

Report 15-10
August 2015

Medical Education, Research, and Public Health Grants

*Medical College of Wisconsin
UW School of Medicine and Public Health*

STATE OF WISCONSIN



Legislative Audit Bureau ■

Medical Education, Research, and Public Health Grants

*Medical College of Wisconsin
UW School of Medicine and Public Health*

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From the Medical College of Wisconsin
From the UW School of Medicine and Public Health



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Joe Chrisman
State Auditor

August 12, 2015

Senator Robert Cowles and
Representative Samantha Kerkman, Co-chairpersons
Joint Legislative Audit Committee
State Capitol
Madison, Wisconsin 53702

Dear Senator Cowles and Representative Kerkman:

As directed by the Joint Legislative Audit Committee, we have completed an evaluation of public health and medical education and research programs established by the Medical College of Wisconsin (MCW) and the University of Wisconsin (UW) School of Medicine and Public Health for the period from 2009 through 2013. The schools established these programs with funding they received in trust when Blue Cross Blue Shield United of Wisconsin became a for-profit, publicly held stock insurance corporation. They requested our evaluation to fulfill ongoing five-year evaluation requirements contained in a March 2000 order by the Office of the Commissioner of Insurance.

The Commissioner's order divided the funds between the schools and restricted their use to public health and medical education and research programs. As of December 31, 2013, MCW and UW had endowment values of \$428.0 million and \$381.2 million, respectively. From January 2009 through December 2013, MCW spent \$67.5 million and UW spent \$67.8 million on program grants and administration.

Both schools generally complied with the requirements they had established for awarding and monitoring grant funds, and we found that grantees generally complied with program requirements. For example, in reviewing a sample of 40 projects we found that grantees had submitted all of the required progress reports. However, several reports were submitted more than six days late. Most of the expenditures we reviewed for both schools complied with program policies. However, of the \$5.4 million in project expenditures we reviewed, we questioned \$32,890 that was either unallowable based on program policies or inadequately documented. We make recommendations in several areas to further enhance operations.

We also completed a financial examination of the Statement of Receipts and Disbursements for UW's program for the same period and have provided an unqualified opinion. We appreciate the courtesy and cooperation extended to us by the schools and grantees. A response from each school follows the appendices.

Respectfully submitted,

Joe Chrisman
State Auditor

JC/PS/ss

Report Highlights ■

Endowments were established at each of Wisconsin's two medical schools when Blue Cross Blue Shield became a for-profit corporation.

The schools were required to set aside 65.0 percent of their endowed funds for medical education and research projects and 35.0 percent for public health projects.

As of December 31, 2013, the endowment balances were \$428.0 million for MCW and \$381.2 million for UW.

We found both schools generally complied with requirements they had established for awarding and monitoring their grant funding.

Under the terms of a March 2000 order issued by the Office of the Commissioner of Insurance, Blue Cross Blue Shield United of Wisconsin converted from a nonprofit hospital service membership corporation to a for-profit, publicly held stock insurance corporation and provided \$630.4 million to endowments held by the Medical College of Wisconsin (MCW) and the University of Wisconsin (UW) School of Medicine and Public Health. The order specified that 35.0 percent of funds be allocated for public health programs and 65.0 percent be allocated for medical education and research programs.

The Commissioner's order required that each school obtain a program audit every five years. In May 2010, we completed the first of these audits covering the period from 2004 through 2008 as report 10-6. At the request of the Joint Legislative Audit Committee, we completed a second audit covering the period from 2009 through 2013 by analyzing:

- implementation of the recommendations we made in report 10-6;
- oversight of the programs by the Wisconsin United for Health Foundation, Inc. (Foundation) and the Office of the Commissioner of Insurance;
- each school's process for awarding grants and the adequacy and effectiveness of their efforts to monitor and oversee grantees; and
- policy issues related to the use of program funds.

We conducted the same analyses for both schools, but we did not directly compare performance because each school established separate programs with independent planning and governance systems.

Program Establishment and Oversight

The Foundation was established by the March 2000 order of the Commissioner of Insurance in order to receive the proceeds from the conversion and distribute the funds to MCW and UW. The Foundation met 10 times from 2009 through 2013, and it regularly received presentations from representatives of MCW and UW. The Foundation serves as a forum for public information and comment. Should the Foundation vote to discontinue its operations in the future, its assets would be divided equally among the endowments of MCW and UW.

At each school, a committee of senior administrators or faculty oversees the medical education and research funds, while an oversight and advisory committee composed of health care advocates, community leaders, school representatives, and an appointee of the Commissioner of Insurance oversees the public health funds.

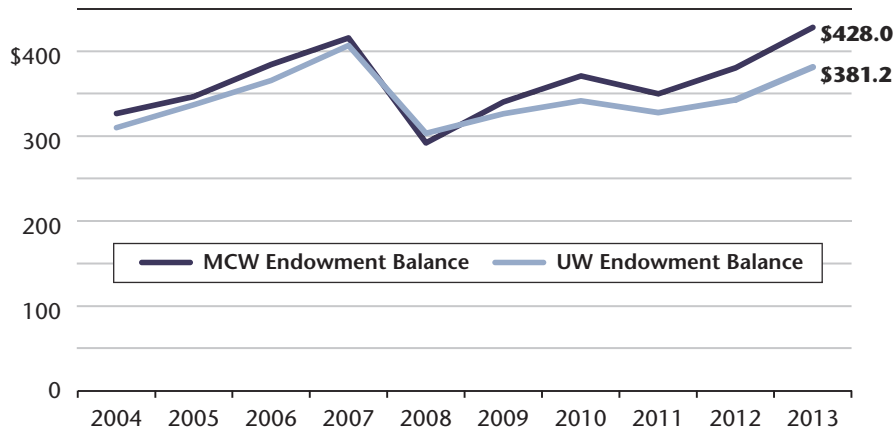
Endowment Balances and Expenditures

Each school's endowment uses investment income to fund projects. Endowment balances at each school increased from 2009 through 2013, as shown in Figure 1. As of December 31, 2013, MCW had an endowment balance of \$428.0 million, while UW had an endowment balance of \$381.2 million. MCW does not charge for the administrative costs of managing its endowment. Effective January 2012, the UW Foundation changed the amount it retains for management expenses from 1.0 percent overall, to 1.0 percent for the first \$250 million and 0.7 percent for amounts greater than \$250 million.

We completed a financial examination of the Statement of Receipts and Disbursements for UW's program and provided an unqualified opinion. A separate financial report reflects the assets managed and invested by UW Foundation. Annual financial audits of MCW's program were performed by a private firm and are also not included in this report.

Figure 1

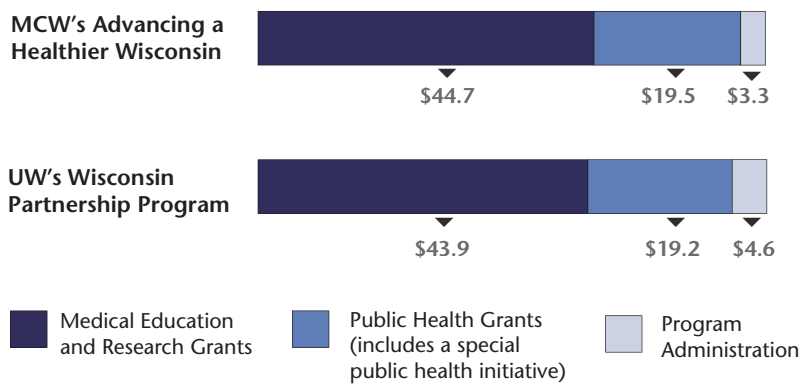
Endowment Balances
As of December 31 of Each Year
(in millions)



From January 1, 2009, through December 31, 2013, MCW spent \$67.5 million on its grant programs, as shown in Figure 2, while UW spent \$67.8 million.

Figure 2

Grant Program Expenditures¹
(in millions)



¹ From January 1, 2009, through December 31, 2013.

Grant Applications and Awards

From 2009 through 2013, 270 projects were awarded grant funding. We reviewed a diverse sample of 20 projects funded by each school. We found that 18 of 20 applications submitted to MCW had all required application materials and clear and specific objectives, and all 20 applications submitted to UW had all required application materials and clear and specific objectives.

For public health grants, each school uses outside experts to help assess the applications received. For MCW, 64.6 percent of public health applications reviewed by outside experts and subsequently awarded were among those with the highest external review scores. For UW, 89.6 percent of public health applications reviewed by outside experts and subsequently awarded were among those with the highest external review scores.

From 2009 through 2013, no MCW medical education and research grants were awarded through a competitive application process that involved responding to a request for proposals (RFP), but all of its public health grants were awarded through RFPs. Although 47.1 percent of UW's medical education and research grants were awarded through RFPs, funding for these grants represented 11.1 percent of the medical education and research grant funds it awarded during this period. In addition, 77 of UW's 82 public health grants were awarded through RFPs.

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to help ensure that grantees comply with program policies and are making progress toward their objectives. We reviewed required progress reports submitted by the 20 projects we reviewed from each school and found that 5 of 50 (10.0 percent) of the required progress reports were submitted more than six days late for MCW projects, and 20 of 74 (27.0 percent) of the required progress reports were submitted more than six days late for UW projects.

Additional monitoring and oversight at each school includes required site visits of public health project grantees. MCW did not complete all required site visits for 2 of the 10 projects we reviewed, and UW did not electronically track all of its site visits, as its policies require.

Grantees are required to submit detailed project budgets with their applications, and all expenditures must be directly related to their projects. Indirect costs are not allowed, and program policies also specify other unallowable costs, such as alcohol, entertainment, and lobbying expenditures.

We reviewed a selection of project expenditures made by grantees of the 20 projects we selected at each school. For MCW, we reviewed \$2.0 million in project expenditures and we questioned \$8,083, including \$43 that appeared to be unallowable and \$8,040 that was inadequately documented. For UW, we reviewed \$3.4 million in project expenditures and we questioned \$24,807, including \$17,789 that appeared to be unallowable, largely because this amount represented either indirect costs or duplicate payments, and \$7,018 that was inadequately documented.

Recommendations

We recommend the Medical College of Wisconsin:

- ☑ require grantees to maintain documentation of all grant expenditures for at least five years after the submission of a final grant invoice (*p. 34*);
- ☑ revise progress report instructions to require grantees to provide information on survey results, the results of major data analyses, and attendance at project events (*p. 36*); and
- ☑ monitor compliance with site visit requirements and take steps to ensure it completes all required site visits (*p. 36*).

We recommend the University of Wisconsin School of Medicine and Public Health:

- ☑ annually communicate to all grantees in writing that indirect costs should not be claimed and are not eligible for reimbursement (*p. 63*);
- ☑ enhance its efforts in reviewing claims for reimbursement to ensure that it does not provide reimbursement for indirect costs (*p. 63*);
- ☑ work to help ensure documentation remains available for at least five years after the submission of a final invoice for grant expenditures made by organizations that dissolve or merge with other organizations (*p. 63*); and
- ☑ electronically record all site visits that it conducts, as required by its policies (*p. 66*).

In addition, we recommend that the Wisconsin United for Health Foundation, Inc., consider:

- ☑ the extent to which its meetings serve as public forums ([p. 12](#));
- ☑ the value added to the endowment programs through the Foundation's involvement as an external observer ([p. 12](#)); and
- ☑ the ongoing value provided through its continued operation ([p. 12](#)).

■ ■ ■ ■

Introduction ■

In June 1999, Blue Cross Blue Shield United of Wisconsin filed an application under s. 613.75, Wis. Stats., to convert from a nonprofit hospital service membership corporation to a for-profit, publicly held stock insurance corporation. The Office of the Commissioner of Insurance issued an order on March 28, 2000, requiring that the proceeds of the conversion be divided between MCW and UW. The order specified 35.0 percent of each school's conversion funds be allocated for public health programs and the remaining 65.0 percent be allocated for medical education and research programs, although the proportion of funds for public health can be increased or decreased by each school's oversight and advisory committee. In addition, the order requires that:

- no conversion funds be used to supplant other resources;
- each school complete annual reports on endowment-funded activities;
- each school submit comprehensive five-year plans prepared with public input; and
- each school obtain a program and financial audit at least every five years.

The Commissioner's order also established the Wisconsin United for Health Foundation, Inc. (Foundation) to receive the proceeds from the conversion. Upon the Foundation's approval of the initial five-year plans submitted by the schools in March 2004, funds were

transferred from the Foundation to the endowments of each school. The initial value of the transfer to the schools was \$599.9 million, with MCW receiving \$303.3 million and UW receiving \$296.6 million. The variance reflects differences in returns based on investment decisions made by the schools before the funds were transferred from the Foundation for use by the schools. The Foundation transferred an additional \$15.2 million to each of the schools in December 2007, for a total of \$630.4 million from March 2004 through December 2007.

At least every five years, the schools are required to obtain independent program and financial audits.

At least every five years, the schools are required to obtain independent program and financial audits by either the Legislative Audit Bureau or a firm approved by the Commissioner of Insurance. As directed by the Joint Legislative Audit Committee, this report includes the required program audit for both MCW and UW for the second five-year period from 2009 through 2013. It also includes a financial examination of the Statement of Receipts and Disbursements for UW's program. A separate examination of the program's assets managed by the UW Foundation was conducted by a private firm and is, therefore, not included in this report. Annual financial audits of MCW's program were performed by a private firm and are also not included in this report.

In conducting this audit, we:

- interviewed officials and staff at each school, community organizations, and other interested parties and organizations;
- reviewed each program's administrative structure, policies, and procedures;
- analyzed financial data on endowment balances and program expenditures from January 2009 through December 2013; and
- conducted an in-depth file review of 20 projects funded by each school to assess grantees' compliance with program policies, including the use of grant funds.

Our sample included a diverse sample of 10 public health projects and 10 medical education and research projects funded by each school.

We selected a diverse sample of 10 public health projects and 10 medical education and research projects funded by each school. Our sample was selected based on how the grants were awarded, the amount of funding provided, the topic or target population, and the grantee's location. We analyzed application materials, progress reports, and financial data; interviewed grantees; and analyzed information detailing expenditures and activities. We chose projects from throughout the audit period. Some were not yet complete at the time of our report, although all had adequate expenditures for

our review. We also analyzed the special public health initiatives established by each school.

Wisconsin United for Health Foundation, Inc.

The Foundation was established by order of the Commissioner of Insurance and is required to include one public member who is a statewide health care advocate, one public member who is active in a minority community, and at least two public members who have investment or management backgrounds, as well as two representatives of each of the schools. The terms of the members are to be for a period of at least five years. Appendix 1 lists the members of the Foundation's board. To avoid a conflict of interest, the schools' representatives do not discuss or vote on issues pertaining to acceptance of the five-year plans or distribution of funds from the Foundation to the schools.

The March 2000 order of the Commissioner of Insurance creating the Foundation does not specify how long it is to remain in existence. In September 2007, after receiving testimony from the Commissioner, representatives of both schools, and others, the Foundation voted to continue to "perform such functions as may be necessary or appropriate" under its articles of incorporation and the Commissioner's order. Some believe that in addition to the Foundation's review of the schools' annual reports, it continues to serve as an important forum for public input.

***As of December 31, 2013,
the Foundation retained
approximately \$3.9 million
in assets.***

As of December 31, 2013, the Foundation retained approximately \$3.9 million in assets from the investment of conversion proceeds before they were transferred to the endowments of each school. The Foundation does not have any full-time staff. It contracts with professional firms for the legal, investment, and administrative services that make up most of its expenditures. As shown in Table 1, its expenditures decreased from \$164,800 in 2009 to \$79,100 in 2013. This was largely the result of decreases in expenditures for legal services, board expenses, and fees paid to the chairperson. The reductions to the chairperson's fees beginning in 2012 reflect the elimination of this fee at the request of the chairperson.

The Foundation met 10 times from 2009 through 2013. We reviewed the meeting minutes of the Foundation during the audit period and found that they met at least once each year and averaged two meetings per year. The Foundation regularly received presentations from representatives of MCW and UW regarding each school's annual report. The Foundation also made inquiries related to topics such as program policies, the results of collaboration efforts, allocation of grant funds, expenses incurred for public health and

Table 1

Expenditures of the Wisconsin United for Health Foundation, Inc.

	2009	2010	2011	2012	2013
Legal Services	\$ 98,500	\$139,100	\$113,500	\$ 66,700	\$36,700
Board Expenses	31,300	37,100	41,300	27,300	17,100
Chairperson's Fees	10,000	10,000	10,000	2,500	0
Insurance Costs	12,200	12,100	11,400	11,100	11,800
Other Expenses ¹	12,800	13,300	13,700	13,700	13,500
Total	\$164,800	\$211,600	\$189,900	\$121,300	\$79,100

¹ Includes audit and bank fee expenses.

medical education and research, and compliance with provisions of the Commissioner's order. During its December 2012 meeting, the Foundation indicated it was committed to continuing its existence through completion of this audit, but may revisit whether to continue upon the audit's completion. If the Foundation's members vote to discontinue its operations, the Foundation's legal counsel indicated that its assets would be divided equally among the endowments of each school.

Recommendation

We recommend the Wisconsin United for Health Foundation, Inc., consider:

- *the extent to which its meetings serve as public forums to receive comments on the MCW and UW endowment programs that would not otherwise be available to interested organizations and individuals;*
- *the value added to the endowment programs through the Foundation's involvement as an external observer, including the value of raising questions with MCW and UW officials; and*
- *the relative impact the dissolution of the Foundation would have on the financial status of the endowment programs compared with the ongoing value that would be provided through its continued operation.*

Office of the Commissioner of Insurance

As noted, the Office of the Commissioner of Insurance issued an order in March 2000 that allowed Blue Cross Blue Shield United of Wisconsin to convert from a nonprofit hospital service membership corporation to a for-profit, publicly held stock insurance corporation. Since issuance of the order, the Commissioner has had limited oversight responsibilities of the programs funded by the endowment. These responsibilities include filling vacancies on the Foundation's board and appointing a member to each school's oversight and advisory committee every four years.

In our prior report (report 10-6), we recommended the Commissioner, in cooperation with the Foundation and representatives of MCW and UW, clarify the intent of the March 2000 order by:

- clarifying the allowable uses of medical education and research funds, including the extent to which support for the purchase of basic research equipment and the recruiting and funding of additional faculty and staff is permissible;
- redefining the supplanting prohibition and its requirements for grant applicants;
- determining the degree to which medical education and research funds should be competitively allocated; and
- determining the appropriate level of public health funding the schools may directly expend.

MCW and UW staff indicated that in 2010 each school met with the Commissioner to make presentations and answer questions related to the recommendations. However, they indicated that no further action was taken by the Office of the Commissioner of Insurance to address these recommendations.

■ ■ ■ ■

Medical College of Wisconsin ■

MCW's program is known as Advancing a Healthier Wisconsin. We reviewed program activities from January 2009 through December 2013, including administrative activities and grants awarded for medical education and research projects and for public health projects. During our review we analyzed:

- the grant application and award processes;
- oversight and monitoring of grantees;
- compliance with the procedures used to help ensure program funds are not used to supplant other funding sources; and
- the extent to which grantee expenditures complied with program policies.

Program Overview

The Board of Trustees of MCW has overall responsibility for the Advancing a Healthier Wisconsin program, including the approval of grant awards, five-year plans, and annual reports. However, two other entities facilitate these activities: the Consortium on Public and Community Health, Inc. (Consortium) and the Research and Education Advisory Committee (Committee).

MCW's Consortium oversees the 35.0 percent of funds allocated for public health projects.

The Consortium was incorporated as a non-stock corporation in 2001 to meet the requirements of the Commissioner's order to establish an oversight and advisory committee. It is responsible for planning and approving expenditures from the 35.0 percent allocation for public health projects. It also serves in an advisory role for the 65.0 percent allocation for medical education and research projects. As required by the Commissioner's order, the Consortium's Board of Directors includes:

- one statewide public health advocate;
- three independent community health advocates;
- four MCW representatives; and
- one appointee of the Commissioner of Insurance.

All Consortium members serve staggered four-year terms. With the exception of the Commissioner's appointee, all members are appointed by MCW's Board of Trustees. Appendix 2 lists the Consortium's Board of Directors as of May 2015.

The Committee includes the Dean of the Medical School, the Senior Vice President, the Director of the Advancing a Healthier Wisconsin Endowment, and the Chief Financial Officer. The Committee's members do not serve specific terms because their inclusion is based on their positions within MCW. The Committee serves an advisory role to the Dean regarding funding grant proposals, the application process, and administrative policies for projects that are funded from the 65.0 percent allocated for medical education and research projects.

Endowment Balances and Expenditures

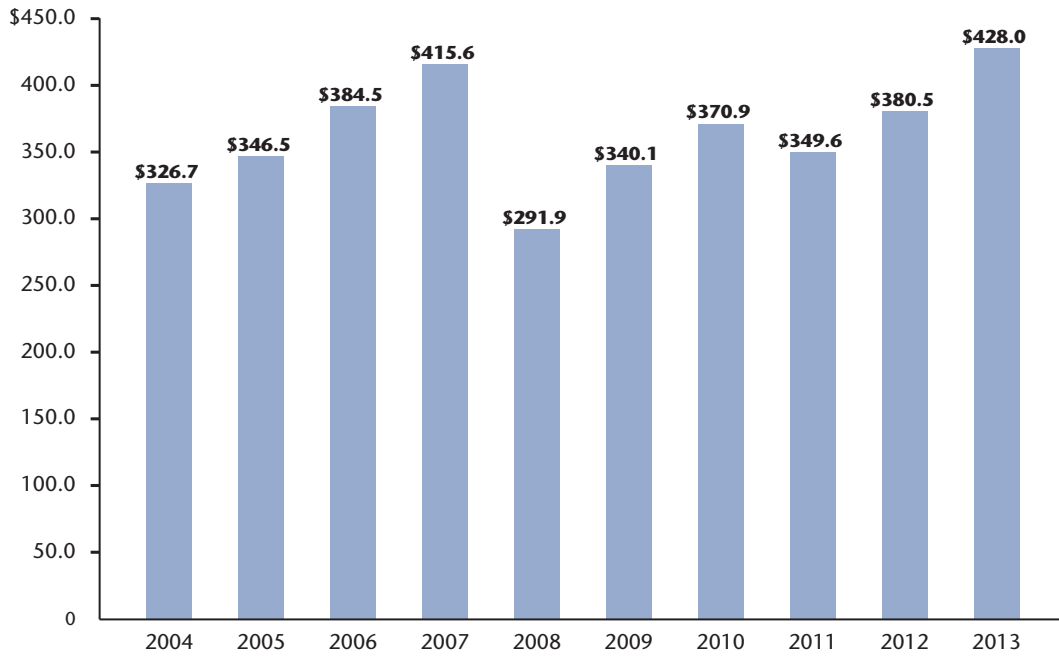
The Advancing a Healthier Wisconsin Endowment is held by MCW and is managed according to MCW investment policies.

The Advancing a Healthier Wisconsin Endowment is held by MCW and is managed according to MCW investment policies, which call for a diversified allocation of assets, including a mix of stocks, bonds, and other investments. MCW maintains separate accounts for the 65.0 percent designated for medical education and research projects and the 35.0 percent designated for public health projects. Although the funds for these two purposes are maintained in separate accounts, the amounts awarded for medical education and research projects and for public health projects do not necessarily reflect the designated percentage split at any point in time.

The economic recession beginning in December 2007 adversely affected the value of the endowment, which declined from \$415.6 million in December 2007 to \$291.9 million (29.8 percent) in December 2008. As shown in Figure 3, the value of the endowment has generally increased since December 2008, growing from \$291.9 million to \$428.0 million (46.6 percent) in December 2013. The amount of the endowment’s balance that is made available for grants and administrative expenditures is set by MCW policies and from 2009 through 2013 ranged from 3.0 percent to 4.1 percent.

Figure 3

MCW’s Advancing a Healthier Wisconsin Endowment Balance¹
(in millions)



¹ As of December 31 of each year.

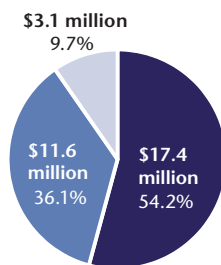
Program expenditures for Advancing a Healthier Wisconsin totaled \$67.5 million from 2009 through 2013.

Program expenditures totaled \$67.5 million from 2009 through 2013, which is more than twice the \$32.1 million spent from 2004 through 2008. As shown in Figure 4, medical education and research grants accounted for 66.2 percent of expenditures, compared to 54.2 percent for the previous five-year period. Administrative expenditures increased from \$3.1 million from 2004 through 2008 to \$3.3 million from 2009 through 2013.

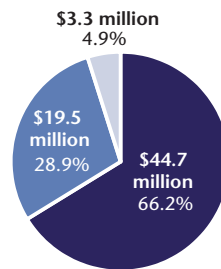
Figure 4

MCW's Advancing a Healthier Wisconsin Expenditures

2004 through 2008



2009 through 2013



- Medical Education and Research Grants
- Public Health Grants (includes a special public health initiative)
- Program Administration

Table 2 shows the program's outstanding financial commitments as of December 31, 2013. From 2004 through 2013, a total of \$165.5 million in grant funds was awarded, of which \$93.2 million was spent and \$11.6 million lapsed back to the program from grantees that did not spend all funds awarded to them. As of December 31, 2013, \$60.7 million that was awarded remained to be spent, including \$59.6 million from grants awarded from 2009 through 2013.

Table 2

MCW’s Advancing a Healthier Wisconsin Outstanding Commitments¹

Year	Grants Awarded ²	Grant Expenditures	Amount Lapsed	Amount Remaining to be Spent
2004 through 2008³	\$ 67,019,100	\$57,416,900	\$ 8,461,500	\$ 1,140,700
2009 through 2013				
2009	10,061,100	7,768,900	934,600	1,357,500
2010	36,598,600	17,113,100	64,600	19,421,000
2011	39,481,400	9,859,100	2,144,400	27,477,900
2012	7,831,100	1,028,400	–	6,802,700
2013 ⁴	4,499,500	–	–	4,499,500
Subtotal	98,471,700	35,769,500	3,143,600	59,558,600
Total	\$165,490,800	\$93,186,400	\$11,605,100	\$60,699,300

¹ As of December 31, 2013. Excludes administrative expenditures.

² Reflects grant reductions made due to the economic recession that began in December 2007.

³ Includes 10 grants totaling \$4.2 million that were awarded in 2009 but had RFPs issued in 2008.

⁴ The 11 grants awarded in 2013 had no expenditures in that year.

Administrative Expenditures and Staffing

MCW does not charge the Advancing a Healthier Wisconsin program for the administrative costs of managing the endowment.

Administrative expenditures are split between the funds allocated for medical education and research projects and for public health projects. MCW does not charge the Advancing a Healthier Wisconsin program for the administrative costs of managing the endowment.

As shown in Table 3, administrative expenditures increased from \$461,000 in 2009 to \$947,500 (105.5 percent) in 2013. The increase was largely the result of increased salary and fringe benefit costs associated with staff hired to oversee the medical education and research component of the program. There were 7.0 full time equivalent (FTE) positions budgeted in fiscal year (FY) 2008-09, but MCW indicated that 2.0 FTE of the budgeted positions were not filled because of the decline in the endowment’s value. In FY 2012-13, the program was budgeted 10.55 FTE administrative positions including program managers, program coordinators, and an administrative assistant. Over the five-year period we reviewed, 81.2 percent of administrative expenditures consisted of salaries and fringe benefits of MCW staff.

Table 3

MCW's Advancing a Healthier Wisconsin Administrative Expenditures

	2009	2010	2011	2012	2013
Personnel Expenditures					
Salaries	\$280,900	\$204,000	\$398,900	\$547,500	\$650,200
Fringe Benefits	85,700	62,200	120,400	150,200	173,000
Subtotal	366,600	266,200	519,300	697,700	823,200
Other Expenditures					
Consultants and Contracts	67,700	46,400	37,100	31,900	63,200
Supplies and Services	24,000	148,000	74,400	45,400	48,500
Travel	1,000	1,200	7,800	8,100	12,600
Other	1,700	–	–	–	–
Subtotal	94,400	195,600	119,300	85,400	124,300
Total	\$461,000	\$461,800	\$638,600	\$783,100	\$947,500

Medical Education and Research Grants

MCW annually awards medical education and research grants to support projects intended to increase interdisciplinary collaboration with the goal of contributing to statewide health improvements. From 2009 through 2013, funds were typically committed for three to five years, and the amounts awarded ranged from \$200,000 to \$6.8 million.

From 2009 through 2013, all MCW medical education and research grants were awarded by inviting selected individuals to apply rather than through a competitive RFP application process.

Policies require that grant awards support projects consistent with both the Advancing a Healthier Wisconsin five-year plan and MCW's strategic plan. Each project has a designated principal investigator who must be a member of the MCW faculty. Currently, there are no guidelines or limits on the percentage of a grant award that may be used to fund the salaries of principal investigators. However, individual salaries are capped based on guidelines issued by the National Institutes of Health. During the initial five-year grant period from 2004 through 2008, 62.8 percent of medical education and research grants were awarded competitively, which required applicants to respond to a request for proposals (RFP). However, from 2009 through 2013, all medical education and research grants were awarded through a noncompetitive application process that involved inviting selected individuals to apply for grant funding rather than issuing RFPs. MCW staff indicated that all grants were awarded in this manner to ensure a more coordinated approach to investing in the medical education and research

priorities outlined in the five-year plan. In addition, they noted that while the grants were not issued through an RFP process, the proposals submitted by those individuals invited to apply are subject to extensive review and ongoing monitoring and oversight.

As shown in Table 4, a total of 36 medical education and research grants were awarded from 2009 through 2013. The amount awarded totaled \$74.8 million, or an average of \$2.1 million per grant. In comparison, 123 grants totaling \$44.6 million were awarded from 2004 through 2008, for an average of \$362,600 per grant. The average award size increased because smaller competitive grants were discontinued beginning in 2009. According to MCW, it chose to emphasize awarding fewer grants each year with larger award amounts in order to fund larger projects.

Table 4

Medical Education and Research Grants Awarded by MCW

Year	Number	Amount ¹
2004 through 2008²	123	\$ 44,660,700
2009 through 2013		
2009	5	8,961,100
2010	13	25,577,700
2011	13	34,707,600
2012	3	3,294,100
2013	2	2,243,400
Subtotal	36	74,783,900
Total	159	\$119,444,600

¹ Reflects grant reductions made due to the economic recession that began in December 2007.

² Includes 10 grants totaling \$4.2 million that were awarded in 2009 but had RFPs issued in 2008.

From 2009 through 2013, 86.1 percent of MCW’s medical education and research grants were primarily focused on research.

Of the 36 grants, 31 (86.1 percent) were primarily focused on research, and 5 (13.9 percent) were primarily focused on education. Research grants supported six research priorities—cardiovascular disease, cancer, brain diseases, infectious diseases and immunology, kidney diseases, and community and population health—along with biotechnology initiatives that support such research. They have also been used to support research in population health and translational research, which attempts to improve health by developing clinical or

population-based applications from research findings. Education grants focused on the development of new degree programs, initiatives to improve the education of medical students, continuing education for public health and medical professionals, and enhanced patient education. Appendix 3 lists all 36 medical education and research grants awarded by MCW from 2009 through 2013, as well as 10 grants that were awarded in 2009 but had RFPs issued in 2008.

Grant Applications and Awards

In order for program funds to be spent effectively, awards should be based on thorough and well-defined processes, including project applications with clear and specific objectives. We therefore reviewed award procedures, application requirements, and whether project applications were complete and included clear and specific objectives.

As we recommended in report 10-6, MCW took steps to ensure that all project proposals include clear and specific objectives.

Medical education and research grant proposals originate with a request from the Dean and only full-time MCW faculty are eligible to apply. If the Dean initiates a request, the faculty member completes a letter of intent. In report 10-6, we recommended that MCW ensure all project proposals include clear and specific objectives before making grant awards. In response, MCW began using a two-stage application process in 2011, beginning with a letter of intent that requires applicants to list specific objectives for their proposed project. If the letter of intent is approved by the Committee, MCW requires applicants to complete a full application, which includes a description of all goals and objectives and a project budget.

As noted, approval of a proposal is based partly on whether the project is compatible with the five-year plan and MCW's strategic plan. Once the Committee has approved the application, it is submitted to the Office of the Controller for a budget and supplanting review, to the Consortium for review and comment, and then to MCW's Board of Trustees for final approval. A review of meeting minutes indicated that the Committee reviewed grant applications and sometimes requested revisions to improve a proposal or to better align a proposed project's objectives with the objectives of the Advancing a Healthier Wisconsin program.

Although it appears that most grant applications were approved prior to implementation of the two-stage application process in 2011, the Committee did reject some proposals. For example, in April 2011, before the two-stage process was implemented, the Committee rejected one proposal to provide seed funding for a proposed project because it did not align well with Advancing a Healthier Wisconsin program objectives and because it was losing its principal investigator. It rejected another proposal in September 2010 because it determined the proposal was not an appropriate fit for the program.

We found that grants for 9 of the 10 MCW medical education and research projects we reviewed had submitted all required application materials.

Grant applications are required to include an application form, a project budget, and a non-supplanting attestation form. We reviewed a sample of 10 medical education and research projects and found that grantees for 9 of the 10 projects we reviewed had submitted all of the required application materials. One grantee did not submit a project budget with the application. MCW indicated that it allowed the grantee to submit a budget at a later date because it was clear the award was to be used for the recruitment of two new faculty members, and that a budget was submitted once a recruit was identified.

In addition, we found that all 10 grant applications included clear and specific objectives. For example:

- the Advancing New Discoveries in Translational Research through the Collaborative and Pilot Studies Program (award amount: \$3.2 million) planned to provide seed funding for new and promising clinical and translational projects; provide a mechanism for young investigators to begin careers in clinical and translational research; bring together clinical and basic researchers with similar areas of interest; foster interdisciplinary collaborations between participating Southeast Wisconsin institutions; and identify, promote, and evaluate pilot programs through a call for proposals; and
- the planning phase for the Community Medical Education Program (award amount: \$4.0 million) planned activities, such as developing a community education program and a community medical education curriculum; training faculty and developing the tools and technologies to deliver the education curriculum; and developing a population health research program to provide opportunities for community-based research in rural and underserved communities.

Expenditures

Applicants for medical education and research grants are required to submit detailed project budgets with their applications, and all proposed expenditures must be directly related to the project. Program policies specify that indirect costs are not allowed. Examples of other unallowable costs include alcohol, entertainment, and lobbying expenditures. Grantees must obtain approval to carry funds forward from one project year to the next, and only 20.0 percent of the award amount may be carried forward as a project extension.

MCW established a policy on allowable and unallowable costs based on our recommendation in report 10-6.

In report 10-6, we noted that allowable and unallowable project expenditures were not specifically delineated in Advancing a Healthier Wisconsin program policies. To address this issue MCW established a policy on allowable and unallowable costs in a revised version of its award administration manual in January 2012.

Medical education and research grant expenditures are processed through MCW’s central payroll and accounting systems, and any non-personnel related expenditures must first be approved by the principal investigator’s department before they may be forwarded to the Office of the Controller for payment. MCW has accounting system controls in place to prevent payment when requested amounts exceed those that have been budgeted.

Salaries and fringe benefits of MCW faculty and staff accounted for 68.1 percent of expenditures for medical education and research projects.

Expenditures for medical education and research projects totaled \$44.7 million from 2009 through 2013. As shown in Table 5, salaries and fringe benefits for MCW faculty and staff accounted for 68.1 percent of expenditures.

Table 5
**Expenditures for Medical Education and Research Grants
 Awarded by MCW, by Category
 2009 through 2013**

	Amount	Percentage of Total
Personnel Expenditures		
Salaries	\$23,748,000	53.1%
Fringe Benefits	6,709,600	15.0
Subtotal	30,457,600	68.1
Other Expenditures		
Supplies and Services	8,772,300	19.6
Equipment	3,597,900	8.0
Consultants and Contracts	1,529,000	3.4
Travel	364,900	0.8
Subtotal	14,264,100	31.9
Total	\$44,721,700	100.0%

To further analyze the nature and appropriateness of project expenditures and the oversight of grantees, we reviewed expenditures for a sample of 10 medical education and research projects. Expenditures for these 10 projects totaled \$15.7 million and represented 35.1 percent of all medical education and research

expenditures from 2009 through 2013. Our review included supporting documentation, such as invoices and receipts for non-payroll expenditures.

We reviewed over 200 transactions totaling \$1.5 million for the 10 medical education and research projects included in our sample. MCW was able to provide documentation to adequately support all of the expenditures we reviewed. In addition, we determined that all expenditures appeared to be allowable and had been made in compliance with MCW policies.

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to ensure that MCW grantees are making progress toward achieving their objectives.

Once grants have been awarded, continued monitoring and oversight are needed to ensure that grantees are progressing toward achieving their objectives. MCW oversees medical education and research projects primarily through the use of annual progress reports that are reviewed by MCW staff and the Research and Education Advisory Committee. We reviewed the 10 projects in our sample to determine whether progress reports were submitted as required, whether they clearly described each project's activities and progress toward achieving their objectives, and whether grantees had made any changes to project objectives.

Grantees without subgrantees are required to submit an annual progress report by July 31 of each year, and grantees with subgrantees are required to submit annual progress reports from all subgrantees by August 31 of each year. The annual reports are required to contain:

- a description of the progress made toward achieving project goals;
- a list of papers and presentations that resulted from the project;
- a list of purchased equipment; and
- a description of how the project fits into plans to improve the health of Wisconsin residents.

All grantees are required to submit a final progress report no later than 60 days after receiving final reporting materials from MCW staff. The final progress report is required to contain the same types of information as the annual reports. It also must include a description of project results; funding that was leveraged; new projects resulting from the grant project; and publications, awards, and other achievements directly associated with the project.

In report 10-6, we recommended that MCW improve its monitoring and oversight of medical education and research projects by:

- eliminating questions on interim progress reports that request information already received;
- requiring grantees to revise their progress reports when they do not adequately describe a project's progress or report on each objective; and
- recording the dates on which progress reports are received and reviewed.

As we recommended in report 10-6, MCW has begun recording the dates that progress reports are received from grantees.

In response, MCW began providing grantees with templates for interim progress reports containing information from the prior year's progress report; hired staff to help ensure that progress reports include sufficient information to evaluate progress for each objective; and implemented a system to record the dates on which progress reports are received and reviewed.

Because our review period includes some time before MCW implemented these changes, not all of the progress reports we reviewed had the date of receipt recorded. We found that grantees for each of the 10 projects we reviewed submitted all required progress reports and that they contained all required materials, such as lists of presentations and publications resulting from each grant. However, we found that 5 of 19 required reports (26.3 percent) were submitted more than six days late, with the average being 30 days late. The greatest amount of time by which a report was late was 37 days. MCW staff indicated that they followed up with grantees that did not submit timely reports by sending email notices that reports were due. As part of MCW program oversight activities, the Dean sent a letter in October 2014 to one grantee reiterating the importance of timely and complete report filing. The Dean and the grantee later indicated that a new electronic reporting system had been implemented to help the grantee collect progress reports in a timely manner from the project's subgrantees.

All of the 10 grantees were required to submit progress reports during our review period, and all provided sufficient information for us to assess their progress. One important reason for ongoing monitoring of grantees is to ensure that all changes in projects are appropriate. Prior to 2012, grantees notified MCW of project changes that had already been made as part of their annual progress reports. However, in response to another recommendation we made in report 10-6, MCW implemented an application and review process for requested project changes. Since January 2012, MCW has required grantees to obtain approval from MCW before any project changes can be implemented.

We found that grantees for 8 of the 10 MCW medical education and research projects we reviewed submitted project change requests and all were approved.

We found that grantees for 8 of the 10 projects we reviewed submitted project change requests, and all 8 were approved by MCW staff. For example:

- the Cancer Chemoprevention Research Program (award amount: \$6.9 million) requested approval to reallocate \$30,000 of unused recruitment funds to fund seed grants;
- the MCW Tissue Bank (award amount: \$5.2 million) requested approval to reallocate \$6,000 from its equipment budget to fund training of a pathology assistant; and
- the Transplantation Biology and Immunotherapy Research Program (award amount: \$5.0 million) requested approval to increase program support from 0.25 FTE to 0.50 FTE.

To help assess the satisfaction of grantees with the policies and procedures of MCW's Advancing a Healthier Wisconsin program, we interviewed the principal investigators involved with the 10 projects included in our sample. All grantees were satisfied with the quality of their interactions with MCW and typically described the staff as being helpful. Grantees were generally satisfied with the application and administration processes. However, one grantee questioned the need to revise project budgets when a grant period was being extended. Additionally, while six grantees indicated that they were satisfied with the reporting requirements, two indicated they had difficulty reporting progress on forms that were tailored for basic research, rather than for education or faculty recruitment. Grantees generally indicated that MCW staff effectively communicated program changes. However, two grantees saw a need for MCW to clarify the concept of supplanting. All the grantees indicated the Advancing a Healthier Wisconsin program has been instrumental in upgrading MCW capabilities, including supporting innovative research ideas and leveraging additional research funding.

Public Health Grants

MCW awards two types of competitive public health grants: development grants and impact grants. From 2010 through 2013, development grants of up to \$200,000 were awarded for up to two years to allow for the planning and testing of new ideas, and impact grants of up to \$750,000 were awarded for up to five years to allow for the implementation of health-related prevention projects or programs. Due to the economic recession, the maximum award amounts for grants awarded in 2009 were set at \$40,000 for development grants and \$300,000 for impact grants.

MCW requires that all projects funded by public health grants involve both a community organization and an academic partner.

MCW requires that all projects funded by public health grants involve both a community organization and an academic partner. Organizations that can receive funding include private, tax-exempt organizations and governmental entities, such as state, local, and tribal governments. Additionally, for-profit companies and nonprofit organizations without tax-exempt status may participate in projects but may not receive funds directly from MCW.

The academic partner for each grant is an MCW faculty member who is responsible for administrative oversight of the project, including submitting invoices from the community partner to the Controller’s office for reimbursement. Academic partners may also assist in project design, advise on project implementation, directly participate in project activities, and conduct an evaluation of the project.

The amount of public health grants awarded by MCW declined from \$21.3 million from 2004 through 2008 to \$15.5 million from 2009 through 2013.

As shown in Table 6, most public health grants were development grants. For example, from 2009 through 2013, MCW issued 33 development grants and 15 impact grants. The total number of public health grants awarded by MCW declined by 52.5 percent between the two grant periods, and the total amount awarded decreased from \$21.3 million from 2004 through 2008 to \$15.5 million (27.2 percent) from 2009 through 2013.

Table 6

Public Health Grants Awarded by MCW

	Development		Impact	
	Number	Amount ¹	Number	Amount ¹
2004 through 2008	54	\$2,251,000	47	\$19,007,500
2009 through 2013				
2009	5	200,000	3	900,000
2010	3	599,900	3	2,241,000
2011	9	1,779,500	4	2,994,200
2012	8	1,583,200	4	2,953,800
2013	8	1,506,100	1	750,000
Subtotal	33	5,668,700	15	9,839,000
Total	87	\$7,919,700	62	\$28,846,500

¹ Reflects grant reductions made due to the economic recession that began in December 2007.

Applicants for public health grants must indicate which of 14 major health risks their projects would address, the target population, and the geographic area to be served. As shown in Table 7, the most common health risk to be addressed by projects was chronic disease prevention and management. Projects most often served individuals located in urban areas. The categories of children and adolescents and urban populations were the most common target populations. Appendix 4 lists all public health grants awarded from 2009 through 2013, including information on their primary focus, target population, and geographic area.

Table 7

**Profile of Public Health Grants Awarded by MCW
2009 through 2013**

Geographic Area ¹	Number	Major Area of Health Risk ³	Number
Urban	29	Chronic Disease Prevention and Management	8
Rural	11	Injury and Violence	6
Statewide	8	Other	6
Total	48	Mental Health	4
		Social and Financial Factors That Influence Health	4
		Reproductive and Sexual Health	4
		Alcohol and Other Drug Use	3
		Oral Health	3
		Environmental and Occupational Health	2
		Healthy Growth and Development	2
		Nutrition	2
		Cancer	1
		Physical Activity	1
		Multiple Risk Areas	9

Target Population ²	Number
Children and Adolescents	13
Urban Populations	12
Racial and Ethnic Populations	8
Rural Populations	4
Men	2
Seniors	2
Uninsured Persons	2
Women	2
Other	2
Multiple Populations	6

¹ Applicants designate projects as urban, rural, or statewide, although MCW has not defined these categories.

² Applicants may select more than one target population. "Multiple Populations" applies when four or more are selected.

³ Applicants may select more than one major area of health risk. "Multiple Risk Areas" applies when four or more are selected.

Grant Applications and Awards

We reviewed award procedures, application requirements, and whether project applications were complete and included clear and specific objectives. In order for program funds to be spent effectively, awards should be based on thorough and well-defined processes, including project applications with clear and specific objectives.

MCW's public health grants are awarded through a competitive process.

Public health grants are awarded through a competitive process, which is illustrated in Figure 5. In making project funding decisions, an independent panel of academics and community consultants from outside of Wisconsin conducts an external merit review, and the Consortium considers how well a project fits within the priorities of the five-year plan.

Figure 5

MCW's Public Health Grant Award Process



In most cases, we found that the Consortium's decisions were consistent with the scores from the external review. From 2009 through 2013, 31 (64.6 percent) of the 48 public health grants awarded were among those with the highest external review scores. All but 7 of the remaining 17 received an above average score on the external review. For the grants that were not above the average score of reviewed applications, Consortium meeting minutes do not describe its deliberations in sufficient detail to determine the basis for the awards. MCW staff indicate that awards are also based on qualitative factors, such as the Consortium's priorities and local and statewide public health needs.

MCW updated its conflict-of-interest policy to reflect recommendations we made in report 10-6.

To avoid bias in the award process, Consortium members with an interest in a project should not be involved in the decision of whether to make an award. In report 10-6, we recommended that MCW establish a conflict-of-interest policy to require that Consortium members abstain from voting on project proposals submitted by organizations with which they have an employment or other financial relationship and recuse themselves during deliberations on proposals by these organizations. MCW's conflict-of-interest policy was updated in July 2010 to reflect the recommendations we made in report 10-6. Meeting minutes indicate that the policy was reviewed prior to considering grant proposals and that Consortium members abstained when necessary.

In addition, we recommended in report 10-6 that MCW improve the extent to which project proposals include clear and realistic objectives by including in its technical review an assessment of whether an application has clearly defined objectives and by requiring applicants to respond in writing to reviewers' concerns before approval of the project application. In response to our recommendations, MCW has required applicants to submit a written response to reviewers' concerns before a funding agreement is executed since October 2011.

We found the objectives identified in the application of one MCW grantee were overly broad.

We reviewed the applications for a sample of 10 public health projects to determine whether they included all of the required documents and had clearly defined and realistic objectives. All 10 projects included the required documents. However, we found that the objectives identified in the application for one of these projects were overly broad. The Healthy Families, Healthy Communities Barron County proposal (award amount: \$750,000) outlined 42 specific objectives for improving the health of Barron County residents by assessing health promotion activities and implementing wellness guidelines or programs within schools, worksites, health care providers, faith-based organizations, restaurants, and grocery stores. During an interview, which was

part of our audit, the grantee acknowledged that the scope of the project was overly ambitious.

Expenditures

Expenditures for alcohol, entertainment, and lobbying are prohibited.

Applicants for public health grants are required to submit detailed project budgets with their applications, and all expenditures must be directly related to the project. Indirect costs are not allowed, and program policies also specify other unallowable costs, such as alcohol, entertainment, and lobbying expenditures. Grantees must obtain approval to carry funds forward from one project year to the next and to receive an extension of up to six months beyond the end of the project period. No more than 20.0 percent of the award amount may be carried forward from one year to the next or used during a project extension.

Grantees are required to submit invoices at least quarterly to their academic partners, with a final invoice due within 60 days after the end of the grant period. The academic partner is then responsible for reviewing the invoices and submitting them to the Controller's office for payment. Invoices are not independently reviewed by MCW staff, and they do not centrally maintain project expenditure records. However, funding agreements require grantees to maintain financial records on project expenditures for at least three years after the final invoice is submitted. MCW also requests supporting documentation of expenditures for a sample of awarded public health grants, representing 25.0 percent of awarded funds, to ensure adequate record-keeping and appropriate expenditures. MCW staff indicated that they seek reimbursement from the grantees for any unallowable or unsupported expenses they find.

A total of \$3.4 million (22.7 percent) of public health grant expenditures was for the salaries and fringe benefits of MCW faculty and staff who directly support the projects.

Table 8 categorizes the \$14.9 million MCW spent for public health projects from 2009 through 2013. Of this total, \$11.3 million (76.1 percent) was for payments to community partners. These payments primarily represent personnel expenditures for grantees and payments to third parties. An additional \$3.4 million (22.7 percent) was spent directly by MCW to pay the salaries and fringe benefits of MCW faculty and staff who directly support public health projects. MCW indicates that the amount of grant funds spent on salaries and fringe benefits is determined by the grantees in collaboration with the academic partners.

Table 8

**Expenditures for Public Health Grants Awarded by MCW, by Category
2009 through 2013**

Category	Amount	Percentage of Total
Personnel Expenditures¹		
Salary	\$ 2,603,000	17.5%
Fringe Benefits	770,300	5.2
Subtotal	3,373,300	22.7
Other Expenditures		
Payments to Community Partners ²	11,308,500	76.1
Supplies and Services	122,100	0.8
Travel	47,000	0.3
Consultants and Contracts	700	<0.1
Subtotal	11,478,200	77.3
Total	\$14,851,500	100.0%

¹ Represents personnel expenditures for MCW faculty and staff who directly support projects.

² Primarily represents personnel expenditures for grantees and payments to third parties.

We reviewed expenditures for a sample of 10 public health projects.

To further analyze the nature and appropriateness of project expenditures and the oversight of grantees, we reviewed expenditures for a sample of 10 public health projects. The 10 projects we reviewed spent a total of \$2.1 million from 2009 through 2013, which is 13.9 percent of all public health project expenditures during that period. Payments to community health partners accounted for \$1.7 million (81.0 percent) of expenditures, while the remaining \$0.4 million (19.0 percent) was spent directly by MCW primarily to pay the salaries and fringe benefits of MCW faculty and staff who directly support the projects. MCW indicates that funding amounts associated with payments to academic partners reflect decisions made by grantees based on the amount of expert assistance they require for their projects.

We reviewed over 800 transactions totaling \$329,100 for the 10 public health projects included in our sample. Most expenditures were made in compliance with program policies. However, we question a total of \$5,844 in expenditures made by four projects that were inadequately documented, including \$1,520 associated with expenditures for which no documentation was provided. We also identified an additional \$9,411 associated with expenditures made by two projects for which adequate documentation was unavailable,

but we did not question these expenditures because the three-year period MCW requires grantees to maintain such documentation had expired.

Recommendation

We recommend the Medical College of Wisconsin require grantees to maintain documentation of all grant expenditures for at least five years after the submission of a final grant invoice.

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to help ensure that grantees are making progress toward their project objectives. We reviewed the progress reports for the 10 projects in our sample to determine if progress reports had been submitted on time; if they were complete, with adequate descriptions of activities and progress; and whether any changes were made to project objectives.

Since 2010, program policies have required grant recipients to submit annual progress reports.

Since 2010, program policies have required grant recipients to submit annual progress reports and a final report within 30 days of the end of the grant period. Prior to 2010, policies required submission of semiannual progress reports and a final report within 60 days of the end of the grant period. MCW staff indicated the change to the annual progress reports process was due to the Consortium's belief that a longer reporting period provides time for MCW staff to conduct a conference call with project partners and for the grantee to more adequately represent each project's progress toward its objectives. Progress reports are required to contain the following information:

- a brief summary of the project to date;
- progress made toward each goal, outcome, and strategy outlined in the project proposal during the report period;
- a discussion of the "lessons learned"; and
- a success story, which describes an achievement or a relevant project participant experience.

In report 10-6, we recommended that MCW improve its monitoring and oversight of public health projects by requiring grantees to revise progress reports that are incomplete and recording the dates on which progress reports were received and reviewed. As noted,

MCW hired additional staff to ensure that progress reports include sufficient information to evaluate progress for each objective and implemented a system to record the dates on which progress reports were received and reviewed.

All required progress reports for MCW public health projects we reviewed were submitted and properly documented.

As part of our sample of 10 projects, we found that all of the required progress reports had been submitted and had a date recorded at the time of submission or had a date that was documented by MCW staff via a follow-up call or site visit. Grantees for the 10 projects we reviewed submitted a total of 31 progress reports, and we found that 3 reports during our audit period were submitted after their due dates without a request for an extension. However, none of the 3 reports were submitted more than five days late.

In addition, we noted in report 10-6 that progress reports often did not include information that would be useful in assessing progress and outcomes, such as specific survey results, the results of data analyses, and attendance at project events. We recommended that MCW clarify instructions for progress reports to indicate the types of activities that should be reported. In 2010, MCW modified instructions for submitting progress reports by, for example, clarifying what information should be reported regarding each objective, the grantee's efforts to leverage additional funds, in-kind resources, development of health-related materials, and project dissemination activities. However, progress report instructions still do not specify that information such as survey results, the results of data analyses, or attendance at project events should be included.

We found that some grantees among the 10 public health grants we reviewed did include this information even though it was not specifically requested. For example:

- the Earlier Is Better project (award amount: \$746,500) reported the results of focus groups, participant assessment surveys, and data analyses regarding the project's objectives;
- the Community-Based Chronic Disease Management project (award amount: \$750,000) reported the average reductions in blood pressure and blood glucose levels for enrolled patients; and
- the Changing the Culture of Risky Drinking Behavior: Underage Access project (award amount: \$300,000) reported details of project activities such as a media campaign, materials distributed, compliance checks conducted by police, individuals trained in responsible alcohol serving, and attendance at community events.

Because this type of information is useful in measuring a project's success, we believe it should be required.

Recommendation

We recommend the Medical College of Wisconsin revise progress report instructions to require grantees to provide information on survey results, the results of major data analyses, and attendance at project events.

MCW policies require grantees to receive approval prior to changing the scope of their projects.

We also recommended in report 10-6 that MCW clarify the circumstances under which grantees must notify staff of modifications to project objectives. Since February 2011, MCW has required grantees to submit a change request and receive approval prior to changing the scope of work to be completed. In addition, MCW's award administration manual specifies that changes to planned objectives will be considered only if there is a significant change in a project's circumstances. We reviewed whether projects made substantial changes to their objectives. Of the 10 projects we reviewed, we found that 5 had made substantial changes to project objectives, and that all but one had requested permission to do so. The project that did not request permission, the Community-Based Chronic Disease Management project (award amount: \$750,000), originally intended to establish three new wellness sites in addition to one existing site to screen, treat, and provide education to its target population. However, program staff indicated that the passage of the federal Patient Protection and Affordable Care Act and expansion of the State's BadgerCare Plus program to childless adults resulted in decreased utilization of project services, leading to a decision in 2014 to close two of the three new sites that were established. Instead, the project began assisting participants in accessing health care through the Affordable Care Act and the State's BadgerCare Plus program, in addition to continuing to screen and treat members of the target population at its other sites.

We found that MCW staff had not conducted all required site visits for 2 of the 10 public health grants we reviewed.

MCW staff also conduct site visits to monitor progress. Program policies require at least one site visit for development projects and two site visits for impact projects during the grant period. We found that MCW staff had conducted all required site visits for 8 of the 10 projects we reviewed. For the remaining two projects, MCW staff had conducted only one of the two required site visits.

Recommendation

We recommend the Medical College of Wisconsin monitor compliance with site visit requirements and take steps to ensure it completes all required site visits.

To help assess the satisfaction of grantees with the policies and procedures of MCW's Advancing a Healthier Wisconsin program, we interviewed the primary community partners involved with the 10 projects included in our sample. The majority of grantees indicated that MCW staff were helpful with the application and reporting processes, and the grantees were thankful for the awards. However, four grantees suggested that MCW could improve the program by streamlining reporting requirements, such as by allowing individual budgets for each year of a project, creating hyperlinks between related budget documents, and providing additional application assistance that would allow smaller and more diverse organizations to successfully apply for grants, which they believe would especially benefit rural areas. Additionally, two grantees suggested that it would be beneficial for MCW to clarify the role of the academic partners by specifying requirements for their involvement in projects.

Special Initiative on Violence Prevention

In 2007, MCW decided to focus on a special Milwaukee-area violence prevention initiative.

In August 2006, the Consortium began to formally consider funding an initiative that would be separate from its other grants and provide more resources to a single health issue. In August 2007, the Consortium established a special initiative on Milwaukee-area violence prevention. In October 2007, the Consortium authorized \$100,000 for initial planning, and in February 2008, it approved \$1.0 million for a 15-month development process that was to end in June 2009. In January 2010, an additional \$8.2 million was awarded to the initiative to provide funding through June 2015. The initiative is funded from the 35.0 percent allocation for public health projects.

The objective of the initiative is to reduce the incidence of youth violence in the Milwaukee area through the efforts of community and academic partners. The initiative has three main priorities:

- preventing violence among children up to 11 years of age;
- influencing and motivating youth from 12 to 17 years of age; and
- building capacity for violence prevention efforts through involvement in neighborhoods, schools, and the broader community.

Under the initiative, local organizations are awarded funds through a competitive application process. A call for community partners was issued in May 2010 to award funds to two partnership teams to

be composed of nonprofit and public, tax-exempt organizations. A second call for community partners was released in September 2011 to award funds to two additional partnership teams. The application process included a technical review of proposals, scoring and review by a selection panel, and invitations to a limited number of applicants to participate in an oral discussion.

From 2009 through 2013, four organizations were awarded a total of \$3.6 million through the Violence Prevention Initiative:

- Wisconsin Community Services, Inc. (Holton Youth and Family Center Collaborative, award amount: \$1.1 million) to address an array of needs in the Harambee and Riverwest neighborhoods of Milwaukee through the Holton Youth and Family Center;
- United Neighborhood Centers of Milwaukee (United Neighborhood Centers of Milwaukee Violence Prevention Initiative, award amount: \$1.1 million) to provide parents and youth in the Milwaukee central city with tools to facilitate positive change in their lives and promote the reduction and prevention of violence;
- Boys and Girls Clubs of Greater Milwaukee (Ripple Effect Milwaukee: Spreading Peace and Building Communities – Violence Prevention Initiative, award amount: \$750,000) to create a peace-building curriculum that features peer training for implementation in several sites throughout the city; and
- Milwaukee Public Schools (Safe Schools, Healthy Students Lindsay Heights Initiative – Violence Prevention Initiative, award amount: \$750,000) to provide youth in the Lindsay Heights schools with training in restorative justice, peer facilitation, and peer mentoring to help decrease violence in the community.

Appendix 5 lists all of the special initiative grants awarded by MCW to the four organizations from 2009 through 2013.

Through 2013, examples of activities accomplished by the four organizations include:

- the Holton Youth and Family Center Collaborative hosted a Violence Prevention Lock-In with 209 attendees, established youth leadership councils with 14 youth members, and assisted 7 participants in gaining employment;
- the United Neighborhood Centers of Milwaukee recruited 318 youths to participate in the “Say It Straight” communication curriculum, established youth leadership councils with 15 youth members, and assisted 175 participants in gaining employment;
- the Ripple Effect Milwaukee coordinated a community Stop-the-Violence Rally with 320 youth and community attendees, and trained 417 youth in mediation techniques, peacemaking, crisis intervention, and restorative justice; and
- the Safe Schools, Healthy Students Lindsay Heights Initiative – Violence Prevention Initiative trained 28 youth as mentors, 24 participants in prenatal care and parenting skills, and 90 students in job readiness.

Expenditures

From 2009 through 2013, expenditures for MCW’s violence prevention initiative totaled \$4.6 million.

Prior to 2009, special initiative expenditures totaled \$404,700, and the largest category of expenditures was consultants and contracts. As shown in Table 9, expenditures from 2009 through 2013 totaled \$4.6 million, and 51.1 percent was spent on the salaries and fringe benefits of MCW faculty and staff working on the initiative.

Table 9

Violence Prevention Initiative Expenditures
2009 through 2013

Category	Amount	Percentage of Total
Personnel Expenditures¹		
Salaries	\$1,847,400	39.9%
Fringe Benefits	519,200	11.2
Subtotal	2,366,600	51.1
Other Expenditures		
Payments to Community Partners ²	1,678,200	36.2
Consultants and Contracts	202,700	4.4
Supplies and Services	184,000	4.0
Travel	25,900	0.6
Other	175,100	3.8
Subtotal	2,265,900	48.9
Total	\$4,632,500	100.0%

¹ Represents personnel expenditures for MCW faculty and staff serving as academic partners.

² Primarily represents personnel expenditures for four organizations and payments they made to third parties.

We reviewed 156 transactions totaling \$131,900 for the Violence Prevention Initiative. Most expenditures were made in compliance with program policies. However, we question a total of \$2,239 in expenditures made by three grantees, including:

- \$43 in reimbursements for meals that were over the maximum per diem amount; and
- \$2,196 in expenditures that were inadequately documented.

Supplanting

The Commissioner's order prohibits using program funds to supplant other available funds. MCW policies specify the issues to be considered when assessing an application to determine whether supplanting would occur, including:

- the existence of closely related projects and the financial resources used to support them;

- the sources of financial resources that have supported the proposed project before application to the program;
- the availability of federal funding;
- the availability of state funding;
- the availability of MCW corporate funding (such as tuition, clinical revenue, investment income, and unrestricted philanthropy), including use of these funds to support the project before application to the program;
- the availability of community funding, including community financial support for a project before application to the program;
- the availability of matching funds and opportunities to leverage additional funding; and
- other applicable factors, as determined by the Dean, the Senior Vice President for Finance, and the Consortium.

Applicants for medical education and research grants are required to submit an attestation that indicates whether in the past three years the applicant has: conducted any previous or ongoing projects that are closely related to the one it has proposed in its grant application; received funding for the proposed project or for closely related projects from any governmental source, MCW, private foundations, or any other group; or applied to another funding source for the same or a similar project.

We found that grantees for the 20 MCW projects we reviewed had submitted all required non-supplanting attestation forms.

Applicants for public health grants are required to submit an attestation that indicates whether: grant funding will supplant or replace funding that is already available for project purposes; the applicant has undertaken a project that is closely related to the one it has proposed in its grant application; or the applicant has applied to another funding source for the same or a similar project and, if so, whether the use of funds from the Advancing a Healthier Wisconsin program would replace funds received from the other funding source. The primary community and academic partners of funded projects are also required to submit an identical non-supplanting attestation form. We found that grantees for each of the 10 medical education and research grants and the 10 public health grants we reviewed had completed and submitted all required non-supplanting attestation forms.

In assessing non-supplanting attestation forms for education and research grants, MCW staff in the Controller's office review the forms in conjunction with data on other MCW funding sources that support the principal investigators. Non-supplanting attestation forms for public health grants are reviewed by MCW staff. The Advancing a Healthier Wisconsin 2009-2013 Five-Year Plan states that the Senior Vice President and Chief Operating Officer must certify that "no financial resources will be supplanted." MCW staff indicated that a verbal declaration of non-supplanting was provided to the Consortium for public health projects and to the Committee for medical education and research projects. In addition a verbal declaration of non-supplanting was provided to MCW's Board of Trustees prior to its approval of project funding decisions.

In report 10-6, we recommended that MCW ensure that all related funding be fully disclosed by applicants before considering their funding requests. MCW indicated that no substantial changes were made in its supplanting review process, in part, because it believes that the non-supplanting criterion was not intended to make the program a grantor of last resort, but to protect program funds from replacing funding already available to applicants.

■ ■ ■ ■

University of Wisconsin School of Medicine and Public Health ■

UW's endowment program is known as the Wisconsin Partnership Program. We reviewed program activities from January 2009 through December 2013, including administrative activities and grants awarded for medical education and research projects and for public health projects. During our review we analyzed:

- the grant application and award processes;
- oversight and monitoring of grantees;
- compliance with the procedures used to help ensure program funds are not used to supplant other funding sources; and
- the extent to which grantee expenditures complied with program policies.

We also completed a financial examination of the program's Statement of Receipts and Disbursements for this same period.

Program Overview

The UW System Board of Regents has overall responsibility for the Wisconsin Partnership Program, including approval of five-year plans and annual reports. However, two other entities facilitate these activities: the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC).

UW's Oversight and Advisory Committee oversees the 35.0 percent of funds allocated for public health projects.

The Board of Regents created OAC in August 2002, to plan and approve expenditures for the 35.0 percent allocation for public health projects. OAC also serves in an advisory role for the 65.0 percent allocation for medical education and research projects. Members of OAC serve staggered four-year terms, and as required by the Commissioner's order include:

- one statewide health care advocate;
- three independent community health advocates;
- four UW representatives; and
- one appointee of the Commissioner of Insurance.

The four advocates are nominated by community organizations, and all members other than the Insurance Commissioner's appointee are appointed by the UW Board of Regents. Appendix 6 lists OAC members as of May 2015.

Oversight of the 65.0 percent allocation for medical education and research is provided by PERC, which was previously known as the Medical Education and Research Committee. PERC consists of a broad representation of faculty, staff, and leadership at UW and includes representatives from OAC as well as an external appointee. PERC members serve staggered two-year terms.

Endowment Balances and Expenditures

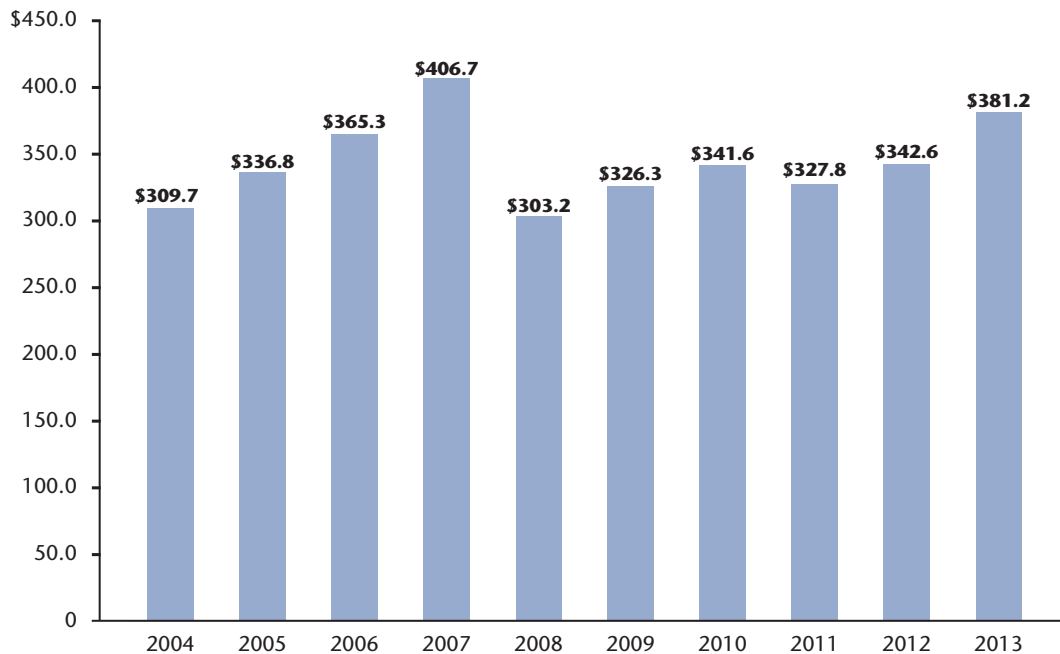
The Wisconsin Partnership Program's endowment funds are managed by the UW Foundation.

The Wisconsin Partnership Program's endowment funds are managed by the UW Foundation, which is a nonprofit corporation that is the official fundraising and gift-receiving entity for the UW. The endowment is managed according to the UW Foundation's investment policies, which call for a diversified allocation of assets including a mix of stocks, bonds, real estate, and other investments. The UW maintains separate accounts for the 65.0 percent designated for medical education and research projects and the 35.0 percent designated for public health projects. Although the funds for these two purposes are maintained in separate accounts, the amounts awarded for medical education and research projects and for public health projects do not necessarily reflect the designated percentage split at any point in time.

The economic recession beginning in December 2007 adversely affected the value of the endowment, which declined from \$406.7 million in December 2007 to \$303.2 million (25.4 percent) in December 2008. As shown in Figure 6, the value of the endowment has increased since that time, growing from \$303.2 million in December 2008 to \$381.2 million (25.7 percent) in December 2013. The amount of the endowment earnings made available for grants and administrative expenditures is set by UW Foundation policies. Prior to July 2010, program policies designated 4.75 percent of the endowment’s average fair value over the most recent 12 quarters be made available for grant awards and program administration. Since July 2010, 4.5 percent of the endowment’s average fair value over the most recent 16 quarters has been made available for grant awards and program administration.

Figure 6

UW’s Wisconsin Partnership Program Endowment Balance¹
(in millions)



¹ As of December 31 of each year.

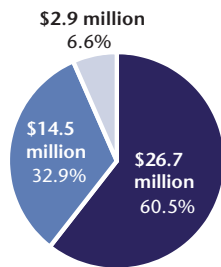
From 2009 through 2013, Wisconsin Partnership Program expenditures totaled \$67.8 million.

Program expenditures totaled \$67.8 million from 2009 through 2013, which is 53.7 percent more than the expenditures from 2004 through 2008. As shown in Figure 7, medical education and research grants accounted for 64.8 percent of expenditures, compared to 60.5 percent for the previous five-year period. Administrative expenditures increased from \$2.9 million from 2004 through 2008 to \$4.6 million from 2009 through 2013.

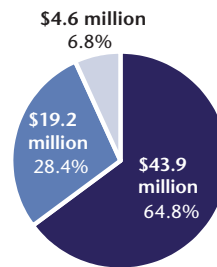
Figure 7

UW’s Wisconsin Partnership Program Expenditures

2004 through 2008



2009 through 2013



- Medical Education and Research Grants
- Public Health Grants (includes a special public health initiative)
- Program Administration

Table 10 shows the program’s outstanding financial commitments as of December 31, 2013. From 2004 through 2013, a total of \$138.1 million in grants was awarded, of which \$104.4 million was spent and \$2.9 million lapsed to the program from grantees that did not spend all funds awarded to them. As of December 31, 2013, \$30.9 million that was awarded remained to be spent, almost all from the 2009-2013 grant period.

Table 10

UW’s Wisconsin Partnership Program Outstanding Commitments¹

Year	Grants Awarded ²	Grant Expenditures	Amount Lapsed	Amount Remaining to be Spent
2004 through 2008	\$ 68,019,500	\$ 65,545,900	\$2,444,300	\$ 29,400
2009 through 2013				
2009	22,948,900	22,708,100	240,800	–
2010	3,688,100	3,110,400	40,700	537,100
2011	5,764,900	3,524,200	151,300	2,089,300
2012	22,531,700	8,875,900	–	13,655,700
2013	15,172,200	593,400	–	14,578,800
Subtotal	70,105,800	38,812,000	432,800	30,860,900
Total	\$138,125,300	\$104,357,900	\$2,877,100	\$30,890,300

¹ As of December 31, 2013. Excludes administrative expenditures.

² Reflects grant reductions made due to the economic recession that began in December 2007.

Administrative Expenditures and Staffing

The UW Foundation has retained a percentage of the endowment’s balance each year.

The UW Foundation has funded its expenses for managing the Wisconsin Partnership Program’s endowment funds by retaining a percentage of the endowment’s balance each year. This amount is deducted directly from the endowment and is reflected in the endowment balances shown in the previous figures. From 2004 through 2011, the UW Foundation retained 1.0 percent of the endowment’s balance for management expenses. Effective January 2012, the UW Foundation changed the amount it retained to 1.0 percent for the first \$250 million in endowment funds and 0.7 percent for fund amounts exceeding \$250 million. This reduction resulted in savings to the endowment of \$153,600 in 2012 and \$258,400 in 2013.

The Commissioner’s order requires OAC to authorize any changes to the allocation of endowment funds for public health and for medical education and research. Beginning in January 2012 at the request of the Dean, all investment fee savings were directed to the public health portion of the endowment. The minutes of a January 2012 meeting of OAC indicate that its members were aware of and approved of the Dean’s action. However, OAC did not formally approve the allocation of investment fee savings to the

public health portion of the endowment until June 2015, after we raised questions about it. The ongoing allocation may have the effect of slowly increasing the percentage of total endowment funds available for public health activities over time.

UW administrative expenses have been split proportionately between funds allocated for medical education and research projects and for public health projects.

The Wisconsin Partnership Program charges 35.0 percent of all of its administrative expenses to the public health portion of the endowment and 65.0 percent to the medical education and research portion. As shown in Table 11, administrative expenditures increased from \$746,200 in 2009 to \$1.1 million (43.2 percent) in 2013. Much of the increase was the result of growth in administrative staff positions from 7.25 FTE positions in 2009 to 8.75 FTE positions in 2013 to address increased administrative responsibilities related to overseeing the program, as well as costs associated with evaluating a special initiative on healthy birth outcomes.

The 8.75 FTE administrative positions budgeted for the program in 2013 included: a director, an associate director, two program officers, a communications specialist, an administrative manager, an accountant, and other support staff. Over the five-year period we reviewed, 79.8 percent of administrative expenditures consisted of salaries and fringe benefits.

Table 11

UW's Wisconsin Partnership Program Administrative Expenditures

	2009	2010	2011	2012	2013
Personnel Expenditures					
Salaries	\$422,100	\$437,400	\$477,900	\$ 605,300	\$ 650,400
Fringe Benefits	178,400	186,100	204,700	267,200	255,700
Subtotal	600,500	623,500	682,600	872,500	906,100
Other Expenditures					
Consultants and Contracts	55,400	165,500	52,400	108,500	95,800
Supplies and Services	76,200	39,100	108,800	76,100	33,600
Travel	10,600	12,300	13,100	14,900	16,800
Other	3,500	8,000	6,200	17,200	16,700
Subtotal	145,700	224,900	180,500	216,700	162,900
Total	\$746,200	\$848,400	\$863,100	\$1,089,200	\$1,069,000

Medical Education and Research Grants

The Wisconsin Partnership Program awards five types of medical education and research grants.

The Wisconsin Partnership Program awards five types of medical education and research grants. Some grants are awarded through a competitive application process requiring a response to an RFP. Other grants do not rely on a competitive RFP application process and instead involve inviting selected individuals to apply for grant funding.

Competitive grants are awarded by PERC, while grants not requiring a competitive RFP application may be awarded by either PERC or by the Dean in consultation with PERC. The five types of grants are:

- New Investigator Program grants, which are awarded through a competitive RFP application process to assistant professors to support their initial research and assist them in leveraging funding from other sources;
- Collaborative Health Sciences Program grants, which are awarded through a competitive RFP application process to full or associate professors and other experienced scientists to allow them to work collaboratively and assist them in leveraging funding from other sources;
- Targeted Education and Research Program grants, which do not require a competitive RFP application and are awarded to faculty in order to develop new approaches to health care and public health issues in response to recognized or emerging needs;
- Dean's Strategic Initiative grants, which do not require a competitive RFP application and are awarded to faculty in order to bridge basic research with population health and promote the translation of research to public health; and
- Partnership Education and Research Committee Opportunity grants, which do not require a competitive RFP application and are awarded to faculty to support development of innovative approaches to improve public health practices and assist them in leveraging funding from other sources.

Currently, up to 30.0 percent of a principal investigator's salary may be paid with grant funds.

Currently, up to 30.0 percent of a principal investigator's salary may be paid with grant funds regardless of whether the grant was awarded through a competitive RFP application process. Prior to 2013, there was no restriction on the percentage of a principal investigator's salary that could be paid with grant funds for those grants awarded without a competitive RFP application process.

Table 12 shows the 129 medical education and research grants awarded. A total of 51 were awarded from 2009 through 2013, of which 24 were awarded through a competitive RFP application process, while 27 were awarded through a noncompetitive application process that involved inviting selected individuals to apply for grant funding. UW officials note that while not all grants are awarded through a competitive RFP application process, the proposals submitted by those invited to apply are carefully assessed, currently require formal approval from an oversight committee, and are subject to regular monitoring and oversight. Although 47.1 percent of all medical education and research grants were awarded through a competitive RFP application process, funding for these grants represents 11.1 percent of the medical education and research grant funds awarded from 2009 through 2013.

Table 12

Medical Education and Research Grants Awarded by UW

Year	Noncompetitive ¹		Competitive	
	Number	Amount ²	Number	Amount ²
2004 through 2008	33	\$35,280,000	45	\$ 7,282,300
2009 through 2013				
2009	12	20,153,400	0	–
2010	1	168,800	4	591,600
2011	2	491,700	6	1,099,000
2012	6	15,765,500	7	1,899,000
2013	6	4,303,900	7	1,496,900
Subtotal	27	40,883,300	24	5,086,500
Total	60	\$76,163,300	69	\$12,368,800

¹ Represents grants awarded through an invitation to apply for funding, rather than through a competitive RFP application process.

² Reflects grant reductions made due to the economic recession that began in December 2007.

From 2009 through 2013, 62.7 percent of the UW's medical education and research grants were primarily focused on research.

Of the 51 grants, 32 (62.7 percent) were primarily focused on research, 7 (13.7 percent) on education, and 12 (23.5 percent) on both education and research. Summarized data provided by UW did not identify more specific objectives of the projects. In general, research projects focused on a range of topics, such as cancer, Alzheimer's disease, and statewide health improvement initiatives. Education projects focused primarily on developing curricula and strategies to effectively incorporate public health principles into medical education. Appendix 7 lists all 51 medical education and research grants awarded from 2009 through 2013.

Grant Applications and Awards

We reviewed award procedures, application requirements, and whether project applications were complete and included clear and specific objectives. In order for program funds to be spent effectively, awards should be based on thorough and well-defined processes, including project applications with clear and specific objectives.

Faculty seeking a competitive medical education and research grant must complete a two-part application process. First, they must submit a preliminary application, which receives a technical review from UW staff who ensure the preliminary application meets program standards. A PERC subcommittee conducts a content review that determines whether the application warrants further development. Second, if invited to continue the process, faculty must submit a full application. Program staff conduct a technical review of the application to ensure that it meets program standards, and experts in the field conduct a content review to analyze proposals based on merit, design, evaluation plans, applicant qualifications, and potential impact on health or health care. PERC reviews the application, and the applicant typically makes a presentation before the committee. Funding decisions are made by PERC, which bases its decision on whether the project is aligned with the goals and objectives of the Wisconsin Partnership Program as well as specific project characteristics, including innovation, quality of collaboration, opportunities for leveraging other funds, and its overall ability to contribute to the advancement of medicine and public health.

Many UW education and research grants awarded through a noncompetitive application process receive a content review by experts in the field.

Faculty seeking an education and research grant through a noncompetitive process must submit an application, which receives a technical review from program staff who ensure that the application meets program standards. All first-time noncompetitive grants and renewal noncompetitive grants exceeding \$800,000 receive a content review by experts in the field. PERC or the Dean further reviews the application, and the applicant typically makes a presentation before PERC. Funding decisions are made by PERC or by the Dean in consultation with PERC. The Dean or PERC base the decision to award a grant on whether the project is aligned with the

As we recommended in report 10-6, UW took steps to ensure that all project proposals include clear and specific objectives.

We found that grantees for the 10 UW medical education and research projects we reviewed submitted all required application materials and had clear and specific objectives.

goals and objectives of the Wisconsin Partnership Program as well as PERC's medical education and research priorities.

Grant applications must include a project abstract and narrative of the project's objectives and expected outcomes, a project budget, and a non-supplanting questionnaire. In report 10-6, we recommended that UW work to improve the extent to which project applications include clear and specific objectives by including in its technical review an assessment of whether an application has clearly defined objectives, and requiring applicants to respond in writing to reviewers' concerns before determining whether the project application should be approved. In response, UW added an additional level of review of applications beginning in 2012 to ensure applications were sufficient to be considered for a grant award.

We reviewed a sample of 10 medical education and research grants and found that grantees had submitted all required application materials and project proposals that included clear and specific objectives. For example:

- Shared Resources for Interdisciplinary Research for Wisconsin Institute for Medical Research (WIMR) Phase 1 (award amount: \$2.5 million) indicated it planned to purchase specific research equipment, including animal caging facilities; and
- Wisconsin Children's Lead Levels and Educational Outcomes (award amount: \$418,000) indicated it planned to investigate the relationship between moderate lead levels in the blood of elementary school children with the level of educational achievement, enrollment in special education programs, and classroom behavioral problems.

Expenditures

Applicants for medical education and research grants are required to submit detailed project budgets with their applications, and all expenditures must be directly related to the project. Wisconsin Partnership Program policies specify that expenditures must be reasonable and clearly related to a project's objectives. Indirect costs are not allowed, and program policies also specify other unallowable costs, such as alcohol, entertainment, and lobbying expenditures. Project extensions of more than 25.0 percent of the total grant award must be approved by PERC. Extensions of 25.0 percent or less of the total grant award are approved by staff of the Wisconsin Partnership Program. In addition, up to 10.0 percent of annual project funds may be reallocated across budget categories without prior approval, but

grantees are required to request approval before reallocating more than 10.0 percent of their annual budgets.

Medical education and research grant expenditures are directly charged by each principal investigator’s department for processing through UW’s payroll and accounting systems. Prior to November 2010, financial status reports were submitted by projects to the Wisconsin Partnership Program every six months. In November 2010, projects began submitting financial status reports to the Wisconsin Partnership Program on an annual basis. Wisconsin Partnership Program staff review the reports to ensure the amounts shown match those in the payroll and accounting systems and are consistent with each project’s approved budget.

Salaries and fringe benefits of UW faculty and staff accounted for 68.3 percent of expenditures for medical education and research projects.

Expenditures for medical education and research projects totaled \$43.9 million from 2009 through 2013. As shown in Table 13, salaries and fringe benefits of UW faculty and staff accounted for 68.3 percent of expenditures.

Table 13

**Expenditures for Medical Education and Research Grants
Awarded by UW, by Category
2009 through 2013**

	Amount	Percentage of Total
Personnel Expenditures		
Salaries	\$21,684,000	49.3%
Fringe Benefits	8,315,600	18.9
Subtotal	29,999,600	68.3
Other Expenditures		
Supplies and Services	5,770,200	13.1
Consultants and Contracts	4,799,300	10.9
Equipment	1,144,100	2.6
Travel	883,500	2.0
Other ¹	1,345,700	3.1
Subtotal	13,942,800	31.7
Total	\$43,942,300	100.0%

¹ Includes utilities, rent, insurance, and graduate student tuition remission.

To further analyze the nature and appropriateness of project expenditures and the oversight of grantees, we reviewed expenditures for a sample of 10 medical education and research projects. Expenditures for these 10 projects totaled \$18.3 million and represented 41.5 percent of all medical education and research expenditures from 2009 through 2013. Our review included supporting documentation, such as invoices and receipts for non-payroll expenditures.

We reviewed over 200 transactions totaling \$1.6 million for the 10 medical education and research projects included in our sample. Most expenditures were made in compliance with program policies. However, we question a total of \$5,000. Of this amount, we question \$2,744 as unallowable because the expenditures are inconsistent with program policies, including:

- \$1,784 associated with costs for a graduation reception for students in the Master of Public Health Program (award amount: \$592,200) that were incurred despite instructions from the Wisconsin Partnership Program to remove them from the project's budget; and
- \$960 in indirect costs charged by a third party to the Institute for Clinical and Translational Science Award project (award amount: \$10.2 million).

We also question \$2,256 in expenditures made by the Institute for Clinical and Translational Science project that were inadequately documented.

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to ensure that UW grantees are making progress toward achieving their objectives.

Once grants have been awarded, continued monitoring and oversight are needed to ensure that grantees are making progress toward achieving their objectives. The Wisconsin Partnership Program oversees medical education and research projects primarily through the use of annual progress reports that are reviewed by its staff and members of PERC. We reviewed the 10 projects in our sample to determine whether progress reports were submitted as required, whether they clearly described the projects' activities and progress toward achieving their objectives, and whether grantees had made any changes to project objectives.

Grantees are generally required to submit annual progress and financial status reports within 30 days of the end of each twelve-month period from the start of the project and final progress and

financial status reports within 90 days of the end of the grant project. The annual reports are required to contain:

- a description of the progress made toward achieving project goals and objectives since the last progress report was completed;
- any barriers to meeting the goals and objectives within the project timeline;
- other information pertinent to the progress of the project; and
- a description of expenditures made during the period covered by the report.

The final progress report requires that the same types of information be reported for the entire grant period. It also requires a description of project results; funding that was leveraged; new projects resulting from the grant project; and publications, awards, and other achievements directly associated with the project.

We found that the 10 grantees for the UW medical education and research projects we reviewed submitted all required progress reports.

We found that grantees for each of the 10 projects we reviewed submitted all of the required progress reports, which contained all required materials as well as additional information, such as presentation slides and press clippings. However, we found that 12 of the 28 required reports (42.9 percent) were submitted more than six days late. The average number of days reports were submitted late was 18.7 days, and the greatest amount of time by which a report was late was 66 days. UW staff indicated that they followed up with grantees who submitted late reports by using automatic electronic reminders and personal correspondence when necessary.

Grantees are required to discuss progress made toward each project objective in their progress reports, including any modifications they have made. During our review, we found that one grantee had requested approval for a change in one of its objectives because of barriers encountered during the course of the project. In considering the request, the Wisconsin Partnership Program required the grantee to make a presentation to PERC concerning the reasons for the requested change. PERC approved the grantee's request.

We spoke with the researchers involved with the 10 projects we reviewed. All expressed satisfaction with their experiences interacting with UW staff. Three of the grantees also stated that these grant awards helped them to leverage other funding. In particular, two grantees that were awarded funds through the New Investigator Program emphasized the importance of this

funding in obtaining further research funds. Additionally, grantees stated that members of PERC were productively engaged in the application and award processes.

Public Health Grants

UW awards three types of public health grants: development grants, implementation grants, and noncompetitive grants for public health education and training and other initiatives. From 2010 through 2013, development grants up to \$50,000 were competitively awarded for up to two years to fund the costs of forming a project or partnership. During this same period, implementation grants up to \$400,000 were competitively awarded for up to three years for project implementation. In 2009, the maximum amounts for development and implementation grants were \$67,000 and \$475,000, respectively. Additionally, noncompetitive grants for public health education and training and other initiatives designed to serve specific communities, populations, or purposes were awarded to either community-based organizations or to UW staff from 2009 through 2013.

UW requires that competitive public health grants involve both a community organization and an academic partner.

UW requires that development and implementation grants involve both a community organization and an academic partner. The community organization receives the grant and typically manages the project. These organizations can be private, tax-exempt organizations or governmental entities, such as state, local, or tribal governments. Additionally, nonprofit organizations without tax-exempt status may participate in projects but may not receive funds directly from UW. The academic partner is a member of the faculty or staff of UW. The academic partner's role varies by project, but it generally involves assisting in project design, advising on implementation, directly participating in project activities, or evaluating project outcomes.

The total amount of UW public health funds awarded decreased from \$25.5 million from 2004 through 2008 to \$16.1 million from 2009 through 2013.

From 2009 through 2013, 82 public health grants were awarded a total of \$16.1 million. As shown in Table 14, 46 were development grants, 31 were implementation grants, and 5 were noncompetitive grants. The total number of public health grants awarded by UW decreased 20.4 percent from 2004 through 2008, and the total amount awarded decreased from \$25.5 million from 2004 through 2008 to \$16.1 million (36.7 percent) from 2009 through 2013. UW staff attribute the decline in both the number and amount of public health grant awards from 2009 through 2013 to a decrease in the amount of funding available, as compared to the previous five-year period, and the effects of the economic recession.

Table 14

Public Health Grants Awarded by UW

	Development		Implementation		Noncompetitive	
	Number	Amount ¹	Number	Amount ¹	Number	Amount ¹
2004 through 2008	52	\$2,169,000	46	\$19,196,500	5	\$4,091,700
2009 through 2013						
2009	3	169,200	3	1,210,600	2	1,415,800
2010	10	498,600	4	1,599,200	0	
2011	12	563,700	6	2,399,000	2	1,011,200
2012	16	766,300	7	2,296,800	1	534,500
2013	5	250,300	11	3,410,700	0	
Subtotal	46	2,248,100	31	10,916,300	5	2,961,500
Total	98	\$4,417,100	77	\$30,112,800	10	\$7,053,200

¹ Reflects grant reductions made due to the economic recession that began in December 2007.

In their application materials, grant applicants identified which of 23 health priorities their projects would address, as well as the geographic areas to be served and the target populations. As shown in Table 15, over one-third of the public health grants awarded had a primary objective of either collaborative partnerships for community health improvement or chronic disease prevention and management. Projects most often served urban areas or were statewide, and racial and ethnic populations were the most common target population. Appendix 8 lists all public health grants awarded from 2009 through 2013, including information on primary focus, target population, and geographic area.

Table 15

**Profile of Public Health Grants Awarded by UW
2009 through 2013**

Geographic Area ¹	Number	Primary Objective to Address	Number
Statewide	26	Collaborative Partnerships for Community Health Improvement	21
Urban	23	Chronic Disease Prevention and Management	9
Rural and Urban	17	Adequate, Appropriate, and Safe Food and Nutrition	7
Rural	16	Physical Activity	7
Total	82	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	6
		Alcohol and Other Drug Use	5
		Access to High-Quality Health Services	4
		Mental Health	4
		Reproductive and Sexual Health	4
		Healthy Growth and Development	2
		Injury and Violence	2
		Public Health Capacity and Quality	2
		Public Health Research and Evaluation	2
		Systems to Manage and Share Health Information and Knowledge	2
		Communicable Disease Prevention and Control	1
		Health Literacy	1
		Oral Health	1
		Tobacco Use and Exposure	1
		Unspecified	1
		Total	82

Target Population ²	Number
Racial and Ethnic Populations	78
Women	75
Adults	65
Children	61
Pregnant Women	40
Seniors	37
Multiple Populations	62

¹ The program categorizes the counties served as either urban or rural based on national definitions that designate 20 Wisconsin counties as urban and the remaining 52 as rural. Some projects serve both urban and rural counties in a given area, while others are statewide.

² Applicants may select more than one target population. "Multiple Populations" applies when four or more are selected.

Grant Applications and Awards

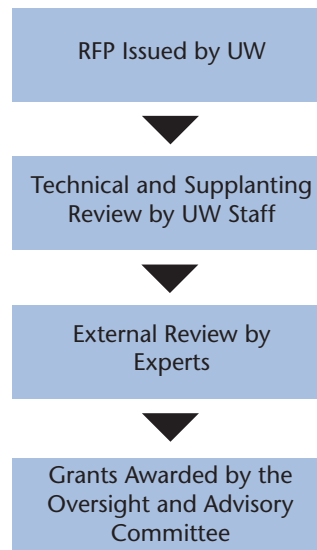
We reviewed award procedures, application requirements, and whether project applications were complete and included clear and specific objectives. In order for program funds to be spent effectively, awards should be based on thorough and well-defined processes, including project applications with clear and specific objectives.

The process for awarding those public health grants that are awarded through a competitive process is illustrated in Figure 8.

OAC decides which applications to fund based on an external review and its own deliberations, during which it considers whether a project aligns with program priorities, whether it is needed, the applicant’s capacity to complete the project, geographic distribution, and partnership quality.

Figure 8

UW’s Public Health Grant Award Process for Competitive Grants



UW generally awarded public health grants to proposals that were among those that received the highest review scores.

In most cases, we found that OAC’s decisions were consistent with the scores from the external review. Of the 77 development and implementation grants awarded from 2009 through 2013, 69 (89.6 percent) were among those with the highest external review scores. Of the 8 that were not, all but 1 were within three points of the highest-scoring applications. For the grant that was not within three points of the highest-scoring applications, OAC meeting minutes do not describe the committee’s deliberations in detail sufficient to determine the basis for this award.

The UW updated its conflict-of-interest policy to reflect recommendations we made in report 10-6.

To avoid bias in the award process, committee members with an interest in a project should not be involved in the decision of whether to make an award. In report 10-6, we recommended that UW amend its conflict-of-interest policy to require that committee members abstain from voting on project proposals submitted by organizations with which they have an employment or other financial relationship and recuse themselves during deliberations on

proposals by these organizations. In November 2010, UW revised its conflict-of-interest policy to reflect the recommendations made in our report. Meeting minutes indicate that the policy was reviewed prior to considering proposals and that committee members abstained when necessary.

In addition, we recommended in report 10-6 that UW improve the extent to which project proposals include clear and realistic objectives by including in its technical review an assessment of whether an application has clearly defined objectives, and requiring applicants to respond in writing to reviewers' concerns before determining whether the project application should be approved. We found that beginning in 2010, UW revised public health grant application guidelines to indicate OAC may request that applicants respond to the specific concerns of the committee or of reviewers.

We found that the 10 UW public health projects we reviewed included all of the required documents and proposed objectives that appeared to be clear and realistic.

We reviewed a sample of 10 public health projects to determine whether they included all of the required documents and had clearly defined and realistic objectives. All 10 projects included the required documents and provided sufficient information for us to determine that the proposed activities appeared to be clear and realistic. We found that objectives were clearly identified and project activities were described in adequate detail. For example, the application for Keeping Kids Alive in Wisconsin (award amount: \$417,000), an implementation grant to identify risk factors related to child deaths, included specific activities for assisting counties in the development of data reporting systems.

Expenditures

Expenditures for alcohol, entertainment, and lobbying are prohibited.

Applicants for public health grants are required to submit detailed project budgets with their applications, and all expenditures must be directly related to the projects. Wisconsin Partnership Program policies specify that expenditures must be reasonable and clearly related to the project's objectives. Indirect costs are not allowed, and program policies also specify other unallowable costs, such as alcohol, entertainment, and lobbying expenditures. Grantees may reallocate up to 10.0 percent of project costs across budget categories without prior approval, but must have prior approval to reallocate more than 10.0 percent of funds or extend the period during which funds are spent. Extensions of more than 25.0 percent of the award amount must obtain written approval from the Wisconsin Partnership Program Director and may require the approval of OAC.

Grantees are required to submit invoices at least quarterly to the Wisconsin Partnership Program, with a final invoice due within 90 days after the end of the grant period. Wisconsin Partnership Program staff review the invoices before submitting them to UW-Madison Accounting Services for payment. Project expenditure

records are not maintained centrally by UW staff, although grantees must currently maintain these records for at least five years after the date of the final invoice. Prior to 2009, program policies required that grantees maintain records for only three years.

A total of \$4.9 million (28.3 percent) of public health grant expenditures were for the salaries and fringe benefits of UW faculty and staff who directly support the projects.

Table 16 categorizes the \$17.3 million UW spent for public health projects from 2009 through 2013. Of this total, \$11.7 million (67.8 percent) were payments to community partners that primarily represent personnel expenditures for grantees and payments to third parties. An additional \$4.9 million (28.3 percent) was spent directly by UW to pay the salaries and fringe benefits of UW faculty and staff members who directly support public health projects. UW officials note that grantees prefer to receive this support from UW rather than attempt to identify and use grant funds to directly hire staff having the necessary expertise.

Table 16

**Expenditures for Public Health Grants Awarded by UW, by Category
2009 through 2013**

Category	Amount	Percentage of Total
Personnel Expenditures¹		
Salary	\$ 3,642,700	21.1%
Fringe Benefits	1,238,100	7.2
Subtotal	4,880,800	28.3
Other Expenditures		
Payments to Community Partners ²	11,716,900	67.8
Supplies and Services	297,900	1.7
Consultants and Contracts	167,200	1.0
Travel	141,600	0.8
Other	72,100	0.4
Subtotal	12,395,700	71.7
Total	\$17,276,500	100.0%

¹ Represents personnel expenditures for UW faculty and staff who directly support public health projects.

² Primarily represents personnel expenditures for grantees and payments to third parties.

The Wisconsin Partnership Program 2009-2014 five-year plan states that each year a number of grants will be reviewed by an external accounting firm. However, the only external review that was

completed was for 2012. In its current five-year plan, the Wisconsin Partnership Program indicated it will complete periodic rather than annual external reviews of grant recipients.

For the 2012 external audit, the Wisconsin Partnership Program contracted with an accounting firm to audit seven grantees selected by Wisconsin Partnership Program staff. Auditors found financial oversight to be adequate, but also offered recommendations, including:

- adding requirements to memoranda of understanding to ensure grantees adequately monitor expenses by third parties with which the grantees contract; and
- increasing oversight of projects in their early stages, rather than upon grant conclusion, for earlier identification of any problems.

In response to the recommendations, Wisconsin Partnership Program staff indicated they have begun to review invoices from third party contractors to ensure that the invoices include sufficient detail, as well as all subcontracts over \$5,000. To enhance oversight in the early stages of projects, new grantee orientation sessions are provided and include an overview of the Wisconsin Partnership Program's grant guidelines and policies, including policies related to allowable expenses.

We reviewed expenditures for a sample of 10 public health projects.

To further analyze the nature and appropriateness of project expenditures and the oversight of grantees, we reviewed expenditures for a sample of 10 public health projects. These projects spent a total of \$4.2 million from 2009 through 2013, which is 24.3 percent of all public health project expenditures during that period. Payments to community partners accounted for \$2.2 million (52.3 percent) of expenditures, while the remaining \$2.0 million (47.7 percent) was spent directly by UW or paid to its faculty and staff who directly support the projects.

We reviewed 170 transactions totaling \$1.5 million for the 10 public health projects included in our sample. Most expenditures were made in compliance with program policies. However, we question a total of \$18,011. Of this amount, we question \$15,045 as unallowable because the expenditures are inconsistent with program policies, including:

- \$8,004 associated with indirect costs charged by third parties providing maternal and child health services, because indirect costs are unallowable under program policies without the permission of program staff;
- \$6,441 associated with duplicate payments to one grantee; and

- \$600 for sponsorship of a banquet for a community organization.

We also question \$2,966 in expenditures made by three projects that were inadequately documented, including \$1,636 associated with Assessing the Nutrition Environment in Wisconsin Communities (award amount: \$403,800). We were unable to review an additional \$62,369 in expenditures. Documentation for these transactions was unavailable because UW policies at that time required that documentation be maintained for a period of only three years. In 2009, UW extended its document retention requirements to a period of five years.

As part of a general audit in 2014, UW officials indicate they identified unallowable indirect costs included in some project budgets that were charged to and reimbursed by the Wisconsin Partnership Program. UW officials did not seek recovery of these funds, in part, because they believe UW staff should have identified and removed these costs from the project budgets that were submitted. However, they indicated that moving forward indirect costs would no longer be eligible for reimbursement.

For one of the grants in our sample, the organization serving as the fiscal agent dissolved shortly after the completion of the grant. Although we were able to obtain documentation for 96.2 percent of the value of expenditure documentation we requested from former officials of the organization, the dissolution of an organization that has received grant funds presents challenges to ensuring adequate oversight. UW staff indicated that they are working on developing policies to proactively address these issues.

Recommendation

We recommend the University of Wisconsin School of Medicine and Public Health:

- *annually communicate to all grantees in writing that indirect costs should not be claimed and are not eligible for reimbursement;*
- *enhance its efforts in reviewing claims for reimbursement to ensure that it does not provide reimbursement for indirect costs; and*
- *work to help ensure documentation remains available for at least five years after the submission of a final invoice for grant expenditures made by organizations that dissolve or merge with other organizations.*

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to help ensure that grantees are making progress toward their project objectives. We reviewed the progress reports for the 10 projects in our sample to determine if progress reports had been submitted on time; if they were complete, including having adequate descriptions of project activities and progress made; and whether any changes were made to project objectives.

Grantees are currently required to submit annual written progress reports, with a final report to be submitted within 90 days of the end of the grant. Prior to 2010, these reports were required to be submitted semiannually. UW staff indicated the change to annual reporting was made because they believed semiannual reporting placed undue burdens on grantees, was too frequent to provide meaningful information, and did not align with the annual PERC progress reporting requirements. Annual progress reports are required to contain the following information:

- a summary of progress to date;
- progress made during the reporting period toward each goal, objective, and activity outlined in the project proposal;
- any barriers to meeting the project goals or objectives within the project timeline;
- modifications made to the original project work plan; and
- any other relevant information, such as staffing changes or new funding sources.

In report 10-6, we recommended UW require grantees to revise their progress reports when they do not adequately describe their project's progress or report on each of their project's objectives. In response, UW staff indicated that they now request grantees to more fully describe and clarify their progress reports when these situations are identified through the progress report review process.

We found that grantees for each of the 10 UW public health projects we reviewed submitted all required progress reports.

We found that grantees for each of the 10 projects we reviewed submitted all required progress reports, which contained all of the required materials as well as additional information, such as presentation slides and press clippings. However, we found that 8 of the 46 required reports (17.4 percent) were submitted more than six days late, with the average being 10.6 days late. The greatest amount

of time by which a report was late was 43 days. UW staff indicated that they followed up with grantees who submitted late reports by using automatic electronic reminders and personal correspondence when necessary.

Although reports for all 10 projects included information on the grantee's progress toward meeting its goals, we found that the progress of one project was not always clearly described. One progress report for It Takes a Community to Help a Smoker (award amount: \$430,600), an implementation grant to reduce tobacco use among people of low socioeconomic status in Milwaukee, did not describe many of its grant activities in relation to the goals of the original proposal.

All 10 of the public health projects we reviewed made significant changes with the approval of the Wisconsin Partnership Program.

In report 10-6, we recommended UW clarify the circumstances under which grantees must notify staff of modifications to project objectives. In response, UW staff indicated they require grantees to discuss proposed changes with them prior to modifying a project's work plan. We reviewed whether the projects made substantial changes to their activities without the approval of program staff. All of the 10 projects we reviewed made significant changes and all received approval from the Wisconsin Partnership Program for the changes they made. For example:

- Footprints to Health (award amount: \$450,000) originally planned to have an external foundation complete an evaluation in the project's third year, but the foundation was unable to complete this work due to the economic recession and instead worked with the grantee to conduct a slightly different evaluation in the project's fourth year;
- Honoring Our Children Urban/Rural Outreach Project (award amount: \$426,900) was approved for an extension of seven months due to unspent funds for salary and fringe benefits that resulted from staff vacancies and turnover; and
- REACH BC+: Retention and Enrollment to Achieve Children's Health and Build Capacity (award amount: \$399,400) changed its work plan timeline, postponed certain activities, and revised project materials due to implementation of the federal Patient Protection and Affordable Care Act and changes to the State's BadgerCare Plus program.

We found that UW staff did not record all information related to public health project site visits.

Wisconsin Partnership Program staff also conduct site visits to monitor grant progress. Beginning in January 2009, program policies required staff to conduct a visit at the end of the grant period for development grants and to conduct visits both during and at the end

of the project for implementation grants. We were unable to determine the extent to which program staff conducted site visits because not all visits were electronically recorded, as is required by UW policies. Staff indicated that they are working to address this issue.

Recommendation

We recommend the University of Wisconsin School of Medicine and Public Health electronically record all site visits that it conducts, as required by its policies.

Finally, to help assess the satisfaction of grantees with the policies and procedures of the Wisconsin Partnership Program, we interviewed the primary community partners or academic partners for the 10 projects included in our sample. In general, the grantees described the application and reporting processes as straightforward and easy to understand. In addition, most grantees indicated satisfaction with Wisconsin Partnership Program staff and with their academic partners, although two grantees noted difficulties in coordinating reporting responsibilities with their academic partners. Grantees stated that they believe UW encourages community-based projects and said they hope UW maintains or expands its current level of support for community-based public health projects, such as by providing additional assistance for community-academic partnerships or developing opportunities for longer-term projects.

Special Initiative on Healthy Birth Outcomes

In 2007, UW decided to focus on a special initiative intended to reduce disparities in birth outcomes.

In February 2007, OAC formed a work group to study and identify options for a special funding initiative that would provide additional resources to a single health issue. In April 2007, the work group recommended that OAC fund an initiative focused on reducing disparities in birth outcomes, such as infant mortality, between white and nonwhite births. Subsequently, OAC announced that it would award up to \$10.0 million over a multi-year period for planning and implementation grants to address birth outcome disparities in targeted Southeastern Wisconsin communities funded from the 35.0 percent allocated for public health projects.

A primary objective of the initiative, known as the Lifecourse Initiative for Healthy Families, is to develop capacity to sustain long-term efforts for improving birth outcomes. This initiative was implemented in four Southeastern Wisconsin communities: Beloit, Kenosha, Milwaukee, and Racine. As shown in Table 17, 8 planning grants totaling \$1.0 million were awarded in 2010 and 2011, and 31 implementation grants totaling \$7.0 million were awarded in 2012 and 2013.

Table 17

Lifecourse Initiative for Healthy Families Grants

	Number of Grants Awarded	Total Amount Awarded
Planning Grants		
2010	4	\$ 829,900
2011	4	200,000
Subtotal	8	1,029,900
Implementation Grants		
2012	6	1,269,500
2013	25	5,710,400
Subtotal	31	6,979,900
Total	39	\$8,009,800

These grants were awarded to a diverse group of organizations, including nonprofit organizations and local governments. Examples of the implementation grants include:

- Family Peer Navigation and Home Visit Project (award amount: \$150,000) to expand home visiting services for pregnant African American women and families in Beloit;
- Healthy Families Kenosha (award amount: \$400,000) to expand prenatal and social support services for new mothers and their families in Kenosha, including culturally relevant home visitation services and parenting education;
- Milwaukee Lifecourse Initiative for Healthy Families (award amount: \$1.5 million) to identify and pursue policy, systems, and environmental factors that contribute to the City of Milwaukee’s high rates of infant mortality among the African American population; and
- Focus on Fathers Initiative (award amount: \$150,000) to engage and support noncustodial fathers in Racine in developing parenting skills and healthy relationships for co-parenting through home visitation and parent education.

A list of all grants awarded through the Lifecourse Initiative for Healthy Families from 2010 through 2013 is shown in Appendix 9. As of May 2015, staff indicated progress has been made for the Lifecourse Initiative for Healthy Families, including:

- developing a comprehensive evaluation plan with the input of major stakeholders;
- establishing a regional program office in Milwaukee to serve as a resource for community partners;
- increasing the percentage of responses to pregnancy risk assessments from 30 percent to 51 percent; and
- leveraging additional funding from other sources, including a \$1.3 million grant from the federal Department of Health and Human Services.

Expenditures

From 2010 through 2013, UW expenditures for the Lifecourse Initiative for Healthy Families totaled \$2.0 million.

As shown in Table 18, expenditures for the Lifecourse Initiative for Healthy Families totaled \$2.0 million through December 2013. Of this amount, \$1.8 million (89.5 percent) represents payments to community partners that provided services, such as parenting education, job counseling, job placement, and community support networks for mothers.

Table 18

**Lifecourse Initiative for Healthy Families Grant Expenditures
Through December 31, 2013**

Category	Amount	Percentage of Total
Personnel Expenditures		
Salaries	\$ 38,500	2.0%
Fringe Benefits	13,300	0.7
Subtotal	51,800	2.6
Other Expenditures		
Payments to Community Partners	1,753,800	89.5
Supplies and Services	111,900	5.7
Consultants and Contracts	42,400	2.2
Subtotal	1,908,100	97.4
Total	\$1,959,900	100.0%

We reviewed over 100 transactions totaling \$299,600 for the Lifecourse Initiative for Healthy Families. Most expenditures were made in compliance with program policies. However, we question a total of \$1,796 in expenditures made by two grantees that were inadequately documented.

Supplanting

As noted, the Commissioner’s order requires that program funds not be used to supplant other available funds. UW policies specify the issues to be considered when assessing whether supplanting will occur, including whether:

- the funds being applied for would replace other funding that applicants already possess;
- the applicants have applied to another funding source for the same or a similar project, and if so, whether funding was awarded;
- the funds would replace funding that applicants expect to receive through other sources;

- the applicants have done, or are doing, the same or a similar project; and
- any other relevant factor that would indicate a breach of the prohibition against supplanting.

Applicants are required to submit a non-supplanting questionnaire as part of the application process. Applicants are asked to identify similar projects, disclose other funding sources, and indicate that program funds will not replace other available funds. In report 10-6, we recommended UW ensure that all related funding be fully disclosed by applicants before it considers any funding requests. In response, UW modified its non-supplanting questionnaire to help ensure that all additional funding is fully disclosed by applicants. Additionally, UW is in the process of revising the questionnaire to make it clearer to applicants and grantees that past, current, and known future funding should be reported.

We found that grantees for 19 of the 20 projects we reviewed had submitted all required non-supplanting questionnaires.

Projects must annually resubmit the non-supplanting questionnaire, which is reviewed by staff of the Wisconsin Partnership Program and the Associate Dean for Fiscal Affairs. We found that 19 of 20 grantees for the sample of projects we reviewed had completed and submitted all required non-supplanting questionnaires. Although one grantee failed to submit one interim non-supplanting questionnaire, it had submitted five other non-supplanting questionnaires.

In addition, annual reports issued by the Wisconsin Partnership Program indicate that the Dean of the School of Medicine and Public Health and UW-Madison's Vice Chancellor for Finance and Administration have attested that program funds did not supplant other available funds.

Financial Examination

We have completed an examination of the Wisconsin Partnership Program's Statement of Receipts and Disbursements. Our unqualified opinion is included on page 71 and, as noted, this examination partially fulfills the Wisconsin Partnership Program's financial audit requirement of the Commissioner's order. The financial report (pages 72 through 82) of the Wisconsin Partnership Program, which is administered by the UW School of Medicine and Public Health, includes the following components:

- Management's Discussion and Analysis (page 72);
- Statement of Receipts and Disbursements (page 76); and
- Notes to the Statement of Receipts and Disbursements (page 77).



Independent Accountant's Report on the Statement of Receipts and Disbursements of the Wisconsin Partnership Program

We have examined the accompanying cash basis Statement of Receipts and Disbursements and the related notes of the Wisconsin Partnership Program as of and for the years ended December 31, 2013, December 31, 2012, December 31, 2011, December 31, 2010, and December 31, 2009. Management of the Wisconsin Partnership Program and the University of Wisconsin School of Medicine and Public Health are responsible for the preparation and fair presentation of the Statement of Receipts and Disbursements in accordance with the cash basis of accounting described in Note 2 to the statement. This includes determining that the cash basis of accounting is an acceptable basis for the presentation of the statement. Our responsibility is to express an opinion on the Statement of Receipts and Disbursements based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence supporting the amounts and disclosures in the statement and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion on the Statement of Receipts and Disbursements.

In our opinion, the Statement of Receipts and Disbursements presents fairly, in all material respects, the Wisconsin Partnership Program's receipts and disbursements as of and for the years ended December 31, 2013, December 31, 2012, December 31, 2011, December 31, 2010, and December 31, 2009, in accordance with the cash basis of accounting described in Note 2 to the statement.

Our examination was conducted for the purpose of forming an opinion on the Wisconsin Partnership Program's Statement of Receipts and Disbursements. The Management's Discussion and Analysis on pages 72 through 75 is presented for purposes of additional analysis and is not a required part of the statement. Such information has not been subjected to the procedures applied in the examination of the statement and, accordingly, we do not express an opinion or provide any assurance on it.

LEGISLATIVE AUDIT BUREAU

Joe Chrisman
State Auditor

July 29, 2015

Management's Discussion and Analysis

Prepared by Management of the Wisconsin Partnership Program and the University of Wisconsin (UW) School of Medicine and Public Health

This section of the Wisconsin Partnership Program's financial report presents management's discussion and analysis of the financial performance of the Wisconsin Partnership Program as of and for the years ended December 31, 2013, December 31, 2012, December 31, 2011, December 31, 2010, and December 31, 2009. It should be read in conjunction with the accompanying Statement of Receipts and Disbursements and notes. The statement, notes, and this discussion are the responsibility of the management of the Wisconsin Partnership Program and the UW School of Medicine and Public Health.

Overview of the Financial Report

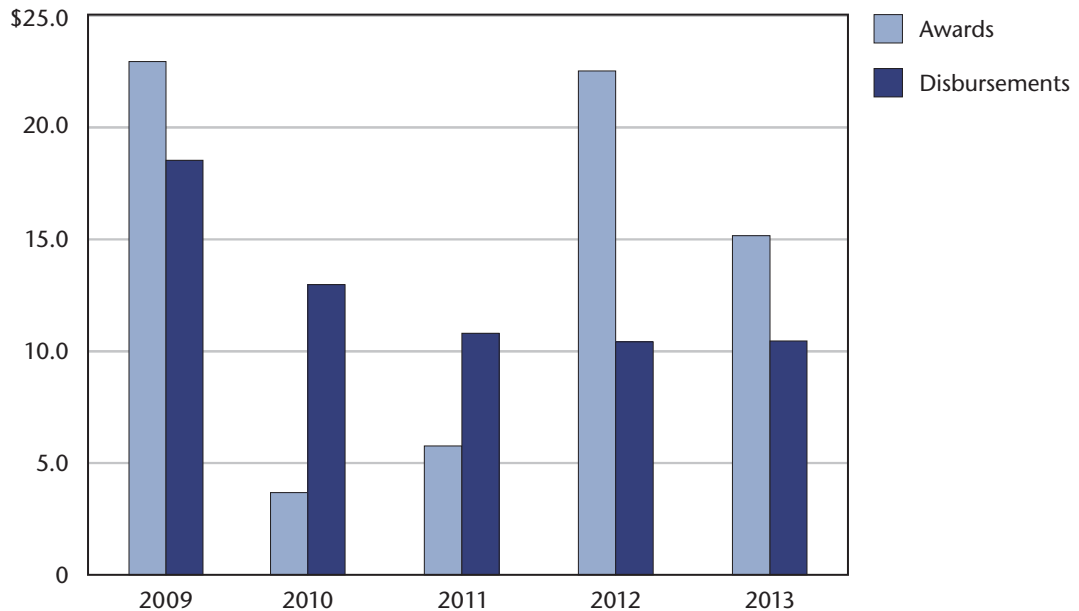
The financial report consists of a statement along with explanatory notes. While the finances of the Wisconsin Partnership Program are housed in both the UW School of Medicine and Public Health and the UW Foundation, this financial report reflects only receipts and disbursements of the Wisconsin Partnership Program as recorded by the UW School of Medicine and Public Health. A separate financial report reflects the assets managed and invested by the UW Foundation.

In 2004, funds were provided to the UW Foundation from the Wisconsin United for Health Foundation, Inc., as a result of the conversion of Blue Cross and Blue Shield United of Wisconsin to a stock insurance corporation organized under ch. 611, Wis. Stats. An additional distribution of funds was provided to the UW Foundation in 2007. The UW Foundation manages and invests the funds in a common endowment on behalf of the Wisconsin Partnership Program. On a quarterly basis, subject to its distribution guidelines, the UW Foundation distributes funds from the endowment and makes them available to the Wisconsin Partnership Program. Each month, the Wisconsin Partnership Program requests that a portion of these available funds be transferred to the UW School of Medicine and Public Health as reimbursement for administrative and programmatic costs of the program. The Statement of Receipts and Disbursements reflects the receipts and disbursements of the Wisconsin Partnership Program on the cash basis of accounting for the periods indicated, with the ending balance representing the amount receivable from the UW Foundation for unreimbursed costs.

As shown in the Statement of Receipts and Disbursements and depicted in Figure A, award disbursements in 2009 were the highest in the Wisconsin Partnership Program's history. This is reflective of the impact of multi-year awards made prior to 2009. Since many of these awards had end dates in 2009 or 2010, this led to higher levels of disbursements in those years.

Figure A

**Wisconsin Partnership Program
Annual Awards and Disbursements¹**
(in millions)



¹ Excludes program administration.

Following a significant decline in the financial markets in 2008, the Wisconsin Partnership Program temporarily limited new awards. In 2009 and 2012, large multi-year awards were made in the education and research portion of the program resulting in the spike in the award levels in those years. It is the goal of the Wisconsin Partnership Program to make awards in such a way to have relatively consistent disbursement levels that correlate to the annual income available from the endowment. The achievement of this goal is reflected in the disbursements for 2011 through 2013.

For the five-year period ending December 31, 2013, the Wisconsin Partnership Program had disbursed a total of \$67,794,412. The UW Foundation provided reimbursement to the Wisconsin Partnership Program of \$70,629,370, which is \$2,834,958 greater than the amount disbursed by the Wisconsin Partnership Program during the five-year period. This difference represents the reimbursement of disbursements the Wisconsin Partnership Program made prior to 2009 less the amount due to be reimbursed to the Wisconsin Partnership Program by the UW Foundation at the end of 2013. The Wisconsin Partnership Program requests reimbursement from the UW Foundation for costs it incurred since the last request. At any point in time, the Wisconsin Partnership Program has an outstanding receivable amount from the UW Foundation for unreimbursed disbursements.

Balances due from the UW Foundation at the end of each calendar year were as follows:

- December 31, 2009: \$1,234,638;
- December 31, 2010: \$2,196,072;
- December 31, 2011: \$978,513;
- December 31, 2012: \$891,539; and
- December 31, 2013: \$935,021.

UW-Madison processes reimbursements from the UW Foundation for the Wisconsin Partnership Program. The UW Foundation and UW-Madison have modified their practices relating to reimbursements provided by the UW Foundation by implementing electronic transfers. These practices, which were implemented in 2013, have shortened the length of time between when a payment is made by the UW Foundation and when it is deposited by UW-Madison. This change is reflected in the reduction of the year-end balances due from the UW Foundation, which now reflect one month of Wisconsin Partnership Program disbursements for which reimbursement will be requested and received from the UW Foundation in the subsequent year.

Accomplishments of the Wisconsin Partnership Program

The Wisconsin Partnership Program has invested in a balanced array of projects to promote health improvement, and those projects have yielded several accomplishments, including facilitating the transformation of the UW School of Medicine to the UW School of Medicine and Public Health. The Wisconsin Partnership Program's awards have enabled leaders in public health, educators, policy makers, scientists and clinicians to address many health challenges. With the goal of greater impact, the Oversight and Advisory Committee and the Partnership Education and Research Committee also work together through joint investments in focused areas, such as the Lifecourse Initiative for Healthy Families. Table A highlights several of the accomplishments that have resulted from programs and projects funded by the Wisconsin Partnership Program from its inception through December 31, 2013.

Table A

Wisconsin Partnership Program Accomplishments
Through December 31, 2013

Accomplishment	Example
Creation of new research and discovery	Identifying possible new antibiotics through the Wisconsin Infectious Disease Discovery award
Translation and dissemination of knowledge	Testing and expanding national models of school-based fitness initiatives through the Wisconsin Partnership for Childhood Fitness award
Development of new educational models uniting public health and medicine	Providing initial funding for the Wisconsin Academy for Rural Medicine to increase the number of physicians practicing in rural Wisconsin, and reforming the medical student curriculum through the Transforming Medical Education award
Development of new programs, policies and practices	Tracking Wisconsin’s health and identifying needs and trends through the Survey of the Health of Wisconsin
Innovation through new collaborations and partnerships	Helping the state’s seniors avoid falls through the Wisconsin Falls Reduction Project
Improved community health capacity	Expanding community roles on the Milwaukee Homicide Review Commission to reduce the number of homicides
Sustained program impact	Leveraging millions in National Institutes for Health funding through the Institute for Clinical and Translational Research

Contacting the Wisconsin Partnership Program

The financial report is designed to provide the Legislature, the Office of the Commissioner of Insurance, the Oversight and Advisory Committee, the Partnership Education and Research Committee, the UW System Board of Regents, the Wisconsin United for Health Foundation, Inc., the public, and other interested parties with an overview of the receipts and disbursements of the Wisconsin Partnership Program. If you have questions about the Statement of Receipts and Disbursements or need additional information, please contact:

Wisconsin Partnership Program
 UW School of Medicine and Public Health
 Attention: Eileen M. Smith, Assistant Dean and Director
 750 Highland Avenue, 4221 Health Sciences Learning Center
 Madison, WI 53705
 Telephone (608) 262-2698

**Statement of Receipts and Disbursements for the Calendar Years Ended December 31, 2013,
December 31, 2012, December 31, 2011, December 31, 2010, and December 31, 2009**

	2013	2012	2011	2010	2009
BALANCE, JANUARY 1	\$ (891,539)	\$ (978,513)	\$ (2,196,072)	\$ (1,234,638)	\$ (3,769,979)
RECEIPTS					
Payments Received From the UW Foundation (Note 4)	11,482,252	11,598,482	12,873,482	12,869,162	21,805,992
Total Receipts	11,482,252	11,598,482	12,873,482	12,869,162	21,805,992
DISBURSEMENTS					
Public Health Initiatives:					
Salaries	720,608	673,120	682,253	704,785	900,339
Fringe Benefits	250,867	241,676	227,299	235,053	296,482
Travel	31,277	29,040	31,415	22,126	27,716
Supplies and Services	126,889	125,640	35,583	78,565	43,166
Consultants and Contracts	99,356	16,803	28,554	42,442	22,466
Other Disbursements	22,409	6,981	16,779	14,979	10,924
Payments to Community Partners (Note 2C)	2,127,501	1,455,163	2,027,351	3,358,110	4,502,657
Total Public Health Initiatives	3,378,907	2,548,423	3,049,234	4,456,060	5,803,750
Medical Education and Research Initiatives:					
Salaries	3,867,148	4,022,706	4,009,966	4,260,569	5,523,580
Fringe Benefits	1,398,102	1,648,434	1,620,068	1,601,093	2,047,872
Travel	179,416	184,249	176,051	188,508	155,242
Supplies and Services	666,128	869,998	929,138	1,075,560	2,229,372
Consultants and Contracts	669,682	806,245	655,095	1,043,940	1,624,351
Other Disbursements	270,043	302,357	236,179	244,995	292,120
Equipment	27,341	39,921	117,123	111,525	848,182
Total Medical Education and Research Initiatives	7,077,860	7,873,910	7,743,620	8,526,190	12,720,719
Program Administration:					
Salaries	650,430	605,310	477,865	437,362	422,161
Fringe Benefits	255,677	267,215	204,723	186,095	178,369
Travel	16,757	14,946	13,111	12,262	10,556
Supplies and Services	33,644	76,080	108,795	39,100	76,189
Consultants and Contracts	95,759	108,453	52,353	165,527	55,351
Other Disbursements	16,700	17,171	6,222	8,000	3,556
Total Program Administration	1,068,967	1,089,175	863,069	848,346	746,182
Total Disbursements	11,525,734	11,511,508	11,655,923	13,830,596	19,270,651
INCREASE (DECREASE) IN BALANCE	(43,482)	86,974	1,217,559	(961,434)	2,535,341
BALANCE, DECEMBER 31 (Note 2B)	\$ (935,021)	\$ (891,539)	\$ (978,513)	\$ (2,196,072)	\$ (1,234,638)

The accompanying notes are an integral part of this statement.

Notes to the Statement of Receipts and Disbursements

1. DESCRIPTION OF THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH—WISCONSIN PARTNERSHIP PROGRAM

In 2001, the University of Wisconsin (UW) School of Medicine and Public Health began planning the establishment of the Wisconsin Partnership Fund for a Healthy Future, now known as the Wisconsin Partnership Program, with the objective of providing administrative support for use of the funds anticipated to be provided from the conversion of Blue Cross and Blue Shield United of Wisconsin to a stock insurance corporation. The conversion of Blue Cross and Blue Shield United of Wisconsin was approved by the State of Wisconsin Office of the Commissioner of Insurance in the *Findings of Fact, Conclusions of Law, and Order* issued on March 28, 2000, which included the following major provisions:

- established the Wisconsin United for Health Foundation, Inc., the purpose of which was to sell the Blue Cross and Blue Shield stock, to transfer the net proceeds from the sale equally to the UW School of Medicine and Public Health and to the Medical College of Wisconsin, and to approve both schools' initial five-year expenditure plans;
- designated 35.0 percent of the net proceeds to improve public health in Wisconsin, and the remaining 65.0 percent for education and research initiatives;
- required each school to create a public and community health oversight and advisory committee to direct and approve the use of the public health funds and to comment on the use of education and research funds; and
- required the UW System Board of Regents and the Medical College of Wisconsin Board of Trustees to appoint members of the committees, to approve the schools' five-year expenditure plans, to review annual reports, to receive audits, and to provide general oversight of disbursements.

To fulfill its responsibilities, on August 22, 2002, the UW System Board of Regents established and made its initial appointments to the Oversight and Advisory Committee. The Oversight and Advisory Committee is a nine-member panel including four statewide and community health advocates, four representatives of the UW School of Medicine and Public Health, and one representative of the Office of the Commissioner of Insurance. The Oversight and Advisory Committee directs and approves the use of the 35.0 percent of conversion funds allocated to community-academic partnerships for health promotion, disease prevention, and public health workforce development.

On June 2, 2004, the Medical Education and Research Committee was established by the UW School of Medicine and Public Health to direct and approve the use of the remaining 65.0 percent of conversion funds allocated. In 2011, the Medical Education and Research Committee was reconstituted and its name changed to the Partnership Education and Research Committee to better reflect its mission of providing funds to UW faculty and staff for education and research initiatives that advance population health. The Partnership Education and Research Committee is a 14-member panel composed of UW School of Medicine and Public Health leadership, department chairs, faculty, and Oversight and Advisory Committee representatives.

The Wisconsin Partnership Program provides administrative support to the Oversight and Advisory Committee and the Partnership Education and Research Committee and exercises overall responsibility for operations in accordance with programmatic and financial requirements. The UW School of Medicine and Public Health also provides in-kind administrative support through the offices of the Dean of the UW School of Medicine and Public Health; Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies; Associate Dean for Public Health; Fiscal Affairs; and Human Resources. In addition, UW-Madison provides in-kind administrative support through the offices of Business and Legal Affairs.

On April 11, 2003, the UW System Board of Regents approved the Wisconsin Partnership Program's 2003-2008 five-year expenditure plan. This five-year plan provided a strategic framework and identified specific initiatives to be supported by the funds received from the conversion of Blue Cross and Blue Shield to a stock insurance corporation. This plan was designed to focus on Wisconsin's challenging health needs to ensure that the vision of making Wisconsin a healthier state for all could become a reality through investments in research, education, and community partnerships spanning the state.

On March 15, 2004, the Wisconsin United for Health Foundation, Inc., approved the Wisconsin Partnership Program's 2003-2008 five-year expenditure plan and executed the *Agreement between the Wisconsin United for Health Foundation, Inc., the University of Wisconsin Foundation, and the University of Wisconsin System Board of Regents*. As a result of that agreement, a total of \$296,598,534 was released from the Wisconsin United for Health Foundation, Inc., to the UW Foundation. The UW Foundation manages and invests these funds in accordance with its endowment policies and provides the available funds to the Wisconsin Partnership Program upon request as reimbursement for costs incurred in accordance with the Commissioner of Insurance's order and the five-year expenditure plans.

The Wisconsin United for Health Foundation, Inc., retained certain assets from the conversion of Blue Cross and Blue Shield United of Wisconsin. In accordance with the Commissioner of Insurance's order and the *Agreement between the Wisconsin United for Health Foundation, Inc., the University of Wisconsin Foundation, and the University of Wisconsin System Board of Regents*, \$15,229,208 of these remaining assets was released in December 2007 to the

UW Foundation to be added on behalf of the Wisconsin Partnership Program to the permanent endowment.

The Wisconsin United for Health Foundation, Inc., reviewed the Wisconsin Partnership Program's 2009-2014 five-year expenditure plan on November 6, 2008. The UW System Board of Regents approved this plan on December 5, 2008. The second five-year expenditure plan described the current objectives, strategies, and framework surrounding the Wisconsin Partnership Program's vision to make substantial and measurable improvements in the health of the state.

The Oversight and Advisory Committee and the Partnership Education and Research Committee solicit, review, and approve applications for funding in accordance with the priorities summarized in the five-year expenditure plans. Additionally, both committees, through the support of Wisconsin Partnership Program staff, establish the goals and objectives of the grant programs, monitor the progress of grantees, ensure compliance with the programmatic requirements, and evaluate outcomes of the concluded grants.

The Wisconsin Partnership Program's books and records comprise a specific subset of those of the UW School of Medicine and Public Health, UW-Madison, UW System, and the UW Foundation. The Statement of Receipts and Disbursements presented is only for the Wisconsin Partnership Program and is not intended to present the financial position or activities of the UW School of Medicine and Public Health, UW-Madison, UW System, or the UW Foundation. A separate financial report, which is issued by the UW Foundation's external auditor, is prepared for the Wisconsin Partnership Program's share of endowment assets managed and invested by the UW Foundation. Copies of that financial report, which includes the examined Statements of Receipts, Disbursements, and Program Assets for the Wisconsin Partnership Program may be requested from:

UW Foundation
1848 University Avenue
Madison, WI 53726-4090

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Presentation

The Statement of Receipts and Disbursements of the Wisconsin Partnership Program has been prepared using the cash basis of accounting. Under the cash basis of accounting, receipts are recognized when the cash is received and disbursements are recognized when the cash is paid.

Payments received from the UW Foundation are recognized when the funds available to the Wisconsin Partnership Program have been acquired. Any funds received by the Wisconsin Partnership Program

on or before December 31 are recorded in the same calendar year. See Note 4 for further details.

The Wisconsin Partnership Program funds authorized grants on a reimbursement basis and reports disbursements when the requests for reimbursement for authorized grants are paid. Outstanding commitments for authorized grants as of December 31, 2013, are summarized in Note 3.

B. Balance

Every month, the Wisconsin Partnership Program requests reimbursement from the funds available to it at the UW Foundation for costs incurred in accordance with the Commissioner of Insurance's order and the five-year expenditure plans. The difference between cumulative receipts and cumulative disbursements at the end of each calendar year is referred to as the balance on the Statement of Receipts and Disbursements of the Wisconsin Partnership Program. Since the Wisconsin Partnership Program requests reimbursement from the UW Foundation monthly, a negative balance is expected. The balance represents the amount of funds yet to be reimbursed to the Wisconsin Partnership Program by the UW Foundation as of the end of the calendar year.

C. Payments to Community Partners

To request reimbursement for expenditures, community partners provide invoices summarizing the disbursements made under the following major budget categories: salaries, fringe benefits, travel, supplies and services, consultants and contracts, and other. The disbursements presented on the statement represent the payments made to these community partners for their submitted and paid invoices.

3. GRANT AWARD COMMITMENTS

Since inception of the Wisconsin Partnership Program, the Oversight and Advisory Committee and the Partnership Education and Research Committee, formerly the Medical Education and Research Committee, have approved and authorized the Wisconsin Partnership Program to fund the following amounts of grant award commitments as of December 31, 2013:

	Inception-to-Date <u>Grants Awards</u>	Inception-to-Date <u>Lapsed Awards</u>	Inception-to-Date <u>Net Grant Awards</u>	Inception-to-Date <u>Disbursements</u>	Outstanding Grant <u>Commitments</u>
Public Health Initiatives	\$ 49,593,184	\$(1,317,914)	\$ 48,275,270	\$(33,731,377)	\$14,543,893
Medical Education and Research Initiatives	<u>88,532,106</u>	<u>(1,559,169)</u>	<u>86,972,937</u>	<u>(70,626,535)</u>	<u>16,346,402</u>
Total	<u>\$138,125,290</u>	<u>\$(2,877,083)</u>	<u>\$135,248,207</u>	<u>\$(104,357,912)</u>	<u>\$30,890,295</u>

As discussed in Note 2A, the costs for these grant commitments will be recognized when the requests for reimbursement are paid.

4. PAYMENTS RECEIVED FROM THE UW FOUNDATION

Every month, the Wisconsin Partnership Program requests reimbursement from the funds available to it at the UW Foundation for costs incurred in accordance with the Commissioner of Insurance’s order and the five-year expenditure plans, as noted under Note 2B. Any funds received by the Wisconsin Partnership Program on or before December 31 are recorded in that calendar year. As noted in the separate report of the UW Foundation’s Statements of Receipts, Disbursements, and Program Assets, the UW Foundation records the payment to the Wisconsin Partnership Program in the calendar year when it makes the payment. Prior to 2012, there were timing differences between when those payments were made and reported by the UW Foundation and when those payments were received and reported by the Wisconsin Partnership Program. The following is a summary of these timing differences:

<u>Year</u>	<u>Payments Received from the UW Foundation</u>	<u>Payments to the Wisconsin Partnership Program (as shown in a separate report)</u>	<u>Difference</u>
2013	\$11,482,252	\$11,482,252	\$ 0
2012	11,598,482	11,598,482	0
2011	12,873,482	11,748,859	1,124,623
2010	12,869,162	13,993,784	(1,124,622)
2009	21,805,992	19,772,189	2,033,803

The \$2,033,803 represents the request the Wisconsin Partnership Program made to the UW Foundation for reimbursement of the Wisconsin Partnership Program disbursements made during November 2008. The reimbursement from the UW Foundation was received in January 2009, while the UW Foundation wrote the check in December 2008. A similar timing difference occurred at the end of 2010.

In June 2013, the UW Foundation and UW-Madison, which processes the reimbursements for the Wisconsin Partnership Program, started using electronic transfers to shorten the length of time between when reimbursements are provided by the UW Foundation and received by UW-Madison. This change eliminated the timing differences between when those payments are made and reported by the UW Foundation and when those payments are received and reported by the Wisconsin Partnership Program. Further, it reduced the year-end balances of the Wisconsin Partnership Program, which now reflect one month of Wisconsin Partnership Program disbursements for which reimbursement will be requested and received from the UW Foundation in the subsequent year.

5. WISCONSIN PARTNERSHIP PROGRAM'S ENDOWMENT

As discussed in Note 1, the UW Foundation manages and invests the endowment of the Wisconsin Partnership Program. As separately reported in the UW Foundation's Statements of Receipts, Disbursements, and Program Assets, the program assets of the Wisconsin Partnership Program held by the UW Foundation as of the end of each calendar year were as follows:

- December 31, 2009: \$326,337,598;
- December 31, 2010: \$341,640,552;
- December 31, 2011: \$327,815,786;
- December 31, 2012: \$342,582,862; and
- December 31, 2013: \$381,155,810.

In 2011, the UW Foundation modified its policy regarding the investment recapture fee, effective January 1, 2012. The UW Foundation voted to decrease the fee from 1.0 percent to 0.7 percent on amounts above \$250 million per account. At that same time, the Dean of the UW School of Medicine and Public Health decided that the savings from this fee reduction would be fully allocated to the Oversight and Advisory Committee for public health initiatives. On June 10, 2015, the Oversight and Advisory Committee moved to approve the distribution of the investment recapture savings fully to the Oversight and Advisory Committee for public health initiatives, effective January 1, 2012.

Funds available to the Wisconsin Partnership Program that reside at the UW Foundation have historically been placed in the UW Foundation's expendable portfolio, which provides short-term interest rate returns. As of December 31, 2012, the Wisconsin Partnership Program moved \$10.0 million of the funds available to the program to the UW Foundation's endowment portfolio to achieve a higher rate of return and, thus, provide for an increased number of grant awards. The Wisconsin Partnership Program made a similar reinvestment of \$10.0 million in March 2013, creating a total reinvestment amount of \$20.0 million as of December 31, 2013. These funds remain fully available to the Wisconsin Partnership Program.

6. SUBSEQUENT EVENTS

The UW System Board of Regents approved the 2014-2019 five-year expenditure plan on December 6, 2013. The framework of this plan is to serve the public health needs of Wisconsin and to reduce health disparities through initiatives in research, education, and community partnerships, thereby making Wisconsin a healthier state for all. This plan was reviewed by the Wisconsin United for Health Foundation, Inc., on March 31, 2014, and is currently being executed by the Wisconsin Partnership Program.

Appendices ■

Appendix 1

Wisconsin United for Health Foundation, Inc.

Board of Directors

May 2015

Public Members:

President/Chairman

Thomas L. Lyon

(Retired) CEO, Cooperative Resources International

Joseph S. LEEAN

Former State Senator and Secretary of Department of Health and Family Services

David G. Meissner

(Retired) President, Public Policy Forum

Frederick C. Nepple

Attorney; former General Counsel, Wisconsin Office of the Commissioner of Insurance

Rolen L. Womack, Jr.

(Retired) Pastor, Progressive Baptist Church – Milwaukee

University of Wisconsin Representatives:

Katharine C. Lyall

Former President, University of Wisconsin System

Secretary/Treasurer

James W. Nellen II

Attorney

Medical College of Wisconsin Representatives:

John W. Daniels, Jr.

Attorney, Chairman Emeritus of Quarles & Brady LLP

Vice President

Timothy T. Flaherty, MD

Emeritus Trustee, Medical College of Wisconsin

Appendix 2

**Medical College of Wisconsin Consortium on
Public and Community Health, Inc.**

Board of Directors

May 2015

Statewide Health Care Advocate:

Elizabeth Giese, RN, MSPH
Health Officer/Director of the Eau Claire City/County Health Department

Community Health Advocates:

Genyne L. Edwards, JD
Advocacy Consultant

Joy Tapper, MPA
Executive Director, Milwaukee Health Care Partnership

Paula A. Lucey, RN, MSN
Lamplighter Consulting

Medical College of Wisconsin Representatives:

John Raymond, Sr., MD
President and CEO

Joseph Kerschner, MD
Dean of the Medical School and Executive Vice President

Cheryl Maurana, PhD
Vice President, Academic Outreach; Professor and Director,
Advancing a Healthier Wisconsin Endowment

Daniel Wickeham, MS
Vice President of Corporate Compliance and Risk Management

Insurance Commissioner Appointee:

Bevan K. Baker, FACHE
Commissioner of Health, City of Milwaukee

Appendix 3

Advancing a Healthier Wisconsin
Medical Education and Research Grants Awarded

Table A¹

Year	Project Name	Principal Investigator	Focus	Amount Awarded	Expenditures through 12/31/13
2009	Advancing a Healthier Wisconsin through a New Model for Medical Student Education: Phase 1 of 3 ²	Deborah Simpson, PhD	Medical Student Education	\$1,420,500	\$1,035,700
2009	Clinical Correlates of Deep Brain Stimulation ³	Christopher Butson, PhD	Clinical and Translational Research	75,000	70,000
2009	Could an In Vitro Spectrokinetic Prion-Copper Binding Assay Predict Neurodegenerative Disease? ³	Brian Bennett, PhD	Neuroscience	75,000	56,100
2009	fMRI Abnormalities in Geriatric Depression, and Depressed and Non-Depressed MCI Elderly ³	Joseph Goveas, MD	Clinical and Translational Research	75,000	74,100
2009	Forward Genetic Analysis of Glaucoma-Related Phenotypes in Zebrafish ³	Brian Link, PhD	Genetics	75,000	4,200
2009	Gene Expression in HS Rats to Identify Novel Genes and Pathways Involved in Glucose Regulation ³	Leah Solberg-Woods, PhD	Genetics	75,000	74,700
2009	Immunoregulatory Function of the HTLV-2 Tax Protein ³	Mark Beilke, MD	Clinical and Translational Research	75,000	39,100
2009	Pancreatic Cancer Research Program ²	Douglas Evans, MD	Cancer	1,000,000	879,400
2009	Support for Chair of Dermatology ²	Sam T. Hwang, MD, PhD	Cancer	1,303,100	1,262,400
2009	Vascular Endothelial Redox Stress Mediated by Acrolein ³	Charles Myers, PhD	Cardiovascular Disease	75,000	69,500
Total				\$4,248,600	\$3,565,200

¹ Grants were not included in report 10-6 because they had RFPs issued in 2008 but were not awarded until 2009.

² Grant was awarded through an invitation to apply for funding, rather than through a competitive RFP application process.

³ Grant was awarded through a competitive RFP application process.

Table B¹

Year	Project Name	Principal Investigator	Focus	Amount Awarded	Expenditures through 12/31/13
2009	Advancing a Healthier Wisconsin through a New Model for Medical Student Education: Phase 2 of 3 – Pilot	Karen Marcdante, MD, MPH	Medical Student Education	\$ 3,873,600	\$ 3,544,900
2009	Clinical Research Data Warehouse	Howard Jacob, PhD	Clinical and Translational Research	1,500,000	976,900
2009	Funds to Support 0.5 FTE Partnership Development and Community Engagement	Syed Ahmed, MD, MPH, DrPH	Education	848,200	699,000
2009	Personalized Medicine Program: Phase 1	Howard Jacob, PhD	Genetics	2,539,200	1,330,900
2009	Technology Development and Animal Models for the Analysis Photoreceptor Turnover	Joseph Besharse, PhD	Neuroscience	200,000	198,800
2010	Advancing Community-Academic Partnerships for Translational Research: Scientific Citizens and Citizen Scientists	Syed Ahmed, MD, MPH, DrPH	Community and Population Health	1,659,200	894,000
2010	Advancing New Discoveries in Translational Research through the Collaborative and Pilot Studies Program	Reza Shaker, MD	Clinical and Translational Research	3,172,800	1,141,500
2010	Cancer Center Infrastructure Grant	Ming You, MD, PhD	Cancer	3,756,600	1,261,600
2010	Cancer Chemoprevention Research Program	Ming You, MD, PhD	Cancer	6,880,500	3,586,200
2010	Clinical and Translational Science Institute – Mentored Clinical/Translational Research Scholars Program	Reza Shaker, MD	Clinical and Translational Research	1,980,000	729,700
2010	Development of a Voxel-Wise Database of Physical Parameters for Neuroimaging	Balaraman Kalyanaraman, PhD	Imaging	300,000	243,700
2010	Establishment of a Neuroscience Research Center	Cecilia Hillard, PhD	Neuroscience	386,600	373,600
2010	fMRI in Peripheral Nerve Injury	Christopher Pawela, PhD	Neuroscience	383,000	289,300
2010	Identifying Novel Synaptic Targets	Nashaat Gerges, PhD	Neuroscience	300,000	300,000
2010	MCW Tissue Bank	Saul M. Suster, MD	Cancer	5,219,100	1,497,700
2010	Neuroscience Translational Research Initiative	Dennis J. Maiman, MD, PhD	Neuroscience	750,000	365,900

Year	Project Name	Principal Investigator	Focus	Amount Awarded	Expenditures through 12/31/13
2010	Support for New Faculty in the Center for Infectious Disease Research	Dara W. Frank, PhD	Infectious Disease and Immunology	\$ 290,000	\$ 286,800
2010	Thrombin Receptor Involvement in Diabetic Cardiomyopathy	Jennifer Strande, MD, PhD	Cardiovascular Disease	500,000	370,000
2011	Anesthetic-Induced Developmental Neuroapoptosis: Is Anesthesia Bad for the Newborn Brain?	Zeljko Bosnjak, PhD	Neuroscience	600,000	383,400
2011	Cancer Biomarkers for Early Detection and Prediction of Clinical Outcome	Liang Wang, MD, PhD	Cancer	1,309,300	599,000
2011	Cancer Cell Biology Research Program	Ming You, MD, PhD	Cancer	4,328,500	1,545,200
2011	Cancer Imaging Research Program	Ming You, MD, PhD	Cancer	4,846,700	734,400
2011	Community Medical Education Program (CMEP): Planning Phase	Joseph Kerschner, MD	Community and Population Health	4,023,700	1,120,200
2011	Development in Computational Medicine	Daniel Beard, PhD	Clinical and Translational Research	2,167,900	23,500
2011	Development of a Redox Biology Program	Neil Hogg, PhD	Cancer	1,600,000	19,600
2011	Healthy Wisconsin Leadership Institute	Peter M. Layde, MD, MSc	Education	731,500	433,900
2011	Patient-Centered Outcomes Research Program (PCORP)	Ann Nattinger, MD, MPH	Community and Population Health	900,000	52,100
2011	Prevention, Control, and Population Sciences Research Program	Ming You, MD, PhD	Cancer	4,530,100	633,100
2011	Program for the Study of Neuronal Synaptic Plasticity in Health and Illness	Cecilia Hillard, PhD	Neuroscience	3,042,300	671,800
2011	Program in Genomics and Ethics	Arthur Derse, MD, JD	Genetics	1,642,300	535,400
2011	Transplantation Biology and Immunotherapy Research Program	Ming You, MD, PhD	Cancer	4,985,400	894,900
2012	Early Detection of Mild Cognitive Impairment	Shi-Jiang Li, PhD	Imaging	800,000	0
2012	Magnetoencephalography (MEG) Research Development	Colin Humphries, PhD	Imaging	694,100	22,200
2012	Population Health Improvement for Patients and Employees with Diabetes	John Meurer, MD, MBA	Community and Population Health	1,800,000	283,000

Year	Project Name	Principal Investigator	Focus	Amount Awarded	Expenditures through 12/31/13
2013	Clinical Effectiveness Research – Improving the Value of Health Care	Julie Panepinto, MD, MSPH	Community and Population Health	\$ 300,000	\$ 0
2013	Functional Pain and Autonomic Disorders (FPAD) Program Development	Thomas Chelimsky, MD	Neuroscience	1,943,400	0
Total				\$74,784,000	\$26,042,200

¹ No grants were awarded through a competitive RFP application process.

Appendix 4

Advancing a Healthier Wisconsin
Public Health Grants Awarded¹

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2009	Changing the Culture of Risky Drinking Behavior: Underage Access	La Crosse Medical Health Science Consortium	Stephen Hargarten, MD, MPH	Urban	Impact	Multiple	Children and Adolescents	\$ 300,000	\$ 277,900
2009	Collaborative Response to the Growing Wisconsin Health Workforce Crisis	Rural Wisconsin Health Cooperative	Peter M. Layde, MD, MSc	Statewide	Impact	Other	Other	300,000	278,600
2009	Cross Cultural Strategies to Address the Healthcare Needs of the Hmong Community in Milwaukee	Shee Yee Community of Milwaukee Inc.	Melanie Sberna Hinojosa, PhD	Urban	Development	Multiple	Racial and Ethnic; Urban	40,000	32,600
2009	Dryhooch: Veterans Using Peer Support to Make Sure Their Comrades Get the Care They Need	Dryhooch of America Inc.	Jeff Whittle, MD, MPH	Statewide	Development	Multiple	Other	40,000	40,000
2009	A Faith Community GYM: Guiding Youth Movement for Sustained, Healthy Futures	Milwaukee Area Technical College	Jeff A. Morzinski, PhD, MSW	Urban	Development	Multiple	Children and Adolescents; Racial and Ethnic; Urban	40,000	37,900
2009	Nuestros Ninos, Nuestro Futuro (Our Children, Our Future)	La Causa, Inc.	Julia Dickson-Gomez, PhD	Urban	Impact	Injury and Violence; Mental Health; Social and Economic Factors that Influence Health	Multiple	300,000	272,700
2009	Open Wide: Expanding Oral Health Primary Prevention Opportunities through Partnership	Marquette University	Sheri Johnson, PhD	Urban	Development	Oral Health; Social and Economic Factors that Influence Health	Multiple	40,000	39,500
2009	Sowing Seeds to Grow Healthy Communities: A School Garden Pilot Project	Pepin County Health Department	George Jacobson, PhD	Rural	Development	Multiple	Children and Adolescents; Rural	40,000	39,200

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2010	Community-Based Chronic Disease Management (CCDM)	Columbia St. Mary's	James Sanders, MD, MPH	Urban	Impact	Multiple	Racial and Ethnic; Uninsured; Urban	\$ 750,000	\$ 309,400
2010	Community MedShare Prescription Assistance Project	Bread of Healing Clinic	Staci Young, PhD	Urban	Development	Chronic Disease Prevention and Management; Social and Economic Factors that Influence Health; Other	Multiple	200,000	199,800
2010	Developing a Novel Intervention to Improve Health Literacy Among Wisconsin Latinos	Centro de la Comunidad Unida	Elaine Drew, PhD	Urban	Development	Multiple	Multiple	200,000	199,800
2010	Developing a School Health Services Assessment Tool and Related Resources	Wisconsin Public Health Association	Marie Wolff, PhD	Statewide	Impact	Multiple	Children and Adolescents	741,000	345,200
2010	Healthy Families, Healthy Communities Barron County	Barron County Department of Health and Human Services	Jane Morley Kotchen, MD, MPH	Rural	Impact	Multiple	Multiple	750,000	380,900
2010	Patient at Risk: Wisconsin's EIF Repository Program for Children with Special Healthcare Needs	American Academy of Pediatrics Foundation Wisconsin Chapter	Kathleen Beckmann, DO	Statewide	Development	Injury and Violence; Social and Economic Factors that Influence Health; Other	Multiple	199,900	148,800
2011	Around the Corner to Better Health	Lindsay Heights Neighborhood Health Alliance	Staci Young, PhD	Urban	Development	Nutrition	Urban	200,000	165,100
2011	Changing the Culture of Risky Drinking Behavior: Policy Change	La Crosse Medical Health Science Consortium	Stephen Hargarten, MD, MPH	Rural	Impact	Alcohol and Other Drug Use	Children and Adolescents	750,000	176,500
2011	Diversity Matters: Recruiting Wisconsin's Future Public Health Workforce	Wisconsin Public Health Association	Peter M. Layde, MD, MSc	Statewide	Impact	Chronic Disease Prevention and Management	Racial and Ethnic	749,500	155,600

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2011	Earlier Is Better	Children's Health Alliance of Wisconsin	Earnestine Willis, MD, MPH	Statewide	Impact	Oral Health	Children and Adolescents	\$ 746,500	\$ 248,400
2011	Fighting Cancer in Wisconsin's American Indian Communities	Great Lakes Inter-Tribal Epidemiology Center	J. Frank Wilson, MD	Statewide	Development	Cancer	Racial and Ethnic	200,000	116,400
2011	Kenosha County Suicide Prevention Initiative	Kenosha County Division of Health	Amy Zosel, MD	Urban	Impact	Injury and Violence	Men	748,300	276,400
2011	Los Cuidadores Unidos: United Latino Caregivers	Centro de la Comunidad Unida	Zeno Franco, PhD	Urban	Development	Chronic Disease Prevention and Management	Seniors	199,900	182,100
2011	More Than A Pretty Place: Activating Urban Parks to Improve Community Health and Wellness	Urban Ecology Center	Kirsten M. Beyer, PhD, MPH, MS	Urban	Development	Environmental and Occupational Health	Urban	200,000	165,300
2011	Reducing Racial Disparities through Improved Hypertension Control in African Americans	Progressive Community Health Centers	Theodore Kotchen, MD	Urban	Development	Chronic Disease Prevention and Management	Racial and Ethnic	189,000	159,900
2011	School Community Partnership for Mental Health	Milwaukee Public Schools	Sheri Johnson, PhD	Urban	Development	Mental Health	Children and Adolescents	190,600	138,500
2011	Training Lay Trainers: A Strategy to Disseminate Care Coordination Skills to Families of Children and Youth with Special Health Care Needs	State of Wisconsin Department of Health Services	John Gordon, MD	Statewide	Development	Chronic Disease Prevention and Management	Children and Adolescents	200,000	134,900
2011	Use of a Lay Health Advisor Model to Bring Sexual and Reproductive Justice to Latinos in Milwaukee	Planned Parenthood of Wisconsin	Carol Galletly, JD, PhD	Urban	Development	Reproductive and Sexual Health	Women	200,000	111,000

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2011	Utilizing Peer Teen Advocates to Increase HPV Vaccination Rates Among Adolescents	City of Milwaukee Health Department	Denise Uyar, MD	Urban	Development	Reproductive and Sexual Health	Urban	\$ 200,000	\$ 182,200
2012	Diabetes-Working Wellness in Waukesha-Together (DW3T)	ProHealth Care	David Nelson, PhD, MS	Urban	Development	Chronic Disease Prevention and Management	Uninsured	193,000	46,300
2012	Dryhootch iPeer: A Social and Technology Support Program for Veteran Mental Health	Dryhootch of America Inc.	Zeno Franco, PhD	Urban	Impact	Mental Health	Men	749,800	73,900
2012	Fostering Futures	SET Ministry, Inc.	Lynn K. Sheets, MD	Statewide	Development	Healthy Growth and Development	Children and Adolescents	200,000	61,700
2012	Healthy Environments, Healthy Choices, Healthier People (HHH)	La Crosse County Health Department	David Nelson, PhD, MS	Rural	Impact	Physical Activity	Unspecified	750,000	81,300
2012	Impacting Positive Youth Development in Rusk County through Prevention and Intervention	Indianhead Community Action Agency	Sadhana Dharmapuri, MD	Rural	Development	Alcohol and Other Drug Use	Children and Adolescents	200,000	24,200
2012	Improving Access to Prenatal Oral Healthcare: Strategies and Sustainability	Columbia St. Mary's	James Sanders, MD, MPH	Urban	Development	Oral Health	Urban	199,100	57,900
2012	One Hundred Healthy, At-Risk Families	Columbia College of Nursing	Jeff A. Morzinski, PhD, MSW	Urban	Development	Chronic Disease Prevention and Management	Seniors	192,800	61,600
2012	Promoting Healthy Body Weight among African American Women through a Community Participatory Model	Marquette University	Edith A. Burns, MD	Urban	Development	Other	Racial and Ethnic	198,300	41,100
2012	Promoting Healthy Relationships among LGBT Youth	Diverse and Resilient, Inc.	Carol Galletly, JD, PhD	Statewide	Impact	Injury and Violence	Children and Adolescents	750,000	8,200

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2012	The Sisters Project: Helping Women Exit the Violence of Prostitution	Benedict Center, Inc.	Staci Young, PhD	Urban	Development	Injury and Violence	Urban	\$ 200,000	\$ 79,800
2012	A Social Network Approach for Health and Safety among Rural Intimate Partner Violence Survivors	Wisconsin Rural Women's Initiative, Inc.	Kirsten M. Beyer, PhD, MPH, MS	Rural	Development	Injury and Violence	Rural	200,000	68,200
2012	Specialty Access for Uninsured Program (SAUP) in Milwaukee County	Columbia St. Mary's Milwaukee Health Care Partnership	John Fangman, MD	Urban	Impact	Other	Urban	704,000	119,000
2013	A Collaborative Response to Reduce Binge Drinking in Rural Wisconsin Communities	Rural Wisconsin Health Cooperative	Jeff A. Morzinski, PhD, MSW	Rural	Development	Alcohol and Other Drug Use	Rural	200,000	0
2013	Community Information System: Linking Data to Improve Health	Brown County United Way	John Meurer, MD, MBA	Urban	Development	Healthy Growth and Development	Children and Adolescents	199,900	0
2013	Growing Healthy Soil for Healthy Communities	Sixteenth Street Community Health Center	Sheri Johnson, PhD	Urban	Impact	Environmental and Occupational Health	Urban	750,000	0
2013	Healthier Obstetrical Outcomes through Enrichment Activities and Community Engagement	Wheaton Franciscan Healthcare	Beth Damitz, MD	Urban	Development	Reproductive and Sexual Health	Urban	200,000	0
2013	Improving Home Visitor Response to Postpartum Depression	Children's Hospital of Wisconsin	Christina Wichman, DO	Statewide	Development	Mental Health	Women	148,000	0
2013	Networked for Action: Eau Claire County Health Data Web-Portal for Community Change	United Way of the Greater Chippewa Valley	David Nelson, PhD, MS	Rural	Development	Other	Rural	200,000	0

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2013	Proactive Outreach for the Health of Sexually Exploited Youth	Milwaukee County Department of Health and Human Services Behavioral Health Division	Wendi Ehrman, MD	Urban	Development	Reproductive and Sexual Health	Children and Adolescents	\$ 158,300	\$ 0
2013	Scaling up Milwaukee Urban Agriculture and Nutrition through a Community/Science Institute	University of Wisconsin-Milwaukee	Zeno Franco, PhD	Urban	Development	Nutrition	Urban	199,900	0
2013	Teleophthalmology to Improve Eye Health among Latinos (TIEHL): UCC-MCW-Marquette Collaboration	Centro de la Comunidad Unida	Judy E. Kim, MD	Urban	Development	Chronic Disease Prevention and Management	Racial and Ethnic	200,000	0
Total								\$15,507,800	\$5,537,800

¹ All grants were awarded through a competitive RFP application process.

² Development grants of up to \$200,000 were awarded for up to two years to allow for the planning and testing of new ideas. Impact grants of up to \$750,000 were awarded for up to five years to allow for the implementation of health-related prevention projects.

Appendix 5

Advancing a Healthier Wisconsin
Special Initiative Grants Awarded¹

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2010	Holton Youth and Family Center Collaborative	Wisconsin Community Services, Inc.	John Meurer, MD, MBA	Milwaukee Area	Special Initiative	Violence Prevention	Youth	\$1,050,000	\$ 720,700
2010	United Neighborhood Centers of Milwaukee Violence Prevention Initiative	United Neighborhood Centers of Milwaukee	John Meurer, MD, MBA	Milwaukee Area	Special Initiative	Violence Prevention	Youth	1,050,000	636,000
2012	Ripple Effect Milwaukee: Spreading Peace and Building Communities – Violence Prevention Initiative	Boys and Girls Clubs of Greater Milwaukee	John Meurer, MD, MBA	Milwaukee Area	Special Initiative	Violence Prevention	Youth	750,000	238,100
2012	Safe Schools, Healthy Students Lindsay Heights Initiative – Violence Prevention Initiative	Milwaukee Public Schools	John Meurer, MD, MBA	Milwaukee Area	Special Initiative	Violence Prevention	Youth	750,000	83,400
Total								\$3,600,000	\$1,678,200

¹ All grants were awarded through a competitive RFP application process.

² Special initiative grants were awarded to reduce the incidence of youth violence in the Milwaukee area.

Appendix 6

Wisconsin Partnership Program
Oversight and Advisory Committee Members

May 2015

Statewide Health Care Advocate:

Secretary
Sue Kunferman, RN, MSN, CPM, Secretary
Director/Health Officer, Wood County Health Department

Community Health Advocates:

Katherine Marks
Outreach Specialist, Wisconsin Women's Business Initiative Corporation

Gregory Nycz
Executive Director, Family Health Center of Marshfield, Inc.

Vice Chair
Kenneth Taylor
Executive Director, Wisconsin Council on Children and Families

University of Wisconsin Representatives:

Cindy Haq, MD
Professor, Departments of Family Medicine and Population Health Sciences

Robert Lemanske, MD
Professor, Department of Pediatrics

Richard Moss, PhD
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Cell and Regenerative Biology

Chair
Patrick Remington, MD, MPH
Associate Dean of Public Health; Professor, Population Health Sciences

Insurance Commissioner Appointee:

Barbara J. Zabawa, JD, MPH
Attorney/Owner, Center for Health Law Equity LLC

Appendix 7

Wisconsin Partnership Program
 Medical Education and Research Grants Awarded

Year	Project Name	Principal Investigator	Focus	Awarded through a Competitive RFP Application Process	Amount Awarded	Expenditures through 12/31/13
2009	Advancing Evidence-Based Health Policy in Wisconsin	Thomas Oliver, PhD, MHA	Research	No	\$ 156,000	\$ 155,100
2009	Engineering Effective Interventions for Tobacco Use: A Translational Laboratory	Michael Fiore, MD, PhD	Research	No	403,700	402,600
2009	Health Innovation Program	Maureen Smith, MD, PhD, MPH	Research	No	874,500	854,500
2009	Human Proteomics Program	Richard Moss, PhD	Research	No	200,000	199,700
2009	Institute for Clinical and Translational Science Award	Marc Drezner, MD	Education and Research	No	10,186,000	10,177,200
2009	Making Wisconsin the Healthiest State	David Kindig, MD, PhD	Research	No	463,600	463,400
2009	Master of Public Health Program	Patrick Remington, MD, MPH	Education	No	592,200	469,600
2009	Recruitment of Middle-Aged African-Americans for Studies of Preclinical Alzheimer's Disease: Development of a Minority Recruitment Model in Milwaukee	Mark Sager, MD	Research	No	219,500	219,500
2009	Reducing Cancer Disparities through Comprehensive Cancer Control	James Cleary, MD	Research	No	399,100	399,100
2009	Survey of the Health of Wisconsin (SHOW)	F. Javier Nieto, MD, PhD, MPH	Research	No	4,139,400	4,139,400
2009	Symposium on New Governance for Health System Change	Thomas Oliver, PhD, MHA	Education and Research	No	15,000	11,100
2009	Transforming Medical Education: Integrating Public Health in the Curriculum	Christine Seibert, MD	Education	No	2,504,300	2,501,600
2010	Clinical and Public Health Data Exchange: Estimating Asthma Prevalence Across Wisconsin	Theresa Guilbert, MD	Research	Yes	99,700	99,700

Year	Project Name	Principal Investigator	Focus	Awarded through a Competitive RFP Application Process	Amount Awarded	Expenditures through 12/31/13
2010	Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy	Scott Nagle, MD, PhD	Research	Yes	\$ 100,000	\$ 50,500
2010	Development of a Centralized BioBank	Ricardo Lloyd, MD, PhD	Research	No	168,800	168,800
2010	Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness, and Health in Hispanic Children in Wisconsin	Aaron Carrel, MD	Research	Yes	291,900	291,900
2010	Nuclear EGFR and Breast Cancer: Strategies for Increasing Efficacy of Anti-EGFR Based Therapies in Breast Cancer	Deric Wheeler, PhD	Research	Yes	100,000	100,000
2011	Development of a Centralized BioBank	Ricardo Lloyd, MD, PhD	Research	No	191,700	180,100
2011	Faculty Recruitment in Maternal and Child Health	Philip Farrell, MD, PhD	Education and Research	No	300,000	0
2011	Medical Homes for High Risk Pregnant Women in Southeast Wisconsin: Do They Improve Birth Outcomes?	Jonathan Jaffery, MD	Research	Yes	199,500	145,200
2011	Personalizing Therapy of Women with Polyploid Breast Cancers	Mark Burkard, MD, PhD	Research	Yes	99,900	74,500
2011	Predicting Alzheimer's Disease Using Multimodal Machine Learning	Sterling Johnson, PhD	Research	Yes	299,500	206,800
2011	Preparing Health Educators to Address Behavioral Health Determinants through Health Care Settings	Richard Brown, MD, MPH	Education	Yes	300,000	260,000
2011	Rational Molecular Multi-Targeting in Lung Cancer Treatment	Kevin Kozak, MD, PhD	Research	Yes	100,000	5,900
2011	Screening for Mild Cognitive Impairment in African Americans	Carey Gleason, PhD	Education and Research	Yes	100,000	49,600
2012	Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses	Michael Gould, PhD	Research	Yes	500,000	68,000
2012	Cholecystokinin in the Survival of Human Pancreatic Islets	Dawn Davis, MD, PhD	Research	Yes	100,000	36,800

Year	Project Name	Principal Investigator	Focus	Awarded through a Competitive RFP Application Process	Amount Awarded	Expenditures through 12/31/13
2012	Circulating Tumor Cells in Renal Cell Carcinoma: Biomarkers for Personalized Medicine	Joshua Lang, MD, MS	Research	Yes	\$ 100,000	\$ 42,500
2012	Discharge Order Completeness and 30-Day Rehospitalization in Rural Wisconsin Nursing Home Patients	Amy Kind, MD, PhD	Research	Yes	99,100	0
2012	Dissecting Cross-Species Transmission of Influenza Virus	Andrew Mehle, PhD	Research	Yes	100,000	41,000
2012	Environmental Health Center Strategic Planning Grant	Christopher Bradfield, PhD	Research	No	200,000	121,300
2012	Institute for Clinical and Translational Research	Marc Drezner, MD	Education and Research	No	10,200,000	3,338,300
2012	Making Wisconsin the Healthiest State	Karen Timberlake, JD	Education and Research	No	463,400	162,500
2012	PERC Funding of the Fellowship Program	Thomas Oliver, PhD, MHA	Education	No	534,500	440,200
2012	Planning Grant for a Preventive Medicine Residency Program	Patrick Remington, MD, MPH	Education	No	167,600	87,700
2012	Survey of the Health of Wisconsin	F. Javier Nieto, MD, PhD, MPH	Education and Research	No	4,200,000	2,892,500
2012	Wisconsin Breast Cancer Screening Collaborative: Advancing Shared Decision-Making	Elizabeth Burnside, MD, MPH	Education and Research	Yes	500,000	82,500
2012	The Wisconsin Surgical Coaching Program	Caprice Greenberg, MD, MPH	Education and Research	Yes	500,000	134,200
2013	Advancing Evidence-Based Health Policy in Wisconsin	Karen Timberlake, JD	Education and Research	No	131,000	64,200
2013	Aligning Preferences of Older Adults with Decisions for High-Risk Surgery	Margaret Schwarze, MD, MPP	Research	Yes	100,000	0
2013	The Effectiveness of an Integrated Mental Health and Primary Care Model for Wisconsin Patients with Severe Mental Illness	Nancy Pandhi, MD, MPH, PhD	Research	Yes	100,000	0
2013	Health Innovation Program	Maureen Smith, MD, PhD, MPH	Research	No	874,500	31,500

Year	Project Name	Principal Investigator	Focus	Awarded through a Competitive RFP Application Process	Amount Awarded	Expenditures through 12/31/13
2013	Improved Health Care Delivery to Wisconsin Amish Infants	Christine Seroogy, MD	Education and Research	No	\$ 99,600	\$ 0
2013	Mechanistic Insights into the Role of Grainyhead Proteins in Neural Tube Closure Defects	Melissa Harrison, PhD	Research	Yes	100,000	0
2013	Multiplexed in Vivo Device to Assess Optimal Breast Cancer Therapy	Lee Wilke, MD	Research	Yes	500,000	0
2013	Nanoparticles for Treating Restenosis: Sustained and Targeted Local Drug Delivery	Lian-Wang Guo, PhD	Research	Yes	99,900	0
2013	Once "Stepping On" Ends: Continuing a Group Falls Prevention Program via the Internet	Jane Mahoney, MD	Research	Yes	499,900	0
2013	Recruitment of Middle-Aged African Americans for Studies of Preclinical Alzheimer's Disease: Minority Alzheimer's Prevention Program	Sanjay Asthana, MD	Education and Research	No	73,200	36,300
2013	Transforming Medical Education 2.0: Healthcare System Improvement, Community Engagement and Advocacy	Christine Seibert, MD	Education	No	2,474,600	192,700
2013	Understanding HIV-1 Cell-to-Cell Transmission	Nathan Sherer, PhD	Research	Yes	97,100	0
2013	UW Preventive Medicine Residency Program Development Grant	Patrick Remington, MD, MPH	Education	No	651,000	0
Total					\$45,969,700	\$29,398,000

Appendix 8

Wisconsin Partnership Program

Public Health Grants Awarded¹

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2009	Assessing the Nutrition Environment in Wisconsin Communities	Wisconsin Partnership for Activity and Nutrition	F. Javier Nieto, MD, PhD, MPH	Statewide	Implementation	Physical Activity	Multiple	\$ 403,800	\$ 403,700
2009	Child and Adolescent Mental Health Scorecard	Wisconsin Family Ties, Inc.	Susan Zahner, PhD, RN	Statewide	Development	Mental Health	Children; Racial and Ethnic Populations; Women	56,900	53,800
2009	Collaborative AODA Service – Identifying Cost Effective Models	Jewish Family Services, Inc.	Randall Brown, MD, PhD	Urban	Development	Alcohol and Other Drug Use	Multiple	55,300	41,500
2009	Fit Families – Fit Communities	Portage County Community Action Network	Annie Wetter, PhD	Rural	Implementation	Physical Activity	Multiple	403,100	367,300
2009	Healthy Wisconsin Leadership Institute ³	UW School of Medicine and Public Health	Thomas Oliver, PhD, MHA	Statewide	Education and Training	Public Health Capacity and Quality	Multiple	346,700	345,000
2009	Implementing Strategies to Increase Breastfeeding Rates in Milwaukee County	Milwaukee County Breastfeeding Coalition	Teresa Johnson, PhD	Urban	Implementation	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	403,800	403,400
2009	Piloting the Survey of the Health of Wisconsin (SHOW) Project Community Advisory Board: Partners in Dissemination	Social Development Commission	Loren Galvao, MD, MPH	Statewide	Development	Public Health Research and Evaluation	Multiple	57,000	56,400

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2009	Wisconsin Population Health Fellowship Program ³	UW School of Medicine and Public Health	Thomas Oliver, PhD, MHA	Statewide	Education and Training	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	Multiple	\$ 1,069,100	\$ 1,044,100
2010	Allied Wellness Cooperative	Allied Wellness Center	Brent Hueth, PhD	Urban	Development	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	49,600
2010	Building Effective Partnerships to Reduce Risky and Problem Alcohol Use	Health First Wisconsin (formerly SmokeFree Wisconsin)	Richard Brown, MD, MPH	Statewide	Development	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	47,800
2010	Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating Community Health Improvement Processes and Plans (CHIPP)	Wisconsin Association of Local Health Departments and Boards	Julie Willems Van Dijk, RN, PhD	Statewide	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	399,800	264,700
2010	Developing a Men's Wellness Network to Improve Community Health Outcomes	Walnut Way Conservation Corp.	Amy Harley, PhD, MPH, RD	Urban	Development	Collaborative Partnerships for Community Health Improvement	Adults; Seniors; Racial and Ethnic Populations	50,000	49,400
2010	Expanding Access to Care in Rural and Underserved Areas	Wisconsin Primary Health Care Association	Brian Christens, PhD	Statewide	Development	Access to High-Quality Health Services	Multiple	50,000	50,000
2010	Healthy Hmong Women (Poj Niam Hmong Kev Noj Qab Haus Huv): Training Lay Health Educators to Address Hmong Cancer Health Disparities	Milwaukee Consortium for Hmong Health	Shannon Sparks, PhD	Urban	Development	Chronic Disease Prevention and Management	Multiple	50,000	42,600

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2010	Immunize Milwaukee Coalition	City of Milwaukee Health Department	Paul Hunter, MD	Urban	Development	Communicable Disease Prevention and Control	Children; Racial and Ethnic Populations; Women	\$ 48,700	\$ 48,700
2010	Improving Dental Health of Uninsured Populations in Milwaukee	Bread of Healing Clinic, Inc.	Cynthia Haq, MD	Urban	Development	Oral Health	Adults; Racial and Ethnic Populations; Women	50,000	42,900
2010	Improving Employer Mental Health Practices	Mental Health America of Wisconsin	Jerry Halverson, MD	Urban and Rural	Development	Mental Health	Multiple	49,900	41,600
2010	Promoting Physical Activity in Child Care	Supporting Families Together Association	Alexandra Adams, MD, PhD	Urban and Rural	Implementation	Physical Activity	Children; Racial and Ethnic Populations; Women	400,000	274,700
2010	Public Will Building to Reduce Obesity in the Latino Community of Milwaukee	CORE/El Centro	Amy Harley, PhD, MPH, RD	Urban	Development	Collaborative Partnerships for Community Health Improvement	Adults; Racial and Ethnic Populations; Women	50,000	48,600
2010	REACH BC+: Retention and Enrollment to Achieve Children's Health and Build Capacity	Covering Kids and Families – Wisconsin	Roberta Riportella, PhD	Urban and Rural	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	399,400	297,000
2010	Richland County Community Academic Partnership for Obesity Prevention	Richland County HHS Public Health	Neil Bard, MD	Rural	Development	Unspecified	Multiple	50,000	43,900
2010	Wisconsin Partnership for Childhood Fitness, Phase II	Wisconsin Department of Public Instruction	Aaron Carrel, MD	Statewide	Implementation	Physical Activity	Children; Racial and Ethnic Populations; Women	400,000	282,200

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2011	Bring Awareness to Produce Real Change: A Unified Statewide Strategy for Reducing and Preventing Risky Alcohol Use in Wisconsin	Health First Wisconsin (formerly Smoke Free Wisconsin)	Richard Brown, MD, MPH	Statewide	Implementation	Alcohol and Other Drug Use	Multiple	\$ 400,000	\$ 340,900
2011	Bringing Healthy Aging to Scale: Improving Wisconsin's Capacity to Implement and Sustain Evidence-Based Prevention Programs for Older Adults	Greater Wisconsin Agency on Aging Resources and Wisconsin Institute for Healthy Aging	Jane Mahoney, MD	Rural	Implementation	Collaborative Partnerships for Community Health Improvement	Seniors; Racial and Ethnic Populations; Women	399,100	185,100
2011	Cashton Community Wellness Program	Scenic Bluffs Community Health Center	Will Cronin, MPA	Rural	Development	Collaborative Partnerships for Community Health Improvement	Multiple	19,900	10,900
2011	Community Investment in Health: Developing the Lindsay Heights Wellness Commons	Walnut Way Conservation Corp.	John Frey, MD	Urban	Development	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	50,000
2011	Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs	Alliance for Wisconsin Youth – Southeast Region	Richard Brown, MD, MPH	Statewide	Development	Alcohol and Other Drug Use	Children; Racial and Ethnic Populations; Women	49,000	39,800
2011	Family Table	West Central Wisconsin Community Action Agency, Inc.	Kirstin Siemering, DrPH, RD	Rural	Development	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	50,000	43,700
2011	Harvest of the Month Partnership	La Crosse County Health Department	Kirstin Siemering, DrPH, RD	Urban and Rural	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	400,000	94,900
2011	Healthy Kids Healthy County	Green County Health Department	Barbara Duerst, RN, MS	Rural	Development	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	49,400	36,300

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2011	Healthy Wisconsin Leadership Institute ³	UW School of Medicine and Public Health	Karen Timberlake, JD	Urban and Rural	Education and Training	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	Multiple	\$ 476,700	\$ 387,300
2011	Increasing Cultural Congruence among Nurses in Wisconsin	Great Lakes Inter-Tribal Council, Inc.	Audrey Tluczek, PhD, RN	Urban and Rural	Implementation	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	Multiple	400,000	122,800
2011	The Intersection of Employment and Health Status for African American Males	Milwaukee Area Workforce Investment Board	David Pate, PhD	Urban	Development	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	Adults; Racial and Ethnic Populations	50,000	9,600
2011	Meta House Replication Project: Pilot Study of Regional Collaboration for Women and Children's Lifelong Health Improvement	Racine Interfaith Coalition	Ron Cisler, PhD	Urban	Development	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	49,400
2011	Oneida County Striving to be Healthy	Oneida County Health Department	Erica Brewster, MPH	Rural	Development	Chronic Disease Prevention and Management	Multiple	50,000	28,500
2011	Polk County Behavioral Health Access Audit	ABC for Rural Health, Inc.	Elizabeth Feder, PhD	Rural	Development	Access to High-Quality Health Services	Multiple	50,000	50,000
2011	Preserving Infant and Child Health	Children's Health Alliance of Wisconsin	Timothy Corden, MD	Statewide	Implementation	Injury and Violence	Multiple	400,000	172,600
2011	Rock County Coalition for Sexually Transmitted Infections Prevention	Rock County Health Department	Candace Peterson, PhD	Urban and Rural	Development	Reproductive and Sexual Health	Multiple	45,700	26,700

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2011	Sports-Related Lower Extremity Injury Prevention in Rural High School Female Athletes	Rural Wisconsin Health Cooperative	Jill Thein-Nissenbaum, DSc	Rural	Development	Physical Activity	Multiple	\$ 50,000	\$ 37,400
2011	Wisconsin Adolescent Health Care Communication Program Evaluation	Wisconsin Alliance for Women's Health	Heather Royer, PhD	Statewide	Development	Reproductive and Sexual Health	Multiple	50,000	37,400
2011	Wisconsin Obesity Prevention Network	Wisconsin Partnership for Activity and Nutrition	Alexandra Adams, MD, PhD	Statewide	Implementation	Collaborative Partnerships for Community Health Improvement	Adults; Racial and Ethnic Populations; Women	400,000	143,200
2011	Wisconsin Population Health Fellowship Program ³	UW School of Medicine and Public Health	Thomas Oliver, PhD, MHA	Statewide	Education and Training	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	Multiple	534,500	515,800
2012	Adams County Community Wellness Program	Adams County Health and Human Services Dept. of Public Health	Alexandra Adams, MD, PhD	Rural	Implementation	Chronic Disease Prevention and Management	Adults; Seniors; Women	398,200	24,400
2012	Adopting an Easy-to-Read Medication Label in Wisconsin	Health Literacy Wisconsin, a Division of Wisconsin Literacy, Inc.	David Mott, PhD	Statewide	Development	Health Literacy	Seniors; Racial and Ethnic Populations; Women	49,900	3,400
2012	Building the Mentally Healthy Workplace	Mental Health America of Wisconsin	Jerry Halverson, MD	Statewide	Implementation	Mental Health	Multiple	149,900	14,100
2012	CESA #9 Active and Healthy Schools	Cooperative Educational Service Agency #9	Aaron Carrel, MD	Urban and Rural	Development	Physical Activity	Children; Racial and Ethnic Populations; Women	48,800	8,400

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2012	Community Action and Community Capacity Building for Type 2 Diabetes Prevention	Black Health Coalition of Wisconsin, Inc.	Alice Yan, MD, PhD	Urban	Development	Chronic Disease Prevention and Management	Adults; Racial and Ethnic Populations; Women	\$ 50,000	\$ 0
2012	Community-Based Emergency Medical Service Pilot Project	Northeast Wisconsin Technical College	Robert Jecklin, PhD	Urban and Rural	Development	Access to High-Quality Health Services	Multiple	20,000	13,500
2012	Community Safety Data Repository Project	City of Milwaukee Health Department Office of Violence Prevention	Eric Gass, PhD	Urban	Implementation	Systems to Manage and Share Health Information and Knowledge	Multiple	400,000	92,900
2012	Development of a Curriculum to Support Healthy Bites, a Wisconsin Guide for Improving Childhood Nutrition	Celebrate Children Foundation	Tara LaRowe, PhD	Statewide	Development	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	50,000	31,000
2012	E-Z Access to Health Project	Urban Underground	Paul Florsheim, PhD	Urban	Development	Reproductive and Sexual Health	Multiple	50,000	0
2012	The Great Dane Exchange: Exploring the Reason for the Success of the Wisconsin State Employee Health Plan Insurance Exchange for Clues to Successfully Establish Exchanges Required by the Affordable Care Act	Community Advocates, Inc.	John Mullahy, PhD	Urban and Rural	Development	Access to High-Quality Health Services	Multiple	50,000	19,100
2012	Growing Farm to School: Cultivating Childhood Wellness through Gardening	Community Groundworks	Dale Schoeller, PhD	Statewide	Implementation	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	399,600	60,000
2012	Junior Pink Shawls: Training Intergenerational Health and Wellness Messengers to Address American Indian Breast Cancer Disparities	Wisconsin Pink Shawl Initiative	Shannon Sparks, PhD	Urban and Rural	Development	Chronic Disease Prevention and Management	Multiple	50,000	17,100

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2012	Latino Youth Health Leadership Teams: Implementing the Healthy Activities Partnership Program for Youth	Centro de la Comunidad/ United Community Center, Inc.	Samuel Dennis, Jr., PhD, MLA	Urban	Implementation	Healthy Growth and Development	Children; Racial and Ethnic Populations; Women	\$ 400,000	\$ 44,500
2012	Madison – Dane County Healthy Birth Outcomes	Public Health for Madison and Dane County	Deborah Ehrental, MD, MPH	Urban and Rural	Development	Collaborative Partnerships for Community Health Improvement	Multiple	49,500	0
2012	The Menominee Community Journey to Wellness	Menominee Indian School District	Alexandra Adams, MD, PhD	Rural	Development	Collaborative Partnerships for Community Health Improvement	Multiple	49,600	8,300
2012	Prenatal Virtual Home Visitation Program	Indianhead Community Action Agency	Patricia Caro, PhD	Rural	Development	Healthy Growth and Development	Multiple	50,000	11,000
2012	Public Will Building to Reduce Obesity in the Latino Community of Milwaukee	CORE/El Centro	Amy Harley, PhD, MPH, RD	Urban	Implementation	Public Health Capacity and Quality	Multiple	149,100	24,100
2012	Richland FIT: Academic Partnership to Build a Healthy Environment in Rural Richland County	Richland County HHS Public Health	Peggy Olive, MSW	Rural	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	400,000	40,000
2012	Safe and Healthy Food for the Hungry	Wisconsin Community Action Program Association	Amber Canto, MPH, RD, CD	Urban and Rural	Development	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	49,900	9,200
2012	Understanding the Role of Childhood Adversity in Adult Health Outcomes in Wisconsin	Wisconsin Children’s Trust Fund	Barbara Knox, MD	Statewide	Development	Systems to Manage and Share Health Information and Knowledge	Multiple	50,000	4,300

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2012	Winnebago County Sexually Transmitted Infection Task Force – Comprehensive Sexual Health Education Pilot Program	Winnebago County Health Department	Juyeon Son, PhD	Urban	Development	Reproductive and Sexual Health	Children; Racial and Ethnic Populations; Women	\$ 49,300	\$ 9,200
2012	The Wisconsin Health Equity Alliance: Driving Policy Change to Improve Health in Wisconsin	WISDOM	Brian Christens, PhD	Statewide	Development	Collaborative Partnerships for Community Health Improvement	Multiple	49,000	11,600
2012	Wisconsin Population Health Fellowship Program ³	UW School of Medicine and Public Health	Thomas Oliver, PhD, MHA	Statewide	Education and Training	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	Multiple	534,500	297,000
2012	YMCA/UW Department of Obstetrics and Gynecology Partnership Promoting Healthy Weight in Pregnancy	YMCA of Dane County, Inc.	Cynthia Anderson, MD, MPH	Urban	Development	Physical Activity	Multiple	49,400	8,700
2013	ACTIVATE: Advocacy for Children – Transformational Impact via Action and Teamwork for Engagement	Wisconsin Academy of Pediatrics Foundation	Dipesh Navsaria, MD, MPH, MSLIS	Statewide	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	162,100	0
2013	Addressing the Mental Illness Tobacco Disparity: Peers Helping Peers	National Alliance on Mental Illness (NAMI) Wisconsin, Inc.	Bruce Christiansen, PhD	Urban	Implementation	Tobacco Use and Exposure	Adults; Racial and Ethnic Populations; Women	150,000	0
2013	Advancing Community Investment in Health: Implementation of the Innovations and Wellness Commons	Walnut Way Conservation Corp.	Cindy Haq, MD	Urban	Implementation	Chronic Disease Prevention and Management	Multiple	400,000	0

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2013	Applying Clinical Data to New Public Health: A Model for Accountable Care Communities	Public Health – Madison and Dane County	Lawrence Hanrahan, PhD, MS	Urban and Rural	Development	Chronic Disease Prevention and Management	Multiple	\$ 50,000	\$ 0
2013	Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening Community Health Improvement Implementation and Evaluation for Greater Impact	Wisconsin Association of Local Health Departments and Boards	Julie Willems Van Dijk, RN, PhD	Statewide	Implementation	Public Health Research and Evaluation	Multiple	400,000	0
2013	Changing Views of Hunger: One Community at a Time	Feed My People, Inc.	Mary Canales, PhD	Urban and Rural	Development	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	0
2013	Dementia Wellness Project for Underserved African American Elders	Milwaukee Health Services Inc. (MHSI)	Bruce Hermann, PhD	Urban	Implementation	Chronic Disease Prevention and Management	Multiple	400,000	0
2013	Evaluation of the Bilingual Healthy Choices Program	16th Street Community Health Center	David Frazer, MPH	Urban	Implementation	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	149,500	0
2013	Improving Well-Being among Wisconsin Older Adults	Kenosha County Division of Aging and Disability Services	Carol Ryff, PhD	Urban and Rural	Implementation	Mental Health	Multiple	150,000	0
2013	LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation Cross Plains Community Project	LIFE Foundation/Village of Cross Plains	Daniel Jarzemsky, MD	Rural	Development	Collaborative Partnerships for Community Health Improvement	Multiple	50,300	0
2013	Northwoods LEAN (Linking Education, Activity, and Nutrition): Pathways to Health	Oneida County Health Department	Aaron Carrel, MD	Rural	Implementation	Chronic Disease Prevention and Management	Multiple	400,000	0

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2013	Reducing Alcohol Abuse Among LGBTQ Youth in Wisconsin	Diverse and Resilient, Inc.	Kathleen Oriel, MD, MS	Statewide	Implementation	Alcohol and Other Drug Use	Multiple	\$ 400,000	\$ 0
2013	Safe Schools for Wisconsin's Transgender Youth	Gay Straight Alliance for Safe Schools	Maurice Gattis, PhD	Statewide	Development	Collaborative Partnerships for Community Health Improvement	Children; Racial and Ethnic Populations; Women	50,000	0
2013	Southeastern Wisconsin Screening, Brief Intervention and Referral to Treatment Project	IMPACT Alcohol and Other Drug Abuse Services, Inc. (formerly Planning Council for Health and Human Services, Inc.)	Richard Brown, MD, MPH	Urban and Rural	Implementation	Alcohol and Other Drug Use	Children; Racial and Ethnic Populations; Women	400,000	0
2013	Women of Worth: Family Centered Treatment Project	Racine Interfaith Coalition	Lisa Berger, PhD	Urban	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	399,000	0
2013	Yoga's Effect on Fall Risk Factors in Rural Older Adults	Aging and Disability Resource Center	Irene Hamrick, MD	Rural	Development	Injury and Violence	Multiple	50,000	0
Total								\$16,126,300	\$7,433,000

¹ Grants were awarded through a competitive RFP application process except where indicated.

² Development grants of up to \$50,000 were awarded competitively for up to two years to fund the costs of forming a project or partnership. Implementation grants of up to \$400,000 were awarded competitively for up to three years for project implementation. Non-competitive grants for public health education and training and other initiatives designed to serve specific communities, populations, or purposes were awarded to either community-based organizations or to UW staff.

³ Grant was not awarded through a competitive RFP application process.

Appendix 9

Wisconsin Partnership Program
Special Initiative Grants Awarded¹

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2010	Kenosha Lifecourse Initiative for Healthy Families	Black Health Coalition of Greater Kenosha	Not Applicable	Kenosha	Planning	Collaborative Partnerships for Community Health Improvement	Multiple	\$ 200,000	\$ 200,000
2010	Milwaukee Lifecourse Initiative for Healthy Families	IMPACT Alcohol and Other Drug Abuse Services, Inc. (formerly Planning Council for Health and Human Services, Inc.)	Not Applicable	Milwaukee	Planning	Collaborative Partnerships for Community Health Improvement	Multiple	250,000	250,000
2010	Pathways to Healthier African American Families in Beloit	Stateline Community Foundation	Not Applicable	Beloit	Planning	Collaborative Partnerships for Community Health Improvement	Multiple	199,800	197,600
2010	Racine Collaborative Lifecourse Initiative for Healthy Families	The Johnson Foundation at Wingspread	Not Applicable	Racine	Planning	Collaborative Partnerships for Community Health Improvement	Multiple	180,100	168,000
2011	Beloit Lifecourse Initiative for Healthy Families	Stateline Community Foundation	Not Applicable	Beloit	Planning	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	49,400
2011	Greater Racine Collaborative for Healthy Birth Outcomes: Planning Continuation	The Johnson Foundation at Wingspread	Not Applicable	Racine	Planning	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	50,000

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2011	Kenosha Lifecourse Initiative for Healthy Families	Black Health Coalition of Greater Kenosha	Not Applicable	Kenosha	Planning	Collaborative Partnerships for Community Health Improvement	Pregnant Women; Racial and Ethnic Populations	\$ 50,000	\$ 50,000
2011	Milwaukee Lifecourse Initiative for Healthy Families Continued Planning	IMPACT Alcohol and Other Drug Abuse Services, Inc. (formerly Planning Council for Health and Human Services, Inc.)	Not Applicable	Milwaukee	Planning	Collaborative Partnerships for Community Health Improvement	Multiple	50,000	50,000
2012	Beloit Lifecourse Initiative for Healthy Families	Beloit Lifecourse Initiative for Healthy Families	Not Applicable	Beloit	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	250,000	126,100
2012	Kenosha Lifecourse Initiative for Healthy Families	Kenosha Lifecourse Initiative for Healthy Families	Not Applicable	Kenosha	Implementation	Systems to Manage and Share Health Information and Knowledge	Multiple	250,000	169,700
2012	Lifecourse Initiative for Healthy Families Pregnancy Risk Assessment Monitoring System	Wisconsin Department of Health Services	Paul Moberg, PhD	Beloit, Kenosha, Milwaukee, Racine	Implementation	Systems to Manage and Share Health Information and Knowledge	Children; Pregnant Women	269,500	154,300
2012	Milwaukee Lifecourse Initiative for Healthy Families	Milwaukee Lifecourse Initiative for Healthy Families	Not Applicable	Milwaukee	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	250,000	30,000
2012	Racine Lifecourse Initiative for Healthy Families	Greater Racine Collaborative for Healthy Birth Outcomes/Racine Kenosha Community Action Agency	Teresa Johnson, PhD	Racine	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	75,000	75,000

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2012	Racine Lifecourse Initiative for Healthy Families Continuation	Greater Racine Collaborative for Healthy Birth Outcomes/Racine Kenosha Community Action Agency	Teresa Johnson, PhD	Racine	Implementation	Collaborative Partnerships for Community Health Improvement	Children; Pregnant Women; Racial and Ethnic Populations	\$ 175,000	\$ 121,100
2013	Beloit Youth Internship Program	Pentecostal Tabernacle Church of God In Christ	Brian Christens, PhD	Beloit	Implementation	Collaborative Partnerships for Community Health Improvement	Children; Racial and Ethnic Populations	47,300	13,600
2013	Bethel African Methodist Episcopal Church Jobs for Fathers	Bethel African Methodist Episcopal Church	Jeffrey Lewis, PhD	Beloit	Implementation	Collaborative Partnerships for Community Health Improvement	Adults; Racial and Ethnic Populations	150,000	16,300
2013	Center for Urban Population Health Regional Program Office	Center for Urban Population Health	Ron Cisler, PhD	Milwaukee	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	215,000	26,000
2013	Centering Program of Racine Lifecourse Initiative for Healthy Families	Wheaton Franciscan Healthcare – All Saints Foundation	Teresa Johnson, PhD	Racine	Implementation	Reproductive and Sexual Health	Multiple	148,800	3,500
2013	Direct Assistance for Dads Project	City of Milwaukee Health Department	Geoffrey Swain, MD, MPH	Milwaukee	Implementation	Healthy Growth and Development	Multiple	400,000	7,500
2013	Dismantling Racism in Kenosha County	Kenosha County Division of Health	Markus Brauer, PhD	Kenosha	Implementation	Chronic Disease Prevention and Management	Multiple	50,000	0
2013	Engaging African American Fathers to Reduce Infant Mortality by Improving Their Health Literacy	IMPACT Alcohol and Other Drug Abuse Services, Inc. (formerly Planning Council for Health and Human Services, Inc.)	Kris Barnekow, PhD; David Pate, PhD	Milwaukee	Implementation	Health and Literacy	Adults; Racial and Ethnic Populations	50,000	16,600

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2013	Expecting Moms, Expecting Dads	Wheaton Franciscan Healthcare – St. Joseph Foundation	Emmanuel Ngui, DrPH	Milwaukee	Implementation	Healthy Growth and Development	Multiple	\$ 50,000	\$ 5,100
2013	Family Connectedness for New and Expectant Mothers	Children’s Service Society of Wisconsin, d/b/a Children’s Hospital of Wisconsin Community Services	Mary Jo Baisch, PhD, RN	Milwaukee	Implementation	Healthy Growth and Development	Multiple	50,000	0
2013	Family Peer Navigation and Home Visit Project	Children’s Service Society of Wisconsin	Sara Busarow, MD, MPH	Beloit	Implementation	Access to High-Quality Health Services	Multiple	150,000	9,200
2013	Focus on Fathers Initiative	Young Men’s Christian Association	Noelle Chesley, PhD; Sarah Halpern-Meekin, PhD	Racine	Implementation	Healthy Growth and Development	Adults; Racial and Ethnic Populations	150,000	9,900
2013	Healthy Families Kenosha	Kenosha County Job Center	David Riley, PhD	Kenosha	Implementation	Healthy Growth and Development	Multiple	400,000	11,300
2013	Healthy Kenosha County Moms and Babies: Centering Prenatal Model Program	Kenosha Community Health Center, Inc.	Douglas Laube, MD; Jacquelynn Tillett, CNM, ND, FACNM	Kenosha	Implementation	Collaborative Partnerships for Community Health Improvement	Pregnant Women; Racial and Ethnic Populations; White	150,000	300
2013	Healthy Parents, Healthy Babies (Healthy Next Babies)	Aurora Health Care, Inc.	Ron Cisler, PhD	Milwaukee	Implementation	Access to High-Quality Health Services	Multiple	400,000	11,000
2013	Implementation of a Rock County Fetal Infant Mortality Review Team	Rock County Health Department	Sara McKinnon, PhD	Beloit	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	150,000	5,500
2013	Kenosha Fatherhood Involvement Planning Project	Racine Kenosha Community Action Agency	David Pate, PhD	Kenosha	Implementation	Collaborative Partnerships for Community Health Improvement	Adults; Racial and Ethnic Populations	50,000	1,800

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2013	Milwaukee Lifecourse Initiative for Healthy Families	United Way of Greater Milwaukee	Not Applicable	Milwaukee	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	\$1,500,000	\$ 0
2013	No Longer an Island: Creating a Place-Based Men's Peer Outreach and Social Support Network	Walnut Way Conservation Corp.	Amy Harley, PhD, MPH, RD; David Frazer, MPH	Milwaukee	Implementation	Collaborative Partnerships for Community Health Improvement	Adults; Racial and Ethnic Populations	400,000	2,100
2013	Normalizing Breastfeeding: Building Social Support and Community Capacity	African American Breastfeeding Network	A. Michelle Corbett, MPH	Milwaukee	Implementation	Adequate, Appropriate, and Safe Food and Nutrition	Multiple	150,000	44,400
2013	Professional Women's Network for Services Birthing Project	Professional Women's Network for Services, Inc.	Teresa Johnson, PhD	Racine	Implementation	Healthy Growth and Development	Multiple	149,500	32,700
2013	Reducing African American Infant Birth Disparities through Decreased Prison Recidivism and Increased Living-Wage Employment of Mothers and Fathers	Racine Vocational Ministry	Helen Rosenberg, PhD	Racine	Implementation	Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health	Adults; Racial and Ethnic Populations	150,000	21,300
2013	Striving to Create Healthier Communities through Innovative Partnerships	Lovell Johnson Quality of Life Center, Inc.	Lucy Mkandawire-Valhmu, PhD, RN	Milwaukee	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	149,900	0
2013	Strong Families Healthy Homes Extension – Pregnancy Pilot Program	Mental Health America of Wisconsin	Alice Yan, MD, PhD	Milwaukee	Implementation	Mental Health	Children; Pregnant Women; Racial and Ethnic Populations	50,000	12,800

Year	Project Name	Grantee	Academic Partner	Location	Grant Type ²	Focus	Target Population	Amount Awarded	Expenditures through 12/31/13
2013	United Neighborhood Centers of Milwaukee Initiative for Healthy Families	United Neighborhood Centers of Milwaukee	Mary Jo Baisch, PhD, RN	Milwaukee	Implementation	Collaborative Partnerships for Community Health Improvement	Multiple	\$ 150,000	\$ 5,400
2013	The Young Parenthood Project: A Father Engagement Strategy for Healthy Families	Milwaukee Health Services, Inc.	Paul Florsheim, PhD	Milwaukee	Implementation	Healthy Growth and Development	Multiple	399,900	12,500
Total								\$8,009,800	\$1,960,000

¹ All grants were awarded through a competitive RFP application process.

² Special initiative grants were awarded to reduce disparities in birth outcomes in four Southeastern Wisconsin communities: Beloit, Kenosha, Milwaukee, and Racine.

Responses ■



August 6, 2015

Joseph Chrisman
State Auditor
State of Wisconsin
Legislative Audit Bureau
22 East Mifflin Street, Suite 500
Madison, WI 53703

Re: Legislative Audit Bureau Programmatic Audit on the Medical College of Wisconsin's
Advancing a Healthier Wisconsin Endowment for the period January 2009 through December 2013

Dear Mr. Chrisman:

On behalf of the Medical College of Wisconsin (MCW), we thank you for the opportunity to respond to the Legislative Audit Bureau's (LAB) programmatic audit of MCW's Advancing a Healthier Wisconsin (AHW) Endowment. We appreciate the time and effort that the LAB staff has invested in conducting this evaluation and the professional nature of the process. We think that the audit furthers our mutual goal of ensuring that we serve as good stewards of the funds.

Our response is organized into three parts: 1) an overview of the accomplishments of AHW and future directions; 2) reaffirmation of our stewardship; and, 3) our perspective on the four recommendations outlined in the LAB audit, along with four clarifying comments. Consistent with our commitment to continuous improvement, we will use the LAB audit to inform and improve our ongoing efforts.

1) AHW Accomplishments and Future Directions

Accomplishments of the Advancing a Healthier Wisconsin Endowment in its first ten years and the transformative nature of the funds. Through AHW initiatives, MCW is dedicated to improving the health of Wisconsin residents through public and community health partnerships, biomedical and population health research, and medical and public health professional education. In its first ten years, AHW investments have led to strong partnerships, new knowledge, leveraged resources and improved health for the people of Wisconsin.

Strong Partnerships. Through our community-based partnerships, we have developed programs for at-risk populations, targeting existing and emerging health priorities. We have engaged community and MCW faculty and staff in collaborative systems change and translating scientific learning into community-based health promotion. AHW-funded research and education initiatives have resulted in innovative collaborations that combine the strengths of academic partners across diverse disciplines to advance interprofessional education and scientific discovery. More than 350 multi-sector, inter-institutional collaborations have worked to address the state's health needs.

New Knowledge. Through investments in research and education initiatives, AHW has advanced new discoveries and trained future health providers and researchers, equipping them with the knowledge, tools, and capacity to improve health based on scientific rigor. In addition, AHW's community-based partnerships are identifying new strategies and best practices for strengthening organizational capacity to deliver and sustain health improvement efforts.

Leveraged Resources. To-date, AHW-funded projects have led to an estimated \$195 million in additional funding from external sources, providing a unique opportunity for Wisconsin to strengthen its position as a leader in advancing public and community health, education and research.

Healthy Outcomes. With a focus on health improvement, AHW works with communities to create mutual benefit, build community capacity to address health promotion and disease prevention and, ultimately, advance the health of Wisconsin's residents. AHW funding has contributed to improved health in the state through prevention, public health interventions, education and research, which translates into better treatments for and outcomes of disease.

Transformation through the Healthier Wisconsin Partnership Program (HWPP). Since 2004, when the MCW Consortium on Public and Community Health (Consortium) launched the first HWPP funding cycle, HWPP has awarded approximately \$49M for more than 160 community health improvement initiatives. During the first ten years, HWPP has provided a transformative stream of funding, collaborations, projects, and inspiration throughout the state, affecting more than 47 Wisconsin counties and leveraging \$20M in additional funding.

HWPP-funded partnerships are developing broad community systems to sustain health improvement processes, expand resources for a stronger, more sufficient and competent workforce, and promote the importance of public and community health leadership and policy. These **partnerships are contributing tangible, sustainable improvements in health**. A small sample of the transformative outcomes of the HWPP community-academic partnerships include the reduction of oral health problems, city-wide policy change related to alcohol consumption among youth, child seat belt laws, and the reduction of hospital admissions for asthma attacks.

Transformation through the Research and Education Program (REP). Research in the biomedical sciences has generated a wealth of new discoveries that are improving health, extending lives and raising the standard of living in Wisconsin. Since 2004, AHW has invested approximately \$136M in 175 initiatives that have provided Wisconsin with a unique opportunity to be at the forefront of breakthroughs in medical research and educational innovation, and leveraged approximately \$175M in additional funding.

During the first ten years, major investments in research have led to several accomplishments that help position Wisconsin as a leader in shortening the time between discovery and application of new treatments, fostering interdisciplinary collaboration, and developing new tools and methods. One such example is new technologies to identify genes that underlie complex diseases.

AHW has also invested in educational initiatives that are building a foundation for health professions training and population health research. For example, AHW has invested in supporting MCW's regional medical education expansion, resulting in two new medical education campuses with the vision of an increased physician workforce to address Wisconsin's areas of greatest need, resulting in a healthier Wisconsin.

Future Directions: Moving from Grantmaker to Changemaker. In the 2014-2018 AHW Five-Year Plan, MCW and the Consortium use the knowledge and experience gathered over the first ten years of accomplishments to embrace the challenge of creating a greater impact for the future. We recognize the need to adopt new strategies to reach AHW's potential as a changemaker.

Through the new AHW framework, we place a greater emphasis on measurable outcomes, capacity-building, leadership and dissemination. We have committed to identifying strategies to align MCW research and education priorities to link more closely with HWPP. One example is the development of cross-cutting initiatives that integrate the contributions of research, education and community partnerships to address Wisconsin's leading health priorities.

While we understand our important role and unprecedented opportunity to improve health outcomes, we also recognize that we are part of a larger public health infrastructure made up of multiple sectors and systems that must work collaboratively to affect and document the improved health status of Wisconsin residents. Toward that end, we are employing changemaking roles that empower AHW to work intentionally with our partners to build capacity and catalyze health improvement through convening, connecting, influencing and leveraging resources as well as funding.

2) Reaffirmation of Stewardship. Consistent with our response to the first LAB programmatic audit, MCW reaffirms the following.

- **MCW is in compliance with the Order of the Commissioner of Insurance (Commissioner's Order).** The Commissioner's Order guides MCW and the Consortium, and we are in compliance with that Order. We reaffirm that the Legislative Audit Bureau found MCW to be in compliance with the established requirements for awarding and monitoring funding, and that the audit found no evidence of supplanting.

Furthermore, we affirm that we fulfilled our obligations that resulted from the prior LAB audit. We also provided written response to the recommendations as published in the prior LAB audit. We thank the LAB for recognizing in the audit that we met with the Commissioner to make presentations and answer questions related to the recommendations.

- **MCW and the Consortium build on the lessons learned from the first ten years using an ongoing, deliberative approach within the context of the Commissioner's order.** MCW and the Consortium use a thoughtful, deliberative approach to improving the health of the people of Wisconsin. The Consortium has solicited extensive public feedback, used an iterative process, and engaged in an extensive systematic process to develop its past and most recent Five-Year Plans.
- **The Consortium emphasizes use of 100 percent of the AHW funds to improve the health of Wisconsin through fostering the integration of research, education and public and community health partnerships.** All three components, public health initiatives, health provider education and biomedical research, focus on the leading causes of death and disability in Wisconsin, as defined by the State Health Plan. Over \$35M of Research and Education Program funds (which comprise 65 percent of the AHW endowment) have been invested in public health workforce and population health research initiatives. Examples include a population health and diabetes research initiative that advances community partnerships for translational research, creation of a PhD in Public and Community Health degree program, and the expansion of the MPH program. As we move forward, we are intentionally increasing emphasis on the later phases of the translational research spectrum, which focus on the benefits of research in populations and communities. By placing a greater emphasis on translational research, our ability to prevent disease may be improved through hastening the application of scientific discoveries into clinical practice and population health.
- **The Consortium adheres to established and approved principles of stewardship.** The principles of stewardship include developing new or enhancing existing collaborations and partnerships, emphasizing significant leveraging of AHW investments, and creating sustained programs to have a positive impact on health. In addition, MCW is committed to collaboration and coordination with our partners at the University of Wisconsin School of Medicine and Public Health to ensure our collective efforts are best positioned to benefit Wisconsin.
- **MCW and the Consortium continue to improve our processes for use of AHW funds.** We recognize the importance of reporting and monitoring the use of AHW funds. Toward that end, we are continuing to work with funded projects to strengthen education and communication regarding the AHW funds and emphasize the link between program objectives and outcomes. We thank the LAB for recognizing our commitment to quality improvements and the progress that we have made in addressing each of the process recommendations identified in the 2004-2008 LAB audit.

Establishing dedicated leadership and staff to support AHW and its programs has been critical to our success. In response to the first LAB audit, we hired staff to support program administration for AHW's 65 percent funded activities, thus establishing a dedicated Research and Education Program administration office. The REP staff implemented key process improvements, including increased program support for funded investigators, increased level of monitoring and accountability, and the development and implementation of the AHW REP Award Administration Manual. As demonstrated from the audit results, the investment in program administration and staff has been a great value to ensuring accountable, rigorous processes; we thank you for your comments in the audit regarding improvements in our AHW processes as a result of the investment in staff. Finally, as we go forward, the

Consortium has asked that our staff be more actively engaged with our partners in assuring success of the projects, and their work will be more program-focused.

- **The Consortium reasserts the unique and lasting value of community-academic partnerships.** Community leaders and academics work together to share knowledge, strengthen ties, capitalize on unique strengths, and disseminate results. Each partnership determines the amount of the budget that will be proportioned between the community and academic partners to complete the mutually-agreed upon goals.

3) Comments on LAB Recommendations

Recommendation #1: We recommend the Wisconsin United for Health Foundation (WUHF), Inc., consider: *the extent to which its meetings serve as public forums to receive comments on the MCW and UW endowment programs that would not otherwise be available to interested organizations and individuals; the value added to the endowment programs through the Foundation's involvement as an external observer, including the value of raising questions with MCW and UW officials; and, the relative impact the dissolution of the Foundation would have on the financial status of the endowment programs compared with the ongoing value that would be provided through its continued operation.*

Since AHW's inception, WUHF has provided important guidance for the various aspects of our program development and implementation and has shared our commitment to ensuring that the funds are invested to improve health for the people of Wisconsin.

Recommendation #2: We recommend the Medical College of Wisconsin require grantees to maintain documentation of all grant expenditures for at least five years after the submission of a final grant invoice. We agree and will discuss this recommendation with the Consortium to determine how best to ensure appropriate record retention and documentation with our public and community health grantees for grant expenditures.

Recommendation #3: We recommend Medical College of Wisconsin revise progress report instructions to require grantees to provide information on survey results, the results of major data analyses, and attendance at project events. We will discuss with the Consortium the LAB's recommendation to require public and community health applicants to provide information on survey results, the results of major data analyses, and attendance at project events to evaluate project outcomes. However, we also recognize the importance of striving for an appropriate balance between ensuring rigorous, accountable processes and facilitating ease of access to, and management of, awards for our partners.

Recommendation #4: We recommend the Medical College of Wisconsin monitor compliance with site visit requirements and take steps to ensure it completes all required site visits. MCW is committed to improving monitoring processes to ensure compliance with site visit requirements. Regarding the two projects that are noted as not completing the required site visits, we would like to highlight that, due to the unforeseen economic downturn in 2008 and the budget reduction process that followed, HWPP chose to maintain its practice of one site visit per funded Impact project rather than move forward with two site visits. The decision to maintain the one site visit practice was intended to reduce the project administration burden to community partners that would occur with an additional site visit. Consistent with previous HWPP funding cycles, we conducted only one site visit for the 4th and 5th Funding Cycle Impact projects during the life of their three-year awards. HWPP began implementation of the two site visit practice in the 6th Funding Cycle.

We remain committed to ensuring that program monitoring and controls are in place and will look at our program site visit practices to see how we can improve. With our 2014-2018 Five-Year Plan and its new reporting processes in place, HWPP has more frequent contact with project partners than in the past. This frequent contact will allow for discussion about any modifications in project goals and objectives, as well as help to ensure frequent and consistent monitoring.

In addition, MCW would like to comment on the following items identified in the LAB Audit.

- MCW will reimburse the AHW Endowment for expenditures incurred by public and community health grantees deemed to have insufficient and/or no documentation. This includes a total of \$5,844 in expenditures made by four HWPP projects, and a total of \$2,239 in expenditures made by three recipients of the HWPP special initiative on violence prevention.
- The decline in the number and dollar amount of public health grants awarded from 2009 through 2013 was largely in response to the economic downturn in 2008 that resulted in the AHW Endowment dropping below its historical gift value. For example, in our 4th funding cycle (2007-2008), we awarded \$6.3M for 24 projects compared to our 5th funding cycle (2008-2009) when we awarded \$1M to 8 projects. Under Wisconsin law at that time (the United Management of Institutional Funds Act), spending from the endowment was limited until the endowment regained a minimum level of the historical gift value. As the endowment continued to gain value and rise back above historic gift value, funding levels increased.
- MCW would like to clarify the LAB's description of medical education and research funds as 'competitive' and 'non-competitive'. We would prefer use of the terms 'RFP-based' and 'invitation-based'; these terms more accurately describe our process. All AHW funds are awarded through a multi-level, peer-reviewed, selective process. The AHW REP strategic component uses a two-stage application process, beginning with a letter of intent that requires applicants to list specific objectives for their proposed project. If the letter of intent is approved by the AHW Research and Education Advisory Committee, MCW requires applicants to complete a full application, which includes a description of goals, objectives and a detailed budget, as well as information on collaboration, transformation, and evaluation. The invitation-based, strategic funds reflect an intentional focus on program development in a manner that provides maximum return on investment for AHW so as to improve the health of Wisconsin. Leveraged funding generally results from a peer-review process in a highly competitive environment, and MCW has been very successful in leveraging additional funds through its AHW-funded research initiatives.

In addition, several AHW-funded research initiatives use RFP-based funding opportunities to enhance development of new research collaborations and pilot ideas. For example, a portion of the AHW Clinical and Translational Science Institute funding is distributed through an RFP-based, peer-reviewed funding opportunity to support multi-institutional collaborations in translational research.

- We would like to clarify that MCW maintains separate accounts for the 65 percent designated for medical education and research projects and the 35 percent designated for public health projects consistent with the Order of the Commissioner of Insurance. In any given year, the amounts awarded and expended for medical education and research projects and for public health projects will be at a variable rate and so, do not necessarily reflect the 65-35 split. However, the AHW Endowment investments are managed in separate accounts that maintain the 65-35 allocation.

Closing Remarks. Thank you for the opportunity to comment on the final audit. We affirm that the Legislative Audit Bureau found MCW to be in compliance with the established requirements for awarding and monitoring funding, and the audit found no evidence of supplanting. We will work to review carefully and improve our programs and processes in our effort to continue as good stewards of these funds. We are committed to ongoing improvement based on public feedback, and we will continue to work in partnership with the community on our shared journey of making Wisconsin a healthier state.

Sincerely,



John R. Raymond, Sr., MD
President and CEO
Medical College of Wisconsin



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

August 6, 2015

Joe Chrisman
State Auditor
Wisconsin State Legislature
Legislative Audit Bureau
22 E. Mifflin Street, Suite 500
Madison, WI 53703

Dear Mr. Chrisman:

On behalf of the UW School of Medicine and Public Health, I want to thank you for the opportunity to respond to the Legislative Audit Bureau's comprehensive program and financial audits of the Wisconsin Partnership Program. Our response includes: background information, an update on our strategic initiatives addressing obesity prevention and infant mortality disparities, future directions, and our response to the audit findings and recommendations.

BACKGROUND

One of the most valued bedrock principles of the University of Wisconsin is the Wisconsin Idea—that the UW educational system influences people's lives beyond the boundaries of the classroom. At the University of Wisconsin School of Medicine and Public Health (UW SMPH), this principle is paramount in guiding its mission, vision and values. The Wisconsin Partnership Program's (WPP's) efforts are similarly focused with a reach far beyond classrooms and research laboratories in support of the school's mission with the overall goal of improving the health of the people and communities in our state.

The WPP endowment, created in 2004 when Blue Cross & Blue Shield United of Wisconsin converted to a stock insurance corporation, provides resources that enable the school, in partnership with communities across our state, to tackle some of our most challenging health issues. Since its inception in 2004, the WPP—through the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC)—has awarded approximately \$175 million in support of community-academic partnerships; innovative education and training for students, fellows and the public health workforce; as well as basic, clinical, translational and applied public health research. WPP grantees have been remarkably successful in competing for additional funding to continue their projects with over \$258 million leveraged through federal and state funding and foundation support.

The Wisconsin Partnership Program—exemplified through grant programs such as those highlighted below—impacts the health, well-being and health equity of Wisconsin communities in the following ways:

Innovation through new collaborations and partnerships

- Survey of the Health of Wisconsin
- Wisconsin Obesity Prevention Initiative
- Implementing the Healthy Activities Partnership Program for Latino Youth

Development of new educational models uniting public health and medicine

- Master of Public Health Program
- Transforming Medical Education
- Wisconsin Academy for Rural Medicine

Creation of research and discovery

- Genetic Susceptibility to Infection in Wisconsin Hmong
- Personalizing Therapy of Women with Polyploid Breast Cancers
- Exploring Cross-Species Transmission of Influenza Virus

Translation and dissemination of knowledge

- Institute for Clinical and Translational Research
- Cultivating Childhood Wellness through Gardening: The Wisconsin School Garden Initiative
- Bringing Health Aging to Scale: Improving Capacity to Implement and Sustain Evidence-Based Prevention Programs for Older Adults

Expansion of community capacity to address health challenges

- Healthy Wisconsin Leadership Institute
- Wisconsin Population Health Service Fellowship
- Wisconsin Health Equity Alliance: Driving Policy Change to Improve Health in Wisconsin

JOINT FUNDING FOR GREATER IMPACT

Bringing together the resources of the OAC and the PERC is a priority of both committees and reflects their shared purpose to improve health and reduce health disparities. Each committee brings a different perspective and approach to the state's most challenging health issues. To date, the OAC and the PERC have funded two strategic initiatives: the Lifecourse Initiative for Healthy Families and the Wisconsin Obesity Prevention Initiative.

Lifecourse Initiative for Healthy Families

In 2009, the OAC established the Lifecourse Initiative for Healthy Families to address the dramatic disparities in birth outcomes for African Americans in Beloit, Kenosha, Milwaukee and Racine, which account for 90 percent of African-American infant deaths in Wisconsin. The "lifecourse" perspective holds that the stresses an individual encounters through environmental factors, economic conditions, societal problems and personal circumstances have lasting implications and impact on health. Through this initiative, community collaboratives in each of the cities seek to improve African American birth outcomes by improving health care and strengthening families and communities by addressing social and economic inequities. The PERC became the OAC's partner in advancing the Lifecourse Initiative through the appointment of a maternal and child health expert, Deborah Ehrental, MD, MPH, associate professor of obstetrics and gynecology and population health. Dr. Ehrental provides faculty leadership, bringing together health care providers and public health leaders, and engaging community leaders and other stakeholders in a coordinated effort through research, education and community partnerships.

Wisconsin Obesity Prevention Initiative

In 2013, the PERC began planning a new targeted initiative to address obesity prevention and in 2014 launched the Wisconsin Obesity Prevention Initiative. PERC funding supports the infrastructure needed to build strategic alignment among government entities, communities, researchers, advocates, non-profit organizations and businesses already working on this issue. Funding is also being used to develop a childhood obesity surveillance system and create statewide messaging. Alexandra Adams, MD, professor of family medicine, is the grant's principal investigator and leads a team of faculty and community investigators. In collaboration with health officials in Marathon and Menominee counties, researchers are using complementary funding from the OAC to test and implement a community-based model for childhood obesity prevention.

Lessons learned through both the Lifecourse and Obesity Prevention initiatives have informed approaches that now help guide how the WPP makes awards through its other grant making practices.

FUTURE DIRECTIONS

Learning from WPP-funded programs that have successfully led to policy, systems and environmental change, the WPP has become more strategic with regard to grant-making—requiring community-academic partnerships to come to the table with more developed ideas, collaborations and capacity. This will offer a stronger opportunity to effectively address large scale health challenges and have a sustained impact on health, well-being and health equity.

With the implementation of the 2014-2019 Five-Year Plan, the WPP through the OAC has shifted its focus from funding individual programs implemented by single organizations, toward supporting robust, collaborative, evidence-based efforts that have greater promise for sustainable impact in addressing our state's entrenched public health problems.

RESPONSE TO AUDIT FINDINGS AND RECOMMENDATIONS

The Legislative Audit Bureau (LAB) report shows the WPP has generally complied with the requirements established for awarding and monitoring grant funds and the audit found no evidence of supplanting. The report indicated:

- Grantees generally complied with program requirements. For example, all of the required progress reports from the 20 projects selected for review had been submitted and included all required materials.
- In response to the recommendation in the LAB's 2010 report, the WPP took steps to ensure that all project proposals included clear and specific objectives. All 20 projects reviewed by the LAB submitted all required application materials and had clear and specific objectives.
- All 20 grantees interviewed expressed satisfaction with their experiences interacting with the WPP staff. Principal investigators indicated that the PERC members were productively engaged in the application and award process. Primary community and academic partners described the application and reporting processes as straightforward and easy to understand.
- In response to the LAB's 2010 report, the WPP requires grantees to discuss proposed changes prior to modifying a project's work plan. All OAC and PERC projects which made changes had received formal prior approval.

Legislative Audit Bureau Recommendations

LAB Report: We recommend the Wisconsin United for Health Foundation, Inc. consider:

- The extent to which its meetings serve as public forums to receive comments on the Medical College of Wisconsin (MCW) and UW endowment programs that would not otherwise be available to interested organizations and individuals;
- The value added to the endowment programs through the Foundation's involvement as an external observer, including the value of raising questions with MCW and UW officials; and
- The relative impact the dissolution of the Foundation would have on the financial status of the endowment programs compared with the ongoing value that would be provided through its continued operation.

Response: The Wisconsin United for Health Foundation, Inc. (WUHF) has served an important role in the development of the WPP through its advice and counsel during the Program's evolution.

LAB Report: We recommend that the UW School of Medicine and Public Health:

- Annually communicate to all grantees in writing that indirect costs should not be claimed and are not eligible for reimbursement;
- Enhance its efforts in reviewing claims for reimbursement to ensure that it does not provide reimbursement for indirect costs; and
- Work to help ensure documentation remains available for at least five years after the submission of a final invoice for grant expenditures made by organizations that dissolve or merge with other organizations.

Response: The WPP has already taken steps to implement these recommendations. It has been the practice of the WPP to hold an orientation meeting with each grantee to review the grant requirements. Beginning in August 2015, we will institute a new requirement that all grantees meet separately with our accountant to focus exclusively on financial policies, budgeting and reporting requirements; this will complement the standard orientation meetings with program officers. The LAB-mentioned recommendations regarding indirect costs, financial status reports, and document retention will be specific agenda items addressed at each of these meetings, along with other program requirements.

The WPP recently extended the period of time for records retention by grantees from five to seven years. This change has been incorporated into our Memorandum of Understanding. Additionally, the WPP will institute a new requirement of grantees that they notify the Program prior to formal actions to dissolve or merge, whenever possible.

All grantees will also receive a formal document outlining and describing the WPP's financial policies along with the Memorandum of Understanding. Moreover, the WPP will add a link on the Financial Status Report to our policy on allowable and non-allowable expenses.

In addition, the Program now requires grantees to submit general ledgers as well as invoices when requesting reimbursement. Our accountant is responsible for reviewing all ledgers and invoices to ensure claims are for allowable costs only.

LAB Report: We recommend that UW School of Medicine and Public Health electronically record all site visits that it conducts, as required by its policies.

Response: WPP staff are currently working with UW SMPH information technology specialists to update our grants management database to include a reporting section specific to program officer site visits.

Items Requiring Clarification

The Wisconsin Partnership Program would like to comment on the following items identified in the LAB Report.

- The UW SMPH will use non-state dollars to reimburse the WPP endowment \$24,807—the total of the UW SMPH expenditures which were noted in the LAB Report as either inadequately documented or unallowable. It is important to note that of the 20 selected grants which totaled \$22.8 million in expenditures, only \$24,807 was noted to be either inadequately documented or unallowable. This amount totals only 0.1 percent of the expenditures reviewed.
- The UW SMPH would like to clarify that separate accounts are maintained for the 65 percent designated for medical education and research projects and the 35 percent designated for public health projects in accordance with the Insurance Commissioner’s Order. In any given year, the OAC or the PERC may award a greater percentage of awards, but the amount of funds available annually to each committee will remain 35/65. Over time, awards and actual expenditures will mirror the allocation percentages. To ensure understanding of the allocation of funds and the relationship to the 35/65 ratio, the WPP will include an explanation in future annual reports.
- The UW SMPH would like to clarify the LAB’s description of “competitive” vs. “noncompetitive grants” or “grants not requiring a competitive application.” Use of the term “noncompetitive” may create an incorrect assumption about proposals that are submitted in response to a request for application rather than a request for proposals. Such requested applications are in fact judged with the same rigor as the “competitive programs.” All PERC applicants, regardless of type of program, must complete a detailed application which includes the following:
 - Proposal abstract and a statement about the relevance of the project to improvements in health and health care, including alignment with the mission and vision of the WPP;
 - Detailed narrative on the specific aims, approaches, expected outcomes and evaluation methodology; and
 - Detailed budget along with a narrative describing the budget categories.

The application instructions list the programmatic requirements and include: eligibility, funding guidelines, scope of funding, review criteria, compliance documentation and expectations of successful applicants to submit reports, and compliance with the responsibilities as described in the Memorandum of Understanding.

Strategic proposals are subject to a rigorous review process. Each is judged separately by the PERC through an extensive application process, a formal presentation to the committee, questioning of the applicant, and, frequently, revisions to the application. Monitoring of these programs is equally rigorous, requiring annual progress and financial reports, along with an annual appearance before the committee.

Unfortunately, the term “noncompetitive” has a negative connotation when used to describe a grant application, i.e., it may be misinterpreted to mean an application is not worthy of funding. This is certainly not the case for the strategic grants awarded by the PERC due to the strategic importance and impact of these grants and the careful vetting and review of the strengths of grant applications. Strategic grants are competitive in the sense that awards are made only to those rated as highly meritorious proposals by peer review.

- As the LAB Report indicates, the vast majority of grants that the OAC awards are in lock-step with external reviewers, as reviewers are carefully chosen for their expertise, experience and insight into a given proposal's topic. In rare instances, the OAC will consider applications that are strong and meritorious, but were not the highest scored, in order to ensure that the WPP fulfills its promise to invest in a diverse and balanced public health portfolio. However, in these instances, WPP staff agree that the committee's deliberations should be sufficiently detailed such that anyone interested can fully understand the basis of this decision. Extra care will be taken in future meetings to allow for this transparency in the minutes.
- Community-academic partnerships have always been and will continue to be an essential element of the WPP's funding priorities. It is from joint collaboration—both community-based and university expertise—that significant evidence-based results and far-reaching impacts emerge.

Funding that supports the academic side of the community-academic partnership is discussed and determined collaboratively. When asked by community organizations or academic partners, "What percentage support should we allocate for the academic components of the budget?" WPP staff respond that this determination is dependent on the needs of the proposed initiative and the agreements made about the funding necessary to support the work.

Some of the salaries and fringe benefits of UW faculty and staff are related to core programming supported by the WPP, such as the Healthy Wisconsin Leadership Institute (HWLI) and the Population Health Service Fellowship program. The HWLI mission is to build the leadership capacity and public health skills of local Wisconsin communities across the state. Their small staff works hand-in-hand with communities, providing them with accessible public and community health leadership training, and education and technical assistance to support local agendas for community health improvement at no cost.

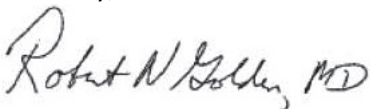
The Population Health Service Fellowship program extends the school's reach beyond campus by placing early-career public health professionals in local communities at no cost to the organization to address a wide range of challenging health issues. More than 30 local and state health departments and community organizations across Wisconsin have benefitted from the contributions of 50 fellows since the program began in 2004. The OAC offers communities "direct assistance" by assigning Population Health Fellows to statewide and community-based agencies. Direct assistance is a financial assistance mechanism that is primarily used to support payroll and travel expenses of UW employees assigned to state, tribal, local and other community-based agencies. This form of assistance is modeled after the Centers for Disease Control and Prevention's program of direct assistance in lieu of grants.

CONCLUDING REMARKS

We appreciate the opportunity to respond to the audit report, and we agree with the LAB's recommendations for improvement. As noted above, we have already started to incorporate these recommendations into our work process. They will be important to the continuing evolution of the Program and will strengthen commitment to our stewardship responsibility.

The Wisconsin Partnership Program provides an extraordinary opportunity for bridging the expertise of community organizations with that of the university to benefit communities across the state. Together, in partnership with communities and the Medical College of Wisconsin, we can make a difference in the lives of the people of Wisconsin.

Sincerely,



Robert N. Golden, MD
Robert Turell Professor in Medical Leadership
Dean, School of Medicine and Public Health
Vice Chancellor for Medical Affairs

cc: Paul Stuiber, Deputy State Auditor