



2014 - 2019 Five-Year Plan

Wisconsin Partnership Program

University of Wisconsin School of Medicine and Public Health



**School of Medicine
and Public Health**

UNIVERSITY OF WISCONSIN-MADISON



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Acronyms

WPP.....Wisconsin Partnership Program	MPH..... Masters in Public Health
OAC.....Oversight and Advisory Committee	NIH..... National Institutes of Health
PERCPartnership Education and Research Committee	NORC Nutrition and Obesity Research Center
UWSMPHUniversity of Wisconsin School of Medicine and Public Health	PRC..... Prevention Research Center
CDC.....Centers for Disease Control	SHOW Survey of the Health of Wisconsin
DHSDepartment of Health Services	TME..... Transforming Medical Education
DPH.....Division of Public Health	UWF University of Wisconsin Foundation
ICTR.....Institute for Clinical and Translational Research	WARM Wisconsin Academy for Rural Medicine
LIHFLifecourse Initiative for Healthy Families	WOPN Wisconsin Obesity Prevention Network
MCWMedical College of Wisconsin	WUHF..... Wisconsin United for Health Foundation

Letter from the Dean

It is a pleasure and a privilege to present the 2014-2019 Five-Year Plan of the Wisconsin Partnership Program (WPP) to our many stakeholders. The plan reflects numerous thoughtful discussions of past accomplishments as well as future directions. We began by carefully assessing the grantmaking of the WPP's two governance committees, the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC). Both committees evaluated myriad factors—what was achieved, and what merits greater attention—as they map progress toward the WPP's vision of making Wisconsin a healthier state for all.

The University of Wisconsin School of Medicine and Public Health (UWSMPH) is always mindful of the unprecedented good fortune, and enormous responsibility, that accompanied the creation of the WPP. Given significant resources to invest in community engagement, research and education, we fully embrace our obligation to be transparent, accountable, collaborative and innovative as we broaden our approach to service, education and research by incorporating public health principles and practices.

Toward that end, I am pleased to announce that the UWSMPH has received the 2013 Spencer Foreman Award for Outstanding Community Service, presented annually by the Association of American Medical Colleges. The Award recognizes exceptional programs that go well beyond the traditional role of academic medicine by being responsive to community and social needs and by exhibiting true partnerships with communities. The WPP's dedication to community engagement set the stage for this honor.

Appraisal of the entire WPP portfolio illustrates its depth and breadth, and reflects the charge to the PERC and OAC to ensure a substantial return on their investments to make Wisconsin a healthier state. From its inception, the WPP has promoted collaboration between community partners and University faculty to achieve the greatest impact. Collaboration extends to the committees as well, as they respond to creative ideas to solve the many public health challenges facing Wisconsin. In all of these efforts, the Wisconsin Idea—extending the boundaries of the university to the far corners of the state—remains our central theme.

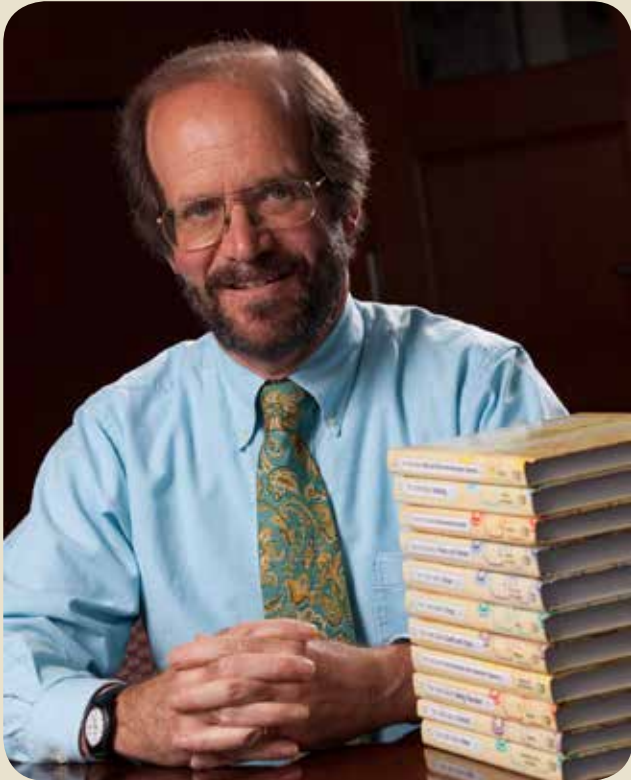
As both committees engaged in strategic planning, they focused on examples of the WPP's past and current efforts to build healthier communities. Some examples include: innovative transformation of the UWSMPH curriculum, which has attracted national recognition; the growing number of community partnerships; new research collaborations among faculty; broader statewide dissemination and application of research results; replication of successful community programs; and expanded education and training for the current and future public health workforce.

The committees have identified future joint funding priorities, accelerating the WPP's progression toward more strategic grantmaking. One example of this more focused, innovative approach is the healthy birth outcomes initiative in African American communities. This was a cornerstone of the 2009-2014 Five-Year Plan, and these efforts continue. Targeted funding will expand with the Obesity Prevention Initiative described in the following pages. This initiative is critical because the obesity epidemic is widespread, sparing no community or socioeconomic strata from its devastating effects.

As you read this plan, I hope you will find it to be a valuable reference—regarding not only the WPP's past and current accomplishments, but also the aspirations and expectations we hold for the future.



Robert N. Golden
Dean, UW School of Medicine and Public Health



Introduction

This 2014-2019 Five-Year Plan is the third since the inception of the Wisconsin Partnership Program (WPP). The WPP was created in 2004 as a result of the conversion of Blue Cross/Blue Shield United of Wisconsin to a for-profit enterprise. The proceeds of the sale were distributed to the two Wisconsin medical schools to improve the health of the public. The WPP expresses appreciation to Blue Cross/Blue Shield United of Wisconsin for these resources to benefit the people of the state and for its foresight in selecting the two medical schools as the stewards of these funds.

In its stewardship of these funds the WPP has, since the beginning, closely adhered to its foundation documents—the Insurance Commissioner's Order, the WPP Five-Year Plan, and the grant agreement covering the responsibilities and obligations of the Wisconsin United for Health Foundation, Inc. (WUHF), the UW Foundation and the UW System Board of Regents. Two committees govern the WPP's compliance, the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), which ensure that grantmaking efforts are aligned with the mission and vision of the WPP.

This Five-Year Plan is the culmination of 18 months of strategic discussions within the OAC and PERC. Both governance committees reviewed progress in light of the WPP's mission to serve the public health needs of Wisconsin, and to reduce health disparities through research, education and community partnerships.



The WPP remains committed to maintaining a balanced portfolio of investments in programs and initiatives that encompass community-academic partnerships, innovative education and training initiatives for students, fellows and the public health workforce, and basic, clinical, translational and applied public health research—all embodying the Wisconsin Idea. Toward that end, the WPP has distributed 329 grants totaling more than \$129 million (from WPP's inception through October 2013, see Figure 1).

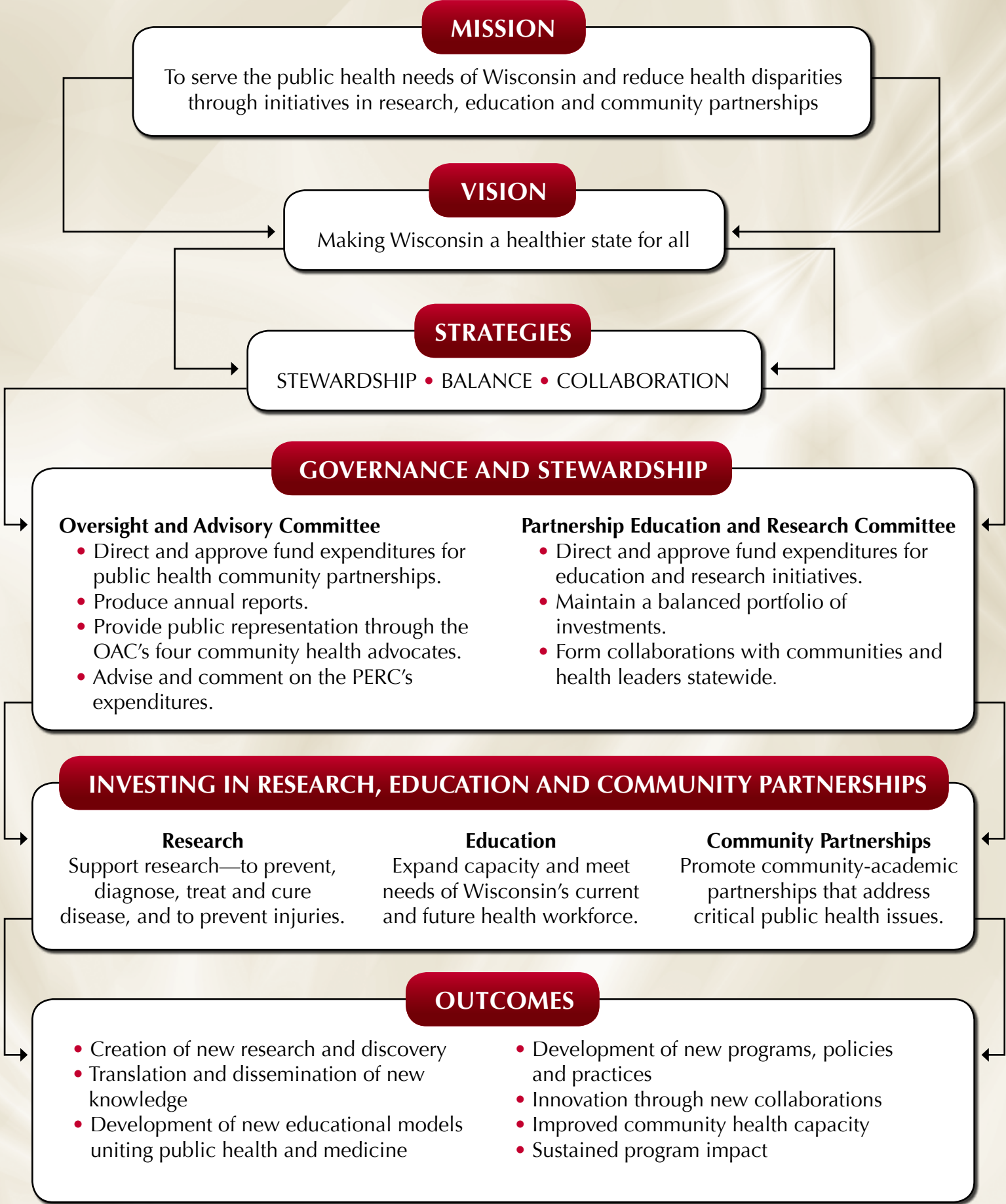
Figure 1. Total WPP Grant Awards—2004 through October 2013

As the committees developed this Five-Year Plan, they gave consideration to sustaining successful programs and determining which health issues required greater attention. The committees assessed current grant programs, debated new initiatives, measured and evaluated impact, and sought public comment. There was affirmation of the overarching strategies of this Plan—stewardship, balance and collaboration—and of the goal to achieve lasting impact on the health of the people of Wisconsin.

As the OAC and PERC discussed the ways in which the WPP's investments could benefit the state in significant, measurable ways, the committees made a commitment to address one of the state's most complicated public health challenges—obesity. The committees also discussed how to be more responsive both to community needs and to faculty ideas by streamlining various processes.

Narrowing the focus of grants to a smaller range of topics, translating and disseminating successes, promoting sustainability, developing stronger connections between WPP grantees to enhance opportunities for collaboration and to provide greater impact—these were the primary principles accepted in this Plan. The committees are dedicated to applying these principles throughout the WPP's grantmaking—for the benefit of people statewide.

2014-2019 Five-Year Plan FRAMEWORK



Impact of the Wisconsin Partnership Program

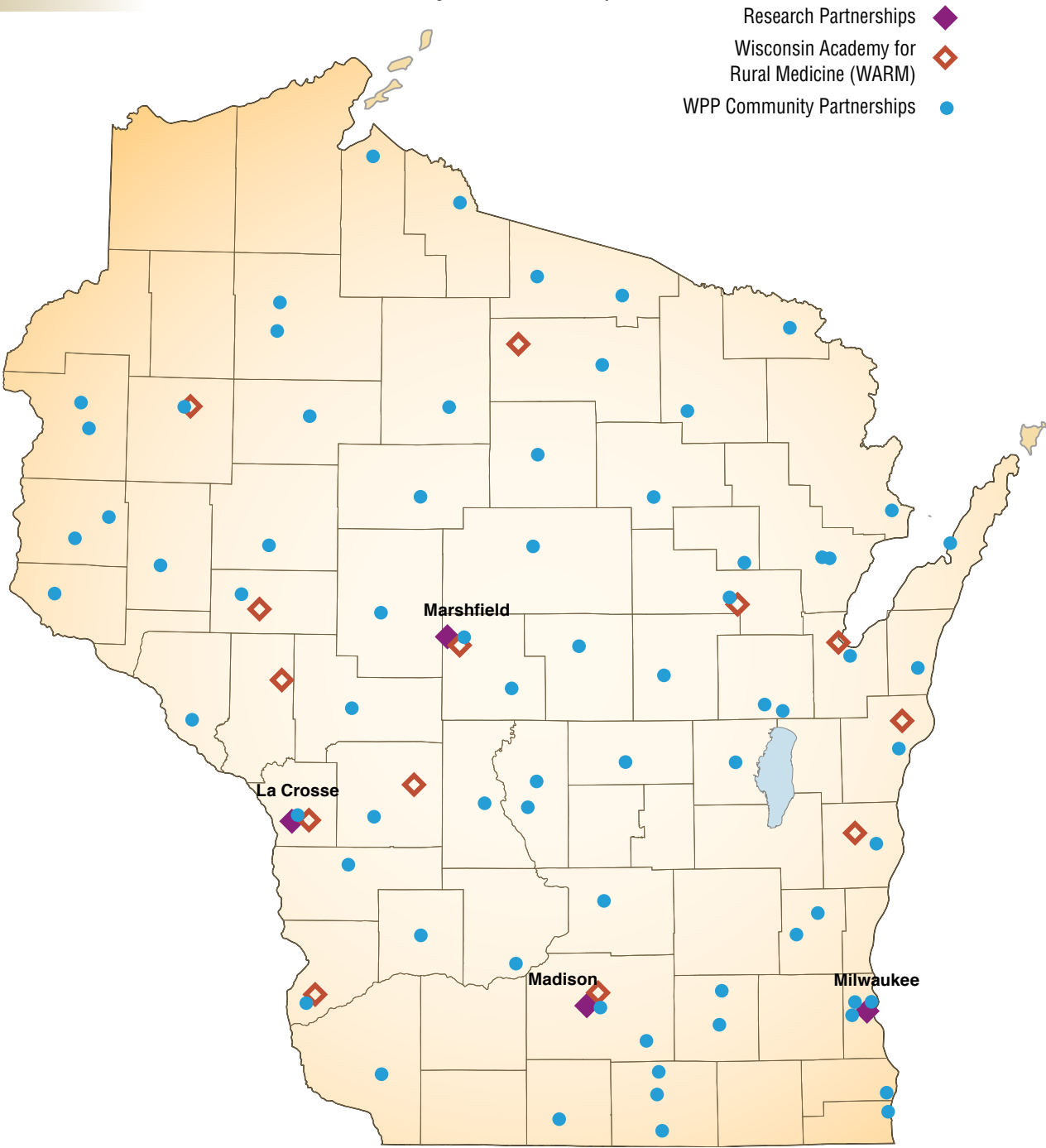
The WPP is approaching 10 years of:

- Advancing health, and preventing injury and disease
- Transforming the education of the health workforce
- Building healthier communities
- Total awards since 2004: \$129 Million to 329 grantees
- Leveraged support from grantees: \$228 million

The WPP-funded projects:

- Engage UW faculty/staff as academic partners: 130
- Support researchers in innovation: 150
- Benefit students and trainees: 1,000
- Partner with community organizations: 164
- Serve counties across Wisconsin: All 72 counties

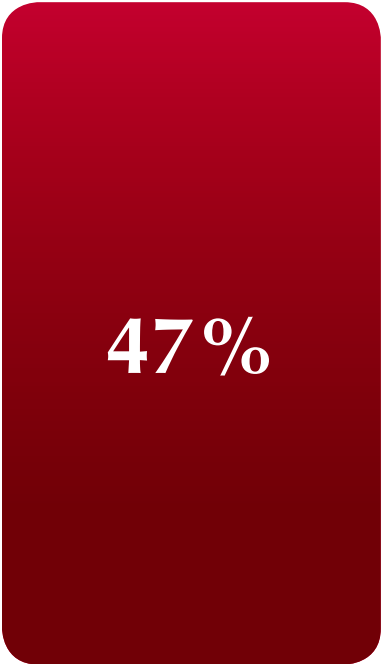
Research Education and Community Partnerships



Accomplishments of the 2009-2014 Five-Year Plan

The WPP has invested in a balanced array of projects to promote health improvement (Figure 2), and those projects have yielded impressive accomplishments. The WPP’s awards have enabled leaders in public health, educators, policy makers, scientists and clinicians to address serious health challenges in innovative ways.

Through funding approved by the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), the programs and projects have yielded important accomplishments and successfully aligned with the WPP’s targeted outcomes as shown below. Following each outcome is one of the many examples of successful projects.



Public Health Portfolio

- Community-Academic Partnership Fund
- Lifecourse Initiative for Healthy Families
- Applied Public Health Research Grants



Public Health Education and Training Grants

- Healthy Wisconsin Leadership Institute
- Wisconsin Population Health Fellowship Program
- Transforming Medical Education



Clinical & Translational Research Grants

- Institute for Clinical and Translational Research
- Health Innovation Program



Basic Science Research Grants

- Wisconsin Infectious Disease Drug Discovery

Creation of New Research and Discovery – providing opportunities for researchers to form new interdisciplinary collaborations, supporting new investigators in launching successful careers, expanding research interests into new areas and moving research from the laboratory to the bedside and into communities.

Filling a Critical Need: Identifying Possible New Antibiotics
“Wisconsin Infectious Disease Drug Discovery” (PERC funded 2007-2011)
Because developing new antibiotics has slowed dramatically, the goal was to identify possible new antimicrobial drugs—by bringing together researchers from a variety of disciplines. (The 12 collaborators on the project were from the UWSMPH, the School of Pharmacy, the College of Agricultural and Life Sciences and the College of Letters and Science.) The investigators identified candidates for potential anti-bacterial and anti-fungal drugs, which are currently undergoing refinement and pre-clinical testing. This campus-wide collaboration is now the basis for launching an infectious disease drug discovery research program of unprecedented strength and breadth.

Translation and Dissemination of Knowledge – supporting research and programs aimed at extending interventions and best practices into communities; connecting faculty with health care providers and community organizations throughout the state, and providing opportunities to address local health problems.

Significantly Increasing Kids’ Activity Levels—by Improving School Fitness Programs
“Wisconsin Partnership for Childhood Fitness” (OAC funded 2007-2014)
The OAC provided funds to the Wisconsin Department of Public Instruction for two projects that tested and expanded a national model school-based fitness assessment, Fitnessgram. Results show greater physical activity and improvements in fitness levels, and 448 schools (serving 16,474 students) consequently use Fitnessgram. Phase two of this project aims to reduce disparities in fitness levels among children/adolescents statewide.

Development of New Educational Models Uniting Public Health and Medicine – integrating public health principles and practices into the medical school curriculum, developing new degree and certificate programs focusing on public health, coordinating fellowship opportunities with public health agencies, and training graduates to work in Wisconsin communities.

Promoting Medical Practice in Rural Wisconsin
“Wisconsin Academy for Rural Medicine (WARM)” (PERC funded 2004-2011)
Created with WPP funding in previous plans, WARM is dedicated to increasing the number of physicians who will ultimately practice in rural Wisconsin. There are now three WARM sites—Marshfield Clinic, Gundersen Health System in La Crosse, Aurora/Aurora BayCare in Green Bay. WARM also spurred development of new clerkships offered outside of Madison. Close to 60 percent of WARM graduates have entered primary care residencies and/or have residencies in Wisconsin, which is predictive of future workforce practice needs.

Development of New Programs, Policies and Practices – supporting research and programs to: advance evidence-based health interventions, policies and practice patterns in the community; bring together diverse groups around challenging public health issues; launch programs that inform policy; and break down walls that traditionally separated research from practice.

Tracking Wisconsin’s Health—to Understand Successes and Issues Needing Attention
“The Survey of the Health of Wisconsin (SHOW)” (PERC-funded since 2004)
Extensive data (biologic samples and information from in-depth interviews) from this innovative statewide surveillance program can reveal causes of both wellness and poor health, track trends over time and aid research. Data are available to all researchers, including partners such as the Wisconsin Department of Health Services (DHS). The data have helped: evaluate the impact of the statewide smoking ban, explore neighborhood economics and fast food outlets in relation to health, and examine the risks associated with Superfund sites. SHOW data will also help inform the emerging Obesity Prevention Initiative (see page X).

Innovation through New Collaborations and Partnerships – emphasizing novel interdisciplinary research collaborations and creating community academic partnerships as a way to promote innovative and promising collaborative efforts.

Helping State’s Seniors Step with Confidence—and without Falls
“Wisconsin Falls Reduction Project” (OAC funded 2006-2010)
Because falls are the leading cause of injury among those over 65, this project used two evidence-based programs in collaboration with state government and community-based partners. One program, Sure Step, which showed a 50 percent reduction in falls, also trained many health professionals in the curriculum. The second program, Stepping On, resulted in a 40 percent reduction in falls. (Note: To aid in the project’s sustainability and the implementation of its findings, the PERC recently funded a new collaboration of experts to develop, test and widely disseminate Keep On Stepping On.)

Improved Community Health Capacity – continually developing partnerships with community-based organizations across the state to improve and enhance the capacity for improving community health. Whether a neighborhood, rural county or urban city—all are the physical and cultural settings for promoting healthy lifestyles.

Homicides Reduced by 52 Percent—vs 9.2 Percent in Control-Site Neighborhoods
“Expanded Community Role in the Milwaukee Homicide Review Commission (MHRC)” (OAC funded 2005-2011)
This project provided funding to the Milwaukee Police Department (MPD) to build local capacity in promoting healthy and safe neighborhoods and to create valuable conduits between community members and the MPD to reduce violence. The data showed “a statistically significant reduction in homicides in Milwaukee. Specifically, where the MHRC was involved (the intervention sites), homicides were reduced 52 percent compared to 9.2 percent in the control sites.”

Sustained Program Impact – supporting research and programs that offer promise for sustained policy strategies or health impact, providing initial funding for transformative projects, maximizing leveraging opportunities and focusing on sustainability as a program goal. See Figure 3 for the extent to which faculty have leveraged PERC’s support to gain added funding.

Securing Millions in NIH Funding for UWSMPH
“Institute for Clinical and Translational Research (ICTR)” (PERC-funded since 2006)
A partnership of the Health Sciences Schools and Marshfield Clinic, ICTR helps transfer research findings into clinical practice, community health programs and health policy. Through the ICTR Community-Academic Partnership Program, UW faculty engaged 225 community partners in their research. In 2012, with support from the WPP, ICTR received National Institutes of Health funding of \$41.5 million over five years, one of the largest grants ever awarded to the UWSMPH.



Figure 3. Additional Funding from Other Sources (e.g., the National Institutes of Health, the Centers for Disease Control and private foundations)

Developing This Five-Year Plan

The two governing committees, the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC), participated in strategic planning meetings over 18 months to identify funding priorities that would make Wisconsin a healthier state. The WPP also convened a Five-Year Planning Subcommittee to provide regular feedback on the plan’s development.

Guiding the entire planning process were the WPP’s strategic goals (Table 1). These goals were developed in response to feedback from public and stakeholder input.

Table 1: WPP Strategic Goals for 2014-2019

Advance stewardship role by prioritizing, planning, managing and strategically allocating resources.
Identify opportunities where investments will benefit the state in significant, measurable and lasting ways.
Engage in innovative interdisciplinary research, and transform health education, with the goal of creating healthier communities.
Focus, expend and leverage resources strategically among a range of approaches related to health (behavior, social and economic factors, physical environment)—to produce better health outcomes for Wisconsin residents.
Build partnerships and collaborate with others to maximize opportunities for capacity building, collective impact and collaborative leadership.
Engage key representatives and stakeholders to ensure that community needs and interests are respected.
Share and disseminate new knowledge and tools from funded projects as they relate to practices, policies and strategies among our statewide partners.
Evaluate major programs and strategic initiatives to document the return on the investments.

- During their planning, both committees sought to:
- Create a balanced approach for allocating resources
 - Optimize project investments likely to have the greatest impact
 - Address the state’s most significant health issues
 - Consider the interests of key stakeholders, including the public

The WPP relied on the Making Wisconsin the Healthiest State project as a starting point for project investments. Initiated and funded through a WPP grant, the project—now replicated in states nationwide—provides ongoing assessments of the health of the people of Wisconsin.

“A nutrient poor diet, excess consumption of calories, and low levels of physical activity are major causes of obesity, premature death and a range of chronic conditions. Healthy behaviors while young are important for According to an update from this project—the 2013 *Wisconsin Health Trends: Progress Report*—Wisconsin is making progress toward the WPP goal of living longer. However, these data suggest that not everyone in the state is living better. If left unaddressed, many of the trends Wisconsin is now experiencing—including increasing rates of adult obesity, low birth weight babies, people who report their overall health to be fair or poor, along with worsening social and economic factors—will lead to poorer health outcomes and more disparities in the future.

Current trends in health outcomes and health factors are markedly different for different subgroups within the state’s population. Efforts to improve health through the WPP must consider the full array of factors that influence how long and how well we live,

To proceed with the planning, leadership and staff from both Wisconsin medical schools, UWSMPH and Medical College of Wisconsin (MCW), met regularly to discuss opportunities for collaboration, while also sharing results from public input. The Leading the Way Conference, sponsored by the UWSMPH and MCW, convened over 300 grantees, applicants and stakeholders to highlight both successes and lessons learned with the intent of informing future planning.

To reach the broadest possible audience, the WPP sponsored a six-month web survey, inviting participation via email and e-alert reminders. Responses came from individuals across the state representing nonprofit, community-based, or governmental organizations, the UW System and health care providers.

In a more targeted survey, the WPP received input from 1,086 individuals affiliated with a WPP grant or application, including principal investigators, collaborators, academic partners and leaders of community organizations. The survey sought input—from those most familiar with WPP programs—about health priorities and processes for improving grantmaking.

When asked in open-ended questions about the most important priorities they would like the WPP to address in the next five years, respondents most often noted the following:

- Obesity-related topics
- Alcohol and drug abuse
- Mental and behavioral health issues
- Improved African American infant mortality
- Enhanced health promotion and disease prevention efforts
- Improved access to health care
- Social determinants of health

Survey participants referred to the prevention of **obesity and obesity-related topics—including childhood obesity, diabetes, nutrition and fitness—three times as often** as any other health issue.

There were clear parallels between the Making Wisconsin the Healthiest State findings and the health priorities enumerated by public survey participants. Details about the issues prioritized by the committees can be found on page X (OAC) and X (PERC).

Opportunities to Make Wisconsin the Healthiest State



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Oversight and Advisory Committee Future Investments

The role of the Oversight and Advisory Committee (OAC) is to improve health by awarding grants for community-academic partnerships and targeted initiatives. The OAC focuses on promoting evidence-based health promotion and disease prevention programs, as well as effective community and system policies and practice changes. The OAC funds programs that respond to diverse community needs and assets, and that ultimately are expected to result in sustained health improvement.

Strategic Planning Process

The objective of the OAC’s strategic planning process was to develop a funding strategy that would reflect not only the WPP’s mission and vision, but also the OAC’s goals to maximize long-term impact. Broad discussion topics included providing solutions to Wisconsin’s health problems, identifying how funding can have the greatest impact, and leveraging public and private support to sustain successful projects. Throughout the planning process, the OAC considered input from key stakeholders and from the public (see the Developing the Plan section, page X).

Overall Approach to Investments

The OAC’s strategic priorities and initiatives are grounded in the WPP’s eight core goals (Table 1). The OAC’s overall approach includes investing in:

- Developing, testing and adopting evidence-based solutions through community-academic partnerships—specifically through the Community Academic Partnership Grant program
- Leveraging resources in partnership with local, state and national groups—through the new Opportunity Grant Program
- Supporting public health workforce development—through the Healthy Wisconsin Leadership Institute, and the Wisconsin Population Health Service Fellowship Program (the latter described on page X)

The OAC will prioritize funding encompassing the strategies of stewardship, balance and collaboration.

Stewardship—The OAC will seek to fund programs that maximize the social return on investments, leverage resources, and benefit the state in significant, measurable and lasting ways. The OAC will annually review the expenditure policy to align with strategic opportunities.

Balance—The OAC will develop a framework that allows for balanced allocation of resources across a range of programs and involving various health approaches—including policy, advocacy, system and environmental strategies. Part of this framework is described in the report *Opportunities to Make Wisconsin the Healthiest State*. This report examines four major components: individual health behaviors, clinical care, social and economic factors, and the physical environment.

Collaboration—To optimize impact and return on investment, the OAC will work in concert with internal and external strategic partners including UWSMPH institutes, centers and programs, as well as external partners across the UW System, at the Medical College of Wisconsin (MCW), and at statewide health organizations. The OAC will annually review progress toward goals as related to its strategic partnerships. The committee will also emphasize connections among grantees that have similar aims.

“By focusing on investments that will promote evidence-based changes in our health—as applied to individual behaviors as well as our physical and social setting—the OAC is creating healthier communities and ultimately a healthier Wisconsin.”

**— Patrick Remington, MD, MPH, OAC Chair
Associate Dean for Public Health, Professor of Population Health Sciences**

“Cooperation between public health and health care can help identify the most critical issues and the populations at risk, as well as help promote optimal local solutions.”

— Douglas N. Mormann, MS
Public Health Director, La Crosse County Health Department

OAC Grant Programs

NEW INITIATIVE • Opportunity Grant Program

Improving overall health requires public-private partnerships between the public health sector, Wisconsin’s businesses and the health care delivery system. To promote these interactions, the OAC will develop and implement a new grant category, the Opportunity Grant Program. This program will provide a small amount of funding to support short-term projects to leverage local and emerging funding opportunities. The goal is to enhance communities’ capacity to collaborate with the health care system on community-identified priorities.

The Opportunity Grant Program can capitalize on funding provided by the Patient Protection and Affordable Care Act, the Hospital Community Benefit Program, the Critical Access Hospital Program and other private sector entities. The program will promote connections to address community health needs and issues, including the underlying causes of poor health. Through a rolling application process, these grants will be strategic, flexible, responsive and timely.

CONTINUING INITIATIVES • Community-Academic Partnership Grants

The Community-Academic Partnership Grants directly serve Wisconsin communities by supporting local, regional or statewide public health programs and prevention efforts. This cornerstone program relies on successful community collaboration with academic partners within the UWSMPH and across the UW System. The goal is to bring together the expertise of communities and UW faculty and staff, which will ultimately produce long-term changes in the design and delivery of health care, in public health services and in sustainable improvements in population health. Funded programs progress from generating and testing partnerships and ideas to adopting and testing evidence-based programs. The funding continuum ranges from development awards to implementation awards.

To strengthen WPP’s commitment to Wisconsin’s most pressing public health priorities, the OAC will refocus the allocation of Community Academic Partnership Grant funds in two major areas: community-based grants to respond to local needs, and priority-focused grants within targeted funding initiatives. These focused funding initiatives include the Lifecourse Initiative for Healthy Families and the Obesity Prevention Initiative, jointly funded by the PERC (see page X). To improve health and reduce health disparities, the OAC will also emphasize projects addressing health inequities in underserved urban and rural populations. This is not a separate focus area but will be an underlying priority for all Community Academic Partnership Grants.

To help create lasting impact, the OAC’s strategies include making larger multi-year commitments, and promoting substantial community engagement. Through a Request for Partnerships, the program will emphasize the following four components:

System-Level Change — Involves investigating, developing or implementing efforts that improve public health, the health care system and social or environmental conditions that address the root causes of poor health.

Sustained Change — Requires building community capacity in policy and advocacy work, integrating change into existing programs, changing the environment and engaging the affected population(s).

Evaluation — Examines success by setting an attainable scope, creating clear and measurable goals, assessing impact and ultimately adding to the field of research or community practice.

Dissemination — One of the critical issues impeding improvements in public health today is the gap between effective programs and how those efforts are shared and implemented in communities. A key priority is to promote, disseminate and expand evidence-based strategies and best practices to improve health and prevent disease. There is an added emphasis on creating a “two-way street” among researchers, public health professionals, the health care system and business leaders.

Healthy Wisconsin Leadership Institute

The Healthy Wisconsin Leadership Institute (HWLI, www.hwli.org) is a public health leadership and training program, jointly created and funded by the WPP and MCW’s Advancing a Healthier Wisconsin endowment.

Improving health in Wisconsin will require new partnerships that reach beyond traditional boundaries of public health and health care. The HWLI Community Teams program responds to local needs using a successful model for shared learning. More than 40 communities have applied policy, systems and environmental approaches to their health initiatives, strengthening their partnerships in the process.

Going forward, the WPP’s four key areas for OAC project investments—system-level change, sustained change, evaluation and dissemination—will create a framework for HWLI programs and will more tightly integrate with WPP overall. This framework will also help link communities working on similar issues, with the goal of building capacity statewide.

The HWLI will create a model for rapid response technical assistance for communities struggling with particular aspects of their initiatives. Examples include offering easily accessible real-time skill-building components, and calling on HWLI alumni for peer training and networking.

The overarching mission of the Partnership Education and Research Committee (PERC) is to allocate funds for innovative research and education initiatives dedicated not only to health promotion and prevention, but also to the diagnosis, treatment and cure of disease, with an emphasis on reducing health disparities.

Through its grant programs—Collaborative Health Sciences, New Investigator and Strategic—the PERC has embraced the strategies of stewardship, balance and collaboration, and has aligned its investments accordingly. The committee has also been mindful of the importance of sustainability by emphasizing the need to leverage external support, enabling programs to grow to their full potential. And through community-based research, and education and training initiatives, the PERC continues to foster and strengthen partnerships between the UWSMPH and communities statewide to benefit the people of Wisconsin in lasting and measurable ways.

Strategic Planning Process

To develop this Five-Year Plan, the PERC held strategic planning sessions which led to reaffirming several principles and programs while also setting the stage for new initiatives. Aiding in this process were stakeholder surveys (see Developing the Five-Year Plan, pages X-X), which provided a valuable assessment of the PERC’s efforts as well as ideas for future initiatives.

Overall Approach to Investments

During strategic planning the following issues were addressed:

Creating balance in allocating resources – The PERC funds education and research based on the concept of a balanced portfolio—whereby awards span the spectrum from basic science to clinical science to translational and applied public health research to education. The committee also strongly supports continuation of projects that connect investigators across disciplines and into communities. Also important is making adjustments in resource allocation as grant outcomes are evaluated, to ensure alignment with the WPP’s strategic priorities.

Evaluating stewardship – THE PERC reaffirmed its commitment to rigorous monitoring of grants to measure progress, accomplishments and impact. The committee also plans to promote connections among grantees with similar aims by providing added direction regarding expectations, collaboration and evaluation of outcomes and by proactively engaging principal investigators to assess progress early in a grant’s implementation—with the goal of ensuring successful outcomes.

Creating a framework to allocate resources for education initiatives – A continuing priority is Transforming Medical Education—a program integrating public health principles and practices into the medical curriculum. The committee made a commitment to expand educational support beyond medical education to new program areas (see details, page X).

“The PERC acts as a catalyst to promote exceptional innovations in education and interdisciplinary research. By focusing on dissemination as well, successful research findings will be incorporated into practice, ultimately fostering healthier communities in our state.”

**— Richard Moss, PhD, PERC Chair
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies**

“At UWSMPH we are immersed in both patient-centered and community-based approaches to practicing medicine. When we build strong relationships with communities early in medical school, we can ensure that our graduates will continue this practice throughout their careers. These relationships, based on mutual trust and understanding, are what will ultimately benefit communities and individuals statewide.”

**— Surbhi Singhal, MD Student, Class of 2016
Referring to the Transforming Medical Education Program**

Evaluating resource allocation and anticipated impact

– Because completely assessing impact is unrealistic while a grant is being implemented, the PERC follows up with former grantees three to five years after the grant concludes, to more fully assess its impact. The committee will now expand evaluation, assessing not only individual grants but grant categories to understand the full impact of funding strategies. (See details about Evaluation on page X.) As noted earlier, WPP has leveraged \$226 million in federal, private foundation and other funding (Figure 3).

Assessing the collaboration between the PERC and OAC – The PERC recognizes that the committees’ collective vision and resources must be brought to bear on the most pressing public health challenges, such as infant mortality and obesity. Committee collaboration, a cornerstone of the WPP, is accomplished through joint funding of programs (such as the Lifecourse Initiative for Healthy Families, page X, and the Population Health Fellowship Program, page X), joint meetings, overlapping membership and regular updates on each committee’s activities. These

efforts will be expanded with the implementation of the new Obesity Prevention Initiative. The committees will also work together to increase faculty involvement in community research and to enlist more faculty in partnering with communities on local projects

Identifying a need for and developing a strategic initiative – After an extensive review, PERC elected to address a challenging and multidimensional public health problem—the obesity epidemic—and asked OAC to join them in planning this effort. The PERC sought out expertise from those at UW-Madison, the Wisconsin Department of Health Services, and the Wisconsin Obesity Prevention Network, funded by the OAC. The PERC also appointed a planning committee composed of representatives from the entities noted above, as well as from the Medical College of Wisconsin. The Obesity Prevention Initiative is described on page X. During the course of this Five-Year Plan, the PERC will review opportunities for launching another strategic initiative addressing a serious, yet-to-be-selected health issue.

PERC Grant Programs

NEW INITIATIVES

To expand its portfolio and build on the success of its current grant programs, the PERC will implement the following three new initiatives over the next five years.

Advancing the Educational Vision and Mission of UWSMPH

The PERC will continue to advance the UWSMPH's educational mission by supporting the innovative training and development of future health care professionals and biomedical scientists, guided by these goals, to:

- Improve the quality and affordability of patient-centered health care delivery
- Address health disparities
- Respond in a timely and efficient manner to public and community health needs
- Enhance the health and well-being of the people of Wisconsin

The UWSMPH's education mission encompasses exceptional education programs for biomedical science, genetic counseling, medical, physician assistant, physical therapy, public health and population health—and for undergraduate and graduate students in these specialties. The UWSMPH will enhance these programs to better address statewide health needs—and to address anticipated health care workforce challenges related to implementation of the Affordable Care Act—by building closer partnerships with other UW schools, such as Nursing and Pharmacy, and with health care systems and communities statewide. Toward that end, the PERC will address the following:

- **Creating a future health care and public health workforce—and biomedical research community—well equipped to address the state's diverse health care needs and to reduce health disparities.** Innovative pipeline and recruitment programs will build the diversity needed across different health care and scientific professions to meet the health needs of underrepresented populations.

- **Developing strong statewide community partnerships for community service learning, research and engagement opportunities for students and trainees.** To ensure ongoing community education partnerships that meet anticipated community health needs, the SMPH will develop a robust health care and education framework.
- **Building meaningful inter-professional education, research and community service learning opportunities within and across health professions to improve the quality of public health and health care delivery across the state.** Inter-professional student, community, faculty and staff learning communities will train and mentor students across health professions.
- **Enhancing distance education resources for reliable delivery of educational content to students, trainees, faculty, staff, mentors and community partners across the state.** Online educational opportunities will create a virtual learning community focused on improving health in Wisconsin.

Obesity Prevention Initiative

The PERC, in collaboration with the OAC, will support broad-based efforts to address obesity in Wisconsin. The PERC will support infrastructure for the Obesity Prevention Initiative, pilot comprehensive community interventions, develop a childhood obesity surveillance system and initiate a statewide marketing and messaging plan. For details, see page X.

Opportunity Grants Program

The Opportunity Grants Program will provide start-up funding in support of high-profile, innovative projects that have the potential for substantial leveraging. Funding will be considered for novel approaches that can improve upon traditional practice and show potential for immediate benefit. The program design will be strategic, flexible and timely.

CONTINUING INITIATIVES

The PERC will continue its three current grant programs—the New Investigator Program, Collaborative Health Sciences Program and Strategic Education and Research Program—given their notable success since their inception. The New Investigator and Collaborative Health Sciences programs are based on a competitive Request for Proposal (RFP), whereby regular funding opportunities are open to UWSMPH faculty and academic staff, as well as to their UW and community collaborators. Through the Strategic Education and Research Program, the PERC selects faculty experts to apply for funding to develop, implement and sustain major initiatives in selected topic areas.

Collaborative Health Sciences Program

The Collaborative Health Sciences Program supports novel ideas and new approaches on the part of established researchers. These grants emphasize collaborative, interdisciplinary research and education both within and outside the UWSMPH. This program will continue to address compelling public health issues by developing new collaborations and directions, leveraging resources, and launching new programs.

New Investigator Program

The New Investigator Program (NIP) allows assistant professors, early in their careers, to pursue innovative research and education efforts related to health improvement. The NIP supports preliminary work on important health issues, which, if successful, is likely to result in leveraging other funds and widespread dissemination of results. The NIP is an important component in advancing the careers of new UWSMPH faculty through pursuing projects that advance the health of the state.

Strategic Education and Research Program

Strategic Education and Research grants are usually long term. They require continued funding from the PERC to fully establish the funded activity, to show sustained impact and to support needed infrastructure for innovative research and education initiatives. These programs, which are reviewed for renewal on a three-year basis, are:

- **Institute for Clinical and Translational Research (ICTR)** – Initially funded by the PERC in 2006, ICTR (www.icttr.wisc.edu) is a partnership of the Health Sciences Schools and Marshfield Clinic. A key function of ICTR is to serve as a bridge, allowing basic research to achieve practical improvements in health. ICTR accomplishes this by facilitating the transfer of research findings into clinical practice, community health programs and health policy—as a way to improve health and health care delivery in Wisconsin communities.
- **Survey of the Health of Wisconsin (SHOW)** – The first research survey of its kind to measure information and data on Wisconsin's critical health conditions, SHOW has gained community attention (www.med.wisc.edu/show/survey-of-the-health-of-wisconsin/35828). Initially funded by the PERC in 2004, SHOW tracks trends in priority health indicators, supports research on the multiple determinants of health and health disparities, and facilitates population health data dissemination, educational initiatives and improvements in health policy.
- **Transforming Medical Education (TME)** – Building on past support from the WPP, the main goal of TME is to ensure that future physicians are well equipped to work in complex health systems and to serve urban and rural communities across Wisconsin (<http://www.med.wisc.edu/news-events/transforming-the-curriculum-improving-medical-education/885>). Toward that end, innovations in the medical student curriculum are focused on fully integrating clinical medicine and public health by teaching both patient-centered and community and population-based approaches. Developing knowledge in health care system quality improvement, community engagement, and advocacy will be a major focus in the coming years.

To achieve two goals—greater impact from WPP project investments and added leveraging of other funding resources—the Partnership Education and Research Committee (PERC) and the Oversight and Advisory Committee (OAC) will work to promote program integration through joint investments in focused areas.

These joint investments, allowing alignment of research, education and community partnerships, form a cornerstone of the transformation to a School of Medicine and Public Health (SMPH). Such project investments also help transfer health-related discoveries from academia to communities and from communities to academia.

With that in mind, a joint OAC-PERC subcommittee will develop long-term strategies for increasing UWSMPH faculty engagement in communities. The subcommittee will determine the needed project investments and will develop a plan with the School's strategic partners such as Collaborative Center for Health Equity (CCHE), Healthy Wisconsin Leadership Institute (HWLI), Wisconsin Population Health Institute, Center for Urban Population Health (CUPH) and Community- Academic Aging Research Network (CAARN).

NEW INITIATIVE

Obesity Prevention Initiative

Both committees place a high priority on this challenging public health issue, given that obesity is prevalent in the state and a precursor to many chronic diseases such as type 2 diabetes, cardiovascular disease, hypertension, joint disease and multiple cancers. Data from Survey of the Health of Wisconsin (SHOW) reveal that—of the Wisconsin adults who were surveyed and tested by SHOW between 2008 and 2012—**73 percent** were either overweight or obese.

Though there are fewer data on children, **25 percent** of high school students and **31 percent** of children ages 2-4 years are overweight or obese. This is drastically higher than the prevalence of 12 percent and 5 percent cited 50 years ago.

To launch the Obesity Prevention Initiative, PERC selected experts—from faculty members, state government representatives and nonprofit advocates—to form a Planning Committee in early 2013. Data from SHOW helped to assess the impact of previous interventions and to formulate an initial plan.

The primary goal of the Initiative is to drive down the obesity rate in Wisconsin; short- term objectives include testing strategies for effectiveness, and involving public policymakers. There are four components:

- Developing infrastructure to coordinate the work of multiple partners
- Piloting targeted, multi-level community intervention in several locations
- Establishing a childhood obesity surveillance system, to track obesity and related indicators (data that are currently lacking in the state)
- Creating statewide messaging to help the public understand how daily decisions routinely affect their health and offer positive solutions to obesity prevention.

A number of University and community partners will be engaged:

- Wisconsin Obesity Prevention Network (WOPN), currently funded by the OAC, comprises researchers, government representatives, community leaders, advocates and funders, all working to reduce

“The importance of this public health challenge in Wisconsin cannot be minimized. It must be addressed in a meaningful, systematic and coordinated way to have a lasting impact. Unless there is a measurable level of success in reversing obesity rates, the state’s health systems will be overwhelmed.”

—Alex Adams, MD, PhD, Professor in the Department of Family Medicine, Chair of the WPP Obesity Prevention Planning Committee

“The investments of the WPP will work to identify and promote pregnancy and birthing practices that have been most successful for African American women and their babies. These investments will also diminish the known practices and procedures that perpetrate poor birth outcomes—so that we can reverse this life-stealing trend of high infant mortality.”

— Shawn Green, Executive Director of the Faith Partnership Network, Community Representative in the Milwaukee Lifecourse Initiative

obesity. WOPN will help identify strengths, gaps and potential opportunities for interventions. The network will also coordinate communications and statewide messaging efforts.

- Nutrition and Obesity Research Center (NORC), pending NIH funding, will apply multidisciplinary research to understand the impact of nutrition on chronic disease.
- Prevention Research Center (PRC), pending CDC funding, will take the lead on community-based research and evaluation. The Center will develop the childhood obesity surveillance system.
- Survey of the Health of Wisconsin (SHOW), with its extensive data on obesity prevalence, can identify community intervention targets.
- Other partners will include the Medical College of Wisconsin, the Wisconsin Department of Health Services (DHS), nonprofits and advocacy groups, public health departments and healthcare providers statewide, as well as employers, insurers and others involved in offering healthcare as a result of the Affordable Care Act.

CONTINUING INITIATIVES

Lifecourse Initiative for Healthy Families

The disparity in birth outcomes between white and non-white births is one of the most critical public health issues in Wisconsin, a problem that has only increased over the past three decades. Concentrated in southeastern Wisconsin, where 90 percent of the state’s African American babies are born, African American infant mortality rates are among the highest in the country. An African American infant in this state is three times more likely to die than a white infant, primarily due to prematurity, low birth weight and sudden unexpected infant deaths.

To confront this health issue, the WPP developed a long-term funding initiative to investigate, plan for and ultimately eliminate such disparities. The aim of the Lifecourse Initiative for Healthy Families is to reduce health disparities by focusing on the needs of African American women and families. The WPP uses a framework that seeks to improve determinants of health throughout the lifespan. The Lifecourse Initiative has three goals:

- Improve the health status of African American women
- Improve infant health and survival
- Eliminate racial disparities in birth outcomes

The OAC pledged \$10 million to this issue, investing in an extensive two-year process that emphasized unique community action plans, greater public awareness, a detailed evaluation framework and community collaboratives. Collaboratives include community residents, business, government and other groups working together to improve community conditions to support healthier birth outcomes. The OAC also funded 23 development and implementation awards for group prenatal care, family and community support and father involvement intervention projects.

Over the next five years, the WPP aims to show a reduction in the number of African American women experiencing poor birth outcomes. To achieve this, the WPP will continue to address this complex health issue through multi-sector, collaborative-based interventions that connect stakeholders who share a common interest. Efforts focus on changing community-level structures, processes and policies to promote African American health and well-being. Building on the initial planning, there are three integrated program components:

Faculty and Academic Leadership: The PERC will support a faculty leader and expert in maternal and child health to develop the UWSMPH capacity in research, education, clinical care and community services. The faculty expert will also provide leadership to engage health care providers, investigators and academic partners to promote implementation of evidence-based interventions; and to develop core resources, education and research opportunities for improving women’s and infant care.

Regional Program Office: The OAC will support the Lifecourse Initiative Regional Program Office in partnership with the Center for Urban Population Health, a Milwaukee-based affiliate of the UWSMPH, UW-Milwaukee and Aurora Health Care. The Center will provide technical assistance and operational support to sustain the local collaboratives and help coordinate projects and communication across the region. In partnership with the WPP, the Center will also help coordinate a comprehensive evaluation of the initiative.

Development and Implementation Grants: The OAC will support development and implementation grants through the Community Academic Partnership Fund. These grants will test and adopt evidence-based approaches in the geographically targeted regions. Working with the collaboratives, the Regional Program Office will use community plans, epidemiological data and research-supported interventions to recommend evidence-based, multi-level programs.

Wisconsin Population Health Service Fellowship
The Wisconsin Population Health Service Fellowship employs early-career public health professionals in governmental or community-based organizations to address public health issues such as preventing injuries, reducing exposure to occupational and environmental risks, and promoting healthy communities. To accomplish these goals, Fellows are trained to use multiple intervention strategies with a focus on population-based health improvement.

Over the next five years, the Wisconsin Population Health Service Fellowship will expand training in underserved communities and will further integrate medicine with population health training. Strategies include retaining Fellow positions for preventive medicine residents and creating shared learning opportunities among Fellows and medical/public health students. The Fellowship program will also partner with the UWSMPH Public Health and Primary Care Innovations in Medical Education initiative (PRIME) that trains physicians to incorporate health promotion and disease prevention into practice. This will encourage important exchanges of current issues, challenges and solutions in medicine and public health.

Evaluation

The WPP has made a significant commitment to evaluating its grantmaking and determining the long-term contributions of funded programs—while guided by the framework on page X. Evaluation efforts will improve the process for awarding funds and supporting grantees. In addition, evaluation will offer ways to increase effectiveness and achieve even greater impact.

The WPP bases the evaluation strategy on a framework that responds to the WPP’s accountability, stewardship and strategic needs and can evolve as needed. Moreover, the process will allow stakeholders to receive program updates in a timely manner. The WPP will measure progress and impact at three levels, which are outlined below (Figure 4).

Monitoring Individual Grants

The WPP staff will continue to monitor individual grants throughout the funding period to ensure compliance and progress toward stated goals. WPP staff hosts an orientation with each new grantee to ensure full understanding of all policies and procedures. The Oversight and Advisory Committee (OAC) or the Partnership Education and Research Committee (PERC) review any individual grants with significant issues. Final outcome reports summarize the relevance and primary outcomes of each project.

Evaluating Grant Program Categories

To understand the full impact of funding strategies, and to improve program management, each of the WPP’s program categories will be evaluated separately. The evaluation involves quantitative and qualitative data collection and analysis, augmented by interviews and surveys of past grantees.

Specific evaluation areas of interest are noted below.

Community Partnerships: Evaluation will focus on themes surrounding sustained partnerships between communities and faculty from UW-Madison and other UW Systems schools; increased community capacity; the ability to sustain and expand successful programs; the dissemination of knowledge; and improvements in community and population health.

Research Initiatives: Themes explored through evaluation include development of new interdisciplinary collaborations, creation and dissemination of new knowledge, career advancement of new investigators, and leveraging of resources.

Education and Training: Evaluation will assess progress in the transformation to an integrated School of Medicine and Public Health. The evaluation will also measure the needs, capacity and leadership of Wisconsin’s public health workforce in areas such as program planning, implementation, evaluation, advocacy and policy.

Strategic Initiatives: Strategic initiatives—such as the Obesity Prevention Initiative and the Lifecourse Initiative for Healthy Families—have comprehensive evaluation plans based on specific goals and outcomes. The WPP will assess progress and will revise strategies and funding decisions if needed.

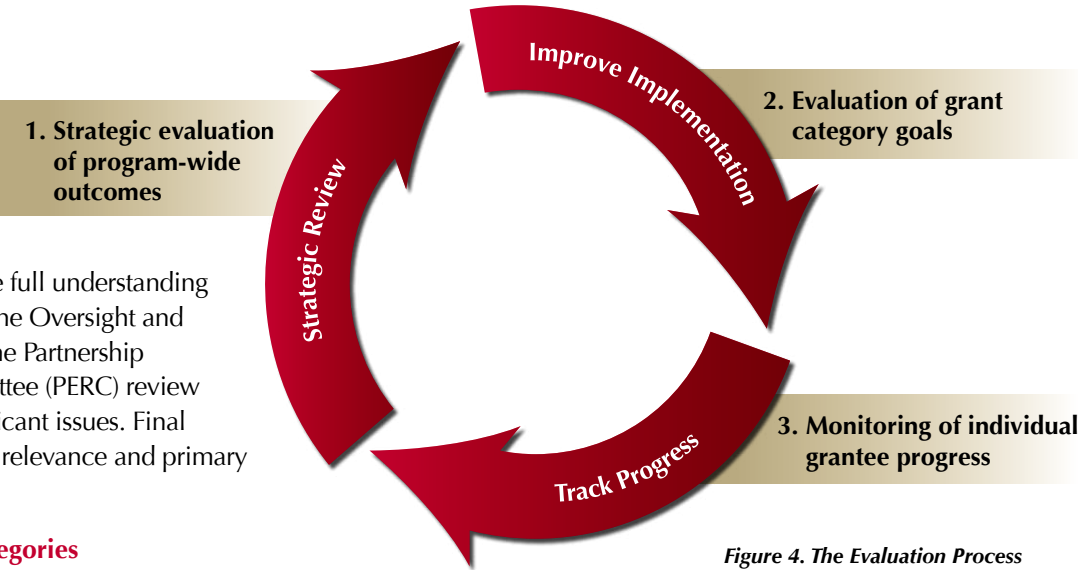


Figure 4. The Evaluation Process

Program-Wide Evaluation

Program-wide evaluation assesses the WPP’s progress towards achieving the overall vision, mission, strategies and outcomes enumerated in the Five-Year Plan Framework (page X). The WPP will continue to rely on data from the Making Wisconsin the Healthiest State project in order to assess progress toward health improvement. According to this framework, health improvement has several corollaries, including reducing overall mortality, morbidity or health disparities, and improving quality of life. This project tracks proven policies, recommends the most effective interventions and highlights areas requiring further research.

Monitoring and measuring impact at all stages of grantmaking will allow the WPP to track progress, improve programs and inform future funding decisions in order to provide the greatest benefit to the state. Annual reports will provide results and updates from the previous year’s evaluation efforts, such as ways to provide greater accountability as a means of effective stewardship.

Program and Financial Management

Policies and procedures related to management and stewardship of WPP funds are governed by the following foundation documents: the Insurance Commissioner’s Order of March 28, 2002; the Grant Agreement between the Wisconsin United for Health Foundation, Inc. (WUHF), the University of Wisconsin Foundation, and the University of Wisconsin System Board of Regents, dated March 24, 2004; and the current Five-Year Plan.

Program Management

The administrative staff of the WPP provides a full range of services—advising on program direction, supporting applicants and grantees, monitoring grants, assessing progress and ensuring compliance with the WPP’s requirements and responsibilities. Led by a director, the WPP staff also benefits from significant in-kind program support from the administration and staff of the UWSMPH and UW-Madison.

This support from UWSMPH administration also has held administrative costs in 2012 to approximately 5 percent of total grant awards, or .32 percent of the total endowment as of December 31, 2012. (Administrative costs are funded from the two accounts of education and research, and public health—65 percent and 35 percent, respectively.)

The WPP is mindful of its roles involving exemplary financial stewardship and return on investment. The administrative budget, including staffing and other expenses, is monitored monthly by the director and reviewed and approved annually by the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC).

University of Wisconsin Foundation Policies and Investments

The University of Wisconsin Foundation (UWF) manages the investment of all funds for the WPP. As required, separate accounting is maintained for both the Public Health and the Education and Research components of the program. For investment purposes, the funds are divided between the Expendables Portfolio and the Endowment Portfolio of UWF. Each portfolio is invested following the policies and allocation guidelines of UWF.

Consistent with the Order and Grant Agreement, WPP funds received from WUHF are treated as a permanent endowment. This means the original principal transfers of \$266,598,534 in 2004 (\$30,000,000 of the original transfer was not endowed) and \$15,229,208 in 2007 must be maintained in perpetuity. These funds have been invested in the Endowment Portfolio. As the endowment earns income, a portion of these earnings is made available for spending, and a portion is retained and reinvested to provide higher levels of spending in subsequent years. Using this model, the income available for programs can increase as costs grow with inflation. The objectives of the Endowment Portfolio are to achieve a long-term annualized return that creates an income stream to fund programs, preserves the real value of the funds and provides for real growth. Specific information regarding the UWF endowment is available at www.supportuw.org/publications/endowment-report/.

Income made available to spend is invested in both the Expendables Portfolio and the Endowment Portfolio, while the original principal and undistributed earnings are invested

only in the Endowment Portfolio. The objectives of the Expendables Portfolio are to preserve principal, to provide short-term interest on funds and to provide long-term growth. Leadership of the UWSMPH and the WPP determine the amount of available funds to invest in the Endowment and Expendable Portfolios based on the short-term need for funds to support existing WPP awards and relative rates of return of the two portfolios. These decisions are discussed with both the OAC and PERC.

Figure 5 shows the total value of funds invested at UWF, including the breakdown of funds between the Expendables and Endowment Portfolios. Specific items to note include:

- During the first year of the program, the investment of funds into the Endowment Portfolio was made during four quarters following a dollar-cost-averaging model. The chart reflects the lower level of funds in the Endowment Portfolio at that time.
- The chart shows an increase in the expendables fund in 2007 and June 30, 2008, of approximately \$15 million. This reflects the 2007 funding from WUHF which was subsequently invested in the Endowment Fund.
- The decision to invest income available to spend in the Endowment Portfolio was made in late 2012 with \$10 million being invested in 2012 and again in early 2013.

The UW Foundation pays management fees to external asset managers and records its revenues net of these fees. In addition, the Foundation assesses an expense recapture fee of 1 percent of endowed funds to finance its internal operations. In 2011, the Foundation modified its policy regarding the investment recapture fee, to be implemented effective January 1, 2012. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above \$250,000,000 per account. For purposes of this fee, all WPP endowment investments are treated as one account and the WPP began experiencing this lower fee in 2012. The Dean of the UWSMPH has decided that the savings from this fee reduction are allocated fully to the OAC.

Spending Policy

The WPP has experienced a number of different investment and spending cycles. In the early years, investment returns were good and the program was ramping up its award process so available funds exceeded awards, producing a significant balance of expendable funds. The program began increasing awards which was immediately followed by a period of significant investment losses. This resulted in a brief halt in new awards and reductions to the funding of existing awards. The program then maintained a balance where award amounts were based on expected available income.

The balance of funds available for expenditure has again increased and the OAC and PERC will be making awards in excess of anticipated income in 2013 and 2014, while still maintaining a reasonable balance of available funds in the event of another significant market decline.

As of summer 2013, the income distribution policy of the UW Foundation is to distribute 4.5 percent of the endowment balance based on the average value of the pool over the past 16 quarters. This decision sets the annual amount of funds to be released from the endowment for expenditure. The OAC and PERC make annual decisions on spending based on the overall available funds. Spending is not limited to 4.5 percent of the endowment. When funds are available, the WPP will make awards at a higher level to maximize impact.

In 2013, the OAC and PERC are anticipating making awards that will exceed 4.5 percent of endowed funds to gradually decrease the level of available funds. The higher level of awards will remain in place until the balance of available funds is reduced to an appropriate level. The WPP will monitor the spending policy closely and may make changes based on investment returns at any time deemed prudent.

The program will continue to attempt to balance the responsibility to preserve assets for future funding with the need to address the pressing public health issues facing Wisconsin.

Distribution and Allocation of Funds

Throughout the WPP’s history, the allocation of funds has been 35 percent public health and 65 percent medical education and research. The WPP has divided all funds received from the WUHF into distinct accounts using this ratio. The value of the permanently endowed accounts also reflects this ratio and will do so unless the allocation is changed. The total balance of funds (endowment and available for spending) will not reflect this exact ratio as the spending of available funds is not identical between the public health and medical education and research initiatives. Additionally, the reduction in the UW Foundation expense recapture fee is allocated entirely to the OAC as noted above.

Annual Budget

Consistent with the spending policy, both the OAC and PERC develop and approve annual budgets, which determine the number and size of awards. These budgets are based on the anticipated available funds and incorporate existing commitments. In addition, the administrative budget undergoes an annual review and approval process by both the OAC and PERC. This budget is then allocated to each committee based on the existing allocation of funds, which is currently 35 percent/65 percent.

Wisconsin Partnership Program
Value of Funds Held at the University of Wisconsin Foundation

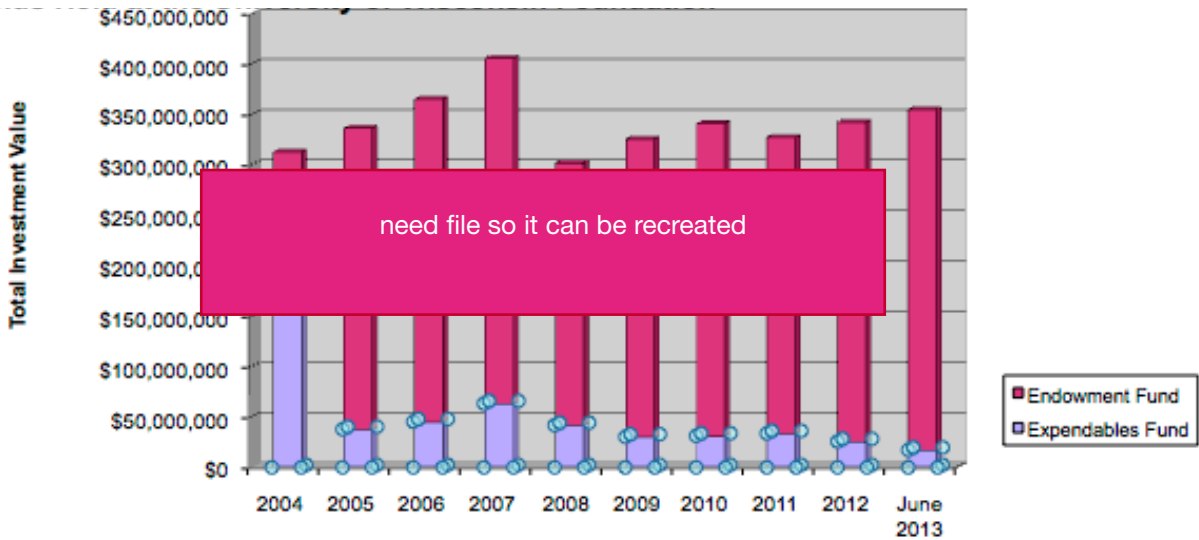


Figure 5. Value of WPP Funds Held at the UW Foundation

Supplanting Policy

The Order includes a prohibition of using the WPP funds “to supplant funds or resources that are available from other sources.” This non-supplanting provision remains a key requirement of the entire program and of all its grantees (Figure 6). A monitoring system has been developed to make sure these funds are not used to replace existing funds, whether at the level of the University of Wisconsin or of an individual grant recipient.

To insure compliance at the University and the UWSMPH levels, annual written fiscal attestations are required of the Vice Chancellor for Administration of UW-Madison, the Dean of the UWSMPH and the Senior Associate Dean for Finance of the UWSMPH. These statements are included in the annual report of the WPP presented to the UW System Board of Regents and WUHF. Individual grant recipients are required to complete questionnaires when applying for funds and with each annual funding cycle, as well as attest to non-supplanting as part of their financial reports. During the first 10 years of the WPP, the non-supplanting policies have been continuously clarified and strengthened. The WPP monitors the effectiveness of the policies on an ongoing basis and will continue to revise these policies as needed to insure compliance.

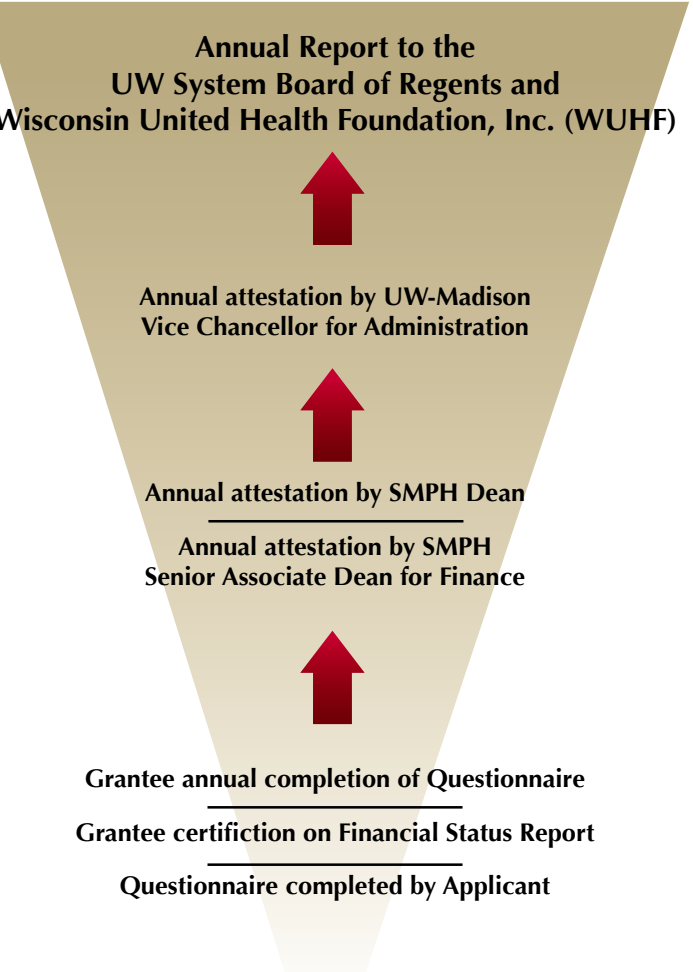


Figure 6. Non-Supplanting Policy

Financial Monitoring and Reporting

Since its inception, the WPP has strived to create a responsible and transparent reporting process that meets the requirements of both the Order and Grant Agreement. Key elements have included separate financial and accounting for the funds of the program at both UW-Madison and the UW Foundation. The WPP also has maintained separate accounts for the public health and medical education and research allocations of the program.

To monitor individual awards, a series of financial reports is periodically completed by grant recipients. These reports are reviewed by staff and reported in aggregate to the OAC and PERC. Any questions raised by the reports are investigated by staff. Should a significant question of compliance or appropriateness arise, staff reports the issue to the OAC or PERC as appropriate. Along with the recipient prepared reports, information on PERC grant expenditures is fully available to the program and the Fiscal Affairs Department of the UWSMPH. To better monitor external grant recipients of the OAC, the WPP has begun a periodic review process using an external accounting firm. The WPP selects external grant recipients for review. The external accountants provide a summary of their findings to the WPP for each grant being reviewed.

The WPP has prepared an annual financial report for each year of its existence. The report, incorporated into the WPP’s annual reports, encompasses the investment activity from UWF as well as the expenditure activity from UW-Madison. The annual report is approved by the OAC and PERC and sent to the UW System Board of Regents. After acceptance by the Regents, it is forwarded to WUHF for review and public comment.

As proscribed by the Order, the WPP undergoes periodic program and financial audits at least every five years. In 2009, the UW Foundation and the UWSMPH underwent financial reviews by Grant Thornton and the State of Wisconsin Legislative Audit Bureau, respectively. In addition the WPP underwent a program evaluation by the Legislative Audit Bureau which issued Report 10-6 in May of 2010 and a review of selected projects, Report 10-7, also in May 2010.

Assessment of the Allocation between the Public Health and Education and Research Components

The OAC has the authority under the Order to increase or decrease the 35 percent of funds allocated for public health. As stipulated by the Order, a change in the allocation requires a two-thirds vote of all members of the OAC at the time the approval of the Five-Year Plan. The process has been reported each year in the annual report and will be continued in future annual reports.

In October of 2013 the OAC voted to maintain the 35 percent/65 percent allocation for the subsequent 12 months.

Committee Memberships

Oversight and Advisory Committee (OAC) Members

Health Advocate Appointees

- Katherine Marks, BA
Wisconsin Women’s Business Initiative Corporation
Category: Urban Health
Term Ends: October 2014
- Douglas N. Mormann, MS, Vice Chair
Public Health Director, La Crosse County Health Department
Category: Statewide Health Care
Term Ends: October 2014
- Greg Nycz
Executive Director, Family Health Center of Marshfield, Inc.
Director of Health Policy, Marshfield Clinic
Category: Rural Health
Term Ends: October 2016
- Kenneth Taylor, MPP
Executive Director, Wisconsin Council on Children and Families
Category: Children’s Health
Term ends: October 2016

Insurance Commissioner’s Appointee

- Barbara J. Zabawa, JD, MPH
Whyte Hirschboeck Dudek S.C.
Term ends: March 2017

SMPH Appointees

- Philip M. Farrell, MD, PhD
Professor Emeritus, Departments of Pediatrics and Population Health Sciences
Term Ends: October 2016
- Susan L. Goelzer, MD, MS, CPE
Professor, Departments of Anesthesiology and Population Health Sciences
Term Ends: October 2014
- Cindy Haq, MD
Professor, Departments of Family Medicine and Population Health Sciences
Term Ends: October 2014
- Patrick Remington, MD, MPH, Chair
Associate Dean for Public Health
Professor, Population Health Sciences
Term Ends: October 2016
- Richard Moss, PhD (ex-officio)
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Cell and Regenerative Biology

University of Wisconsin System Board of Regents’ Liaison

- Tim Higgins

Partnership Education and Research Committee (PERC) Members

- Richard Moss, PhD (Chair)
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Cell and Regenerative Biology
- Marc Drezner, MD
Senior Associate Dean for Clinical and Translational Research
Director, Institute for Clinical and Translational Research
Professor of Medicine
- Elizabeth Petty, MD
Senior Associate Dean for Academic Affairs
Professor, Pediatrics
- Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Population Health Sciences
- K. Craig Kent, MD
Professor and Chair, Surgery
Term expires: March 2014
- James Shull, PhD
Professor and Chair, Oncology
Term ends: March 2014

Faculty Representatives

- David Allen, MD
Professor, Pediatrics
Representative: Clinical Faculty
Term expires: March 2014
- David Andes, MD
Associate Professor and Division Head, Infectious Disease, Medicine and Medical Microbiology and Immunology
Representative: Clinical Faculty
Term expires: March 2015
- Jenny Gumperz, PhD
Associate Professor, Medical Microbiology and Immunology
Representative: Basic Science Faculty
Term expires: March 2014
- Elizabeth Jacobs, MD
Associate Professor and Associate Vice Chair for Health Services Research
Medicine and Population Health
Representative: Public Health Faculty
Term expires: March 2015
- Patricia Keely, PhD
Professor, Cell and Regenerative Biology
Representative: Basic Science Faculty
Term expires: March 2015
- Tom Oliver, PhD
Professor, Population Health Sciences
Representative: Public Health Faculty
Term expires: March 2014
- D. Paul Moberg, PhD
Research Professor, Population Health Sciences
Representative: Academic Staff
Term expires: March 2014

External Appointee

- Betty Chewning, PhD
Professor, School of Pharmacy
Representative: External Faculty
Term expires: March 2014

Oversight and Advisory Committee Appointees

- Greg Nycz
Executive Director, Family Health Center of Marshfield, Inc.
Director of Health Policy, Marshfield Clinic
Term ends: March 2014
- Patrick Remington, MD, MPH
Associate Dean for Public Health
Professor, Population Health Sciences
Term ends: March 2014
- Norman Drinkwater, PhD (ex-officio)
Professor, Oncology

University of Wisconsin System Board of Regents’ Liaison

- Tim Higgins

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- Tonya Mathison
Administrative Manager
- Ann McCall, Graduate Student
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- Catherine Puisto
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- Steve Smith
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