



**MEDICAL
COLLEGE
OF WISCONSIN**

Advancing a Healthier Wisconsin
2009-2014 Five-Year Plan

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EXECUTIVE SUMMARY

As the Medical College of Wisconsin's (MCW) Advancing a Healthier Wisconsin program (AHW) enters its sixth year, we want to thank all community and academic partners who have contributed to the program's successes during the past five years. Whether an applicant, a funded partner, a reviewer, an educator, a researcher or interested adviser, your contributions have helped advance improvements in health and quality of life for those residing in our state. We also thank our community and academic partners for their input as we developed our AHW 2009-2014 Five-Year Plan. You will see that your suggestions have been included as enhancements to our policies, processes and procedures.

The first Five-Year Plan provided a framework for prioritizing funding requests and making awards, providing partnership support and tracking progress toward achieving our vision and goals. From July 2004 through December 2008, MCW and its Consortium Board committed funds totaling more than \$70.2M for 216 projects to improve the public's health throughout Wisconsin.

The new AHW 2009-2014 Five-Year Plan retains the fundamental principles and framework as the first plan, but with refinements made to several areas identified by our advisory committees, board, partners and the public. These enhancements include the launch of a special initiative focused on violence prevention, a commitment to develop a community-friendly institutional review process, a greater emphasis on training faculty about community engagement and incentivizing their participation, and allowing flexibility to award funds in larger amounts for longer periods of time. Other changes include expanded Principles of Stewardship to reflect building academic and community strengths and new knowledge.

The 2009-2014 Plan recommits to reaching our vision, to improve the health of the people of Wisconsin, through the development of partnerships, providing professional development for public health professionals, promoting consumer health education, modifying medical school curriculum and improving our ability to identify, treat and prevent disease.

The Plan also focuses on translation and application of biomedical research in communities, integrating the participating community in our work in education, research, clinical care and community initiatives in order to have the greatest impact on health. From discovering new therapies for the treatment of cancer to the education of future health care professionals, investments in research and education are improving health in Wisconsin.

MCW and its Consortium Board are dedicated to the community-academic partnership model and will work together to facilitate cultural and institutional changes necessary to build expertise and capacity within MCW, and to expand academic partner participation on partnership projects. Through rigorous evaluation, we will improve understanding about what an effective community-MCW partnership looks like and document the outcomes of funding community-MCW partnership projects that address community health improvement. Community relationships are critical to the achievement of our goals, and MCW will support their development.

The MCW Consortium anticipates that the Healthier Wisconsin Partnership Program's new funding opportunities will reflect fewer, but larger, awards than those awards distributed in the first five funding cycles. Focusing on larger awards will allow more time for partnerships to develop, increase the potential impact of projects on health improvement and improve efforts toward sustainability.

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

EXECUTIVE SUMMARY

As we work with you to achieve our vision, MCW and its Consortium Board are committed to the following ideals:

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

Clearly, the challenges that face our state and nation's health are many and complex, with progress achieved in incremental steps that lead us toward sustainable, long-term change. The AHW Program, established with funds resulting from the conversion of Blue Cross-Blue Shield United of Wisconsin conversion to a for-profit entity, remains committed to a Wisconsin-based focus on improving the health of the public through public and community health partnerships, research and education.

INTRODUCTION

MCW is dedicated to improvement of the health of the community 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 and, ultimately, a healthier Wisconsin. MCW's AHW endowment is administered in accordance with the Insurance Commissioner's Final Decision and Order as well as the Grant Agreement with Wisconsin United for Health Foundation, and the distribution of funds is guided by this Five-Year Plan.

The vision for MCW's AHW endowment is to improve the health of the people of Wisconsin. AHW is dedicated to improving health through three complementary components:

- ***Public and Community Health Partnership Initiatives*** including the MCW Consortium Initiative on Violence Prevention, and the Healthier Wisconsin Partnership Program which supports community-MCW academic partnerships that address public and community health improvement.
- ***Research for a Healthier Tomorrow*** supports basic, clinical, applied and translational research, and addresses leading causes of death and disability through the development of strong inter-disciplinary programs that span MCW.
- ***Educational Leadership for the Health of the Public*** supports programs that address health issues of an increasingly diverse and aged population through individualized, competency-based and flexible educational models that integrate basic and clinical sciences (patient-centered) throughout MCW while attracting and training a diverse workforce through physician training.

In developing the AHW 2009-2014 Five-Year Plan, MCW sought to integrate this plan with MCW's strategic plan as a building block. The strategic plan emphasizes all three components, community engagement and the development, promotion and support of collaborations that bring together complementary disciplines to expand the boundaries of knowledge. Building on the MCW strategic plan, the AHW plan emphasizes the interdependence of community-MCW partnerships, research and education.

The MCW Consortium embraces a philosophy of assuring that the allocation of AHW funds supports public health partnerships and research and education initiatives in a manner that recognizes that all three components are necessary and important to advance the vision of improving the health of the people of Wisconsin.

The allocation percentage remains unless it is increased or decreased by the affirmative vote of two-thirds of all the members of the MCW Consortium at the time a five-year plan is approved. Additionally, as required by the Grant Agreement, the MCW Consortium evaluates and may change the allocation as part of its annual review process.

Public health is defined by the Commissioner's Order as "population health, rather than population medicine, focused on the broader determinants of health in communities, such as prevention efforts to promote healthy lifestyles for women, children and families; disease prevention and control; and control of environmental agents that negatively impact health." Public health efforts occur in all of the three complementary components of research, education and public and community health partnership initiatives.

INTRODUCTION

AHW Goals 2009-2014

MCW and its Consortium Board are dedicated to the following goals:

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

MCW CONSORTIUM ON PUBLIC AND COMMUNITY HEALTH

A nine-member committee oversees the Healthier Wisconsin Partnership Program (HWPP). The committee, known as the MCW Consortium on Public and Community Health (MCW Consortium), serves as the board of directors for HWPP. In addition to oversight responsibility for HWPP, the MCW Consortium also serves in an advisory capacity for endowment funds allocated to research and education at MCW.

As defined in the March 2000 Order of the Wisconsin Commissioner of Insurance, public representation on the MCW Consortium includes one independent statewide healthcare advocate and three independent, community health advocates, each qualified to represent health issues of particular concern in one of the following areas:

- minority community;
- women;
- senior citizens;
- children;
- non-profit or local government rural community health organization; and,
- non-profit or local government community health organization other than a rural community health organization.

The MCW Consortium also includes four MCW representatives and one Insurance Commissioner appointee. The initial MCW Consortium was appointed by the MCW Board of Trustees in August 2002. The MCW Consortium ratified its articles of incorporation, adopted its bylaws and began meeting in Fall 2002.

MCW Consortium Responsibilities

The MCW Consortium conducts itself in accordance with standards consistent with Wisconsin public meetings and public records law and bylaws adopted in 2002.

MCW and its Consortium Board develop and implement a five-year plan, conduct an assessment of research, education and community-MCW partnership projects supported by AHW funds, produce an annual report and provide regular updates to the public to establish accountability mechanisms for, and public participation in, the governance of the Funds.

Annual reports produced by the MCW Consortium regarding the use of the Funds include:

- review of fund expenditures;
- timelines and the means for evaluating projects and initiatives;
- distribution of funds by health priority, population and geography;
- percentage of funds used for community-based programs, research and education; and,
- review of conformance to non-supplanting requirements.

OVERVIEW OF AHW 2003-2008 FIVE-YEAR PLAN ACCOMPLISHMENTS

Goals and Objectives

The measurements and benchmarks chosen for the AHW 2003-2008 Five-Year Plan have been assessed in each of the past five years. AHW has advanced the primary goal of supporting programs and initiatives that improve the health of the people of Wisconsin by meeting the annual milestone objectives described below.

Throughout the first Five-Year Plan, significant accomplishments focused on establishing the necessary processes to ensure program effectiveness and track progress toward achieving the vision, principles of stewardship, partnerships and program priorities to support research, education and public and community health priorities.

1. 2003-2004 - Year One

- ◆ Drafted the AHW Five-Year Plan with the assumption that implementation would begin in 2003, however, start-up was delayed pending the development and approval of an Addendum to the Plan.
- ◆ Approved and began implementation of final AHW Five-Year Plan, including the Addendum, in February 2004.

2. 2004-2005 - Year Two

- ◆ Developed a request for proposal process to actively organize and fund projects with community-based and MCW partners, including training sessions and community meetings to foster and develop partnerships.
- ◆ Developed detailed, multi-level, proposal review process for the Healthier Wisconsin Partnership Program (HWPP) to include a national merit review panel.
- ◆ Developed new community health partnerships in alignment with Healthiest Wisconsin 2010 (the state health plan).
- ◆ Developed and funded specific education and research initiatives to support health improvement.
- ◆ Supported community interdisciplinary research and education priorities of the first Five-Year Plan through investments in equipment and biotechnology to establish core labs at MCW.
- ◆ Awarded \$3.9M to 23 community-MCW partnership projects.

- ◆ Awarded \$3.7M for research and \$.9M for education initiatives.

3. 2005-2006 - Year Three

- ◆ Funded community-based partnerships, education and research initiatives designed to maximize impact on the health of the public.
- ◆ Collected and reviewed evaluative data related to community-based partnerships as well as education and research initiatives.
- ◆ Enhanced and strengthened existing community health partnerships, and increased their focus on Healthiest Wisconsin 2010.
- ◆ Established a request for proposal process for research and education with explicit timeframes and award processes for directed and competitive initiatives based on MCW Consortium input and assessment.
- ◆ Awarded \$6M to 25 community-MCW partnership projects.
- ◆ Awarded \$5.1M for research and \$1.4M for education initiatives.

4. 2006-2007 - Year Four

- ◆ Began development of an evaluation framework for community-MCW partnership projects and research and education initiatives.
- ◆ Continued to develop and support community-MCW partnerships and education and research initiatives while beginning evaluation and outcome assessment.
- ◆ Established administrative office for research and education and an enhanced website to increase communication for research and education initiatives.
- ◆ Made significant investments in key research and education initiatives promoting training and education through inter-institutional collaborations (e.g., Healthy Wisconsin Leadership Institute).
- ◆ Made significant investments in key research and education priorities including population health, clinical and translational research, MPH and PhD programs.
- ◆ Awarded \$7.1M to 29 community-MCW partnership projects.
- ◆ Awarded \$9.1M for research and \$5.4M for education initiatives.

5. 2007-2008 - Year Five

- ◆ Explored, identified and began a public and community health special initiative for violence prevention. Awarded \$1.1M for two projects.
- ◆ Began development of AHW 2009-2014 Five-Year Plan. Incorporated feedback from multiple stakeholders throughout Wisconsin.
- ◆ Enhanced AHW and HWPP sections of MCW website to better meet the needs of our partners.
- ◆ Fostered translational research and developed a program to facilitate the migration of research finding into clinical practice.
- ◆ Continued development of evaluation framework and program evaluation model for HWPP to be implemented in conjunction with the AHW 2009-2014 Five-Year Plan.
- ◆ Awarded \$6.4M to 24 community-MCW partnership projects.
- ◆ Awarded \$18.5M for research and \$1.6M for education initiatives.

AHW Program Assessment and Accomplishments

Advancing a Healthier Wisconsin (AHW) reports annually on its activities and operations. This includes a description of the funded projects, the extent to which the planned funding priorities have been met, and the way in which each AHW component has fulfilled its Principles of Stewardship and met its evaluation criteria.

The program operations, policies and procedures of the AHW endowment are responsive to what is learned through public participation and comment. The AHW endowment's funded projects are monitored through individual performance reports describing project activities.

The short- and long-term health outcomes of the three complementary components will be measured and experienced within different timeframes by the residents of Wisconsin. Research and education projects present a long-term investment in public health by training future health providers and public and community health leaders equipping them with knowledge, tools and the capacity

to improve health based on scientific rigor. Community partnership projects have a more immediate impact based 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 prevention activities.

Healthier Wisconsin Partnership Program Accomplishments (2003-2008)

The 2003-2008 Principles of Stewardship provide the primary evaluation framework for the Healthier Wisconsin Partnership Program (HWPP). HWPP's funded projects submit performance reports at six-month intervals and participate in site visits with HWPP staff related to the Principles of Stewardship that follow.

Collaboration: Effective **collaboration** between MCW faculty and community partners capitalizes on the strengths that each brings to the partnership. To date, 261 community partners and 85 MCW academic partners have collaborated on funded projects. Nearly 100 percent of funded projects have reported successful collaborations resulting from their partnership. HWPP's funding priorities support Wisconsin's priorities as detailed in Healthiest Wisconsin 2010, the state health plan. Anecdotal evidence suggests that the process of creating a proposal, even if not funded, has also led to partners working together. The MCW Consortium collaborates regularly with the University of Wisconsin School of Medicine and Public Health on such matters as the Healthy Wisconsin Leadership Institute (HWLI), evaluation, technical assistance and partnership development.

Prioritization: Geographic distribution of funds across Wisconsin maximizes impact to improve the health of the people of Wisconsin by implementing **prioritization** processes and projects that address the highest priorities identified by state and local needs assessments. Thirty-seven Wisconsin counties have been directly impacted by HWPP projects, and 16 projects have generated statewide impact. Three-fifths of impact projects and three-fourths of development projects have documented the development of

OVERVIEW OF AHW 2003-2008 FIVE-YEAR PLAN ACCOMPLISHMENTS

innovative or evidenced-based practices resulting from their funded projects.

Leveraging: HWPP encourages the **leveraging** of project funds by pooling existing resources and attracting additional dollars to provide sustainability. More than 80 percent of impact projects and nearly 70 percent of development projects report leveraged funds from federal, state or local resources.

Accountability: The MCW Consortium strives to insure public **accountability** for the use of the Funds and the impact of the programs on improved health. This includes both oversight responsibility and rigorous evaluation. The MCW Consortium communicates with, and welcomes input from, the public. Additionally, nearly 75 percent of impact and development projects have disseminated information to the public via state, national and international conferences and presentations, and have garnered media attention for project and partnership successes.

Transformation: In order to enhance the health of Wisconsin communities, HWPP projects must aim to effect systemic change by emphasizing prevention, innovation, and capacity-building. Nearly half of all funded projects have reported such **transformation**.

Research and Education Accomplishments (2003-2008)

Over the past five years, the Principles of Stewardship have served to guide the evaluation framework for AHW research and education priorities. Projects funded through research and education are required to report on each of the Principles of Stewardship in their applications for funding, progress reports and annual reports. Results of research and education can transform the traditional health care delivery system and statewide public health capacity as new knowledge and core competencies are transferred to the health professional workforce, and the latest medical breakthroughs are integrated into community practice.

Collaboration: New and innovative **collaborations**

have been developed as a result of the AHW research and education funds. To date, more than 95 percent of funded projects include collaborators. These collaborations have led to the development of more than 100 MCW inter-departmental, multi-disciplinary research and education partnerships. Approximately one-third of all research and education projects indicate inter-institutional partnerships as well as partnerships with other external constituents such as industry, research centers and community and health care agencies.

Prioritization: Projects aim to maximize the impact on the health of the people of Wisconsin by deliberately focusing on diseases and conditions that most affect people's health, longevity and quality of life. AHW research and education projects are addressing our state's greatest health **priorities** through advances in prevention, identification and treatment of disease. Populations impacted by funded research and education projects span all areas of the population identified in the Health Improvement Model including children, seniors, men, women, rural, urban, racial and ethnic, uninsured and disabled.

Leverage: AHW works to **leverage** funds by pooling existing resources, attracting additional dollars and encouraging sustainability for projects. The program recognizes the leveraging of MCW faculty expertise to benefit the health of Wisconsin residents. More than 80 percent of research and education projects report leveraged funds from federal, state and local resources.

Accountability: AHW through Research and Education is committed to ensuring **accountability** for the use of the Funds. This includes both oversight responsibility and evaluation. The impact of research and education projects have been enumerated through identification of publications in which results are widely disseminated and additional funding was leveraged as a result of initial AHW investments, scientific awards and enhancement of public health and medical leadership.

Transformation: The investment in research and education has led to increased understanding, prevention, diagnosis and treatment of human disease. It has allowed for innovations in medical education, creation of the Healthy Wisconsin Leadership Institute, the development of a new PhD in Public and Community Health and an expanded MPH, the development of new collaborations and provided the necessary infrastructure for multi-disciplinary, interdisciplinary, clinical and translational research programs. Additionally, the investment in research and education has cultivated an environment that fosters continuous improvement, organizational renewal and exceptional service to members of the community. The Funds have had a **transformative** impact on MCW.

An evaluation of the process, including an internal merit review involving the Research Affairs Committee, the Society of Teaching Scholars, the Research and Education Advisory Committee (REAC), the MCW Consortium on Public and Community Health and the MCW Board of Trustees, has been established throughout the first five years. This has allowed for concentration on areas of emphasis, the application process, allocation investment, review process and appropriate policies.

Additional information regarding program accomplishments can be found in AHW Annual Reports and on the AHW website at www.mcw.edu/healthierwisconsin.

Grant Statistics

From July 2004 through December 2008, MCW and its Consortium Board have committed funds totaling over \$70.2M for 216 projects.

- Public and Community Health Partnership Initiatives (including HWPP) - 103 Funded Projects for \$24.5M
- Research for a Healthier Tomorrow - 82 Funded Projects for \$36.4M
- Educational Leadership for the Health of the Public - 31 Funded Projects for \$9.3M

AHW 2009-2014 FIVE-YEAR PLAN DEVELOPMENT

Timeline and Process

The MCW Consortium began development of the 2009-2014 five-year planning process in May 2007. Throughout the planning process, and in accordance with the Insurance Commissioner's Order, MCW engaged in several methods of soliciting public input. The purpose of the public input process was to invite broad-based input to assist the MCW Consortium in developing the overall plan.

Additionally, MCW and the University of Wisconsin School of Medicine and Public Health worked closely together and coordinated efforts in plan development.

The public input process included:

- an online public comment questionnaire to the HWPP community and MCW mailing lists directly and through various public and community health organizations throughout Wisconsin;
- two community forums, one each in Milwaukee and Stevens Point. These forums were open to the public and were advertised in various newspapers throughout Wisconsin;
- five focus groups including funded and unfunded HWPP community and MCW academic partners. Two focus groups facilitated by an outside consultant were held with key public and community health officials from throughout Wisconsin, and four focus groups, facilitated by Cheryl Maurana, PhD, Senior Associate Dean, were held with MCW faculty representing the basic and clinical sciences, the MCW Council on Public and Community Health and medical and graduate education; and,
- a letter cosigned by MCW President Bolger and MCW Consortium Board Chair Brandenburg to solicit written feedback from key public officials.

In addition, individuals were encouraged to provide comments via a toll-free phone number, e-mail or mail. A draft of the Plan was then posted on the AHW website, providing an additional opportunity for the public to provide feedback. Public input was woven into the discussion as the strategic plan was developed. As with the 2003-2008 Five-Year

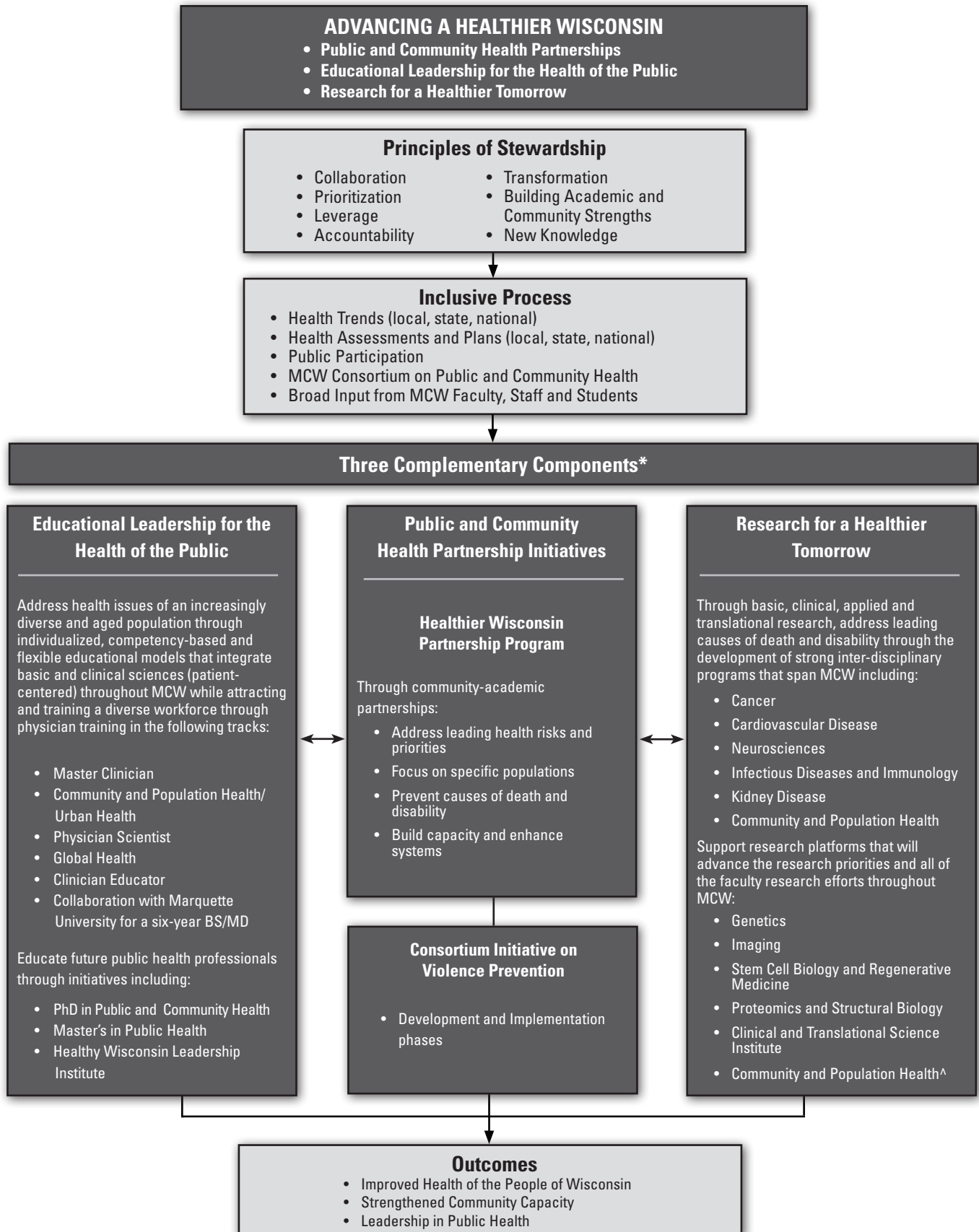
Plan, public input will be incorporated into the continuous quality improvement efforts of AHW throughout the 2009-2014 Five-Year Plan.

Approval of the Plan

On November 10, 2008, in accordance with the Insurance Commissioner's Order, the MCW Consortium approved the HWPP component of the Five-Year Plan and made advisory recommendations regarding the research and education sections to the MCW Board of Trustees. The MCW Board of Trustees approved the Plan on November 18, 2008.

By approving this plan, the MCW Consortium determined that expenditures of public and community health funds will be dedicated to public health, the allocation is appropriate and the standards for accessing these funds for community-based initiatives, including matching requirements, are reasonable. The MCW Consortium has established specific funding criteria as outlined in this plan.

AHW 2009-2014 FIVE-YEAR PLAN FRAMEWORK



*The Research and Education components of the plan are funded by the 65 percent component of the fund. The Public and Community Health Partnership Initiatives are funded by the 35 percent component of the fund.

[^]A priority and cross-cutting discipline that is integrated through all other research priorities.

AHW 2009-2014 FIVE-YEAR PLAN

Principles of Stewardship

MCW has established a set of guiding principles to support AHW initiatives that strive to improve the health of the people of Wisconsin. These principles include:

Collaboration. The MCW Consortium will facilitate effective collaboration between MCW faculty and community partners to capitalize on the strengths and unique skills of community-based organizations and of faculty, staff and students at MCW to address a community priority. Projects must demonstrate linkage to assessment and other statewide and community efforts such as the Wisconsin State Health Plan. AHW funding will promote interdisciplinary program development through research and clinical programs in order to rapidly translate new discoveries to patient care, as well as education of medical students and public health professionals.

Prioritization. The MCW Consortium will strive for maximum impact to improve the health of the people of Wisconsin by implementing a deliberative prioritization process that is anchored on priorities derived from state and local needs assessments and emerging national trends. AHW funding will advance the Strategic Plan of the College through support of interdisciplinary research efforts, new and diverse educational models for medical students and public health, increasing diversity, being a destination of choice for talent and further developing community and population health capacities.

Leverage. The MCW Consortium will work to leverage funds, with an emphasis on pooling existing resources, attracting additional dollars and encouraging sustainability. The MCW Consortium will also facilitate the expansion of community capacity and leadership through the initiatives. AHW funding will leverage other investments to enhance research and education initiatives.

Accountability. The MCW Consortium will insure public accountability for the use of the Funds and the impact of the programs on improved health. This will include both oversight responsibility and rigorous evaluation. The MCW Consortium will communicate with, and welcome input from,

the public. AHW funding will result in outcomes that are identifiable, transparent and reported to AHW and the greater community through regular and annual reports.

Transformation. The MCW Consortium will work to effect systemic change by emphasizing prevention, capacity-building and expanding MCW's focus on the health of the public and encouraging innovation. AHW funding will enhance the health of our community through research, education and service, locally, statewide and, indirectly, nationally and internationally.

Building Academic and Community Strengths.

Through HWPP we will build community strengths by addressing the Health Improvement Priorities informed by Healthiest Wisconsin 2010, the state health plan. AHW funding will develop new extramural research and education grants, publications and faculty recruitment, broaden partnership opportunities and advance a more personalized approach to medicine.

New Knowledge. AHW funding will promote academic excellence through the discovery of new knowledge through the creation of interdisciplinary research centers, integrated clinical research networks, and population and community health.

Synergy Between AHW Components and Other Institutions

MCW designed the AHW Five-Year Plan to support interrelated efforts in education, research and public and community health partnerships. By using the Funds to develop research initiatives and to implement public and community health partnerships, MCW intends that the use of the Funds will have a significant positive effect on efforts to improve the health of the public. MCW will develop strategies and opportunities that will foster collaboration among institutions, departments, programs and projects to enhance the quality, cross-fertilization and synergy.

MCW has current interdisciplinary research and educational relationships, some of which are internal, while others are initiatives with other organizations, such as partnerships with the University of Wisconsin-Milwaukee, joint degree-granting programs with Marquette University and the Milwaukee School of Engineering (MSOE), or research collaborations such as the obesity research initiative with the Marshfield Clinic. However, the interdisciplinary infrastructure needed to maximize these opportunities is limited and needs to be enhanced as an investment in the future of public and personal health in Wisconsin.

As stated in the Five-Year Plan, MCW will enter into interdisciplinary collaborations whenever appropriate. These collaborations will also include and leverage the skills of health professionals in disciplines such as nursing, dentistry and public health. This expertise will be important to increasing MCW's effectiveness in community and population health research. Having established a critical mass of partnerships working in several areas of health improvement, AHW can support these efforts to allow for optimal synergy and communication. A priority is to achieve meaningful integration of discoveries through our partnerships with research and education that will advance health improvement and therapeutic discovery while reducing health disparities.

Translation and Application in Communities

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

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

Investments in translational research will focus on applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of clinical trials and research aimed at enhancing the adoption of best practices in the community. These investments will support and promote efforts to enhance the development of inter-disciplinary structures to foster and facilitate translational research as well as new and improved informatics tools, better design of clinical trials and studies, enriched environment to educate the next generation of researchers, partnerships with the community to increase understanding and participation in clinical studies and new public/private partnerships.

Public and Community Health Partnership Initiatives – Healthier Wisconsin Partnership Program

There is great strength in community-MCW partnerships, and the MCW Consortium is committed to this important national model built on that strength. Public and community health partnership initiatives have been and will continue to be built upon extensive participation in all aspects of program formation and development.

The Healthier Wisconsin Partnership Program (HWPP) fosters community-MCW partnership projects to improve the health of the people of Wisconsin.

HWPP Partnerships

Partnerships among all members of communities and the public health system, including but not limited to community organizations, academics, health providers, consumers, public health professionals and policy makers, are essential to creating sustained improvement in health status. Partnerships are built on the premise that we can accomplish more by working together and capitalizing on each of our strengths.

The key model that HWPP uses is the community-academic partnership model, which has the potential for incredible transformative power for public health practice and traditional medical education institutions. The model provides

AHW 2009-2014 FIVE-YEAR PLAN

an opportunity for community partners and academicians 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-MCW partnerships will capitalize on the strengths and unique skills of both the community organizations and MCW faculty and staff in order to address a community priority.

MCW and its Consortium Board recognize that building and maintaining a community-MCW partnership, while extremely rewarding, can be challenging. As part of its commitment to the community-academic partnership model, in the next five years MCW and its Consortium Board will:

1. Collaborate to create cultural and institutional changes necessary to build expertise and capacity in community engagement within MCW;
2. Broaden the definition of an eligible MCW partner to include part-time faculty and academic staff (with oversight by an MCW faculty member) thereby increasing the pool of eligible academic partners and increasing access to MCW potential partners;
3. Encourage increased academic partner participation by making participation a priority component of MCW's strategic goals and an indicator of academic advancement, considered for tenure and promotion;
4. Continue to provide guidance and support for community and academic partners to build and maintain successful partnerships;
5. Support the partnership development process through a number of different mechanisms including a skilled faculty member, a 0.5 Full Time Equivalent (FTE) faculty position paid for out of the Research and Education Initiative Funds, dedicated to building the pool of eligible, interested and qualified academic partners, and mentoring faculty on being an effective partner. This will include an ongoing assessment of what contributes to or hinders the formation and development of partnerships and a plan to address challenges where appropriate;

6. Through evaluation, improve understanding about what an effective community-MCW partnership looks like and document the results of funding community-MCW partnership projects that address community health improvement; and,
7. Develop a human subject research, Institutional Review Board (IRB), with expertise in community-based participatory research that fulfills MCW requirements, maintains protection of individuals in the projects and permits the dissemination of findings, while simplifying the process.

One of the strategic goals of MCW is to support the enhancement and development of faculty to participate in these projects. MCW leadership is committed to this goal.

For HWPP, a community-based partner is broadly defined to be inclusive of statewide, regional and local partners. Eligible community partners are private, non-profit organizations and public organizations that may include:

- state and local governments;
- voluntary associations, foundations, civic groups;
- scientific or professional associations, universities, schools;
- citizen groups, religious organizations, healthcare organizations; and,
- federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Eligible MCW academic partners may include:

- full-time MCW faculty members;
- full-professional effort status MCW faculty members;
- part-time MCW faculty members; and,
- full-time MCW academic staff with oversight by an MCW faculty member.

Community-Academic Partnership Model

Understanding the Environment for Partnerships

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

Commitment to Partnership Principles

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

Partnership Development

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

Multi-sector partnerships are encouraged. Community partners and MCW partners may be involved in more than one partnership project and may apply with different partners for different projects. Partnerships can be in varying stages of development ranging from newly formed partnerships to well established partnerships.

As established in the inaugural Five-Year Plan, making a commitment to an agreed upon set of principles is a critical first step for the long-term success of a partnership. These principles include developing common goals, building trust and respect, and understanding and emphasizing strengths and assets. Open communication and feedback are also critical, as is flexibility to evolve, mutual benefit and shared credit. Regardless of the stage of development, all partnerships funded by HWPP must provide clear evidence of a commitment to and capacity to achieve the three elements of the community-academic partnership model.

The goals and objectives and roles and responsibilities of each partner must be clearly identified. Well-defined, measurable outcomes, evaluation plans and mutual benefits must also be included. Partners must be mutually committed to project goals. HWPP will strive to work with partners to capitalize on the strengths each brings to the partnership.



Maurana, C., Building Effective Partnerships with Wisconsin Communities, *Wisconsin Medical Journal*, Vol. 99, No. 1, 31-32, January/February 2000.

Maurana, C., et al. How Principles of Partnership are Applied to the Development of a Community-Campus Partnership, In: Connors, K. and Seifer, S. (editors), *Partnership Perspectives*, Vol. 1, Issue 1, 47-53. San Francisco, CA: Community-Campus Partnerships for Health, 1998.

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When community organizations and academic institutions build partnerships, it is important to understand that the partnership development goes through several stages. These stages allow partners to become better acquainted, build trust, define common goals and objectives and develop ways to sustain the partnership and expand progress. Identifying and sharing resources is also a key element.

Successful partnerships begin forming at the same time as the project idea and typically well in advance of the Request for Proposal (RFP) process. There is no secret formula for a successful community-academic partnership project. Simply stated, funded projects should be designed to improve the health of Wisconsin residents through effective community-MCW partnerships. In general, successful partnerships:

- define partner roles and project priorities through a collaborative process;
- irrespective of their roles and responsibilities, share an overarching goal of making people healthy;
- deliver the outcomes that they propose; and,
- evaluate and share lessons learned.

MCW and its Consortium are dedicated to creating a proactive process to facilitate increased academic partner participation. Resources also will continue to be developed to provide guidance and support for community and academic partners to build and maintain successful partnerships. The process may result in a formulated partnership or recommendations for enhancing a project idea prior to seeking funding. It also is possible that HWPP may not be the appropriate funding source for a particular project. Regardless of the outcome, MCW and its Consortium Board are committed to helping develop, maintain and evaluate partnerships through an established set of evaluation criteria and a supportive partnership development process.

The MCW Consortium will also take into consideration Wisconsin's many challenges to improving the health of our residents. Although HWPP generally provides partnership awards through an initiative-based RFP, unique opportunities may arise that warrant the MCW Consortium's consideration for support. Projects of this nature will typically have a

specific focus and propose a comprehensive strategy that can significantly advance HWPP's mission.

Healthier Wisconsin Partnership Program Health Improvement Priorities

It is widely recognized that there are multiple determinants of health. The meaning of public health, as defined by the Insurance Commissioner, is "population health, rather than population medicine, focused on the broader determinants of health in communities, such as prevention efforts to promote healthy life styles for women, children and families; disease prevention and control; and control of environmental agents that negatively impact health."

The MCW Consortium recognizes health improvement priorities through three major, interrelated perspectives to improving the health of the public: health risks/priorities, populations affected and prevention of death and disability. These priorities focus on health promotion and disease prevention, also recognizing the significant role of building capacity and strengthening systems in an effort to reach those ends.

Partnership projects to improve health can be developed from any one of the three perspectives as a starting point, with the requirement that partnership projects incorporate each of the three perspectives. Project outcomes must also address capacity-building and system change.

State Health Plan: The MCW Consortium will continue to be informed by Healthiest Wisconsin 2010, the state health plan, and Healthiest Wisconsin 2020: *A Plan to Improve the Health and Safety of the Public*, which is currently under development. Healthiest Wisconsin 2010 identifies 11 health system priorities (described in #3 on page 19) and five system priorities (described in #4 on pages 19 and 20) designed to protect and promote the health of the people of Wisconsin.

1. Prevention of death and disability. Research and intervention on effective methods of preventing the major causes of death and disability, including, but not limited to cardiovascular disease, cancer, stroke, intentional and unintentional injuries, and asthma will result in a significant positive impact on the health of Wisconsin residents.

2. Populations affected. As would be expected, healthcare needs and concerns in the state vary by age, gender, race, ethnicity and place of residence. For example, changing demographics create an older population resulting in a higher prevalence of diseases associated with aging. As the population becomes more ethnically diverse, there is an increasing need to expand efforts to address health concerns and disparities among these groups. Children and adolescents also face many health challenges including intentional and unintentional injuries, immunizations, and tobacco, alcohol and substance abuse.

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

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

4. Building capacity and strengthening systems to transform health improvements. As stated in Healthiest Wisconsin 2010, focus on capacity-building and system enhancement moves us away from reactive “fix it” approaches to proactive “build it” approaches in creating healthier communities. This emphasis, integrated with the focus on the three interrelated perspectives of health risk, population and prevention of death and disability, will build capacity that will endure well beyond initial program funding.

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

a. Community health improvement processes
(Taken from Healthiest Wisconsin 2010)

- Define a healthy community vision.
- Identify strengths, assets and resources in people, families, neighborhoods, agencies, organizations and in the community as a whole.
- Define the data and information needed to help identify and prioritize current and emerging health and system problems facing the community.
- Identify community partners and determine how to work together to help one another and the community.
- Evaluate community programs to determine if results make a difference for individuals, families, neighborhoods and the community as a whole.

b. Sufficient and competent workforce
(Eight core competencies from Healthiest Wisconsin 2010)

- Analytic and assessment skills
- Policy development and program planning skills
- Communication skills
- Cultural competency skills

*During the course of the next five years (2009-2014), the MCW Consortium may choose to focus on certain risks.

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- Community dimensions of practice skills
- Basic public health sciences skills
- Financial, planning and management skills
- Leadership and system thinking skills

c. Public health leadership and policy

As stated in Healthiest Wisconsin 2010, leadership and system thinking skills are core competencies for public health professionals. In addition, research and informed decision making is critical to support key public health policy issues facing our state.

HWPP Funding Opportunities

HWPP supports projects that define public health inclusively, focusing on broad determinants of health in communities and addressing public health improvement. The health improvement priorities are intentionally broad and rely on the creativity of partners to propose transformational programs to improve the health of the public. The MCW Consortium Board will ensure that the public and community health funds will be expended through community-MCW partnerships according to standards consistent with its vision, Principles of Stewardship and health improvement priorities.

Awards will support innovative projects implemented by Wisconsin partners, in Wisconsin communities, for the benefit of Wisconsin residents. HWPP is committed to providing a variety of funding opportunities and support to applicants throughout the application process. Funded HWPP projects will:

- be important to specific communities and/or populations in Wisconsin;
- demonstrate a commitment to making significant advancements in health improvement;
- use methods that are relevant, acceptable, culturally sensitive and appropriate to the community; and,
- produce evidence-based, measurable outcomes that are meaningful to the community.

Funds will be made available through an RFP process supporting the following two types of awards:

- Up to two-year awards to build synergy and strength around the development of a community-MCW partnership team to pilot projects aimed at testing or demonstrating the feasibility of an idea. Activities may include the creation of a strategic plan, action plan, planning and/or community needs assessment activities related to the development of a project or program or smaller implementation projects.
- Up to five-year awards to support community-MCW partnership projects with the implementation of a health promotion or health-related prevention project and/or program. Project activities should include capacity building strategies, evaluation, dissemination and translation of successful project results.

The MCW Consortium anticipates that while increasing the length of awards and award amounts will result in fewer, larger awards than in the first five funding cycles, it will also allow for more time for partnerships to develop, increase the impact on health improvement and improve efforts toward sustainability.

Healthier Wisconsin Partnership Program Evaluation

Consistent with the fifth principle of stewardship, transformation, HWPP has adopted a community-academic partnership model that is designed to enhance the public health prevention system and meet the health prevention needs of local communities. HWPP has developed an evaluation plan to:

1. improve understanding about what an effective community-MCW partnership looks like; and,
2. document the results of funding community-MCW partnerships that address community health improvement.

Each project funded by HWPP must be conducted by a partnership including at least one community organization partner and at least one MCW partner. The partnership requirement is based on the premise that community and academic partners can accomplish more by working together, drawing upon each partner's unique strengths and skills. Funded projects are required to build on these complementary strengths and skills to address community priorities.

Guiding principles for community-MCW partnerships have been developed to support HWPP partnerships. However, many community and MCW partners are new to the experience of working together in these partnerships. To better communicate the types of activities and outcomes expected from these partnerships, HWPP developed a program evaluation model to provide a framework for individual funded projects to connect their project-level efforts to the activities and outcomes of HWPP.

The evaluation plan emphasizes identifying how the funded project activities “fit” with the HWPP program evaluation model, and which of the intended short-term outcomes the projects expect to accomplish. This will support an annual evaluation of how the funded projects, taken together, have advanced the intended outcomes of the overall HWPP funding initiative.

Public and Community Health - New Initiatives

MCW Consortium Initiative on Violence Reduction and Prevention

In 2006, the MCW Consortium began formal consideration of a Special Initiative that would address a specific public health priority and be Consortium Board-directed for the AHW endowment with the following key characteristics:

- complement, not replace, the annual HWPP funding cycle;
- not be subject to an open RFP process;
- conducted in collaboration with community, MCW and philanthropic community; and,
- aligned with Principles of Stewardship as outlined in the Five-Year Plan.

In fall 2007, the MCW Consortium voted to focus its first Special Initiative on violence reduction and prevention. This initiative would:

- be funded through the AHW endowment, in addition to the HWPP annual request for proposal process;
- capitalize on community participation and MCW resources;
- prior to implementation, be developed in accordance with a comprehensive planning process involving community partners; and,
- be operationalized as a part of the AHW 2009-2014 Five-Year Plan.

In early 2008, the MCW Consortium approved \$1.1M for a 15-month Development Phase of a violence prevention initiative. The initiative has two major goals: 1) to decrease rates of violence in identified areas of Milwaukee and, possibly, greater Wisconsin; and 2) to strengthen community capacity to prevent future violence. The initiative will use both a public health and asset-based model that focuses on community strengths, and considers individual, biological, family, community and societal issues. It is expected that the experiences gained from this project will benefit other Wisconsin communities that share this important public health issue. A 16-member steering committee, with 10 community

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members, three MCW Consortium members, and three MCW faculty guide the development phase.

Upon completion of the Development Phase, the MCW Consortium will consider a commitment of up to \$2M per year through its public and community health component for up to 10 years, pending a progress and value re-evaluation at five years and determine how AHW research and education activities might add value to the initiative. It is anticipated that implementation will begin in late fall 2009.

Health Improvement through Research and Education

MCW invests research and education project funding from the AHW endowment to leverage academic expertise and assets to promote discoveries and educational opportunities that will translate into health improvement for Wisconsin residents. AHW funding will support both new and existing research and education priorities that are consistent with the State Health Plan, accomplishments of the previous Five-Year Plan and goals of the MCW Strategic Plan.

Insights from diverse scientific and health professional fields are transforming medical research. Transformation of that knowledge into new cures and medical practices will increasingly require interdisciplinary collaboration, involving specialized teams of health professionals and clinician-scientists. This multi-faceted approach toward research guides investigations into the major causes of death and disability and leverages the assets and capabilities of both institutions and their collaborating research organizations.

Improvements in health are achieved not only through medical research but also through the efforts of community and public health professionals and healthcare providers, as well as educating the public who require training on how to improve and maintain health. Lifelong learning is a normal part of living as technology-based delivery of information becomes the rule, not the exception.

Educational programs need to be unique, flexible and supportive of the diverse needs of students. The development of community-based academic and clinical programs as well as diverse career pathways will offer a wide range of career opportunities and provide a collaborative learning culture. Additionally, health professionals need easy access to educational and training programs to improve the health status of our residents. New tools and technologies are critical for expanding opportunities to provide this educational access. In addition, technology will profoundly increase the health care resources and information available to consumers.

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

This document serves as a framework for growth and development with the vision of improving the health of the residents of Wisconsin. This goal is not static, and this plan is intended to be flexible to meet the needs of the residents of the state of Wisconsin. As with the first Five-Year Plan, successfully integrating future opportunities and challenges into this and future plans will be the key to achieving this goal.

The development of the research and education component of the Five-Year Plan was drawn from several components including the State Health Plan and the MCW Strategic Plan. Building on the MCW Strategic Plan, the AHW plan emphasizes the interdependence of community-MCW partnerships, research and education. Priorities reflected in this Five-Year Plan are based on recommendations identified from diverse faculty and staff input. An outline and draft plan of the research and education sections of the draft Five-Year Plan were posted on the MCW website in October 2008 to solicit additional faculty and broad public input. Additionally, the MCW Consortium on Public and Community Health provided review and advisory recommendations.

Research for a Healthier Tomorrow

The translation of scientific discoveries into new cures and medical practices will increasingly require interdisciplinary collaboration, involving specialized teams of health professionals and clinician-scientists. Funds will support the development of a strong platform of disciplines and technologies that are essential to conduct cutting edge biomedical research through the development of interdisciplinary research centers in the following areas:

- **Cancer** - MCW faculty are committed to the identification and treatment of cancer through a coordinated research, clinical treatment, control and education effort. Areas of strength within the Cancer Center include an interdisciplinary disease focus with an emphasis on human and molecular genetics.
- **Cardiovascular Disease** - Researchers at MCW have made important contributions to recent advances in understanding diseases of the heart and vascular system. The Cardiovascular Center (CVC) focuses on the causes, treatment and cures of heart disease, stroke and other cardiovascular diseases through prevention, research, education and clinical care.
- **Neuroscience** - Neuroscience research investigates diseases of the brain as well as brain mapping and understanding the brain's response to stimuli. For example, MCW scientists are using functional magnetic resonance imaging (fMRI) as a way to diagnose Alzheimer's disease much earlier than traditional methods. Earlier diagnosis means patients can benefit from therapy to slow disease progression. Neuroscience research also provides the resources to foster innovative research in broader behavioral issues and mental health disorders such as schizophrenia and addiction. This research presents keys to the brain's response to various substances, thus facilitating advancements in treatment programs for addiction.
- **Infectious Diseases and Immunology** - MCW faculty are committed to improving human health through the development of new diagnostic tests and therapies for infectious diseases through education and research. Immunology research focuses on the

study of host defenses that protect against infection by pathogenic microorganisms and of adverse effects as a consequence of immune reactions.

- **Kidney Disease** - The Kidney Disease Center at MCW focuses on finding the cause and new treatments for the development of hypertension and diabetes-induced renal disease, as well as the development of treatment for polycystic kidney disease and the cause of renal injury following organ transplant. Assembling top researchers together in one facility nurtures the collaborative effort it takes to make cross-disciplinary discoveries that will collectively lead to new therapeutic pathways.
- **Community and Population Health** - Researchers at MCW are exploring new initiatives that expand our knowledge of population health and community based research as described by the Institute of Medicine's "*The Future of the Public's Health in the 21st Century.*"

Each of these centers is structurally integrated across all departments in MCW. In addition these centers will support the development of the Clinical and Translational Science Institute (CTSI) with integration across MCW, Marquette University, Milwaukee School of Engineering and the University of Wisconsin at Milwaukee. Additional support will be advanced to support the development of a Community and Population Health Education and Research Institute to synergize research and education efforts, while improving the health of our community. Recruitment of new faculty expertise will strengthen MCW's research capacities and educational programs.

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Strengthening clinical research collaborations and expanding patient access to new treatment protocols will be included through the following platforms:

- **Genetics** will support new research initiatives that enhance our ability to identify and control factors that lead to chronic and potentially fatal diseases such as cancer, heart disease and neurodegenerative diseases.
- **Imaging** will foster translational research and provide a migration path for research results to reach the bedside of patients. For example, functional magnetic resonance imaging (fMRI) now allows clinicians and scientists to explore virtually every aspect of brain function and disease.
- **Stem cell biology and regenerative medicine** will support new research initiatives that further our understanding and potential treatment for many major causes of morbidity and mortality in Wisconsin.
- **Proteomics and structural biology** will support new research initiatives that demonstrate an improved ability to diagnose medical conditions and develop novel small molecule therapies for cancer, among other diseases.
- **Clinical and translational science institute** will support new research initiatives that foster translational research and develop a program to facilitate the migration of research findings into clinical practice.
- **Community and population health** will advance community-participation research across all research priorities by using the principles and methods gained in population health.

Platform Technologies and Disciplines for Research

Cancer Center	Cardiovascular Center	Neurosciences Center	Infectious Diseases and Immunology	Kidney Disease	Community and Population Health
Genetics					
Imaging					
Stem Cell Biology and Regenerative Medicine					
Proteomics and Structural Biology					
Clinical and Translational Science Institute					
Community and Population Health					

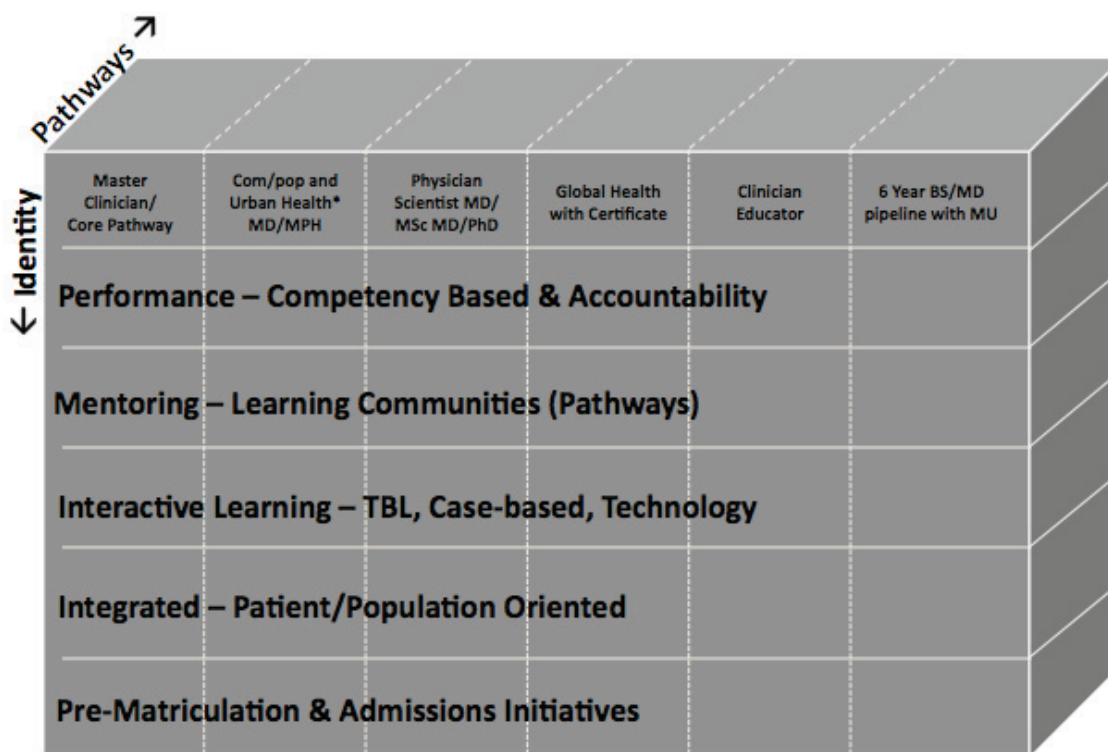
Educational Leadership for the Health of the Public

The Educational Leadership for the Health of the Public provides an opportunity for MCW faculty to leverage expertise to enhance the education of public health professions, health providers, patients, medical, graduate and/or resident/fellows.

- Develop an integrated, flexible four-year medical school experience with an emphasis on problem-based and continual learning, mentorship, use of new learning technologies and competency-based advancement.
- Develop an integrated six-year undergraduate and MD degree pipeline program connected to local high schools to enhance diversity and to reduce the time and cost for training physicians.
- Develop an Urban Community Health Medical Student Pathway based in Milwaukee, which includes a Masters Degree in Public Health and is integrated into the AHW initiative.

- Develop a comprehensive and certified Global Health Pathway for undergraduate medical students and postgraduates (residents) with a worldwide distribution of academic partners.
- Develop a Physician Scientist Pathway combined with a Master in Science or Translational Research.
- Address the needs of the public health workforce by strengthening educational opportunities, health practices, and public health competencies and also by continuing the development of the distance MPH program, including a certificate program and the PhD in public and community health.

Individualized Medical Student Pathways and Educational Principles



*Key Principles Guiding Innovation (MCW Curriculum Retreat/CEC 11.2007)

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Cross-Cutting Programs and New Initiatives in Research and Education

The Healthy Wisconsin Leadership Institute (HWLI) is a continuing education and training resource supported jointly by MCW and the University of Wisconsin School of Medicine and Public Health (UWSMPH). Its mission is to develop leaders who engage in innovative activities to protect and promote the health of the public.

Several of the MCW Consortium's members led the pre-development phase for its launch through their work on the Public Health Education and Training (PHET) committee. The MCW Consortium has provided substantial leadership in establishing the HWLI and has expressed a commitment to sustaining its future.

The HWLI consists of two components:

- 1. Community Teams Program** - The Community Teams Program is a year-long applied learning experience designed to facilitate the development of collaborative leadership and public health skills among teams of individuals who are mobilizing communities to identify and solve health problems.
- 2. Regional Workshops** - The regional workshops offer a variety of learning opportunities for Wisconsin community and public health system workforce leaders interested in continuing their professional development. Some topics include: individual and collaborative leadership skills, practical application of community health improvement models, evidence-based approaches to address community health issues, project planning and evaluation skills, building strong workgroups and coalitions, finding and successfully competing for grant funding, and capacity to understand and change local, regional and state policies that impact population health.

The Clinical and Translational Science Initiative (CTSI) will create a transforming and unifying environment for interdisciplinary clinical and translational research in Southeastern Wisconsin. It will serve as a mechanism to support the efforts of area academic institutions, health care

providers and community advocates to advance science and its application to patient care and technology transfer.

PhD in Public and Community Health enhances the breadth and depth of research expertise in public and community health with an emphasis on training the next generation of research scientists in population health.

The program admitted its first cohort of students in fall 2008. Faculty leaders from several departments provided critical guidance in the development of degree requirements, course structure and content. Select community academic partnership courses are structured to encourage collaboration with the growing Healthier Wisconsin Partnership Program.

The **Master's in Public Health Program** has been expanded to include other health professionals in addition to physicians.

Research and Education Initiatives Review Process

Although the Order of the Commissioner of Insurance limits the role of the MCW Consortium to the use of funds for community-based partnerships, MCW has broadened the relationship to enhance coordination with the research and education components. The MCW Consortium and MCW will conduct a coordinated review of the research and education areas of emphasis for funding consideration during the annual budget process.

Funding allocations for research and education initiatives will be made within MCW's annual budget process. The MCW Budget Committee will ask the MCW REAC to review the initiatives and make recommendations. The Committee is comprised of the senior academic officers of MCW: the Dean, the Senior Vice President and Chief Operating Officer, the Senior Associate Dean for Research, the Senior Associate Dean for Academic Affairs (Education), the Senior Associate Dean for Public and Community Health, the Senior Associate Dean for Clinical Affairs and the Senior Associate Dean for Clinical and Translational Research. Other faculty will be added to the Committee, or will advise, as necessary.

The Request for Proposal process will be eliminated in the future to ensure a more coordinated and integrated approach toward investing in research and education priorities. Research and education initiatives will be evaluated based upon the compatibility with the areas of emphasis outlined in this Five-Year Plan and the criteria noted below:

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

The REAC's recommendations will be forwarded to the MCW Budget Committee for review and funding allocation. However, prior to Board of Trustees approval, MCW will consult with the MCW Consortium concerning the education and research initiatives that will be financially supported with the Funds.

MCW will describe to the MCW Consortium the education and research initiatives, the amount of financial support to be provided, supplanting, the objectives and milestones to be achieved and the timeline for the initiatives. The initiatives will be discussed and comments of the MCW Consortium taken into consideration. Some partnership proposals and education and research initiatives may share areas of emphasis defined by both MCW and its Consortium Board. We anticipate that the initiatives funded by the MCW Consortium and MCW's Board of Trustees will leverage resources whenever possible while furthering the goals of the Five-Year Plan.

Research and Education Evaluation

The impact of Research for a Healthier Tomorrow and Educational Leadership for the Health of the Public projects funded by the AHW endowment will be fully realized in future years through the availability of new and more effective prevention and treatment protocols aimed at the major causes of death and disability. Equally as important are education projects aimed at enhancing the effectiveness of medical and public health professionals who serve the residents of the state of Wisconsin. The results of research and education can transform the traditional health care delivery system and statewide public health capacity as new knowledge and core competencies are transferred to the health professional workforce and the latest medical breakthroughs are integrated into community practice.

All funded projects are evaluated annually for consistency with project objectives and AHW Principles of Stewardship. The ultimate impact of research and education projects will be enumerated through identification of publications whereby results are widely disseminated, additional funding leveraged as a result of initial AHW investment, scientific awards and enhancement of public health and medical leadership.

PROGRAM ADMINISTRATION

MCW Assets

MCW leadership, faculty, staff and students are invested in improving the health of the people of Wisconsin and beyond. More than 125 Medical College programs weave public and community health partnerships into education, research and patient care. With extensive expertise in public and community health, more than 150 full-time faculty from 20 departments and centers are working with more than 300 diverse community groups. The Medical College is nationally recognized for public and community health, including the 2005 Association of American Medical Colleges' (AAMC) Award for Outstanding Community Service.

The Office of the Senior Associate Dean for Public and Community Health is a focal point for coordinating the college-wide commitment to public and community health. The Senior Associate Dean chairs the MCW Strategic Council for Public and Community Health that includes twelve senior faculty and staff who have:

- visible and credible connection to community;
- experience as interdepartmental collaborators;
- college-wide perspective; and,
- institutional credibility.

MCW provides administrative services, supported by the Funds and MCW, to ensure adequate staffing and budget for the operation of the MCW Consortium and the Funds. MCW also is committed to providing in-kind services in a variety of different manners including but not limited to: Finance, Legal Counsel, Human Resources, Public Affairs, Government Affairs, Community Relations and other areas as appropriate. As the program continues to mature, staffing needs are monitored to ensure effectiveness and efficiencies in carrying out our stewardship responsibilities.

Fund Management

MCW has implemented the terms of the Order of the Commissioner of Insurance and is managing the Advancing a Healthier Wisconsin funds (Funds) in accordance with the requirements of the Order. MCW does not use, and does not intend to use, a material portion of the Funds directly or indirectly for real property, or for

the purchase, capital lease or construction of a facility, or for commitment as collateral, without the prior approval of two-thirds of all members of the MCW Consortium. The non-supplanting criteria contained within the Order of the Commissioner of Insurance have been implemented.

Stewardship of Funds

Advancing a Healthier Wisconsin funds (Funds) are invested with the MCW Endowment Funds using a diversified asset allocation strategy that includes equity, fixed income and alternative investments. All Endowment Fund investments are made in accordance with the Endowment Investment Policy, as approved by the MCW Board of Trustees. The investment goal for the Funds is to maintain the real value of the Funds while providing a stream of income to fund the initiatives and partnership programs of the Five-Year Plan. MCW has a long-term investment planning horizon for the Endowment Funds, recognizing that rates of return may fluctuate on a year-by-year basis and that achievement of investment objectives may not progress uniformly over time. The Funds are managed according to prudent standards as established by the laws of the state of Wisconsin.

In accordance with the MCW Board of Trustees' policy for all endowed funds, the greater of one-half of the prior twelve quarters average investment return or a minimum of three percent and maximum of seven percent of the Funds' market value will be available annually for awards or budgets. Portions of the permissible distributions from the Endowment Funds that are not yet expended will remain invested with the Endowment Funds.

All Endowment Funds, including AHW funds, are invested in a unitized pool. Pooling of funds allows an individual participating fund to benefit from diversification and economies of scale in the investment process. Income also is unitized and allocated based on relative value on the first of the month. The separate identity of each fund participating in the Endowment Fund pool is fully preserved, and each fund shares in the income, gains and losses of the pool.

Distribution and Allocation of Funds

Supplanting Policy

To ensure compliance with the Order not to supplant, all funding recommendations are individually reviewed to determine whether the use of the Funds would supplant existing funding. The MCW Senior Vice President and Chief Operating Officer assesses whether other financial resources exist or are available and certifies that no financial resources will be supplanted.

Supplant means to replace. By way of contrast, supplement means to add to. Use of the Funds to supplement other financial resources is not prohibited under the Order. Matching funding and opportunities to leverage the Funds to obtain other sources of financial support are encouraged.

MCW has in place mechanisms to oversee funds provided to the school from various sources, and tracks all expenditures based on source at the program and faculty level. Each MCW Principal Investigator recommended for funding through the research and education allocation is required to submit a non-supplanting attestation form.

Each community-based partnership proposal approved by the MCW Consortium is required to submit a non-supplanting attestation form. This form documents existing funding sources, and whether any other funding requests have been submitted for the same proposal.

Assessment of Allocation

Funds are awarded in accordance with the priorities identified in the current Five-Year Plan and the Principles of Stewardship outlined in this Plan. The 35% allocation for public health and public health community-based initiatives will be awarded according to the strategic directions outlined in the relevant section of the current Five-Year Plan. The 65% allocation for research and education will be awarded according to the strategic directions in the related section of the Plan.

The MCW Consortium will be provided adequate staffing and budget for its operation. Funds to support the staffing, administration and operating budget for the Healthier Wisconsin Partnership Program and MCW Consortium will be paid from the 35% allocation for public health and public health community-based initiatives.

Oversight of the remaining Funds designated for health care provider education and medical research is through MCW. Funds to support the staffing, administration and operating budget may be expended from the 65% allocation for research and education at the discretion of MCW.

MCW engages in a budget development and approval process on an annual basis. Consistent with the Bylaws of MCW, the Budget Committee is responsible for recommending to the President and the MCW Board of Trustees the allocation of funds to the various professional, academic and administrative programs of MCW and for overseeing the implementation of the adopted budget.

Reporting Requirements

MCW will annually report to the MCW Consortium on uses of the Funds relating to the research and education allocation (65%). The MCW Consortium will review this information for the purposes of preparing an advisory report to the MCW Board of Trustees on the use of the Funds for research and education (65%). The MCW Consortium will also prepare an advisory report to the MCW Board of Trustees regarding the use of the funds allocated for public health (35%). The MCW Consortium report will include an evaluation of the programs or projects funded; whether the Funds are supplanting federal, state or local government appropriations or internal MCW non-grant funds; the extent of funding of community-based initiatives with respect to the portion of the Funds allocated to health care provider education and medical research; whether the public health percentage of the Funds is awarded for public health community-based initiatives as required by the MCW Consortium standards described in this Plan; whether the Funds are awarded or budgeted in accordance with this Plan;

PROGRAM ADMINISTRATION

and the financial status of the Funds. The MCW Consortium is not required to evaluate each program or project annually but will determine and report on the timeline and means of evaluation of each program and project.

MCW will, at least every five years, engage in a planning process to develop a five-year plan for the application of the Funds with participation of the MCW Consortium and the public. The MCW Consortium must approve the portion of the Five-Year Plan that addresses public health. The MCW Consortium will make an advisory recommendation to the MCW Board of Trustees concerning the remaining portion of the Plan. A copy of each Five-Year Plan that is approved by the MCW Board of Trustees will be provided to the MCW Consortium and the Wisconsin United for Health Foundation (so long as the Foundation exists).

The Order requires that at least every five years, MCW will obtain a program and financial audit of the Funds from the Legislative Audit Bureau, or from an independent firm approved by, or selected under standards approved by, the Office of the Commissioner of Insurance. The Audit Report will be submitted to the MCW Consortium and the Wisconsin United for Health Foundation (so long as the Foundation exists). To comply with this requirement, MCW will cause the Funds to be audited in accordance with an audit plan consistent with the Order and subject to standards approved by the Office of the Commissioner of Insurance.

Community and Public Engagement

Annually, MCW will report results to the MCW Consortium for review and advice. We intend that our efforts be both transparent and measurable. The development and implementation of community-based partnerships and education and research initiatives to improve public health is an ongoing process, evolving as new knowledge is gained and the environment changes. The process includes ongoing review and evaluation of results and emphasizes leveraging of other sources of funding.

APPENDIX A – PROGRAM HISTORY

Insurance Commissioner’s Order and Grant Agreement

Upon the conversion of Blue Cross & Blue Shield United of Wisconsin to a stock insurance company (Cobalt Corporation), the Medical College of Wisconsin, together with the University of Wisconsin School of Medicine and Public Health (UWSMPH), became the beneficiary of the value of Blue Cross & Blue Shield United of Wisconsin. MCW uses funds derived from this conversion in accordance with the 2009-2014 Five-Year Plan.

On June 3, 1999, Blue Cross & Blue Shield United of Wisconsin announced its intention to convert to a stock insurance corporation and to establish a foundation dedicated to improving the public’s health with the proceeds from that conversion. The state’s two medical schools, MCW and the UWSMPH, were designated as the beneficiaries of the new foundation.

The conversion application was approved, with modification, by the Wisconsin Commissioner of Insurance on March 28, 2000, with the issuance of Findings of Fact, Conclusions of Law and Order (the Order). Wisconsin United for Health Foundation, Inc. (WUHF), which received the proceeds from the conversion, shares of common stock of Cobalt Corporation, was established on October 21, 1999. WUHF was required by the order to sell the shares of Cobalt Corporation and to distribute the proceeds of the stock sale(s) (the Funds) equally between MCW and UWSMPH. In September 2007, WUHF allocated the remaining funds to the two medical schools.

As per the Order of the Commissioner of Insurance, both medical schools are required to develop and implement Five-Year Plans to guide the use of the Funds designated for the improvement of the health of the public through community-based initiatives, research and education.

Wisconsin United for Health Foundation

The conversion application was approved, with modification, by the Wisconsin Commissioner of Insurance on March 28, 2000, with the issuance of Findings of Fact, Conclusions of Law and Order (the Order). Wisconsin United for Health Foundation, Inc. (WUHF), which received the proceeds from the conversion, shares of common stock of Cobalt Corporation, was established October 21, 1999. WUHF was required to sell the shares of Cobalt Corporation and to distribute the proceeds of the stock sale(s) (the Funds) equally between MCW and UWSMPH.

WUHF has reviewed, commented on and approved the two medical schools’ Blue Cross/Blue Shield 2003-2008 five-year plans and initial annual reports, respectively. Following successful review of the initial AHW annual reports, in September 2007, WUHF distributed the remaining conversion proceeds equally to the two medical schools. In September 2007, WUHF determined to continue to perform its functions in accordance its Articles, Bylaws and the Order, including to meet to review the medical schools’ annual reports, financial and program audits and serve as a public forum for the endowment’s initiatives’ performance, until such time as WUHF may decide to dissolve.

APPENDIX B - GLOSSARY OF TERMS

Advocacy

Taking part in efforts to create or effect change in policies or systems. Advocacy efforts can take many forms, including education, media, direct action and lobbying. Funding from the Healthier Wisconsin Partnership Program may not be used for lobbying to attempt to influence any local, state or federal legislation or administrative action.

AHW

Advancing a Healthier Wisconsin is an endowment of MCW committed to improving the health of Wisconsin residents.

Best Practices

Strategies, programs, and initiatives that have been formally evaluated and documented as consistently producing positive, desired results believed to be successful but not necessarily rigorously evaluated.

Community Needs Assessment

Documented findings that indicate the needs of the population of a project, as opposed to the needs of the applicant organization. Conducting a community needs assessment may include consulting with members of the public, community organizations, service providers and local government officials to identify and prioritize community health and health care needs.

Community Partner

Projects may be comprised of a variety of community organizations across sectors. However, each project must have a minimum of one eligible community partner, defined as a non-profit, 501(c)(3) tax-exempt organization or a government organization, including:

- health, social service, and other community-based organizations;
- faith-based organizations;
- state and local governments;
- scientific or professional associations, universities, schools;
- voluntary associations, foundations, civic and citizen groups; and,
- federally recognized Indian tribal governments, tribes, or tribal organizations.

Dissemination

To share, replicate or market principles, ideas or lessons learned for continued growth and health improvement.

Evaluation Plan

A plan that describes how the processes and outcomes of a project will be assessed. The evaluation plan should follow the items in the project workplan. Also see “outcome.”

Funds, the

The proceeds from the conversion of Blue Cross & Blue Shield United of Wisconsin to a stock insurance company, shares of common stock of Cobalt Corporation, established on October 21, 1999. WUHF was required to sell the shares of Cobalt Corporation and to distribute the proceeds of the stock sale(s) (the Funds) equally between MCW and University of Wisconsin School of Medicine and Public Health. In September 2007, WUHF allocated the remaining funds to the two medical schools and moved into an advisory capacity.

HWPP

Healthier Wisconsin Partnership Program is a component of the AHW endowment fund at MCW. The vision of HWPP is to improve the health of the people of Wisconsin. The program supports community-MCW partnerships that address public and community health improvement.

Indicator

The observable, measurable characteristic or change that represents achievement of the outcome.

IRB

MCW Institutional Review Boards (IRBs) are responsible for review and approval of all MCW research activities involving human subjects. The purpose of this review is to ensure that the rights and welfare of the subjects are adequately protected and that all research involving human subjects is in compliance with applicable College policies and external regulations.

Leveraged Funds

Monies to be received from sources other than AHW, if those monies are dependent upon receiving a grant from the AHW. Leveraged funds should be identified in the project budget.

MCW Board of Trustees

The governing board of MCW. Of the 34 MCW Trustees, 11 are appointed by the Governor of Wisconsin, with the advice and consent of the State Senate, for staggered terms of six years. Of the remaining trustees, one is the MCW President and the other is the Dean of MCW, who serve while in office.

Two trustees are nominated for six-year terms by the Froedtert Hospital Board of Trustees from among its members, subject to approval and election by the Medical College Board. The remaining trustees are elected by majority vote of all trustees and serve for staggered six-year terms, except for an alumni representative, who serves a three-year term, and a faculty representative who is elected annually.

MCW Consortium

A nine-member oversight committee that oversees the Healthier Wisconsin Partnership Program. The committee, known as the MCW Consortium on Public and Community Health, serves as the board of directors of HWPP. In addition to oversight responsibility for HWPP, the MCW Consortium also serves in an advisory capacity for endowment funds allocated to research and education at MCW.

MCW Partner (also referred to as the academic partner)

Each partnership must include at least one eligible partner at MCW to be the project's principal investigator for the HWPP project.

Objectives

Objectives are concrete, specific, measurable project accomplishments.

Outcomes

The changes in (or benefits achieved by) clients, groups, communities, organizations or systems due to their participation in program activities. These may include changes to knowledge, skills, values, behavior, capacity or condition of health status.

Project

A planned undertaking or organized set of services designed to achieve specific outcomes that begins and ends within the grant period. (A successful project may become an ongoing program or be a component of a larger program.)

Public Health

The State of Wisconsin Office of the Commissioner of Insurance defines public health as "population health, rather than population medicine, focused on the broader determinants of health in communities, such as prevention efforts to promote healthy life styles for women, children and families; disease prevention and control; and control of environmental agents that negatively impact health."

Research and Education Advisory Committee (REAC)

A committee comprised of senior leadership of MCW. The primary responsibility of this body is to advise the Dean on funding recommendations, funding criteria, processes, and compliance with AHW funding restrictions. Additionally, this committee serves as the internal review body prior to MCW Consortium presentation of proposals.

Stakeholder

A person or group with a direct interest, involvement or investment in the project.

Supplanting

Supplanting means to take the place of and serve as a substitute for other funds. The Insurance Commissioner's Order prohibits any funds from being awarded that will supplant funds or resources otherwise available to applicants from other sources for the proposed project. Therefore, for supplanting of other resources to occur, funds expended would need to replace other funds available to the applicant for the proposed project.

Sustainability

The ability of the health improvement outcomes of a project to continue beyond the Healthier Wisconsin Partnership Program grant period without further Healthier Wisconsin Partnership Program funding. This may involve changes to policies, locating new sources of funding, working to improve reimbursement systems, and/or integrating the work of the project into broader public health initiatives. All Healthier Wisconsin Partnership Program applicants are expected to be actively planning for sustainability, and all grantees are expected to begin implementing sustainability activities early in the grant period.

Wisconsin State Health Plan

Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public, is the Wisconsin state health plan for the decade 2000-2010. The publication of a state health plan is a statutory (s. 250.07, Wis. Stats.) (exit DHS) requirement of the Department of Health Services. The state health plan defines the new vision for the public health system in Wisconsin and as specific targeted outcomes.

WUHF

Wisconsin United for Health Foundation, Inc. (WUHF), which received the proceeds from the conversion, shares of common stock of Cobalt Corporation, was established on October 21, 1999. WUHF was required to sell the shares of Cobalt Corporation and to distribute the proceeds of the stock sale(s) (the Funds) equally between MCW and University of Wisconsin School of Medicine and Public Health. In September 2007, WUHF allocated the remaining funds to the two medical schools and moved into an advisory capacity.

APPENDIX C – MCW CONSORTIUM ON PUBLIC AND COMMUNITY HEALTH BIOGRAPHIES

As of the printing of this document, the MCW Consortium included the following nine individuals:

Terry Brandenburg, MPA, MBA (Insurance Commissioner's appointee) Mr. Brandenburg is a statewide leader in public health. For the past 20 years, he has directed and managed all public health programs for the city of West Allis and the village of West Milwaukee, communities with a total population of approximately 65,000.

Peggy Hintzman, MBA (statewide health advocate) Ms. Hintzman is past president of the Wisconsin Public Health Association and represents statewide health interests. Ms. Hintzman is the former Deputy Director of the Wisconsin State Laboratory of Hygiene. With more than 20 years experience in public health, she is a statewide advocate for Wisconsin's public health needs.

Tasha Jenkins (community health advocate) Ms. Jenkins serves as the executive director of Fighting Back, Inc. Ms. Jenkins has focused her career on serving as an advocate for children and children's health issues. As executive director of Fighting Back, Inc., she addresses substance abuse prevention for Milwaukee youth.

Randall S. Lambrecht, PhD (community health advocate) Dr. Lambrecht is Vice President for Research and Academic Relations at Aurora Health Care, Inc. He has been an advocate for Wisconsin's senior citizens, helping launch UW-Milwaukee's Age and Community Initiative, and working with Milwaukee County Department of Aging to establish five community-based older adult fitness centers which take a comprehensive approach to the health and quality of life of seniors.

Paula A. Lucey, MSN, RN (community health advocate) Ms. Lucey is one of Wisconsin's leading advocates for urban health including minority communities and the special health care needs of the poor. Ms. Lucey is the president of Lamplighter Consulting and provides strategic guidance for community development initiatives. As a past director of Milwaukee County Health and Human Services, she developed Milwaukee County's General Assistance Medical Program, a safety net of medical care to over 25,000 Milwaukee County residents.

T. Michael Bolger, JD (MCW representative) Mr. Bolger is the president and CEO of MCW. Mr. Bolger has led MCW through a period of unprecedented growth in research, patient care activity and the expansion of MCW's academic programs and outreach efforts in the community.

Jonathan Ravdin, MD (MCW representative) Dr. Ravdin is an internationally recognized expert in infectious diseases, has a long record of successful leadership in academic advancement and is the executive vice president and dean of MCW. Dr. Ravdin oversees all academic, research, patient care and public and community health programs for Wisconsin's only private medical school.

Douglas R. Campbell, MHA (MCW representative) Mr. Campbell is the senior vice president and chief operating officer at MCW. Mr. Campbell has been providing fiscal oversight and management at MCW for 16 years.

Cheryl A. Maurana, PhD (MCW representative) Dr. Maurana is the senior associate dean for public and community health at MCW. Dr. Maurana has received national recognition for her work in public health research and community partnerships.



ADVANCING A HEALTHIER WISCONSIN

Any questions or comments regarding the AHW 2009-2014 Five-Year Plan may be directed to AHW by calling (414) 456-4350 or emailing healthierwisconsin@mcw.edu.

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