MEDICAL COLLEGE OF WISCONSIN
ADVANCING A HEALTHIER WISCONSIN

Annual Report
For the period ended June 30, 2010
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INTRODUCTION

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

This report reflects 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 dated 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, 2009 through June 30, 2010. The MCW Consortium appreciates this opportunity to report on the past year of activities funded by the AHW endowment focused on making Wisconsin a healthier state.

EXECUTIVE SUMMARY

MCW and its Consortium Board remain committed to the ideals and goals identified in the AHW 2009-14 Five-Year Plan as well as by the Framework for the funds. In addition, the MCW Consortium continues to be guided by the Principles of Stewardship that provide a foundation and framework for stewardship. Adherence to this set of core values ensures that funds are allocated effectively and that funded projects continue to make gains towards improving the health of the people of Wisconsin.

From July 2004 through June 2010, the Medical College of Wisconsin’s Advancing a Healthier Wisconsin program (AHW) and its Consortium Board committed funds totaling more than $85.5M for 240 projects to improve the public’s health throughout Wisconsin.

From July 1, 2009, through June 30, 2010, Research for a Healthier Tomorrow awarded $4.2M to 3 projects and Educational Leadership for the Health of the Public awarded $4.7M to 2 projects. Due to the decline in the asset value of the endowment no new community-academic partnership projects were awarded funding. The MCW Consortium did continue its support of the Violence Prevention Initiative and committed up to $8.2M to an expanded partnership.

Healthier Wisconsin Partnership Project (HWPP): The goal of HWPP 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. During the current reporting period six development and fifteen impact projects concluded. This report presents highlights from those projects and full summaries are available online. No new projects were awarded funding during this period due to the decline in the endowment. However, since the conclusion of the current reporting period, $2.8M has been awarded to three development and three impact projects.

Violence Prevention Initiative (VPI): VPI is a community-based initiative that aims to: 1) decrease rates of violence in identified areas of Milwaukee, and 2) strengthen community capacity to prevent future violence. VPI’s initial development phase concluded during this reporting period which engaged the community to define the initiative’s focus, principles and strategies. This strategic planning led to the kick-off of the implementation phase of the initiative in which $8.2M has been committed over a five-year period.

Research for a Healthier Tomorrow and Educational Leadership for the Health of the Public: 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 for Research for a Healthier Tomorrow 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.

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 through the Educational Leadership for the Health of the Public. Lifelong learning will become a normal part of living, as technology-based delivery of information becomes the rule, not the exception.

**Advancing a Healthier Wisconsin Endowment:** The AHW 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, and accrued interest and dividends thereon and are reported at fair value.

### AHW OVERVIEW

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

- Healthier Wisconsin Partnership Program (HWPP) supports community-MCW academic 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 addresses the leading causes of death and disability in Wisconsin through the development of focused interdisciplinary research programs.
- Educational Leadership for the Health of the Public supports innovative programs that enhance the education of patients, public health professionals, health providers, residents, fellows, and medical and graduate students.

The MCW Consortium recognizes that all three components are necessary to improve the health of the people of Wisconsin.

AHW dedicates 35 percent of funds for HWPP and 65 percent of funds for research and education initiatives. The AHW funding 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 October 15, 2009, the MCW Consortium unanimously approved maintaining the 65% Research and Education and 35% HWPP distribution.

### Ideals and Goals

MCW and its Consortium Board are committed to the following ideals and goals, as identified in the AHW 2009-14 Five-Year Plan and continue to strive to achieve each:

**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 of 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
- Building understanding of effective community-MCW academic partnership
- Documenting the results of funding community-MCW academic partnerships that address community health improvement
- Documenting the results of research and education initiatives
- 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

**Framework**

**Three Complementary Components**

The MCW Consortium recognizes that all three components are necessary to improve the health of the people of Wisconsin. The following chart represents cumulative funding commitments through June 30, 2010 and the framework under which the endowment operates.

### Principles of Stewardship

- Collaboration
- Prioritization
- Leverage
- Accountability
- Transformation
- Building Academic and Community Strengths
- New Knowledge

### Inclusive Process

- Health Plans (local, state and national)
- Public Participation
- MCW Consortium on Public & Community Health

### Three Complementary Components

<table>
<thead>
<tr>
<th>Educational Leadership for the Health of the Public</th>
<th>Healthier Wisconsin Partnership Program</th>
<th>Research for a Healthier Tomorrow</th>
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<tbody>
<tr>
<td>34 Projects</td>
<td>112 Projects</td>
<td>94 Projects</td>
</tr>
<tr>
<td>$14.5M</td>
<td>$31.7M</td>
<td>$39.3M</td>
</tr>
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Education and training to enhance the capacity of:
- Public Health Professionals
- Health Providers, Patients and Consumers
- MPH Expansion
- PhD in Public and Community Health
- Medical, graduate and resident education

Through community-academic partnerships:
- Address leading health risks and priorities
- Focus on specific populations
- Prevent causes of death and disability
- Build capacity and enhance systems
- Violence Prevention Initiative

Through basic, clinical, applied and translational research, address leading causes of death and disability including:
- Cardiovascular Disease
- Cancer
- Neuroscience
- Genetics
- Population Health
- Clinical and Translational
- Research
- Imaging, Biotechnology & Bioinformatics

**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 as of June 30, 2010. Figures represent budget reductions.*
AHW OVERVIEW

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.

Paula A. Lucey, RN, MSN
Chair
Executive Director Willowglen Academy-Wisconsin, Inc.
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 was a past Director of Milwaukee County Health and Human Services.

Peggy Hintzman, MBA
Vice Chair (through October 2009)
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
(through June 2010)
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 the 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 been providing fiscal oversight and management at MCW for 18 years.

Terry Brandenburg, MPA, MBA
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.

Tasha Jenkins
(through June 2010)
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.

Elizabeth “Lieske” Giese, RN, MSPH
(starting November 2009)
Western Regional Office Director, Division of Public Health
For more than 20 years, Ms. Giese has worked to improve public health through education and training, research, assessment and service. She has worked on behalf of health with the private sector, local public health, education, and currently state public health.

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 Dept. 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 Wisconsin’s only private medical school.

MCW Staff:
Syed M. Ahmed, MD, MPH, DrPH
Associate Dean for Public and Community Health
Professor, Dept. of Family and Community Medicine, Institute for Health and Society
Director, Healthier Wisconsin Partnership Program, Medical College of Wisconsin
Dr. Ahmed has provided leadership for improving the health of Wisconsin communities and is nationally known for advancing community engagement in research.
Principles of Stewardship

The MCW Consortium established a set of guiding principles to support AHW initiatives that strive to improve the health of the people of Wisconsin. These principles are designed to provide a foundation and framework for stewardship and include:

**Collaboration:** Supporting effective collaboration between community and Medical College of Wisconsin 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 disease 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. Identifying initiatives that will enhance the health of our community through research, education, and service, locally, statewide and, indirectly, nationally and internationally.

**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.

The vision of the Healthier Wisconsin Partnership Program (HWPP) 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 AHW 2009-2014 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.

**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.

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.
Funding Priorities

HWPP is grounded by three core components: Health Improvement Priorities, Community-MCW Academic Partnerships and the HWPP Program Evaluation Model. Together, these components outline the rationale for and the value of partnership activities and the outcomes that these activities are intended to achieve. Alignment with the HWPP core components ensures that funded projects are consistent with HWPP’s overall vision and intended outcomes.

Health Improvement Priorities

Building capacity and strengthening systems to transform health improvements

The transformation of health improvement efforts is sought in three ways:

- community health improvement processes
- sufficient and competent workforce
- public health leadership and policy

Causes of death and disability

Projects should focus on effective research and intervention methods of preventing major causes of death and disability that will result in a significant, positive impact on the health of Wisconsin residents:

- cardiovascular disease
- cancer
- stroke
- intentional and unintentional injuries
- asthma
- other

Populations affected

Projects should deliberately focus efforts to reduce health disparities or build on strengths in order to maximize impact in the following specific populations:

- children and adolescents
- disabled
- men
- racial and ethnic populations
- rural
- seniors
- uninsured
- urban
- women

Health Risks

It is well documented that addressing health risks is a key component of improving both individual and community health. Projects should address one or more of the eleven health risks as outlined in Healthiest Wisconsin 2010:

- access to primary and preventive health services
- adequate and appropriate nutrition
- alcohol and other substance use and addiction
- communicable diseases, existing, emerging and re-emerging
- environmental and occupational health hazards
- high risk sexual behavior
- intentional and unintentional injuries and violence
- mental health and mental disorders
- overweight, obesity and lack of physical activity
- social and economic factors that influence health
- tobacco use and exposure
Community-Academic Partnership Model

The partnership requirement is based on the premise that community-academic partnerships will capitalize on the strengths and unique skills of both community-based organizations and the faculty, staff and students at MCW in order to address a community priority.

Understanding the Environment for Partnerships

HWPP projects should provide clear evidence of an understanding of the environment for partnerships. Assessing and responding to the distinct environments within which partners operate while creating a mutually acceptable partnership environment is critical to the formation of successful partnerships, including:

- Respect for the past
- Knowledge of the needs and barriers
- Importance of broad-based support
- Commitment from leadership
- Understanding of both individual attitudes and organizational structures
- Awareness of the economics of the situation
- Role of ongoing evaluation and feedback
- Need for tangible returns on investment

Commitment to Partnership Principles

HWPP projects should provide clear commitment to an agreed upon set of partnership principles. Making a commitment to an agreed upon set of principles is critical for the long-term success of a partnership. These principles include developing common goals, building trust and respect, and understanding and emphasizing strengths and assets. Open communication and feedback are also critical, with partners sharing mutual benefits, resources and credit. Principles include:

- Trust, respect, genuineness
- Shared mission and goals
- Commitment by all partners
- Attainable, measurable objectives
- Focus on strengths and assets
- Open communication
- Flexibility and compromise
- Shared resources and credit

Partnership Development

HWPP projects should recognize and provide clear commitment to the stages of partnership development. When community organizations and academic institutions build relationships, it is important to understand that partnership development goes through several stages. Partners must build relationships, assess needs, develop compatible goals, implement programs, provide feedback, and assess outcomes. These stages allow partners to become better acquainted, build trust and develop ways to sustain the partnership and expand progress. Activities include:

- Build relationships
- Assess needs and resources
- Develop compatible goals
- Develop and implement programs
- Provide continuous feedback
- Assess outcomes
- Maintain and expand progress

HEALTHIER WISCONSIN PARTNERSHIP PROGRAM

HWPP Program Evaluation Model

The HWPP Program Evaluation Model lays the foundation for the evaluation of HWPP as a whole. The Program Evaluation Model provides a framework for individually funded projects to connect their project-level efforts to the overall activities and outcomes of the larger program. As funded projects identify how their activities and outcomes fit with the model, HWPP will be able to describe how the funded projects, taken together, advance the intended outcomes of the overall HWPP funding initiative.

Components of the Program Evaluation Model include:

- assumptions underlying HWPP's approach to public and community health improvement;
- project-level partnership and programming activities;
- immediate outcomes expected within two to five years from the project-level activities;
- intermediate outcomes expected in five to 10 years from the combined efforts of the projects funded; and,
- long-term outcomes expected over time from the efforts of HWPP in conjunction with other statewide health initiatives.

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<tr>
<th>Assumptions</th>
<th>Activities</th>
<th>Immediate Outcomes (2-5 years)</th>
<th>Intermediate Outcomes (5-10 years)</th>
<th>Long Term Outcomes (10-15 years)</th>
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<td>Partnerships are necessary because no one organization or institution has the resources, access and trust relationships needed to address the wide range of determinants of public health problems.¹</td>
<td>Community – MCW academic partnerships that:</td>
<td>Development of new and sustainable relationships that address community prevention needs and leverage resources.</td>
<td>Partners who are engaged in, involved with, and learning from the larger health promotion and prevention community.</td>
<td>Through synergy with other initiatives,² contribute to reducing the burden of illness and injury, enhancing the quality of life, and increasing longevity, while also saving lives and resources.³</td>
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<td>Community residents and community leaders are a crucial part of the public health system for identifying need and responses to need and for evaluating results.</td>
<td>The partnerships will develop innovative programming that:</td>
<td>Changed individual behaviors.</td>
<td>Changes in the environment that establish and maintain healthy behaviors.</td>
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<td>Communities benefit from programs based on knowledge of evidence-based practices and population-based prevention research.</td>
<td>1. Is informed by the expertise of all partners.</td>
<td>Programs reaching larger numbers of individuals and families with messages that are useful to them.</td>
<td>A more inclusive public health system that reaches more people with improved prevention programming.</td>
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<td>2. Builds on existing prevention and health education services.</td>
<td>Programs that address local needs of the targeted population in ways that are culturally sensitive and inclusive.</td>
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<td>3. Identifies and incorporates culturally and community sensitive approaches to prevention.</td>
<td>Programs that are informed by research, evaluation and systematic data collection.</td>
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<td>4. Is guided by community input to identify local needs, to develop responses to local needs and to evaluate the responses to local need.</td>
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<td>5. Makes use of local population-based data.</td>
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<td>6. Reflects what is known about the causes of disease and disability.</td>
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¹ “Public health” refers to “population health … focused on the broader determinants of health in communities, such as prevention efforts to promote healthy life styles for women, children, and families; disease prevention and control; and control of environmental agents that negatively impact health” (Office of the Commissioner of Insurance, Case No. 99-C20638, March, 2000).

² Other initiatives include MCW’s Advancing A Healthier Wisconsin components and other statewide health initiatives.

³ As cited in Healthiest Wisconsin 2010, Executive Summary (pg. 9), the outcomes resulting from addressing the eleven health priorities.
**Funding Cycle Process (6th Funding Cycle)**

On February 18, 2010 the Healthier Wisconsin Partnership Program released a Letter of Intent (LOI) for health improvement and prevention projects for its 6th Funding Cycle.

The Letter of Intent deadline was April 26, 2010. Letters of Intent were received for 95 proposals. No proposals were disqualified for not meeting the partnership eligibility requirements. Thirty-four (34) Impact projects and sixty-one (61) Development projects were submitted.

The MCW Consortium Subcommittee review process began on May 3, 2010. Members submitted their scores on May 13, 2010 for tabulation and prioritization for discussion at a May 17, 2010 Subcommittee meeting in which the Subcommittee recommended 32 LOI’s, 11 Impact and 21 Development, be invited to submit a full proposal. The full Consortium approved the recommendation on May 20, 2010.

Full proposals for the 6th Funding Cycle were received on July 30, 2010.

**Training and Technical Assistance**

The HWPP staff offered four informational sessions via teleconference that were conducted between March 1 and March 4, 2010. The sessions were free and attendance was not required for proposal submission. 91 individuals registered. The sessions provided:

- background information on HWPP
- description of the Principles of Stewardship
- overview of the three core components
- tips for successful community-academic partnerships
- review of the components of the Letter of Intent

Four technical assistance sessions were provided to applicants invited to submit a full proposal. Sessions focused on:

- technical components of submission,
- expectations of reasonable and achievable objectives, activities and measurement plans, and
- discussion of expectations of funded projects.

Six sessions were also offered and highly recommended for MCW Investigators to attend an eBridge assistance training session regarding completion and submission of their HWPP proposal through the MCW Office of Grants and Contract.

**Competitive, Multi-Step Review Process**

**Proposal Review Process**

The review process for HWPP funding is a highly competitive process that includes a detailed, multi-level, qualitative and quantitative assessment. The numeric score assigned to proposals, complemented by discussion and critique at each level of the review process, is used to prioritize proposals for funding. Projects funded by HWPP are those that rank high in both qualitative and quantitative measures and reflect the MCW Consortium’s Principles of Stewardship and the program’s core components.

Criteria used to assess projects include, but are not limited to:

- Understanding of the specific population to be served by the project.
- Clarity of the health priority to be addressed.
- Innovation and effectiveness of the proposed strategy and how it would change current systems.
- Evidence of community involvement.
- Evidence of an authentic community-MCW academic partnership.
- A reasonable and cost-efficient budget.
- A realistic plan to sustain program activities after HWPP funding is completed.
In addition to the criteria above, full proposals are reviewed at the following levels:

**Technical Review**
Full proposals are screened by HWPP staff to determine that all eligibility, content and submission requirements are fulfilled. Ineligible projects are not advanced to the National Merit Review.

**National Merit Review**
Full proposals are reviewed by a panel of National Merit Reviewers who are experienced community and academic leaders from outside the state of Wisconsin. Each proposal is assigned to multiple reviewers who conduct a detailed analysis of each section of the proposal, considering the strengths and limitations of the project and partnership. Each of the reviewers individually provides a numeric score, written critique and overall funding recommendation. Comments from the National Merit Reviewers are provided to applicants following the completed review process. Comments, scores and funding recommendations from the National Merit Reviewers are forwarded to the MCW Consortium.

**MCW Consortium**
The MCW Consortium’s review is based not only on merit and feedback from the National Merit Reviewers, but also on the relevance of the proposal to the MCW Consortium’s Principles of Stewardship and the program’s core components. All proposals recommended for funding by the MCW Consortium are then forwarded to the MCW Board of Trustees.

**MCW Board of Trustees**
The MCW Board of Trustees reviews the recommendations made by the MCW Consortium and approves funding determinations.

**Summary of Completed Projects**
Projects that concluded during the reporting period of July 2009 through June 2010 are listed below.

**DEVELOPMENT AWARDS (6)**
- A Faith Community GYM: Guiding Youth Movement for Sustained, Healthy Futures
- Cross Cultural Strategies to Address the Healthcare Needs of the Hmong Community in Milwaukee
- Dryhootch: Veterans Using Peer Support to Make Sure their Comrades Get the Care They Need
- Medically Fragile Foster Children
- Open Wide: Expanding Oral Health Primary Prevention Opportunities through Partnership
- Sowing Seeds to Grow Health Communities: a School Garden Pilot Project

**IMPACT AWARDS (15)**
- Building a Recovery-Driven Continuum of Behavioral Health Care
- Community-based Chronic Disease Management (CCDM)
- Community Connections to Promote Independent Living
- Faith Based African American Health Network (FAAHN)
- Healthy Latino Families: A Nutrition/Exercise Program to Reduce Obesity
- Improving Access to Quality Dementia Care Services in Underserved Rural Wisconsin
- Lakeshore Lodge
- Milwaukee Kids: Drive Me Safely — Drive for Health
- Partnerships to Connect Schools, Health, and Public Health Insurance
- PEARLS for Teen Girls High Risk Intervention
- Project Heart: Healthy Empowerment to Access Resources Together
- Project Respect
- Stop Abuse and Neglect of Elders: Increasing Capacity to Respond
- TAP (Targeting Adolescent Problems): Substance Abuse Crisis Hotline and Program
- Waukesha Smiles: Dental Outreach to Low-Income Waukesha Children
HWPP projects address health improvement by focusing on interrelated health improvement priority areas that are informed by the Wisconsin State Health Plan. Partners are able to select more than one indicator for each focus area, resulting in an overlapping of indicators. This table reflects identification of health improvement focus areas of the projects that concluded during the reporting period of July 2009 through June 2010.

<table>
<thead>
<tr>
<th>Project Type</th>
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<td>Public and community health leadership and policy</td>
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HEALTHIER WISCONSIN PARTNERSHIP PROGRAM

HWPP Key Findings

To document the progress of HWPP funded projects, six-month progress reports (and a final report) are required from all funded projects to ensure progress of project outcomes against the objectives specified within the project proposal. Per each project’s originally submitted proposal (and including any approved changes) partners are asked to list the specific objectives established by the project and indicate if the objectives were: fully met, partially met or not met. Additionally, partners are asked to indicate the results of activities used to achieve each objective that substantiate the rating of fully met, partially met or not met, as well as any obstacles or challenges encountered.

Site visits and/or conference calls are also conducted within each six month period by HWPP staff with project partners to enhance HWPP’s knowledge of funded partnership projects in a manner that cannot be fully realized from written progress reports.

The following summaries of project findings relevant to the Consortium’s Principles of Stewardship were gathered from projects that concluded during the reporting period of July 2009 – June 2010.

COLLABORATION Supporting effective collaboration between community and Medical College of Wisconsin partners to broaden program impact throughout the state and to enhance the translation of knowledge into community practice.

- 100% of project partners reported developing a relationship that will likely lead to future collaboration.
- 86% of project partners intend to engage in a community-academic partnership in the future.
- Anecdotal evidence suggests that the process of creating a proposal, even if not funded, has also lead to partners working together.

Examples:

Open Wide: Expanding Oral Health Primary Prevention Opportunities through Partnership (2009 Development award) held several discussions among the community-academic partners involved in the HWPP funded project Making Milwaukee Smile to consider potential opportunities for collaboration. The project partners also reviewed progress reports from Making Milwaukee Smile to better understand their experience. Additionally, SET Ministry met with faculty at Marquette School of Nursing to share results of the project and discuss possibilities for integration of oral health prevention into the current community health nursing curriculum.

Healthy Latino Families: A Nutrition/Exercise Program to Reduce Obesity (2007 Impact award) used approaches from other HWPP-funded programs (the Bilingual Chronic Care Program and the Salud de la Mujer: Community Developed Materials to Increase Health Literacy in a Latino Community) to inform project activities. Partners are working together with La Causa Community Charter School to develop an NIH proposal expanding the Healthy Latino Families program. Findings from all of these efforts will lay the groundwork for future program development elsewhere in the community.
**Prioritization**

Aiming to have maximum impact on the health of the people of Wisconsin by deliberately focusing on disease and conditions that most affect people’s health, longevity and quality of life.

- HWPP’s funding priorities support Wisconsin’s priorities as detailed in Healthiest Wisconsin 2010, the state health plan.
- Nine Wisconsin counties were directly impacted by the HWPP projects that concluded during this reporting period, and 2 projects generated statewide impact.

**Examples:**

**Lakeshore Lodge/Painting Pathways (2007 Impact award)** used education modules on topics including diabetes, heart disease, nutrition, active living and coping with stress. The Clubhouse model was supported by research showing that consumers experience reduced hospital stays, reduced incarcerations and improved overall well-being. In addition, the program offers ongoing social support shown to enhance overall mental and physical health through a reduction in “disconnectedness.”

**Building a Recovery-Driven Continuum of Behavioral Health Care (2007 Impact award)** addressed four of the major areas of health risks identified in the State Health Plan, Healthiest Wisconsin 2010: 1) Mental Health and Mental Disorders, 2) Substance Abuse and Addiction, 3) Intentional and Unintentional Injuries, and, 4) Social and economic factors that influence health. Both Peer Support Specialists and recipients report a decrease in substance abuse, utilization of crisis and inpatient services, and in incarcerations, which reduces the burden on limited community resources. Peer Support Specialists have increased their income and employability, thus also addressing economic concerns.

**Leveraging**

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

- More than 88 percent of impact projects and nearly 70 percent of development projects report leveraged funds from federal, state, or local resources.

**Examples:**

**Partnerships to Connect Schools, Health, and Public Health Insurance (2007 Impact award)** leveraged $1,172,139 in additional dollars. The Wisconsin Partnership Program provided $424,000 for simultaneous school based outreach and pilot work in nine districts beyond those covered by HWPP. Project partners leveraged $540,000 from the Federal Financial Participation via the Wisconsin Department of Health Services, which effectively doubled the scope of the initial proposals to HWPP and the Wisconsin Partnership Program. The Helen Bader Foundation also provided $90,000 for expansion of the pilot to sixteen schools within the Milwaukee Public Schools system over the next two years. And refinement and replication of the model in 15 districts in southwest Wisconsin over the next three years was supported through $118,139 grant from the Reilly Baldwin Wisconsin Idea Endowment.

**PEARLS for Teen Girls High Risk Intervention (2007 Impact award)** leveraged over $500,000 in additional dollars. Funds garnered to compliment this initiative were leveraged from the Greater Milwaukee Foundation, in the amount of $150,000 to support social development and pregnancy prevention with Academy boys, the Greater Milwaukee Foundation, in the amount of $50,000 to support an employment program for African American adult males, the Wisconsin Department of Children & Families, in the amount of $135,000 to support a transitional jobs demonstration project for adults, the Einhorn Foundation, in the amount of $5,000 to provide training and evaluation of PEARLS staff on identifying and supporting girls experiencing emotional, mental or behavioral disorders, the United Way – Healthy Girl Initiative, in the amount of $50,000 to support evidence-based pregnancy prevention programming for all PEARLS participants, and, Brighter Futures, in the amount of $110,000 to support the PEARLS self-development curriculum and goal-setting for all PEARLS participants.
HEALTHIER WISCONSIN PARTNERSHIP PROGRAM

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.

➢ 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.

Examples:

Dryhootch: Veterans using peer support to make sure their comrades get the care they need (2009 Development award) involved both community and academic partners outside the original partnership to increase project intellectual accountability. Partners interacted with other veteran organizations and individual veterans throughout the project. The Dryhootch website was used to obtain community input on key decisions, such as the best location for a Dryhootch facility.

Community-Based Chronic Disease Management (2007 Impact award) was successful in controlling chronic disease as illustrated by the tracking of service effectiveness, wherein patient improvement in clinical areas such as blood pressure reduction and diabetes control were tracked. For example, results indicated that 61 percent of hypertensive patients achieved a reduction in both systolic and diastolic blood pressure of at least 5 mmHg, while 76 percent of enrolled patients achieved 5 mmHg systolic pressure reduction and 71 percent achieved 5 mmHg diastolic pressure reduction.

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

➢ Partnerships have developed innovative or evidenced-based practices resulting from their funded projects.

Examples:

Sowing seeds to grow healthy communities: a school garden pilot project (2009 Development award) sought to reduce the common risk factors associated with obesity and chronic disease by implementing two school garden projects and engaging community groups to promote healthy eating habits in youth and adults. Through the promotion of new and innovative nutrition education programs in the schools, the Pepin and Buffalo County Health Departments hope to reduce the incidence of obesity and cardiovascular disease in their communities.

Cross Cultural Strategies to Address the Healthcare Needs of the Hmong Community in Milwaukee (2009 Development award) identified cross cultural strategies to build trust in the Hmong community for the medical establishment, and to increase doctor visits and preventive care. The networking between the Shee Yee Community of Milwaukee and community health agencies was extensive and very effective. These connections created substantive relationships between the Hmong community in SE Wisconsin and health care providers.
BUILDING on ACADEMIC and COMMUNITY STRENGTHS

Projects should build on community and academic strengths by developing and sharing resources to teach and learn together.

- Projects capitalize on the unique structure of a community-academic partnership by learning together and from one another.

Examples:

Improving Access to Quality Dementia Care Services in Underserved Rural Wisconsin (2006 Impact award) created system changes in the target counties that resulted in better linkages between the medical and social service systems, established dementia care networks, greater awareness of the importance of early diagnosis and increased access to information, education and consultation for people with dementia and their family caregivers.

A Faith Community GYM: Guiding Youth Movement for Sustained, Healthy Futures (2009 Development award) partners developed and delivered a Health Advocate curriculum focused on areas crucial to support youth striving for greater, sustained health. Health Advocates helped align this project with the culture of this community and its church. Youth curriculum and training (a ten-week series) was also developed and implemented. This included didactic and practical content on nutrition, health support networks, running skills and fitness and health careers. Youth increased their endurance and time engaged with physical activity, gained significant skills to maintain health habits and learned about and discussed health career options.

NEW KNOWLEDGE

New knowledge will be discovered and promoted.

- Projects develop new knowledge and share discoveries with the community and nationally.

Examples:

Stop Abuse and Neglect of Elders (SANE): Increasing Capacity to Respond (2007 Impact Award) developed and disseminated the SANE curriculum on Adult and Elder abuse. These materials are being used as an extensive orientation for all staff at Milwaukee County’s Department of Family Care; Care Management Organization. The SANE video materials are the foundation materials that are used to help new staff understand and identify members who are at risk for, or may currently be experiencing elder abuse. The SANE physician curriculum was also made available on the Medical College of Wisconsin ANGEL learning platform and converted to an online course with four modules.

Early Childhood Integrated Database System –ECIDS (2007 Impact Award) addressed a need identified by early intervention programs in Milwaukee County and transformed information systems for early childhood intervention services. It has the potential to support, through improved data collection and accessibility, population health studies in early childhood intervention not previously seen in the state of Wisconsin. The findings of such studies will significantly impact the provision of services to children with disabilities and their families throughout the state of Wisconsin.

Project summaries for completed and currently funded projects may be found on the AHW website at www.mcw.edu/healthierwisconsin.
SPECIAL INITIATIVE OF THE MCW CONSORTIUM ON PUBLIC AND COMMUNITY HEALTH:

Violence Prevention Initiative (VPI)

Purpose

The Violence Prevention Initiative (VPI) is a special initiative of the MCW Consortium on Public and Community Health, funded by the Advancing a Healthier Wisconsin endowment through the Healthier Wisconsin Partnership Program. The 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 community-MCW academic 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.

Development Phase

In January 2010, the Consortium concluded a 22-month development process for the Violence Prevention Initiative that included two key phases:

Phase I: focused on infrastructure and stakeholder development and included establishing a steering committee, recruiting stakeholders for the initiative, conducting an environmental scan and developing a community vision statement.

Phase II: focused on implementation planning and outcome identification and included developing action plans, outcome measures, community resources and assets to support the key performance areas.

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

Development Phase Key Accomplishments:

Priorities:
Based on community stakeholder interview data and evidence from the literature, the VPI Steering Committee identified three major priorities for its first five years:

1. implement violence prevention programs for youth ages 0-11;
2. develop leadership capacity to prevent violence among youth ages 12-17; and
3. build and strengthen community capacity and resources to prevent youth violence.

Additional Accomplishments:

- Created VPI infrastructure, established the VPI Community Office and established a website, newsletter, and list-serves to increase communication across VPI stakeholders
- Developed VPI steering committee
- Identified successful local, national and international models
- Launched VPI community events to provide information on the VPI, report on progress, and solicit community input and participation in workgroups
- Convened two youth summits to learn about the VPI priorities and share their knowledge about how we can work together to prevent violence in our communities.
Additional Accomplishments (continued):

- Conducted and distributed findings from community and youth assessments to identify existing assets and programs
- Convened organizations to encourage exchange of information
- Defined VPI focus, principles, and strategies
- Developed implementation plan

**Implementation Phase**

In January 2010, the MCW Consortium committed $8.2M over a five-year period for the implementation phase of the Violence Prevention Initiative. It is anticipated that the initiative will continue to be funded up to ten years through the Healthier Wisconsin Partnership Program component of the Advancing a Healthier Wisconsin endowment, with a re-evaluation at five years. In addition, the MCW Consortium will seek matching funds from local, state, public, and national funders.

In February 2010, a Selection Panel consisting of MCW faculty and staff and community representatives, convened to conduct a comprehensive review of data and a process to recommend two community areas for implementation of the VPI priorities and goals based on criteria developed by the VPI Steering Committee.

Deliverables of the Selection Panel included the following:

- Determination of the selection process based on HWPP principles
- Communication of the opportunity to partner with VPI
- Provision of useful data about local community needs and assets, capacity needs of community organizations, and new strategies for successful interventions for community health improvement
- Meeting with potential partners to provide education about, and technical assistance for, the application process
- Selection of two community Partnership teams for the VPI implementation phase

During the Implementation Phase, the VPI Communications Work Group developed a communications plan for the VPI Implementation Phase with a focus on the following key audiences: potential community partners, community leaders, neighborhood stakeholders, faith-based groups, teachers, families, and youth. The Communications Work Group continues to advise VPI activities in the development of an online community resource exchange/clearinghouse website and to identify opportunities for collaboration to address violence prevention and reduction priorities with community organizations.

**Violence Prevention Initiative (VPI) Implementation Phase Key Accomplishments During This Reporting Period:**

1. Established a Core Leadership Team
2. Developed VPI Selection Panel to select two community partnership teams for implementation of the VPI priorities and goals.
3. Began VPI Research and Evaluation Team to identify and review existing datasets that will be relevant to show program impact and to identify emerging high risk areas or other factors to inform and modify prevention efforts.
4. Convened organizations to encourage exchange of information.
5. Convened and initiated a Community Director Search Committee.
HEALTH IMPROVEMENT THROUGH RESEARCH AND EDUCATION

The Medical College of Wisconsin (MCW) awards funding from the Advancing a Healthier Wisconsin (AHW) endowment for research and education projects that leverage academic expertise and assets to promote discoveries and educational opportunities that will translate into improved health for Wisconsin residents.

Research and Education Funding Priorities, Commitments and Guidelines

The 2009-2014 AHW Five-Year Plan established the following funding priorities for the Research and Education Initiative Funds:

Research Priorities
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, clinical and translational science institute, and community and population health projects that emphasize and support these 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 and 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.

Education Priorities
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. The Research and Education Initiative funds support innovative programs that enhance the education of patients, public health professionals, health providers, residents, fellows, and medical and graduate students.


The MCW Consortium emphasizes use of 100% of the AHW funds to improve the health of Wisconsin through fostering integration of research, education and public and community health partnerships, recognizing all components are necessary and important to advance the vision of improving the health of the people of Wisconsin.

The Research and Education Initiative Funds (REIF) adhere to the following standards:

- Fewer, larger awards aligned with MCW strengths and Wisconsin leading health priorities
- Increase opportunities for inter-institutional and community collaboration through Clinical Translational Science Institute and new Institute for Health and Society.
- Continue MCW Consortium review process
HEALTH IMPROVEMENT THROUGH RESEARCH AND EDUCATION

The MCW Consortium reviews and comments on all proposals funded through Research and Education. The MCW Consortium regularly reviews progress on funded research and education initiatives through the Annual Report and presentations to the Wisconsin United for Health Foundation. The MCW Consortium also advises on revisions and improvements in the administration of Research and Education. The following includes some of the Consortium decisions pertaining to AHW through Research and Education.

- Revised the AHW framework to expand the inclusive process to incorporate health assessments and plans (local, state, national) and broad input from MCW faculty, staff, and students. HWPP and Research and Education adopted one set of principles of stewardship. These include: collaboration, prioritization, accountability, transformation, leverage, and two additional principles.

- Added two new principles of stewardship to recognize the importance of building on academic and community strengths across all three components as well as the importance of the creation new knowledge through research, education, and community-academic partnerships.

- Included community and population health as a priority and a cross-cutting discipline that is integrated across all research and education priorities.

- Emphasized synergy to support interrelated efforts in education, research and public and community health partnerships. These collaborations will also include and leverage the skills of health professionals in disciplines such as nursing, dentistry and public health.

The MCW Consortium provided input and supported the creation of the Research and Education Advisory Committee (REAC) to help make Research and Education funding decisions. The REAC reviews and provides funding recommendations on all Research and Education proposals before they are advanced to the MCW Consortium for review and comment. Research and Education proposals are presented at MCW Consortium meetings by the Dean (proposal purpose and objectives), the Senior Associate Dean for Public and Community Health (proposal adherence to principles of stewardship), and the Senior Vice President (supplanting). The initiatives are discussed and comments of the Consortium are taken into consideration and used by the applicants to strengthen their applications prior to being reviewed by the MCW Board of Trustees for final approval.

All funded projects are required to provide annual progress reports on activities. These progress reports are provided to the MCW Consortium for review during the development process for the AHW Annual Report. In addition, selected research and education projects have been presented and discussed with the MCW Consortium, including the Clinical and Translational Science Institute initiative, the Healthy Wisconsin Leadership Institute, the PhD in Public and Community Health and the Masters in Public Health Program.

In addition to participating in the annual report development and special research and education presentations, several MCW Consortium members led the pre-development phase for the launch of the Healthy Wisconsin Leadership Institute through their work on the Public Health Education and Training committee.

Between July 1, 2009 and June 30, 2010, AHW Research and Education proposals were reviewed on a regular basis by the REAC. AHW Research and Education proposals were evaluated based upon their strengths in the areas of emphasis as outlined in the 2009-2014 Five-Year Plan and the additional criteria noted below:

- fit with the Wisconsin State Health Plan
- fit with the AHW 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.
AHW Research and Education Initiative Funds Process

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<th>Purpose</th>
<th>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.</th>
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</table>
| Investment Preferences | ♦ Program development  
♦ Recruitment of faculty expertise in targeted areas of the AHW Five-Year Plan  
♦ Expansion of core laboratories, learning centers, and inter-departmental equipment  
♦ Collaborative projects (multi-investigator, multi-departmental, etc.) |
| Application and review process | ♦ Dean invites the principal investigator to submit a proposal  
♦ Proposals are submitted to the AHW office and the Controller’s Office for supplanting review  
♦ REAC reviews all Research and Education Initiative proposals and makes a funding recommendation to the Dean  
♦ Proposals recommended for funding are presented to MCW Consortium Board for review and comment  
♦ After review by the MCW Consortium Board, proposals are advanced for consideration and final approval by the MCW Board of Trustees |
| Proposed Allocation    | ♦ Approximately $4M to $7M annually |

Funded Projects in Research and Education 2009-2010

During the period of July 1, 2009 through June 30, 2010, Research and Education Initiative Funds funded 5 projects for a total of $8.9M. Twenty-three projects awarded during the first three funding cycles have concluded. Although funding through the AHW endowment has ended, project activity may continue as researchers and educators build on the discoveries of the projects.

Project activities and progress on the five projects funded between July 1, 2009-June 30, 2010 are reflected below.

Educational Leadership for the Health of the Public

ADVANCING A HEALTHIER WISCONSIN THROUGH A NEW MODEL FOR MEDICAL STUDENT EDUCATION: PHASE 2 OF 3: PILOT PHASE

**Principal Investigator:** Karen Marcadante, MD, Senior Associate Dean for Education and Professor of Pediatrics  
**Collaborators:** Deborah Simpson, PhD, Office of Educational Services and Academic Affairs, Philip Redlich, MD, Department of Surgery  
**Research and Education Initiative Funds:** $3,873,649  
**Project Period:** July 1, 2010 – June 30, 2012  
**Focus Area(s):** Medical, graduate and resident education

This education project aims to pilot a new medical student curriculum model with implementation of key instructional and performance-based assessment units. The new curriculum will be designed to be responsive to the priorities the Wisconsin State Health Plan through preparation of a sufficient and competent workforce to protect and promote the health of the people of Wisconsin.
FUNDS TO SUPPORT 0.5 FTE PARTNERSHIP DEVELOPMENT AND COMMUNITY ENGAGEMENT

**Principal Investigator:** Syed Ahmed, MD, Associate Dean for Public and Community Health
and Professor of Family and Community Medicine

**Project Period:** 1/1/2010-12/31/2015

**Research and Education Initiative Funds:** $848,184

**Focus Area(s):** Community and Population Health

This education project aims to increase capacity for community-academic partnerships for health improvement in Wisconsin through the creation of a .50 FTE faculty director for the Healthier Wisconsin Partnership Program. Among several areas of emphasis, the award aims to build the pool of eligible, interested and qualified academic partners, mentor faculty on being an effective partner, develop resources to provide guidance and support for community and academic partners to build and maintain successful partnerships, and develop, maintain and evaluate partnerships through an established set of evaluation criteria and a supportive partnership development process including an ongoing assessment of what contributes to or hinders the formation and development of partnerships and a plan to address challenges where appropriate.

Research for a Healthier Tomorrow

TECHNOLOGY DEVELOPMENT AND ANIMAL MODELS FOR THE ANALYSIS PHOTORECEPTOR TURNOVER

**Principal Investigator:** Joseph Besharse, PhD, Professor of Cell Biology, Neurobiology and Anatomy

**Project Period:** 10/1/2009 -9/30/2011

**Research and Education Initiative Funds:** $200,000

**Focus Area(s):** Neuroscience

This research project aims to contribute knowledge to the discovery of new therapies for blindness through increasing understanding of underlying molecular mechanisms required to maintain function of the cells responsible for sensing light and for assessing the potential for either pharmaceutical or genetic therapies at the pre-clinical level.

PERSONALIZED MEDICINE PROGRAM: PHASE 1

**Principal Investigator:** Howard Jacob, PhD, Director of the Human Molecular and Genetics Center
and Professor of Physiology

**Collaborators:** Department of Pediatrics, Department of Medicine, Marquette University, University of Wisconsin-Milwaukee, and Marshfield Clinic

**Project Period:** 7/1/2010-6/30/2015

**Research and Education Initiative Funds:** $2,539,227

**Focus Area(s):** Genetics

This research project aims to establish new sequencing and data analysis resources for research and healthcare delivery. The fundamental principal underlying personalized medicine is that genomic sequence in combination with gene annotation and the growing medical literature can increase our understanding how genes contribute to produce disease, can be used to improve medical diagnosis of disease and can improve the selection of therapeutic interventions having the greatest likelihood of reducing the disease burden or perhaps delaying the onset of disease. With the genomic data in hand, it will become increasingly possible to predict patients at risk for disease. With this data, personalized medicine will enable us to move from reactive medicine to prospective medicine.
HEALTH IMPROVEMENT THROUGH RESEARCH AND EDUCATION

RESEARCH DATA WAREHOUSE

Principal Investigator: Howard Jacob, PhD, Director of the Human Molecular and Genetics Center and Professor of Physiology


Research and Education Initiative Funds: $1,500,000

Focus Area(s): Translational Research

This research project aims to develop an integrated data warehouse system that would allow researchers to easily identify candidates for studies, track recruitment and consent processes, increase the efficiency with which data can be integrated and analyzed, and, ultimately, help speed the translation of scientific discoveries to treatment.

**Additional information regarding other AHW Research and Education funded projects can be found at www.mcw.edu/healthierwisconsin.**

Summary of Completed Projects

Twenty-three Research and Education projects concluded during the reporting period of July 2009 through June 2010 and are listed below.

**EDUCATIONAL LEADERSHIP FOR THE HEALTH OF THE PUBLIC AWARDS (9)**

- MCW Humanities Program
- Development of a Curriculum Practice-Based Learning and Improvement (PBLI) for Residents: A “Train the Trainer” Approach
- Developing a Technology and Internet Based Infrastructure/Program for MCW Continuing Medical Education
- A Collaborative Approach to Integrating Longitudinal Themes Throughout the Educational Curriculum
- Integrated Curriculum in Health Policy and Population Health
- Patient-Centered Communication Skills Training for Obstetrics and Gynecology Residents Using Simulated Patient Encounters
- Educational Scholars- Building Our Educational Capacity through Faculty Development
- Medical Incident Management and Preparedness Curriculum Development
- Advancing a Healthier Wisconsin through a New Model for Medical Student Education: Phase 1 of 3: Planning

**RESEARCH FOR A HEALTHIER TOMORROW AWARDS (14)**

- Immunoregulatory Function of the HTLV-2 Tax Protein
- Programmatic Support for the Center for Biopreparedness and Infectious Disease
- New Faculty in the Center for Biopreparedness and Infectious Disease-Jackson
- Cardiovascular Translational Research Facility
- The role of IL-1 in type 1 diabetes
- Clinical Research Infrastructure
- Regeneration of Infarcted Myocardium with Islet 1+ Cells
- Coronary vascular regeneration using proepicardial derived progenitor cells
- Genetic Modification of Renal Epithelial Cells in PKD
- Role of Brain Derived Neurotrophic Factor (BDNF) in Neocortical Epilepsy
- The Role of 20-HETE in Ischemic Acute Renal Failure (Grant); Mechanism of Resistance to Acute Renal Failure in Brown Norway Rats
- Expression and function of SmgGDS in different human malignant neoplasms
- Genetic Screen for HIV Restriction Factors in Human Monocytes
- Clinical and Translational Science Institute
Research and Education Key Findings

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 (AHW) endowment will be realized in future years through the availability of new and more effective diagnostics, prognostics, therapies 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 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 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.

The following summary of findings was gathered from the 23 projects that concluded during the current reporting period (July 2009 – June 2010.) Although projects address all Principles of Stewardship, examples of each area are highlighted.

COLLABORATION

Supporting effective community and interdisciplinary collaborations to broaden program impact throughout the state of Wisconsin and to enhance the translation of knowledge into community practice.

- 87% of the completed Research and Education projects reported developing new collaborative relationships as a result of their AHW Research and Education funding.
- 83% of the completed projects involved or developed inter-departmental collaborations (i.e. collaboration between the Department of Medicine and the Department of Pediatrics).
- 52% of the completed projects involved or developed new collaborations with academic institutions, industry, government and community agencies, such as the City of Milwaukee Health Department, City of West Allis Health Department, Planning Council for Health and Human Services, Inc., HydraBiosciences, the University of Wisconsin-Madison, the University of Wisconsin-Milwaukee, Marquette University, the Milwaukee School of Engineering, and several academic institutions across the US, including University of Mississippi, University of Texas-Southwestern, John Hopkins University, University of South Carolina, University of Georgia, and Riley Heart Center at Indiana University School of Medicine.
- 39% of the projects involved collaborations between basic science and clinical science investigators to increase advances in patient care.

Examples:

**Genetic Modification of Renal Epithelial Cells in Polycystic Kidney Disease (2008 Competitive Research Award)**

AHW funding for this research project provided support for the development of new departmental collaborations regarding 20-HETE biology and strengthened existing collaborations with University of Mississippi and the University of Texas-Southwestern. 20-HETE, also known as 20-hydroxyeicosatetraenoic acid, is derived from the metabolism of arachidonic acid by the enzyme cytochrome P450 and results in formation of metabolites. While many of these metabolites appear to exert an action on vascular smooth muscle, 20-HETE causes constriction of blood vessels resulting in an increase in blood pressure. In addition, the work of this project on autosomal recessive polycystic kidney disease and autosomal dominant polycystic kidney disease has also resulted in new collaborations and projects with Johns Hopkins University, the Medical University of South Carolina, and the Medical College of Wisconsin departments of Anesthesiology and Physiology.


Quality communication is key for building relationships between physicians and patients and ensuring quality health improvement. Strengthening physician-patient communication results in better patient participation in medical decision making, improved patient compliance with treatment, and higher patient satisfaction. This project equips residents with the knowledge, skills and understanding necessary for ensuring quality communication with patients with varying cultural, emotional and educational needs. The project contributes strategies for eliminating discrimination and health disparities by improving cultural sensitivity. This project has led to new collaborations between the Department of Educational Services and the Department of Emergency Medicine.
HEALTH IMPROVEMENT THROUGH RESEARCH AND EDUCATION

PRIORITIZATION

Aiming to have maximum impact on the health of the people of Wisconsin by deliberately focusing on disease and conditions that most affect people’s health, longevity and quality of life.

➢ Research and Education supports both new and existing research and education that are consistent with the Healthiest Wisconsin 2010 (State Health Plan), AHW Five-Year Plan, and the goals of the Medical College of Wisconsin’s Strategic Plan.
➢ 43% of the research projects completed this year advanced investigations into cardiovascular disease and cancer, the leading causes of death and disability in Wisconsin.
➢ 33% of the education projects completed this year support improvements in population and community health.
➢ $1M was committed for seven research projects to advance investigations in genetics to enhance our ability to identify and control factors that lead to chronic and potentially fatal diseases.
➢ $0.9M was committed for four research projects to advance investigations in infectious diseases and immunology to improve human health through the development of new diagnostic tests therapies for infectious diseases.

Examples:

Cardiovascular Translational Research Facility (2006 REIF-Research Award) This AHW award enabled investigators to perform multiple state-of-the-art non-invasive and minimally invasive studies of blood vessel function using ultrasound, high fidelity blood pressure (tonometry), and impedance plethysmography (measures small changes in electrical resistance in specific regions of the body demonstrating blood volume changes). Housed within the CTSI, this core cardiovascular research lab has fostered new research collaborations and increased researchers ability to study multiple dimensions of cardiovascular function and identify potential new therapies for cardiovascular disease. In addition to the CTSI, collaborations were formed with several MCW departments, Marquette University and the University of Illinois. The core lab has lead to researchers to pilot and secure national funding for more than 15 new studies. It has become a critical core resource of translational research for Southeastern Milwaukee, enabling researchers to focus on projects related to the number one health problem of Wisconsin, cardiovascular disease.

Advancing a Healthier Wisconsin through a New Model for Medical Student Education: Phase 1 of 3: Planning (2009 REIF-Education Award) A key priority of the AHW Five Year Plan 2009-2014 and the State Health Plan, this multi-phase project advances a healthier Wisconsin through the creation, implementation and evaluation of a new model for training future physicians. The project designed a new model for medical student education. The project team defined competencies using baseline data, completed alpha pilots of selected curriculum elements, and led pilot faculty development sessions. The resulting new education model uses an integrated, interdisciplinary approach that emphasizes case-based team learning, early and sustained clinical contact, and support for a customized learning experience that enables students to concentrate on a particular area of interest or pathway. The pathways or tracks include: clinician educator, global health, master clinician, physician scientist, and urban and community health. The pathways were introduced in Fall 2009 with pathway alpha implementation conducted in January 2010.
LEVERAGING  Seeking opportunities to leverage funding, with an emphasis on pooling existing resources, attracting additional resources and encouraging sustainability.

- 61% of the completed Research and Education projects leveraged the assets of MCW and/or secured additional funding totaling more than $36.5M through the National Institutes for Health (NIH), the American Heart Association (AHA), the National Heart, Lung and Blood Institute (NHLBI), the National Institute of Allergy and Infectious Diseases (NAI), the Juvenile Diabetes Research Foundation, matched funds, foundations, and other funding sources.

Examples:

Regeneration of Infarcted Myocardium with Islet 1+ Cells (2008 Competitive Research Award)  Research has shown that adult stem cells may be able to contribute to the regeneration of organs in adults. However adult stem cells alone cannot completely repair the organ. Nowhere is this truer than in the case of the damaged heart. When contractile cells of the heart die, for example during a heart attack, they are not able to regenerate by proliferation (cell division). And, unfortunately, the existence of definitive stem cells capable of replacing the lost contractile cells remains uncertain. This project evaluates the potential of transplanting islet-1 cells capable of engrafting damaged myocardium (heart tissue) and developing into beating cardiac myocytes (muscle cells). An exciting new area of research, this $128K AHW award has leveraged $7.9M from the National, Heart, Lung and Blood Institute.

MCW Humanities Program (2006 REIF-Education Award)  The MCW Medical Humanities Program is dedicated to the goals of professionalism, communication, empathy, and reflection upon the duties of physicians and the characteristics of the professional, the meaning of illness and suffering, and the importance of listening to and caring for patients. The implementation of these goals through faculty development and student education enhances the doctor-patient relationship, improving the health and quality of life of the citizens of Wisconsin. As a result of this award, two elective medical humanities courses were designed and then incorporated into the medical education curriculum and an annual medical humanities keynote presentation is hosted by the College and open to the public. This $150K Education Award has leveraged an additional $152K from private foundations including the David and Julia Uihlein Charitable Foundation, Wisconsin Academy of Family Physicians Foundation, Harry G. and Charlotte H. Slater Family Fund of the Greater Milwaukee Foundation, and the MCW-Marquette Medical Alumni Class of 1956.

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.

- 91% of the completed AHW research and education projects have disseminated information to professional colleagues and the public.
- As a result of the AHW Research and Education awards, 233 presentations were made via regional, state, national and international conferences and 89 manuscripts were published or accepted for publication.

Examples:

Programmatic Support for the Center for Biopreparedness and Infectious Disease, CBID (2007 REIF-Research Award)  Programmatic support for the Center for Biopreparedness and Infectious Disease has allowed investigators to work together to advance understanding of the underlying mechanisms of infectious disease. The long-term goals of the Center for Biopreparedness and Infectious Disease include the translation of discoveries derived from laboratory models into new products that will protect the health of the citizens of Wisconsin and the nation. As a result of this award, the CBID has established a seminar series featuring distinguished faculty speakers to increase awareness of infectious disease. In addition, CBID researchers have made 51 presentations related to their work at regional state, national and international conferences, and have secured $3.4M in extramural funding from the National Institute of Allergy and Infectious Diseases.
A Collaborative Approach to Integrating Longitudinal Themes Throughout the Educational Curriculum (2007 Competitive Education Award)

This project focuses upon the longitudinal integration of geriatric medicine throughout the medical school curriculum. The project's foundation is educational collaboration between basic and clinical science educators to create curricula that emphasize basic science foundations and key applications of clinical medicine. The project completed needs assessments with course directors, created geriatrics educational materials aligned with the identified needs, and implemented the new education components in the targeted courses. As a result of this award, geriatric medicine has been integrated into over 15 medical school courses, and information gained as a result of this project has been shared at 30 regional, state, national and international conferences and led to two publications in peer-reviewed journals.

TRANSFORMATION

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

- $2.7M was committed to nine education projects to improve the skills, knowledge and attitude of medical students, graduate students, residents, and other health professionals. The education of health professionals is 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.
- $8M was committed to five of the completed research projects in clinical and translation science. 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 investment in research and education provides the necessary infrastructure for multi-disciplinary, interdisciplinary, and clinical and translational research programs and has cultivated an environment that fosters continuous improvement, organizational renewal and exceptional service to members of the community.

Examples:

Clinical and Translational Science Institute- CTSI (2007 REIF-Research Award)  This project established the foundation for the creation of a Clinical and Translational Science Institute for South East Wisconsin in collaboration with Marquette University, UW-Milwaukee, and Milwaukee School of Engineering, among several additional inter-institutional and community partners. Establishing a strong foundation for the CTSI has been transformative in developing the necessary research and training environment to enhance the quality of clinical and translational research and speed the translation of research discoveries into preventions, treatments, and cures for the people of Wisconsin. AHW funding supported planning for several key program components of the CTSI, including methods for connecting researchers with volunteers interested in participating in clinical studies, development of new education programs for clinical researchers, creation of an office of mentoring in translational research, and the development of a new PhD program in Clinical and Translational Rehabilitation Health Sciences in collaboration with Marquette University. A total of 27 students were enrolled in education programs resulting from this award, including 15 students for the MS degree in Clinical and Translational Science and 12 students for the K30 program. The AHW investment in the CTSI leveraged the receipt of a $20M NIH award.

Developing a Technology and Internet Based Infrastructure/Program for MCW Continuing Medical Education (2007 Competitive Education Award)  As a result of this award, the necessary technology platform was established to support web-based delivery of Continuing Medical Education (CME). An iTunes University site was fully established in early 2010 with a dedicated platform for CME. An enrollment process was established in ANGEL, a learning management software system, with procedures developed for awarding CME credit online. Departments contributing content to the iTunes University site include: Center for Bioethics and Medical Humanities, Medicine, Psychiatry and Behavioral Medicine Surgery, and the Primary Care Initiative. More than 60 lectures are available through the site with additional presentations uploaded on an ongoing basis. The Primary Care Initiative Physicians are now using the newly established infrastructure to receive pharmacology updates and CME credit for viewing the online lectures. AHW funding for this project was transformative in increasing the efficiency and capacity for physicians and health care professionals to enhance knowledge and training, ultimately leading to improved physician performance.
Projects should build on community and academic strengths by developing and sharing resources to teach and learn together.

- 5 of the 23 completed projects involved participation by both community and academic partners and built on strengths by learning together and from one another.
- $8M was committed to 5 projects in clinical and translational science.
- More than $2.75M was committed for 9 projects to improve skills, knowledge and attitudes in health care professionals and to explore innovations in education.

Examples:

**Clinical Research Infrastructure (2006 REIF-Research Award)** This award supported planning in three program areas necessary for clinical research at the Medical College: 1) developing a model for community-academic research, 2) planning for a research development office, 3) developing a graduate degree program in Clinical and Translational Research. Building on the College’s strong history of community-academic partnerships, a study was conducted to identify barriers to community participation in research. As a result, new models of engaging communities in research were developed, and existing models modified, to support translational research. In addition, a community-issue forum hosted in collaboration with the Milwaukee Community Engaged Research Network explored challenges and opportunities in community-engaged research. The Clinical and Translational Research Support Office was developed offering services at MCW and partnering academic institutions. The office has forged new inter-institutional and multi-disciplinary collaborations and provides research guidance to new investigators. New graduate education programs in clinical science were approved.

**Integrated Curriculum in Health Policy and Population Health (2007 Competitive Education Award)** The traditional model for medical student education inadequately addresses preparation in public health and community medicine, health systems, and health issues for underserved populations. This project aimed to develop curricula in population health and health policy that builds upon the community-academic partnership strengths of the Medical College. An Advisory Committee with community representation provided input on evolving population health and policy objectives. These individuals used their expertise in public health, social determinants and community-based research to inform the curriculum. Collaborations resulting from this project with the City of Milwaukee and West Allis Health Departments are now providing opportunities for student service learning activities.
HEALTH IMPROVEMENT THROUGH RESEARCH AND EDUCATION

NEW KNOWLEDGE  New knowledge will be discovered and promoted.

- 91% of the completed Research and Education projects have disseminated information to professional colleagues and the public.
- Over 230 presentations were made to regional, state, national, and international audiences.
- 89 manuscripts were published in peer-reviewed scientific journals

Examples:

**The role of IL-1 in type 1 diabetes (2007 Competitive Research)** Successfully delaying or preventing type 1 diabetes (T1D) will depend on reliably distinguishing those individuals that will progress to T1D from those individuals possessing a high risk for T1D. Such assessment is difficult because T1D is asymptomatic prior to onset, relevant tissues are impossible to obtain, and pancreatic immune responses are difficult to measure in the periphery. This project evaluated the application of a sensitive genomics-based blood test to human T1D and the Biobreeding (BB) rat model of T1D. Findings resulting from this study contributed new knowledge and resulted in nine presentations to regional, state, national, and international audiences and two scientific papers were published.

**Educational Scholars- Building Our Educational Capacity through Faculty Development (2006 REIF-Education Award)** This program was designed to build and sustain educators through a structured, modular-based, longitudinal faculty development program. The program was developed in response to two converging forces: (1) the proliferation of new knowledge in the field of education and in medicine and (2) the expectation by accrediting bodies that curricular, teaching, learner assessment, and program improvement decisions are informed by educational principles and evidence. As a result of the work on this project, 28 presentations were made to regional, state, national, and international audiences and four scientific papers were published.
FUND MANAGEMENT

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, other equity securities, and accrued interest and dividends thereon and are reported at fair value. 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 separate 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 assured. 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, 2010 and 2009, 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 $8,499,000 and $31,285,000, respectively. The deficiencies as of June 30, 2010 and 2009 resulted from unfavorable market fluctuations and are offset by the accumulation of unappropriated income from those funds. As deemed prudent by the Board of Trustees, the College continued to appropriate returns for expenditure in accordance with the endowment fund spending policy in support of the purposes and programs of the Program.

The grant agreement placed a temporary restriction on $30,000,000 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, 2010 and 2009. The following pages reflect the financial position for the fiscal years ended June 30, 2010 and 2009 and the activities and changes in net assets for the fiscal year ended June 30, 2010.

Advancing a Healthier Wisconsin
Statement of Financial Position
As of June 30, 2010 and 2009
(in thousands)

<table>
<thead>
<tr>
<th>Assets:</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments, at fair value:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spendable income funds</td>
<td>$ 43,569</td>
<td>$ 42,135</td>
</tr>
<tr>
<td>Endowed funds</td>
<td>280,190</td>
<td>257,291</td>
</tr>
<tr>
<td>Total investments</td>
<td>323,759</td>
<td>299,426</td>
</tr>
<tr>
<td>Total assets</td>
<td>$ 323,759</td>
<td>$ 299,426</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due to The Medical College of Wisconsin, Inc.</td>
<td>$ 558</td>
<td>$ 1,747</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>558</td>
<td>1,747</td>
</tr>
</tbody>
</table>

Net Assets:

| Temporary Restricted         | $ 34,512     | $ 8,990      |
| Permanently Restricted       | 288,689      | 288,689      |
| Total net assets             | 323,201      | 297,679      |

Total liabilities and net assets | $ 323,759 | $ 299,426 |
Advancing a Healthier Wisconsin  
Statements of Activities and Changes in Net Assets  
For the Fiscal Year Ended June 30, 2010  
(in thousands)

<table>
<thead>
<tr>
<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>Faculty salaries</td>
<td>472</td>
<td>2,404</td>
</tr>
<tr>
<td>Staff salaries</td>
<td>689</td>
<td>1,696</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>349</td>
<td>1,213</td>
</tr>
<tr>
<td>Supplies, service, and other</td>
<td>349</td>
<td>1,889</td>
</tr>
<tr>
<td>Subcontracts</td>
<td>3,286</td>
<td>218</td>
</tr>
<tr>
<td>Equipment</td>
<td>-</td>
<td>393</td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td><strong>5,145</strong></td>
<td><strong>7,813</strong></td>
</tr>
<tr>
<td><strong>Net assets released from restrictions</strong></td>
<td><strong>(5,145)</strong></td>
<td><strong>(7,813)</strong></td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
</tr>
<tr>
<td><strong>Unrestricted net assets, beginning of year:</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ -</strong></td>
</tr>
<tr>
<td><strong>Unrestricted net assets, end of year:</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ -</strong></td>
</tr>
</tbody>
</table>

Changes in temporarily restricted net assets:

<table>
<thead>
<tr>
<th></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>Investment income</td>
<td>2,237</td>
<td>4,421</td>
<td>6,658</td>
</tr>
<tr>
<td>Realized losses on investments</td>
<td>(2,151)</td>
<td>(4,217)</td>
<td>(6,368)</td>
</tr>
<tr>
<td>Unrealized gains on investments</td>
<td>12,880</td>
<td>25,310</td>
<td>38,190</td>
</tr>
<tr>
<td><strong>Net assets released from restrictions</strong></td>
<td><strong>(5,145)</strong></td>
<td><strong>(7,813)</strong></td>
<td><strong>(12,958)</strong></td>
</tr>
<tr>
<td>Increase in temporarily restricted net assets</td>
<td><strong>7,821</strong></td>
<td><strong>17,701</strong></td>
<td><strong>25,522</strong></td>
</tr>
<tr>
<td>Temporarily restricted net assets, beginning of year:</td>
<td><strong>$ (825)</strong></td>
<td><strong>$ 9,815</strong></td>
<td><strong>$ 8,990</strong></td>
</tr>
<tr>
<td>Temporarily restricted net assets, end of year:</td>
<td><strong>$ 6,996</strong></td>
<td><strong>$ 27,516</strong></td>
<td><strong>$ 34,512</strong></td>
</tr>
</tbody>
</table>
Changes in permanently restricted net assets:

<table>
<thead>
<tr>
<th>Description</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>Change in permanently restricted net assets (in thousands)</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Permanently restricted net assets, beginning of year:</td>
<td>$ 101,001</td>
<td>$ 187,688</td>
<td>$ 288,689</td>
</tr>
<tr>
<td>Permanently restricted net assets, end of year:</td>
<td>$ 101,001</td>
<td>$ 187,688</td>
<td>$ 288,689</td>
</tr>
</tbody>
</table>

The MCW Consortium on Public and Community Health authorized the following changes in outstanding commitments for the Advancing a Healthier Wisconsin program (in thousands):

**COMMITMENTS:**

**Inception to June 30, 2009:**

- Authorized funding: $30,463, $51,365, $81,828
- Budget reductions: $(2,334), $(5,231), $(7,565)
- Expenditures: $(18,154), $(21,211), $(39,365)
- Unused funds released from commitment: $(1,411), $(2,779), $(4,190)

Outstanding commitments, June 30, 2009: $8,564, $22,144, $30,708

**July 1, 2009 - June 30, 2010:**

- Authorized funding: $8,614, $8,961, 17,575
- Expenditures: $(5,145), $(7,813), $(12,958)
- Unused funds released from commitment: $(348), $(201), $(549)

Outstanding commitments, June 30, 2010: $11,685, $23,091, $34,776

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% during the fiscal year ended June 30, 2009.
Open Meetings and Public Record Laws Statement

The MCW Consortium on Public and Community Health, Inc. (MCW Consortium) 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 (AHW) 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 2009-2010 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) 955-8800 or e-mailing healthierwisconsin@mcw.edu.

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