Report 10-6
May 2010

An Evaluation

Medical Education, Research, and Public Health Grants

Medical College of Wisconsin
UW School of Medicine and Public Health

2009-2010 Joint Legislative Audit Committee Members

Senate Members:	Assembly Members:
Kathleen Vinehout, Co-chairperson	Peter Barca, Co-chairperson
Robert Jauch	Andy Jorgensen
Mark Miller	Mark Pocan
Robert Cowles	Bill Kramer
Mary Lazich	Samantha Kerkman

LEGISLATIVE AUDIT BUREAU

The Bureau is a nonpartisan legislative service agency responsible for conducting financial and program evaluation audits of state agencies. The Bureau's purpose is to provide assurance to the Legislature that financial transactions and management decisions are made effectively, efficiently, and in compliance with state law and that state agencies carry out the policies of the Legislature and the Governor. Audit Bureau reports typically contain reviews of financial transactions, analyses of agency performance or public policy issues, conclusions regarding the causes of problems found, and recommendations for improvement.

Reports are submitted to the Joint Legislative Audit Committee and made available to other committees of the Legislature and to the public. The Audit Committee may arrange public hearings on the issues identified in a report and may introduce legislation in response to the audit recommendations. However, the findings, conclusions, and recommendations in the report are those of the Legislative Audit Bureau. For more information, write the Bureau at 22 E. Mifflin Street, Suite 500, Madison, WI 53703, call (608) 266-2818, or send e-mail to leg.audit.info@legis.wisconsin.gov. Electronic copies of current reports are available at www.legis.wisconsin.gov/lab.

State Auditor – Janice Mueller

Audit Prepared by

Paul Stuiber, *Deputy State Auditor and Contact Person*
Shelby McCulley
Elizabeth Drilias
Brian Geib
Justin Martin
Jennie Mauer
Timothy Steiner

Director of Publications – Jeanne Thieme
Report Design and Production – Susan Skowronski

CONTENTS

STATE OF WISCONSIN
Legislative Audit Bureau

22 East Mifflin Street, Suite 500
Madison, Wisconsin 53703
(608) 266-2818
Fax (608) 267-0410
www.legis.wisconsin.gov/lab

Janice Mueller
State Auditor

May 12, 2010

Senator Kathleen Vinehout and
Representative Peter Barca, Co-chairpersons
Joint Legislative Audit Committee
State Capitol
Madison, Wisconsin 53702

Mr. T. Michael Bolger, President and CEO
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, Wisconsin 53226

Dr. Robert N. Golden, Dean
University of Wisconsin School of Medicine and Public Health
Health Sciences Learning Center
750 Highland Avenue
Madison, Wisconsin 53705

Dear Senator Vinehout, Representative Barca, Mr. Bolger, and Dr. Golden:

We have completed an evaluation of public health programs and medical education and research initiatives established by the Medical College of Wisconsin and the University of Wisconsin (UW) School of Medicine and Public Health. The schools established these programs and initiatives 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 requirements in a March 2000 order by the Commissioner of Insurance.

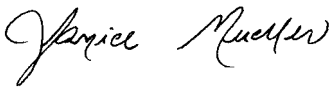
The Commissioner's order divided the funds equally and restricted their use to medical education and research and public health initiatives. From December 2003 through December 2007, a total of $630.4 million was transferred to permanent endowments managed separately by each school. Through December 31, 2008, the Medical College expended $32.1 million and the UW School of Medicine and Public Health expended $44.1 million on grants and administration.

Both schools have generally complied with the requirements they established for awarding and monitoring their funding, and we found that most grantees met the objectives described in their proposals. However, there were some exceptions, and we include recommendations for the schools to improve grant management and oversight. We also identified policy issues for their consideration, including possible changes to the conflict-of-interest policies for the committees

that award some funds at each school and the need to continue careful monitoring of endowment balances. We also suggest the Commissioner of Insurance consider clarifying the definition of supplanting, the degree to which medical education and research funds may be allocated by the schools' Deans on a noncompetitive basis, and the extent to which the schools should directly expend public health funding rather than award it to community-based programs administered by other entities.

We appreciate the courtesy and cooperation extended to us by the schools and grantees as we conducted this evaluation. Results of our in-depth review of 40 individual projects funded by each school are summarized in a separate document (report 10-7). The schools' responses to our evaluation follow the appendices.

Respectfully submitted,



Janice Mueller
State Auditor

JM/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 ordered to use 65.0 percent of the funds for medical education and research, and 35.0 percent for public health projects.

Both schools generally complied with requirements for awarding and monitoring their grant funding.

Guidance from the Commissioner of Insurance could help clarify certain policy issues.

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 not-for-profit hospital service insurance corporation to a for-profit, publicly held stock insurance corporation and provided $630.4 million to endowments held by the Medical College of Wisconsin and the University of Wisconsin (UW) School of Medicine and Public Health. The order specified that 65.0 percent of funds be used for medical education and research and 35.0 percent be spent for public health initiatives.

The Commissioner's order required that each school obtain a program evaluation every five years. At the request of the Commissioner and both schools, we conducted the first of these evaluations by analyzing:

- provisions of the Commissioner's order;
- oversight of the programs by the Wisconsin United for Health Foundation and the Commissioner of Insurance;
- each school's process for awarding grants;
- the adequacy and effectiveness of the schools' efforts to monitor and oversee grantees;
- the extent to which grantees achieved their objectives; and
- policy issues related to the use of funds in the programs' first years.

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

Program Establishment and Oversight

Wisconsin United for Health Foundation was established by order of the Commissioner of Insurance to receive the proceeds of the conversion and distribute the funds to the two medical schools after reviewing and approving each school's spending plans. Reviews and approvals occurred in March 2004.

The Foundation had formal oversight and enforcement authority during the implementation period. Currently, it serves as a forum for public information and comment.

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

The schools' endowments conserve most of their principal and use investment income to fund projects. Endowment balances increased from 2004 through 2007 but decreased in 2008 because of the economic downturn. They regained some value in 2009.

At the end of 2009, the Medical College had an endowment balance of $340.1 million, while the UW School of Medicine and Public Health had an endowment balance of $325.1 million.

From program inception through December 31, 2008, the Medical College spent $32.1 million, as shown in Table 1, while the UW School of Medicine and Public Health spent $44.1 million.

Table 1

Expenditures
Through December 31, 2008
(in millions)

	Medical College	UW
Medical Education and Research Grants	$17.4	$26.7
Public Health Grants	11.6	14.5
Program Administration	3.1	2.9
Total	**$32.1**	**$44.1**

Grant Application and Awards

From 2004 through 2008, 396 projects were awarded grant funding. We reviewed a diverse sample of 20 medical education and research projects and 20 public health projects funded by each school. Results are summarized in a separate document (report 10-7).

In our review of the application and award procedures, we found that most applications included the required materials. However, the proposed objectives for 14 of the 80 grants we reviewed were unclear or appeared to be overly ambitious. For example:

- one Medical College project that was awarded $242,600 had two broad goals—providing mental health educational services to providers and to consumers—but the grant application did not cite more specific objectives for the services to be provided; and

- a UW project was awarded $450,000 to fund implementation of a home visitation program for low-income families, but the grant application did not detail the types of activities and services to be provided.

Improving the schools' application review procedures could help to ensure that program funds are awarded to applicants whose objectives are clear and realistic.

Monitoring and Oversight

Both schools oversee their grants primarily by requiring grantees to submit periodic progress reports. We identified 6 instances in which the submitted reports did not include sufficient information to determine their progress and 18 instances in which grantees modified their projects' objectives or activities, typically without formal approval or acknowledgment by the schools.

For example, one UW project that was awarded $299,800 collected information instead of creating a new electronic database of student health information, and a Medical College project that was awarded $50,000 intends to conduct case studies of a sample of participating companies instead of a comprehensive evaluation of those companies' wellness programs.

Achieving Project Outcomes

We analyzed the activities of the 80 projects we selected for review to determine whether grantees had achieved the objectives included in their original grant proposals. We found that 46 of the 80 grants achieved all or most of their objectives or appear likely to do so by the end of their grant periods. For example:

- one Medical College education project that was awarded $105,000 achieved all of its objectives related to developing and promoting a consumer Web site with information on how to find quality health care information on the Internet; and

- a UW public health project that was awarded $49,700 achieved all of its objectives and trained 270 teachers and child care providers to plan and maintain vegetable gardens, resulting in the establishment of 68 new gardens that served 1,100 children statewide.

However, 5 of the 80 projects we reviewed either met few of their objectives or are at risk of not meeting them, including:

- a $450,000 Medical College public health project to address the prevention and reduction of obesity that did not develop a community action plan, conduct any of its proposed evaluations, or report on most of its objectives; and

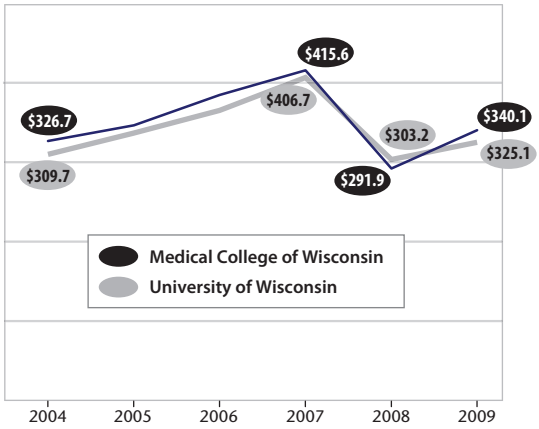
- a $25,000 UW public health planning project that did not complete its primary goal of developing a strategic plan for an organization of family caregivers, nor did it apply for grants to continue support of the organization.

Future Considerations

Both schools have carefully monitored their endowment balances, which are shown in Figure 1.

Figure 1

Endowment Balances[1]
(in millions)



[1] As of December 31 of each year.

As the values of their endowments declined, both schools reduced funding for existing grants and the number of grants they awarded in 2008. However, continued monitoring of endowment balances will be important, as will monitoring of the schools' conflict-of-interest policies.

We reviewed conflict-of-interest policies for each school's oversight and advisory committee. The policies in place at the time of our review did not clearly require committee members to abstain from voting on projects proposed by organizations that employed them or with which they had other financial relationships. The policies also did not require oversight and advisory committee members to absent themselves during deliberations on proposals by these organizations.

We also identified several policy issues for which the March 2000 order by the Commissioner of Insurance offered limited guidance. These issues could be addressed by the Commissioner in cooperation with the Foundation and the two schools:

- clarifying the allowable uses of medical education and research funds;
- 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 expend directly.

Recommendations

Our report includes recommendations for the Medical College of Wisconsin and the University of Wisconsin School of Medicine and Public Health to:

- ☑ ensure that project proposals include clear objectives before funds are awarded (*pp. 24, 38, 61, and 72*);
- ☑ improve project monitoring, including clarifying when grantees must notify program staff of modifications to project objectives (*pp. 27, 40, and 75*);
- ☑ ensure that grant applicants disclose all external funding on their supplanting forms (*pp. 50 and 83*); and
- ☑ clarify conflict-of-interest policies (*p. 88*).

In addition, we recommend that:

- ☑ the Medical College of Wisconsin include its unallowable cost policy in the guidelines for medical education and research grants (*p. 21*); and
- ☑ the Commissioner of Insurance work with the Foundation and both medical schools to clarify several policy issues in order to ensure that funds are spent in a manner that is consistent with the intent of the order (*p. 93*).

■ ■ ■ ■

Introduction

In June 1999, Blue Cross Blue Shield United of Wisconsin filed an application under s. 613.75, Wis. Stats., to convert from a not-for-profit hospital service membership corporation to a for-profit publicly held stock insurance corporation. After a series of public hearings, the Commissioner of Insurance issued an order on March 28, 2000, requiring:

- that proceeds from the conversion be split equally between the Medical College of Wisconsin and what is now the UW School of Medicine and Public Health;
- that 35.0 percent of each school's conversion funds be spent on public health initiatives, including community-based initiatives;
- that the remaining 65.0 percent of each school's conversion funds be spent on medical education and research;
- that each school create a committee to oversee the public health component of its program and serve as an advisor on the medical education and research component;
- that each school submit comprehensive five-year plans, annual reports, and periodic program evaluations and financial audits of its use of the conversion funds; and
- that the schools ensure the conversion funds are not used to supplant other resources.

The Commissioner's order also established the Wisconsin United for Health Foundation to receive proceeds from the conversion and transfer them to each school after approving its initial five-year plan, as well as to receive and review the schools' first three annual reports. Although the Foundation's oversight responsibilities have diminished over time, it continues to provide a forum for public comment on the schools' programs. Appendix 1 lists the Foundation's members as of April 2010.

Both medical schools established their oversight committees, staffed their programs, and developed their initial five-year plans from 2001 through 2003. In December 2003, the Foundation divided $591.6 million in stock and cash proceeds from the conversion and placed equal amounts into revocable trusts it had established to hold each school's share until its five-year plan was approved. Each school invested and managed its own assets held in trust.

From March 2004 through December 2007, $630.4 million was transferred to the schools' endowments.

In March 2004, the Foundation approved both schools' initial five-year plans and transferred all funds from the revocable trusts to the schools' endowments. At that time, the value of the Medical College's endowment was $303.3 million and the value of the UW School of Medicine and Public Health's endowment was $296.6 million, as shown in Table 2. The difference reflects differences in investment results. 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.

Table 2

Conversion Endowments[1]
(in millions)

	Date	Medical College	UW School of Medicine and Public Health	Total
Deposit to Revocable Trusts[2]	December 2003	$295.8	$295.8	$591.6
Investment Earnings of Deposit Held in Trust[3]	December 2003–March 2004	7.6	0.8	8.4
Initial Transfer from Revocable Trust to Endowment	March 2004	303.3	296.6	599.9
Subsequent Transfer from Foundation to Endowment	December 2007	15.2	15.2	30.5
Total Transferred to Endowment	**March 2004–December 2007**	**$318.6**	**$311.8**	**$630.4**

[1] Totals may not sum because of rounding.

[2] Includes cash and estimated value of stock as of December 2003.

[3] Differences reflect differences in investment results.

Every five years, the schools are required to obtain independent program evaluations and financial audits by either the Legislative Audit Bureau or a firm approved by the Commissioner of Insurance. This report includes the required program evaluation for both the Medical College and the UW School of Medicine and Public Health. The UW School of Medicine and Public Health also contracted with the Audit Bureau for its financial audit, which was released in August 2009 along with a financial examination of the UW Foundation conducted by Grant Thornton LLP. With the Commissioner's approval, the Medical College contracted with KPMG LLP for its financial audit, which was released in October 2008.

In conducting this evaluation, we:

- interviewed officials and staff at each school, as well as other interested parties and organizations;
- reviewed each program's administrative structure, policies, and procedures;
- analyzed financial data related to endowments and program expenditures through December 31, 2008; and
- conducted an in-depth review of 40 projects funded by each school to assess grantees' compliance with program requirements, use of program funds, and success in meeting the objectives outlined in their proposals.

We reviewed a diverse sample of 20 public health projects and 20 medical education and research projects funded by each school.

We selected a diverse sample of 20 public health projects and 20 medical education and research projects funded by each school, based on how the grants were awarded, the level of funding provided, the topic or target population, and the grantee's location. We analyzed application materials, progress reports, and financial data in project files; interviewed the grantees; and requested additional information to verify and assess their activities and expenditures. All of the projects we reviewed were awarded grants during the first four years of each school's first five-year plan. Some of the projects were not yet complete, but all had been active long enough for us to evaluate progress.

Wisconsin United for Health Foundation

The Wisconsin United for Health Foundation was established by order of the Commissioner of Insurance and is required to include one public member who is a statewide healthcare advocate, one who is active in a minority community, and at least two who have investment or

management backgrounds, as well as two representatives of each of the schools. To avoid a conflict of interest, the schools' representatives did not discuss or vote on issues pertaining to acceptance of the five-year plans or distribution of funds from the Foundation to the schools. As the schools' first three annual reports were approved, limits the Foundation had imposed on their ability to spend income from their endowments were gradually lifted, and the Foundation began to receive annual reports for informational purposes only.

The March 2000 order of the Commissioner of Insurance that created the Foundation does not specify how long it is to remain in existence, although the Commissioner had originally envisioned disbanding it after approximately five years. The current Commissioner believes that a role remains for the Foundation as a forum for public information and comment on the schools' programs, even without formal oversight responsibilities or enforcement authority. In September 2007, after receiving testimony from the Commissioner, representatives of both schools, and others, the Foundation voted to "perform such functions as may be necessary or appropriate" under its articles of incorporation and the Commissioner's order.

As of December 31, 2008, the Foundation retained approximately $4.4 million.

The Foundation met ten times from 2005 through 2008. As of December 31, 2008, it retained approximately $4.4 million in assets from earnings from the investment of the conversion proceeds before they were transferred to the schools' endowments. As shown in Table 3, its expenditures had decreased to $152,500 by 2008. The Foundation does not have any full-time staff; it contracts with professional firms for the legal, investment, and administrative services that make up the majority of its expenses.

Table 3

Wisconsin United for Health Foundation Administrative Expenditures

	2001	2002	2003	2004	2005	2006	2007	2008
Legal Services	$221,500	$349,000	$291,100	$164,600	$120,300	$105,300	$ 88,500	$ 83,900
Administrative Assistance	12,600	19,400	20,700	9,300	1,900	0	0	0
Investment Services	102,300	100,000	54,400	0	0	0	0	0
Board Expenses	63,200	96,100	118,100	37,200	20,600	28,900	27,800	31,800
Chairman Fees	0	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Other Expenses[1]	18,600	27,700	42,700	41,200	33,900	27,000	32,300	26,800
Total[2]	**$418,200**	**$602,100**	**$536,900**	**$262,300**	**$186,800**	**$171,200**	**$158,600**	**$152,500**

[1] Includes insurance, audit, and bank fee expenses.

[2] Totals may not sum because of rounding.

Medical College of Wisconsin

The Medical College of Wisconsin's conversion endowment program is known as Advancing a Healthier Wisconsin. We reviewed that program's activities from its inception in 2004 through the end of 2008, including administrative activities and grants awarded for medical education and research projects and for public health projects. Our project reviews analyzed:

- the grant application and awards process;
- monitoring and oversight of grantees;
- the extent to which grantees met their objectives; and
- compliance with the prohibition on the use of conversion funds to supplant other sources of funding.

Program Overview

The Medical College's Board of Trustees has overall authority for the Advancing a Healthier Wisconsin program, including the final approval of grant awards, five-year plans, and annual reports. However, two entities facilitate these activities: the Research and Education Advisory Committee and the Consortium on Public and Community Health, Inc.

The Research and Education Advisory Committee includes the Dean, the Senior Vice President, senior associate deans, and additional faculty as necessary. The Committee advises the Dean on funding recommendations to the Board of Trustees and continuing oversight of medical education and research activities that are funded by the Medical College's 65.0 percent allocation for medical education and research projects.

The Medical College's Consortium oversees the 35.0 percent of funds allocated for public health projects.

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

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

Members other than the Insurance Commissioner's appointee are appointed by the Medical College's Board of Trustees. Appendix 2 lists the Consortium Board of Directors as of September 2009.

Endowment Balances and Expenditures

The Advancing a Healthier Wisconsin endowment is held by the Medical College with its other endowed funds and managed according to investment policy guidelines that call for a diversified allocation of assets including a mix of stocks, bonds, and other investments. Separate investment allocation and accounting records are maintained for the 65.0 percent designated for medical education and research and the 35.0 percent designated for public health.

The Advancing a Healthier Wisconsin endowment was valued at $291.9 million as of December 31, 2008.

As shown in Table 4, the value of the total endowment increased from $326.7 million in 2004 to $415.6 million in 2007, then declined to $291.9 million at the end of 2008 because of the economic downturn. When the endowment was created, $30.0 million was made available for grant awards and program administration. In addition, each year a portion of earnings is made available for expenditure based on guidelines that consider current returns and available account balances. Until 2008, that portion was between 3.0 percent and 7.0 percent of the endowment's balance. In late 2008, however, expected spending was reduced to only 1.5 percent to

2.0 percent of the endowment's balance because of the decline in the endowment's value.

Table 4

Advancing a Healthier Wisconsin Endowment Balances
(in millions)

Calendar Year[1]	Endowment Balance	Change from Previous Year
2004	$326.7	–
2005	346.5	6.1%
2006	384.5	11.0
2007[2]	415.6	8.1
2008	291.9	(29.8)

[1] As of December 31 of each year.

[2] Includes $15.2 million in additional funds received from the Foundation in December 2007.

Program expenditures from 2004 through 2008 totaled $32.1 million.

As shown in Table 5, program expenditures totaled $32.1 million from 2004 through 2008, of which 54.2 percent was for medical education and research grants and 36.1 percent was for public health grants. Expenditures in both areas increased steadily over the five-year period, in part because many grants are awarded for a period of more than one year. Program administration expenditures totaled $3.1 million and represented 9.7 percent of the total for the five-year period.

Table 5

Advancing a Healthier Wisconsin Expenditures
Through December 31, 2008

	Amount (in millions)	Percentage of Total
Medical Education and Research Grants	$17.4	54.2%
Public Health Grants	11.6	36.1
Program Administration	3.1	9.7
Total	**$32.1**	**100.0%**

Table 6 shows the program's outstanding financial commitments as of December 31, 2008. From 2004 through 2008, a total of $70.3 million in grants was awarded, but only $29.0 million had been spent. In late 2008, in response to the decline in the endowment's balance, the Medical College reduced outstanding award amounts by $7.4 million, which represented reductions of between 10.0 and 30.0 percent of the unexpended balance of most previously awarded grants. In addition, from 2004 through 2008 $1.5 million was lapsed to the program from grantees who did not spend all of their grant funds. The balance of funds—$32.4 million—was committed but had not yet been spent.

Table 6

Advancing a Healthier Wisconsin Outstanding Commitments[1]
(in millions)

Award Year	Grants Awarded	Grant Expenditures[2]	Lapsed[2]	Reductions	Amount Remaining to be Spent
2004	$ 8.6	$ 8.0	$0.4	<$0.1	$ 0.2
2005	16.1	9.2	1.0	1.2	4.6
2006	18.0	8.0	<0.1	2.2	7.7
2007	26.7	3.7	<0.1	3.9	19.1
2008[3]	0.8	0.1	0.0	0.0	0.8
Total	**$70.3**	**$29.0**	**$1.5**	**$7.4**	**$32.4**

[1] Totals may not sum because of rounding.

[2] As of December 31, 2008. Excludes administrative expenditures.

[3] Excludes grants for which the request for proposals was issued in 2008 but awards were not made until 2009.

Administrative Expenditures and Staffing

In 2008, administrative expenditures for public health grants were $715,300.

All of the program's direct administrative expenditures are currently charged to the 35.0 percent allocation for public health, because employees responsible for the public health projects have no responsibility for medical education and research projects. Staff support for administering the medical education and research projects is provided by other Medical College funding sources. As shown in Table 7, administrative expenditures for the program totaled $715,300 in 2008. Personnel expenditures, including salaries and fringe benefits, accounted for 61.5 percent of this total. The Medical College does not charge the program for the administrative costs of managing the endowment, which is held with its other endowment funds.

Table 7

Advancing a Healthier Wisconsin Administrative Expenditures[1]

	2003	2004	2005	2006	2007	2008
Salaries	$102,400	$162,500	$217,400	$278,100	$289,700	$338,400
Fringe Benefits	29,000	47,900	61,800	79,400	85,400	101,700
Travel	1,100	14,300	12,500	31,200	30,200	24,100
Supplies and Services	64,600	371,700	81,500	63,400	68,200	135,400
Consultants and Contracts	0	116,300	30,300	48,800	80,600	115,700
Equipment	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	**$197,100**	**$712,700[2]**	**$403,500**	**$500,900**	**$554,100**	**$715,300**

[1] With the exception of $371,900 in 2004, all administrative staff and direct expenditures were charged to the public health portion of the program. Administrative support for medical education and research is provided by other Medical College funding sources.

[2] Includes $371,900 in expenses for establishing the endowment, including $92,100 for consultants and contracts and $279,800 for supplies and services, which were primarily legal fees.

Budgeted staffing levels for administration of public health projects have increased with increases in the number of projects administered. There were 1.6 full-time equivalent (FTE) positions in FY 2002-03, during the program's planning period, and 7.0 FTE positions in FY 2007-08 and FY 2008-09. For 2009, the program was budgeted 7.0 FTE administrative positions: the program director, an assistant director, an administrative coordinator, three program coordinators, and an administrative assistant. Medical College officials reported that in 2009, 2.0 FTE budgeted positions were not filled because of the decline in the endowment's value.

Medical Education and Research Grants

Each year, Advancing a Healthier Wisconsin awards competitive medical education and research grants of up to $150,000 for one to three years, and the Dean awards noncompetitive grants with approval from the Board of Trustees. Noncompetitive grants are intended to support education and research initiatives in areas consistent with both the program's five-year plan and the Medical College's strategic plan. Funding amounts and project lengths for noncompetitive grants vary, although funds are typically committed for three to five years. Through December 2008, individual noncompetitive grant award amounts ranged from $20,000 to $7.3 million.

All projects are required to have a designated principal investigator, who must be a full-time member of the Medical College faculty. Additional faculty members may serve as co-investigators or collaborators. Competitively funded grants may support up to 15.0 percent of an investigator's salary. Noncompetitive grants may fund principal investigators' salaries with no cap.

A competitive application process was used in awarding 26.4 percent of the Medical College's medical education and research funds.

As shown in Table 8, 71 of the 113 medical education and research grants awarded from 2004 through 2008 were awarded through the competitive application process, while 42 grants were awarded noncompetitively. Although more than one-half of all grants were awarded competitively, they represented only 26.4 percent of funds awarded. A fifth request for proposals (RFP) was issued in 2008, but these grants are not included in the table because they made no expenditures in 2008.

Table 8

Medical Education and Research Grants Awarded

	Noncompetitive[1]		Competitive	
Award Year	Number	Amount (in millions)	Number	Amount (in millions)
2004[2]	0	$ 0.0	20	$ 4.6
2005	14	7.6	18	2.6
2006	11	8.2	18	2.7
2007	16	17.1	15	2.2
2008	1	0.8	0	0.0
Total	**42**	**$33.7**	**71**	**$12.1**

[1] Represents grants awarded without an RFP process.

[2] Grants awarded in 2004 were awarded through a competitive review by Medical College senior administrators, rather than through an RFP process.

As shown in Table 9, 82 of the 113 grants awarded were primarily focused on research, while 31 were primarily focused on education. Research grants supported four research priorities identified in the Medical College's initial five-year plan—cardiovascular disease, cancer, genetics, and neuroscience—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 have focused on the development of new degree programs at the Medical College, continuing education for public health and medical professionals and the community at large, and initiatives to improve the education of medical students. Appendix 3 shows all medical education and research grants awarded from 2004 through 2008, including their focus.

Table 9

Medical Education and Research Grants by Focus Area

	Number	Percentage of Total
Research		
Cardiovascular Disease	20	17.7%
Translational Research	20	17.7
Cancer	15	13.3
Genetics	10	8.9
Neuroscience	6	5.3
Biotechnology	6	5.3
Population Health	5	4.4
Subtotal	82	72.6
Education		
Medical Student Education	20	17.7
Continuing or Community Education	8	7.1
New Degree Programs	3	2.6
Subtotal	31	27.4
Total	**113**	**100.0%**

Expenditures

Applicants are required to submit detailed budgets with their applications, and expenditures must be consistent with approved project budgets. In addition, grantees must request approval before reallocating funds across budget categories or extending the period during which funds are spent. Re-budgeting requests must adhere to the original budget guidelines and include a detailed justification.

Expenditures must be directly related to the project and consistent with the proposed project budget.

The RFP issued by the Medical College indicates that grant funds may be used only for direct expenses, and the program's draft award administration manual states that expenditures must be necessary for carrying out an approved project. The Medical College's corporate expenditure policies, which apply to expenditures from all funding sources, require expenditures to be necessary, fiscally prudent, and business-related. However, allowable and unallowable project expenditures are not specifically delineated in Advancing a Healthier Wisconsin program policies, which likewise do not explicitly require expenditures to be reasonable and appropriate. Medical College officials report that an unallowable cost policy will be included in the final revision of the award administration manual.

Expenditures for medical education and research projects are processed through the payroll and accounting systems. Staff expenditures are charged to each project according to time spent. Other expenditures are approved by the principal investigator's department, then forwarded to the Controller's office for payment. Accounting system controls prevent payments when requested amounts exceed those budgeted.

Expenditures for the Medical College's medical education and research projects totaled $17.4 million through December 31, 2008.

Table 10 categorizes the Medical College's $17.4 million in expenditures for medical education and research projects through December 31, 2008.

Table 10

Medical Education and Research Grant Expenditures by Category
Through December 31, 2008

	Amount	Percentage of Total
Salaries	$ 7,168,200	41.2%
Fringe Benefits	2,052,700	11.8
Travel	123,500	0.7
Supplies and Services	3,227,400	18.6
Consultants and Contracts	385,100	2.2
Equipment	4,426,500	25.5
Other	0	0.0
Total	**$17,383,400**	**100.0%**

We conducted a detailed review of expenditures for 20 medical education and research projects.

To further analyze the nature and appropriateness of project expenditures and the oversight of grantees, we reviewed expenditures for a sample of 20 of these projects, which totaled $6.8 million and represented 39.1 percent of all medical education and research expenditures through December 31, 2008. Our review included supporting documentation such as invoices and receipts for more than 200 non-payroll expenditures made by these grantees. We did not review inventory records for equipment purchases exceeding $3,000, because the Medical College reported that KPMG LLC did so as part of its annual financial audit. Report 10-7 includes the original budget and actual expenditures for each of the 20 projects we reviewed.

In general, we found budgeting and expenditure requirements were met. However, the Clinical Research Infrastructure project (award amount: $1.2 million), which provided start-up costs for the Medical College's Clinical and Translational Science Institute, incurred $3,000 in consultant and/or contractual service expenditures that were not included in the project's budget, and the Medical College was unable to provide documentation approving or denying the grantee's request to modify the project budget to pay for $100,100 in additional curriculum development costs.

We identified two questionable expenditures.

We also question the appropriateness of two expenditures by the Clinical and Translational Science Institute (award amount: $7.3 million), which were not necessary to achieve project objectives:

- a $216 alcohol purchase for a wine and cheese reception that preceded a conference; and
- a $218 staff luncheon for eight Medical College employees.

Medical College officials stated that both expenditures are allowable under Medical College policies. However, they chose to reimburse the endowment when we questioned the appropriateness of these expenditures.

Although most expenditures we reviewed were allowable, establishing an unallowable cost policy that provides examples of inappropriate expenditures could help to ensure that grantees clearly understand how funds are to be used and could prevent funds from being used inappropriately.

☑ Recommendation

We recommend the Medical College of Wisconsin distribute its unallowable cost policy to medical education and research grant applicants and grantees to help ensure the appropriate use of grant funds.

Grant Applications and Awards

Awards for both competitive and noncompetitive grants should be based on thorough and well-defined processes that include clear and specific grant objectives. We therefore reviewed the processes for awarding competitive and noncompetitive grants, including award procedures, application requirements, and grant application completeness.

Grant award decisions at the Medical College were generally consistent with reviewers' initial scores.

Competitive research and education grants are awarded through a process that includes issuance of an RFP, a technical review, review and scoring of proposals by Medical College faculty committees, selection of awards by the Dean and the Research and Education Advisory Committee, advice and comment by the Consortium, and final approval by the Board of Trustees. We found that final award decisions were generally consistent with the reviewers' scores.

Proposals for noncompetitive grants are initiated by the Dean or by a request from a principal investigator to the Dean. If the Dean requests or approves submission of a proposal, the principal investigator completes a written application, which is reviewed and approved by the Dean and the Research and Education Advisory Committee. After the Dean's review, the proposal is forwarded to the Controller's office for a budget and supplanting review, to the Consortium for review and comment, and then to the Medical College's Board of Trustees for final approval. Medical College officials reported that the Board of Trustees generally approves the Dean's recommendations.

Since 2009, all research and education grants have been awarded through a noncompetitive process.

In the Advancing a Healthier Wisconsin 2009-2014 five-year plan, the Medical College reported that it would no longer use a competitive RFP process for awarding research and education grants. Instead, all grants will be awarded through a noncompetitive process in which grant proposals are reviewed by the Dean and the Research and Education Advisory Committee, based on compatibility with the five-year plan and with the Medical College's strategic plan. Proposals will also be reviewed by the Controller's office for supplanting and by the Consortium for advice and comment, with final approval of the Dean's recommendations by the Board of Trustees.

Of the 20 projects we reviewed, 9 were competitively awarded and 11 were noncompetitively awarded. Competitive applications included a grant application form, a project abstract, a detailed project proposal that included a description of the project's specific aims and research methods, a project budget, and a non-supplanting form. By contrast, noncompetitive applications typically included only the grant application form, a project budget, and a non-supplanting form. We found that all of the 20 grantees we reviewed submitted the required application materials.

Seventeen of the 20 projects we reviewed identified clear and specific objectives.

In our review of application materials, we found that 17 out of 20 project proposals contained clear and specific objectives. For example:

- the Identification of the Vulnerable Elderly Utilizing the Electronic Health Record project (award amount: $150,000) specified four clearly defined objectives: develop an electronic health record template to screen for various geriatric health conditions, pilot-test the template with Medical College faculty, educate Medical College residents and faculty on the use of the template at two implementation sites, and evaluate the use of the template on elderly patients; and

- the Regeneration of Infarcted Myocardium with Islet 1+ Cells project (award amount: $150,000) specified four clearly defined objectives, such as determining whether a specific type of embryonic stem cell—islet 1+ cells—is superior to other types of stem cells in regenerating damaged heart tissue and, assuming the first objective is confirmed, determining the most appropriate time to transplant islet 1+ cells and the optimal number of cells to transplant.

However, among the three projects without clear and specific objectives:

- the Pharmacogenomics Core Facility (award amount: $510,200) funded general research support services, such as salaries and fringe benefits for laboratory technicians, but did not provide specific objectives for their work, such as the number of research collaborations that the facility hoped to support over the grant period or an estimate of the number of service hours provided for each grant year; and

- the Health, Outreach, Partnering, and Education Initiative (award amount: $242,600) had two broad goals of providing educational services to mental and physical health providers throughout Wisconsin and to consumers of mental health services in Southeastern Wisconsin, but did not cite more specific objectives for the services to be provided.

Two of the three projects without clear and specific objectives were noncompetitively funded.

Two of the three projects without clear and specific objectives were noncompetitively funded. As noted, noncompetitive applications have fewer requirements than competitive applications. In particular, they do not require a project abstract or detailed project proposal. Instead, the noncompetitive applications we reviewed either included a brief description of the project on the grant application form or had attached a separate memo or document describing the project. The adoption of competitive application requirements for noncompetitive applications may better ensure that these projects have clear and specific objectives.

☑ Recommendation

We recommend the Medical College of Wisconsin ensure that all project proposals include clear and specific objectives before awarding funds.

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to ensure that grantees are making progress toward achieving their objectives. The Medical College oversees medical education and research projects primarily through the use of annual progress reports that are reviewed by its staff and officials. We reviewed the 20 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 the projects' objectives.

Grantees are required to submit annual written progress reports, typically by July 31 of each year, with the last progress report serving as a final report. The progress reports are required to contain:

- a description of progress toward the project's expected outcome(s);
- a list of papers and presentations that resulted from the project;
- a list of purchased equipment; and
- a description of how the project relates to Advancing a Healthier Wisconsin and state plans and to goals to improve the health of Wisconsin residents.

The Medical College does not record whether required progress reports have been received on time.

Of the 20 grantees we reviewed, 18 submitted all required progress reports, and 2 were not required to submit progress reports by the time of our review because too little time had passed since they had been awarded funding. We were unable to determine whether reports had been submitted on a timely basis because the reports were usually undated and Medical College staff did not record the dates the progress reports were received.

Of the 18 grantees required to submit progress reports by the time of our review, 16 provided enough information to assess their progress in at least some areas. Although 6 of the 16 did not report progress on at least one of the objectives listed in their applications, grantees were able to provide us with the requested information through interviews or by providing additional documentation.

Progress reports for two grants did not include sufficient information to determine their progress.

Two grantees submitted progress reports that did not include sufficient information to determine their progress:

- The Biacore 3000 Universal Approach to Ligand-Protein project (award amount: $327,800) proposed four research projects that would use the Biacore 3000 machine, which is used to study molecular interactions. In its 2006 progress report, the grantee did not describe any progress made during a period of approximately 12 months and instead generally repeated information from the 2005 report.

- 2006 and 2007 progress reports for the Early Detection of Alzheimer's Disease Using Functional MRI project (award amount: $250,300) did not describe progress toward the expected outcomes detailed in the project proposal. In part, this was the result of the Medical College inadvertently omitting a question asking the grantee to provide this information. Despite this omission, other grantees included information on their progress elsewhere in their progress reports.

In reviewing the progress reports, we note that responses to questions asking grantees to assess relationships between their grant objectives and other state health plans did not generally change significantly over the course of a project. Therefore, unless a grantee changes a project's objectives, it may be more appropriate to request this information only on the application and the final report. Doing so would provide additional space for grantees to report on actual progress, including information on project activities and outcomes.

One important reason for ongoing monitoring of grantees is to ensure that any changes in grantees' activities are appropriate. Program policies allow grantees to make "minor adaptations" to their project activities, provided that they report any modifications in their annual progress reports. However, the Medical College's policies do not explain what constitutes a minor adaptation, and program policies do not include clear provisions for making larger modifications. Progress reports submitted by 4 of the 20 grantees reported changes. For example:

- the Endocannabinoid Signaling in Bipolar Disorder project (award amount: $150,000) adopted two new objectives—assessments of endocannabinoid levels in response to stressors and in response to exercise—and dropped one objective—an analysis of whether humans diagnosed with bipolar disorder exhibit lower endocannabinoid levels—because a collaborator with expertise in this area left the Medical College; and

- the Healthy Wisconsin Leadership Institute (award amount: $1.3 million), which provides continuing education for public health professionals statewide and is jointly funded and operated by the Medical College and the UW School of Medicine and Public Health, reported that its lifelong learning and mentoring program and local health policy program, which had been individually administered by the two schools, would be combined and administered jointly.

It was unclear in three of the four instances whether Medical College staff approved the modifications. Medical College staff reported that they notify grantees whether modification requests are approved or denied. However, the grant files we reviewed did not include such correspondence, and one grantee stated that she did not hear back from Medical College staff after reporting project modifications in an annual progress report and interpreted the absence of communication as approval of her request.

Four grantees modified project activities without notifying Medical College staff as required.

An additional 4 of the 20 grantees modified their project activities but did not detail these modifications in annual progress reports. For example:

- the Planning and Implementation of the Community of Scientific Innovators project (award amount: $135,000), which is now called the PhD Program in Basic and Translational Science, did not implement discussion sessions with clinicians as originally intended and did not detail this change in progress reports; and

- the Early Detection of Alzheimer's Using Functional MRI project (award amount: $250,300) changed its research design by determining the extent to which healthy participants develop Alzheimer's disease, rather than participants who already suffered from mild cognitive impairment.

We also note that progress reports may not be the most appropriate means of notifying Medical College staff about project modifications, because they are only submitted annually. As a result, grantees may either implement revised objectives prior to the submission of a progress report or delay modifying project initiatives until after submission of the report, which may be detrimental to a project's progress.

☑ Recommendation

We recommend the Medical College of Wisconsin improve its monitoring and oversight of medical education and research projects by:

- *recording the dates on which progress reports are received and reviewed;*

- *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 of its objectives; and*

- *clarifying the circumstances under which grantees must notify staff of modifications to project objectives.*

Activities and Outcomes

Four Medical College projects we reviewed had at least one equipment purchase exceeding $50,000.

We analyzed the activities of the 20 projects we reviewed to determine whether grantees had achieved the objectives included in their original proposals. Medical education and research projects include a wide range of activities. Research projects typically involve investigation into the causes, prevention, and treatment of diseases; specific activities may include acquisition of test subjects and preparation and analysis of test samples. Education projects targeted at Medical College students typically involve developing curricula and designing degree programs, while continuing and community education projects often include hosting public forums or distributing medical information electronically. Both research and education projects may involve faculty recruitment or the purchase of equipment. For example, 4 of the 20 projects in our sample funded the recruitment of part- or full-time Medical College faculty, 2 had a primary objective of purchasing medical research equipment, and 4 included at least one equipment purchase exceeding $50,000. We did not identify any real estate or construction expenditures.

Four of eight completed projects achieved all of their objectives.

To determine whether projects had achieved their stated objectives by their end, we reviewed project proposals, budgets, expenditures, and progress reports and we interviewed the grantees. Of the 20 projects we reviewed, 8 were completed at the time of our fieldwork. Of those:

- four achieved all of their objectives;
- one achieved most of its objectives;
- one achieved some of its objectives;
- one achieved few of its objectives; and
- we could not determine the extent to which one achieved its objectives.

Among the four projects that achieved all of their objectives:

- The Consumer Patient Access to Quality Internet Health Information project (award amount: $105,000) developed and promoted a consumer Web site that provides information on how to find quality, authoritative health care information on the Internet and conducted training sessions on the Web site with students and community members.

- The Early Detection of Alzheimer's Disease Using Functional MRI project (award amount: $250,300) used fMRI measures to distinguish healthy subjects from subjects with mild cognitive impairment, determined that fMRI measures were better than structural MRI measures at distinguishing healthy subjects from subjects with mild cognitive impairment, and used fMRI measures to predict in 52.4 percent of cases whether a cognitively intact person would show cognitive decline after 18 months.

Most proposed objectives were achieved by the Biacore 3000 Universal Approach to Ligand-Protein project (award amount: $327,800), which was awarded funds for the purchase of the Biacore 3000 machine. The grantee purchased the equipment, and two out of the four research projects proposed in the project application used the equipment, while the remaining two research projects were delayed and did not make substantial progress during the grant period. Other researchers also used the equipment, including Medical College faculty, graduate and doctoral students, and employees of two pharmaceutical companies.

Another funded project, Planning and Implementation of the Community of Scientific Innovators (award amount: $135,000), achieved some of its objectives. The grantee developed and tested elements of the program's curriculum, such as two patient case studies that asked students to review and discuss the interactions between basic and clinical science research. However, other elements of the curriculum outlined in the original project proposal were not developed during the grant period, including six additional patient case studies, discussion sessions with clinicians, and annual student performance evaluations. The grantee reported that additional revisions to the curriculum led to the postponement of student enrollment by one year, from fall 2008 to fall 2009.

The Genetic Analysis Initiative for Individualized Medicine project (award amount: $500,000) achieved few of its objectives. The project application proposed processing 500 human DNA samples to detect genetic variants for the purpose of finding disease-causing genes. The grantee reported processing fewer than one-half of the 500 proposed samples, which he said was not sufficient to support the proposed research. However, the project also reported positive outcomes that were not included in the original proposal, such as gaining experience using a new research methodology, which provided researchers with the necessary expertise to process genetic samples for a statewide genomics initiative, and obtaining approximately $8.9 million in external grant funding.

We could not determine whether one completed project achieved its objectives.

Finally, we could not independently determine the extent to which the Health, Outreach, Partnering, and Education Initiative (award amount: $242,600) achieved its objectives. The project had two broad goals: providing educational services to mental and physical health providers throughout Wisconsin and to consumers of mental health services in Southeastern Wisconsin. The grantee reported that the project's activities included establishing an outreach office, implementing three statewide mental health conferences, and conducting a needs assessment survey of multidisciplinary state mental and physical health professionals that the grantees used to plan outreach events. However, the grantee did not include more specific objectives in the proposal, which impeded our ability to determine how the achievements outlined in progress reports and grantee interviews corresponded to the original intent of the project proposal.

We also analyzed projects that were not yet completed in order to assess their progress toward achieving their objectives. As with the completed projects, we interviewed the grantees and reviewed project proposals, budgets, progress reports, and expenditures through December 31, 2008. The grant periods for 12 of the 20 projects that we reviewed had not been completed during our fieldwork. Of these, we found:

- six that appear likely to achieve all or most of their objectives; and

- six for which we could not yet determine the extent to which their objectives will be achieved.

Among the six projects that appear likely to achieve all or most of their objectives:

- The Identification of Vulnerable Elderly Utilizing the Electronic Health Record project (award amount: $150,000) developed, tested, and implemented an electronic health record template for use by medical staff, which was the purpose of the project. The grantee reported that it was in the process of completing an evaluation of the template's effectiveness.

- The Clinical Research Infrastructure project (award amount: $1.2 million) made significant progress toward all three of its objectives, such as the establishment of a translational research resource office and the development of a Master's Degree program at the Medical College in Clinical and Translational Science.

The six projects for which we could not yet determine the extent to which their objectives will be achieved have either significant time remaining on their grants or key project activities that were not scheduled to be completed until near the end of the grant period. For example:

- The Master's and PhD programs in Public and Community Health (award amounts: $2.6 million and $4.8 million, respectively), whose grants are scheduled to end in July 2013, have developed curricula and admitted students. Master's program staff reported plans to implement additional initiatives, such as increasing efforts to train community public health professionals and continuing to develop a joint MD and MPH degree program. PhD program staff reported that they will continue to recruit faculty members, implement two additional courses, and evaluate and revise the program's curriculum.

- The Clinical and Translational Science Institute project grant (award amount: $7.3 million), which is scheduled to end in September 2012, has hired faculty and developed translational research support services but has not yet hired five to eight additional faculty members or purchased additional research equipment for the Institute's translational research units.

The extent to which projects achieved their stated objectives is only one measure of their potential effect. For example, an ambitious project that achieves only some of its objectives or a project that modifies its objectives because of changing circumstances may nevertheless have positive results. However, it is important for the Medical College to regularly assess the extent to which projects achieve their objectives in order to effectively evaluate the Advancing a Healthier Wisconsin program and identify any needed modifications to its application or project oversight procedures.

Public Health Grants

All Advancing a Healthier Wisconsin public health grants are competitively awarded.

The Medical College competitively awards Advancing a Healthier Wisconsin grants for two different categories of public health initiatives: development grants and impact grants. Development grants are designed to fund the costs of forming a project or partnership and were initially awarded for up to $50,000 for a 12-month period. Impact grants are designed to fund project

implementation and were initially awarded for up to $450,000 for a 36-month period. Grants were funded at these levels in the program's first years. However, because of losses sustained by the Advancing a Healthier Wisconsin endowment in 2008, new development grant awards were decreased to $40,000 in 2009 and new impact grant awards were reduced to $300,000.

The Medical College requires that both types of public health grants involve both a community organization and an academic partner. Organizations that have received funding include nonprofit 501(c)(3) tax-exempt organizations, including nonprofit health care providers, or public governmental organizations such as state, local, or tribal governments. For-profit companies and nonprofit organizations without 501(c)(3) status may participate in grants but may not receive funds directly from the Medical College.

The Medical College requires that public health grants involve a Medical College faculty member as an academic partner.

The academic partner is a Medical College 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. Other roles played by academic partners may include assisting in project design, advising on implementation, directly participating in project activities, and conducting an evaluation of the project.

The Medical College awarded 102 public health grants for a total of $23.4 million.

Grants are awarded annually. From 2004 through 2007, 102 public health projects were awarded a total of $23.4 million. As shown in Table 11, 54 were development grants and 48 were impact grants. A fifth RFP was issued in 2008, and five development and three impact grants were awarded and received funding. These grants are not included in the table because they made no expenditures in 2008.

Table 11

Public Health Grants Awarded

	Development		Impact	
Award Year	Number	Amount (in millions)	Number	Amount (in millions)
2004	15	$0.4	9	$ 3.6
2005	13	0.6	12	5.4
2006	15	0.8	14	6.3
2007	11	0.5	13	5.8
Total	**54**	**$2.3**	**48**	**$21.1**

Grant applicants were asked to identify which of 11 major areas of health risk their proposal addressed, along with the target population and geographic area to be served. As shown in Table 12, 72 of the 102 projects served urban areas. Appendix 4 is a listing of all public health grants awarded from 2004 through 2007, including information on their primary objectives, target populations, and geographic areas.

Table 12

Profile of Public Health Grants Awarded
2004–2007

Geographic Area[1]	Number
Urban	72
Rural	15
Statewide	15
Total	**102**

Target Population[2]	Number
Urban populations	44
Racial and ethnic populations	42
Children and adolescents	28
Other	17
Uninsured persons	15
Rural populations	13
Women	13
Seniors	11
Men	4
Disabled persons	3
Multiple targets	25

Major Area of Health Risk[3]	Number
Access to primary and preventative health services	40
Social and economic factors that influence health	36
Nutrition	21
Injuries	20
Overweight, obesity, and lack of physical activity	18
Other	12
Mental health and mental disorders	9
Environmental and occupational health hazards	7
High-risk sexual behavior	6
Communicable diseases	5
Tobacco use and exposure	4
Substance abuse and addiction	3
Multiple risk areas	27

[1] Applicants designate their projects as urban, rural, or statewide on their application forms, but the Medical College has not defined these categories.

[2] Applicants may select more than one target population. "Multiple targets" applies when more than four are selected.

[3] Applicants may select more than one major area of health risk. "Multiple risk areas" applies when more than four are selected.

Expenditures

The Medical College directly spent $4.1 million, or 35.3 percent of public health grant funds, for public health projects.

Through December 31, 2008, $7.5 million of the $11.6 million in expenditures for public health grants was paid to the community partners. The remaining $4.1 million, or 35.3 percent, was spent directly by the Medical College or paid to its staff who were academic partners on those projects.

As with medical education and research projects, applicants for public health grants are required to submit detailed budgets with their applications, expenditures must be consistent with the approved project budget, and all expenditures must be directly related to the project. A grantee's indirect costs, such as overhead, may not be charged to the grant. Grantees must request approval before re-allocating funds across budget categories, carrying funds forward from one project year to the next, or extending the time during which they spend funds (although extensions were no longer allowed as of 2009). However, Advancing a Healthier Wisconsin policies for public health projects—unlike those for medical education and research projects—specify that expenditures must be appropriate and include a list of unallowable expenses such as alcoholic beverages, entertainment, fund-raising, and lobbying.

Grantees are required to submit invoices at least quarterly to their academic partner, with a final invoice due within 60 days after the end of the grant period. The academic partner is then responsible for reviewing the invoice and submitting it to the Controller's office for payment. Invoices are not independently reviewed by Advancing a Healthier Wisconsin staff, nor does the Medical College centrally maintain records of grantee expenditures by budget category. However, the funding agreements require grantees to maintain financial records on project expenditures for at least three years after submission of a final invoice. The Medical College reported that in fall 2009 it began requesting 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.

In order to further analyze the nature and appropriateness of project expenditures and Advancing a Healthier Wisconsin oversight of grant recipients, we reviewed a sample of 20 public health projects, including each grantee's expenditure records.

The 20 projects we reviewed spent a total of $2.9 million as of December 31, 2008, which is 25.0 percent of all public health project expenditures during that time period. As shown in Table 13, salaries accounted for the largest share of expenditures, at 61.7 percent. Report 10-7 includes detailed information on the budget and expenditures for each of the 20 projects we reviewed.

Table 13

Public Health Grant Expenditures by Category[1]
Through December 31, 2008

	Amount	Percentage of Total
Salaries	$1,792,900	61.7%
Fringe Benefits	388,500	13.4
Travel	35,500	1.2
Supplies and Services	234,100	8.1
Consultants and Contracts	322,800	11.1
Equipment	29,700	1.0
Other	102,100	3.5
Total	**$2,905,600**	**100.0%**

[1] Expenditures for a sample of 20 public health projects.

Two projects we reviewed were unable to provide all documentation we requested.

In order to assess the appropriateness and allowability of individual expenditures, we reviewed approximately 200 non-payroll expenditures for the 20 projects we selected, including supporting documentation such as invoices or receipts. One grantee for two projects was unable to provide all requested invoices and receipts, all of which were requested within the three-year retention period.

Two grantees in our sample had potentially unallowable costs:

- Two of the nonprofit organizations funded under the Healthcare Can Change from Within: A Sustainable Model for Intimate Partner Violence project (award amount: $450,000), designed to improve intimate partner violence prevention efforts by healthcare providers in Milwaukee, charged flat rates for their organizations' rent and utilities, phone, travel, and supplies and services. These costs totaled $7,400. As noted, indirect costs are not allowed, and because a flat rate was charged we could not independently determine whether these costs were directly related to the project.

- The nonprofit organization funded by the Riverwest Health Initiative (award amounts: $450,000 and $449,000), which funded a wide range of community-based health improvement activities in a Milwaukee neighborhood, received $19,200 on the first of its two impact grants for administration and overhead costs charged at a flat rate. Advancing a Healthier Wisconsin did not allow similar expenditures to be included in the second Riverwest Health Initiative grant.

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.

Development and impact grants are awarded through a competitive process that includes issuance of an RFP, a technical review, an external merit review by a panel of independent academic and community consultants from outside of Wisconsin, selection of awards by the Consortium, and final approval of awards by the Board of Trustees.

Grant awards were largely consistent with scores given by external reviewers.

The Consortium decides which applications to fund based on the results of the external merit review and its own discussions, which include consideration of each proposal's relevance to the priorities outlined in the five-year plan. In some cases we found differences between the rankings of applications by merit review score and the final award decisions: of the 102 development and impact grants awarded through 2007, 32 were not among those with the highest merit review scores. However, all but 11 were within five points of the highest scoring applications. Records of the Consortium's deliberations suggest that the 11 lower-scoring applications that were awarded grants were more likely to be those that were rural or statewide and those for which the external merit review scores varied widely. However, available records did not provide sufficient information to fully explain all variations from the external review process.

Clear and specific objectives were included in 16 of 20 public health grant applications we reviewed.

We found that applications for all 20 of the projects in our sample generally included all of the required documents. Of the 20, 16 contained information that allowed us to identify project goals and determine that the proposed activities appeared to be realistic

and appropriate. Goals were clearly identified and project activities were described in sufficient detail. For example, the application for the Determining the Status of Wisconsin School Health Services project (award amount: $50,000) stated that an advisory committee would be convened, Wisconsin statutes related to school health would be reviewed, and five stakeholder groups would be consulted using surveys and focus groups. The application also outlined the topics and information that would be included in its resulting plan for improving school health services in Wisconsin.

However, the goals and objectives in four applications were unclear or appeared overly ambitious. For example:

- The Building Capacity for Promoting Population-Based Prevention Strategies in Wisconsin (award amount: $50,000) proposal intended to "build capacity within Wisconsin's newly created independent public health institute," the statewide Institute for Wisconsin's Health, Inc. Specific goals included "enhanc[ing] highest priority actions relating to" finance and sustainability, staffing and systems, and evaluation of the Institute. It is unclear what would constitute an enhancement or what the eventual benefit of the project would be.

- The Partner Up for Superior Health (award amount: $450,000) proposal outlined 18 specific objectives and an evaluation plan for improving health in five northern Wisconsin counties. It also had very ambitious outcome goals, including reducing the percentage of area adults who were overweight or obese from 55.9 percent to 45.0 percent over a three-year period and increasing the percentage of area adults who reported eating five fruits and vegetables a day from 27.5 percent to 40.0 percent. However, the proposal did not identify a method for measuring progress toward those goals.

- The Targeting Adolescent Problems: Substance Abuse Crisis Hotline and Program (award amount: $449,700) proposal included clear objectives to support a teen substance abuse crisis hotline in Milwaukee. However, the proposal did not include a plan to actually implement the hotline that was to be supported.

The external merit reviewer or Consortium comments for each of these projects reflected similar concerns. For example, a Consortium comment noted that it was unclear what the Building Capacity for Promoting Population-Based Prevention Strategies in Wisconsin project proposed to do, but that the Consortium liked that the project had a statewide focus. On the Partner Up for Superior Health project merit reviewers were concerned about the lack of information about strategies for completing the project's objectives.

☑ Recommendation

We recommend the Medical College of Wisconsin help to improve the inclusion of clear and realistic objectives in project proposals by, for example:

- *including in the technical review an assessment of whether an application has clearly defined objectives; and*

- *requiring applicants to respond in writing to reviewers' concerns, when appropriate, before determining whether the project application should be approved.*

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to ensure that grantees are making progress toward their intended objectives. We reviewed semiannual progress reports for the 20 projects in our sample to determine whether they had been submitted as required, whether they clearly described the projects' activities and progress toward their objectives, and whether the grantees made any changes to the projects' objectives.

Grantees are required to submit written progress reports within 30 days of the end of each six-month reporting period, with a final report due within 60 days of the end of the grant. Requested information includes:

- a brief summary of the progress to date;

- progress made on each of the project's strategies, outcomes, and partnership goals outlined in the project proposal;

- a discussion of "lessons learned" from challenges encountered by the partnership; and

- a success story, which describes a project achievement or a project participant's experience.

All 20 public health grantees submitted required progress reports.

Each of the 20 grantees we reviewed had submitted all required progress reports. However, as with the education and research grants, Advancing a Healthier Wisconsin staff do not systematically record when reports are received and the reports were usually undated, so we could not determine how many progress reports and final reports were received on time.

Although progress reports for 18 projects contained sufficient information to assess their progress in meeting objectives, reports submitted for 2 projects did not:

- the Cognition and Outreach Service Delivery to Aging Seniors project (award amount: $49,600) did not report on all outcomes that were included in the project proposal; and

- the Partner Up for Superior Health project's (award amount: $450,000) final report contained little information and referred to a forthcoming report that was never submitted to the Medical College.

We also note that progress reports often did not include information that would be useful in providing additional documentation of project activities, such as:

- dates and attendance figures for project-sponsored events or training;

- survey, interview, or focus group results;

- results of any data analyses conducted; or

- materials, policies, or other information created or disseminated by the project.

Grantees were generally able to provide these documents to us upon request. However, requiring that grantees provide additional documentation of project activities with their progress reports would provide Advancing a Healthier Wisconsin staff with useful information for more fully assessing grantees' progress. For example, providing detailed information on project activities, such as attendance at training or community events, could allow staff to determine whether a project is meeting the specific objectives outlined in its proposal.

Seven of 20 public health grantees modified their project's activities.

One important reason for ongoing monitoring of grantees is to ensure that any changes in grantees' activities are appropriate. In our review of the sample of 20 projects, we found that seven grantees made significant changes to the activities of their respective projects, but only one appears to have requested approval before making the change. Among those who did not seek approval:

- The Well City Milwaukee: Creating a Workable Plan to Evaluate a City-Wide Worksite Wellness Initiative project (award amount: $50,000) originally proposed a standard analysis of the effectiveness of all company employee wellness programs in its review, but now intends to complete case studies of a sample of participating companies.

- The first Riverwest Health Initiative project (award amount: $450,000) revised its objectives after its first year, based on the results of a needs assessment it conducted as part of its original proposal.

Advancing a Healthier Wisconsin staff also conduct site visits to monitor progress. Site visits for impact grants are to occur after the second progress report is submitted, while site visits for development grants are to occur after the first progress report is submitted. We found that site visits had been completed for 15 of the 20 projects we reviewed and were not yet required for the remaining 5.

☑ Recommendation

We recommend the Medical College of Wisconsin improve its monitoring and oversight of public health projects by:

- *recording the dates on which progress reports are received and reviewed;*

- *requiring grantees to revise progress reports that do not provide adequate descriptions or report on each objective;*

- *clarifying the progress report instructions related to documenting project activities, by, for example, requiring grantees to document their analyses and accomplishments; and*

- *clarifying the circumstances under which grantees must notify staff of modifications to project objectives.*

Activities and Outcomes

We analyzed the activities of the 20 projects we reviewed, including the role of the academic partner, to determine whether grantees achieved the objectives included in their original proposals. Grant proposals are required to specify a project's planned activities, which for development projects typically include conducting focus groups, surveying affected populations or communities, and creating strategic plans, and which for impact projects typically include developing strategies for delivering services, providing education or training, improving public knowledge, and presenting findings through conferences or publications. Both types of projects generally include evaluation components that in some way attempt to report projects' activities and measure their effects.

Academic partners at the Medical College were involved in project evaluations for 14 public health projects.

As noted, academic partners fulfilled a required advisory and oversight role for all 20 projects we reviewed. For 14 of 20 projects, the academic partner was also responsible for:

- designing or conducting evaluations (nine projects); and
- conducting evaluations and directing project implementation (five projects).

Although the roles of the academic partners varied, none of the grantees we interviewed said they were dissatisfied with their academic partner's involvement. However, several described their partnerships as particularly valuable, including:

- The Healthy Teeth=Healthy Kids development project (award amount: $45,600) involved a Medical College faculty member and several community organizations with a working relationship that had been established before applying for the grant. Grantees reported that this allowed the group to develop a concise plan and successfully seek impact grant funding.
- The partnership for the Using Social Networks to Increase HIV Testing in Vulnerable Populations development and impact grants (award amounts: $44,500 and $443,500, respectively) provided the academic partner with a new opportunity to conduct research in the community and allowed the community partner to expand its research efforts and understanding of human subjects research requirements.

On other projects, the academic partner's role was more limited. For example, the academic partner for the Building Capacity for Promoting Population-Based Prevention Strategies in Wisconsin project (award amount: $50,000) primarily contributed by participating in Board of Directors meetings for the Institute for Wisconsin's Health, Inc. In some cases, the academic partner's involvement may have been limited because the grantee had the necessary expertise and did not require more active involvement. One advocacy organization questioned whether academic partners are always necessary and noted that the requirement reduces the funds available to community organizations. We could not determine from available information whether some grantees would have achieved similar results without the involvement of an academic partner.

Six of 14 completed projects achieved all or most of their objectives.

To determine whether projects had achieved their stated objectives by the end of their project periods, we reviewed project proposals, budgets, expenditures, and progress reports and interviewed the grantees. Of the 20 projects we reviewed, 14 were completed at the time of our fieldwork. Of these 14:

- 1 achieved all of its objectives;
- 5 achieved most of their objectives;
- 7 achieved some of their objectives; and
- 1 achieved few of its objectives.

The project that achieved all of its objectives, Healthy Teeth=Healthy Kids (award amount: $45,600), created a detailed plan to improve children's access to dental screenings and services in Milwaukee. As noted, the partnership received an impact grant and other funding to implement the plan it developed.

Among the five grantees that achieved most of their objectives were:

- the first Elder Health Upholders development grant (award amount: $24,000), which met most of its targets for surveying churches and training volunteers to hold church-based events focused on health issues in Milwaukee, but recruited only six of a planned ten churches and only eight of a planned ten volunteers; and
- the Determining the Status of Wisconsin School Health Services project (award amount: $50,000), which created a report analyzing state statutes related to school health and information obtained from school health personnel, parents, and public health officials, held only two focus groups rather than the four it had originally planned.

The seven projects that achieved some of their objectives included:

- the Using Social Networks to Increase HIV Testing in Vulnerable Populations development grant project (award amount: $44,500), which tested 72 people in Milwaukee for HIV, fewer than one-half of the 200 it had planned; and

- the Bilingual Community-Based Chronic Care Project (award amount: $450,000), which piloted programs to address obesity, diabetes, and asthma among patients at a clinic operating in Milwaukee but did not achieve its main objective of creating a "new model of care" that would integrate services at the clinic.

One of 14 completed public health projects achieved few of its objectives.

One project—Partner Up for Superior Health (award amount: $450,000)—achieved few of its objectives. Available documentation indicates the project did not develop a community action plan, which was one of its 18 objectives. Although the grantee reported on a variety of activities, few coincided with the remaining 17 objectives outlined in the project proposal. The grantee also did not conduct any of its proposed evaluations.

We also analyzed projects that were not yet completed, in order to assess their progress toward achieving their objectives. As with the completed projects, we interviewed the grantees and reviewed project proposals, budgets, progress reports, and expenditures through December 31, 2008. The grant periods for 6 of the 20 projects that we reviewed had not been completed during our fieldwork. Of these six projects, we found:

- two that appear likely to achieve all or most of their objectives;

- one that appears at risk of not achieving its objectives; and

- three for which we could not yet determine the extent to which objectives will be achieved.

The two projects that appear likely to achieve all or most of their objectives are:

- Milwaukee Kids: Drive Me Safely—Drive for Health (award amount: $450,000), which distributed 700 vouchers for child restraint systems to low-income families in Milwaukee, collected usage and crash injury data as proposed, and was in the process of analyzing project results at the time of our fieldwork; and

- Riverwest Health Initiative (award amount: $449,000), which conducted a variety of community-based health improvement activities in the Riverwest neighborhood, such as providing dental screening for school children, educating residents on nutrition, coordinating a mental health program, and forming neighborhood block watch groups.

One in-progress project appears at risk of not achieving its objectives.

The project that appears at risk of not achieving its objectives, Targeting Adolescent Problems: Substance Abuse Crisis Hotline and Program (award amount: $449,700), had received only approximately 15 calls from October 2008 through April 2009, even though 2,000 calls were expected during the program's first year.

The three projects for which we could not yet determine the extent to which objectives will be achieved each had either significant time remaining on its grant or key project activities that were not scheduled to be completed until near the end of the grant period. For example:

- The Using Social Networks to Increase HIV Testing in Vulnerable Populations in Wisconsin impact grant project (award amount: $443,500), which is scheduled to end in June 2011, plans to conduct 100 HIV tests annually in Milwaukee and Green Bay and conducted 71 HIV tests from July 2008 through May 2009.

- The Elder Community Health Upholders project (award amount: $441,200), which is scheduled to end in June 2011, seeks to improve health care for African Americans in Milwaukee by improving the advocacy skills of a coalition of church leaders. At the time of our review, the coalition had been formed and was beginning to identify areas for increased advocacy.

The extent to which projects achieved their stated objectives is only one measure of their potential effect. For example, an ambitious project that achieves only some of its objectives or a project that modifies its objectives because of changing circumstances may nevertheless have positive results. However, it is important for the Medical College to regularly assess the extent to which projects achieve their objectives in order to effectively evaluate the Advancing a Healthier Wisconsin program and identify any needed modifications to its application or project oversight procedures.

Special Initiative on Violence Prevention

The Consortium overseeing public health grants has authorized $1.1 million for development of the Violence Prevention Initiative in Milwaukee.

In August 2006, the Consortium began to formally consider funding an initiative that would be separate from its other grants, directed by the Consortium, and provide more resources to a single health issue. Discussions continued over the next year, and in August 2007 the Consortium voted to focus its first special initiative on Milwaukee-area violence prevention. In October 2007, the Consortium voted to authorize $100,000 in expenditures for initial planning, and in February 2008 it approved an additional $1.0 million for a 15-month development process that was to end in June 2009. The initiative is funded from the 35.0 percent public health allocation.

In late 2008, as a result of the decline in the endowment's value, the Consortium decided to extend the development phase through December 2009. An 18-member Steering Committee that includes representatives from the Medical College, community organizations, and state and local governments first met in October 2008 and has continued to meet once or twice each month since then.

Activities during the planning and development phases have included:

- hiring two full-time Medical College staff persons;
- developing a database and reporting on anti-violence initiatives in Milwaukee County;
- conducting 8 focus groups and 62 interviews with community organizations, community members, and community leaders;
- developing a Web site, logo, brochures, and other marketing materials;
- renting office space in downtown Milwaukee to serve as office space for the initiative's staff, meeting space for the Steering Committee, and meeting space for community groups;
- reviewing literature on violence prevention models and national best practices;
- analyzing demographic, economic, social, and crime-related characteristics of ten Milwaukee zip codes; and

- conducting 4 community workshops, hosting 21 community meetings attended by 323 community members, and representing the initiative at 55 community events.

The Youth Violence Prevention Initiative is expected to be implemented over a ten-year period, but with less funding than originally planned.

In June 2009, the Steering Committee recommended and the Consortium approved narrowing the initiative's focus to at-risk youth with an emphasis on preventing violence before it occurs. Medical College officials report that local organizations will receive funding through the initiative, but that an award process has not yet been determined. Medical College officials report that the Steering Committee presented a full implementation proposal to the Consortium and to the Board of Trustees in January 2010. The plan will be for a five-year period, with the expectation that it will subsequently continue for another five years. The Advancing a Healthier Wisconsin 2009-2014 five-year plan indicated that the initiative would spend up to $2.0 million per year for ten years. Medical College officials indicated that due to the decline in the endowment's value, spending will likely initially be lower than planned.

Expenditures

The development phase of the youth violence prevention initiative did not have a detailed budget. However, Medical College officials reported that over the course of the 25-month planning and development phases, they expected to spend approximately $647,900, or 58.9 percent of the projected $1.1 million development budget, on staff; $104,000 on consulting services; $48,000 on rent and operating expenses; and $300,100 on other supplies, services, and travel.

Expenditures for the Youth Violence Prevention Initiative totaled $404,700 through December 31, 2008.

As shown in Table 14, expenditures totaled $404,700 through December 31, 2008. Consultants and contracts represented the largest share and included $26,000 paid to design and marketing firms for the development and design of promotional materials, $10,000 paid to a consulting firm for organizing community events, and $57,500 paid to a consultant who served as an advisor on staff recruitment, recruiting Steering Committee members, guiding monthly Steering Committee meetings, creating a positive community presence, and other issues. Medical College officials report they expect consulting cost expenditures to decrease in the future because some services will not be needed on a long-term basis, and because they have attempted to reduce expenditures because of the decline in the endowment's value.

Table 14

Violence Prevention Initiative Expenditures
Through December 31, 2008

Category	Amount	Percentage of Total
Salary	$ 94,100	23.3%
Fringe Benefits	28,500	7.1
Travel	1,000	0.2
Supplies and Services	77,600	19.2
Consultants and Contracts	149,900	37.0
Equipment	31,700	7.8
Other	21,900	5.4
Total	**$404,700**	**100.0%**

We requested supporting documentation, such as invoices or receipts, for a total of 13 expenditures for the initial planning and development phases of the initiative. The Medical College provided all requested information, and 12 of the expenditures appeared to be allowable and appropriate. However, one expenditure for $211 did not. The expenditure was for a three-person dinner meeting in Milwaukee, including two Medical College officials and a consultant hired for the project. We believe this $70 per person meal expense was excessive. Medical College officials report that the expenditure was inadvertently charged to the initiative and that the endowment was reimbursed for the expenditure.

Supplanting

The Commissioner's order requires that program funds not be used to supplant other available funds. The Medical College's 2003-08 five-year plan states that "supplant means to replace." The Medical College's plan outlines issues that should be considered in determining whether program funds would supplant other available resources, including each of the following:

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

- sources of financial resources that have supported the proposed project before application to the program;

- availability of federal funding;
- availability of state funding;
- availability of Medical College corporate funding (such as tuition, clinical revenue, investment income, and unrestricted philanthropy), including use of Medical College corporate funding to support the project before application to the program;
- availability of community funding, including community financial support for a project before application to the program;
- 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, or the Consortium.

It is important to note that each of the listed factors is to be considered in making the supplanting determination. However, the Medical College's language does not specify situations in which the previous, current, or potential availability of other funding would constitute supplanting.

Grant applicants must attest that program funds will not supplant other available funds.

Applicants for medical education and research grants are required to submit a supplanting attestation form that includes the criteria outlined in the five-year plan. They are required to identify closely related projects and other sources of funding for the project and state that program funds will not be used to supplant other available funds. Applicants for public health grants must answer similar questions, and they are also required to submit a separate but similar supplanting attestation form before a funding agreement is executed.

Supplanting attestation forms for medical education and research projects are reviewed by staff in the Controller's office, who also review Medical College records of other sources of funding supporting the principal investigator's work. Supplanting attestation forms for public health projects are reviewed by Advancing a Healthier Wisconsin staff. A Controller's office staff member and the Medical College Senior Vice President sign another form for each project certifying that supplanting will not occur. For public health projects the form is also signed by the program director, and for medical education and research projects it is signed by the Medical College Dean.

We found that all of the projects we reviewed submitted the required non-supplanting forms. However, three public health projects listed outside funding in their application or original budget but did not include this information on the supplanting form, and one public health project had additional funding that was not listed on either the original application and budget or the supplanting forms. Similarly, one medical education and research project did not cite National Institutes of Health funding received by a co-investigator for related work. While this does not mean that supplanting actually occurred, we believe all sources of potentially related funding should be listed on the supplanting form to ensure that staff review of supplanting is based on complete information.

We did not identify clear evidence of supplanting in any of the 40 projects we reviewed, but some documentation was incomplete.

We did not identify clear evidence of supplanting in any of the 40 projects we reviewed. However, we noted several instances in which it was difficult to determine whether supplanting may have occurred. For example:

- The Health Outreach, Partnership, and Education Initiative (award amount: $242,600), a medical education and research project that intended to provide mental health education and consultation services to mental health providers and Southeastern Wisconsin residents, utilized program funds to help support pre-existing mental health outreach and education initiatives. Although supplementing existing funds to expand or enhance programs is allowed, we could not consistently determine whether costs could have been covered by other available funds.

- The medical education and research Cancer Center Faculty Recruitment project (award amount: $750,000) was awarded funds to recruit three cancer researchers in coordination with the Medical College's science departments. New faculty funding arrangements are typically based on the anticipated availability of funding from multiple sources, and it was difficult to determine the level at which the departments would have funded new faculty recruitments if Advancing a Healthier Wisconsin funding had not been available.

- The Partner Up for Superior Health public health project (award amount: $450,000) supported the salaries and fringe benefits of existing county employees, which could be considered supplanting of county funds. On a different project— Strengthening Public Health Policymaking for a Healthier Milwaukee (award amount: $49,800)—the Medical College did not allow its grant funds to support a city employee's salary and fringe benefits.

☑ Recommendation

We recommend the Medical College of Wisconsin ensure that all related funding is fully disclosed by applicants on the supplanting forms before considering a funding request.

■ ■ ■ ■

University of Wisconsin

The UW School of Medicine and Public Health's conversion endowment program is known as the Wisconsin Partnership Program. We reviewed that program's activities from its inception in 2004 through the end of 2008, including administrative activities and grants awarded for medical education and research projects and for public health projects. Our project reviews analyzed:

- the grant application and awards process;
- monitoring and oversight of grantees;
- the extent to which grantees met their objectives; and
- compliance with the prohibition on the use of conversion funds to supplant other sources of funding.

Program Overview

The Oversight and Advisory Committee oversees the 35.0 percent of funds allocated for UW School of Medicine and Public Health public health projects.

The UW Board of Regents has overall authority for the Wisconsin Partnership Program, including approving five-year plans and annual reports. The Board of Regents created the Oversight and Advisory Committee in August 2002, as required by the Commissioner's order, to plan and approve expenditures from the 35.0 percent allocation for public health. The Oversight and

Advisory Committee also serves in an advisory role for medical education and research grant projects. As required by the Commissioner's order, the Oversight and Advisory Committee includes:

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

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 5 lists Oversight and Advisory Committee members as of September 2009.

The Medical Education and Research Committee oversees the 65.0 percent allocation for medical education and research projects.

Oversight of the 65.0 percent allocation for medical education and research is provided by the Medical Education and Research Committee, which was established by the school in June 2004, with the advice of the Oversight and Advisory Committee. As of April 2009, Medical Education and Research Committee members include:

- four UW School of Medicine and Public Health administrators, appointed by the Dean;
- three faculty members elected by the school's faculty;
- one academic staff person elected by the school's academic staff;
- the Oversight and Advisory Committee chair and an Oversight and Advisory Committee public member, selected by the Oversight and Advisory Committee;
- two additional school faculty appointed by the department chairs; and
- either a member of the public with expertise in public health or a UW faculty member who is not a school faculty member, appointed by the Dean.

Before April 2009, the Medical Education and Research Committee included an additional seven school faculty members representing a variety of subject areas and departments.

Endowment Balances and Expenditures

The conversion endowment funds are managed by the UW Foundation, which is a nonprofit corporation that is the official fundraising and gift-receiving organization for the UW. The endowment is managed according to the Foundation's investment guidelines, which call for a diversified allocation of assets including stocks, bonds, real estate, and other investments. When the endowment was created, funds for the 65.0 percent designated for medical education and research and the 35.0 percent designated for public health were deposited into separate accounts.

The Wisconsin Partnership Program endowment was valued at $303.2 million as of December 31, 2008.

As shown in Table 15, the value of the total endowment increased from $309.7 million in 2004 to $406.7 million in 2007, then declined to $303.2 million at the end of 2008 because of the economic downturn. When the endowment was created, $30.0 million was made available for grant awards and program administration. In addition, each year a portion of earnings is made available for expenditure based on UW Foundation guidelines that consider current returns and available balances. Until 2008, that portion was 4.8 percent of the endowment's balance. In 2008, however, in recognition of the decline in the endowment's value, the Wisconsin Partnership Program decided it would no longer make income from the restricted endowment available for expenditures until the endowment regained its original balance.

Table 15

Wisconsin Partnership Program Endowment Balances
(in millions)

Calendar Year[1]	Endowment Balance	Change from Previous Year
2004	$309.7	–
2005	336.8	8.8%
2006	365.3	8.5
2007[2]	406.7	11.3
2008	303.2	(25.4)

[1] As of December 31 of each year.

[2] Includes $15.2 million in additional funds received from the Foundation in December 2007.

Program expenditures from 2004 through 2008 totaled $44.1 million.

As shown in Table 16, program expenditures totaled $44.1 million from 2004 through 2008, of which 60.5 percent was for medical education and research grants and 32.9 percent was for public health grants. Expenditures in both areas increased steadily over the five-year period, in part because many grants are awarded for a period of more than one year. Program administration expenditures totaled $2.9 million and represented 6.6 percent of the total for the five-year period.

Table 16

Wisconsin Partnership Program Expenditures
Through December 31, 2008

	Amount (in millions)	Percentage of Total
Medical Education and Research Grants	$26.7	60.5%
Public Health Grants	14.5	32.9
Program Administration[1]	2.9	6.6
Total	**$44.1**	**100.0%**

[1] Does not include fees charged annually by the UW Foundation for management of the endowment. These fees totaled approximately $3.5 million in 2008.

Table 17 shows the program's outstanding financial commitments as of December 31, 2008. From 2004 through 2008, $69.8 million in grants were awarded, of which $41.2 million was spent. In addition, $0.5 million was lapsed to the program from grantees who did not spend all of their grant funds. The balance of funds—$28.1 million—was committed but had not yet been spent. In early 2009, in response to the decline in the endowment's balance, the Wisconsin Partnership Program reduced award amounts for most previously awarded grants by a total of $2.2 million, which represented reductions of between 15.0 percent and 25.0 percent of the remaining years' budgets of these grants.

Table 17

Wisconsin Partnership Program Outstanding Commitments[1,2]
(in millions)

Award Year	Grants Awarded	Grant Expenditures	Lapsed	Amount Remaining to be Spent
2004	$17.5	$15.2	$0.3	$ 1.9
2005	17.6	13.5	0.1	3.9
2006	16.1	8.1	<0.1	8.0
2007	11.3	3.0	0.0	8.3
2008	7.4	1.3	0.0	6.1
Total	**$69.8**	**$41.2**	**$0.5**	**$28.1**

[1] As of December 31, 2008. Excludes administrative costs.

[2] Totals may not sum because of rounding.

Administrative Expenditures and Staffing

UW Foundation fees to manage the Wisconsin Partnership Program endowment totaled $3.5 million in 2008.

The UW Foundation funds its fund management expenses by retaining 1.0 percent of each endowment's value each year. These fees are deducted directly from the endowment, so the balances shown in the preceding tables reflect fund totals after these fees have been paid. UW Foundation fees totaled approximately $3.5 million in 2008.

In 2008, administrative costs were $838,900.

In addition, 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 programs portion of the endowment, consistent with their respective endowment values. As shown in Table 18, Wisconsin Partnership Program administrative expenditures grew from $395,900 in 2004 to $838,900 in 2008. The largest areas of growth from 2007 to 2008 were supplies and services, which more than tripled, and consultants and contracts, which increased by 78.8 percent. These increases are largely the result of a program evaluation completed by the Wisconsin Partnership Program, development of the 2009-2014 five-year plan, planning for a special initiative on healthy birth outcomes, and the use of additional reviewers to review grant proposals. Personnel expenditures, including salaries and fringe benefits, accounted for 70.6 percent of total expenditures in 2008.

Table 18

Wisconsin Partnership Program Administrative Expenditures

	2004[1]	2005[2]	2006	2007	2008
Salaries	$255,100	$333,400	$308,900	$349,600	$419,700
Fringe Benefits	88,100	122,600	119,700	140,600	172,300
Travel	2,800	9,200	10,000	11,600	27,000
Supplies and Services	28,500	56,600	30,900	36,400	116,400
Consultants and Contracts	21,000	24,200	52,000	57,900	103,500
Equipment	0	0	0	0	0
Other	400	0	0	200	0
Total	**$395,900**	**$546,000**	**$521,500**	**$596,300**	**$838,900**

[1] Includes $76,800 in costs originally paid for by the School of Medicine and Public Health in 2003 but subsequently reimbursed by the program.

[2] Includes $82,200 in costs originally paid for by the School of Medicine and Public Health in 2003 but subsequently reimbursed by the program.

Budgeted staffing levels for program administration have ranged from a low of 2.4 FTE positions in 2003 to a high of 8.75 positions in 2008, as the number of projects administered by the Wisconsin Partnership Program increased. For 2009, the program was budgeted 7.25 FTE administrative positions: the program director, an associate director, an administrative manager, an accountant, two program officers, a program assistant, and a 0.25 FTE information technology consultant.

Medical Education and Research Grants

Each year, the Wisconsin Partnership Program awards both competitive and noncompetitive medical education and research grants. There are two types of competitive grants—New Investigator grants and Collaborative Health Sciences grants. New Investigator grants, first awarded in 2005, are competitively awarded for up to $100,000 over two years to assistant professors in supporting initial research, gathering preliminary data, and acquiring other sources of funding. Collaborative Health Sciences grants, first awarded in 2007, are competitively awarded for up to $400,000 over three years to more experienced faculty working in collaboration with other departments or organizations. Noncompetitive grants may be awarded either by the Medical Education and Research Committee or by the Dean in consultation with the Medical Education and Research Committee. Funding amounts and project lengths of

noncompetitive grants vary, although funds are committed for a maximum of five years, to coincide with the program's five-year planning process.

Each project has a designated principal investigator who must be a member of the school faculty. Additional faculty members may serve as co-investigators or collaborators, and the Collaborative Health Sciences grants require a co-investigator. New Investigator grants do not allow grant funds to be used to support the principal investigator's salary, while Collaborative Health Sciences grants allow up to 30.0 percent of the principal investigators' salaries to be paid with grant funds. Noncompetitive projects may fund principal investigators' salaries with no cap.

A competitive application process was used in awarding 17.9 percent of medical education and research funds at the UW School of Medicine and Public Health.

As shown in Table 19, 45 of the 78 medical education and research grants awarded from 2004 through 2008 were awarded through the competitive application process, while 33 were awarded noncompetitively. Although 57.7 percent of all grants were awarded competitively, they represent only 17.9 percent of funds awarded. Wisconsin Partnership Program staff reported that no competitive grants were awarded in 2004 because the competitive grant programs had not yet been developed.

Table 19

Medical Education and Research Grants Awarded

	Noncompetitive[1]		Competitive	
Award Year	Number	Amount (in millions)	Number	Amount (in millions)
2004	8	$ 8.0	0	–
2005	13	11.3	16	$1.6
2006	4	8.7	7	0.7
2007	4	3.3	13	2.7
2008	4	4.5	9	2.8
Total	**33**	**$35.8**	**45**	**$7.8**

[1] Represents grants awarded without an RFP process.

As shown in Table 20, 55 of the 78 grants awarded were primarily focused on research, while 11 were primarily focused on education and 12 focused on both research and education. Data provided by the Wisconsin Partnership Program did not specifically identify the

focus of the education and research projects. In general, however, research projects focused on a range of research topics, such as cancer and Alzheimer's disease. Education projects focused on development of new degree programs at the school, continuing education for public health and medical professionals and other community members, and initiatives to improve the education of medical students. Appendix 6 shows all medical education and research grants awarded from 2004 through 2008.

Table 20

Medical Education and Research Grants by Focus Area

	Number	Percentage of Total
Research	55	70.5%
Education	11	14.1
Research and Education	12	15.4
Total	**78**	**100.0%**

Expenditures

Expenditures must be directly related to the project and consistent with the proposed project budget.

Applicants are required to submit detailed budgets with their applications, and expenditures must be consistent with the approved project budget. Wisconsin Partnership Program policies specify that expenditures must be reasonable and clearly related to the project's objectives; indirect costs, such as overhead, are not allowed. The policies also delineate unallowable costs, such as alcohol, entertainment, lobbying, and public relations. Up to 10.0 percent of project funds may be re-allocated across budget categories without prior approval, but grantees are required to request approval before reallocating more than 10.0 percent of their budgets, carrying funds forward from one project year to the next, or extending the period during which funds are spent. Extensions of more than 25.0 percent of the total grant award must be approved by the Medical Education and Research Committee.

Expenditures for medical education and research projects are directly charged by each principal investigator's department for processing through UW's payroll and accounting systems. Financial status reports are submitted by departments to Wisconsin Partnership Program staff every six months, and staff review them to ensure the amounts match the payroll and accounting systems and are consistent with each project's approved budget.

Expenditures for the UW's medical education and research projects totaled $26.7 million through December 31, 2008.

Table 21 categorizes the UW School of Medicine and Public Health's $26.7 million in expenditures for medical education and research projects through December 31, 2008.

Table 21

Medical Education and Research Grant Expenditures By Category
Through December 31, 2008

	Amount	Percentage of Total
Salaries	$12,463,000	46.7%
Fringe Benefits	4,406,900	16.5
Travel	355,700	1.3
Supplies and Services	3,550,200	13.3
Consultants and Contracts	2,443,600	9.2
Equipment	2,841,500	10.7
Other[1]	623,300	2.3
Total	**$26,684,200**	**100.0%**

[1] Includes utilities, rent, insurance, and graduate student fee remission.

All of the expenditures we reviewed at the UW School of Medicine and Public Health appeared to be allowable.

In order to further analyze the nature and appropriateness of project expenditures and the oversight of grantees we reviewed expenditures for a sample of 20 of these projects, which totaled $17.5 million and represented 65.6 percent of all medical education and research expenditures through December 31, 2008. Our review included supporting documentation such as invoices and receipts for more than 200 non-payroll expenditures. We also reviewed inventory control records for all equipment purchases exceeding $5,000. The School was able to provide all of the requested documentation, and we determined that all expenditures we reviewed appeared to be allowable. Report 10-7 includes budgets and expenditures for each of the 20 projects we reviewed.

Grant Applications and Awards

Awards for both competitive and noncompetitive grants should be based on thorough and well-defined processes that include clear and specific grant objectives. We therefore reviewed the processes

for awarding competitive and noncompetitive grants, including award procedures, application requirements, and grant application completeness.

Award decisions at the UW School of Medicine and Public Health were generally consistent with reviewers' initial scores.

New Investigator and Collaborative Health Sciences grants are awarded through a competitive process that includes issuance of an RFP, a technical review, review and scoring of proposals by a Medical Education and Research Committee subcommittee or other School faculty members, interviews of the top-ranked applicants by the Medical Education and Research Committee, and selection of awards by the Medical Education and Research Committee. We found that final award decisions were generally consistent with the reviewers' scores.

Faculty seeking noncompetitive grants are required to submit an application that is similar to those required for the competitive grants. Applications undergo a technical review by program staff to ensure compliance with application requirements. The Dean or the Medical Education and Research Committee then reviews the applications, and in some cases the applicant makes a formal presentation to the Medical Education and Research Committee. Funding decisions are made by the Medical Education and Research Committee or by the Dean in consultation with the Committee.

One of 20 projects we reviewed did not complete all application materials on standard forms.

Of the 20 projects we reviewed, 8 were competitively awarded and 12 were noncompetitively awarded. Applications included a grant application form, which included a project abstract and a detailed narrative of the project's specific aims, methods, and expected outcomes; a project budget; and a non-supplanting form. Applications submitted in 2004 were required only to submit a detailed narrative of the project's goals and expected outcomes, along with a project budget. We found that 19 of the 20 projects we reviewed had submitted all of the required application materials, while the UW Institute for Clinical and Translational Research (award amount: $6.8 million) did not. Although the grantee submitted a project narrative and made a presentation to the Medical Education and Research Committee, the Committee did not require the grantee to submit application materials on the same form required of other projects, nor did it require an itemized budget that covered the entire length of the project. We question the appropriateness of this approach because, at a minimum, it gives the appearance of preferential treatment for one grantee.

Nineteen of 20 projects identified clear and specific objectives.

In our review of grant application materials, we found that 19 out of 20 project proposals contained clear and specific objectives. For example:

- Advancing Evidence-Based Health Policy in Wisconsin: Translating Research into Practice (award amount: $149,200) planned to host three forums each year on specific health policy issues, host four symposiums each year led by an expert or panel of experts, and facilitate legislative committee briefings and meetings between legislators and researchers on an as-needed basis.

- The Human Proteomics Program (award amount: $1.9 million), which studies proteins, planned to purchase equipment, develop training programs for researchers, create a program Web site, host annual symposiums, and sponsor monthly seminars and workshops.

However, one project proposal did not include clear and specific objectives. The UW Institute for Clinical and Translational Research (award amount: $6.8 million) proposal indicated that the project's overall strategy would be "to couple catalytic investment of new resources with the integration, synergy and amplification of existing resources, to: 1) encourage research within each domain of clinical and translational research; and 2) create the necessary tools to facilitate research across junctions in the clinical and translational research continuum" and cited four "specific aims" of cultivating an academic home for the discipline of clinical and translational research, developing a cadre of multidisciplinary biomedical scientists, creating a coordinated infrastructure to make critical resources available for clinical and population-based research, and developing essential infrastructure for transferring medical discoveries to the community. However, the proposal did not include specific or measurable objectives, such as deadlines for the development and implementation of research infrastructure, the number of researchers receiving consultation or other support during the research timeframe, or the number of researchers who would be awarded grants for pilot projects. We believe it is important for all applications, including applications for noncompetitive awards, to include clear objectives.

☑ Recommendation

We recommend the University of Wisconsin School of Medicine and Public Health ensure that all project proposals include clear and specific objectives before awarding funds.

Monitoring and Oversight

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 Medical Education and Research Committee members. We reviewed the 20 projects in our sample to determine whether progress reports had been submitted as required, whether they clearly described the project's activities and progress toward achieving its objectives, and whether the grantee made any changes to the project's objectives.

Since January 2008, grantees have been required to submit written annual progress reports to program staff, with a final report due within 90 days of the end of the grant. Before January 2008, progress reports were due every six months, and a final report was due within 90 days of the end of the grant. The progress reports are required to contain:

- progress made toward the specific goals, objectives, and activities identified in the project proposal since the last progress report was completed;
- any barriers to meeting the goals and objectives within the project timeline; and
- any other information pertinent to the progress of the project.

Two of 20 projects we reviewed failed to complete one or more progress report.

Of the 20 projects we reviewed, 18 completed all required progress reports and final reports, but two projects each failed to complete one or more progress reports. We also noted three instances in which report receipt was not recorded in the program's tracking database, even though the report was in the file or provided to us by the grantee.

Eleven of the 20 grantees submitted one or more reports more than one month past the due date, and 6 submitted one or more reports more than three months late. Wisconsin Partnership Program staff reported following up with grantees through e-mail or by telephone when reports were not submitted on time, and they have recently implemented an electronic reminder system that sends an e-mail message to grantees 30 days in advance of a report's due date, and again seven days and 30 days after the due date if a report was not submitted. However, grantees have not been penalized for failure to comply with reporting requirements, even when reports were never submitted.

Progress reports submitted by grantees typically included sufficient information.

Progress reports submitted by all 20 grantees typically included sufficient information to determine project progress, and we did not note any substantial changes to project objectives or activities.

Activities and Outcomes

Two UW School of Medicine and Public Health projects we reviewed had at least one equipment purchase exceeding $50,000.

We analyzed the activities of the 20 projects we reviewed to determine whether grantees had achieved the objectives included in their original proposals. Medical education and research projects include a wide range of activities. Research projects typically involve investigation into the causes, prevention, and treatment of diseases; specific activities may include acquisition of test subjects and preparation and analysis of test samples. Education projects may involve developing curricula, designing degree programs, and hosting conferences or distributing medical information for health professionals electronically. Both research and education projects may involve faculty recruitment or the purchase of equipment. For example, 1 of the 20 projects in our sample funded the recruitment of part- or full-time faculty, 1 had a primary objective of purchasing medical research equipment, and 2 had at least one equipment purchase exceeding $50,000. We did not identify any real estate or construction expenditures.

To determine whether projects had achieved their stated objectives by their end, we reviewed project proposals, budgets, expenditures, and progress reports and interviewed the grantees. Of the 20 projects we reviewed, 14 were completed at the time of our fieldwork. Of those:

- seven achieved all of their objectives;
- five achieved most of their objectives;
- one achieved some of its objectives; and
- we could not independently determine the extent to which one achieved its objectives.

Seven of 14 completed projects achieved all of their objectives.

Among the seven projects that achieved all of their objectives:

- Treatment of Vitamin D Insufficiency (award amount: $100,000) confirmed that correcting Vitamin D insufficiency in postmenopausal females improves calcium absorption and retention.

- Making Wisconsin the Healthiest State (award amount: $917,700) produced a 2007 report card of the health of Wisconsin citizens, a 2008 report identifying opportunities for improving population health in Wisconsin, and a 2009 report for policymakers examining strategies for identifying the most effective programs and policies with the potential for improving population health.

Among the five projects that achieved most of their objectives:

- Comprehensive Cancer Control in Wisconsin: Translating Research into Practice (award amount: $319,100) conducted a statewide survey of patient satisfaction with cancer care and supported studies that sought to increase rates of colon cancer screening and use of pain and palliative care for cancer patients. Although the project met all three of its main objectives, the survey was completed later than had been planned and after the grant period had ended.

- The Role of Ikaros in Cellular Proliferation (award amount: $100,000) studied the role of a specific protein in cellular development and discovered the mechanisms by which the protein affects the growth of both normal and cancerous cells. The grantee had also planned to study how the protein repairs damaged cells but made limited progress toward this goal.

The project that achieved some of its objectives, the Survey of the Health of Wisconsin (award amount: $4.1 million), intended to study the health of Wisconsin residents by annually selecting a random sample of adults and asking them to answer questions, undergo a physical exam, and give blood and urine samples. Participants would then be monitored over time through the use of public data, such as death records, and periodic surveys and re-examinations. The project established the necessary staffing, clinics, and data systems, but although it originally planned to collect data on 1,155 individuals each year, staff reported that it collected data on only 266 individuals in 2008 and 355 in 2009. However, the project received a competitive $5.5 million American Recovery and Reinvestment Act grant in September 2009 and reports that it expects to successfully increase its sample size in the future.

We could not determine whether one completed project achieved its objectives.

As noted, the UW Institute for Clinical and Translational Research project (award amount: $6.8 million) had four broad goals but did not include measurable objectives. Even though the grantee did not use the required application form to submit materials, the proposal noted that "because of space limitations, detailed discussion of each element of the [project] is beyond the scope of this proposal." The project reported on numerous efforts to support clinical and translational research, such as developing a Web-based clinical trials management system, providing consultations to researchers, and awarding pilot grants for translational research projects. However, because the project's objectives were not clearly defined, we could not determine whether they had been achieved. We note that the Institute also submits detailed progress reports to the National Institutes of Health, which provides approximately $11 million in grant funding each year to help support the Institute, and the Institute is monitored by an external National Institutes of Health advisory committee that conducts periodic on-site reviews to assess progress.

We also analyzed projects that were not yet completed in order to assess progress toward achieving their objectives. As with the completed projects, we interviewed the grantees and reviewed project proposals, budgets, progress reports, and expenditures through December 31, 2008. The grant periods for 6 of the 20 projects that we reviewed had not been completed during our fieldwork. Of these, we found:

- five that appear likely to achieve all or most of their objectives; and
- one for which we could not yet determine the extent to which its objectives will be achieved.

Five in-progress projects appear likely to achieve all or most of their objectives.

Among the five projects that appear likely to achieve all or most of their objectives:

- Improving Cardiovascular Risk Prediction Using Hand-Held Carotid Ultrasonography (award amount: $286,300) trained health care professionals in community medical practices to operate a hand-held ultrasound device and use the results to detect and evaluate plaque in patients' arteries. The researchers also plan to evaluate whether patients are more likely to adhere to medical recommendations when they are able to view ultrasound images with their physician and learn about strategies for reducing the risk of heart attack. The grantee reported that all study data had been collected and that evaluation of the results would be completed by the grant's December 2009 completion date.

- Individual Stroma-Targeting Therapy in Breast Cancer (award amount: $300,000) developed a model for studying the process of tumor growth to identify drugs that could disrupt this process. These drugs have been tested on tissue samples obtained from breast cancer patients to evaluate their effectiveness. The grantee reported that 48 tissue samples have been obtained and tested, out of a goal of 50, and the sample count will likely exceed the goal.

We could not yet determine whether the Relationship Between Asthma and Obstructive Sleep Apnea project (award amount: $100,000) will achieve its objectives because only 19 of 46, or 41.3 percent, of participants had completed the second phase of the study at the time of our fieldwork. The grant was scheduled to conclude in September 2009 but received an extension through September 2010.

The extent to which projects achieved their stated objectives is only one measure of their potential effect. For example, an ambitious project that achieves only some of its objectives or a project that modifies its objectives because of changing circumstances may nevertheless have positive results. However, it is important for the school to regularly assess the extent to which projects achieve their objectives in order to effectively evaluate the Wisconsin Partnership Program and identify any needed modifications to its application or project oversight procedures.

Public Health Grants

Wisconsin Partnership Program public health grants are awarded on both a competitive and a noncompetitive basis.

The Wisconsin Partnership Program awards grants for three different categories of public health initiatives:

- development grants are designed to fund costs of forming a project or partnership and are competitively awarded for up to $67,000 for a 12- to 24-month period;

- implementation grants are designed to fund project implementation and are competitively awarded for up to $475,000 for a three-year period; and

- public Health Education and Training grants and other noncompetitive grants are designed to fund projects serving specific communities, populations, or purposes and are awarded to either community-based organizations or the UW School of Medicine and Public Health through a process that does not include an RFP.

The UW requires that both the 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 include nonprofit 501(c)(3) tax-exempt organizations, including nonprofit healthcare providers, or public governmental organizations such as state, local, or tribal governments.

Public health grants must involve a UW faculty or academic staff member as an academic partner.

The academic partner is a member of the faculty or academic staff of the UW School of Medicine and Public Health. The academic partner's role varies by project but generally involves assisting in project design, advising on implementation, directly participating in project activities, or evaluating project outcomes.

Although most Oversight and Advisory Committee grants are awarded competitively, three noncompetitive Public Health Education and Training grants were awarded by the Oversight and Advisory Committee at the recommendation of its Public Health Education and Training subcommittee. In addition, two grants that had been included in the 2003-2008 five-year plan were noncompetitively awarded funds in the program's first year.

The UW School of Medicine and Public Health awarded 103 public health grants for a total of $26.2 million.

Grants are awarded annually. From 2004 through 2007, 103 public health grants were awarded a total of $26.2 million. As shown in Table 22, 52 were development grants, 46 were implementation grants, and 5 were noncompetitive. In 2008, six projects were selected for awards but were not funded due to the decline in the endowment's investment value; these six are not included in the table.

Table 22

Public Health Grants Awarded

	Development		Implementation		Noncompetitive	
Award Year	Number	Amount (in millions)	Number	Amount (in millions)	Number	Amount (in millions)
2004	20	$0.5	13	$5.4	4	$3.5
2005	9	0.4	10	4.3	0	0.0
2006	12	0.6	13	5.6	1	0.6
2007	11	0.7	10	4.6	0	0.0
Total	**52**	**$2.2**	**46**	**$19.9**	**5**	**$4.1**

Grant applicants were asked to identify which of 16 major areas of health priorities their proposal addressed, along with the target populations and geographic areas to be served. As shown in Table 23, almost one-half of the public health grants awarded had a primary objective of either improving access to primary health services, addressing issues of weight and obesity, or preventing injuries and violence. Projects most often served urban areas, although nearly one-quarter were statewide, and children were the most common target population. Appendix 7 is a listing of all public health grants awarded from 2004 through 2007, including information on their primary objectives, target populations, and geographic areas.

Table 23

Profile of Public Health Grants Awarded
2004–2007

Geographic Area[1]	Number
Urban	47
Statewide	24
Rural	16
Rural and urban	15
Not specified	1
Total	**103**

Target Population[2]	Number
Children	51
Adults	44
Seniors	23
Pregnant women	15
Minorities	8
Women	5
Multiple targets	24

Primary Objective to Address	Number
Access to primary and preventative health services	20
Overweight and obesity	17
Injuries and violence	11
Alcohol and other substance use and addiction	9
Coordination of state and local public health systems	7
Mental health and mental disorders	7
Social and economic influences on health	7
Sufficient, competent healthcare workforce	7
Community health improvement processes and plans	5
Environmental and occupational health hazards	4
Integrated electronic health data systems	3
Tobacco use and exposure	3
Adequate and appropriate nutrition	2
High-risk sexual behavior	1
Equitable, adequate, and stable healthcare financing	0
Communicable diseases	0
Total	**103**

[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 within a specific geographic area, while others are statewide.

[2] Applicants may select more than one target population. "Multiple targets" applies when more than four are selected.

Expenditures

The UW School of Medicine and Public Health directly spent $4.2 million, or 28.9 percent of public health grant funds for public health projects.

Through December 31, 2008, $10.3 million of the $14.5 million in expenditures for public health projects was paid to community organizations that were awarded development and implementation grants. The remaining $4.2 million, or 28.9 percent, was spent directly by the UW or paid to its staff. Three-fourths of the expenditures, or $3.1 million, funded noncompetitively awarded grants. The remaining UW expenditures include payments to academic partners working on development and implementation grants, as well as payments to their staffs and other related costs such as supplies.

Applicants are required to submit detailed budgets with their applications, and expenditures must be consistent with the approved project budget. Wisconsin Partnership Program policies specify that expenditures must be reasonable and clearly related to the project's objectives. A grantee's indirect costs, such as overhead, may not be charged to the grant. The policies also delineate unallowable costs, such as alcohol, entertainment, lobbying, and public relations. Up to 10.0 percent of project funds may be re-allocated across budget categories without prior approval, but grantees are required to request approval prior to re-allocating more than 10.0 percent of their budgets, carrying funds forward from one project year to the next, or extending the time during which they spend funds. Extensions of more than 25.0 percent of the total project award must be approved by the Oversight and Advisory Committee.

Wisconsin Partnership Program staff review submitted invoices for compliance with program policies.

Grantees are required to submit invoices at least quarterly, with a final invoice due within 90 days after the end of a grant period. Wisconsin Partnership Program staff review the invoices before submitting them to the UW-Madison Accounting Services office for payment. The Wisconsin Partnership Program does not centrally maintain records of grantee expenditures by budget category, and grantees are not required to provide information on individual expenditures. However, grantees are required to maintain financial records on project expenditures for at least three years after submission of a final invoice. The Wisconsin Partnership Program also contracts with an accounting firm to annually audit the financial controls and expenditures of five to seven randomly selected grantees. UW officials report that they changed their policies in 2009 to require records to be retained for five years.

In order to further analyze the nature and appropriateness of project expenditures and Wisconsin Partnership Program oversight of grantees, we reviewed a sample of 20 public health projects, including each grantee's expenditure records.

The 20 grantees we reviewed spent a total of $5.1 million as of December 31, 2008, which is 35.2 percent of all public health project expenditures during that time period. As shown in Table 24, salaries accounted for the largest share of expenses, at 57.4 percent. Report 10-7 includes detailed information on the budget and expenditures for each of the 20 projects.

Table 24

Public Health Grant Expenditures by Category[1]
Through December 31, 2008

	Amount	Percentage of Total
Salaries	$2,939,300	57.4%
Fringe Benefits	891,400	17.4
Travel	189,300	3.7
Supplies and Services	269,600	5.3
Consultants and Contracts	645,700	12.6
Equipment	23,000	0.4
Other	166,000	3.2
Total	**$5,124,300**	**100.0%**

[1] Expenditures for a sample of 20 public health projects.

We reviewed more than 200 non-payroll expenditures for the 20 projects we selected, including supporting documentation such as invoices and receipts. We found all but one of the expenditures we reviewed were allowable. The Healthy Wisconsin Leadership Insitutute (award amount: $932,900), a public health education and training grant program for public health professionals statewide that is operated and funded jointly by the UW and the Medical College, spent $180 on bowling for participants in a training event, which is an unallowable entertainment expense. After we reported our finding to Wisconsin Partnership Program staff, they found a similar expenditure one year later and reversed both transactions so that they were not paid with endowment funds.

Grant Applications and Awards

In order for program funds to be spent effectively, awards for both competitive and noncompetitive grants should be based on

thorough and well-defined processes, including project applications with clear and specific objectives. We therefore reviewed the processes for awarding competitive and noncompetitive grants, including award procedures, application requirements, and whether project applications were complete and included clear and specific objectives.

Development and implementation grants are awarded through a competitive process that includes issuance of an RFP, review and scoring of proposals by three community and public health practitioners or faculty who are not Oversight and Advisory Committee members, and selection of awards by the Oversight and Advisory Committee.

The Oversight and Advisory Committee decides which applications to fund based on the results of the external review and its own discussions, which include consideration of the need for the project, the project's significance, the applicant's capacity for successfully completing the project, geographic distribution, the partnership quality, and alignment with program priorities.

Grant awards were largely consistent with scores given by external reviewers.

In most cases, we found that the Oversight and Advisory Committee's decisions were consistent with the rankings from the external review. Of the 98 development and implementation grants awarded through 2007, 75 were among those with the highest external review scores. Of the 23 that were not, all but 5 were within five points of the highest-scoring applications. Oversight and Advisory Committee meeting minutes from 2005 indicate that deviations from the external review rankings occurred primarily to ensure geographic diversity in grant awards, and we confirmed that the lower-ranking projects funded in 2005 targeted rural counties and thereby increased the geographic diversity of the grants awarded. However, minutes from the other years do not describe the Oversight and Advisory Committee's deliberations in sufficient detail to determine the reasons for its funding decisions, including variation from the external review scores.

Fourteen of 20 public health applications we reviewed included clear and specific objectives.

We found that applications for all 20 of the projects in our sample included all required documents. Of the 20 applications, 14 contained information that allowed us to identify project goals and determine that the proposed activities appeared to be realistic and appropriate. Goals were clearly identified, and project activities were described in sufficient detail. For example, the application for the Wisconsin Population Health Fellowship Program (award amount: $2.0 million), a public health education and training grant, included specific activities and target numbers for recruiting, placing, and training new public health professionals in community or local organizations throughout the state for a two-year period.

However, the goals and objectives in six applications were unclear or appeared overly ambitious. For example:

- the Dane County Early Childhood Initiative (award amount: $450,000) had a broad objective of providing intensive case management services to low-income families through a home visitation program but did not detail what types of activities and services would be provided; and

- Healthy Children, Strong Families (award amount: $426,100) intended to design, implement, and evaluate a multi-year, community-based obesity prevention program in three tribal communities in three years, which the grantee subsequently acknowledged was overly ambitious.

External reviewer or Oversight and Advisory Committee comments for four of the six projects reflected similar concerns. For example, reviewers also noted a lack of specificity in the proposals for the Dane County Early Childhood Initiative.

☑ Recommendation

We recommend the University of Wisconsin School of Medicine and Public Health improve the inclusion of clear and realistic objectives in project proposals by, for example:

- *including in the technical review an assessment of whether an application has clearly defined objectives; and*

- *requiring applicants to respond in writing to reviewers' concerns, when appropriate, before determining whether the project application should be approved.*

Monitoring and Oversight

Once grants have been awarded, continued monitoring and oversight are needed to ensure that grantees are making progress toward their intended objectives. We reviewed semiannual progress reports for the 20 projects in our sample to determine whether they had been submitted as required, whether they clearly described the projects' activities and progress toward achieving their objectives,

and whether the grantees made any changes to the projects' objectives.

Grantees are required to submit written progress reports every six months, with a final report due within 90 days of the end of the grant. Requested information includes:

- a summary of the progress to date;
- progress made over the last six months toward the goals, objectives, and activities outlined in the project proposal;
- any barriers to meeting the project goals or objectives within the project's time line;
- modifications made to the original project work plan; and
- other pertinent information, such as staffing changes, new funding sources, or project contributors.

While each of the 20 project files that we reviewed included all required progress reports, and the reports generally included the required information, six grantees submitted one or more reports more than one month past the due date and three submitted a report more than three months late. As with the Medical Education and Research Committee grants, Wisconsin Partnership Program staff reported following up with grantees when reports were not submitted on time and that an electronic reminder system was recently implemented.

All 20 public health grantees submitted required progress reports.

Although progress reports for all 20 projects described the grantee's progress toward meeting its objectives, we noted 2 projects whose progress was not clearly described. For example, it was difficult to connect information on activities discussed in progress reports for the Latino Geriatric Center project (award amount: $448,300), an implementation grant to develop a variety of services for Milwaukee Latino elders with dementia, to the objectives outlined in the original proposal.

Three of 20 grantees modified their projects' activities.

One important reason for ongoing monitoring is to ensure that any changes in grantees' activities are appropriate. Our review of the progress reports found that 3 of the 20 projects we reviewed included a significant change in what the grantee was doing or intended to accomplish within the grant's time period. For example:

- The Healthy Children, Strong Families project (award amount: $426,100) originally proposed developing, implementing, and evaluating an obesity prevention program for American Indian families in three tribal communities. Although the grantee developed the program and began recruiting families, implementation and evaluation did not proceed as quickly as planned and have continued beyond the three-year grant period, using funds from a National Institutes of Health grant.

- The Multi-Level Information Systems and Health Promotion Interventions for Milwaukee's School Children project (award amount: $299,800) originally intended to create a continuously updated data system that could be used by Milwaukee Public Schools (MPS) staff to develop health-related programs and activities based on schools' specific needs. However, grantees instead initiated a limited study that collected and analyzed health data for approximately 500 MPS students. The data were used by researchers, who found that MPS students were more likely to be overweight and to have special health needs than children elsewhere. The project did not create a sustainable or replicable system but instead recommended that MPS adopt a specific child health screening tool.

While program staff met with the grantee of one project to discuss the changes, it is unclear what the program's response was to the other two projects because no notation or acknowledgment of these changes was recorded in the project files.

In addition to progress reports, program staff conduct site visits to monitor progress. Before January 2009, these visits were conducted at staff discretion. The policy has since changed so that a site visit is to be conducted for development grants at the end of the grant period, and implementation grants are to receive one site visit during the course of the project and one at the end of the grant period. Our review found that site visits had been completed for 13 of the 20 projects we reviewed, including 5 that received more than one visit. Of the seven projects that had not had a site visit at the time of our fieldwork, four were completed and three were ongoing.

☑ Recommendation

We recommend the University of Wisconsin School of Medicine and Public Health improve its monitoring and oversight of public health projects by:

- *requiring grantees to revise their progress reports when they do not adequately describe the project's progress or report on each of the project's objectives; and*

- *clarifying the circumstances under which grantees must notify staff of modifications to project objectives.*

Activities and Outcomes

We analyzed the activities of the 20 projects we reviewed, including the role of the academic partner, to determine whether grantees achieved the objectives included in their original proposals. Grant proposals are required to specify a project's planned activities, which for development grant projects typically include conducting focus groups; surveying affected populations; creating steering committees; and creating strategic plans. For implementation grants they typically include developing strategies to deliver health services; providing education or training; increasing public awareness; and presenting findings through conferences or publications. Both types of projects generally include evaluation components that in some way attempt to report projects' activities and measure their effects.

Academic partners at the UW School of Medicine and Public Health were involved in project evaluations for 4 of 18 public health projects.

Among the 20 projects we reviewed, 18 included an academic partner. The two projects without academic partners were development grants awarded in 2004, when academic partners were not required. For all 18 projects, the academic partner held an advisory role for the project. For 13 of the 18 projects, the academic partner was also responsible for:

- providing services or conducting specific project activities (5 projects);

- designing or conducting evaluations (4 projects); and

- directing project implementation (4 projects).

Although the roles of the academic partners varied, the grantees we interviewed said they were generally satisfied with their academic partner's involvement. In addition, several described their partnerships as particularly valuable, including:

- Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women (award amount: $450,000), a Dane County implementation grant in which the community partner was receiving evaluation expertise and experience from the academic partner, who in turn was incorporating the project's activities in her research; and

- Creating Healthy Rural Communities (award amount: $59,200), a development grant that paired an academic partner with direct experience in community public health issues and creating community health plans with a Juneau County agency that wanted to create a community health plan.

On other projects, the academic partner's role was more limited. For example, the academic partner on the Northern Wisconsin Child and Adolescent Psychiatry Access Project (award amount: $49,900) reported providing background information and advice to the Ministry Medical Group staff who were the community organization grantees. In some cases, this may have occurred because the grantee had the necessary expertise and did not require more active involvement from the academic partner. One advocacy organization we spoke with questioned whether academic partners are always necessary and noted that the requirement reduces funds available to community organizations. We could not determine from available information whether some grantees would have achieved similar results without the involvement of an academic partner.

Seven of 12 completed projects met all or most of their objectives.

To determine whether projects had achieved their stated objectives by the end of their project periods, we reviewed project proposals, budgets, expenditures, and progress reports and interviewed the grantees. Of the 20 projects we reviewed, 12 were completed at the time of our fieldwork. Of these:

- two achieved all of their objectives;

- five achieved most of their objectives;

- three achieved some of their objectives; and

- two achieved few of their objectives.

The projects that achieved all objectives included the Got Dirt? Initiative development grant (award amount: $49,700), which trained and supported teachers and child care providers in planning and maintaining vegetable gardens in order to increase children's consumption of fruits and vegetables. The project exceeded its goals by instructing 270 teachers and childcare providers in the planning and maintenance of gardens, which resulted in the establishment of 68 new gardens that reportedly served 1,100 children statewide.

The five projects that achieved most of their objectives included:

- the Chippewa Valley Community Diabetes Program (award amount: $50,000), a development grant to develop and pilot a diabetes care program for patients at a free health care clinic in Eau Claire. The project designed and implemented the diabetes care program but was unable to complete planned improvements to its patient database within the grant period.

- the Health Care Task Force on Pre- and Inter-Conception Care (award amount: $49,600), a development grant to create a plan for enhancing access to health care and improving birth outcomes for Milwaukee-area women at risk of having poor birth outcomes, such as pre-term delivery and low birth weight babies. Although the project completed its plan, it conducted 13 of the 16 planned focus groups with 66 participants, instead of the 128 participants originally proposed.

The three projects that achieved some of their objectives included:

- Healthy Children, Strong Families ($426,100), an implementation grant to design, implement, and evaluate a family-based obesity prevention program for American Indian families with children between three and five years old. The grantee designed the program and recruited 122 families, but by the end of the grant period had assessed nutrition and physical activity changes for only 16 of the families. In addition, the grantee did not create a community advisory board, as planned. Both activities continued after the grant period ended using funding from a medical education and research grant and a National Institutes of Health grant.

- The Northern Wisconsin Child and Adolescent Psychiatry Access Project development grant to design a coordinated system of psychiatric care delivery for rural Wisconsin. The grantee reviewed community needs and researched potential models of care but did not create either a workforce development plan or detailed plan for a new system of care.

Two of 12 completed public health projects achieved few of their objectives.

The two projects that achieved few of their objectives were:

- Multi-Level Information Systems and Health Promotion Interventions for Milwaukee's School Children (award amount: $299,800), which intended to develop a continuously updated data system that could be used by MPS staff to develop health-related programs and activities based on the specific needs of their schools and analyze the impact of school nurses on improving health outcomes for children ages 6 through 11 in selected schools. The project collected health data on 553 students but did not create a health data system, assess the effect of school nurses on student health, or improve MPS's capacity to assess student health on an ongoing basis.

- Strengthening Family Caregivers (award amount: $25,000), which did not complete its primary goal of developing a strategic plan for the statewide Wisconsin Alliance for Family Caregivers or apply for grants to continue support of the Alliance.

We also analyzed projects that were not yet completed in order to assess their progress toward achieving their objectives. As with the completed projects, we interviewed the grantees and reviewed project proposals, budgets, progress reports, and expenditures through December 31, 2008. The grant time period for 8 of the 20 projects that we reviewed had not been completed during our fieldwork. Of these, we found:

- three that appear likely to achieve all or most of their objectives; and

- five for which we could not yet determine the extent to which their objectives would be met.

One of the projects that appears likely to achieve all or most of its objectives is Creating Healthy Rural Communities (award amount: $59,200), a grant to develop and document a community-wide health improvement process in Juneau County that is intended to create a five-year community health improvement plan and a template for other counties to follow. The project has completed the community health improvement plan and expects to complete the template within the project's time line.

Each of the five projects for which we could not yet determine the extent to which objectives would be achieved either had significant time remaining on its grant or key project activities that were not scheduled to be completed until near the end of the grant period. For example,

- Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women (award amount: $450,000) plans to conduct 300 workshops by May 2010 and has conducted 89 workshops through April 2009; and

- Allied Drive Early Childhood Initiative received a second grant (award amount: $475,000) to continue implementing a home visitation program for low-income families and to evaluate the program's success. Since the grant's April 2008 start, 37 families have received services, and data collection is in progress. The grant is scheduled to end in March 2011.

The extent to which projects achieved their stated objectives is only one measure of their potential effect. For example, an ambitious project that achieves only some of its objectives or a project that modifies its objectives because of changing circumstances may nevertheless have positive results. However, it is important for the school to regularly assess the extent to which projects achieve their objectives in order to effectively evaluate the Wisconsin Partnership Program and identify any necessary modifications to its application or project oversight procedures.

Special Initiative on Healthy Birth Outcomes

The UW School of Medicine and Public Health's Oversight and Advisory Committee is planning a special initiative on Healthy Birth Outcomes.

In February 2007, the Oversight and Advisory Committee formed a workgroup to study and identify options for a special funding initiative that would provide more resources to a single health issue. In April 2007, the workgroup recommended that the Oversight and Advisory Committee fund an initiative focused on reducing disparities in birth outcomes, such as infant mortality, between white and nonwhite births. The initiative has been in the planning process since that time. Activities have included:

- hiring a consultant at a cost of $25,000 to develop a report on health disparities in birth outcomes;
- hosting a May 2008 conference in Racine, partially funded by the Johnson Foundation, that brought together participants from state and local governments, universities, health care organizations, and others to discuss options for improving birth outcomes; and
- forming the Reducing Health Disparities in Birth Outcomes Steering Committee, which first met in January 2009 and includes Oversight and Advisory Committee and community members.

In February 2009, the Oversight and Advisory Committee announced that it would commit $10.0 million over five years to the initiative, and the 2009-2014 five-year plan describes the initiative as a multi-year, multi-million dollar initiative that will award planning and implementation grants in targeted Southeastern Wisconsin communities while developing the statewide capacity to sustain the effort on a long-term basis.

An RFP for the development of the Healthy Birth Outcomes Initiative was issued in September 2009.

In September 2009, the Oversight and Advisory Committee issued an RFP for Capacity Development and Early Implementation grants to be awarded to community organizations or local governments in four Southeastern Wisconsin communities: Milwaukee, Racine, Beloit, and Kenosha. The proposal asked for a collaboration among local organizations and creation of a community action plan. The grants are expected to run from January 2010 through December 2011 and to total $250,000 for Milwaukee and $200,000 for each of the other three communities. Grantees will receive technical assistance from a consultant hired by the Wisconsin Partnership Program and will be expected to meet a variety of specific requirements, such as engaging community residents in the planning process, obtaining letters of support from specific local stakeholders, and identifying local funding partners. The initiative will be funded from the 35.0 percent public health allocation.

The next phase of the initiative is planned to begin in 2011 and to continue through at least March 2014, the end of the current five-year plan. In that phase, the Oversight and Advisory Committee intends to award grants for various implementation and evaluation grants.

Through December 2008, expenditures for the initiative totaled approximately $48,100, including $25,000 for a consultant and $23,100 for the cost of the conference. During that time, the initiative has been funded through the program's administration budget rather than as a separate grant. The capacity development grants will have their own budgets and expenditures, funded from the 35.0 percent allocation for public health initiatives.

The 2009-2014 five-year plan also notes that the Oversight and Advisory Committee may periodically consider other focus areas for similar targeted initiatives based on available funding and high-priority public health needs.

Supplanting

As noted, the Commissioner's order requires that program funds not be used to supplant other available funds. UW's 2003-2008 five-year plan states that supplanting means "to replace, to take the place of, or to supersede." The plan outlines a set of criteria that should be considered in determining whether program funds would supplant other available resources, including each of the following:

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

It is important to note that each of the listed factors is to be considered in making the supplanting determination. However, the language does not specify situations in which the previous, current, or potential availability of other funding would constitute supplanting.

Grant applicants must attest that program funds will not supplant other available funds.

Applicants for both medical education and research and public health grants are required to submit a non-supplanting questionnaire form as part of the application process. The form asks the grantee to identify similar projects, disclose other sources of funding, and state that program funds will not replace other funds that are available. Projects must also annually re-submit non-supplanting questionnaires.

The non-supplanting forms are reviewed by Wisconsin Partnership Program staff and by the school's Associate Dean for Fiscal Affairs. Each Wisconsin Partnership Program annual report includes a statement, signed by the Associate Dean for Fiscal Affairs, the Dean, and the UW-Madison Vice-Chancellor for Administration, attesting that supplanting has not occurred for any Wisconsin Partnership Program–funded projects.

We found that all 20 medical education and research projects submitted a non-supplanting questionnaire at the time of application; however, four grantees were missing one of the annual re-submissions. All 20 public health grantees submitted the required forms.

However, eight medical education and research projects and seven public health projects listed outside funding in their application or original budget but did not include this information on the supplanting form. While this does not mean that supplanting actually occurred, we believe all sources of potentially related funding should be listed on the supplanting form to ensure that staff review of supplanting is based on complete information.

We did not identify clear evidence of supplanting in any of the 40 projects we reviewed, but some documentation was incomplete.

We did not identify clear evidence of supplanting in any of the 40 projects we reviewed. However, we noted several instances in which it was difficult to determine whether supplanting may have occurred. For example:

- The Wisconsin Infectious Disease Drug Discovery program received a $300,000 medical education and research grant, which it used to support investigators conducting drug discovery research. Although the required non-supplanting questionnaire was completed, it included funding for only the principal investigator, not the other researchers supported by the grant.

- The School of Medicine and Public Health Office of Continuing Professional Development received an $80,000 medical education and research grant to provide free registration for the 2007 Emergency Care and Trauma Symposium, an annual professional emergency management conference. The grantee reported that providing free registration allowed more than 550 emergency management professionals to attend, compared to the conference's typical attendance of 200 to 250.

☑ Recommendation

We recommend the University of Wisconsin School of Medicine and Public Health ensure that all related funding is fully disclosed by applicants on the supplanting forms before considering the funding request.

■ ■ ■ ■

Future Considerations

When the endowments that support the schools' public health and medical education and research programs declined with the financial markets, both schools curtailed their program expenditures. The markets have since improved, but endowment levels will continue to require monitoring. Monitoring of the schools' conflict-of-interest policies also remains important.

The March 2000 order of the Commissioner of Insurance was intended "to promote public heath initiatives that will generally benefit the Wisconsin population." Both schools have complied with this directive. However, additional guidance from the Commissioner of Insurance could help clarify certain policy issues related to use of the funds.

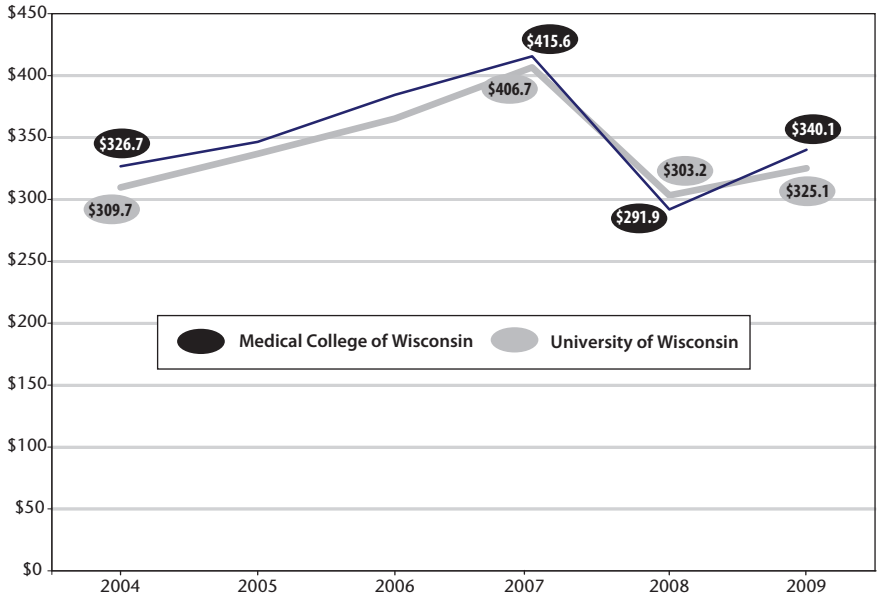
Declines in Endowment Values

The value of each school's endowment declined by more than 25.0 percent during 2008 because of the economic downturn.

The value of the Medical College's endowment declined 29.8 percent from December 31, 2007, to December 31, 2008. As shown in Figure 2, some value was regained by the end of 2009, when the Medical College's endowment was $340.1 million. The value of the UW School of Medicine and Public Health's endowment declined 25.4 percent during the same period, also regained some value during 2009, and ended 2009 at $325.1 million. Other endowments experienced similarly steep declines during similar periods: one study found that college endowments in Wisconsin lost an average of 18.7 percent from June 2008 through June 2009.

Figure 2

Endowment Balances[1]
(in millions)



[1] As of December 31 of each year.

As the values of their endowments declined, both schools reduced funding for existing grants and the number of grants they awarded in 2008.

Until 2009 Wisconsin Act 33 took effect in August 2009, use of investment earnings from an institutional endowment that had declined below its historic value was restricted by statute. Late in 2008, the Medical College therefore reduced its funding for already-awarded grants by $7.4 million, and the UW School of Medicine and Public Health reduced its funding for already-awarded grants by $2.2 million. In addition, both schools reduced the number of grants they awarded in the 2008 funding cycle, and the UW School of Medicine and Public Health delayed releasing funds to the 2008 public health grantees until September 2009.

Since February 2010, both the Oversight and Advisory Committee and the Medical Education and Research Committee of the UW School of Medicine and Public Health have required at least one year of reserves in the endowment funds available for expenditure, as well as an annual review of the endowment distribution rate adopted by the UW Foundation, before releasing endowment funds for expenditure. In December 2009, the Consortium on Public and Community Health, Inc., and the Medical College's Board of Trustees, which has overall authority for that school's Advancing a Healthier Wisconsin program, revised their policies to allow spending from restricted endowments, including those below their historic values, based on analysis of previous and current market

values and ongoing monitoring of endowments to ensure their long-term stability.

The Medical College has extended the grant periods of some of its medical education and research grants, and the UW School of Medicine and Public Health has renewed several noncompetitive medical education and research grants at reduced funding levels. The Medical College also postponed its release of an RFP for the public health grants it will award in 2011, thereby increasing the interval between funding cycles from 12 to approximately 18 months. UW officials expect to issue an RFP for both public health and medical education and research grants in spring 2010. Careful monitoring of endowment balances will continue to be important.

Conflict-of-Interest Policies

Both schools have conflict-of-interest policies requiring members of their oversight and advisory committees to disclose any financial or other interests they may have in organizations with grant proposals under review. The policies state, however, that members cannot be deemed to have conflicts of interest with respect to the entities that nominated them to the oversight and advisory committees. Because committee members may be employed by the entities that nominated them, these provisions appear to be in conflict with the requirement that members abstain from voting when a project proposal from their organization is being considered. In addition, neither school's policy requires the individuals with potential conflicts of interest to be absent during discussions of those proposals. Medical College staff report that members of the Consortium who disclose potential conflicts are asked whether they intend to recuse themselves. UW staff indicated that members of its Oversight and Advisory Committee abstain from voting when an organization they represent stands to benefit financially from a project.

We identified affiliations between oversight and advisory committee members and grant recipients in 5 of the 40 public health projects we reviewed.

One of the public health grants we reviewed in detail—Targeting Adolescent Problems: Substance Abuse Crisis Hotline and Program (award amount: $449,700)—was awarded to an organization whose executive director was a member of the Consortium on Public and Community Health. Medical College staff reported that the individual did not vote on the proposal, but there is no record of an abstention in minutes of the Consortium's meeting. Four other public health projects we reviewed in detail were awarded to organizations affiliated with members of the UW School of Medicine and Public Health's Oversight and Advisory Committee, including two public health education and training grants that were awarded to the school and whose principal investigator was a member of the committee. Minutes of the committee's meetings indicate appropriate abstentions from voting on the award decisions for these projects.

Although the schools were required to establish oversight and advisory committees only for the distribution of public health funds, the UW School of Medicine and Public Health also established the Medical Education and Research Committee—which consists primarily of faculty and administrators but includes two members of the Oversight and Advisory Committee—to provide oversight and advice on the distribution of medical education and research funds. This committee's conflict-of-interest policy clearly requires members with a financial, personal, or professional interest in proposals under review to disclose the conflict and recuse themselves from voting, although they are permitted to be present during discussions to answer relevant questions. In our detailed review of 20 medical education and research projects funded by the UW School of Medicine and Public Health, we identified four principal investigators who were also members of the Medical Education and Research Committee. Our review of the committee's minutes indicates that two of these individuals abstained from voting on their own grant proposals, but there is no record of abstention by the primary investigators for Innovations in Medical Education or the Survey of the Health of Wisconsin.

Although the Medical College's Research and Education Advisory Committee advises the Dean on funding and oversight of medical education and research awards, the Medical College did not establish a separate oversight committee with its own policies and procedures. Proposals for the competitive awards made during our review period were first reviewed and scored by faculty panels and then approved by the Research and Education Advisory Committee, the Dean, and the Board of Trustees. Faculty members are required to recuse themselves from reviews of their own applications or those submitted by individuals in their academic departments. None of the 20 projects in our sample were awarded to principal investigators who were also members of one of the Medical College's competitive review panels, but one noncompetitive grant was awarded to a senior administrator who is a member of the Research and Education Advisory Committee.

☑ Recommendation

We recommend the Medical College of Wisconsin and the University of Wisconsin School of Medicine and Public Health's oversight and advisory committees amend their conflict-of-interest policies to require that members abstain from voting on project proposals submitted by organizations with which they have an employment or other financial relationship and absent themselves during deliberations on proposals by these organizations.

Oversight and Use of Funds

Neither the Foundation nor the Commissioner of Insurance retains formal oversight authority.

Wisconsin United for Health Foundation, Inc., was required to determine whether each school's initial five-year plan for use of the conversion funds met the requirements of the March 2000 order of the Commissioner of Insurance, and it retained some additional oversight authority through grant agreements that limited the schools' access to funds until their first three annual reports had been received and approved. However, the Foundation's formal oversight responsibility ended in 2007, and it has since existed primarily as a forum for public information and comment on the schools' programs. The Commissioner of Insurance likewise does not appear to have an ongoing, formal oversight role. Commissioner's office staff indicated that five-year plans, annual reports, and required program and financial audits were intended to be the principal means of ensuring accountability and compliance with the Commissioner's order.

We did not identify any instances of noncompliance with the Commissioner's order, in part because the order gives the schools wide latitude in using the conversion funds. However, additional guidance from the Commissioner could be useful in clarifying:

- whether restrictions should be placed on use of medical education and research funds;
- the prohibition against supplanting;
- the degree to which medical education and research funds may be allocated by the schools' Deans on a discretionary basis; and
- the extent to which the schools should directly expend public health funding rather than award it to community-based programs administered by other entities.

Restrictions on the Use of Allocated Funds

The Commissioner's order imposed few restrictions on the use of funds for medical education and research.

The March 2000 order of the Commissioner of Insurance states that "the purpose of the conversion funds is to promote public health initiatives," which have as their focus "the broader determinants of health in communities, such as prevention efforts to promote healthy life styles for women, children and families; disease prevention and control; and control of environmental agents that negatively impact health." However, the order's legally binding language allocated only 35.0 percent of the conversion funds for public health purposes and did not restrict use of the 65.0 percent of conversion funds allocated for medical education and research

except by requiring that any real estate expenditures be approved by a two-thirds vote of a school's oversight and advisory committee.

Both schools have used medical education and research funds for a variety of activities, and it can be argued that any form of medical education and research has the potential to eventually improve public health. However, continuing education for public health professionals and research that brings clinical findings into community health care settings may be more directly related to improving public health than, for example, investments in basic research equipment or recruiting and funding medical school faculty and staff. Additional guidance from the Commissioner could help clarify whether the 65.0 percent allocation was intended primarily to promote public health through education and research, or whether it was also intended to provide general support for what could be considered the medical schools' core functions.

Supplanting

The order's prohibition on supplanting can be interpreted in different ways.

The Commissioner's order also prohibits conversion funds from supplanting other resources, although it does not clearly define supplanting. Instead, it states both that conversion funds may not be used to supplant funds or resources "that are available" from other sources and that the schools must ensure they will not supplant other resources "that may be available." Some have argued that the second phrase means that grantees should be required to seek other sources of funding and that the schools themselves should determine whether other funding may be available before awarding grants. However, each school has largely defined supplanting as the replacement of existing funds, and while both require the availability of other funds to be considered, neither requires applicants to specifically identify other potential funding sources or to seek other funds before applying for grants. Furthermore, grantees are allowed and encouraged to use program funds in conjunction with other sources of funding.

The absence of a clear definition made it difficult for us to determine whether supplanting had occurred. Although we found no clear instances of conversion funds replacing existing funds, in several instances we could not determine whether funding might have been available from other sources if the conversion funds had not been available. For example, it seems likely that faculty recruitment, the development of degree programs, and equipment purchases that could be considered part of the schools' core responsibilities would have been funded at least in part from other sources. On the other hand, many of the researchers we interviewed noted that the conversion funds enabled them to obtain the preliminary data required to successfully compete for federal research funds.

To ensure that the intent of the prohibition against supplanting can be realized, the Commissioner of Insurance could clarify:

- whether supplanting refers to replacing funds that "are available" or funds that "may be available"; and

- whether or not applicants should be required to demonstrate that they have sought other funding before applying for conversion funds.

Discretionary Awards

The Dean of each school has discretion in awarding a portion of its medical education and research funding.

We also note that each school's Dean has discretion in awarding a portion of the 65.0 percent of conversion funds allocated for medical education and research, although both schools have committees to advise their Deans on the use of these funds. During the period we reviewed:

- the Dean of the Medical College awarded $33.7 million, or more than 70.0 percent of that school's medical education and research grants, on a noncompetitive basis, and the Medical College's five-year plan for 2009-2014 indicates that all future medical education and research grants will be awarded noncompetitively by the Dean; and

- the Dean of the UW School of Medicine and Public Health awarded $7.0 million, or 16.1 percent of that school's medical education and research grants, on a noncompetitive basis, and the school reported that up to one-third of its medical education and research funding is directed to projects identified by the Dean. Its five-year plan for 2009-2014 indicates that "a percentage" of available medical education and research funds will continue to be awarded by the Dean.

Expenditure of Public Health Funds

The March 2000 order of the Commissioner of Insurance requires the schools' oversight and advisory committees to determine that an "appropriate" amount of funding will be used for community-based initiatives, to ensure that community organizations have "reasonable" access to the funds, and to restrict any portion of the 35.0 percent allocation for public health from being spent for medical research or education unless it is "substantially for public health." It also allows the committees to increase or decrease the allocation of conversion funds to public health initiatives by a two-thirds vote.

Both schools' initial five-year plans specified that their allocations for public health initiatives would be reviewed annually, although neither defined an exact percentage of funds to be distributed to community organizations involved in public health activities. The Medical College indicated that its entire public health allocation would be used in partnerships with community organizations, which would take the lead on some projects and share responsibility equally with the Medical College on others. The UW School of Medicine and Public Health indicated that at least 51.0 percent of its initial public health allocation would be available for community-based initiatives initially, with a goal of 66.7 percent in the future.

A portion of the schools' public health funding was expended directly by the schools.

The Medical College's Consortium and the UW School of Medicine and Public Health's Oversight and Advisory Committee have consistently voted to retain the 35.0 percent allocation of conversion funds for funding public health initiatives. However, we found that a portion of the schools' public health initiative funding has not been distributed to community organizations, but was instead expended directly by the schools, including more than one-third of the Medical College's $11.6 million in public health expenditures through December 31, 2008, which is $4.1 million, as well as 28.9 percent of the UW's $14.5 million in public health expenditures through December 31, 2008, which is $4.2 million. These funds were expended directly by the schools because:

- both schools require all projects to involve an academic partner whose salary and benefits, as well as those of project staff and other project costs, may be funded in part by public health grant funds, and the UW School of Medicine and Public Health began this funding practice in 2007, so these amounts are likely to increase in the future;

- some faculty or staff also serve as project coordinators, either in their role as an academic partner or under a separate contract or arrangement, and are paid for that effort from public health grant funds;

- the UW School of Medicine and Public Health uses public health grant funds to support the $1.2 million Healthy Wisconsin Leadership Institute, which is operated and funded jointly by both schools, while the Medical College uses medical education and research funds to support the Institute; and

- the UW School of Medicine and Public Health also uses public health grant funds to support other training programs for public health professionals that are managed by UW faculty and staff, including the $2.0 million Wisconsin Population Health Fellowship Program.

Although not all public health funds are awarded to community organizations, UW officials report that their expenditures for education and training programs provide direct services by training and placing public health professionals in communities. UW officials also believe that public health is best served through the development of partnerships between the School of Medicine and Public Health and the community. Similarly, Medical College officials indicate that they view their role as entering into partnerships with community organizations rather than serving as a grant administrator for them.

Additional guidance from the Commissioner's office, with the assistance of the Wisconsin United for Health Foundation, could help to clarify the intent of the March 2000 order governing use of the conversion funds.

☑ Recommendation

We recommend the Office of the Commissioner of Insurance, in conjunction with the Wisconsin United for Health Foundation, the Medical College of Wisconsin, and the UW School of Medicine and Public Health, clarify the intent of the March 2000 order governing the distribution of conversion funds for the promotion of public health initiatives, and that the Commissioner consider:

- *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.*

■ ■ ■ ■

Appendix 1

Wisconsin United for Health Foundation Board of Directors

April 2010

Public Members:

Ben Brancel
Senior Administrator Program Specialist—College of Agriculture and Life Sciences, University of Wisconsin-Madison

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

Thomas Lyon
(Retired) CEO, Cooperative Resources International

David Meissner
(Retired) President, Public Policy Forum

Reverend Rolen Womack
Progressive Baptist Church

University of Wisconsin Representatives:

Katharine Lyall
Former President, University of Wisconsin System

James Nellen
Attorney

Medical College of Wisconsin Representatives:

John Daniels
Attorney, Chairman of Quarles & Brady LLP

Timothy Flaherty, MD
Emeritus Trustee, Medical College of Wisconsin

Appendix 2

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

Board of Directors

September 2009

Statewide Healthcare Advocate:

Peggy Hintzman, MBA
Past President, Wisconsin Public Health Association

Community Health Advocates:

Tasha Jenkins
Executive Director, Fighting Back, Inc.

Randall Lambrecht, PhD
Vice President for Research and Academic Relations,
Aurora Health Care, Inc.

Paula Lucey, RN, MSN
President, Lamplighter Consulting

Medical College of Wisconsin Representatives:

T. Michael Bolger, JD
President and CEO, Medical College of Wisconsin

Doug Campbell, MHA
Senior Vice President, Medical College of Wisconsin

Cheryl Maurana, PhD
Senior Associate Dean for Public and Community Health,
Medical College of Wisconsin

Jonathan Ravdin, MD
Dean and Executive Vice President,
Medical College of Wisconsin

Insurance Commissioner Appointee:

Terry Brandenburg, MPA, MBA
Health Commissioner, City of West Allis and Village of West Milwaukee

Appendix 3

Advancing a Healthier Wisconsin Medical Education and Research Grants Awarded

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2004	ADL Specific Robot Therapy Environment for Upper Extremity Rehabilitation	Michelle Johnson, PhD	Translational	Yes	$ 138,900	$ 132,900
2004	Advanced Nanospray Mass Spectrometer for Proteomic Applications	Bassam T. Wakim, PhD	Biotechnology	Yes	311,400	304,800
2004	Barriers to Colorectal Cancer Screening in Southeastern Wisconsin Communities	B. Alex Matthews, PhD	Population health	Yes	244,800	196,600
2004	Biacore 3000 Universal Approach to Ligand-Protein	Nancy M. Dahms, PhD	Biotechnology	Yes	327,800	327,800
2004	Development and Evaluation of a Self-Directed Performance Based Assessment Program to Evaluate Student and Resident Achievement USMLE Clinical Exam and ACGME Competency	Ralph Schapira, MD; Dario Torre, MD	Medical student education	Yes	300,000	200,200
2004	Development of the Wisconsin Public Health Leadership Institute	Peter M. Layde, MD, MSc	Continuing or community education	Yes	100,000	98,000
2004	Early Detection of Alzheimer's Disease Using Functional MRI	Stephen Rao, PhD; Piero Antuono, MD	Translational	Yes	250,300	248,900
2004	Facilitating Discovery with Multi-Parameter Physiologic Imaging of Brain Tumors	Kathleen M. Schmainda, PhD	Cancer	Yes	250,000	238,300
2004	Genetic Determinants of Susceptibility and Resistance in Mammary Carcinogenesis	Sonia Sugg, MD; Howard J. Jacob, PhD	Cancer	Yes	249,000	249,000
2004	Health Outreach, Partnering, and Education Initiative	Laura W. Roberts, MD	Continuing or community education	Yes	242,600	220,700
2004	High Throughput Crystallization Robotics	Joseph T. Barbieri, PhD	Genetics	Yes	225,000	223,200
2004	Improving Education in Obstetrics and Gynecology Building a Comprehensive Skill Lab	Michael Lund, MD	Medical student education	Yes	30,000	24,800
2004	Investigation of MRI, FMRI, and MRSI for IMRT Target Definition and Outcome Assessment	X. Allen Li, PhD	Cancer	Yes	249,800	230,500

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2004	Mass Spectrometric Applications in Proteomics and Metabolomics	Kasem Nithipatikom, PhD	Cardiovascular	Yes	$ 225,400	$ 225,400
2004	Mass Spectrometric Applications in Metabolomics	Andrew S. Greene, PhD	Biotechnology	Yes	321,900	309,500
2004	Medical College of Wisconsin Core Histology and Tissue Preparation Laboratory	Bruce H. Campbell, MD	Cancer	Yes	150,000	150,000
2004	Role of T Regulatory Cells in Graft Versus Host Disease and Tumor Clearance	William J. Grossman, MD	Cancer	Yes	250,000	248,300
2004	Start Up for STARS: Standardized Teaching Assessment and Resource Studio	Kenneth B. Simons, MD	Medical student education	Yes	250,000	247,500
2004	Translational Research Initiative: Novel Risk Factors for Atherosclerotic Cardiovascular Disease	David Gutterman, MD	Translational	Yes	250,000	225,800
2004	Wisconsin Health Care Utilization Project	Marie Wolff, PhD	Population health	Yes	249,600	186,400
2005	A Novel Metabolism of Microsomal Epoxide Hydrolase and Prostate Cancer	Kasem Nithipatikom, PhD	Cancer	Yes	150,000	129,000
2005	ABC Transporter Pharmacognetics: Impact on Thiopurine Therapy	Michael Stephens, MD	Translational	No	170,600	17,900
2005	Administrator For Clinical and Translational Research Center	Theodore Kotchen, MD	Translational	No	70,000	28,700
2005	Assessment of Cognition Among Breast Cancer Survivors	Ann Nattinger, MD	Cancer	Yes	150,000	148,900
2005	Biophothonic Imaging Core	Robert L. Truitt, PhD	Cancer	Yes	150,000	149,000
2005	Cancer Center Faculty Recruitment Funds	Robert Deschenes, PhD; Guan Chen, MD	Cancer	No	750,000	400,000
2005	Case-Based Integration to Promote a Public Health Curriculum for Medical Students	David L. Bolender, PhD	Medical student education	Yes	130,000	52,900
2005	Cellular Functions of a Nuclear FKBP: A Drug Receptor Becoming a Chromosome-Specific Necleosome Assembler	Ming Lei, PhD; Vaughn Jackson, PhD	Cancer	Yes	150,000	147,800
2005	Collaborative Curriculum on Chronic Obesity	Jefferey A. Morzinski, PhD	Medical student education	Yes	150,000	130,300
2005	Consumer/Patient Access to Quality Internet Health Information	Dawn Bragg, PhD	Continuing or community education	Yes	105,000	51,200

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2005	Development of the Center for Science, Health, and Society	Cheryl A. Maurana, PhD	Population health	No	$ 360,000	$ 224,400
2005	Electron Microscopy in Contemporary Cell Biology Research	Paula Traktman, PhD	Cancer	No	203,600	203,600
2005	Establishment of a Human ES Cell Core Laboratory	Stephen Duncan, PhD; John W. Lough, PhD	Cardiovascular	No	162,400	150,700
2005	Genetic Analysis Initiative for Individualized Medicine	Howard J. Jacob, PhD	Genetics	No	500,000	333,300
2005	Healthy Wisconsin Leadership Institute	Peter M. Layde, MD, MSc	Continuing or community education	No	556,000	453,700
2005	Hemoglobin and Haptogoblin in Sickle Cell Disease	Neil Hogg, PhD	Cardiovascular	Yes	149,700	149,600
2005	Identification of Attention and Executive Impairment in Early Neurological Injury	Amy Heffelfinger, PhD	Neuroscience	No	87,300	83,900
2005	IKCal Up-regulation Mediates Atherosclerosis	Hiroto Miura, MD, PhD	Cardiovascular	Yes	150,000	36,900
2005	Interdepartmental Collaboration for Competency-Based Education	Kurt Pfeifer, MD	Medical student education	Yes	150,000	146,100
2005	Lentiviral siRNA Transgenic Rat to Study Vascular Role of Neuropeptide Y	Michael Michalkiewicz, DVM, PhD	Cardiovascular	Yes	150,000	140,400
2005	Masters Degree in Public and Community Health	Jane Kotchen, PhD	New degree program	No	2,761,900	617,600
2005	Neurobiological Predictors of Responses to Medications in Pediatric Bipolar Disorder	Russell Scheffer, MD; Jennifer Apps, PhD	Neuroscience	No	20,000	9,800
2005	OSCE to Assess Community Health Competencies	Marie Wolff, PhD	Medical student education	Yes	120,000	116,600
2005	Pharmacogenomics Core Facility	Ronald Hines, PhD	Genetics	No	510,200	270,100
2005	PhD Program in Public and Community Health	Jane Kotchen, PhD	New degree program	No	4,778,100	773,900
2005	Planning and Implementation of the Community of Scientific Innovators (COSI) at the Medical College of Wisconsin	Sally Twining, PhD	Medical student education	Yes	135,000	54,500

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2005	Planning Support for Public and Community Health Doctoral Degree Program	Peter M. Layde, MD, MSc	New degree program	No	$ 40,000	$ 27,900
2005	Role of Mitochondria in Cardiac Protection from Ischemic Injury	Martin Bienengraeber, PhD	Cardiovascular	Yes	150,000	136,300
2005	Simultaneous Magnetocardiographic and Echocardiographic Assessment of Fetal Cardiac Abnormalities	Janette Strasburger, MD	Cardiovascular	Yes	143,200	118,800
2005	Studies of Pediatric Epilepsy	Kurt Hecox, MD	Neuroscience	No	360,000	0
2005	The Role of c-Src in the Pathophysiology of ARPKD	Ellis Avner, MD	Cardiovascular	Yes	150,000	144,300
2005	Use of RNA Interference in the Brain-Stem to Examine Endocannabinoid Baroreflex Regulation in Normal and Hypertensive Rats	Jeanne L. Seagard, PhD	Cardiovascular	Yes	108,900	108,800
2005	Vaccinia Related Kinases: Regulators of BAF in Establishing Nuclear Integrity?	Paula Traktman, PhD	Genetics	Yes	150,000	147,200
2006	A Collaborative Approach to Integrating Longitudinal Themes Throughout the Educational Curriculum	Kathryn Denson, MD	Medical student education	Yes	150,000	58,700
2006	Acquisition of a Bruker E580 Pulse EPR Spectrometer	Candice S. Klug, PhD	Biotechnology	No	300,000	300,000
2006	AMP-Deaminase Isoform E and Erythrocyte Metabolic Dysregulation in Sickle Cell Disease	Richard Sabina, PhD	Translational	Yes	149,200	109,000
2006	Cardiovascular Translational Research Facility	David Gutterman, MD	Translational	No	305,800	145,400
2006	Carotid Plaque Regression with High Dose Atorvastatin versus Conventional Dose Simvastatin using High Field MRI	Raymond Migrino, MD	Cardiovascular	No	166,100	161,100
2006	Clinical Research Infrastructure	Reza Shaker, MD; Cheryl A. Maurana, PhD	Translational	No	1,159,500	534,000
2006	Control of Vascular and Blood Development by GATA4	Stephen Duncan, PhD	Cardiovascular	Yes	150,000	135,200
2006	Core Equipment for Biotechnology Research	Andrew S. Greene, PhD	Biotechnology	No	1,155,600	925,800
2006	Coronary Vascular Regeneration using Proepicardial Derived Progenitor Cells	Ravi Misra, PhD	Cardiovascular	Yes	150,000	12,600

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2006	Cultural Competency in Emergency Medicine: Latino Culture	Edward P. Callahan, MD, MS	Medical student education	Yes	$ 126,000	$ 86,800
2006	Developing a Technology and Internet-Based Infrastructure/Program for Medical College of Wisconsin Continuing Medical Education	Carlyle H. Chan, MD	Continuing or community education	Yes	150,000	77,900
2006	Development of a Curriculum Practice-Based Learning and Improvement (PBLI) for Residents: A "Train the Trainer" Approach	Geoffrey C. Lamb, MD	Medical student education	Yes	149,900	88,900
2006	Dynamic Imaging of Embryonic Stem Cell Homing to Acute Myocardial Infarct	Ming Zhao, PhD	Cardiovascular	Yes	150,000	133,700
2006	Educational Scholars–Building Our Educational Capacity through Faculty Development	Deborah Simpson, PhD	Medical student education	No	450,000	195,200
2006	Expression and Function of SmgGDS in Different Human Malignant Neoplasms	Carol Williams, PhD; Rongshan Li, MD, PhD	Cancer	Yes	150,000	47,100
2006	Growth Control in the Zebrafish Intestine	Alan Mayer, MD, PhD	Cancer	Yes	150,000	109,300
2006	Hydrogen Sulfide as a Putative Transmitter in Hypoxic Pulmonary Vasoconstriction	Jane Madden, PhD	Cardiovascular	Yes	148,700	101,600
2006	Increasing Identification of Vulnerable Elderly in the Community Utilizing the Electronic Health Record	David Lillich, MD	Medical student education	Yes	150,000	113,500
2006	Integrated Curriculum in Health Policy and Population Health	Linda N. Meurer, MD, MPH	Continuing or community education	Yes	149,900	70,600
2006	Ion Chromatograph Purchase for Kidney Stone Research	Neil Mandel, PhD	Cardiovascular	No	60,000	60,000
2006	Medical College of Wisconsin Humanities Program	Arthur Derse, MD, JD	Medical student education	No	150,000	99,500
2006	New Faculty in the Center for Biopreparedness and Infectious Disease-Jackson	Dara W. Frank, PhD	Translational	No	284,800	130,800
2006	Patient-Centered Communication Skills Training for Obstetrics and Gynecology Residents Using Simulated Patient Encounters	Raj Narayan, MD, FRCOG	Medical student education	Yes	150,000	73,000
2006	Programmatic Support for the Center for Biopreparedness and Infectious Disease	Dara W. Frank, PhD	Translational	No	405,400	375,300
2006	Role of Dysregulated Endocannabinoid Signaling in Bipolar Disorder	Cecelia Hillard, PhD	Neuroscience	Yes	150,000	106,100

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2006	Specific Phonological Therapy in Fluent Aphasia	Jeffrey Binder, MD	Neuroscience	Yes	$ 149,900	$ 94,500
2006	The Role of 20-HETE in Ischemic Acute Renal Failure (Grant); Mechanism of Resistance to Acute Renal Failure in Brown Norway Rats	Scott VanWhy, MD	Cardiovascular	Yes	150,000	74,000
2006	The Role of IL-1 in Type 1 Diabetes	Martin Hessner, PhD	Genetics	Yes	150,000	95,200
2007	18-Headed Microscope	Saul Suster, MD	Medical student education	No	100,000	98,700
2007	Advancing Health by Addressing Missed Opportunities in Primary Care	Luann Moraski, DO	Medical student education	Yes	143,400	18,000
2007	An Electronic Learner's Portfolio	Alan K. David, MD	Medical student education	No	300,000	19,700
2007	Basic Mechanisms Underlying Seizure Activity in Pediatric Neocortical Epilepsies	Charles Marcuccilli, MD, PhD	Translational	Yes	150,000	14,200
2007	Biotechnology and Bioengineering Center Core Equipment	Andrew S. Greene, PhD	Biotechnology	No	984,100	180,500
2007	Clinical and Translational Science Institute	Reza Shaker, MD; Kevin Regner, MD; Michael Widlansky, MD; Srividya Kidambi, MD	Translational	No	7,316,700	692,000
2007	Cloche: A Basic and Translational Model for Cardiovascular Disease	Ramani Ramchandran, MD, PhD	Translational	Yes	150,000	63,400
2007	Development of Selective Estrogen Receptor Down-Regulators as Novel Therapeutics in the Treatment of Prolactinomas	Sanjay Kansra, PhD	Translational	Yes	150,000	20,800
2007	Empirical Ethics Group	Laura W. Roberts, MD	Population health	No	1,000,000	18,300
2007	Enhancement of a Research and Translational Center for the Integrative Biology of Kidney Disease	Richard J. Roman, PhD; Alexander Staruschenko, PhD; Michael Garrett, PhD; Asharaf El-Meanawy, PhD	Cardiovascular	No	1,000,000	488,000
2007	GABAergic Inhibition and Cocaine Addiction	Qing-song Liu, PhD	Neuroscience	Yes	150,000	16,400

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2007	Genetic Modification of Renal Epithelial Cells in PKD	Frank Park, PhD	Translational	Yes	$ 150,000	$ 49,900
2007	Genetic Screen for HIV Restriction Factor in Human Monocytes	Li Wu, PhD	Genetics	Yes	150,000	40,800
2007	Injury Research Center—Seed Projects	Stephen W. Hargarten, MD, MPH; Karen Brasel, MD, MPH; Brian Stemper, PhD	Population health	No	600,000	54,800
2007	Medical Incident Management and Preparedness Curriculum Development	Ronald Pirrallo, MD, MHSA	Medical student education	No	150,000	21,000
2007	Mitochondrial Anti-Oxidants in Persistent Pulmonary Hypertension of Newborn	Girija G. Konduri, PhD	Translational	No	150,000	13,000
2007	New Faculty in the Center for Biopreparedness and Infectious Disease—Coburn	Dara W. Frank, PhD	Translational	No	271,400	12,700
2007	New Faculty in the Center for Biopreparedness and Infectious Disease—Kristich	Dara W. Frank, PhD	Translational	No	313,000	103,300
2007	Pharmacology Co-Recruitment with the Cardiovascular Center for Dr. John Imig	John Imig, PhD	Cardiovascular	No	346,500	120,500
2007	Program in Regenerative Medicine—Duncan Lab Expansion	Stephen Duncan, PhD	Genetics	No	500,000	209,900
2007	Program in Regenerative Medicine—New Faculty Recruitment/Renovation	Stephen Duncan, PhD; Michelle Battle, PhD	Genetics	No	1,600,000	161,400
2007	Quality Round Initiative	Michael Weisgerber, MD	Medical student education	Yes	149,300	0
2007	Regeneration of Infarcted Myocardium with Islet 1+ Cells	John Lough, PhD	Translational	Yes	150,000	44,700
2007	Role of Brain Derived Neurotrophic Factor (BDNF) in Neocortical Epilepsy	Andrew Tryba, PhD	Translational	Yes	150,000	43,900
2007	Systems Biology Program in Cardiovascular Disease	Howard J. Jacob, PhD	Cardiovascular	Yes	1,000,000	90,300
2007	The Healthy Wisconsin Leadership Institute	Peter M. Layde, MD, MSc	Continuing or community education	No	650,000	25,000
2007	The Nutritional Disorders Tele-health Network	Alan Silverman, PhD	Continuing or community education	Yes	150,000	0
2007	The Role of Induced Regulatory T-Cells in Dominant Immunologic Tolerance	Calvin Williams, PhD	Genetics	Yes	150,000	21,100

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2007	The Role of Rap1B in B Cell Receptor Signaling	Demin Wang, PhD	Genetics	Yes	$ 150,000	$ 18,300
2007	The Use of Myeloid Progenitors to Improve Immune Competence after HSC Transplantation for Tolerance Induction	Adrianus Domen, PhD	Cardiovascular	No	150,000	17,400
2007	Translational Neuro-Oncology Research Program	Wade Mueller, MD	Cancer	No	1,000,000	125,600
2008	Program Development Support for Vera Tarakanova, PhD	Vera Tarakanova, PhD	Cancer	No	834,500	72,200
Total					**$45,808,100**	**$17,383,400**

Appendix 4

Advancing a Healthier Wisconsin Public Health Grants Awarded

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2004	A Randomized Trial of a Culturally-Appropriate Weight Loss Intervention for Overweight Latino Children	Milwaukee Kickers Soccer Club; United Community Center	Glenn Flores, MD, FAAP	Urban	Impact	Nutrition; overweight, obesity and lack of physical activity	Children; racial and ethnic populations	$ 204,700	$ 204,700
2004	Barron County Fall Prevention Project	Lakeview Medical Center; Barron County Office on Aging	Peter Layde, MD, MSc	Rural	Development	Access to primary and preventative health services; intentional and unintentional injuries	Rural	19,400	19,400
2004	Bilingual Community-Based Chronic Care Project	United Community Center; Sixteenth Street Community Center	Christine Cronk, ScD	Urban	Impact	Multiple	Urban; racial	450,000	446,400
2004	Booster Seat Educational Campaign for Inner-City Milwaukee	Milwaukee Urban League; Injury Free Coalition; Children's Health Education Center; SAFE KIDS SE Wisconsin; Children's Hospital of Wisconsin	Ramesh Sachdeva, MD, PhD, DBA, JD; Suzanne Brixey, MD	Urban	Development	Intentional and unintentional injuries	Children; urban; racial and ethnic populations	25,000	22,900
2004	Church Based Health and Wellness Program	Word of Hope Ministries, Inc.; Holy Cathedral Church of God in Christ; Bethlehem Temple Church; New Hope Missionary Baptist Church; Mason Temple Church of God in Christ; Christ Temple Church of God in Christ; Ebenezer Church of God in Christ; Parklawn Assembly of God	Barbra Beck, PhD	Urban	Impact	Multiple	Racial and ethnic populations	450,000	444,800
2004	Community Health Advocate Model Program	S.E.T. Ministry, Inc.; Housing Authority of the City of Milwaukee	Marie Wolff, PhD	Urban	Impact	Multiple	Other	449,500	446,000
2004	Community-Academic Partners for Elder Abuse Education and Prevention	Milwaukee County Department on Aging; UW-Milwaukee Center on Age and Community	Tovah Bates, PhD; Richard L. Withers, JD	Urban	Development	Intentional and unintentional injuries; other	Seniors; urban	25,000	25,000

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2004	Creating a Community-Academic Partnership to Improve the Oral Health of Waukesha County	Waukesha Memorial Hospital Foundation	Bruce Ambuel, PhD	Urban	Development	Access to primary and preventative health services; other	Children; racial and ethnic populations; uninsured	$ 24,900	$ 24,900
2004	Domestic Violence Screening in South Central Wisconsin	Hope House of South Central Wisconsin, Inc.	Karen Brasel, MD	Rural	Development	Intentional and unintentional injuries	Rural; women	18,200	14,300
2004	Elder Health Upholders	Wheaton Franciscan Healthcare	Jeffrey Morzinski, PhD	Urban	Development	Multiple	Urban; racial and ethnic populations; seniors	24,000	24,000
2004	Focus on Kids Partnership Project	Penfield Children's Center, Inc.; Wisconsin Community Service Network	Lisa Zetley, MD	Urban	Development	Access to primary and preventative health services; social and economic factors that influence health	Children; urban; other	25,000	24,900
2004	Health Care Can Change From Within: A Sustainable Model for Intimate Partner Violence	Sojourner Truth House; The Women's Center	Bruce Ambuel, PhD	Statewide	Impact	Intentional and unintentional injuries; other	Women; urban	450,000	448,300
2004	Healthier Cumberland Coalition	Cumberland Memorial Hospital and Extended Care Unit, Inc.; Cumberland School District; Cumberland Health Coalition; Augustana Lutheran Church	Jane Morley Kotchen, MD	Rural	Development	Nutrition; overweight, obesity and lack of physical activity	Rural	24,800	24,600
2004	Healthy Latino Families and School: Elementary School Students	Milwaukee Kickers Soccer Club; United Community Center	Glenn Flores, MD, FAAP	Urban	Impact	Nutrition; overweight, obesity and lack of physical activity	Children; racial and ethnic populations	245,300	36,500
2004	Holistic Health Planning Partnership for Women Offenders	Horizons, Inc.	Ann Maguire, MD	Urban	Development	Multiple	Women	24,900	24,900
2004	How Safe is the Safety Net: A Partnership to Address the Needs of the Underserved in Milwaukee County	Wisconsin Primary Health Care Association	Alan K. David, MD; Russell G. Robertson, MD	Urban	Development	Access to primary and preventative health services	Uninsured	24,600	21,200

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2004	Mental Health Capacity—Marion, Wisconsin	Hope Counseling; Marion Area Community Foundation	Syed Ahmed, MD, DrPH	Rural	Development	Mental health and mental disorders	Multiple	$ 28,000	$ 28,000
2004	Neighborhood Center Nutrition and Physical Activity Demonstration Project for Urban Children and Families	Neighborhood House of Milwaukee, Inc.; UW-Milwaukee; United Neighborhood Centers of Milwaukee	John Meurer, MD	Urban	Development	Nutrition	Urban	25,000	25,000
2004	Partner Up For Superior Health	Ashland County Health and Human Services Department; Bayfield County Health Department; Iron County Health Department; Sawyer County Health and Human Services Department; Price County Health Department	David Schubot, PhD	Rural	Impact	Nutrition; overweight, obesity and lack of physical activity	Rural; racial and ethnic populations	450,000	441,200
2004	Project Hope (Health of People Everywhere): An Agape/Stritch/Medical College of Wisconsin Partnership	Cardinal Stritch University; Agape Community Center	Barbra Beck, PhD	Urban	Development	Multiple	Urban; racial and ethnic populations	27,000	24,300
2004	Riverwest Health Initiative	COA Youth and Family Centers, UW-Milwaukee College of Nursing	Jim Sanders, MD, MPH	Urban	Impact	Multiple	Multiple	450,000	415,500
2004	Rock River Healthy Smiles	Dodge-Jefferson Healthier Community Partnership	David Schubot, PhD	Rural	Development	Access to primary and preventative health services; other	Rural	42,700	37,300
2004	System Planning for an Integrated Database for Children With Developmental Disabilities	UW-Milwaukee; Milwaukee County Department of Health and Human Services; Milwaukee Center for Independence; Milwaukee City Health Department	Christine Cronk, ScD	Urban	Development	Access to primary and preventative health services; social and economic factors that influence health	Children; urban; disabled	25,000	24,400
2004	Wisconsin Injury Prevention Coalitions	Wisconsin Department of Health and Family Services Injury Prevention Program; Wisconsin Public Health and Health Policy Institute; Kenosha County; Manitowoc County; Rusk County; Sawyer County; Vernon County	Peter Layde, MD, MSc	Statewide	Impact	Intentional and unintentional injuries	Multiple	450,000	429,800

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2005	Arsenic in Wisconsin's Residential Drinking Water: Planning for action	Outagamie County Public Health Division; UW-Extension. Winnebago Co.; Center for Watershed Science and Education; UW-Madison School of Nursing	Syed Ahmed, MD, MPH	Rural	Development	Environmental and occupational health hazards	Rural; other	$ 50,000	$ 49,300
2005	Building Community Capacity: GAMP Chronic Disease Management Initiative	Milwaukee County Department of Health and Human Services County Health Programs	Joan Bedinghaus, MD; Ann Maguire, MD, MPH	Urban	Impact	Access to primary and preventative health services; nutrition; overweight, obesity and lack of physical activity; social and economic factors that influence health	Uninsured	450,000	346,400
2005	Citywide Nutrition and Physical Activity for Urban Children and Families	United Neighborhood Centers of Milwaukee	John Meurer, MD, MBA	Urban	Impact	Nutrition; overweight, obesity and lack of physical activity	Multiple	450,000	308,700
2005	Cognition and Outreach Service Delivery to Aging Seniors	Carroll College; Interfaith Caregiving Network	Edith Burns, MD	Rural	Development	Access to primary and preventative health services; mental health and mental disorders; social and economic factors that influence health	Rural; seniors; uninsured	49,600	47,300
2005	Community Connections to Promote Independent Living	Aging and Disability Resource Center of Marathon County	Jeff Whittle, MD, MPH	Rural	Impact	Access to primary and preventative health services; social and economic factors that influence health	Rural; seniors	450,000	219,300

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2005	Community Mobilization Initiative Addressing Disparities in STDs and Unintended Pregnancies	Department of Health and Family Services Bureau of Communicable Diseases and Preparedness, STD/HIV Programs; City of Milwaukee Health Department; Health Care Education and Training, Inc.	Wendi Ehrman MD; Seth Foldy, MD, MPH	Urban	Development	Access to primary and preventative health services; communicable diseases; high-risk sexual behavior	Children; racial and ethnic populations; uninsured; urban	$ 50,000	$ 49,400
2005	Developing Strategies: Improving the Health of LGBT People of Color	Diverse and Resilient, Inc.	David Seal, PhD	Urban	Development	Multiple	Racial and ethnic populations; other	50,000	48,800
2005	Elder Health Upholders	Wheaton Franciscan Healthcare	Jeffrey Morzinski, PhD	Urban	Development	Multiple	Multiple	50,000	40,500
2005	Empowering Individuals to Improve their Hypertension Control through Peer Support	Clement Zablocki VA Medical Center; Dept. of Wisconsin VFW	Jeff Whittle, MD, MPH	Urban	Impact	Social and economic factors that influence health; other	Seniors; other	450,000	359,800
2005	Family risk reduction intervention with female juvenile delinquents	New Concept Self-Development Center; Milwaukee County Department of Health and Human Services/Court and Delinquency Service	David Seal, PhD	Urban	Impact	Multiple	Multiple	436,600	318,800
2005	Fight Asthma Milwaukee Allies: Improving Access to Quality Asthma Care	Children's Hospital and Health System; Family House; American Lung Association; Covenant Home Health and Hospice, Inc.; Covenant Healthcare; Milwaukee Area Health Education Center; Boys and Girls Clubs of Greater Milwaukee	John R. Meurer, MD, MBA	Urban	Impact	Access to primary and preventative health services; environmental and occupational health hazards; tobacco use and exposure	Children and adolescents; racial and ethnic populations; urban	450,000	295,600
2005	Healthier Cumberland	Cumberland Memorial Hospital; Cumberland School District; 3M Cumberland; Augustana Lutheran Church	Jane Morley Kotchen, MD	Rural	Impact	Access to primary and preventative health services; nutrition; overweight, obesity and lack of physical activity; social and economic factors that influence health	Children; racial and ethnic populations; rural; women	450,000	264,900

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2005	Healthier Workforce 2009: Improving the Health and Employability of Welfare-to-Work Participants	Community Advocates, Inc; MAXIMUS, Inc.	Ann Maguire, MD, MPH	Urban	Impact	Access to primary and preventative health services; social and economic factors that influence health	Racial and ethnic populations; urban; other	$ 450,000	$ 285,800
2005	Healthy Teeth=Healthy Kids	Children's Health Alliance of Wisconsin; Marquette University School of Dentistry	Earnestine Willis, MD, MPH	Urban	Development	Access to primary and preventative health services	Children; racial and ethnic populations; uninsured; urban	45,600	43,500
2005	Improving Access to Quality Dementia Care Services in Underserved Rural Wisconsin	Alzheimer's Association	Diana Kerwin, MD	Statewide	Impact	Access to primary and preventative health services; mental health and mental disorders; social and economic factors that influence health	Multiple	450,000	320,800
2005	Integrating Peer Support Throughout the Behavioral Health Continuum of Care	Our Space, Inc.; Milwaukee County Behavioral Health Division; Waukesha County Department of Human Services; Grass Roots Empowerment Project, Inc.; Mental Health Association in Waukesha County, Inc.	Jon Gudeman, MD	Urban	Development	Mental health and mental disorders; substance abuse and addiction	Multiple	50,000	50,000
2005	Milwaukee Cares	Medical Society of Milwaukee County; Wisconsin Medical Society Foundation	Theodore MacKinney, MD	Urban	Impact	Access to primary and preventative health services; social and economic factors that influence health	Racial and ethnic populations; uninsured; urban	450,000	288,600

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2005	Milwaukee Kids: Drive Me Safely—Drive for Health	YMCA of Metropolitan Milwaukee, Inc.; Aurora Health Care—Aurora WIC Program; Milwaukee Health Services, Inc.; Children's Hospital of Wisconsin	Suzanne Brixey, MD	Urban	Impact	Access to primary and preventative health services; environmental and occupational health hazards; intentional and unintentional injuries; social and economic factors that influence health	Children; racial and ethnic populations; uninsured; urban	$ 450,000	$ 255,200
2005	NEW Leadership Wisconsin: Building Health Policy Leadership Capacity	Mount Mary College	Ann Maguire, MD, MPH	Urban	Development	Social and economic factors that influence health	Racial and ethnic populations; urban; women	50,000	50,000
2005	Northwest Wisconsin Falls Prevention Collaborative	Catholic Charities Bureau, Inc.; Lakeview Medical Center; Washburn County; UW Superior	Peter Layde, MD, MSc	Rural	Development	Intentional and unintentional injuries	Seniors	45,600	40,500
2005	Saber Para La Gente/ Knowledge for the People	Latino Health Organization; Spanish Centers of Racine Kenosha and Walworth Inc.	Christine Cronk, ScD	Statewide	Development	Multiple	Racial and ethnic populations	50,000	50,000
2005	Safety Starts at Home	City of Milwaukee Health Department; Milwaukee Fire Department; United Community Center; YMCA of Metro Milwaukee; Children's Health Education Center	Andrea Winthrop, MD; Stephen Hargarten, MD, MPH; Suzanne Brixey, MD; Lisa Uherick, MD	Urban	Development	Access to primary and preventative health services; environmental and occupational health hazards; intentional and unintentional injuries	Children; urban	34,600	21,900
2005	Strengthening Public Health Policymaking for a Healthier Milwaukee	City of Milwaukee Health Department	Stephen Hargarten, MD; John Meurer, MD, MBA	Urban	Development	Multiple	Urban	49,800	49,500
2005	Strong Rural Communities Initiative	Rural Health Development Council; Rural Wisconsin Health Cooperative	Syed M. Ahmed, MD, MPH	Rural	Impact	Multiple	Men; rural; women	449,700	359,800
2005	The Wisconsin Center for Health Communication: Pathways to Implementation	Wisconsin Public Health Association	Alan David, MD; Seth Foldy, MD	Statewide	Development	Multiple	Multiple	50,000	43,900

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2006	Building A Recovery-Driven Continuum of Behavioral Health Care	Our Space, Inc.	Jon Gudeman, MD	Urban	Impact	Multiple	Multiple	$ 450,000	$ 167,500
2006	Changing the Culture of Risky Drinking Behavior	The La Crosse Medical Health Science Consortium	Stephen Hargarten, MD, MPH	Rural	Development	Intentional and unintentional injuries; substance abuse and addiction	Children and adolescents; other	49,900	49,400
2006	Community Readiness for LGBT Intimate Partner Violence Support Services	Diverse and Resilient, Inc.	Carol Galletly, JD, PhD	Statewide	Development	Access to primary and preventative health services; intentional and unintentional injuries; mental health and mental disorders; social and economic factors that influence health	Rural; urban; other	50,000	47,600
2006	Community-based Chronic Disease Management	Columbia St. Mary's	James Sanders, MD, MPH	Urban	Impact	Access to primary and preventative health services; nutrition; overweight, obesity, and lack of physical activity; tobacco use and exposure	Racial and ethnic populations; urban	450,000	168,400
2006	Determining the Status of Wisconsin School Health Services	Wisconsin Public Health Association	Marie Wolff, PhD	Statewide	Development	Multiple	Children and adolescents; other	50,000	49,000
2006	Development of a Hispanic Health Patient Navigator Project	CAP Services, Inc.	Marie Wolff, PhD	Urban	Development	Access to primary and preventative health services; social and economic factors that influence health	Racial and ethnic populations; urban	49,900	49,600

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2006	Early Childhood Integrated Database System: Implementation and Evaluation	UW-Milwaukee; Milwaukee County Department of Health and Family Services; City of Milwaukee Health Department; Milwaukee Center for Independence	Christine Cronk, ScD	Urban	Impact	Access to primary and preventative health services; social and economic factors that influence health	Children and adolescents; disabled; racial and ethnic populations; urban	$ 449,700	$ 130,400
2006	Eat Smart	Boys and Girls Clubs of Greater Milwaukee; Children's Hospital of Wisconsin; Growing Power, Inc.; Milwaukee School of Engineering Center for Biomolecular Modeling	Joseph Skelton, MD	Urban	Impact	Nutrition; overweight, obesity and lack of physical activity; social and economic factors that influence health	Multiple	448,200	98,300
2006	F4Kids=A Healthier Future	Children's Health Alliance of Wisconsin; Children's Hospital and Health System; Cudahy Health Department; Lincoln Elementary School; UW-Milwaukee; Wee Care Day Care, Inc. WIC Project	Pamela S. Cava, DO	Urban	Development	Access to primary and preventative health services; nutrition; overweight, obesity and lack of physical activity; tobacco use and exposure	Children and adolescents	48,700	47,600
2006	Faith-based African American Health Network	Black Health Coalition of Wisconsin, Inc.; City of Milwaukee Health Department	Earnestine Willis, MD, MPH	Urban	Impact	Multiple	Multiple	448,000	106,000
2006	Farm to Fork: Cultivating Grassroots Capacity to Transform Food Access	Urban Open Space Foundation, Inc.	Linda N. Meurer, MD, MPH	Urban	Development	Nutrition; overweight, obesity, and lack of physical activity; social and economic factors that influence health	Racial and ethnic populations; urban; other	49,800	48,600
2006	Healthy Latino Families: A Nutrition/Exercise Program to Reduce Obesity	United Community Center; UW-Milwaukee	Christine Cronk, ScD	Urban	Impact	Nutrition; overweight, obesity and lack of physical activity; social and economic factors that influence health	Multiple	450,000	144,600

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2006	Lakeshore Lodge	Manitowoc County Human Services Department; National Alliance on Mental Illness-Manitowoc Chapter	Marie Wolff, PhD	Rural	Impact	Multiple	Multiple	$ 449,900	$ 145,400
2006	Mi salud—Mi vida: Health Promoter Model for Diabetes Self-Management	Carroll College Institute of Hispanic Health and Human Services; ProHealth Care; Hispanic Community Health Resource Center	Syed M. Ahmed, MD, MPH, DrPH	Urban	Development	Access to primary and preventative health services; nutrition; overweight, obesity, and lack of physical activity; social and economic factors that influence health	Racial and ethnic populations	49,800	47,900
2006	Milwaukee Alliance for Sexual Health	City of Milwaukee Health Department; New Concept Self Development Center; Wisconsin Department of Health and Family Services Division of Public Health	Wendi Ehrman, MD	Urban	Development	Communicable diseases; high-risk sexual behavior	Children and adolescents, racial and ethnic populations; uninsured; urban	50,000	49,300
2006	Milwaukee County Health Care Intimate Partner Violence Consortium	Aurora Sinai Medical Center; Columbia St. Mary's—Milwaukee Campus; Froedert Memorial Lutheran Hospital; Task Force on Family Violence, Inc.; Wheaton Franciscan Healthcare	Mary Beth Phelan, MD	Urban	Development	Intentional and unintentional injuries; social and economic factors that influence health	Urban; women	50,000	50,000
2006	Milwaukee Food and Fitness Initiative	Boys and Girls Clubs of Greater Milwaukee; Fondy Food Center; Growing Power Inc.; Lao Family Community, Inc.; Milwaukee County Nutrition and Physical Activity Coalition	Joseph Skelton, MD	Urban	Development	Nutrition; overweight, obesity and lack of physical activity; other	Children and adolescents; racial and ethnic populations; urban	50,000	50,000
2006	NEW Leadership Wisconsin: Building Leadership Capacity to Reduce Health Disparities	Mount Mary College	Ann M. Maguire, MD, MPH	Urban	Development	Social and economic factors that influence health	Racial and ethnic populations; urban; women	50,000	49,600

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2006	Partnerships to Connect Schools, Health, and Public Health Insurance	Community Advocates; Covering Kids and Families—Wisconsin (CKF) at the UW-Madison School of Human Ecology; State of Wisconsin Department of Health and Family Services; State of Wisconsin Department of Public Instruction; UW-Extension Family Living Programs	John Meurer, MD, MBA	Statewide	Impact	Access to primary and preventative health services; social and economic factors that influence health	Multiple	$ 450,000	$ 44,500
2006	PEARLS for Teen Girls High Risk Intervention	Family Leadership Academy (Family Bridges Inc.); PEARLS for Teen Girls, Inc.; Silver Spring Community Nursing Center; UW-Milwaukee Center for Urban Community Development; UW-Milwaukee College of Nursing	Kevin Izard, MD	Urban	Impact	Multiple	Children and adolescents; racial and ethnic populations; urban; other	450,000	178,200
2006	Project Heart: Healthy Empowerment to Access Resources Together	Bread of Healing Clinic; Community Advocates; Horizons Inc.	Ann M. Maguire, MD, MPH	Urban	Impact	Multiple	Racial and ethnic populations; urban; women; other	450,000	179,900
2006	Project Respect	City of Milwaukee Health Department; Silver Spring Neighborhood Center; United Neighborhood Centers of Milwaukee; UW-Milwaukee College of Nursing	Lynn K. Sheets, MD	Urban	Impact	High risk sexual behavior; intentional and unintentional injuries; other	Children and adolescents; racial and ethnic populations; urban	450,000	115,300
2006	Public Health Workforce Development: A Call to Action	Wisconsin Area Health Education Center; Wisconsin Association of Local Health Departments and Boards; Wisconsin Division of Public Health; Wisconsin Public Health Association	Peter M. Layde, MD, MSc	Statewide	Development	Multiple	Multiple	50,000	47,000

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2006	Quality Home Care	CAP Services Inc.; United States Department of Agriculture; University of Wisconsin Center for Cooperatives; University of Wisconsin Center on Wisconsin Strategy	Raymond G. Hoffmann, PhD	Statewide	Development	Access to primary and preventative health services; intentional and unintentional injuries; social and economic factors that influence health	Disabled; rural; seniors; urban	$ 50,000	$ 39,500
2006	Stop Abuse and Neglect of Elders: Increasing Capacity to Respond	Milwaukee County Department on Aging	Linda N Meurer, MD, MPH	Urban	Impact	Intentional and unintentional injuries; social and economic factors that influence health	Seniors	450,000	188,900
2006	Targeting Adolescent Problems: Substance Abuse Crisis Hotline and Program	Children's Hospital of Wisconsin; Fighting Back, Inc	M. Susan Jay, MD	Urban	Impact	Intentional and unintentional injuries; substance abuse and addiction	Children and adolescents	449,700	172,100
2006	The Journey of HOPE	Agape Community Center; Cardinal Stritch University	Jeff Morzinski, PhD	Urban	Development	Overweight, obesity, and lack of physical activity	Multiple	50,000	48,400
2006	Using Social Networks to Increase HIV Testing in Vulnerable Populations	AIDS Resource Center of Wisconsin	John JW Fangman, MD	Urban	Development	Communicable diseases; high-risk sexual behavior	Urban	44,500	28,300
2006	Waukesha Smiles: Dental Outreach to Low-Income Waukesha Children	School District of Waukesha; Woodland Dental Group	Kenneth G. Schellhase, MD, MPH	Urban	Impact	Access to primary and preventative health services; communicable diseases; nutrition; other	Children and adolescents; racial and ethnic populations; uninsured; urban	449,400	181,000
2007	A School-Based Intervention to Increase African-Americans and Latinos in Health Professions	Milwaukee Public Schools; Greater Milwaukee Foundation; Children's Hospital of Wisconsin	John Meurer, MD, MBA	Urban	Development	Access to primary and preventative health services; social and economic factors that influence health; other	Children and adolescents; racial and ethnic populations; urban	50,000	13,600
2007	Building Capacity for Promoting Population-Based Prevention Strategies in Wisconsin	Institute for Wisconsin's Health, Inc.	Timothy Corden, MD	Statewide	Development	Multiple	Multiple	50,000	24,000

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2007	Caring for Those Who Share: Improving the Health of Wisconsin Blood Donors	National Anemia Action Council, Inc.; BloodCenter of Wisconsin	Kenneth G. Schellhase, MD	Statewide	Development	Access to primary and preventative health services; nutrition; other	Men; seniors; women; other	$ 50,000	$ 16,600
2007	Circles of Sisters: Enhancing Family Development with Doula Care for Beloit Teen Mothers and Their Children	Beloit College; Community Action—HUB Connections; Family Services of Southern Wisconsin and Northern Illinois, Inc.; Beloit Area Community Health Center	Emmanuel Ngui, DrPH, MSc	Urban	Development	Access to primary and preventative health services; mental health and mental disorders; nutrition; social and economic factors that influence health	Multiple	49,500	2,000
2007	Elder Community Health Upholders	American Cancer Society, Midwest Division, Wisconsin; Arthritis Foundation Wisconsin Chapter; American Heart Association; St. Martin de Porres Catholic Church; Wheaton Franciscan Healthcare	Jeffrey Morzinski, PhD, MSSW	Urban	Impact	Multiple	Racial and ethnic populations; seniors; urban	441,200	28,500
2007	Emergency Department to Primary Care Medical Home Referral and Retention Project	Milwaukee Health Services, Inc.; Westside Healthcare Association, Inc.; Health Care for the Homeless of Milwaukee, Inc.; Milwaukee Health Care Partnership.	Eric Gass, PhD	Urban	Impact	Access to primary and preventative health services; environmental and occupational health hazards; social and economic factors that influence health; other	Multiple	450,000	33,600
2007	Fostering Hope	Colarelli Family Foundation; Children's Service Society of Wisconsin; Bureau of Milwaukee Child Welfare; Children's Hospital and Health System	Lynn Sheets, MD	Urban	Development	Multiple	Children and adolescents; racial and ethnic populations; urban; other	50,000	2,700

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2007	Healthy Youth: Strong and Connected	Milwaukee Public Schools; Milwaukee Fire Department; Children's Service Society of Wisconsin (Project Ujima)	Marlene Melzer-Lange, MD	Urban	Impact	Intentional and unintentional injuries; mental health and mental disorders; social and economic factors that influence health	Children and adolescents; racial and ethnic populations; urban	$ 449,200	$ 70,600
2007	Integrating and Mapping Community Health Assessment Information	Wisconsin Department of Health and Family Services Division of Public Health	Emmanuel Ngui, DrPH	Statewide	Impact	Multiple	Multiple	450,000	12,300
2007	Johnsons Park Health Alliance: Building a Culture of Community Sufficiency for Health in the Fond du Lac and North Avenue Neighborhoods	Fondy Food Center, Inc.; Walnut Way Conservation Corp.; Johnsons Park Neighborhood Association; Seedfolks Youth Ministry	Linda Meurer, MD, MPH	Urban	Impact	Nutrition; overweight, obesity, and lack of physical activity; social and economic factors that influence health	Racial and ethnic populations; urban; other	450,000	52,800
2007	Kenosha County Suicide Prevention Initiative	Kenosha County Division of Health; Mental Health America of Wisconsin	Stephen Hargarten, MD, MPH	Urban	Impact	Access to primary and preventative health services; intentional and unintentional injuries; mental health and mental disorders	Children and adolescents; men; seniors; women	450,000	64,600
2007	Making Milwaukee Smile	Children's Health Alliance of Wisconsin; Children's Hospital of Wisconsin Dental Center; Columbia St. Mary's Madre Angela Dental Clinic; Marquette University School; Milwaukee Health Services Inc; Milwaukee Public Schools; Southeast Dental Associates	Earnestine Willis, MD, MPH	Urban	Impact	Access to primary and preventative health services	Children and adolescents; racial and ethnic populations; uninsured; urban	446,500	20,000

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2007	Nurturing Healthy Youth Leaders Through Faith-Based Partnerships	Holy Cathedral Church of God in Christ; Mason Temple Church of God in Christ; New Covenant Missionary Baptist Church; Christ Tabernacle Church of God in Christ; Christ Tabernacle Ministries	Syed Ahmed, MD, MPH, DrPH	Urban	Impact	High-risk sexual behavior; nutrition; overweight, obesity and lack of physical activity; social and economic factors that influence health	Multiple	$ 450,000	$ 54,200
2007	Partnership for Chronic Disease Prevention and Management in Western Wisconsin	Viterbo University; La Crosse County Health Department; Monroe County Health Department; Vernon County Health Department; Trempealeau County Health Department; St. Clare Health Mission	Marie Wolff, PhD	Rural	Impact	Access to primary and preventative health services; social and economic factors that influence health	Rural; uninsured; other	449,700	20,100
2007	Riverwest Health Initiative	COA Youth and Family Centers; UW-Milwaukee College of Nursing	Jim Sanders, MD, MPH	Urban	Impact	Multiple	Racial and ethnic populations; uninsured; urban	449,000	23,300
2007	Salud de la Mujer: Community Developed Materials to Increase Health Literacy in a Latino Community	Centro de la Comunidad Unida (United Community Center)	Melanie S. Hinojosa, PhD	Urban	Impact	Access to primary and preventative health services; social and economic factors that influence health	Racial and ethnic populations; uninsured; urban; women	450,000	65,300
2007	School Nursing: The Tipping Point for Health for Vulnerable Families	UW-Milwaukee; Milwaukee Public Schools	Syed M. Ahmed, MD, MPH, DrPH	Urban	Development	Multiple	Children and adolescents; racial and ethnic populations; urban	50,000	10,500

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2007	The Great Lakes Environmental Health Project	UW-Milwaukee; West Allis Health Department	Earnestine Willis, MD, MPH	Urban	Development	Access to primary and preventative health services; environmental and occupational health hazards; social and economic factors that influence health	Multiple	$ 39,800	$ 3,300
2007	The Medically Fragile Foster Child—Improving Health Status through Education and Community Linkages	Milwaukee Child Welfare Partnership for Professional Development; Helen Bader School of Social Welfare, UW-Milwaukee; Bureau of Milwaukee Child Welfare; Wisconsin Department of Health and Family Services	Elizabeth Moberg-Wolff, MD	Urban	Development	Access to primary and preventative health services; intentional and unintentional injuries; social and economic factors that influence health; other	Multiple	50,000	5,200
2007	The Wisconsin Community Health Worker Network	Northern Wisconsin Area Health Education Center; Wisconsin Area Health Education Center System	Earnestine Willis, MD, MPH	Statewide	Development	Access to primary and preventative health services	Racial and ethnic populations	49,900	0
2007	Transforming the Continuum of Behavioral Health Crisis Care: The Milwaukee Crisis Resource Center	American Red Cross-Homeless Nursing Center; Aurora Behavioral Health Services; City of Milwaukee Police Department; Justice 2000, Inc.; Milwaukee County Behavioral Health Division; National Alliance on Mental Illness of Greater Milwaukee; Our Space, Inc.; Transitional Living Services, Inc.; United Community Center, Inc.; Warmline, Inc.; Wisconsin Community Services, Inc.	Jon Gudeman, MD	Urban	Impact	Access to primary and preventative health services; intentional and unintentional injuries; mental health and mental disorders; social and economic factors that influence health	Multiple	450,000	9,600
2007	Using Social Networks Testing to Increase HIV Testing in Vulnerable Populations in Wisconsin	AIDS Resource Center of Wisconsin	John J.W. Fangman, MD	Urban	Impact	Access to primary and preventative health services; communicable diseases; high-risk sexual behavior	Racial and ethnic populations; uninsured; urban	443,500	31,100

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/2008[1]
2007	Well City Milwaukee: Creating a Workable Plan to Evaluate a City-Wide Worksite Wellness Initiative	YMCA of Metropolitan Milwaukee	Jane Morley Kotchen, MD, MPH	Urban	Development	Nutrition; overweight, obesity and lack of physical activity; social and economic factors that influence health; tobacco use and exposure	Men; urban; women	$ 50,000	$ 12,400
2007	Wisconsin Well Water: Planning Web-based Resources to Promote Safe Drinking Water for Wisconsin Residents	UW-Extension Central Wisconsin Groundwater Center	Syed Ahmed, MD, MPH, DrPH	Statewide	Development	Environmental and occupational health hazards	Other	50,000	7,300
Total								**$23,400,300**	**$11,192,500**

[1] Does not include expenses incurred before 12/31/2008 but not yet submitted for reimbursement.

Appendix 5

Wisconsin Partnership Program Oversight and Advisory Committee

Members

September 2009

Statewide Healthcare Advocate:

Douglas Mormann, MS
Health Officer, La Crosse County Health Department

Community Health Advocates:

Christine Holmes
President and CEO, Penfield Children's Center

Lorraine Lathen, MA
Executive Director, Jump at the Sun Consultants, Inc.

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

University of Wisconsin Representatives:

Phillip Farrell, MD, PhD
Professor, Departments of Pediatrics and Population Health Sciences,
UW School of Medicine and Public Health

Valerie Gilchrist, MD
Chair, Department of Family Medicine, UW School of Medicine and Public Health

Susan Goelzer, MD, MS, CPE
Professor, Departments of Anesthesiology and Population Health Sciences,
UW School of Medicine and Public Health

David Kindig, MD, PhD
Emeritus Professor, Department of Population Health Sciences,
UW School of Medicine and Public Health

Insurance Commissioner Appointee:

Martha Gaines, JD, LLM
Director, Center for Patient Partnerships; Clinical Professor of Law, UW Law School

Appendix 6

Wisconsin Partnership Program Medical Education and Research Grants Awarded

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2004	Comprehensive Cancer Control in Wisconsin	George Wilding, MD	Research	No	$ 319,100	$ 313,500
2004	Human Proteomics Program	Richard Moss, PhD	Research	No	65,000	24,500
2004	Innovations in Medical Education	Susan Skochelak, MD, MPH	Education	No	3,414,800	3,031,600
2004	Making Wisconsin the Healthiest State	David Kindig, MD, PhD	Research	No	917,700	860,500
2004	Master in Public Health Degree Program	Patrick Remington, MD, MPH	Education	No	2,683,000	2,192,000
2004	Survey of the Health of Wisconsin	Javier Nieto, MD, MPH, PhD	Education and research	No	128,700	122,000
2004	Wisconsin Alzheimer's Institute	Mark Sager, MD	Education and research	No	375,000	301,400
2004	Wisconsin Clinical Trials Network (WiCTNet)	David DeMets, PhD	Research	No	137,400	105,400
2005	Androgen Receptor as an Immunological Target for the Treatment of Prostate Cancer	Douglas McNeel, MD, PhD	Research	Yes	99,900	98,600
2005	Cellular and Viral Determinants of Human Cytomegalovirus Lytic and Latent Replication Cycles	Robert Kalejta, PhD	Research	Yes	100,000	99,000
2005	Effects of Statin Therapy on Vascular Properties and Outcomes in Diastolic Heart Failure Patients	Nancy Sweitzer, MD, PhD, FACC	Research	Yes	100,000	37,400
2005	GLI2 Protein Stabilization in the Activation of Hedgehog Signaling Pathway in Prostate Cancer	Vladimir Spiegelman, MD, PhD	Research	Yes	100,000	100,000
2005	Health Care Data Collection and Reporting: Models for Public-Private Partnerships Conference	Patrick Remington, MD, MPH	Education	No	11,100	11,100
2005	Health Innovations Program (HIP)	Maureen Smith, MD, MPH, PhD	Education and research	No	1,310,200	985,100
2005	Healthy Children Strong Families: Supporting Caregivers Improving Lifestyles	Alexandra Adams, MD, PhD	Research	Yes	93,100	80,500

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2005	Human Proteomics Program	Richard Moss, PhD	Research	No	$1,867,200	$1,748,900
2005	Investigating Fungal Infection: Analysis of Spores from the Human Fungal Pathogen Cryptoccus neoformans	Christina Hull, PhD	Research	Yes	100,000	100,000
2005	Library Collection Support for Public Health Research and Training	Julie Schneider, MA	Education and research	No	159,800	53,400
2005	Mechanisms of CREB Regulation and Function in Response to DNA Damage	Randal Tibbetts, PhD	Research	Yes	100,000	100,000
2005	Molecular Analysis of the Putative Mammalian siRNase ERI-1	Scott Kennedy, PhD	Research	Yes	100,000	99,900
2005	Molecular Mechanism of Lung Organogenesis, Tumorigenesis, and Asthma	Xin Sun, PhD	Research	Yes	100,000	100,000
2005	Novel Exploratory Approaches to Elucidating the Role of GRAIL in CD25+ T Regulatory Cell Biological Function	Christine Seroogy, MD	Research	Yes	91,600	91,600
2005	Novel Therapies Against Influenza Infection	Stacey Schultz-Cherry, PhD	Research	Yes	100,000	100,000
2005	Optimizing Immunuppressant Therapy Based on Viral Genetics to Improve Hepatitis C Infected Transplant Patient Outcomes	Robert Striker, MD, PhD	Research	Yes	100,000	100,000
2005	Reducing Cancer Disparities through Comprehensive Cancer Control	James Cleary, MD	Education and research	No	532,100	536,600
2005	Regenerative Medicine Program	Timothy Kamp, MD, PhD, FACC	Research	No	1,200,000	737,400
2005	Startup Funding to Recruit Faculty Member Specializing in Genetic Epidemiology	Javier Nieto, MD, MPH, PhD	Education and research	No	261,700	125,600
2005	Startup Funding to Recruit Faculty Member Specializing in Health Policy	Javier Nieto, MD, MPH, PhD	Education and research	No	261,700	130,000
2005	Sterol Carrier Protein 2 is a Novel Link between Aging and Alzheimer's Disease	Luigi Puglielli, MD, PhD	Research	Yes	100,000	99,900
2005	Survey of the Health of Wisconsin	Javier Nieto, MD, MPH, PhD	Education and research	No	4,116,900	3,467,200
2005	The Role of Ikaros in Cellular Proliferation	Sinisa Dovat, MD	Research	Yes	100,000	100,000
2005	The Transformation of Health Care and the Role of the University Conference	Jeffrey Grossman, MD	Education	No	32,100	22,300
2005	Topical Honey for Diabetic Foot Ulcers	Jennifer Eddy, MD	Research	Yes	100,000	62,000

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2005	Wisconsin Academy For Rural Medicine (WARM)	Byron Crouse, MD	Education	No	$ 178,000	$ 133,500
2005	Wisconsin Network for Health Research (WINHR)	Howard Bailey, MD	Research	No	912,000	691,300
2005	Wisconsin Network for Health Research (WINHR) Informatics	David DeMets, PhD	Research	No	428,300	428,300
2005	Wnt/Frizzled Signals in Normal and Malignant Lymphoid Development	Erik Ranheim, MD, PhD	Research	Yes	100,000	97,900
2006	Advancing Evidence-Based Health Policy in Wisconsin: Translating Research into Practice	Thomas Oliver, PhD, MA, MPH	Education	No	149,200	98,300
2006	Center for Urban Population Health Public Health Development Plan	Ron Cisler, PhD	Education and research	No	1,058,400	435,800
2006	Creation of a Bovine Cryptosporidium Vaccine to Reduce Outbreaks in Human Populations	Laura Knoll, PhD	Research	Yes	100,000	100,000
2006	Determinants of Antibiotic Resistance in Nursing Homes	Christopher Crnich, MD	Research	Yes	100,000	100,300
2006	Integrating Variation at Single Nucleotides and Short Tandem Repeats to Identify Genetic Associations with Complex Diseases	Bret Payseur, PhD	Research	Yes	100,000	85,900
2006	Magnetic Resonance Imaging in a Study of Prolotherapy for Knee Osteoarthritis	David Rabago, MD	Research	Yes	100,000	50,000
2006	Partnering with Quit Lines to Promote Youth Smoking Cessation in Wisconsin	Tammy Sims, MD, MS	Research	Yes	100,000	65,800
2006	Surface-rendered 3D MRI Overlaid into Live X-Ray Fluoroscopy to Guide Endomyocardial Progenitor Cell Therapy for Recent Myocardial Infarction: Technical Development and Validation Toward Clinical Translation	Amish Raval, MD	Research	Yes	100,000	117,700
2006	The Wisconsin Smokers Health Studies	Michael Fiore, MD, MPH	Research	No	600,000	478,400
2006	Treatment of Vitamin D Insufficiency	Karen Hansen, MD	Research	Yes	100,000	120,500
2006	UW Institute for Clinical and Translational Research—Administrative	Marc Drezner, MD	Education and research	No	6,847,800	3,610,400
2007	2007 Emergency Care and Trauma Symposium	George Mejicano, MD, MS	Education	No	80,000	80,000
2007	A Comprehensive Approach to Insomnia	Ruth Benca, MD, PhD	Research	Yes	299,700	174,900
2007	A New Diagnostic Test to Monitor Regression and Recurrence of Epithelial Ovarian Cancer	Manish Patankar, PhD	Research	Yes	98,700	40,100

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2007	Development of Human Rights Initiative	Cynthia Haq, MD	Education	No	$ 22,500	$ 7,500
2007	Falls Risk Detection and Gait Instabilities in Older Adults	Bryan Heiderscheit, PhD	Research	Yes	100,000	46,700
2007	Healthy People/Healthy Systems: The OPTIMISE Model	Bennett Vogelman, MD	Education	Yes	299,700	105,900
2007	Improving Cardiovascular Risk Prediction Using Hand-Held Carotid Ultrasonography	James Stein, MD	Education	Yes	286,300	192,800
2007	Individual Stroma-Targeting Therapy in Breast Cancer	Andreas Friedl, MD	Research	Yes	300,000	78,200
2007	Linking Aging, Resveratrol and Sirtuins	John Denu, PhD	Research	Yes	300,000	221,200
2007	Metabolic Control of Metastasis by a Master Regulator of Neurogenesis: Molecular Mechanisms and Therapeutics	Avtar Roopra, PhD	Research	Yes	100,000	100,700
2007	Probiotics for Prevention of Infection by Multiresistant Bacteria	Nasia Safdar, MBBS	Research	Yes	100,000	4,000
2007	Reconstructing HIV Sequence Histories to Identify Potent Immune Responses	David O'Connor, PhD	Research	Yes	99,600	38,400
2007	The Relationship between Asthma and Obstructive Sleep Apnea: A Pilot Study for the Effects of Treatment for Comorbid OSA in Patients with Asthma	Mihaela Teodorescu, MD, MS	Research	Yes	100,000	80,800
2007	Vitamin D Inadequacy: Documentation in Rural Populations and Evaluation of Correction by Food Supplementation	Neil Binkley, MD	Research	Yes	300,000	109,600
2007	Wisconsin Academy for Rural Medicine (WARM)	Byron Crouse, MD	Education	No	668,500	358,500
2007	Wisconsin Infectious Disease Drug Discovery	Bruce Klein, MD	Research	Yes	300,000	54,800
2007	Wisconsin Network for Health Research (WiNHR)	Howard Bailey, MD	Research	No	2,547,100	911,500
2008	Closing the Gap on Pediatric Health Disparities: Discerning the Causes and Consequences of Iron Deficiency in Infancy	Pamela Kling, MD	Research	Yes	500,000	10,100
2008	Computed Tomography (CT) with Reduced Radiation Dose Using Prior Image Constrained Compressed Sensing (PICCS) Reconstruction	Christopher Francois, MD	Research	Yes	90,000	0
2008	Development of a Centralized UWCCC Biobank	David Yang, MD	Research	No	450,100	114,700

Award Year	Project Name	Principal Investigator	Focus	Competitively Awarded	Amount Awarded	Expenditures through 12/31/08
2008	Evaluation of Cuidandome: A Communitywide Intervention to Promote Breast and Cervical Cancer Screening among Latinas	Ana Martinez-Donate, PhD	Research	Yes	$ 90,000	$ 0
2008	Genetic and Environmental Predictors of Serum Levels of 25-Hydroxyvitamin D	Corinne Engelman, MSPH, PhD	Research	Yes	90,000	0
2008	Menominee Smoking Cessation Clinical Trial	Stevens Smith, PhD	Education and research	Yes	499,600	7,400
2008	Patient-Specific Induced-Pluripotent Stem Cell Models for Human Disease	Timothy Kamp, MD, PhD, FACC	Research	Yes	500,000	0
2008	Positron Emission Tomography Imaging of Tumor Angiogenesis	Weibo Cai, PhD	Research	Yes	90,000	0
2008	Recruitment of Middle-Aged African-Americans for Studies of Preclinical Alzheimer's Disease	Mark Sager, MD	Research	No	90,000	4,300
2008	Reducing Infant Mortality Disparities in Wisconsin	Gloria Sarto, MD, PhD	Research	Yes	500,000	12,200
2008	Shared Resources for Interdisciplinary Research for Wisconsin Institute for Medical Research (WIMR) Phase 1	Robert Golden, MD	Research	No	2,470,300	1,125,000
2008	Wisconsin Center for Infectious Diseases (WisCID)	Bruce Klein, MD	Research	No	1,511,300	47,000
2008	Wisconsin Children's Lead Levels and Educational Outcomes	Marty Kanarek, PhD, MPH	Education and research	Yes	500,000	6,400
Total					**$43,635,200**	**$26,684,200**

Appendix 7

Wisconsin Partnership Program Public Health Grants Awarded

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2004	Active and Healthy Lifestyles for Children and Youth with Disabilities: A Comprehensive Community-Based Partnership	School District of La Crosse	Stacy Her, MD	Urban	Implementation	Overweight, obesity, and lack of physical activity	Children	$ 440,500	$ 319,600
2004	At-Risk Adolescent Health Outreach, Prevention and Services Collaborative Program	Madison Community Health Center, Inc (legal) DBA-Access Community Health Centers	Gregory DeMuri, MD	Urban	Implementation	Access to primary and preventive health services	Children	292,500	268,500
2004	Beyond Lip Service: Integrating Oral Health into Public Health	WI Department of Health and Family Services; Division of Public Health; Bureau of Health Information and Policy	John Doyle, DDS	Urban and rural	Implementation	Access to primary and preventive health services	Children	450,000	378,000
2004	Breaking the Barriers to Health Care and Domestic Violence Prevention for Latino/Hispanic Immigrants	UNIDOS Against Domestic Violence	Mary Beth Plane, PhD	Urban and rural	Implementation	Intentional and unintentional injuries and violence	Multiple	450,000	450,000
2004	Collaboration on Lead Education, Abatement and Reduction (CLEAR)	City of Racine Health Department	None	Urban	Development	Environmental and occupational health hazards	Children	25,000	24,800
2004	Community Mental Health Training Institute	New Concept Self Development Center, Inc.	Ron Cisler, PhD	Urban	Development	Mental health and mental disorders	Children; adults; racial and ethnic populations	25,000	25,000

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2004	Community Wellness Initiative	Black River Memorial Hospital	None	Rural	Development	Overweight, obesity, and lack of physical activity	Children; adults; seniors	$ 25,000	$ 24,900
2004	Co-op Care	Wisconsin Federation of Cooperatives	Byron Crouse, MD, FAAFP	Urban and rural	Implementation	Access to primary and preventive health services	Multiple	450,000	432,200
2004	Dane County Early Childhood Initiative Allied Drive Community	Dane County Department of Human Services	Roseanne Clark, PhD	Urban	Implementation	Social and economic factors that influence health	Children; pregnant women	450,000	438,600
2004	Enhancing Alcohol Screening, Intervention, and Referral Services in Wisconsin	Wisconsin Medical Society	Richard Brown, MD, MPH	Urban and rural	Development	Alcohol and other substance use and addiction	Children; adults	24,800	24,800
2004	Fall No More	Assisted Living Foundation of Wisconsin	Mark Sager, MD	Urban and rural	Development	Intentional and unintentional injuries and violence	Seniors	25,000	25,000
2004	First Breath: Enhancing Service to Healthcare Providers and Clients	Wisconsin Women's Health Foundation	Michael Fiore, MD, MPH	Urban and rural	Implementation	Tobacco use and exposure	Children; pregnant women	450,000	383,800
2004	Fit Kids Fit Families Project in Washington County	Aurora Medical Center of Washington County	Paul Hartlaub, MD, MSPH	Urban	Implementation	Overweight, obesity, and lack of physical activity	Children; adults	319,000	225,300
2004	FIT-WIC-Wisconsin	Wisconsin WIC Association, Inc.	None	Urban	Development	Overweight, obesity, and lack of physical activity	Children; pregnant women; adults	25,000	25,000
2004	Health Care Interpreting Information and Resource Project	Wisconsin Coalition for Linguistic Access to Healthcare	Nancy Sugden	Urban and rural	Development	Sufficient, competent workforce	Adults; seniors; racial and ethnic populations	25,000	25,000
2004	Health Watch Wisconsin	ABC for Health, Inc.	None	Urban and rural	Development	Access to primary and preventive health services	Children; pregnant women; adults	23,600	23,600

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2004	Healthy Children, Strong Families	Great Lakes Inter-Tribal Council	Alexandra Adams, MD, PhD	Rural	Implementation	Overweight, obesity, and lack of physical activity	Children; adults	$ 426,100	$ 385,600
2004	Healthy Wisconsin Leadership Institute	UW School of Medicine and Public Health	Patrick Remington, MD, MPH	Urban	Education and training	Sufficient, competent workforce	Adults	932,900	741,800
2004	Ho-Chunk Nation Culturally Trained Preventive and Supportive Care Project	Ho-Chunk Nation	None	Rural	Development	Community health improvement processes and plans	Seniors; racial and ethnic populations	25,000	25,000
2004	Influencing Wisconsin's Public Health System Through Exploration of a Model That Addresses Hmong Mental Health Needs	Mental Health Center of Dane County, Inc.	Dean Krahn, MD, MS	Urban	Development	Mental health and mental disorders	Adults; senior; racial and ethnic populations	25,000	25,000
2004	Milwaukee Homicide Review Commission	Milwaukee Police Department	Ron Cisler, PhD	Urban	Implementation	Intentional and unintentional injuries and violence	Multiple	400,000	397,200
2004	Multi-Level Information Systems and Health Promotion Interventions for Milwaukee's School Children	Center for Urban Population Health	Ron Cisler, PhD	Urban	Noncompetitive OAC Award	Integrated electronic data and information systems	Children	299,800	299,800
2004	Northeastern Wisconsin Falls Prevention Coalition	Bay Area Agency on Aging, Inc.	None	Urban and rural	Development	Intentional and unintentional injuries and violence	Seniors	25,000	25,000
2004	Northern Wisconsin Groundwater Consortium (NWGC)	Taylor County Health Department	None	Urban and rural	Development	Environmental and occupational health hazards	Multiple	25,000	25,000
2004	Partners for a Clean and Sober Polk County	Polk County Health Department	None	Rural	Development	Alcohol and other substance use and addiction	Children; adults	25,000	25,000
2004	Peridata: A Rural Urban Information Network	Wisconsin Association for Perinatal Care	Ron Cisler, PhD	Urban and rural	Implementation	Integrated electronic data and information systems	Children; pregnant women	395,800	286,000

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2004	Planning Grant to Reduce Health Disparities within LGBT Populations in Wisconsin	Diverse and Resilient, Inc.	None	Urban and rural	Development	Community health improvement processes and plans	Adults; seniors	$ 25,000	$ 24,800
2004	Reducing Household Asthma Triggers in Dane County African American Households	African American Health Network of Dane County	Gloria Johnson-Powell, MD	Urban	Development	Environmental and occupational health hazards	Children; adults; racial and ethnic populations	25,000	23,400
2004	Safe Mom, Safe Baby: A Collaborative Model of Care for Pregnant Women Experiencing Intimate Partner Violence	Aurora Sinai Medical Center	Adanna Amanze, MD; Jacquelynn Tillett, CNM, ND, FACNM; Tina Mason, MD, MPH, FACOG	Urban	Implementation	Intentional and unintentional injuries and violence	Children; pregnant women	448,500	443,700
2004	Strengthening Family Caregivers Through Statewide Coalition	AARP	None	Urban and rural	Development	Coordination of state and local public health system partnerships	Seniors	25,000	25,000
2004	The Milwaukee Birthing Project: Improving Birth Outcome for Mothers and Children	Milwaukee Birthing Project	Gloria Johnson-Powell, MD	Urban	Implementation	Social and economic factors that influence health	Children; pregnant women; racial and ethnic populations	414,500	414,500
2004	Tribal-Academic Partnership for American Indian Health	Great Lakes Inter-Tribal Council	None	Rural	Noncompetitive OAC Award	Sufficient, competent workforce	Multiple	286,600	245,400
2004	Understanding and Overcoming the Barriers Hispanic/Latina Women Face in Accessing Reproductive and Sexual Health Care Services	Planned Parenthood of Wisconsin, Inc.	Caryn Dutton Bean, MD	Urban	Development	Access to primary and preventive health services	Adults; racial and ethnic populations; women	25,000	25,000
2004	Uniting Communities for Healthy Eating and Active Living	Marshfield Clinic Research Foundation	None	Urban and rural	Development	Overweight, obesity, and lack of physical activity	Multiple	25,000	25,000
2004	Wisconsin Academy for Rural Medicine	Rural Wisconsin Health Cooperative	Byron Crouse, MD, FAAFP	Urban and rural	Development	Sufficient, competent workforce	Multiple	25,000	20,100

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2004	Wisconsin Population Health Fellowship Program	UW School of Medicine and Public Health	Patrick Remington, MD, MPH	Urban	Education and training	Sufficient, competent workforce	Adults	$ 2,012,000	1,669,100
2004	Wisconsin's Adolescent Sexually Transmitted Infections Protection through Education Project (WASTI-PEP)	Family Planning Health Services, Inc.	None	Urban and rural	Development	High-risk sexual behavior	Children	25,000	9,000
2005	Active Prescription for Wisconsin	Bicycle Federation of Wisconsin Educational Foundation, Inc.	Javier Nieto, MD, PhD	Urban	Development	Overweight, obesity, and lack of physical activity	Children; adults; seniors	25,000	15,900
2005	Assessing Lifestyle Behaviors and Beliefs in Underserved Adults	Dodge Jefferson Healthier Community Partnership	Linda Baumann, PhD	Rural	Development	Overweight, obesity, and lack of physical activity	Adults	48,700	48,600
2005	Chippewa Valley Community Diabetes Program	Chippewa Valley Health Clinic, Inc.	William Cayley Jr, MD, M.Div.	Urban	Development	Access to primary and preventive health services	Adults	50,000	49,900
2005	Development of a Wisconsin Public Health Laboratory Network	Madison Department of Public Health	Ronald H. Laessig, PhD	Urban and rural	Development	Coordination of state and local public health system partnerships	Children; adults; seniors	49,200	36,300
2005	Engaging Wisconsin Communities for Substance Abuse Prevention	Marshfield Clinic Research Foundation	Michael Fleming MD, MPH	Rural	Implementation	Alcohol and other substance use and addiction	Adults; seniors	430,900	196,400
2005	Enhancing the Role of Consumers as Informed Partners in the Health Care System	Wisconsin Hospital Association, Inc.	Linda Baumann, PhD	Urban	Development	Coordination of state and local public health system partnerships	Adults	46,600	24,600
2005	Expand Behavioral Risk Factor Survey Coverage to Provide Local Tracking of Healthiest Wisconsin 2010 Priorities	Wisconsin Department of Health and Family Services	Paul Peppard, PhD, MS	Urban and rural	Implementation	Community health improvement processes and plans	Adults; seniors	440,500	256,600
2005	Footprints to Health	Marathon County Health Department	Kevin O'Connell, MD	Urban	Implementation	Overweight, obesity, and lack of physical activity	Children; adults	450,000	185,700

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2005	Got Dirt? Initiative	Brown County	Aaron Carrel, MD	Urban and rural	Development	Overweight, obesity, and lack of physical activity	Children	$ 49,700	41,300
2005	Green City, Healthy People: Eliminating Health Disparities while Revitalizing Milwaukee's Johnson's Park	Urban Open Space Foundation, Inc.	Blaise Nemeth MD, MS	Urban	Development	Community health improvement processes and plans	Children; adults; seniors	50,000	45,600
2005	Hispanic Health Patient Navigation Collaboration Planning Project	CAP Services, Inc.	Jane Jones, PhD	Rural	Development	Access to primary and preventive health services	Multiple	25,700	25,700
2005	Influencing Wisconsin's Public Health System by Defining, Understanding and Diffusing a Treatment Model for Hmong Mental Health	Mental Health Center of Dane County, Inc.	Dean Krahn, MD, MS	Urban and rural	Implementation	Mental health and mental disorders	Multiple	450,000	290,200
2005	Polk County Alcohol and Drug Outreach and Training (PolkADOT)	Polk County Health Department	Richard Brown, MD, MPH	Rural	Implementation	Alcohol and other substance use and addiction	Adults; seniors	448,600	353,800
2005	Reality Check 21	Eau Claire City-County Health Department	Jennifer Eddy, MD	Urban	Implementation	Alcohol and other substance use and addiction	Children; adults	450,000	286,100
2005	Reduce Health Disparities within the LGBT Populations in Wisconsin	Diverse and Resilient, Inc.	Kathleen Oriel, MD, MS	Urban	Development	Social and economic factors that influence health	Adults; seniors	47,500	37,300
2005	Si Se Puede (Yes You Can)	Northeastern Wisconsin Area Health Education Center, Inc.	Kirstin Siemering, DrPH, RD	Urban	Implementation	Social and economic factors that influence health	Adults; seniors; racial and ethnic populations	411,200	350,800
2005	The Wisconsin Healthy Air Initiative	Dane County Clean Air Coalition	Marty Kanarek, PhD, MPH	Urban	Implementation	Environmental and occupational health hazards	Children; adults; seniors	450,000	256,800
2005	Transporting Children Safely: A Public Health Model for WIC Families	American Family Children's Hospital	Timothy Corden, MD	Urban	Implementation	Intentional and unintentional injuries and violence	Children	344,900	255,100

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2005	Wisconsin Falls Reduction Project	Kenosha County Division of Aging Services	Jane Mahoney, MD	Urban and rural	Implementation	Intentional and unintentional injuries and violence	Seniors	$ 448,900	$ 240,600
2006	Advancing the Plan for a Diverse, Sufficient and Competent Workforce	Wisconsin Department of Health and Family Services	Nancy Sugden	Urban and rural	Implementation	Sufficient, competent workforce	Adults	450,000	108,300
2006	Childhood Obesity Wellness Campaign	Jefferson County Health Department	Paul Neary, MD	Urban and rural	Development	Overweight, obesity, and lack of physical activity	Children	45,000	38,200
2006	Continuing Public Health Education	Office of Continuing Professional Development in Medicine and Public Health (OCPD)	George Mejicano, MD, MS	Urban	Education and training	Sufficient, competent workforce	Adults	560,300	373,100
2006	Coordinating Partnerships to Improve Access to Public Health Coverage	Covering Kids and Families—Wisconsin	Roberta Riportella	Urban and rural	Implementation	Coordination of state and local public health system partnerships	Children	446,200	225,500
2006	Family Teaming to Improve Health Outcomes for Youth	Aurora Family Service	Paul Moberg, PhD	Urban	Development	Access to primary and preventive health services	Children; adults	49,900	26,500
2006	Fit Kids, Fit Cities	Wisconsin Sports Development Corporation (WSDC)	Aaron Carrel, MD	Urban and rural	Development	Overweight, obesity, and lack of physical activity	Children; adults	44,200	38,800
2006	FIT WIC—FIT Families	Wisconsin WIC Association	Paul Moberg, PhD	Urban	Implementation	Overweight, obesity, and lack of physical activity	Children; adults	450,000	191,100
2006	Fluoridation for Healthy Communities	Couleecap, Inc.	James Terman, MD	Urban and rural	Development	Access to primary and preventive health services	Multiple	50,000	47,800
2006	Green City, Active People	Greater Johnsons Park Health Coalition	Blaise Nemeth MD, MS	Urban	Development	Overweight, obesity, and lack of physical activity	Multiple	50,000	36,700

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2006	Health Care Task Force on Pre- and Inter-Conception Care	Aurora Women's Health Services—West Allis Memorial Hospital	Tina Mason, MD, MPH, FACOG	Urban	Development	Access to primary and preventive health services	Multiple	$ 49,600	$ 30,300
2006	Health Watch Wisconsin	ABC for Health, Inc. (Advocacy and Benefits Counseling for Health, Inc.)	Bruce Barrett, MD, PhD	Urban and rural	Implementation	Access to primary and preventive health services	Children; pregnant women; adults	447,700	249,500
2006	Honoring Our Children Urban/Rural Outreach Project	Great Lakes Inter-Tribal Council, Inc.	Paul Moberg, PhD	Rural	Implementation	Access to primary and preventive health services	Children; pregnant women; adults	450,000	96,700
2006	Increasing Breastfeeding Rates in Milwaukee County	Milwaukee County Breastfeeding Coalition	Kristen Reynolds, MD	Urban	Development	Adequate and appropriate nutrition	Children; pregnant women; women	49,500	23,100
2006	Latino Geriatric Center	Centro De La Comunidad/ United Community Center, Inc.	Mark Sager, MD	Urban	Implementation	Mental health and mental disorders	Adults; seniors	448,300	196,000
2006	Measuring the Impact	Children's Hospital and Health System (Child Abuse Prevention Fund)	Maureen Durkin, PhD, DrPH	Urban and rural	Implementation	Integrated electronic data and information systems	Multiple	396,900	108,800
2006	Milwaukee Nurse-Family Partnership Program	City of Milwaukee Health Department	Geoffrey Swain, MD, MPH	Urban	Implementation	Social and economic factors that influence health	Multiple	449,400	71,200
2006	Noj Zoo, Nyob Zoo (Eat Well, Live Well): A Hmong Community Health Promoter Project	Hmong American Women's Association, Inc.	Kalyani Rai, PhD	Urban	Development	Access to primary and preventive health services	Multiple	50,000	40,400
2006	Northern Wisconsin Child and Adolescent Psychiatry Access Project	Ministry Medical Group	John Greist, MD	Rural	Development	Access to primary and preventive health services	Children	49,900	23,400
2006	Planning a Multicultural Women's Education Program to Eliminate the Stigma of Depression	WI United for Mental Health (Wisconsin Women's Health Foundation)	Linda Denise Oakley, PhD, RN	Urban and rural	Development	Mental health and mental disorders	Children; adults; women	48,300	44,300

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2006	Preventing Substance Abuse Among LGBTQ Youth in Wisconsin	Diverse and Resilient, Inc.	Kathleen Oriel, MD, MS	Urban	Development	Alcohol and other substance use and addiction	Children	$ 48,800	$ 42,200
2006	Project Connect	Columbia County Connects	Michael Fleming MD, MPH	Rural	Implementation	Alcohol and other substance use and addiction	Children	450,000	183,100
2006	Schools and Clinics United for Healthy Children and Youth	Marshfield Clinic Research Foundation	Thomas Gabert, MD, MPH	Rural	Development	Overweight, obesity, and lack of physical activity	Children	50,000	15,800
2006	Strong Rural Communities Initiative	Rural Health Development Council	Byron Crouse, MD, FAAFP	Rural	Implementation	Coordination of state and local public health system partnerships	Adults	299,800	251,100
2006	Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women	Planned Parenthood of Wisconsin, Inc.	Ana Martinez-Donate, PhD	Urban	Implementation	Access to primary and preventive health services	Multiple	450,000	179,000
2006	What Works: Reducing Health Disparities in Wisconsin Communities	Wisconsin Department of Health and Family Services	Paul Moberg, PhD	Urban and rural	Implementation	Coordination of state and local public health system partnerships	Multiple	429,500	123,500
2006	Wisconsin Partnership for Childhood Fitness	Wisconsin Department of Public Instruction	Aaron Carrel, MD	Urban	Implementation	Overweight, obesity, and lack of physical activity	Children	446,600	71,400
2007	(Kev Noj Qab Haus Huv Ntawm Pojniam Hmoob Lub Neej) Staying Healthy as a Hmong Women: Building Capacity to Address Cancer Disparities	House of Peace Community Center	Sarah Esmond, MS	Urban	Development	Social and economic factors that influence health	Multiple	50,800	12,700
2007	Allied Drive Early Childhood Initiative	Dane County Department of Human Services	Roseanne Clark, PhD	Urban	Implementation	Social and economic factors that influence health	Children; pregnant women; adults	475,000	19,300

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2007	Changing the Culture of Palliative Care in Rural Wisconsin	The Hospice Organization and Palliative Experts (HOPE) of Wisconsin	James Cleary, MB, FRACP, FAChPM	Urban and rural	Implementation	Access to primary and preventive health services	Adults; senior	$ 413,200	$ 91,200
2007	Creating Healthy Rural Communities	Juneau County Health Department	Barbara Duerst, RN, MS	Rural	Development	Access to primary and preventive health services	Multiple	59,200	15,500
2007	Ecocultural Family Interview Project	City of Milwaukee Health Department	Katherine Magnuson, PhD	Urban	Implementation	Community health improvement processes and plans	Children; pregnant women	474,900	200
2007	Expanded Community Role in the Milwaukee Homicide Review Commission	Milwaukee Police Department	Ron Cisler, PhD	Urban	Implementation	Intentional and unintentional injuries and violence	Multiple	474,200	35,600
2007	Expanding and Sustaining the 'Safe Mom, Safe Baby' Project	Aurora Sinai Medical Center	Tina Mason, MD, MPH, FACOG; Jacquelynn Tillett, CNM, ND, FACNM	Urban	Implementation	Intentional and unintentional injuries and violence	Multiple	400,900	0
2007	Family Table Project	West Central Wisconsin Community Action Agency, Inc.	Kirstin Siemering, DrPH, RD	Rural	Development	Adequate and appropriate nutrition	Children; pregnant women; adults	59,900	13,500
2007	Fluoridation for Healthy Communities	Couleecap, Inc.	James Terman, MD	Urban and rural	Development	Access to primary and preventive health services	Multiple	67,000	0
2007	Got Dirt? Garden Initiative	Brown County	Aaron Carrel, MD	Urban and rural	Implementation	Overweight, obesity, and lack of physical activity	Children	475,000	8,000
2007	Group Prenatal Care for Vulnerable Pregnant Teens: Building Self-Efficacy and Social Support	Aurora Sinai Medical Center Midwifery and Wellness Center	Jacquelynn Tillett, CNM, ND, FACNM	Urban	Development	Access to primary and preventive health services	Children; pregnant women; women	66,937	0
2007	Healthiest Wisconsin 2020: A Partnership Plan to Improve the Health and Safety of the Public	Wisconsin Department of Health and Family Services	Susan Riesch, DNSc	Urban and rural	Development	Coordination of state and local health system partnerships	Multiple	66,900	0

Award Year	Project Name	Grantee	Academic Partner	Location	Grant Type	Focus	Target Population	Amount Awarded	Expenditures through 12/31/08[1]
2007	It Takes a Community to Help a Smoker	The Salvation Army Wisconsin and Upper Michigan	Bruce Christiansen, PhD	Urban	Implementation	Tobacco use and exposure	Pregnant women; adults; seniors	$ 473,900	$ 18,200
2007	Keeping Kids Alive in Wisconsin	Children's Hospital of Wisconsin, Inc.	Timothy Corden, MD	Urban and rural	Implementation	Intentional and unintentional injuries and violence	Children	464,300	0
2007	Oral Health Improvement for Adults with Developmental Disabilities	Community Health Partnership, Inc.	Pam Entorf, RDH, BS	Urban and rural	Development	Access to primary and preventive health services	Adults; seniors	66,700	21,100
2007	Promoting a Safe and Healthy Deaf Community	Deaf Unity	Leah Algier, MD	Urban and rural	Development	Intentional and unintentional injuries and violence	Multiple	54,400	19,000
2007	Reducing Mental Health Treatment Barriers in Adjudicated, Poor, Substance Abusing Women	Benedict Center, Inc.	Ronald Diamond, MD	Urban	Development	Mental health and mental disorders	Adults; women	67,000	0
2007	Reducing Tobacco Use Among LGBT Populations in Wisconsin	Diverse and Resilient, Inc.	Kathleen Oriel, MD, MS	Urban	Implementation	Tobacco use and exposure	Adults; seniors	475,000	51,200
2007	Reducing Youth Substance Abuse through Brief Motivational Interviewing in Schools	Aurora Psychiatric Hospital	Patricia Kokotailo, MD, MPH	Urban	Development	Mental health and mental disorders	Children	67,000	0
2007	Underage Drinking—A Parent Solution	Partners in Prevention-Rock County, Inc	Michael Fleming MD, MPH	Urban	Implementation	Alcohol and other substance use and addiction	Children; adults	463,000	101,900
2007	Uniting a County	Marshfield Clinic Research Foundation: A Division of Marshfield Clinic	John Olson, MD, FACP	Rural	Development	Alcohol and other substance use and addiction	Children	67,000	0
Total								**$26,176,100**	**$14,495,000**

[1] Does not include expenses incurred before 12/31/2008 but not yet submitted for reimbursement.

MEDICAL COLLEGE OF WISCONSIN

April 29, 2010

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

Re: Legislative Audit Bureau Report on the Medical College of Wisconsin's Advancing a Healthier Wisconsin endowment

Dear Ms. Mueller:

On behalf of the Medical College of Wisconsin (MCW), we thank you for the opportunity to respond to the Legislative Audit Bureau's (LAB) evaluation of MCW's Advancing a Healthier Wisconsin (AHW) endowment. Our response is organized into two parts: 1) an overview of the accomplishments of the endowment and the transformative nature of the funds; and, 2) our perspective on the recommendations provided to us in the LAB report.

Accomplishments of the AHW endowment in its first five years and the transformative nature of the funds. Through the AHW endowment, the Medical College of Wisconsin is dedicated to improving the health of Wisconsin through public and community health partnerships, biomedical and population health research, and medical and public health professional education. With a focus on health improvement, MCW 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.

Implementation of the AHW 2004-09 Five-Year Plan and its funded projects was made possible due to extensive public input, the diligent work of our community and academic partners, our inter-institutional partners, MCW faculty, staff, and students, and the MCW Consortium on Public and Community Health. We are proud of the strong links the first AHW Five-Year Plan made with the state health plan and its reflection of the broad priorities that are critical for the health of Wisconsin.

The health outcomes of the three complementary components of the AHW program are experienced and measured within different timeframes by the residents of Wisconsin. Research and education initiatives present a long-term investment in public health through new discoveries, and training future health providers, equipping them with knowledge, tools, and the capacity to improve health based on scientific rigor. Community-based partnership projects are also a long-term investment in the development of programs for at-risk populations, targeting existing and emerging health priorities, engaging community and MCW faculty in collaborative systems change, and translating scientific learning into community-based health promotion activities.

The AHW endowment is just one of several funding sources that support public health in Wisconsin. 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.

Transformation through the Healthier Wisconsin Partnership Program. In 2004, the MCW Consortium launched the first funding cycle of the Healthier Wisconsin Partnership Program (HWPP). This program was designed to bring community knowledge and wisdom together with academic expertise to develop health improvement projects that would benefit residents across Wisconsin. In its first five years, HWPP awarded $23.4M for 102 community-academic projects. These projects have resulted in significant gains in health improvement, including: advocating for a smoke-free workplace statute; reducing diesel bus idling at Milwaukee Public Schools; and, facilitating the adoption of a Public School Wellness Policy by a local school board. These community-academic collaborations demonstrate that the benefits of working together extend well beyond individual efforts. Partnerships capitalize on faculty and community strengths to empower both partners to take a more active role in the improvement of health.

HWPP facilitated relationships among 183 exceptional community partners and nearly 100 academic researchers. HWPP awards have empowered communities through the provision of significant financial and human resources, and the power to formulate and initiate projects addressing their own health priorities. Through its first five years, HWPP has provided a transformative stream of annual funding, collaborations, projects, and inspiration throughout the state, specifically affecting more than 30 Wisconsin counties. It has also transformed our academic institution by fostering and promoting the integration of public and community health across the research, education, clinical care and community engagement missions guiding our work. HWPP provides a platform of education and training for both academics and community to work together as partners.

More than 75% of HWPP projects have leveraged additional funding, and 95% of projects have reported transformation. HWPP funded partnerships are contributing tangible improvements and sustainable strategies aimed at addressing root causes of illness, disability, and death. Such strategies include strengthening organizational and sector capacity to deliver and sustain health improvement efforts. Partnerships are developing broader community systems to sustain health improvement processes, expanding resources for a stronger, more sufficient and competent workforce, and promoting the importance of public and community health leadership and policy. For example, HWPP projects have received national recognition as best practices, created a new elementary school curriculum aligned with the Wisconsin State standards to address guidelines for health, science, and physical education, and, developed a best practice model for the delivery of dental health education and services for low-income uninsured and underinsured residents in Dodge and Jefferson Counties.

These projects are just a small sample of the transformative outcomes of the HWPP community-academic partnerships.

Transformation through Research and Education. 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. The AHW funds provide Wisconsin with a unique opportunity to be at the forefront of breakthroughs in medical research.

The return on investment in basic science research is often not apparent for several years, which makes the effort to link outcomes to specific awards difficult in the short time that AHW funding has been operationalized. Some of the most profound advances, e.g., the isolation of human stem cells and the mapping of the human genome, have just begun to demonstrate their vast therapeutic potential. In order to translate the full potential presented by these breakthroughs in medical research, it is essential that AHW funding continue to be used to recruit and support talented researchers and provide them with the tools they need to advance discovery.

The following projects highlight a few of the innovative research and education initiatives underway as a result of AHW funding.

- Advancing the screening of individuals susceptible to kidney stone disease before stone episodes as well as beginning the development of a process for individuals to be counseled regarding lifestyle and nutritional practices to diminish the likelihood that they develop stones.

- Establishing a Core Histology/Tissue Preparation Lab enabling investigators to rapidly prepare and analyze tissue samples for research. The benefits to the researchers, and ultimately to the people of Wisconsin, is a shorter time between discovery and application. This core facility has resulted in collaborations across several distinct disciplines and inter-institutional partners. Furthermore, research findings resulting from the facility have been used to leverage federal funding from the National Institutes of Health and the National Science Foundation.

- Developing new technologies to identify genes underlying complex diseases.

- Establishing the Standardized Teaching Assessment Resource (STAR) Center to create an environment and curriculum to accommodate multiple clinical care training needs for medical and graduate students, residents, fellows, instructors, clinicians, and allied health professionals.

- Developing a new generation of community-engaged researchers by establishing the PhD in Public and Community Health. The PhD program is the only public health doctoral program in the nation that weaves community-based participatory research through the entire curriculum, resulting in student engagement with community partners for their research.

- Expanding the Masters in Public Health (MPH) program to include health professionals working in local public health and community agencies and enhancing the curriculum delivery methods to include new distance-learning technologies.

- Establishing the Clinical Translational Science Institute (CTSI) dedicated to accelerating the translation of collaborative research for therapies to improve health by eliminating barriers between academic disciplines, scientists, doctors, patients, and communities.

This sample of programs is indicative of the transformative nature of the AHW funds in realizing our vision of a healthier Wisconsin. The unique opportunity provided through the AHW endowment has enabled MCW to capitalize on its commitment to community engagement as a core institutional mission, develop true, lasting partnerships with the community, and identify new discoveries in the treatment and elimination of disease and improvement of health through innovative research and education. We will continue to work in partnership with the community on our shared journey of making Wisconsin a healthier state.

Comments on LAB Recommendations. MCW will work to implement administrative process and program improvements consistent with the LAB recommendations.

- **Agree to distribute MCW's unallowable cost policy for research and education.** A draft administration manual for projects funded through the research and education components has been compiled and is under revision. This manual will include MCW's unallowable cost policy. As a clarification, we note that projects funded through the research and education component of the AHW funds have always been required to comply with the existing MCW corporate unallowable cost policies.

- **Agree to implement process improvements to ensure research, education and public and community health proposal objectives are clear and specific.** MCW will work with the Research and Education Advisory Committee and the MCW Consortium on Public and Community Health to identify and implement process improvements to ensure proposal objectives are clear and specific. Some process improvements are already being implemented as part of the second Five-Year Plan. For example, HWPP has developed a comprehensive evaluation plan and program evaluation model that lays the foundation for the evaluation of HWPP as a whole and will improve the inclusion of clear and realistic objectives in project proposals. As funded projects identify how their activities and outcomes fit with the model, HWPP will be able to describe how the funded projects, taken together, advance the intended outcomes of the overall HWPP funding initiative. Project objectives for research, education and public and community health funded projects, of necessity, and appropriately, may change. As noted by the LAB, "the extent to which projects achieved their stated objectives is only one measure of their potential effect." In addition, MCW will discuss with the MCW Consortium the LAB's recommendation to require public and community health applicants to respond in writing to reviewers' concerns when appropriate before determining whether the application should be recommended for funding to the MCW Board of Trustees.

- **Agree to modify progress reporting processes to eliminate requests for information already received and document project analyses and accomplishments.** The Research and Education Advisory Committee will work with staff to identify how best to modify the progress reporting process to ensure research and education progress reports include adequate reports on each of the proposal objectives. MCW staff will include clear information regarding the process for grantees to notify staff of modifications to project objectives.

  HWPP has instituted a practice of having follow-up phone calls with the current and previous project partners to discuss project progress reports and follow up on any questions that HWPP has about information contained in the reports and/or missing information. These calls are documented in the project file. HWPP is developing a new reporting process for funded projects to coincide with the development and implementation of a new Request for Proposal that includes the HWPP program evaluation model. These reporting processes will be implemented in 2010.

  HWPP and research and education staff will date stamp progress reports on the day they are received and document when the reports are reviewed.

- **Agree to clarify the circumstances and process for research, education, and public and community health grantees to notify staff of modifications to project objectives.** Staff will clarify the circumstances under which HWPP and research and education grantees must notify staff of modifications to project goals and objectives. It is anticipated that this will be part of the new reporting processes for funded projects.

  With new reporting processes in place, HWPP anticipates having more frequent contact with project partners. This frequent contact will allow for discussion about any modifications in project goals and objectives.

  Each project funded by HWPP participates in community-engaged research, a process of inclusive participation that supports mutual respect of values, strategies and actions to address issues affecting the well-being of the community of focus. The nature of community-engaged research requires academic members to become part of the community and community members to become part of the research team, thereby creating a unique working and learning environment. Community engagement is a process that requires sharing of responsibilities and benefits, maintenance of equity and flexibility in pursuing goals, and methods and timeframes to fit the priorities, needs and capacities within the cultural context of communities. Because of the unique, dynamic nature of the community-engaged research process, there needs to be mutually recognized flexibility in the implementation of objectives.

- **Agree to amend the conflict-of-interest policies.** MCW will present a revised conflict of interest policy to the MCW Consortium on Public and Community Health for its review and consideration. The revised conflict-of-interest policy will require that members of the MCW Consortium abstain from voting on project proposals submitted by organizations with which they have an employment or other financial relationship and absent themselves during deliberation on proposals by these organizations.

- **The Medical College of Wisconsin respectfully disagrees with the LAB recommendations related to supplanting, the degree of competitive funding for medical education and research, use of funds for faculty recruitment and equipment, and defining the level of public health funding the schools may directly expend**.

  MCW does not think that a definition of supplanting that would include other resources "that may be available" is practicable. The non-supplanting criterion was not meant to make AHW funding a grantor of last resort; rather, it was put in place to protect the funds from replacing program funding already in existence. The current process already takes into account the leverage of other funding, which it has done successfully. Leveraging funding is one of the principles of stewardship of the endowment.

  Regarding supplanting, the supplanting review documentation process will be enhanced through continued education of both internal and external partners to ensure that they fully understand both supplanting and leveraging, and that they consistently and accurately disclose all resources available for the project. MCW will ensure that the entire proposal package, which consists of the application, the planned budget and the non-supplanting disclosures, continues to be taken into consideration during the review for potential supplanting before a funding request is considered.

  AHW Research and Education funds are awarded through the Research and Education Initiative Funds process to ensure a more coordinated and integrated approach toward investing in research and education priorities. This process supports program development in areas of the AHW Five-Year Plan by funding fewer, larger awards aligned with Wisconsin's leading health priorities. Research and education funded project priorities include cancer, cardiovascular, clinical and translational sciences, genetics, immunology and infectious diseases, population health, neurosciences. These areas of research represent the leading research disciplines addressing the decrease of mortality and morbidity in Wisconsin. Several of these funded projects include inter-institutional and community collaboration.

  Awarding funds on a discretionary, rolling basis enables the College to maximize opportunities as they arise, and remaining, therefore, at the forefront of current and relevant national and local scientific trends. In addition, some funded projects include a competitive grant review for sub-grants. For example, a portion of the AHW Clinical Translational Science Institute proposal funding is used to competitively fund multi-institutional collaborations in translational research.

  Research and education initiatives are evaluated based on fit with the State Health Plan, fit with the principles of stewardship, ability to leverage funding, non-supplanting with existing resources, and conformance to organizational policies and procedures.

  The Research and Education Initiative Funds proposals are reviewed by the Research and Education Advisory Committee, the Budget Office, the MCW Consortium, and the MCW Board of Trustees. The Research and Education Advisory Committee advises the Dean on AHW funding recommendations, as well as fund administration policies and protocols.

  The Order allows funding of new and unique health care provider and medical research projects. Often new faculty members are required, new equipment purchased, or degree programs identified and developed in order to implement these new and unique projects. As with the public and community health projects, the

greatest investment of the AHW funds support the talent, knowledge, and expertise of the leaders and staff conducting the work of discovery and health improvement, and the tools they need to conduct this work. Hence, investments in faculty recruitment and equipment are appropriate and necessary to improving health.

As acknowledged in the LAB report, researchers interviewed noted that the conversion funds enabled them to obtain the preliminary data required to successfully compete for federal grants. AHW medical education and research investments are generally limited to a 3-5 year period. These projects have demonstrated tremendous potential for leveraging the AHW investment by attracting federal funds to Wisconsin.

Regarding the allocation of public health funding, the AHW endowment funds projects that consist of both community and academic partners, with a shared fiduciary and programmatic responsibility. Reasonable and appropriate expenses directly related to the public and community health projects are charged to the public health endowment component. The MCW Consortium on Public and Community Health follows a community-academic partnership model that is based on national and local partnership principles, developed and approved by the MCW Consortium, and approved by the MCW Board of Trustees. Each partnership determines the amount of the budget that will be proportioned between the community and academic partners to complete the mutually-agreed upon objectives. The Wisconsin United Health Foundation has also endorsed the community-academic partnership model and reviewed expenditures each year. With the second Five-Year plan, the MCW Consortium again approved this model.

There is a significant emphasis on community-academic partnerships nationally, stemming from the demand by community leaders, policy makers, funders, and academics for effective methods to address health problems facing communities. HWPP uses this community-academic partnership, which has the potential for incredible transformative power for public health practice and traditional medical education institutions. The partnership provides an opportunity for community leaders and academics to collaborate, share knowledge, disseminate new ideas and work to strengthen ties within our community to meet our mutual goal of improving the public's health. The partnership requirement is based on the premise that community-academic partnerships will capitalize on the strengths and unique skills of all partners to address a community priority. These partnerships can, and have, leveraged additional funding.

There is substantial evidence supporting the benefits of community-academic partnerships including building of community capacity and community health and providing transformational learning and fulfillment of personal values for academicians. Due to the significant success of several HWPP partnerships, Wisconsin is becoming a national model for the development of community-academic partnerships.

Closing Remarks. Thank you for the opportunity to comment on the final audit report. We will work with our Consortium and our Research and Education Advisory Committee to carefully review and improve our programs and processes in our effort to continue as good stewards of these funds.

Sincerely,

T. Michael Bolger
President and CEO
Medical College of Wisconsin

University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

Administration

April 30, 2010

Janice Mueller
State Auditor
Wisconsin State Legislature
Legislative Audit Bureau
22 East Mifflin Street, Room 500
Madison, WI 53703

Dear Ms. Mueller,

Thank you for the evaluation of the Wisconsin Partnership Program prepared by the Legislative Audit Bureau as requested by the UW School of Medicine and Public Health. We appreciate the work of the audit team in preparing this comprehensive report. We are attaching our response to the findings and recommendations in the final report.

Please extend our appreciation to the audit team.

Sincerely,

Robert N Golden, MD

Robert N. Golden, M.D.
Robert Turell Professor in Medical Leadership
Dean, School of Medicine and Public Health
Vice Chancellor for Medical Affairs
University of Wisconsin- Madison

cc: Paul Stuiber

Office of the Dean
608/263-4910
Fax 608/265-3286

Health Science Learning Center
750 Highland Avenue
Madison, WI 53705-2221

General Information 608/263-4900
Fax 608/262-2327
www.med.wisc.edu

Response of the Wisconsin Partnership Program
University of Wisconsin School of Medicine and Public Health

We appreciate this opportunity to respond to the Legislative Audit Bureau's evaluation of the Wisconsin Partnership Program (WPP). We would like to express our appreciation to the auditors who worked diligently to learn about the WPP, resulting in a detailed overview of WPP's grants management and of selected awards. We are pleased to note the audit found the WPP and its two governing committees have achieved the vision set forth by the Insurance Commissioner in 2000 of promoting "public health initiatives that will generally benefit the Wisconsin population." The WPP's work processes and grant monitoring have evolved over time, with each improvement promoting higher levels of performance and a sharpened focus on Wisconsin's health needs.

LAB's award-by-award methodology describes a series of initiatives that met all, most, some, or few of their initial objectives. Measurement of award outcomes and evaluation of the WPP's policies and procedures provides valuable information. Understandably, the audit report does not offer a complete picture of the scope of the Program, its mission, its achievements, and its vision for the future. We believe the WPP is already improving the health and well being of people across the state. We maintain that the support and commitment made by the faculty and staff of the UW School of Medicine and Public Health (UWSMPH) are essential components of the Program's successful partnerships with communities.

This response will describe how the WPP is helping to achieve the vision of an innovative approach to health promotion and disease prevention for Wisconsin; one that improves access to care, research, education, prevention, and practice in ways that meet the needs of the state's residents. First, we will discuss the founding vision of the WPP and highlight how its accomplishments meet those goals. Following that, we will address some specific points and recommendations made by LAB in the report.

I. Background of the WPP

The Wisconsin Partnership Program was established in 2003, using funds resulting from the conversion of Blue Cross Blue Shield United of Wisconsin to for-profit status, with the stated goal of improving the health of Wisconsin's residents.

Since its first funding cycle in 2004, the Program has awarded 201 grants worth more than $91.2 million. Each award represents investment in the health of Wisconsin residents. For instance:

- If you live in rural Wisconsin, you are already building relationships with the next generation of primary care doctors. Through the *Wisconsin Academy of Rural Medicine* (WARM), a program funded by the WPP, future physicians are in training to alleviate the doctor shortage facing Wisconsin's rural counties. By 2018, up to 50 WARM graduates could be practicing around Wisconsin, increasing access to health care for the state's rural communities. WARM was recently highlighted in the Wisconsin State Journal's special series on rural health.
- If you live in Brown, Columbus, Douglas, Eau Claire, or Outagamie Counties, you have seen the success of the *Got Dirt* Initiative, which helps schools and childcare providers

start and maintain community gardens. The WPP-funded partnership between the university, local government agencies, and educational institutions, creates an active learning environment for children, while increasing their awareness and consumption of fresh fruits and vegetables. This may also prove a key intervention in reducing rates of childhood obesity, which are increasingly straining the public health system.

- If you live near Milwaukee, you remember the 1993 outbreak of the water-borne parasite Cryptosporidium, which killed more than 100 people. A WPP grant allowed a UWSMPH researcher to develop and test a potential vaccine against the disease, which is generally fatal for those with compromised immune systems. By the conclusion of the grant, the vaccine had been successfully tested in mice, moving it close to its use in protecting human populations.

These grants, and the 198 like them, aim to realize specific benefits for Wisconsin residents. Individually, each WPP award tells a single story. Together, the awards illustrate the UW School of Medicine and Public Health's commitment to making Wisconsin a healthier state for all.

How the WPP Works

Through the Health Care System: Wisconsin's health care system remains a diverse web of autonomous organizations – each with different goals, methods, and resources. The WPP believes that the forging of coordination and collaboration across the health care system will lead to a stronger system that meets the needs of the state's resident. The UWSMPH, through its transformed mission to integrate medicine and public health, increasingly finds itself at the intersection points between the health care system's component parts. WPP grants aim to foster collaborations between these groups to meet the major challenges facing the state.

Through Community Engagement: It is a role that suits the UW School of Medicine and Public Health. Its transformed mission to integrate public health and medicine combines the strengths of the University of Wisconsin. UWSMPH is a national leader in biomedical research, an innovative educator and trainer of health professionals, and a recognized provider of high quality patient care. It works with health care systems in communities throughout the state, engages policymakers at all levels of government, and partners with Wisconsin communities to benefit the health of the public. By fostering partnerships across the divergent sectors of the state's public health system, the WPP breaks down the walls that have traditionally separated research from practice, evidence from policy, and specific populations from health resources.

Through the Wisconsin Idea: WPP grants promote the service mission enshrined in the Wisconsin Idea – the belief that the work of the university should benefit every resident of the state. By creating an environment that encourages faculty to work with communities in joining their expertise to generate discoveries, the health care system is strengthened. As we have learned throughout the first six years of the program, progress can be slow. Progress may be measured in number of objectives met, sustainability, policy or practical impact, and increased trust between researchers and communities. Progress is also found in unexpected outcomes, lessons from missed opportunities, and even dead ends. All progress is incremental and yet vital for integrating the public health system so that it is capable of meeting the 21st century challenges facing Wisconsin.

Through Collaborations with Communities: Since 2004, the Oversight and Advisory Committee (OAC) has awarded 111 grants worth $28.2M to support public health in communities. Grants through the WPP's Community-Academic Partnership Fund give community groups, non-profits, and local governments the opportunity to partner with UW faculty to test or implement health interventions in communities around Wisconsin. Many CAPF grants have led to the creation of lasting local coalitions, bringing the business, religious, and non-profit communities into the process of improving health throughout the state.

Through Collaborations in the Health Care System: The Medical Education and Research Committee (MERC) has made 90 awards worth $63M. Grants to improve medical education are enhancing the way the next generation of Wisconsin physicians is trained. Basic science, clinical, and applied public health research grants are ensuring Wisconsin is a home for innovation.

Through Commitment to Oversight: Both the OAC and MERC balance strong oversight of grant funds with the necessity of flexibility. In research settings, new knowledge does not always follow a timetable. Discoveries by the WPP-funded principal investigator during the course of the grant may alter a grant's process and objective. In Community Based Participatory Research, study design is subject to continual refinement based on the needs of the participating communities.

Through Working Together: The OAC and the MERC actively seek opportunities to work together on pressing health needs. In November 2009, the OAC designated the promotion of healthy weight and physical activity and the prevention of obesity as its next targeted area of focus. The MERC may fund research into metabolic and other causes of obesity in children. The goal is to find the right combination of research and intervention to effectively address a health issue that is reaching epidemic status.

WPP: Six Years of Accomplishments

Since 2004, more than 80 different community groups and government agencies have received funding through the Community -Academic Partnership Fund. In addition more than 800 members of the state public health workforce have received training through the workforce development program, and 23 new graduates have been placed in community health positions around the state through the Public Health Fellows program. The MPH program has graduated more than 40 people trained to tackle pressing public health needs.

Programs funded by the WPP have been successful in attracting grant funds to Wisconsin, helping the school grow into an epicenter of health innovation. The Institute for Clinical and Translational Research (ICTR) received a $41M grant from the National Institutes of Health to build a research-to-practice continuum at the University of Wisconsin and the Marshfield Clinic. The Survey of the Health of Wisconsin (SHOW) was called by an expert reviewer, "Among the most innovative and far-reaching state level projects in the field of public health today." It received $5.5M from the NIH in the form of a grand opportunities grant. In all, our grant recipients have used WPP grant funding to leverage over $75M from outside funding agencies. This leveraging confirms that the WPP's funds have been put to good use, and that the projects and interventions developed will be sustainable.

Here are just a few of the WPP's key accomplishments.

Taking on Wisconsin's Most Pressing Challenges: The public health challenges facing the state are large and entrenched. The most effective responses require broad-based mobilization of community stakeholders. The WPP has assumed a leadership role on:

- *Infant mortality*: A black child born in Wisconsin is four times more likely to die before his or her first birthday than a white child. Wisconsin's infant mortality among African Americans is worse than that of Botswana and Panama. The WPP has pledged $10M to an effort to address this in Milwaukee, Kenosha, Racine, and Beloit, where the problem is worst. Community coalitions representing government, faith-based groups, health providers, and community leaders are coming together to improve access to care that will help more babies live past their first birthday.
- *Obesity prevention*: The rising obesity rate means that life expectancy is going down in Wisconsin. The WPP has embraced a wide variety of interventions and projects aimed at getting a handle on the problem in diverse communities around the state, including a project in La Crosse, *Healthy and Active Lifestyles for Children and Youth with Disabilities*, and a project in three Wisconsin tribal communities, *Healthy Children Strong Families*. Recently, evidence generated through a WPP grant, led the State Legislature to consider requiring fitness testing in Wisconsin schools.

Medical and Public Health Education: The WPP has devoted significant resources to educational efforts for the health professionals of today and tomorrow. With support from the MERC, it has funded changes to curriculum that will train the next generation of Wisconsin health care and public health leaders.

- *WARM*: Wisconsin Academy of Rural Medicine enrollees receive special training in rural medicine and spend their clerkship years in those communities. By 2018, WARM expects that up to 50 graduates will be practicing in rural Wisconsin.
- *MPH Program*: Using WPP funds, the UWSMPH started a Master in Public Health Program that received full accreditation in the shortest possible time. This degree program so far has produced more than 40 graduates trained in the principles and practices of public health. These graduates will be equipped to implement policy and interventions throughout the state.
- *Innovations and Transformation of Medical Education*: This program has funded the overhaul of the medical school curriculum to include a new public health orientation. This will ensure that the next generation of physicians understands the interactions between population and individual health. UWSMPH-trained doctors will be able to apply public health principles in their practices and communities throughout Wisconsin. The program has entered its second phase, revamping the medical student training program to offer more diverse education in public and community health.

Public Health Training and Community Service: The WPP supports training programs to ensure the state's public health workforce gains access to the most current information. Using funds from the OAC, the WPP supports the Population Health Fellows and the Healthy Wisconsin Leadership Institute. These programs provide direct assistance to communities through the work performed by the fellows and the community teams.

- *Healthy Wisconsin Leadership Institute (HWLI)*: This joint project between the WPP and MCW's Healthier Wisconsin Partnership Program ensures that the current public health workforce is equipped with the most current training. The HWLI supports the work of

community teams throughout the state that focus on specific priority health concerns in their communities, as well as sponsors workshops around the state, at no cost to the participants.

- *Population Health Fellowship Program*: This initiative places MPH recipients in public health positions around Wisconsin. They gain practical experience while providing service to local health departments or community-based organizations. The Milwaukee Health Department has placed nine fellows from the program, and Commissioner of Health Bevan K. Baker pointed to nine key projects fellows completed that would have been left undone otherwise, "These important projects would not – and could not – have been undertaken if not for the fellows," he said.

Combined, these successes illustrate how the UWSMPH contributes to the health of communities. WPP-funded educational programs anticipate and address the future needs of the health care system. The service learning programs strengthen Wisconsin's health care system for the state's residents and future graduates.

Community Interventions Making a Difference: The WPP's signature programs are Community-Academic Partnerships. These initiatives pair the local knowledge of community organizations with the skills of UW faculty to produce health interventions with uniquely beneficial results. Among the success stories are:

- *Milwaukee Homicide Commission*: This collaboration between the Milwaukee Police Department and UW Center for Urban Population Health reviewed data from more than 150 homicides and developed recommendations aimed at prevention, including targeted delivery of social services and criminal justice resources. Police districts where new strategies were implemented saw a 15 percent drop in homicide rates. The work of the Milwaukee Homicide Commission was highlighted in a New York Times article. The project was renewed and expanded.
- *Juneau County*: After finishing near the bottom of the county health rankings for five consecutive years, the Juneau County Health Department used a development grant to convene local stakeholders and craft a community health plan. The small grant was successful in improving health outcomes, as the county moved up the rankings, from last among Wisconsin's 72 counties to 52nd.
- *Co-Op Care:* WPP funds helped set up the Farmers Health Cooperative, a program that improves access to affordable, quality health insurance coverage for agricultural producers, rural families and small businesses. By developing health benefit purchasing cooperatives, this program has enabled access to care for more than 2,000 families.

Sharing Knowledge Across the System: As innovation occurs, it often is not shared across the public health system. Multiple WPP-funded programs devote their resources to making sure best practices are shared throughout the health care system.

- *Health Innovation Program (HIP)*: This program was designed to help grow the School's capabilities in the field of health services research, the study of how health care is most efficiently and effectively delivered. HIP has joined with the Wisconsin Collaborative for Healthcare Quality to disseminate knowledge of best practices across the health care system.
- *ICTR Community Academic Partnerships*: One of ICTR's core missions, the core supported by WPP funds, seeks to support research on integrating best practices into

community health settings. For example, one of these initiatives found that, despite the evidence showing its benefits, less than two-thirds of eligible individuals in Wisconsin were obtaining colorectal cancer screening. Dissemination of these findings to local health systems will lead to better screening and more prevention.

Improving Health Policy Throughout Wisconsin: WPP-funded projects have focused on ensuring that evidence-based practices are included in policy debates. Projects like the ones listed below, ensure that policy makers have the best information at their fingertips to help make decisions about state priorities. These projects include

- *Advancing Evidence Based Policy*: The goal of this project is to ensure legislators and policymakers have access to the latest medical evidence when forming health policy. This project has developed into a resource for policymakers, researchers, and private sector partners on public health and health policy. As of June 2009, it had hosted 19 briefing sessions — with over 800 participants — on health topics ranging from infant mortality to injury prevention to promoting smart health care decision making.
- *Making Wisconsin the Healthiest State*: This project created a framework to track health and health disparities around Wisconsin. The project has two key components: A report card on health and health disparities and a web-based toolkit for policymakers and community groups to find evidence-based solutions to improve those grades. The regularly updated database contributes to the formulation of the State Health Plan, acts as an impetus for improvement, and provides practical suggestions for improving the state's health. The WPP has used this project's findings to help set its funding priorities.
- *SHOW*: The Survey of the Health of Wisconsin is a unique state of the art research program designed to monitor statewide trends in population health. SHOW provides a key resource for policymakers in priority setting, program planning and evaluation including assessment of the state health plan objectives. SHOW also provides an infrastructure to evaluate the effectiveness of community-driven programs and policies. It has partnered with the Wisconsin Department of Health Services, Wood and La Crosse counties to evaluate community-wide obesity and physical activity interventions.

Breaking Down Walls in Research: The Collaborative Health Sciences Program offers grant awards to projects that combine basic scientists, clinicians and public health faculty.

- *Menominee Smoking Cessation Clinical Trial*: This collaboration with UWSMPH, the Menominee Indian Tribe of Wisconsin, UW-Milwaukee, and UW Paul P. Carbone Comprehensive Cancer Center tested a smoking cessation treatment program tailored to American Indians. The treatment was designed to be respectful of the sacred, traditional use of noncommercial tobacco while helping American Indian smokers stop using more harmful commercial tobacco.
- *Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness, and Health in Hispanic Children in Wisconsin:* This wide-ranging collaboration is examining how individual, social and environmental factors affect the health of Latino youth on Milwaukee's South Side. Specifically, it will look at use of the urban landscape and the nutritional environment to gain a greater understanding of the increases in obesity in urban settings. This effort is anchored by the United Community Center in Milwaukee, with participation from the UWSMPH, Wisconsin Departments of Health Services and Public Instruction, and multiple UW-Madison departments.

These are just a few of many examples of the way the WPP is working to help transform the public health system to make Wisconsin a healthier state for all.

II. Response to LAB's Findings and Recommendations

The LAB report shows the WPP has been generally successful in fulfilling its grant oversight responsibilities. The report indicated:

- The WPP has met the Insurance Commissioner's goal of using conversion funds "to promote public health initiatives that will generally benefit the Wisconsin population."
- In examining 20 MERC grants, 12 of 14 projects completed at the time of the audit had met all or most of their objectives. Of the remaining six, five were on track to achieve all or most of their objectives and one was too early to tell.
- In examining 20 Public Health grants, nine of the 12 projects completed at the time of the audit met all, most or some of their objectives. Of the remaining eight, three were on track to achieve all or most of objectives and five were too early to tell.
- There were no findings of supplanting based on the WPP's working definition.
- All spending by the 40 grants programs reviewed was found to be allowable.
- The WPP endowment is currently projected at $325M, higher than the $297M the program started with in 2004. This increase in value occurred despite the 2008 financial downturn.

The WPP has already adjusted its work processes to ensure even more stringent oversight, and has instituted an automatic e-mail reminder system for grant recipients to file progress and financial reports on a timely basis.

In response to LAB's comments, the WPP is strengthening its conflict of interest policies. In the past, board members with conflicts were allowed to answer questions during discussion periods while abstaining from final votes. In response to the recommendations, the WPP will revise the policy to require conflicted members to be absent throughout the deliberation and the vote.

We previously have registered our concern that classifying grants simply by the meeting of initial objectives fails to account for the character of research or the unique challenges of community-based health research. Even unmet objectives often provide new knowledge and lead to development of better approaches – such is the nature of discovery. For example, the audit judges the Survey of the Health of Wisconsin as having only met some of its objectives. It is true that SHOW's sample size did not meet initial recruitment goals. Those lessons led the SHOW team to form partnerships with clinics around the state that will enable it to meet recruitment into the future. SHOW's demonstrated success and potential attracted an added federal investment of $5.5M.

The above point must be underlined in any discussion of projects supported by the OAC. The Community-Academic Partnership Fund promotes projects that employ the principles of Community-Based Participatory Research (CBPR). CBPR links academic researchers with local stakeholders, the people most directly affected by and most knowledgeable about local health challenges in specific communities. In working together on health interventions, academic and community partners invest in team building, knowledge transfer, and engagement. CBPR requires flexibility and constant redesign based on community feedback. If successful, the lessons learned through CBPR should inform policy and inspire structural changes in

communities. Further, even projects that do not meet their stated aims often produce important new relationships and new knowledge regarding how to engage with communities. The project *Multi-Level Information Systems and Health Promotion Interventions for Milwaukee's School Children* is listed as having achieved few of its objectives. This project required redesign accommodate the needs of the school district. Following the revisions, the collaboration combined new and existing data to assess the health status of 465 MPS elementary (ages 6-11) students. Over 250 parents of those children were also interviewed. This information provided baseline data and recommendations for improving school health services and measuring health improvement for high risk children.

Non-competitive Awards

We disagree with the use of the term "non-competitive" to describe any of the WPP's grant programs. The term suggests that grant funds are being handed out without review or oversight and without specific objectives or evaluation criteria. All proposals, whether submitted through a request for applications or invited by the Dean of the UWSMPH, must fit all the program requirements and are subject to the approval and oversight of the relevant committee. An invitation to submit a proposal is not a guarantee of an award.

Institute for Clinical and Translational Research

The overarching goal of ICTR is to transform clinical research at UW into a continuum from discovery through translation into clinical practice. MERC's initial award to ICTR was a demonstration of institutional support for the program, which was seeking a Clinical and Translation Science Award from the NIH – an award applied for by most of the major medical schools in the country. MERC's award was an essential step in ICTR securing a $41M grant that has been vital to the School's integration of medicine and public health. The MERC's funding of ICTR has focused on one of the initiative's four interrelated specific aims. We believe the continuing federal support of this grant, including the favorable annual expert reviews through the NIH, demonstrates that the program is reaching its goals and the MERC's original and continued investment in the program is well-supported. Further, ICTR's success in forging partnerships with other health providers in the state and its community connections program provide additional evidence that MERC's funding was a wise investment.

LAB's Recommendations to the Insurance Commissioner

We look forward to working with the Insurance Commissioner and the Wisconsin United for Health Foundation on clarifying the following issues:

Supplanting: The definition of supplanting is standard across most granting agencies. WPP applications make clear that supplanting is "to replace, to take the place of, or to supersede" an applicant's current funds. This working definition twice has been reviewed and endorsed by WUHF. The audit found no instances of supplanting based on our definition.

The audit report seeks a clarification about whether supplanting refers to funds that "are available" to grantees or "may be available" to grantees. The current standard focuses on what is quantifiable, whether a Principal Investigator or a Community Organization has applied for or received outside funds, and how WPP funds will be used in an allowable way. We believe a "may be available" standard is unquantifiable for WPP staff and would prove an impossible

barrier for most community groups and investigators. An April 14 search of the SPIN database, which tracks research grant funding, showed 90 potential funding sources for breast cancer research; 126 potential funding sources for cardiovascular disease; and 143 for diabetes. This potential standard presumably would require potential grantees to exhaust all of those possibilities. This would turn the WPP into a funding agency of last resort, preventing us from setting priorities in our funding decisions.

We do intend to change our supplanting questionnaire in cases where there is other funding present to seek more detail to determine how a PI determined this mix of funding.

Faculty Recruitment: The LAB report raises questions about the use of WPP funds for faculty recruitment. At UWSMPH, state money covers only 31 percent of faculty salary. The remaining 69 percent must be raised through grant awards and clinical service. Use of WPP funds for faculty recruitment lasts for a limited period, giving new hires time to win grants. The intention is to expand the School's faculty in public and community health and health services research to complement the basic science and clinical faculty. Attracting accomplished faculty would help grow the School's capability in these disciplines, which are essential to achievement of the goals and objectives of UWSMPH and the WPP.

Public Health Funds Expended by the School: The LAB report noted that $4.2M of the public health funds have been expended by the UWSMPH. The vast majority of that sum ($3.1M) went directly into community service through the Healthy Wisconsin Leadership Institute and Population Health Fellows programs. These programs furnish no-cost training for and placement of health professionals in agencies around the state.

The remaining funds go to faculty, academic staff, researchers, and graduate students who are working directly in grant programs. We are committed to the community academic partnership model. Pairing the research and evaluation skills of our faculty and staff with the local knowledge of community groups produces the strongest possible projects. And as noted on page 105 of the report, communities appreciate the input of academic partners, "Several described their partnerships as particularly valuable."

III. Conclusion

We appreciate the opportunity to respond to the report, and are generally pleased with LAB's findings. We agree with a number of LAB's suggestions for improvement, and as noted above, we have already started to incorporate them into our work process. These will be important for the continuing evolution of our program. We look forward to discussing the findings and recommendations with the Commissioner of Insurance and the Wisconsin United for Health Foundation Board.

As we have shown in this document, the WPP is already having a positive effect on people of the state through community interventions and health research initiatives. We expect this influence to grow at an ever increasing rate as more WPP-funded projects lead to new community health breakthroughs. The skills and resources of the faculty and staff, and their partnerships with community organizations and involvement in community initiatives are important and essential components of this program. Their contributions illustrate the value UWSMPH brings to the health of the state, and why it is an effective steward of these funds.