,145</td>
</tr>
<tr>
<td>Expenditures</td>
<td>(11,089)</td>
<td>(14,114)</td>
<td>(25,203)</td>
</tr>
<tr>
<td>Unused funds released from commitment</td>
<td>(1,032)</td>
<td>(2,069)</td>
<td>(3,101)</td>
</tr>
<tr>
<td><strong>Outstanding commitments, June 30, 2008</strong></td>
<td>$16,742</td>
<td>$30,099</td>
<td>$46,841</td>
</tr>
<tr>
<td><strong>July 1, 2008 - June 30, 2009:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorized funding</td>
<td>1,600</td>
<td>5,083</td>
<td>6,683</td>
</tr>
<tr>
<td>Budget reductions*</td>
<td>(2,334)</td>
<td>(5,231)</td>
<td>(7,565)</td>
</tr>
<tr>
<td>Expenditures</td>
<td>(7,065)</td>
<td>(7,097)</td>
<td>(14,162)</td>
</tr>
<tr>
<td>Unused funds released from commitment</td>
<td>(379)</td>
<td>(710)</td>
<td>(1,089)</td>
</tr>
<tr>
<td><strong>Outstanding commitments, June 30, 2009</strong></td>
<td>$8,564</td>
<td>$22,144</td>
<td>$30,708</td>
</tr>
</tbody>
</table>

These outstanding commitments will be funded on a reimbursement basis and recognized as expenditures after the amounts have been expended by the Medical College of Wisconsin and the community partners.

*Due to the downturn in the investment market, the Medical College of Wisconsin Board of Trustees approved reducing funding commitments of existing awards by approximately 10% to 30%.
National Merit Reviewers

National merit reviewers, individuals who reside outside Wisconsin, are selected on the basis of their expertise in public and community health as well as community-academic partnerships. Merit reviewers are a diverse set of community and academic leaders, all having distinguished experience in health promotion and disease prevention as well as experience with conducting reviews. Merit reviewers for the Healthier Wisconsin Partnership Program typically serve 3-year terms. In order to ensure continuity among reviewers and to ensure that a minority of reviewers are rotating off at one time, reviewers were invited to serve staggered terms of one to three years.

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Associate Professor of Surgery
Associate Professor ofPediatrics
Vanderbilt University School of Medicine
Nashville, TN

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Assistant Director
Rocky Mountain Prevention Research Center
University of Colorado Denver
Boulder, CO

**BILL BENET**
Director
Greater Rochester Area Community/University Partnership Project
Rochester, NY

**BENETA D. BURT, MPPA**
Chairperson
Roadmap to Health Equity Community Steering Committee
Jackson Medical Mall Foundation
Jackson, MS

**ALBERTO CARDELLE, BS, MPH, PHD**
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Associate Professor of Health Studies
East Stroudsburg University
East Stroudsburg, PA

**CHUCK CONNER**
Site Coordinator
West Virginia Rural Health Education Partnerships
Spencer, WV

**MAGDA DE LA TORRE, RDH, MPH**
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Assistant Professor
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**SUSAN ANN GUST**
Co-Coordinator
GRASS Routes
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**MARION KAVANAUGH-LYNCH, MD, MPH**
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**DANIEL F. KORIN, MD, FAAP**
Lutheran Family Health
Bronx, NY

**ALICE PARK**
Urban Indian Health Institute
Seattle Indian Health Board
Seattle, WA

**LOLA SABLAN SANTOS**
Executive Director
Guam Communications Network
Long Beach, CA
Open Meetings and Public Record Laws Statement

The MCW Consortium on Public and Community Health, Inc. conducts its operations and processes in accordance with the State of Wisconsin’s Open Meetings and Public Records laws. Meetings of the MCW Consortium are open to the public, in accordance with the law. Agendas, minutes and documents approved by the MCW Consortium are posted online at www.mcw.edu/healthierwisconsin.

Diversity Statement

The Advancing a Healthier Wisconsin endowment fund and the MCW Consortium are subject to, comply with and affirm the Equal Employment Opportunity and Affirmative Action policy of the Medical College of Wisconsin. The MCW Consortium is committed to optimizing the talents of people of different backgrounds, experiences and perspectives as a means of improving the health of the residents of Wisconsin. The AHW endowment will continue to be equally accessible to all qualified persons without regard to their race, religion, color, age, disability, sex, national origin, sexual orientation, marital status, membership in the military reserves, creed, ancestry and arrest or conviction record. This policy represents the AHW endowment and MCW’s commitment to nondiscriminatory practices and affirms its value for fair treatment of all qualified applicants and employees.
Thank you for reading the 2008-2009 Annual Report for Advancing a Healthier Wisconsin.

Documents referred to in this Annual Report can be found on the Advancing a Healthier Wisconsin website:
www.mcw.edu/healthierwisconsin

Any questions or comments regarding this Annual Report may be directed to Advancing a Healthier Wisconsin by calling (414) 456-4350 or e-mailing healthierwisconsin@mcw.edu.

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