

October 1, 2014

BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM

I.1. Education Committee

9:00 a.m. Education Committee

Thursday, October 9, 2014
UW-Stevens Point
Dreyfus University Center
Room 374
1015 Reserve Street
Stevens Point, Wisconsin

- a. Consent Agenda:
 1. Approval of the Minutes of the August 21, 2014, Meeting of the Education Committee;
 2. UW-Stevens Point: Bachelor of Applied Studies in Organizational Leadership; and
[Resolution I.1.a.(2)]
 3. Approval of School of Medicine and Public Health Appointments to the Oversight and Advisory Committee of the Wisconsin Partnership Fund for a Healthy Future;
[Resolution I.1.a.(3)]
- b. UW-Platteville – Approval of Changes to the Faculty Bylaws.
[Resolution I.1.b]
- c. UW-Stevens Point Presentation: “Turning the Academic Ship: Meeting the Changing Educational Needs of Central Wisconsin” – Provost Greg Summers.
- d. The University of Wisconsin School of Medicine and Public Health: The Wisconsin Partnership Program – Acceptance of the 2013 Annual Report
- e. Report of the Senior Vice President:
 1. Update on the Universal (30-) Credit Transfer Agreement Implementation;
 2. Update on the Engineering Programs Study;
 3. Remedial/Developmental Education: Update on the Adoption of the Early Math Placement Test;
 4. Education Committee Priorities and Goals for 2014-15;
 5. Faculty Turnover; and
 6. Other.

Program Authorization (Implementation)
Bachelor of Applied Studies (B.A.S.) in Organizational Leadership at
UW-Stevens Point

EDUCATION COMMITTEE

Resolution I.1.a.(2)

That, upon the recommendation of the Chancellor of the University of Wisconsin-Stevens Point and the President of the University of Wisconsin System, the Chancellor be authorized to implement the B.A.S. in Organizational Leadership

**NEW PROGRAM AUTHORIZATION
BACHELOR OF APPLIED STUDIES IN ORGANIZATIONAL LEADERSHIP
UNIVERSITY OF WISCONSIN-STEVENSON POINT**

BACKGROUND

This proposal is presented in accordance with the procedures outlined in Academic Planning and Program Review (ACIS 1.0, Revised August 2012, available at <http://www.uwsa.edu/acss/planning/>). The new program proposal for a Bachelor of Applied Studies in Organizational Leadership at the University of Wisconsin-Stevens Point is presented to the Board of Regents for consideration. The institution has submitted the authorization document and a letter of institutional commitment from the university's Provost.

REQUESTED ACTION

Approval of Resolution I.1.a.(2), authorizing the implementation of the Bachelor of Applied Studies in Organizational Leadership degree program at the University of Wisconsin-Stevens Point.

DISCUSSION

The proposed Bachelor of Applied Studies (B.A.S.) in Organizational Leadership will serve working adult students in the central Wisconsin region who have completed an Applied Associate degree from a Wisconsin Technical College. It will provide adult (nontraditional) students the opportunity to earn a baccalaureate degree and pursue additional career advancements. Graduates will be better equipped to take on additional leadership responsibilities, including management positions in a wide variety of employment settings. The program will require a total of 120 credits, which may include 60 to 72 transfer credits from existing partnerships with Northcentral Technical College, Nicolet College, and UW-Marathon County.

RECOMMENDATION

The University of Wisconsin System recommends approval of Resolution I.1.a.(2) authorizing the implementation of the Bachelor of Applied Studies in Organizational Leadership at the University of Wisconsin-Stevens Point.

RELATED REGENT AND UW SYSTEM POLICIES

Regent Policy 4-12: Academic Program Planning, Review, and Approval in the University of Wisconsin System.

Academic Information Series #1 (ACIS-1.0; revised August 2012): Statement of the UW System Policy on Academic Planning and Program Review.

**REQUEST FOR AUTHORIZATION TO IMPLEMENT A
BACHELOR OF APPLIED STUDIES DEGREE
IN ORGANIZATIONAL LEADERSHIP
AT UW-STEVEN'S POINT
PREPARED BY UW-STEVEN'S POINT**

ABSTRACT

The University of Wisconsin-Stevens Point proposes to establish a Bachelor of Applied Studies (B.A.S.) in Organizational Leadership degree program. The development of this program responds to the need to serve working adult students in the central Wisconsin region who have completed an Applied Associate degree from a Wisconsin Technical College. Establishing this B.A.S. program at UW-Stevens Point will provide adult (nontraditional) students the opportunity to earn a baccalaureate degree and pursue additional career advancements. The goal of the program is to provide students with a structured set of educational experiences that will help develop capacities in terms of critical thinking, problem-solving, intercultural knowledge, conflict resolution, tolerance and respect, and business management. Graduates will be better equipped to take on additional leadership responsibilities, including management positions in a wide variety of employment settings. The program will require a total of 120 credits, which includes 60 to 72 transfer credits. In addition to earning 120 credits for graduation, students enrolled in the B.A.S. must complete the major course requirements, maintain at least a 2.0 G.P.A., and complete the General Education Program requirements at UW-Stevens Point.

PROGRAM IDENTIFICATION

Institution Name

University of Wisconsin-Stevens Point

Title of Proposed Program

Bachelor of Applied Studies in Organizational Leadership

Degree/Major Designations

Bachelor of Applied Studies

Mode of Delivery

Single institution; primarily face-to-face, some blended or hybrid courses

Projected Enrollments by Year Five

Table 1 below represents enrollment and graduation projections for students entering the program for the first five years. By the end of year five, it is expected that 60 students will have enrolled in the program and 26 students will have graduated from the program.

Table 1: Projected Enrollment and Graduation Rates for the First Five Years.

	Year 1	Year 2	Year 3	Year 4	Year 5
New Students	5	10	15	15	15
Continuing Students	0	4	11	20	25
Total Students	5	14	26	35	40
Graduating Students	0	1	5	10	10

Tuition Structure

For students enrolled fulltime in the B.A.S. program (i.e., enrolled in 12-18 credits per semester), standard residential tuition and fee rates (including segregated fees) for the current academic year (2013-2014) total \$3,789 per semester. Of this amount, \$640 is attributable to segregated fees. For students enrolled part-time in the B.A.S. program, the residential cost of tuition and segregated fees is \$378 per credit. Thus, tuition for a typical 3-credit course would total \$1,134, which includes \$314 of segregated fees. For part-time students enrolled in B.A.S. courses offered off campus through Continuing Education, tuition rates per credit are \$269.53. For a typical 3-credit course, the tuition rate would be \$808.59, which includes \$21.30 for text rental. Continuing Education courses delivered via online delivery will be assessed \$20 per credit, up to \$60 per course. Finally, for each 3-credit course, a \$60 program fee will be applied to help cover administrative, advising, and course-delivery costs that are unique to the B.A.S. program.

Department or Functional Equivalent

The proposed program will be coordinated by the Division of Continuing Education.

College, School, or Functional Equivalent

The proposed program will be housed within the Division of Academic Affairs.

Proposed Date of Implementation

August 2015

INTRODUCTION

Rationale and Relation to Mission

UW-Stevens Point's mission reads as follows: "Through the discovery and dissemination of knowledge, UWSP stimulates intellectual growth, provides a liberal education, and prepares students for a diverse and sustainable world." The proposed B.A.S. in Organizational Leadership is a focused outreach effort designed to provide working adults in central and northern Wisconsin with the opportunity to complete a four-year degree. Students entering this program will already have an Applied Associate degree from a Wisconsin Technical College (typically from either Northcentral Technical College or Nicolet College) and, in most cases, considerable work experience. This degree program will provide a four-year degree option that honors this prior experience and builds a program of study for adult students to pursue advanced career opportunities and thereby strengthen the communities in which they work and live.

UW-Stevens Point's strategic plan, known as the *Partnership for Thriving Communities*, supports the institution's Vision by engaging local communities, responding to local needs, and collaborating with a wide variety of stakeholders to address regional challenges.¹ The proposed B.A.S. in Organizational Leadership is a specific, strategic effort to meet the needs of working adults in central and northern Wisconsin.

Need as Suggested by Current Student Demand

Current students (and recent graduates from Wisconsin Technical Colleges) need and want this type of degree program. In recent years, a total of 81 students have enrolled in UW-Green Bay's B.A.S. program after completing an Applied Associate degree from Northcentral Technical College. Enrollments at UW-Eau Claire and UW-Oshkosh have shown similar trends, drawing heavily from each of their respective local regions. The proposed B.A.S. in Organizational Leadership at UW-Stevens Point will provide working adult students in central and northern Wisconsin with another local and regional option for pursuing a four-year degree.

Based on a recent survey of current Northcentral Technical College students (n=87), 62.6% reported that they plan to transfer to another institution to continue their studies. Of those, 92% indicated that they prefer to attend an institution within the University of Wisconsin System. Moreover, students overwhelmingly reported that they preferred delivery modes that were either face-to-face (36%) or hybrid (29.4%) delivery modes. Only 34% reported that they preferred 100% online delivery. This reflects a clear trend that approximately two-thirds of working adult students who have a technical college background prefer face-to-face or hybrid delivery methods. The proposed B.A.S. in Organizational Leadership is a direct response to this student preference.

Need as Suggested by Market Demand

Currently 28% of adults in Wisconsin have completed a four-year college degree, approximately 33% have completed some college or earned an associate degree.² Given the increasing number of jobs that require postsecondary education, this degree program will allow working adults who have earned some college credits to complete a four-year degree.

According to the Wisconsin Department of Workforce Development's "2010-2020 Industry Detail for Industry Projections," a number of industries that traditionally require a four-year degree will see significant growth. Some of the more relevant include, but are not limited to: information (8.8%), financial activities (15.0%), professional and business services (23.6%), education, and health services (14.1%). Relative to an overall expected change of 11.9% for the state, this suggests significant new opportunities for college graduates in the state of Wisconsin.

Given the increasing cost of attaining a degree and the increased demand for learners to also enter the workforce, this proposed B.A.S. program will give adult learners the opportunity to complete a four-year degree in a timely fashion. Moreover, according to Northcentral Technical College placement data, graduates in the fields of business and healthcare are in high demand. This is especially true in central and northern Wisconsin. However, the opportunity for advancement into a leadership or management position typically requires a four-year degree. The proposed B.A.S. in Organizational Leadership will allow technical college graduates to pursue a four-year degree in a

¹ www.uwsp.edu/acadaff/Pages/thrivingCommunities.aspx

² www.luminafoundation.org/stronger_nation_2013/downloads/pdfs/wisconsin-brief-2013.pdf

timely, relevant, and accessible manner, using a delivery method that is reported as “most preferred.” In this way, UW-Stevens Point is responding to an important workforce need in the region and beyond.

DESCRIPTION OF PROGRAM

General Structure

Institutional Program Array

The proposed B.A.S. in Organizational Leadership will allow UW-Stevens Point to serve a new population of students in central and northern Wisconsin. While UW-Stevens Point is primarily a face-to-face, residential campus with traditional age students, it recognizes the importance of serving the needs of working adult students in the central Wisconsin region. UW-Stevens Point currently serves over 1,500 students who are classified as non-traditional (in terms of age, or by virtue of other factors such as military service). Still, it is important that UW-Stevens Point serve the needs of adult learners who are not currently enrolled.

Recognizing the need for outreach to adult learners in central Wisconsin, the Division of Continuing Education at UW-Stevens Point is being restructured, and a specific emphasis is being placed on credit outreach programs. As part of this restructuring, support services for the existing Collaborative Degree Program and the American Studies major are being combined with support services for other existing credit outreach programs. In terms of staffing, two searches within Continuing Education were completed recently, including the identification of a new Assistant Director for Credit Outreach and a Program Manager for Distance Education.

These restructuring efforts and new staff members will build on existing success within Continuing Education and will complement other existing outreach efforts. For example, UW-Stevens Point already has two successful outreach programs in the Wausau region (the Business at Night³ program and the Business at UW-Marathon County⁴ program). UW-Stevens Point is also a partner in two collaborative degree programs within the UW System (the Health Information Management and Technology⁵ program and the Health and Wellness Management⁶ program). In this way, the proposed B.A.S. in Organizational Leadership will allow UW-Stevens Point to reach out to a new adult population, specifically those adult learners who already have a technical college degree and who wish to complete a four-year degree.

Through careful planning, a curriculum has been assembled that draws almost entirely from existing courses. Drawing upon UW-Stevens Point’s existing partnerships with Northcentral Technical College, Nicolet College, and UW-Marathon County, delivery of this curriculum in a coordinated and intentional manner will serve working adult students. In

³ www.uwsp.edu/cps/conted/Pages/BusNIGHT/default.aspx

⁴ www.uwsp.edu/cps/conted/Pages/BusUWMC/default.aspx

⁵ <http://himt.wisconsin.edu/>

⁶ <http://hwm.wisconsin.edu/>

these ways, the development of a B.A.S. in Organizational Leadership reflects a key strategic investment in terms of credit outreach efforts in central Wisconsin.

Other Programs in the University of Wisconsin System

Similar programs with related disciplinary focus are currently offered by UW-Green Bay, UW-Oshkosh, UW-River Falls, and UW-Eau Claire. B.A.S. or similar applied baccalaureate degrees are offered with different foci by five comprehensive institutions. However, the programs at UW-Oshkosh and UW-Eau Claire are 100% online programs. The UW-Green Bay program includes some weekend and evening classes, but relies on online delivery for most of the required courses. The proposed B.A.S. program will attract working adult students in the central and northern Wisconsin area and provide a face-to-face alternative; thus it is not predicted to compete directly with these other programs.

Collaborative Nature of the Program

UW-Stevens Point is the degree-granting institution for this degree program. However, service to students will be enhanced through existing partnerships with Northcentral Technical College, Nicolet College, and UW-Marathon County. UW-Stevens Point will develop comprehensive transfer credit agreements with these and other institutions within Wisconsin.

Diversity

Specific components of the proposed program focus on diversity, inclusivity, and equity and appear in several places throughout the curriculum. One entire subcomponent of the proposed program (“Leading Diverse Populations” in section C of the curriculum outline provided below) requires that students complete nine credits of coursework that focuses specifically on diversity and multiculturalism. Moreover, students can choose from course content that represents a range of disciplines, including communication, English, history, political science, religious studies, and sociology. Drawing upon courses that originate from different disciplines offers students another valuable perspective to further explore the many aspects of diversity that exist in terms of race, ethnicity, age, religion, sex, gender, political thought, and nationality. With a focus on organizational leadership, the proposed program will require that students apply their intercultural knowledge and competence to real-world situations.

Student Learning Outcomes

Upon completion of the B.A.S. in Organizational Leadership, students will be able to:

- Communicate effectively through writing and speaking in interpersonal and group settings, and by using appropriate techniques and strategies.
- Demonstrate knowledge of the complex aspects of diversity, inclusivity, and equity (as articulated in the UW System Inclusive Excellence⁷ framework) and apply this knowledge in ways that support effective and appropriate behavior in a variety of contexts.

⁷ www.wisconsin.edu/vpacad/Inclusive_Excellence/definitions.htm

- Employ both theoretical and applied principles of leadership, management, and organizational dynamics, especially in the context of working in teams, strategic planning, and conflict resolution.
- Demonstrate key principles of leadership when faced with an array of changing circumstances and possibilities by: (a) thinking critically, (b) making evidence-based decisions, (c) solving problems in creative ways, and (d) maintaining a high degree of professional ethics and personal responsibility.

Students graduating from the B.A.S. program will also complete UW-Stevens Point's General Education Program (GEP). After completing the GEP curriculum, students will be able to:

- Demonstrate critical thinking, quantitative, and communication skills necessary to succeed in a rapidly-changing global society.
- Demonstrate broad knowledge of the physical, social, and cultural worlds, as well as the methods by which this knowledge is produced.
- Recognize that responsible global citizenship involves personal accountability, social equity, and environmental sustainability.
- Apply their knowledge and skills, working in interdisciplinary ways to solve problems.

Assessment of Learning Outcomes and Objectives

Curriculum Map, Alignment, and Advising:

The Program Learning Outcomes (above) will be mapped onto the required coursework. This curriculum map will provide a blueprint for both students and faculty to ensure alignment between the learning outcomes of the program and the individual courses being offered. This curriculum map will also serve as a valuable resource for developing a customized academic plan during advising sessions.

Assessment of Student Learning:

Assessment of Program Learning Outcomes will rely on several measures, including both direct and indirect methods that are embedded in coursework throughout the program of study. In at least one course in each of the four main focus areas (see the curriculum outline below for details), the instructor will collect assessment data (direct measure). Using existing rubrics, such as the rubrics identified as part of the Valid Assessment of Learning in Undergraduate Education project that was developed by the Association of American Colleges and Universities,⁸ or customized rubrics, program managers will be able to secure a snapshot of student achievement across the program. Likewise, periodic student surveys (self-reported indirect measures) will be used to gauge the success of the program from the student's point of view. Results of these types of assessment will be used to make adjustments: in the curriculum itself (e.g., content, requirements, and sequencing), in the way that courses are taught (e.g., effective use of technology, flexible delivery methods, and the use of high impact educational practices⁹), and to academic advising for students.

⁸ www.aacu.org/VALUE/rubrics/

⁹ www.aacu.org/leap/hip.cfm

Capstone Assessment:

The Capstone (Psychology 490) will be the culminating experience for students and will permit the students to synthesize their work in an ePortfolio. This ePortfolio will allow students to assemble a variety of “artifacts” from their academic experience (papers, projects, assignments, videos, etc.) and will include structured reflections by the students for each artifact. A specific capstone project will also be required that links what the students have learned in the program to a real-world application. A customized rubric for this capstone project will provide meaningful feedback to each student and will also provide a common measure of student achievement across multiple cohorts and multiple years.

Program Curriculum

The proposed degree program will require completion of at least 120 credit hours, completion of all major requirements (listed below), and completion of the General Education Program requirements. Many of the courses required for the major will also satisfy General Education Program requirements, allowing students to progress to degree completion faster.

**B.A.S. in Organizational Leadership
Required Curricular Components**

A. Effective Communication for Leaders (12 credits total):

Required 6 Credits:

Business 300: Written Communication for the Business Professional	3 credits
Business 301: Oral Communication for the Business Professional	3 credits

Choice of 6 additional credits from:

English 248: Introduction to Environmental and Science Writing	3 credits
English 250: Intermediate Composition	3 credits
English 254: Introduction to Technical Writing	3 credits
English 347: Grant and Proposal Writing	3 credits
English 348: Advanced Environmental and Science Writing	3 credits
English 350: Advanced Composition	3 credits
English 351: Advanced Business Writing	3 credits
English 354: Advanced Science and Technical Writing	3 credits
English 391: Biomedical Writing	3 credits

B. Interpersonal and Organizational Communication (9 credits total):

Choice of 9 credits from:

Business 320: Principles of Management	3 credits
Business 325: Organizational Behavior	3 credits
Business 326: Organizational Theory	3 credits
Communication 230: Introduction to Public Relations	3 credits
Communication 240: Introduction to Organization Communication	3 credits
Communication 280: Introduction to Interpersonal Communication	3 credits
Communication 339: Crisis Communication	3 credits
Communication 342: Organizational Communication (Leadership; Negotiation)	3 credits

Communication 345: Small Group Communication	3 credits
Communication 383: Interpersonal Communication in Organizations	3 credits
Communication 394: Business and Professional Communication	3 credits
Business 320: Principles of Management	3 credits

C. Leading Diverse Populations (9 credits total):

Choice of 9 credits from:

Communication 376: Multigenerational Communication	3 credits
Communication 397: Intercultural Communication	3 credits
English 382: Ethnic Literature of the United States	3 credits
History 288: Racial and Ethnic Groups in U.S. History	3 credits
History 291: Latin Americans in U.S. History	3 credits
History 292: Native American History	3 credits
History 293: Asian American History	3 credits
Political Science 414: Race, Class and Gender	3 credits
Religious Studies 311: Religion in America	3 credits
Religious Studies 318: Religion and Popular Culture	3 credits
Sociology 270: Minority Groups	3 credits
Sociology 327: Social Inequality	3 credits
Sociology 343: Cultural Perspectives of Family	3 credits

D. Additional Skills for Leadership (12 credits total):

Technology for Leadership

Choice of 3 credits from:

Computer Information Systems 300: America in the Age of Information	3 credits
Computing & New Media Technologies 420: Principles of Online Marketing & Ecommerce	3 credits

Behavioral Skills for Leadership:

Choice of 3 credits from:

Health Promotion/Wellness 208: Health Risk Reduction	3 credits
Psychology 345: Industrial and Organizational Psychology	3 credits
Sociology 376: Human Behavior and Social Environment	3 credits

Ethics for Leaders:

Choice of 3 credits from:

Business 240: Legal and Ethical Environment of Business	3 credits
Business 390: Ethics in Business	3 credits
Communication 392: Communication Ethics	3 credits
Philosophy 304: Ethics in Business and Economics	3 credits
Philosophy 305: Ethics	3 credits
Philosophy 380: Environmental Ethics	3 credits

Leadership in the Political World:

Choice of 3 credits from:

Economics 315: Business and Government	3 credits
Political Science 309: Tribal Governments in the United States	3 credits
Political Science 310: American Presidency	3 credits
Political Science 315: Minority Group Politics	3 credits
Political Science 354: Public Personnel Administration	3 credits

E. Capstone Experience (3 credits):

Psychology 490: Seminar (Organization Leadership Capstone)

Note: students entering the B.A.S. in Organizational Leadership program must have completed an Applied Associate degree from a Wisconsin Technical College. Up to 72 credits can be awarded for coursework completed by the student previously.

Projected Time to Degree

Students enrolling in the program on a full-time basis could complete the requirements within four semesters (two years). Students enrolling in the program on a part-time basis will require additional time (three or more years). However, the strategic use of winterim and summer sessions could allow part-time students to complete the requirements within three years.

Program Review Process

Institutional Review

In the fifth year of the program, a comprehensive assessment report will be submitted to the Assessment Subcommittee (in accordance with typical campus-wide reporting cycles). Likewise, in the fifth year a comprehensive programmatic self-study will be submitted to the Department Review Subcommittee (again, in accordance with typical campus-wide reporting cycles). After this initial review during the fifth year, the program will submit assessment reports every five years and comprehensive self-studies every ten years, as required by UW-Stevens Point’s University Handbook.

The assessment report (mentioned above) will focus on student learning and attainment of the program learning outcomes. A variety of direct and indirect measures will provide indicators of student success. Students graduating from the program will be given a graduation survey, which will provide important input from the students about the quality of the program, including questions about the curriculum, the teaching methods used, and other forms of support such as advising, career exploration, and use of campus resources. Regular alumni surveys will help track successful placements and inform faculty about the types of careers that students are able to pursue after completing the program. Finally, a variety of data points will be tracked, including total enrollment over time, retention rates for students, and graduation rates.

Based on all of these measures, adjustments will be made to the curriculum (course content, course sequencing, etc.), to teaching methods (modes of delivery, types of assignments, etc.), and to the ways that students are supported (advising, career services, etc.). These adjustments will help to ensure that the B.A.S. in Organizational Leadership is delivering relevant and meaningful educational opportunities for students.

Specific components of the proposed program focus on diversity, inclusivity, and equity. With a focus on organizational leadership, and recognizing that Wisconsin's workforce is becoming more diverse in terms of race and ethnicity, it is essential that the proposed curriculum prepare adult learners to provide effective leadership. This requires tolerance and respect, effective communication, cultural sensitivity, and the ability to be flexible and creative. Wisconsin's workforce is also becoming more diverse in terms of age, life experience, and other factors (e.g., military veterans). In recognition of these changes, and seeing these changes as important opportunities for growth and development, Wisconsin's workforce needs leaders who can thrive in these new and emerging types of diversity. The proposed Bachelor of Applied Studies in Organizational Leadership includes a curriculum that provides exactly this kind of professional preparation for students enrolled in the program.

Accreditation

Prior approval from the Higher Learning Commission (HLC) is required and approval will be sought upon approval of the program by the Board of Regents. UW-Stevens Point will notify the UW System Administration Office of Academic, Faculty, and Global Programs upon HLC approval and proceed to implementation of the degree.

University of Wisconsin System
Cost and Revenue Projections For Newly Proposed Program
Bachelor of Applied Studies/Organizational Leadership at UW-Stevens Point

	Items	Projections				
		2016	2017	2018	2019	2020
		Year 1	Year 2	Year 3	Year 4	Year 5
I	Enrollment (New Student) Headcount	5	10	15	15	15
	Enrollment (Continuing Student) Headcount	0	4	11	20	25
	Enrollment (New Student) FTE (Note 1)	1	2	3	3	3
	Enrollment (Continuing Student) FTE	0	1	2	4	5
II	Total New Credit Hours (Note 2)	9	9	9	9	9
	Existing Credit Hours	15	20	25	30	30
III	FTE of New Faculty/Instructional Staff (Note 3)	0.375	0.375	0.375	0.375	0.375
	FTE of Current Fac/IAS (Note 3)	0.625	0.830	1.040	1.250	1.250
	FTE of New Admin Staff (Note 4)	0.000	0.250	0.250	0.250	0.250
	FTE Current Admin Staff (Note 4)	0.000	0.000	0.250	0.500	0.750
IV	New Revenues					
	<i>From Tuition (new credit hours x FTE) (Note 5)</i>	\$12,129	\$24,258	\$36,387	\$48,515	\$60,644
	<i>From Fees</i>	\$942	\$1,570	\$1,884	\$2,198	\$2,512
	<i>Program Revenue - Grants</i>	\$0	\$0	\$0	\$0	\$0
	<i>Program Revenue - Other</i>	\$180	\$235	\$290	\$360	\$360
	<i>Reallocation</i>	\$0	\$0	\$0	\$0	\$0
	Total New Revenue	\$13,251	\$26,063	\$38,561	\$51,073	\$63,516
V	New Expenses					
	Salaries plus Fringes					
	<i>Faculty/Instructional Staff (Note 6)</i>	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
	<i>Other Staff</i>	\$0	\$11,250	\$22,500	\$33,750	\$45,000
	Other Expenses					
	<i>Facilities</i>	\$0	\$0	\$0	\$0	\$0
	<i>Equipment</i>	\$0	\$0	\$0	\$0	\$0
	<i>Other (supplies):</i>	\$400	\$400	\$400	\$400	\$400
	Total Expenses	\$12,400	\$23,650	\$34,900	\$46,150	\$57,400
VI	Net Revenue	\$851	\$2,413	\$3,661	\$4,923	\$6,116

Narrative: Explanation of the Numbers and Other Ongoing Commitments that will Benefit the Proposed Program

- Note 1: Student FTE projections are based on the assumption that most working adult students will be enrolled part-time (fall, spring, summer).
- Note 2: Students will mostly enroll in existing courses; three (3) dedicated sections will be offered each calendar year through Continuing Ed.
- Note 3: Faculty/Instructional Staff estimates are based on adding three (3) dedicated sections each calendar year.
- Note 4: Administrative Staff includes advisers, instructional designers, and program coordinators, drawing from existing staff in Continuing Ed.
- Note 5: Tuition revenue includes tuition for three (3) dedicated sections for BAS students offered through Continuing Education.
- Note 6: Estimating that each dedicated 3-credit course will require approximately \$4000 for instructional costs; existing courses not included.

Signature by the Provost: _____

Date: _____

Cory Sumner
8/1/14



University of Wisconsin-Stevens Point

Office of Provost and Vice Chancellor

Stevens Point WI 54481-3897
715-346-4686; Fax 715-346-4132
www.uwsp.edu/admin/acadaffairs

TO: Ray Cross, President, University of Wisconsin System
FROM: Greg Summers, Provost and Vice Chancellor for Academic Affairs
RE: Authorization to Implement: Bachelor of Applied Studies in Organizational Leadership
DATE: August 1, 2014

A handwritten signature in black ink, appearing to read "Greg Summers", written over the "FROM:" line of the header.

I write to make clear the firm commitment of the University of Wisconsin-Stevens Point to the proposed Bachelor of Applied Studies in Organizational Leadership for which we are presently seeking authorization.

This proposed degree program is intended for working adult students who have completed an Applied Associates degree from a Wisconsin Technical College. In this way, the proposed degree program targets adult learners in central and northern Wisconsin who have work experience and are seeking new employment as leaders and managers. However, without a baccalaureate degree, many of these working adults are unable to compete for management positions. Thus, we have designed this degree program precisely to help adult learners gain the knowledge and skills required for management positions.

As indicated in the authorization proposal, the program will play an integral role in UW-Stevens Point's new strategic plan, our Partnership for Thriving Communities, and will reinforce our existing collaborations with Northcentral Technical College, Mid-State Technical College, Nicolet College, UW-Marshfield/Wood County, and UW-Marathon County.

To support this new program on campus, we recently restructured our Division of Continuing Education and included two staff positions that focus specifically on credit outreach programs and distance education. Once approved, this new Bachelor of Applied Studies program will sit alongside our other existing credit outreach programs, which include our American Studies major and our two System-wide, collaborative degree programs: Health and Wellness Management (HWM) and Health Information Management and Technology (HIMT).

Finally, the proposed program will be fully integrated into our existing campus assessment and program review procedures, which will ensure its academic quality, regular evaluation, and continuous improvement.

Please let me know if you need further information. I look forward to receiving authorization for this important program from the Board of Regents. Thank you.

Wisconsin Partnership Program
UW School of Medicine and Public Health
Oversight and Advisory Committee Appointments

EDUCATION COMMITTEE

Resolution I.1.a.(3):

That, upon the recommendation of the Chancellor of the University of Wisconsin-Madison and the President of the University of Wisconsin System, the Board of Regents approves the reappointments of reappointing Cynthia Haq, M.D., and Katherine Marks, B.A.; and appointing Sue Kunferman, R.N., M.S.N., C.P.M., and Richard L. Moss, Ph.D., to the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program for four-year terms beginning November 1, 2014, through October 31, 2018.

**APPOINTMENT TO THE
UW SCHOOL OF MEDICINE AND PUBLIC HEALTH
OVERSIGHT AND ADVISORY COMMITTEE
OF THE
WISCONSIN PARTNERSHIP PROGRAM**

BACKGROUND

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation, and the distribution of the proceeds from the sale of stock to the University of Wisconsin School of Medicine and Public Health (SMPH) and the Medical College of Wisconsin. The Order required the UW System Board of Regents to create an Oversight and Advisory Committee (OAC) consisting of nine members appointed for four-year renewable terms. Four public members (health advocates) and four SMPH representatives are appointed by the Regents, and one member is appointed by the Insurance Commissioner. In accordance with the Order, the OAC is responsible for directing and approving the use of funds for public health initiatives. The committee also reviews, monitors and reports to the Board of Regents on the funding of education and research initiatives through the Wisconsin Partnership Program's annual reports.

The SMPH, in collaboration with the OAC, developed the inaugural Five-Year Plan (2004–2009) describing the uses of the funds. Following approval of the Five-Year Plan by the Board of Regents in April 2003, the plan was reviewed and subsequently approved by the Wisconsin United for Health Foundation, Inc., (WUHF) in March 2004. Immediately thereafter, WUHF transferred the funds to the UW Foundation for management and investment based on the Agreement between the UW Foundation, the Board of Regents, and WUHF (Agreement). Since March 2004, the OAC and the Partnership Education and Research Committee (PERC), collectively known as the Wisconsin Partnership Program (WPP), have been engaged in seeking proposals from community organizations and faculty, respectively, and in making awards in accordance with the Order, the Agreement and the Five-Year Plan. The current Five-Year Plan (2014 – 2019) was presented to and approved by the Board of Regents in December 2013.

Information on the awards and related program activities are presented to the Board of Regents annually.

REQUESTED ACTION

Approval of Resolution I.1.a.(3), reappointing Cynthia Haq, M.D.; Katherine Marks, B.A.; and appointing Sue Kunferman, R.N., M.S.N., C.P.M.; and Richard L. Moss, Ph.D., to the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program for four-year terms beginning November 1, 2014.

DISCUSSION

In accordance with the Insurance Commissioner's Order and the Bylaws of the Oversight and Advisory Committee (OAC) approved by the Board of Regents in February 2001, the Regents are being asked to reappoint Cynthia Haq as one of the four UW School of Medicine and Public Health (SMPH) representatives and Katherine Marks as one of the four public members (health advocates) for four year terms beginning November 1, 2014.

Cynthia Haq, M.D., is a Professor of Family Medicine and Population Health Sciences at the SMPH and Director of the SMPH Training in Urban Medicine and Public Health (TRIUMPH), a program developed in response to the shortage of physicians in urban areas of Wisconsin. Dr. Haq was also the founding Director of the University of Wisconsin-Madison Center for Global Health. She is a knowledgeable and experienced community health practitioner through her work for 19 years as a family medicine clinician in Madison and Belleville, Wisconsin. In 2012, she became Faculty Director for Community Health at Aurora Family Medicine Residency in Milwaukee, Wisconsin. Dr. Haq has served as a representative of the SMPH on the OAC since October 2010. Prior to her membership on OAC, she was an elected member of the WPP's Partnership Education and Research Committee. Most recently, Dr. Haq played an important role in shaping the WPP 2014–2019 Five-Year Plan. Her continued participation is essential as OAC continues a strategic planning effort to implement the initiatives set forth in the Plan. Additionally, she brings her considerable experience and expertise in community health to the work of the committee.

Katherine Marks, B.A., is an Outreach Specialist and Facilitator for the Wisconsin Women's Initiative Corporation (WWBIC), a statewide non-profit economic development corporation assisting start-up and existing small business owners. For eight years, Ms. Marks was the Chief Executive Officer of United Way of Kenosha County. She also served as the Alderperson for the 8th District in Kenosha, Wisconsin, for 20 years. Ms. Marks is an advocate for urban health with over 30 years of experience building strong collaborations focused on the well-being of women, children, and families. Ms. Marks has shared her valuable perspective and expertise as a member and health advocate for urban health on the OAC since February 2010. She actively participated in the development of the Lifecourse Initiative for Healthy Families (LIHF)—the WPP's strategic project aimed at addressing African American disparities in birth outcomes in southeastern Wisconsin - as co-chair of the LIHF Steering Committee. Her extensive urban health advocacy experience provides an important perspective to the efforts of OAC, especially in regard to underserved populations.

The Regents are also being asked to appoint Sue Kunferman as one of the four public members (health advocates) and Richard L. Moss as one of the four SMPH representatives for four year terms beginning November 1, 2014.

Sue Kunferman, R.N., M.S.N., C.P.M., is the Director and Health Officer for the Wood County Health Department. During her 19-year career in public health, she also served as a local health officer for Buffalo County Health and Human Services and the Pepin County Health Department. Under her leadership, the Wood County Health Department earned national accreditation from the Public Health Accreditation Board, one of 54 accredited local health

departments in the country. She has also served on several public health boards and advisory committees, including the Wisconsin Association of Local Health Departments and Boards and as president of the Wisconsin Public Health Association (WPHA). In 2013, WPHA awarded her the Distinguished Service to Public Health Award. With her perspective as a statewide health care advocate, Ms. Kunferman will be especially valuable as the WPP initiates its strategic project aimed at curbing the state's obesity epidemic—the Wisconsin Obesity Prevention Initiative. In addition, her leadership and experience as a local health officer will be important as the OAC implements the initiatives set forth in the Five-Year Plan.

After a call for nominations from community organizations, the OAC's nominating committee chose to interview four candidates. Following the interviews, the nominating committee reached unanimous agreement to bring the name of Ms. Kunferman to the OAC with the recommendation that it be forwarded to the Board of Regents for consideration. The OAC strongly endorses Ms. Kunferman's nomination and recommends her to the Board of Regents for appointment to the committee.

Richard L. Moss, Ph.D., is the Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies at the SMPH. He was chair of the Department of Physiology from 1988 until becoming a Senior Associate Dean in 2009. Dr. Moss is the Founder and Director of the UW-Madison Cardiovascular Research Center, and Co-founder and Executive Director of the Master of Science in Biotechnology Program. Heart and skeletal muscle physiology is his primary research interest. In 2009, Dr. Moss became chair of WPP's Partnership Education and Research Committee (PERC), which is responsible for allocating resources for innovative education and research initiatives to build healthier communities. Under his leadership, PERC has collaborated with OAC around ground-breaking programs with the highest potential to improve health in Wisconsin. For example, the OAC and PERC have joint investments in the Wisconsin Obesity Prevention Initiative, the Lifecourse Initiative for Healthy Families, and the Wisconsin Population Health Services Fellowship. In addition, Dr. Moss has been providing regular updates to the OAC of the activities of PERC and has established a relationship with the committee as an interpreter of the education and research initiatives supporting OAC's goals.

In accordance with the nomination process followed by the SMPH, Dean Robert Golden identified Dr. Moss as an ideal nominee for a faculty position on the OAC. Dean Golden strongly endorses Dr. Moss' nomination and recommends him to the Board of Regents for appointment to the committee.

The resumes of each of the recommended nominees are available in Appendix A.

RECOMMENDED ACTION

The President of the UW System recommends approval of Resolution I.1.a.(3), authorizing the reappointment of Cynthia Haq, M.D.; and Katherine Marks, B.A.; and Sue Kunferman, R.N., M.S.N., C.P.M., and Richard L. Moss, Ph.D. to the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program for four-year terms beginning November 1, 2014.

Sue Kunferman, RN, MSN, CPM
N10298 County Road G, Necedah, WI 54646
608-565-6171
sueandron@tds.net

OBJECTIVE

To strengthen and enhance the public health system in Wisconsin

EXPERIENCE

Wood County Health Department
Director/Health Officer

Wisconsin Rapids, WI
2005-Present

Responsibilities include:

- Providing strategic leadership to the agency
- Oversight of the community assessment and community health improvement planning process
- Oversight of the development, implementation, and evaluation of evidence-based public health programs that are based on community assessments and plans
- Evaluating the quality of service in all agency programs
- Enforcing state and local public health statutes and rules including communicable disease and health hazard prevention
- Planning, developing and implementing the department budget
- Negotiating, developing and monitoring contracts for purchase of services
- Seeking and obtaining outside funding through grants and foundations
- Assuring Public Health Performance Based Contracts achieve projected objectives and outcomes
- Advocating for public health infrastructure and services at the local, state and federal level
- Collaborating with ancillary health care providers to assure health care access and comprehensive health services for citizens
- Assuring agency meets or exceeds all measures established by the Public Health Accreditation Board
- Assuring agency workforce is trained and competent in delivery of Public Health services
- Assuring agency and community preparedness for natural and manmade disasters

Pepin County Health Department
Director/Health Officer

Durand, WI
2002-2005

Buffalo County Department of Health and Human Services
Director/Health Officer

Alma, WI
1997-2002

Buffalo County Department of Health and Human Services
Public Health Nurse

Alma, WI
1995-1997

Franciscan-Skemp Hospital
Staff Nurse

Arcadia, WI
1994-1995

EDUCATION

University of Wisconsin-Madison
Certified Public Manager

Madison, WI
2010

Mid-America Public Health Leadership Institute
Wisconsin Team Member

University of Illinois at Chicago
2002-2003

University of Wisconsin-Eau Claire
MSN-Administrative Focus

Eau Claire, WI
2002

Viterbo College
BSN

La Crosse, WI
1994

LICENSE AND CERTIFICATION

- Registered Nurse, State of Wisconsin
- Certified Public Manager, University of Wisconsin-Madison

AWARDS AND HONORS

- Inducted into Sigma Theta Tau, International Nursing Honor Society, 2001
- Selected as Outstanding Graduate Student of the Year by nursing faculty at UW-Eau Claire, 2002
- Distinguished Public Health Employee Award, Wood County Health Department, 2012
- Distinguished Service to Public Health Award, Wisconsin Public Health Association, 2013

PROFESSIONAL AFFILIATIONS/COMMITTEES

- American Public Health Association
- Wisconsin Public Health Association
- National Association of County and City Health Officials
- Wisconsin Association of Local Health Departments and Boards
- American Academy of Certified Public Managers
- Wisconsin Society of Certified Public Managers
- Public Health Preparedness Advisory Committee
- Wisconsin Public Health Research Network Steering Committee Co-Chair
- Governor's Council on Physical Fitness and Health
- Riverview Hospital Association Board of Directors

KATHERINE MARKS

C: 262-705-1071 | Email: kmarks2@wi.rr.com

EXECUTIVE SUMMARY

An accomplished professional with 25+ years of progressive experience in environments of organizational change who takes great pride in being a self-starter with an entrepreneurial spirit. An effective skilled individual who has assisted with the building of organizations and communities through opening channels of communication and establishing collaborative and cooperative relationships and partnerships, whether it is between communities and its stakeholders or , in a corporate setting between management, employees, and clients. Major attributes include but not limited to: hard-working, passionate, enthusiastic, detailed, thorough, committed, resourceful, dedicated, witty, and happy with a pinch of high energy.

CORE QUALIFICATIONS

- Leadership development
- Organizational management
- Non-profit administration
- Small Business Development
- Neighborhood revitalization
- Economic development planning
- Community organizing & engagement
- Coalition & collaborative building
- Program management & evaluation
- Project management
- Continuous improvement
- City government & non-profit management
- Grant writing
- Research & analysis
- Strategic planning
- Policies & procedures
- Training
- Facilitating

PROFESSIONAL EXPERIENCE

WISCONSIN WOMEN'S INITIATIVE CORPORATION (WWBIC) **2012 - PRESENT**
WWBIC is a statewide, certified CARS non-profit economic development corporation assisting start-up and existing small business owners through lending, business and financial education programs.

Outreach Specialist and Facilitator

Act as a liaison between WWBIC's programs and services and prospective clients, start-up and existing small business owners and community stakeholders and members. Facilitate workshops and provide training on topics and subjects relevant to entrepreneurship, financial capability education and lending programs.

Key Responsibilities:

- Develop new business in Southeast Wisconsin focusing on minority, low-income, veteran, senior and faith-based populations, to facilitate educational and lending needs of small business owners.
- Develop, foster new and maintain key relationships to ensure collaborative partnerships with government, area economic development organizations, and other public and private sector and non-profit entities to penetrate, assist and support minority communities of small business owners and individuals.
- Educate new and existing clients, partners and targeted populations through presentations detailing WWBIC's products and services.
- Facilitate and provide training on WWBIC business and financial stability/capability education courses and workshops to prospective, new and existing clients. Providing or connecting clients to resources to help improve personal financial status.
- Assess client needs and provide direct business advice, guidance and one-on-one or small group counseling to WWBIC clients, including new and existing loan clients.
- Monitor, analyze and document client's progress and outcomes. Identify environmental impediments to client's progress and create a strategic plan to address issues.
- Maintain and/or expand local partnerships and collaborations in the Southeast area
- Support education deliverables and goals through strategic outreach efforts and activities to assist in reaching underserved populations in the Southeast area.

UNITED WAY OF KENOSHA COUNTY (UWKC)**2005 - 2012**

UWKC is a major community leader, fundraiser, collaborator and convener in Kenosha County focused on addressing priority community needs.

Chief Executive Officer

Effectively managed United Way of Kenosha County (UWKC) operations, fund and resource development, staff, marketing efforts, special events, programs and activities. Served as the principle professional resource to the Board of Directors (BOD) and advised in matters of policy formulation, interpretation and implementation. Worked with internal and external individuals, groups, committees, businesses, government agencies and organizations to support United Way's initiatives and programs (i.e. achieving community impact, mobilizing resources and creating the brand experience, etc.) on an on-going basis to maximize contributions.

Key Responsibilities:

- Ensured all business and financial affairs of UWKC were conducted in accordance with all acceptable standards of business and regulatory requirements in the most cost efficient matter and maintain an annual balanced budget. Grow and maintain an annual giving campaign.
- Instituted full implementation of the community impact business model
- Developed appropriate and inclusive partnerships with funded partners, local non-profits organizations, individuals, other community funders, government and business community to further the mission of UWKC to improve community well-being throughout Kenosha County.
- Built community partnerships and collaborations to address pressing community issues
- Organized and oversaw successful mid-large size community engagements activities, forums and events focused on key priority community issues or needs.
- Created a staff development and training program
- Created an annual organizational plan
- Oversaw process for developing an organizational strategic plan
- Developed and implemented Kenosha's 2-1-1 program, a County-wide 24/7 informational and resource phone and online community resource
- Developed a community collaborative to address infant mortality, specifically among African-American infants, throughout Kenosha County
- Developed major programs to increase employee and community engagement, such as:
 - Kenosha Volunteer Income Tax Assistance (VITA) Coalition, a free tax preparation program for low-income individuals and FamilyWize, a prescription card savings/discount program.
 - Initiated, developed and implemented the concept for Y-Link, a young professional development and networking group; assisted in the start-up of the group.
 - Increased funding for the Youth as Resource program
 - Created and implemented Days of Actions activities to involve and connect individuals, groups and employees with 1 – 2 day volunteer projects to help local non-profit organizations throughout Kenosha County.
 - Created and developed the Readers are Leaders Program to get individuals and employees in to the schools to connect with students and staff to increase, support and encourage reading
 - Assisted in the development of the Creating Organizational Wellness Series Workshops (COWS), which are capacity-building free workshops for local non-profits agencies
 - Enhanced the volunteer program and increased the number of volunteer events and opportunities

CITY OF KENOSHA**1992 - 2012**

Kenosha is a great city conveniently located on the Wisconsin and Illinois border between Chicago and Milwaukee, on the shores of beautiful Lake Michigan

Aldersperson – 8th District

Effectively worked with residents, community stakeholders, Common Council members, City Departments and Administration to provide a clean, safe and well-managed city in which to reside. Assisted in the strategic planning for economic, neighborhood and community development throughout the City of Kenosha. Responded to the needs of 8th District constituents. Helped to establish city policies. Participated in the development, revision,

approvals and adoptions of ordinances and resolutions. Reviewed, approved and oversaw the annual City budget and Capital Improvement Plan. Served as a liaison between City and various constituents.

Key Responsibilities:

- Instrumental in the planning and implementation of:
 - City of Kenosha's Harborpark Development Project
 - City of Kenosha's New 3-Museums Project
 - City of Kenosha's short and long-term growth plan
 - \$50+ million redevelopment plan for the 8th District, which included:
 - New Uptown Brass Center (a 55,000 sq. ft. grocery store, bank and two multi-use buildings (commercial, retail, and residential)
 - New elementary school
 - Relocation of KTEC charter school to 8th District
 - New Dental clinic
 - Major infrastructure improvements
 - 35+ new single family homes
 - Home rehab loan program for homeowners
 - Demolish, redevelopment and financing of two former brownfield sites in the 8th District
- Developed a 8th District neighborhood strategic plan to guide redevelopment and revitalization efforts
- Created a neighborhood leadership program and coalition
- Planned and implemented strategies to address and reduce or eliminate major neighborhood problems (i.e. crime, blighted properties, health and safety issues, etc.)

SNAP-ON INCORPORATED

1979 - 2005

Headquartered in the City of Kenosha, a leading global developer, manufacturer and marketer of tool and equipment solutions for professional tool users.

Continuous Improvement Master Facilitator

Effectively established a culture of continuous improvement in the Finance Division. Used LEAN tools and methodologies to drive business process improvements and deliver solid business results. Led cross-functional business improvement teams to resolve specific business issues. Worked with functional leaders and employees to develop and maintain an effective quality management system that consists of repeatable, reliable business processes.

Key Responsibilities:

- Provided training in the application of continuous process improvement problem-solving techniques and team facilitation.
- Actively coached and mentored teams.
- Promoted innovative thinking and a LEAN mindset throughout the organization.
- Proved linkage of key performance indicators to business process effectiveness.
- Documented current and future processes.
- Provided internal communications on business improvement processes, initiatives and results.

Senior Project Analyst

Provided financial systems support and trained finance personnel in using the BaaN/Triton Financial Software. Provided high level financial reporting to senior management. Managed and worked on numerous special projects as directed by Senior Finance Management.

Key Responsibilities:

- Liaison between the BaaN Finance Group and the Business Reporting Department.
- Helped finance personnel resolved problems and issues regarding BaaN software and financial reporting.
- As a member of the BaaN Implementation Team, used high level Hyperion Enterprise Reporting Software to set-up newly acquired companies.
- Created and maintained financial reports for management and Snap-on legal entities using Hyperion Enterprise Reporting.

- Analyzed financial processes to promote effective processes through standardization, improvement, simplification or other methods.
- Managed special projects in the Finance Division.

Accounts Payable Team Lead/Project Specialist

Served as a team lead for accounts payable department. Supervised and trained employees. Performed accounting functions relative to oversight of accounts payable processes, such as check preparation, vendor maintenance, data preparation for entry to fixed asset system and general ledger account reconciliations.

Key Responsibilities:

- Lead staff for Accounts Payable Team; managed team of 10
- Created the Snap-on Signature Authority Matrix
- Enhanced 1099 processing and improved summary reports to Internal Revenue Service
- Enhanced and improved customer service process and reduced customer response time by 25%
- Created and utilized reports as tools to check accuracy of accounts payable transaction processing
- Created an annual accounts payable vendor review and deletion process
- Developed accounts payable policies and procedures manuals

EDUCATION and PROFESSIONAL DEVELOPMENT

Project Management Certificate | Cardinal Stritch University

Spring 2015

Bachelor of Arts - Business Administration | Carthage College | Kenosha, Wisconsin

2001

Training programs include:

- Leadership development
- Team building
- LEAN Continuous Improvement
- MS Project Management
- Hyperion Enterprise Administration Financial Reporting
- Dreamweaver Website Development
- NxLevel Training Certification
- MS Office Products (Word, Excel, Access, Publisher and Visio)

PUBLICATIONS

- Frey C, Farrell P, Cotton Q, Lathen L, Marks K. Wisconsin's Lifecourse Initiative for Healthy Families: Application of the Maternal and Child Health Life Course Perspective Through a Regional Funding Initiative; *Maternal and Child Health Journal*. February 2014, Vol. 18, Issue 2, pp 413-422

REFERENCES AVAILABLE UPON REQUEST

VOLUNTEER EXPERIENCE**PRESENT**

- *City of Kenosha Branding Committee, Member (2014)*
- *Governor's Conference on Minority Development – 2014 Marketplace Planning Committee, Member and Education Work Group, Chair (2014)*
- *University of Wisconsin-Madison School of Medicine and Public Health - Wisconsin Partnership Program - Oversight Advisory Committee, Public Member (2010 – Present)*
- *Kenosha LIHF Collaborative (2010 – Present)*
- *City of Kenosha Redevelopment Authority, Chairman, (2010 – Present)*
- *Mary Lou and Arthur F. Mahone Fund, Board Member (2005 - Present)*

PAST

- *Wisconsin Partnership Program (WPP) Reducing Health Disparities in Birth Outcomes Steering Committee, Co-Chair (2010 – 2013)*
- *Kenosha Public Museums, Trustee (1998 – 2012)*
- *Community Development Block Grant (CDBG) Committee, Chair (1996 – 2012)*
- *State of Wisconsin Department of Commerce Minority Business Development Fund Board, Member (2004 – 2010)*
- *Kenosha's Women Fund, Member (2006 - 2011)*
- *Boys and Girls Club of Kenosha, Member and Board President (1994 – 2005)*
- *Kenosha Unified School District Long-Range Strategic Planning Committee, Member, (2005 – 2010)*
- *UW-Parkside Center of Community Partnerships (CCP) Strengthening Communities Fund Advisory Committee, Member (2008 - 2010)*
- *Kenosha Housing Authority, Member and Chair, (1989 - 1996)*
- *Kenosha Homelessness Task Force, Chair (1994)*
- *Kenosha Community Health Center and Dental Clinic Site Selection Committee, Chair (1993)*

HONORS/AWARDS

- *Susan B. Anthony Outstanding Woman Award*
- *Mary Lou Mahone Fund Living Legend Award*
- *Kenosha Unified School District Friend of Education Award*
- *Gateway Technical College Dr. Martin Luther King, Jr. Humanitarian Award*
- *Kenosha Realtors Association Quality of Life Award*
- *Urban League of Racine and Kenosha Dr. Martin Luther King, Jr. Freedom Bell Award*
- *Boys and Girls Club of Kenosha Mary Lou Mahone Humanitarian Award*
- *Neighborhood Housing Services Viola Gray Leadership Award*

Cynthia Haq Curriculum Vitae

Formal Education:

Undergraduate:

1975-1979 Bachelor of Arts, Indiana University, Bloomington, IN

Medical School:

1979-1983 Doctor of Medicine, Indiana University, Indianapolis, IN

Post Graduate:

1983-1987 Family Medicine Residency, University of Wisconsin-Madison

Positions Held:

Faculty Appointments:

1986 Medical Director, Kasangati Health Center, Institute of Public Health, Makerere University, Kampala, Uganda

1987-1989 Assistant Professor, Department of Community and Family Medicine, Dartmouth Medical School, Hanover, New Hampshire

1990-1991 Visiting Assistant Professor and Fulbright Scholar, Department of Community Health Sciences, Aga Khan University Medical Center, Karachi, Pakistan

2005 Honorary Lecturer and Fulbright Scholar, College of Health Sciences, Makerere University, Kampala, Uganda

1989-present University of Wisconsin School of Medicine and Public Health (SMPH), Department of Family Medicine, Madison, WI

Assistant Professor of Family Medicine (Clinical Health Sciences), 1989-1994
Associate Professor of Family Medicine (Clinical Health Sciences), 1994-2001
Professor of Family Medicine (Clinical Health Sciences), 2001-present
Professor of Population Health Sciences (Clinical Health Sciences), 2003-present
Director of Medical Student Education (Department of Family Medicine), 1995-2003
Founding Director of the Center for Global Health (UW-Madison), 2003-2011
Director of the UW SMPH Training in Urban Medicine and Public Health (TRIUMPH) Milwaukee, WI, 2008-present

Professional Appointments:

2001 World Health Organization, Geneva, Switzerland
Visiting Professor and Consultant, Organization of Health Services Delivery, Human Resources for Health

Hospital Appointments (Current in 2014):

University of Wisconsin Hospital & Clinics, Madison, Wisconsin
St. Mary's Hospital Medical Center, Madison, Wisconsin
Aurora Hospitals and Clinics, Milwaukee, Wisconsin

Cynthia Haq, Curriculum Vitae

Teaching Responsibilities: (all at University of Wisconsin unless otherwise indicated)

1986-1987	Small Group Leader, Introduction to Clinical Medicine
1986	Village Health Worker Trainer, Kasangati Health Center, Uganda, Coordinated medical and public health activities and initiated community based primary health care with training of village health workers. Sponsored by Minnesota International Health Volunteers and funded by the U.S. Agency for International Development
1986-1987	Senior Resident Instructor, Introduction to Family Medicine for Interns, Department of Family Medicine, University of Wisconsin
1987-1989	Primary Care Clerkship Director, Dartmouth Medical School
1988-1989	International Health Elective Coordinator, Dartmouth Medical School
1989-1990	Small Group Instructor, Community Oriented Integrated Learning (COIL)
1989-2008	Clinical Faculty, Attending Physician, Department of Family Medicine, Madison Residency Program
1989-1990	Faculty Coordinator, Birth and Infancy Continuity Experience (BICE), Led BICE seminars, developed course books for self instruction
1989-1996	Faculty Coordinator, Family Medicine Senior Electives, Supervised student electives in family practice residency centers, community sites, geriatrics, substance abuse, sports medicine and international health
1989-2009	Clinical Preceptor, Group Mentor, Doctor Patient Communication Instructor, Primary Care Clerkship
1990-1991	Community Health and Field Site Instructor, Aga Khan University, Karachi, Pakistan, taught community oriented primary care for first through fifth year medical students
1990-1991	Family Medicine Residency, Aga Khan University Medical Center, Karachi, Pakistan; Developed the first family medicine residency in Pakistan and established guidelines for certification of Family Physicians by the College of Physicians and Surgeons of Pakistan
1991-2000	Faculty Coordinator, Madison Doctors Ought to Care (MAD-DOC), organized volunteer medical student programs in community outreach and health education to school children in southern Wisconsin
1991-1996	Lecturer and Small Group Discussion Leader, Clinical Medicine and Practice, lectured on domestic violence, poverty, culture and health care
1992-1998	Faculty Coordinator, The Poverty Experience, Led yearly extracurricular experience for medical students to increase understanding of the impact of poverty on patients' health
1992-2008	Founder, Medical Director (till 2001) & Volunteer Physician, South Side MEDIC Clinic, free clinic for uninsured patients in south Madison
1993-1997	Underserved Health Care Elective Coordinator, Coordinated family medicine residents participation in homeless and underserved clinics in Madison, Wisconsin
1994-2003	Director, Family Medicine Career Advising Program, matched faculty with students interested in careers in family medicine

Cynthia Haq, Curriculum Vitae

1994-2008	Practice Partner, Generalist Physician Program, Clinical instructor and small group leader (till 2003) for 1 st & 2 nd year students
1994-2007	Community Medicine Advisor, Developed and monitored rotation for teaching family medicine residents core concepts of community medicine in Madison, Wisconsin, continued supervision of residents in Belleville, Wisconsin.
1995-1997	Course Co-Director, Primary Care in Developing Countries, introduced senior medical students to international health
1996-2001	Director, Primary Care Clerkship, director of eight week required clerkship for third year medical students
1998-2008	Founder and Faculty Advisor, Leadership Opportunities with Communities, the medically Underserved, and Special populations (LOCUS)
2000-2004	International Health Subcommittee Chair, Developed guidelines for Family Medicine resident involvement and content of international health curriculum
2004-2011	Course Director, Health and Disease in Uganda, Graduate level course with intensive field component in Uganda, included distance learners from Universities of British Columbia and Minnesota in 2007
2005-2010	Faculty Director, UW-Madison Certificate in Global Health, first offered in fall 2006
2009-present	Director, Training in Urban Medicine and Public Health (TRIUMPH) program focused on recruiting and training physicians to address the needs of urban disadvantaged populations conducted in Milwaukee, Wisconsin
2012-present	Faculty Director for Community Health, Aurora Family Medicine Residency, Milwaukee, WI

Clinical Positions:

1984-1987	Emergency Medicine Physician, Methodist Hospital, Madison, WI
1987-1988	Emergency Medicine Physician, Valley Regional Hospital, Claremont, NH
1987-1989	Faculty Physician, Dartmouth Family Practice Center, Alice Peck Day Memorial Hospital, Mary Hitchcock Memorial Hospital in Hanover, NH
1989-2008	Faculty Physician, Belleville Family Medical Center, family medicine, including obstetrics and geriatrics in Belleville, a rural farming community, and participation in a community oriented primary care demonstration project and residency training clinic. Served as clinic director 1991-1992.
1989-2008	Staff Physician, New Glarus Nursing Home, New Glarus, WI
2005	Volunteer Physician, Reach Out Mbuya, trained staff, provided clinical services and antiretroviral therapy for people with AIDS in Uganda.
2008-2011	Attending Physician, Bread of Healing and City on a Hill clinics for the poor and uninsured in Milwaukee, Wisconsin
2011-2012	Family Physician, Progressive (formerly Westside) Healthcare Association, Community Health Center in Milwaukee, Wisconsin
2010-present	Attending Family Physician, Aurora Health Care Family Medicine Residency program, Milwaukee, Wisconsin

Licensing:

1983-present	State of Wisconsin Medical and Surgical License
1984-present	US Federal Drug Enforcement Registration
1987	Advanced Trauma Life Support
1987-present	Board Certified, Family Medicine
1987	State of New Hampshire Medical and Surgical License (inactive)
1988	State of Vermont Medical and Surgical License (inactive)
1989	Advanced Cardiac Life Support
1990	Pakistan Medical and Dental Council Medical and Surgical License (inactive)
1992	Advanced Life Support in Obstetrics
2005	Uganda Medical and Surgical License (inactive)
2006	American Board of Family Medicine (recertified)
2006	Neonatal Resuscitation (recertified)

Committees:

Departmental:

1984-1987	Patient Care Committee
1992	AIDS Task Force Leader
1992-1994	Education Committee
1993	Community Health Curriculum, Director
1994-2003	Executive Committee
1995-2003	Madison Leadership Team
1998-2004	Diabetes Care Task Force
1998-1999	Funding Task Force
1999	Faculty Search Committee
2004-2007	Gender Task Force Leader
2005-present	Promotions Committee
2007-2010	Global Health Advisory Committee

Medical School/Hospital Committees:

1992	Medical Scholars Admissions Committee
1992-1993	Multicultural Curriculum Committee, Chair, 1993-1996, Member
1992-1993	Bioethics Committee, St. Mary's Hospital Medical Center
1992-1995	University of Wisconsin Medical School Admissions Committee
1995; 2009	Licensing Commission for Medical Education, Self Study Task Force
1995-1998	Educational Policy Council
1996-1997	Associate Dean of Students Search Committee
1996-2000	Medical School Curriculum Revision; Patient, Doctor and Society Steering Committee
1998-1999	Associate Dean for Curriculum Search Committee, Co-Chair with Dr. John Harting
1998-1999	Mission Aligned Management and Allocation Budget Steering Committee
1999-2003	Medical Education for 21 st Century Advisory Committee
2000	Assistant Dean for Community and Rural Health Search
2001-2003	International Health Advisory Committee, Chair
2005-2006	University of Wisconsin School of Medicine Dean's Search
2006-2010	Public Health Curriculum Transformation Task Force Member
2007-2009	Wisconsin Partnership Fund, Medical Education and Research Committee and Executive Committee Member (elected)
2010-present	Wisconsin Partnership Fund, Oversight and Advisory Committee, Appointed by Dean of the UW SMPH and the University of Wisconsin Board of Regents
2012-present	Public Health Innovations in Medical Education (PRIME) Steering Committee, University of Wisconsin, School of Medicine and Public Health
2013-present	Transformations in Medical Education (TME), Community engagement faculty leader, University of Wisconsin, School of Medicine and Public Health

State/Regional Committees:

1991-1992	Liaison Faculty for Community Education Center Development, Health Education Center (AHEC), Wisconsin Area
1996-2000	Faculty Work Group, Wisconsin Area Health Education Center (AHEC)
1998-2001	Charitable Works and Community Outreach Committee, Wisconsin Academy of Family Physicians
2009-present	Executive Board, Center for Urban Population Health, Milwaukee Wisconsin
2010-present	Steering Committee, Lindsay Heights Neighborhood Health Alliance, Milwaukee, Wisconsin

Cynthia Haq, Curriculum Vitae

2012-present	Advisory Committee, Wisconsin Academy of Family Physicians, primary care workforce planning
2012-present	Lifecourse Initiative for Healthy Families (LIHF) Steering Committee Member, University of Wisconsin, School of Medicine and Public Health, focus on reducing African American infant mortality in Milwaukee
2011-present	Center for Urban Population Health, Advisory Board Member, Milwaukee, WI

National/International Committees:

1989-present	Women's Commission for Refugee Women and Children, International Rescue Committee
1994-1996	Society of Teachers of Family Medicine, International Committee, Chair
1995-2003	Society of Teachers of Family Medicine, Predoctoral Directors Steering Committee
2000-2001	Society of Teachers of Family Medicine, Group on Predoctoral Training, Chair
2005-present	American Academy of Family Physicians, Center for International Health Initiatives, Advisory Board Member

Peer Review Panels:

1989-present	American Family Physician
1995-present	Family Medicine
1997-2000	Department of Health and Human Services, Bureau of Health Professions, Predoctoral Training in Family Medicine and Primary Care Peer Review
1998-2001	Journal of General Internal Medicine
1998-present	Journal of Family Practice
2000-present	Education for Health
2002-present	BioMed Central Public Health: International electronic journal of public health
2005-present	African Health Sciences: Peer reviewed journal based at Makerere University in Uganda
2006	Health Research Board of the Irish Government
2006, 2009	National Institutes of Health (USA), Fogarty International Center, Global Health Reviewer
2007-present	Wisconsin Medical Journal
2009-present	Annals of Family Medicine
2010-present	Academic Medicine

Honors and Awards:

1975-'79	Hoosier Scholastic Scholarship, Indiana University, Bloomington, IN
1982	Women Faculty Members' Award, Indiana University School of Medicine, Indianapolis, IN

Cynthia Haq, Curriculum Vitae

1983	A.B. Richter Scholarship in Child Psychiatry, Indiana Univ. School of Medicine
1987	Residency Research Award, Wisconsin Academy of Family Physicians
1990-'91	Fulbright Scholar, Lecture and Research, Pakistan
1994	Marc Hansen Lectureship Award, Department of Family Medicine, Madison, WI
1997	University of Wisconsin Teaching Academy Fellow, Madison, WI
1998	Community Service Award, Wisconsin Academy of Family Physicians
1998-'99	Medical Education Development and Leadership Fellow, UWMS
1998	Distinguished Mentor, UWMS
1999	Dean's Teaching Award, UWMS
2001	Wisconsin Academy of Family Physicians, Family Physician Educator of the Year
2001	American Academy of Family Physicians, President's Award
2001	American Medical Association, Association of American Medical Colleges, and Pfizer Medical Humanities Initiative, Humanism in Medicine Award
2002	Society of Teachers of Family Medicine, National Excellence in Education Award
2002-2013	Top Family Doctor in Connolly's America's Top Doctor National Poll
2003	Society of Teachers of Family Medicine, International Committee, Gabriel Smilkstein award
2005	World Association of Family Doctors (Wonca), Global Family Doctor Award
2005	Fulbright Scholar, Lecture and Research, Uganda
2009	UW School of Medicine and Public Health; keynote speaker selected for white coat ceremony
2010	Alpha Omega Alpha; medical honor society, elected by UW medical students
2012	Wisconsin Academy of Letters, Arts and Sciences, elected as fellow for life
2013	Gold Humanism Society and Leonard Tow Award for humanism in medicine, selected by UW medical students for demonstration of outstanding compassion and clinical excellence
2014	Milwaukee County Medical Society, Community Impact Award, selected as inaugural physician recipient.
2014	American Association of Medical Colleges, Arnold Gold Foundation Humanism in Medicine Award, selected by the Organization of Student Representatives as national recipient.

Professional Memberships:

American Academy of Family Physicians

International Physicians for the Prevention of Nuclear War

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International Rescue Committee, Women's Commission for Refugee Women and Children

Global Health Medical Education Consortium (formerly International Health Medical Education Consortium)

Consortium of Universities for Global Health

Physicians for a National Health Plan

Society of Teachers of Family Medicine

Wisconsin Academy of Family Physicians

Wisconsin Medical Society

Grants and Monetary Awards

(a) investigator; (b) monetary amount; (c) time period; (d) brief description

Extramural Grants

1. U.S. National Endowment for Democracy. (a) Cynthia Haq, PI, (b) \$12,000; (c) 01/01/88-12/30/88; (d) Conducted needs assessment for Afghan refugee women and children living in Northwest Frontier Province, Pakistan. This assessment led to testimony in the US Congress and a \$450,000 award from the US Agency for International Development to establish schools in northern Pakistan for Afghan women and children.
2. U.S. Department of Health & Human Services; Predoctoral Training Grant. (a) Susan Skochelak and Cynthia Haq co-PIs, (b) \$621,940; (c) 07/01/92-06/30/95; (d) Developed longitudinal medical school curriculum to train faculty and students to address the needs of medically underserved populations.
3. United States Department of Defense, National Security Educational Program. (a) Cynthia Haq, Project Director; (b) \$346,000; (c) 09/01/95-09/30/97; (d) Infrastructure development for international health curricula; Developed international health core curriculum and fellowship program for US medical students in eight developing countries in collaboration with the Universities of California, Colorado and Rochester and the American Medical Student Association.
4. U.S. Department of Health & Human Services; Predoctoral Training Grant. (a) Cynthia Haq, PI, (b) \$60,449; (c) 07/01/96-06/30/98; (d) Enhanced medical school curriculum to train faculty and students to address the needs of culturally diverse populations.
5. U.S. Department of Health & Human Services; Predoctoral Training Grant. (a) Cynthia Haq, PI, (b) \$263,697; (c) 07/01/96-06/30/98; (d) Expanded and strengthened the statewide Primary Care Clerkship with faculty development and web based instruction.
6. U.S. Department of Health & Human Services; Predoctoral Training Grant. (a) Cynthia Haq, PI; (b) \$360,000; (c) 07/01/98-06/30/01; (d) Developed curriculum to teach communication skills and community health leadership skills.
7. U.S. Department of Health & Human Services; Predoctoral Training Grant. (a) Cynthia Haq, PI; (b) \$780,000; (c) 07/01/01-06/30/04; (d) Communication, Information and Community Service; Developed longitudinal curricula to teach communication skills, evidence based medicine and community health leadership to faculty and students.
8. World Health Organization; Human Resources for Health. (a) Cynthia Haq, consultant and project director; (b) \$24,000; (c) 01/02/01-12/30/01; (d) Led global network of family doctors and WHO experts to write and publish the book, Improving Health Systems, the Contribution of Family Medicine.

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9. U.S. Department of Health & Human Services; Predoctoral Training Grant. (a) Cynthia Haq, PI, (b) \$383,000; (c) 07/01/01-06/30/04; (d) Education to Address the Health Needs of Communities; developed longitudinal curricula in community and population health.
10. World Health Organization. (a) Cynthia Haq, Short Term Educational Consultant; (b) \$6,000; (c) 07/01/02-08/01/02; (d) Assessed medical education and provided recommendations to the Ministry of Health and Medical Education and the WHO Regional Officer in Iran.
11. Rennebohm Foundation Board Members. (a) Cynthia Haq, PI, (b) \$130,000; (c) 07/30/03-06/30/04; Developed UW Global Health Program.
12. United States Government, Fulbright Scholar Award. (a) Cynthia Haq, PI; (b) \$47,000; (c) 01/01/05-07/30/05; (d) Developed curriculum to train Ugandan family physicians and worked with academic centers, communities and government to strengthen primary care with family medicine in Uganda.
13. Emeritus Professor William Young and Leona Sonderegger. (a) Cynthia Haq, PI; (b) \$175,000; (c) 07/01/05-10/30/07; (d) Establish and develop UW Center for Global Health.
14. American International Health Alliance. (a) Girma Tefera, PI; Cynthia Haq faculty lead for the UW Center for Global Health; (b) \$200,000; (c) 07/01/2009-06/30/2010; (d) To train emergency medicine physicians and nurses in Ethiopia.
15. American International Health Alliance. (a) Girma Tefera, PI; Cynthia Haq faculty leader for the UW Center for Global Health; (b) \$400,000; (c) 07/01/2010-06/30/2011; (d) To train physicians and nurses to address adult, pediatric and obstetric emergencies in Ethiopia.
16. Medical Education Partnership Initiative. (a) Miliard Derbew, PI; Cynthia Haq faculty leader for UW Center for Global Health; (b) \$10,000,000; (c) 09/01/2010-08/31/2015; (d) To strengthen medical education, provide faculty development, expand medical research, and establish family medicine training in Ethiopia.
17. Primary Care Innovations in Medical Education (PRIME). (a) Patrick Remington, PI; Cynthia Haq co-PI for Path of Distinction in Public Health; (b) \$1,500,000; (c) 08/01/2012-07/31/2017; (d) To strengthen the primary care and public health content of the curriculum for UW medical and physician assistant students.
18. Indians (Native Americans) in Medical Education (INMED). (a) Erik Brodt, PI; Cynthia Haq academic advisor (b) \$950,000; (c) 09/01/14-8/31/19; (d) to enhance recruitment, training and support for Native American health professional students.

University of Wisconsin Internal Grants:

1. University of Wisconsin Department of Family Medicine-Dr. Mike Fleming. (a) Cynthia Haq, PI, (b) \$1,000; (c) 1991; (d) Resource development grant for Doctors Ought to Care to provide educational materials for medical students engaged in community health education to Wisconsin school children.
2. University of Wisconsin, Division of International Studies. (a) Richard Anstett and Cynthia Haq co-PIs; (b) \$9,500; (c) 07/01/94-6/30/95; (d) Developed new course on Primary Care in Developing Countries.
3. Southwest Area Health Education Center-Wisconsin. (a) Cynthia Haq, PI, (b) \$41,000; (c) 07/01/97-06/30/99; (d) Developed community health outreach programs for students with rural and medically underserved populations.
4. Southwest Area Health Education Center-Wisconsin. (a) Cynthia Haq, PI, (b) \$20,000; (c) 07/01/99-06/30/00; (d) Support for community health education projects of Leadership Opportunities with Communities, the medically Underserved and Special populations (LOCUS) medical student fellows.
5. Southwest Area Health Education Center-Wisconsin. (a) Cynthia Haq, PI, (b) \$20,000; (c) 07/01/00-06/30/02; (d) Support for electronic curricula for community based primary care physician preceptors.

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6. University of Wisconsin, Division of International Studies, Innovations in International Education. (a) Cynthia Haq, PI, (b) \$19,500; (c) 07/01/03-06/30/04; (d) Health and Development in Africa: Developed course on primary health care in Uganda.
7. University of Wisconsin Division of Continuing Studies. (a) Cynthia Haq, PI; (b) \$177,000; (c) 07/01/06-06/30/07; (d) Established courses for certificate in global health.
8. University of Wisconsin Division of Continuing Studies. (a) Cynthia Haq, PI; (b) \$181,000; (c) 07/01/07-06/30/09; (d) To expand global health courses for distance and adult learners.
9. University of Wisconsin Division of Continuing Studies. (a) Cynthia Haq, PI; (b) \$45,000; (c) 07/01/09-06/30/10; (d) To sustain and expand global health courses for returning adult students.
10. University of Wisconsin Division of Continuing Studies. (a) Cynthia Haq, PI; (b) \$53,000; (c) 07/01/10-06/30/11; (d) To sustain and expand global health courses for returning adult students.
11. Wisconsin Area Health Education Center. (a) Cynthia Haq, PI; (b) \$16,000; (c) 01/01/10-10/01/11; (d) To promote educational collaboration with federally qualified community health centers in Milwaukee.
12. Wisconsin Partnership Program. (a) Barbara Horner-Ibler, PI; Cynthia Haq, Academic Partner; (b) \$50,000; (c) 07/01/2011-06/30/2014; (d) To promote oral health and education for uninsured residents of central Milwaukee.
13. Wisconsin Partnership Program. (a) Sharon Adams and JoAnne Sabir, PIs; Cynthia Haq and John Frey, academic partners; (b) \$400,000; (c) 04/01/2014-03/31/2017; (d) To promote health and enhance community support for residents of the Lindsay Heights neighborhood in central Milwaukee.

Publications:

Peer Reviewed Journals-First Author:

Haq estimated contributions: Idea (%); Writing (%); Research (%); Analysis (%)

1. Haq C. Vaginal Birth after Cesarean Delivery. *American Family Physician*, June 1988; 167-71. (sole author, review article)
2. Haq C. Vaginal Birth after Cesarean Delivery; Letter to the Editor. *American Family Physician*, December 1988; 45. (sole author, response letter)
3. Haq C, Quereshi AF, Zuberi RW, Inam SNB, Bryant JH. Family Medicine Postgraduate Training in Pakistan. *Journal of the Pakistan Medical Association*, March 1992; 42(3): 69-73. Idea 80%; Writing 80%; Research 80%; Analysis 70%.
4. Haq C, Ventres W, Hunt, Mull D, Thompson R, Rivo M, Johnson P. Where There is No Family Doctor: The Development of Family Medicine Around the World. *Academic Medicine*, May 1995; 70(5): 370-80. Idea 80%; Writing 60%; Research 40%; Analysis 50%.
5. Haq C, Ventres W, Hunt, Mull D, Thompson R, Rivo M, Johnson P. Donde no hay medico de familia: El Desarrollo de la medicina familiar en el mundo. *Journal of the Pan American Health Organization, Bol Oficina Sanit Panam*, 1996; 120(1): 44-58. (same article as #4 translated into Spanish) Idea 80%; Writing 60%; Research 40%; Analysis 50%.
6. Haq C, Tribute to Gabriel Smilkstein, M.D. Special Article. *Journal of Family Practice*, June 1996; 42(6): 559-60. (sole author, biography)
7. Haq C, Cleeland L, Gjerde C, Goedken J, Poi E. Student Faculty Collaboration in Developing Clinics for the Medically Underserved. *Family Medicine*, 1996; 28(8): 570-4. Idea 80%; Writing 70%; Research 40%; Analysis 60%.

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8. Haq C, Ventres W, Hunt V, Mull D, Thompson R, Rivo M, Johnson P. Family Practice Development around the World. *Family Practice (British Journal)*, 1996; (4): 351-6. Same as article #4 for European distribution. Idea 80%; Writing 60%; Research 40%; Analysis 50%.
9. Haq C, Cricket and Commotio Cordis, Letter to Editor. *New England Journal of Medicine*, 1998; 339(19): 1399. (sole author, letter)
10. Haq C, Rothenberg D, Gjerde C, Bobula J, Wilson C, Joseph A. New World Views: Preparing Physicians in Training for Global Health Work. *Family Medicine*, 2000; 32: 566-72. Idea 60%; Writing 60%; Research 30%; Analysis 40%.
11. Haq C, Carufel-Wert D, Grosch M. Leadership Opportunities with Communities, the Underserved and Special Populations. *Academic Medicine*, 2002; 77:740. Work-in progress report. Idea 90%; Writing 90%; Research 80%; Analysis 80%.
12. Haq C, Albanese M, Dottl S, Linzer M, Skochelak S, Katcher M, Prucha C. Factors distinguishing medical students' career interests during a period of declining interest in generalist careers. *Family Medicine*, 2002; 34:640-641. Letter to Editor. Idea 80%; Writing 60%; Research 30%; Analysis 50%.
13. Haq C. Family Medicine Soup. *Family Medicine*, 2003: 342-344. (sole author, editorial)
14. Haq C, Mohammadi A and Smith S, Medical Education Reform in Iran, *Family Medicine*, 2003: 616-617. Letter to Editor. Idea 80%; Writing 80%; Research 60%; Analysis 80%.
15. Haq C, Steele D, Marchand L, Seibert C, and Brody D, Integrating the art and science of medical practice: innovations in teaching medical communication skills, invited paper for the Undergraduate Medical Education for the 21st Century Project, *Family Medicine*, 2004; 36:S43-50. Idea 60%; Writing 50%; Research 30%; Analysis 50%.
16. Haq CL, Nine Words, *Family Medicine*, 2006; 38:9:667-668. (sole author, special communication)
17. Haq CL, Gusso G, Anderson MIP, Fortalecendo a Atenção Primária à Saúde no Brasil com a Medicina de Família e Comunidade (Strengthening Primary Health Care with Family and Community Medicine in Brazil). *Rev Bras Med Fam e Com: Rio de Janeiro*, 2(7): December 2006; pp 196-202.
18. Haq CL, Bauman L, Olsen C, DiPrete Brown L, Kraus C, Bousquet G, Creating the University of Wisconsin Center for Global Health; Case Study of Global Health Curriculum Development in a Major Academic Health Center. *Academic Medicine*: 83(2): February 2008; pp 148-153.
19. Haq C, Lukolyo H. Commentary 1 With So Much Need, Where Do I Serve? *Virtual Mentor*. 2010; 12:149-158. <http://virtualmentor.ama-assn.org/2010/03/ccas1-1003.html> Accessed March 1, 2010.
20. Haq C, Stearns M, Brill J, Crouse B, Foertsch J, Knox K, Stearns J, Skochelak S, Golden R. Training in Urban Medicine and Public Health: TRIUMPH. *Academic Medicine*: 88(3): March 2013; pp 352-363.
21. Haq C, Compassion in Medicine. *Family Medicine, Fam Med* 2014;46(7):549-550.

Peer Reviewed Journals-Contributing Author:

1. Linzer M, McMurray J, Thaler S, **Haq C**, Albanese M, Gjerde C, Skochelak S. Perspectives on a Pre-Clinical Primary Care Experience by Female and Male Medical Students: Results from the Interdisciplinary Generalist Curriculum Project. *Journal of General Internal Medicine*, April 1997; 12(1): 94. Idea 10%; Writing 10%; Research 10%; Analysis 10%.
2. Seibert C, **Haq C**. Precepting Preclinical Students. *Family Medicine*, May 1999; 31(5): 313-4. Article for Office Based Teachers of Family Medicine. Idea 80%; Writing 50%; Research 50%; Analysis 50%.

Cynthia Haq, Curriculum Vitae

3. Stine C, Kohrs F, Little DN, Kaprielian V, Gatipon B, Haq C. Integrating Prevention Education into the Medical School Curriculum: the Role of Departments of Family Medicine. *Academic Medicine*, 2000; 75(supplement-July): S55-S59. Idea 20%; Writing 20%; Research 20%; Analysis 20%.
4. Marchand L, Cloutier VM, Gjerde C, **Haq C**, “Factors Influencing Rural Wisconsin Elders in Completing Advance Directives”, *Wisconsin Medical Journal*, Vol. 100, No 9, 2001:26-31. Idea 30%; Writing 30%; Research 40%; Analysis 30%.
5. Ramsey A, **Haq C**, Gjerde C and Rothenberg D, Career Influence of an International Health Experience During Medical School, *Family Medicine*, 2004; 36:412-416. Idea 80%; Writing 40%; Research 50%; Analysis 30%.
6. Brown RL, Pfeifer JM, Gjerde CL, Seibert CS, **Haq CL**, Teaching Patient-Centered Tobacco Intervention to First Year Medical Students, *Journal of General Internal Medicine*, 2004; 19:534-539. Idea 20%; Writing 20%; Research 20%; Analysis 20%.
7. Beasley JW, Dovey SM, Geffen LN, Gómez-Clavelina FJ, **Haq CL**, Inem V, Lam CKL, Nugmanova A, Waris Qidwai W, Pavlic DR MD, van Weel C, The Contribution of Family Doctors to Primary Care Research: A Global Perspective from the International Federation of Primary Care Research Networks (IFPCRN), *Primary Health Care Research and Development*, October, 2004; 5:4:307-316. Idea 10%; Writing 10%; Research 10%; Analysis 10%.
8. Omoruto AA, Luboga S, Kolbe R, Bawtala V, **Haq C**, and Sewankambo N, Strengthening Health Care: the Future of Family Medicine in Uganda, *Uganda Health Information Digest* (national peer reviewed medical journal published at Makerere University and distributed to all health centers and registered health professionals in Uganda), 8:2-3, December 2005, 91-101. Idea 80%; Writing 80%; Research 80%; Analysis 80%.
9. Carufel-Wert DA, Younkin S, Foertsch J, Eisenberg T, **Haq CL**, Crouse B, Frey JJ, LOCUS: Immunizing Medical Students Against the Loss of Professional Values, *Family Medicine*, 2007; 39:5:320-325. Idea 80%; Writing 30%; Research 40%; Analysis 30%.
10. Beasley JW, Starfield B, van Weel C, Rosser WW, **Haq CL**, Global Health and Primary Care Research, *Journal of the American Board of Family Medicine*, 2007; 20:6:518-527. Idea 10%; Writing 25%; Research 10%; Analysis 25%.
11. Janaudis MA, Blasco PG, **Haq C**, Freeman J; Formando Medicos Para a Medicina de Familia e Comunidade (The Development of Family and Community Medicine in Brazil); *Revista Bioética* 2007 15 (1): 27-36.
12. Philpott J, Cornelson B, Derbew M, **Haq C**, Kvach E, Mekasha A, Rouleau K, Tefera G, Wondimagegn D, Wilson L, Yigeremu M; The Dawn of Family Medicine in Ethiopia; *Family Medicine*, in press 2014.
13. Ventres W, Haq C; Toward a Cultural Consciousness of Self-in-Relationship: From “Us and Them” to “We”; *Family Medicine*, in press 2014

Publications-Books and Book Chapters:

1. **Haq C.** Data on AIDS in Africa: An Assessment. In: Miller N, Rockwell R, eds. AIDS in Africa: the Social and Policy Impact. Studies in African Health and Medicine, Vol. 10, Lewiston, NY: Edwin Mill Press, 1988: 9-30. (sole author)
2. **Haq C.** Management of AIDS Patients: Case Report from Uganda. In: Miller N, Rockwell R, eds. AIDS in Africa: the Social and Policy Impact. Studies in African Health and Medicine, Vol. 10, Lewiston, NY: Edwin Mill Press, 1988: 87-96. (sole author)
3. **Haq C, Power D.** Immunizations. In: Stamford CT. Ambulatory Medicine: The Primary Care of Families, 3rd Ed.: Appleton & Lange, 2000. Idea 60%; Writing 60%; Research 70%; Analysis 50%.
4. Boelen C, **Haq C**, Hunt V, Rivo M, Shahady E. Improving Health Systems: the Contribution of Family Medicine; a Guidebook. Singapore: Wonca (World Academy of Family Doctors), Bestprint publications, 2002. Subsequently translated into French, Spanish, Turkish, Chinese and other languages for widespread distribution. Idea 40%; Writing 50%; Research 60%; Analysis 50%.
5. Cayley W, **Haq C.** Immunization, in Family Medicine: Ambulatory Care and Prevention: 4th ed.: Lange Medical Books/McGraw Hill, 2005: 712-724. Idea 80%; Writing 30%; Research 40%; Analysis 50%.
6. Montegut AJ, **Haq C**, Rothenberg D, Piterman L; Primary Care in Global Health (chapter); in Markle WH, Fisher MA, and Smego RA, eds.: Global Health and Medicine. McGraw-Hill, 2007.
7. Kidd M Editor, **Haq C**, De Maeseneer J, Markuns J, Montenegro H, Qidwai W, Svab I, Van Lerberghe and Villaneuva T; The Contribution of Family Medicine to Improving Health Systems, a Guidebook from the World Organization of Family Doctors, Wonca and Radcliffe Publishing, 2013.

Non-Peer Reviewed Publications and Scholarly Work:

Cynthia Haq was sole author unless otherwise specified.

1. The Status of Afghan Women and Children Refugees; Reports to the International Rescue Committee, Women's Commission for Refugee Women and Children, the Agency for International Development, Sadruddin Aga Khan, and the United States House of Representatives, 1989.
2. New Patient Information Brochure, Belleville Family Medical Clinic, Department of Family Medicine, University of Wisconsin, Madison, 1990.
3. Core Curriculum and Logbook: Birth and Infancy Continuity Experience, Department of Family Medicine, University of Wisconsin, Madison, 1990.
4. Family Practice Residency Training Manual, Aga Khan University Medical Center, Karachi, Pakistan, 1991.
5. Guidelines for Community Health Experiences and Continuity Patient Projects, Primary Care Clerkship, Department of Family Medicine, University of Wisconsin, Madison, 1992.
6. Student Resource Materials and Guidelines for Giving a DOC Talk, Doctor's Ought to Care, University of Wisconsin Medical School, 1992-1998.
7. Manual for Faculty Teaching Cross Cultural Communication, Primary Care Clerkship Doctor Patient Communication Course, Department of Family Medicine, University of Wisconsin, Madison, 1993.
8. Multicultural Objective Structured Clinical Exam, 1994, Primary Care Clerkship, Department of Family Medicine, University of Wisconsin, Madison, 1993.
9. Orientation Manual for Medical Students, MEDIC Clinics, Department of Family Medicine, University of Wisconsin, Madison, 1994-1996.

10. Student Journal for International Rotation, Costa Rica Community Health Elective, 1994.
11. Primary Care in Developing Countries Course Syllabus, 1995, 1996.
12. Student and Teacher Manuals, Primary Care Clerkship, University of Wisconsin Medical School, 1996, 1997, 1998.
13. Primary Care News: Newsletter for Statewide Faculty, Primary Care Clerkship, 1997-1998.
14. Primary Care Clerkship Website <http://www.fammed.wisc.edu/pcc/>: in collaboration with Marijka Hambrecht and UW faculty, established in 1998 with revisions through 2002.
15. Department of Family Medicine, Medical Student Education Website <http://www.fammed.wisc.edu/medstudent/> in collaboration with Marijka Hambrecht and the Office of Medical Student Education team, established in 1999 with revisions through 2002.
16. **Haq C**, Hunt V. Improving health systems with the contribution of family doctors. Towards Unity for Health, April 2001; 3: 10-11.
17. **Haq C** and Boelen C. Family Medicine; a Key to Improved Health Care in East Africa. Wonca News, October, 2002.
18. Mohammadi A, Smith S, and **Haq C**. Review and Analysis of Medical Education in the Islamic Republic of Iran; report to the Ministry of Health and Medical Education and the World Health Organization. January 24, 2003.
19. Global Health: Wisconsin and the World in Communique: Newsletter of the University of Wisconsin International Studies and Programs, Spring, 2003.
20. Makerere University and the University of Wisconsin: an Evolving Partnership for Health, in Communique, Spring, 2004.
21. Family Doctors Contribute Towards Unity for Health: The Network-Towards Unity for Health Newsletter: 2004; 23:01:18-19.
22. Blasco P, Levites M, Freeman J and **Haq C**, Educating Physicians for the Health of Brazil: the Role of Family Medicine, Wonca News, June, 2004.
23. The Past, Present and Future of Family Medicine in Uganda, Wonca News, October 2005, 8-10, and on the web:<http://www.globalfamilydoctor.com/education/GlobalResourceDirectory/Uganda23498576/UgandaFamilyMed.asp>
24. Building a Home for Global Health at the University of Wisconsin, Global Health Education Consortium Newsletter, Vo1, Issue 1. April 2006. <http://www.globalhealth-ec.org/GHEC/Resources/Newsletter/Vol1Issue1/New%20Ground.htm>
25. Kampala Journal; Past, Present and Future of Family Medicine in Uganda-Reflections from a Visiting Professor to Makerere University, Global Health Education Consortium Newsletter, Vo2, Issue 1. August 2006. http://www.globalhealth-ec.org/GHEC/Resources/Newsletter/Vol2Issue1/Fea_Uganda.htm
26. University of Wisconsin Center for Global Health website: established in 2004; sustained with revisions through 2011: <http://www.pophealth.wisc.edu/gh/>
27. Training in Urban Medicine and Public Health (TRIUMPH) Curriculum and Longitudinal Project Guidelines; 2009-2014 course manuals, web site and annual updates, with Marge Stearns and Byron Crouse: <http://www.med.wisc.edu/education/md/triumph/main/681>

Videotapes Produced:

1. Interviewing a Victim of Domestic Violence, Clinical Medicine and Practice Year 1, University of Wisconsin Medical School, 1992.
2. Doctor Patient Communication in Cross Cultural Medical Encounters, Tapes with physicians and patients demonstrating techniques of listening to the patient's perspective, explaining diagnoses and negotiating therapeutic plans sensitive to patient's socio-cultural conditions, 1993.
3. The Complete History and Physical, Introduction to Clinical Medicine, University of Wisconsin Medical School, 1993.
4. Child Health in Developing Countries, University of Wisconsin, 1994, 1996, 1999.
5. The Focused Visit in Generalist Practice, University of Wisconsin, 1994, 1996, 1997.
6. Medical Interviewing Techniques for Patient, Doctor & Society course, University of Wisconsin, 1997.
7. The Brief Office Visit, Patient, Doctor & Society, 1997.
8. Patient Centered Communication in Ambulatory Medicine, Patient, Doctor & Society, 1998.
9. Beating the Drum Loudly: Uganda's Response to HIV/AIDS, with John D. Liu, Environmental Educational Media Project for China, 2005.

Faculty Development Programs Produced:

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|-----------|---|
| 1988 | Teaching Primary Care in Community Practice Settings. Faculty Development Workshop Leader, Workshop for Dartmouth Faculty Preceptors, Hanover, NH. |
| 1991 | Training Health Professionals to Work with the Medically Underserved. University of Wisconsin. |
| 1992 | Culture and Health Care: Expanding the Biopsychosocial Perspective. Faculty Development Workshop Leader, University of Wisconsin. |
| 1993 | Teaching Cross-Cultural Communication Skills to Medical Students. Retreat for Faculty in the Doctor - Patient Communication Course of the Primary Care Clerkship, Department of Family Medicine, Madison, WI. |
| 1995 | Culture and Health Care. Workshop for Faculty of the University of Wisconsin Medical School with Dr. Arthur Kleinman, visiting professor, Madison, WI. |
| 1996 | Identifying Priorities in Family Medicine Undergraduate Education. Retreat for Predoctoral Division Faculty and Staff. Department of Family Medicine, Madison, WI. |
| 1996-2000 | Primary Care Clerkship: Statewide Site Visits for Faculty Development. Milwaukee, Minocqua, La Crosse, Appleton. |
| 1997-2000 | Annual Predoctoral Family Medicine Retreat Leader, Madison, WI. |
| 1997-2000 | Primary Care Clerkship: Statewide Faculty Retreat. |
| 1999 | Teaching Patient Centered Communication: Finding Common Ground, faculty leader for national workshop, skills group leader and small group leader on cross cultural communication and dealing with challenging teaching situations, Madison, WI. |

- 2001-2004 Communication, Information and Community Service, director of faculty development series, University of Wisconsin Medical School.
- 2009-current Training in Urban Medicine and Public Health Faculty Advisory Committee convener, UW SMPH, Milwaukee, WI.
- 2011-'14 Family Medicine Faculty Development and Leadership Skills to Promote Gender Equity Fellowships for physicians from Addis Ababa, Hawasa and Haramaya Universities in Ethiopia, UW Dept of Family Medicine and SMPH

Presentations with Published Abstracts:

- 1988 Parental Expectations and Satisfaction with Well Child Care: Research Findings. North American Primary Care Research Group Meeting, Ottawa, Canada, May 1988.
- 1989 Humanitarian Aid Priorities for Afghan Refugee Assistance. Report to Select Committee on Hunger, U.S. House of Representatives, Washington, D.C.
- 1992 Family Medicine Residency Development in Pakistan. International Special Session, STFM Annual Meeting, St. Louis, MO.
- 1994 Engaging Students with the Medically Underserved, Development of Medical Student Led Clinics. STFM Annual Predoctoral Conference, Tucson, AZ.
- 1994 Primary Health Care: The Case for Training Family Physicians for Pakistan. Keynote Address, Annual Meeting of the Association of Pakistani Physicians of North America and the Faculty of Jamshoro Medical College in Hyderabad, Pakistan.
- 1995 Creating a Multicultural Curriculum for a Primary Care Clerkship. Workshop at the STFM Predoctoral Conference, Charleston, SC.
- 1995 Strategies to Enhance the Development of Family Medicine Around the World. International Special Session, STFM Annual Meeting, New Orleans, LA.
- 1995 Creating a Longitudinal Multicultural Medical School Curriculum. Peer presentation, STFM Annual Meeting, New Orleans, LA.
- 1996 The Challenge of Building Partnerships with Communities for Health. Plenary address, Hinsdale Forum for Behavioral Sciences in Family Medicine, Oak Brook, IL.
- 1997 Balancing Teaching and Clinical Priorities. Seminar at STFM Conference, Orlando, FL.
- 1997 Student Beliefs about Generalist and Subspecialist Medical Practice During the First Two Years of Medical School. Peer presentation at STFM Annual Predoctoral Education Conference, Orlando, FL.
- 1997 Doctors Ought to Care: Engaging Medical Students in Community Health Education. STFM Annual Predoctoral Education Conference, Orlando, FL.
- 1998 Dream or Reality? Self Directed Learning in a Family Medicine Clerkship. Workshop at STFM Annual Predoctoral Conference, New Orleans, LA.
- 1998 Assessing Community Health Needs in South Madison. Workshop at STFM Annual Meeting, Chicago, IL.
- 1999 Mentoring Junior Faculty and Medical Students. Preconference Workshop at STFM Predoctoral Conference, Savannah, GA.

Cynthia Haq, Curriculum Vitae

- 1999 Tapestries; Longitudinal Perspectives from Women in Family Medicine. Workshop at STFM Annual Meeting, Seattle, WA.
- 2000 Family Medicine Web Curriculum Development. STFM Predoc Conference, San Antonio, TX.
- 2000 Who are the Teachers of Family Medicine? Seminar at STFM Predoc Conference, San Antonio, TX.
- 2000 Preparing Future Leaders in Family Medicine. Seminar at STFM Spring Conference, Orlando, FL.
- 2001 Twenty Years of Family Medicine Predoctoral Education at the University of Wisconsin, USA. Seminar presented with John Beasley, Wonca World Congress, Durban, South Africa.
- 2002 How to Develop Web-based Curricula: Practical Lessons Learned from Three Institutions. Workshop at STFM Annual Predoctoral Conference, Tampa, Fla.
- 2002 Preserving Core Values in Family Medicine Education, Invited discussant. Plenary Town Hall Meeting, Society of Teachers of Family Medicine (STFM) Annual Predoctoral Conference, Tampa, Fla.
- 2002 Improving Health Systems: the Contribution of Family Medicine; Seminar at the STFM Annual Conference, San Francisco, CA.
- 2002 Improving Health Systems: the Possible Contribution of Family Medicine; Workshop at the Network: Towards Unity for Health Annual Conference, Eldoret, Kenya.
- 2002 LOCUS: Preparing Health Professionals for Community Health Leadership; Workshop at the Network: Towards Unity for Health Annual Conference, Eldoret, Kenya.
- 2003 Preparing Physicians in Training for Community Health Leadership: LOCUS Workshop at the Society of Teachers of Family Medicine Annual Meeting, Atlanta, Georgia.
- 2003 Cultural Lessons from Global Family Medicine Developments: Moderator of panel presentation including Drs. Pablo Blasco, Leon Fay, Deb Rothenberg and Bruce Dahlman, Society of Teachers of Family Medicine Annual Meeting, Atlanta, Georgia.
- 2003 Lessons from Family Medicine Development Around the World: with Drs. Goh Lee Gan, Marc Rivo and Dada Leopando; Wonca Asia Pacific Regional Meeting, Beijing, China, November, 2003.
- 2003 Leadership for Excellence in Medical Education, 5th National Congress on Medical Education in Shiraz, Iran.
- 2004 Family Medicine: A Global Vision, Implementing Ideas from the WHO-Wonca Guidebook, Wonca World Meeting, Haq C, Hunt V, Boelen C, Rivo M, Shahady E, Leopando Z, Orlando, Florida, October, 2004.
- 2005 National Meeting on the Future of Family Medicine in Uganda, with academic leaders from Makerere and Mbarara University and the Ugandan Ministry of Health, Kampala Uganda, June, 2005.
- 2006 Family Medicine Education for Primary Health Care, 8th Congresso Brasileiro de Medicina de Familia e Comunidade (8th National Brazilian Conference on Family and Community Medicine)

Cynthia Haq, Curriculum Vitae

- 2006 Global Health Needs, Progress, Challenges in Family Medicine, 2006 Symposium on Family Medicine and Community Health Sciences in Beijing, China
- 2008 The Role of Academic Health Centers in Preparing Health Professionals for Global Health Careers; Plenary Address, Global Health Education Consortium Annual Meeting, Sacramento, California
- 2008 Finding a Path in Global Health for Family Physicians; American Academy of Family Physicians International Committee Annual Meeting, Denver, Colorado
- 2008 World Health Report 2008: Primary Health Care and Messages for Family Medicine; with Drs. Vincent Hunt and Jan De Maeseneer; Primary Care Family Medicine Meeting; Kampala, Uganda
- 2009 What is Global Health? ; Development and Evaluation of a Graduate Certificate in Global Health; Global Health Education Consortium Annual Meeting, Seattle, Washington
- 2009 Staying and Getting Out of Trouble in Global Health Education; American Academy of Family Physicians International Committee Annual Meeting, Denver, Colorado
- 2009 Evaluating Outcomes of a Graduate Certificate in Global Health; Consortium of Universities for Global Health Annual Meeting, Bethesda, Maryland.
- 2010 Unprecedented Opportunities for Family Medicine in Global Health; plenary address, American Academy of Family Physicians, Center for International Health Initiatives Annual Meeting, Miami, Florida
- 2010 Towards Best Practice in Global Health Education; Staying Out and Getting Out of Trouble; American Academy of Family Physicians, Center for International Health Initiatives Annual Meeting, Miami, Florida
- 2010 Stepping Stones to Get Started in Global Health; American Academy of Family Physicians, Center for International Health Initiatives Annual Meeting, Miami, Florida
- 2011 Evensen A, Dresang L, Haq C, Wagner S, Teklu S, Woldetsadik A, and Huth M. Introduction of Advanced Life Support In Obstetrics In Ethiopia (Poster). Seventh Annual Global Health Symposium, Madison, Wisconsin
- 2011 Evensen A, Dresang L, Haq C, Wagner S, Teklu S, Woldetsadik A, and Huth M. Introduction of Advanced Life Support In Obstetrics In Ethiopia (Poster). Society for Teachers of Family Medicine Annual Spring Meeting, New Orleans, Louisiana
- 2011 Haq C, Sevilla J, Usta J, Dowling P. Health Professional Migration in an Interconnected World (Plenary Presentation). American Academy of Family Physicians, Center for International Health Initiatives Annual Meeting, San Diego, CA
- 2011 Haq C, and VanDurme D. When Things Go Wrong; Staying Out and Getting Out of Trouble in Global Health Field Work; American Academy of Family Physicians, Center for International Health Initiatives Annual Meeting, San Diego, CA
- 2012 Haq C, Stearns M, Brill J, Getzin A, Miller J. Training in Urban Medicine and Public Health (Seminar). Society for Teachers of Family Medicine Annual Predoctoral Meeting, Long Beach, CA.
- 2012 Haq C, Tefera G; Medical Education Partnership Initiative with Ethiopia. 8th Annual Global Health Symposium, University of Wisconsin-Madison, WI.
<http://videos.med.wisc.edu/videoInfo.php?videoid=39537>

Cynthia Haq, Curriculum Vitae

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| 2012 | Staying and Getting Out of Trouble in Global Health Education; American Academy of Family Physicians, annual global health meeting, Minneapolis, Minnesota. |
| 2012 | Promoting Gender Equity in Ethiopia; American Academy of Family Physicians, annual global health meeting, Minneapolis, Minnesota. |
| 2013 | Partnerships for Global Health, a View from US Universities; invited keynote for the Ethiopian People to People annual diaspora conference, Pentagon City, Virginia. |
| 2013 | In the Community and Around the World Family Physicians and Global Health; invited keynote for the Family Medicine Midwest conference, Milwaukee, Wisconsin. |
| 2013 | Creating the Career You Love in Family Medicine and Global Health; American Academy of Family Physicians, annual global health meeting, Baltimore, Maryland. |
| 2013 | Medical Education Partnership Initiative to Promote Family Medicine and Gender Equity in Ethiopia; American Academy of Family Physicians, annual global health meeting, Baltimore, Maryland. |
| 2014 | Promoting Gender Equity for Health Professionals in Ethiopia; American Academy of Family Physicians, annual global health meeting, San Diego, CA. |
| 2014 | My Bad; Promoting Positive Collaborations in Global Health; American Academy of Family Physicians, annual global health meeting, San Diego, CA. |

Educational Presentations:

Departmental Presentations:

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| 1985 | Prenatal and Intrapartum Care: A Family Systems Approach. |
| 1986 | Health Costs of the Arms Race. Department of Family Medicine Grand Rounds. |
| 1986 | Health Crisis in Uganda. |
| 1987 | Well Child Care: A Quality Assurance Review. |
| 1993 | Using Community Health Resources in Family Medicine. Grand Rounds. |
| 1994 | The Development of Family Medicine Around the World. Annual Marc Hansen lecture, Department of Family Medicine, University of Wisconsin Statewide Faculty Meeting, Devil's Head, WI. |
| 1994 | Compassionate Care of the Dying Patient. |
| 1995-99 | Family Physicians as Health Activists and Community Leaders. |
| 1995 | The Moral and Social Mission of the Department of Family Medicine. Statewide Meeting, Madison, WI. |
| 2001-2005 | Residents as Teachers, Seminar to cultivate family medicine residents' teaching skills. |

Medical School/Hospital Presentations:

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| 1988 | AIDS in Africa, Epidemiology and Case Reports. Dartmouth Medical School, Hanover, NH. |
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Cynthia Haq, Curriculum Vitae

- 1988 International Health Opportunities for Medical Students. Dartmouth Medical School Workshop, Hanover, NH.
- 1993, 1994, 1995, 1998 The Poverty Experience: Workshop for Faculty and Students. University of Wisconsin
- 1992, 1993 Physician's Role in Identification and Management of Family Violence. Clinical Medicine and Practice Case Conference, University of Wisconsin.
- 1994 AIDS in Africa: Epidemiology, Social and Economic Implications. Special Topic Series, University of Wisconsin-Madison.
- 1995, 1996 Culture and Health Care: Clinical Medicine and Practice. University of Wisconsin Medical School.
- 1997 The Primary Care Clerkship Developments. Medical Education Day, University of Wisconsin Medical School.
- 1997 The Doctor, Student, Patient Triad. Statewide Faculty Development Program, University of Wisconsin Medical School.
- 2002 Communication, Information and Community Service. Medical Education Day, University of Wisconsin Medical School.

State/Regional Presentations:

- 1992, 1993, 1997, 2000 Health Advice for International Travel: Hospital Grand Rounds. Janesville WI, Grand Rounds at Columbus Hospital, Columbus, WI, Wausau Family Medicine Residency Program, Wausau, WI, Grand Rounds at Freeport Hospital, Freeport, IL.
- 2001 Improving Health Systems with Family Doctors. Southwest Wisconsin Academy of Family Physicians.

National Presentations:

- 1989 Challenges of Outpatient Medical Education. Mary Imogene Bassett Hospital, Cooperstown, NY.
- 1993 Teaching Programs in Family Medicine at the University of Wisconsin. Workshop for Faculty and Fellows, Meharry Medical School, Nashville, TN.
- 1996 Academic Infrastructure Development for International Education in Medicine. National Security Educational Program Annual Conference, Monterey, CA.
- 1996 Bringing International Health Home. Visiting Professor at University of Colorado Center for Health Sciences, Denver, CO.
- 2007 Values and Preparation for International Medical Education; and Family Medicine Developments in East Africa. American Academy of Family Physicians International Training Workshop, Tucson, AZ.
- 2008 Women Family Physicians and Global Health; Family Doctors as Leaders of Global Health; American Academy of Family Physicians Global Health Workshop, Denver, CO.
- 2013 Training in Urban Medicine and Public Health; presentation to Univ of Wisconsin Medical Alumni Association, graduates and community partners in Milwaukee, WI.

International Presentations:

- 1989 Definition and Evolution of Family Medicine. Aga Khan University Medical Center, Karachi, Pakistan.
- 1989 Status of Afghan Women and Children Refugees. Report for the International Rescue Committee Women's Commission and Sadruddin Aga Khan, New York, NY.
- 1990 Evolution of Family Medicine in the United States and Pakistan. International Conference of Family Physicians, Lahore, Pakistan.
- 2001 Improving Health Systems; The Contribution of Family Medicine. World Health Organization, Geneva, Switzerland.
- 2001 Family Medicine: Principles and Challenges. University of Geneva, Geneva, Switzerland.
- 2002 Family Medicine as a Strategy to Improve Primary Health Care in Uganda. Makerere University, Kampala, Uganda.
- 2003 The Evolution of Family Medicine Education; and Caring for Others, Caring for Ourselves, from Values to Action in Family Medicine, 7th National Congress of the Society of Family Medicine, Sao Paulo, Brazil.
- 2003 The Evolution and Status of Family Medicine in the United States; Implications for Family Medicine in China, Capital University of Medical Sciences, Beijing, China.
- 2004 Progress and Challenges in Family Medicine in Uganda; Department of Community Practice, Makerere University, Kampala, Uganda.
- 2004 Improving Health Systems with Family Medicine in Thailand: Department of Family Medicine, Ramithobidi Hospital, Mahidol University, Bangkok, Thailand.
- 2004 University of Wisconsin-Mahidol University Collaboration in Health Sciences, International Forum on Science and Technology, Bangkok, Thailand.
- 2004 Family Medicine and Medical Student Education, annual meeting of the Academia Mexicana de Profesores de Medicina Familiar, Mexico City, Mexico.
- 2005 Family Medicine in Uganda, Progress, Promise and Challenges, Makerere University, Kampala, Uganda.
- 2008 Improving Health Systems; the Contribution of Family Medicine, PrimaFammed International Conference, Kampala, Uganda.
- 2013 Development of Family Medicine in Africa, Family Medicine Residency Orientation, Addis Ababa University, Ethiopia.
- 2013 Working with the Family in Family Medicine, Family Medicine Residency, Makerere University, Kampala, Uganda
- 2013 Medical Education Partnership Initiative, Promoting Family Medicine and Gender Equity in Ethiopia, Emory University, Atlanta, Georgia
- 2014 The Development of Family Medicine in sub-Saharan Africa; Gender Equity as a Human Right, Addis Ababa University, Ethiopia

Invited Consultations or Professorships:

Cynthia Haq, Curriculum Vitae

- 1999 University of Nebraska Medical School. Assisted development of web-based curricula for statewide clerkship.
- 1999 Symposium on “Globalization and National Security: Building Intellectual Capacity for the 21st Century” hosted by Library of Congress, Wash. D.C. Contributed to dialogue with national and international scholars to explore challenges of global society, sustainable development, environmental degradation, global disease and hunger, population growth, health and economic cooperation.
- 2000-2002 Undergraduate Medical Education for 21st Century Medical School Consortium. Leader of working group to identify best teaching practices to promote effective health professional-patient relationships and communication skills.
- 2001-2002 University of Texas-Houston. Developed multicultural curriculum for family medicine residents.
- 2002-2003 World Health Organization and Government of Iran: Ministry of Health and Medical Education. Reviewed national standards and recommended changes in Iranian medical education and primary health care services.
- 2003-2006 Brazilian Society of Family Medicine (SOBRAMFA): Assisted development of family medicine education programs in Brazil.
- 2003 US Department of Health and Human Services: Worked with Dr. Doug Laube, chair of OB/GYN at the Univ of Wisconsin to assess needs and assist in development of curricula for obstetricians and gynecologists in Afghanistan to reduce maternal mortality.
- 2003-2006 Capital University of Medical Sciences, Beijing, China: Provided recommendations to develop curricula to train family doctors in China.
- 2005 Makerere University, Kampala Uganda: Developed recommendations and curricula to train family doctors in Uganda and East Africa.
- 2011-2012 University of Kentucky (UK): Invited consultant to provide recommendations for development of the UK Center for Global Health.

International Projects:

- 1989-1991 Afghan Women’s Social Service and Resource Center, Consultant and Co-founder: Established a school for Afghan refugee women in Peshawar, Pakistan.
- 1990-1996 Culture and Impact on Medical Ethical Decision-Making, Qualitative research.
- 1993-1997 Family Medicine Community Health Elective Coordinator, University of Costa Rica - University of Wisconsin.
- 1993-1995 Research Regarding the Global Development of Family Medicine, Colleagues from the Society of Teachers of Family Medicine.
- 1995-1997 Consortium for International Education in Medicine, Universities of California, Colorado, Rochester and American Medical Student Association, Academic Coordinator.
- 2000-2003 World Health Organization (WHO) and World Organization and National Colleges and Associations of Family Physicians (Wonca). Project Director: Improving Health Systems; The Contribution of Family Medicine, led international team of more than 100 family physicians to develop guidebook outlining principles and strategies for training family doctors.

Cynthia Haq, Curriculum Vitae

2005-present	East African Association of Family Doctors, consultant to strengthen the training of family doctors in Uganda, Kenya, Tanzania and Ethiopia.
2006	Ministry of Health of Brazil, consultant for training of Brazilian family doctors
2007-present	American Academy of Family Physicians, Center for Global Health Initiatives, Steering Committee Member
2009-present	Medical Education Partnership Initiative-Ethiopia, to strengthen medical education and health services in Ethiopia

Social and Family History:

Born in Germany to American mother, Sharon Rose Erwin, and Asian Indian father, Raza ul Haq. Traveled and lived in North America, Europe, Africa, Asia, Central and South America.

Married to J. Robert (Bob) Lawrence (deceased); children: Raza (1978); Aaron (1982); Heather (1984); Isaac (1989); and grandchild Iris (2010).

References available on request

Revised August 2014 (ch)

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Richard L. Moss		POSITION TITLE Professor	
eRA COMMONS USER NAME MUSCLE			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of Wisconsin-Oshkosh, WI	B.S.	1969	Biology
University of Vermont-Burlington, VT	Ph.D.	1975	Physiology
Boston (MA) Biomedical Research Inst.	Postdoc.	1975-79	Muscle Physiology

A. Personal Statement. Dr. Moss has contributed significantly to current understanding of the roles of myofibrillar proteins in the contraction of cardiac muscles, beginning with initial studies in the 1980's in which he investigated the contractile effects of variable expression of MyHC isoforms in mammalian cardiac muscles. Subsequent work has included determination of the transitional rate constants that characterize myosin function, effects of altered ratios of MyHC isoforms on muscle function, and most recently the effects of variable expression of α -MyHC on a predominantly β -MyHC background on contraction and contraction kinetics in rodent and pig myocardium. He also has experience in modeling contractile kinetics and has successfully established and led PPG groups in studies of regulatory processes in heart muscle, Ca^{2+} triggered arrhythmias and most recently hypertrophic cardiomyopathies. Dr. Moss has a history of innovation with respect to development of methods (reversible extraction of myofibrillar proteins to determine their function), mouse models (knock-outs, inducible knock-outs, and expression of phosphorylation mutants of cMyBP-C), and new concepts regarding the regulation of myocardial contraction (contraction kinetics regulated via PKA phosphorylation of cMyBP-C), use of human iPS cells to construct engineered cardiac tissue for mechanistic studies of cardiac function in health and disease.

B. Positions and Honors

Employment:

Assistant Professor of Physiology, 1979; Associate Professor, 1983; Professor, 1987, UW, Madison.
Chair, Dept. of Physiology, UW, Madison, 1988-2009.
Director, UW Cardiovascular Research Center, 1994-present.
Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies, UW SMPH, 2009-present.

Other Experience:

Member, NIH Physiology Study Section 1993-97; Reviewer on NIH Pathway to Independence (K99/R00) Special Emphasis Panels, NIH CVA Study Section; site visits for NINCSD, NICHD, NHLBI, NIA. AHA Cellular CV Physiol and Pharm Study Committee, 1990-93; 2001-04.
AHA Research Council.

Honors:

NHLBI Post-Doctoral Fellow, 1975-77; AHA Established Investigator, 1981-1986.
Editorial Boards: Biophysical Journal, 1985-92; Circulation Research, 1993-15; Journal of Physiology, 1995-05
International Editor, Journal of Physiology, 2005-2007
Associate Editor, Journal of General Physiology, 2009-present.
Secretary General, International Society for Heart Research, 2010-16.
Honorary Doctor of Medicine, Uppsala University (Sweden), 2007.

C. Fifteen Selected Peer-Reviewed Publications

- Hofmann, P.A., H.C. Hartzell and R.L. Moss (1991). Alterations in Ca^{2+} sensitive tension due to partial extraction of C-protein from rat skinned cardiac myocytes and rabbit skeletal muscle fibers. *J Gen Physiol* 97:1141-1163.
- Stelzer, J.E., S. Dunning and R.L. Moss (2006). Ablation of cardiac myosin binding protein-C accelerates stretch activation in murine skinned myocardium. *Circ Res* 98:1212-1218. Includes *Editorial* by N.D. Epstein and J.S. Davis, *When is a fly in the ointment a solution and not a problem?* *Circ Res* 98:1110-1112.
- Stelzer, J.E., J.R. Patel and R.L. Moss (2006). PKA-mediated acceleration of the stretch activation response in murine skinned myocardium is eliminated by ablation of cMyBP-C. *Circ Res* 99:884-890. Includes *Editorial* by H.L. Granzier and K.B. Campbell, *New Insights in the Role of Cardiac Myosin Binding Protein C as a Regulator of Cardiac Contractility*. *Circ Res* 99:795.
- Colson, B.A., T. Bekyarova, D.P. Fitzsimons, T.C. Irving, and R.L. Moss (2007). Radial displacement of myosin cross-bridges in mouse myocardium due to ablation of myosin binding protein-C. *J Molec Biol* 367:36-41.
- Zoghbi, M.E., J. Woodhead, R.L. Moss and R. Craig (2008). Three-dimensional structure of vertebrate cardiac muscle myosin filaments. *Proc Natl Acad Sci* 105:2386-2390. PMID: PMC2268146
- Ge, Y., I.N. Rybakova, Q. Xu and R.L. Moss (2009). Top-down high resolution mass spectrometry of cardiac myosin binding protein C: Truncation alters phosphorylation state. *Proc. Natl. Acad. Sci.* 106: 12658-12663. PMID: PMC2722289
- Chen, P.P., J.R. Patel, I.N. Rybakova, J.W. Walker and R.L. Moss (2010). Protein kinase A-induced myofilament desensitization to Ca^{2+} as a result of phosphorylation of cardiac myosin-binding protein C. *J Gen Physiol* 136:615-627. PMID: PMC2995154
- Colson, B.A., M.R. Locher, T. Bekyarova, J.R. Patel, D.P. Fitzsimons, T.C. Irving and R.L. Moss (2010). Differential roles of regulatory light chain and myosin binding protein-C phosphorylations in the modulation of cardiac force development. *J Physiol* 588:981-993. PMID: PMC2849963. Related podcast at <http://www.the-aps.org/publications/ajpheart/podcasts>. Posted 3/11/2011.
- Rybakova, I.N., M.L. Greaser and R.L. Moss (2011). Myosin binding protein C interactions with actin: characterization and mapping of the binding site. *J Biol. Chem.* 286:2008-2016. PMID: PMC3023497
- De Lange, W.J., L.F. Hegge, A.C. Grimes, C.W. Tong, T.M. Brost, R.L. Moss and J.C. Ralphe (2011). Neonatal mouse-derived engineered cardiac tissue: A novel model system for studying genetic heart disease. *Circ Res* 109:8-19. PMID: PMC3123426
- Sheikh, F., K. Ouyang, S.G. Campbell, R.C. Lyon, J. Chuang, D. Fitzsimons, J. Tangney, C.G. Hidalgo, C.S. Chung, H. Cheng, N.D. Dalton, Y. Gu, H. Kasahara, M. Ghassemian, J.H. Omens, K.L. Peterson, H.L. Granzier, R.L. Moss, A.D. McCulloch and J. Chen (2012). Integrative mouse and computational models link altered myosin kinetics to early events in cardiac disease. *J Clin Invest* 122:1209-1221. PMID: PMC3314469
- Chen, P.P., J.R. Patel, P.A. Powers, D.P. Fitzsimons and R.L. Moss (2012). Dissociation of structural and functional phenotypes in cardiac myosin binding protein-C conditional knock-out mice. *Circulation* 126:1194-1205. PMID: PMC3466088
- Warren, S.A., L.E. Briggs, H. Zeng, J. Chuang, E.I. Chang, R. Terada, M. Li, M.S. Swanson, S.H. Lecker, M.S. Willis, F.G. Spinale, J. Maupin-Furlowe, J.R. McMullen, R.L. Moss and K. Kasahara (2012). Myosin light chain phosphorylation is critical for adaptation to cardiac stress. *Circulation* 126:2575-2588. PMID: PMC3510779
- Colson, B., J.R. Patel, P. Chen, T. Bekyarova, C. W. Tong, D. Fitzsimons, T Irving and R.L. Moss (2012). Myosin binding protein-C phosphorylation is the principal mediator of protein kinase A effects on thick filament structure in myocardium. *J Mol Cell Cardiol* 53:609-616. PMID: PMC3472100
- Colson, BA, IN Rybakova, E Prochniewicz, R.L. Moss and D.D. Thomas (2012). Cardiac myosin binding protein-C restricts interfilament torsional dynamics of actin in a phosphorylation-dependent manner. *Proc Natl Acad Sci USA* 109:20437-20442. PMID: PMC3528524

D. Research Projects Ongoing or Completed During the Last 3 Years

"MyBP-C modulation of cardiac contraction"

PI: Richard L. Moss

Type: R37 HL82900 (MERIT Award) Period: April 15, 2006 to April 14, 2016

Annual direct costs: \$410,000

The goal of this study is to determine the mechanisms, such as PKA-mediated phosphorylations, by which myosin binding protein C modulates cardiac contraction.

"Myosin Isoforms in Relation to Function in Human Heart"

P.I.: Richard L. Moss

Agency: NIH NHLBI

Type: R01 HL61635 Period: September 1, 2003 to August 31, 2011

The goal of this study was to determine the roles of myosin heavy chain isoforms in determining cardiac function in health and disease.

"Training Program in Translational Cardiovascular Science"

P.I.: Jonathan Makielski; Co-P.I.: Richard L. Moss

Agency: NIH NHLBI

Type: T32 (HL07936) Period: September 1, 2001 to August 31, 2016

This training grant supports graduate students, post-docs and clinical fellows training in basic and applied cardiovascular sciences.

"Developmental Changes Affecting Cardiac Titin Function"

P.I.: Marion Greaser; Co-P.I.: Richard L. Moss

Agency: NIH

Type: RO1 HL077196 Period: July 1, 2004 to May 31, 2011

The specific aims of this project were to (1) test whether titin isoform expression leads to altered cardiac mechanical properties, (2) establish the interaction properties of oppositely charged PEVK domains and their functional significance, (3) identify the peptides in titin that are phosphorylated and determine if phosphorylation state is related to assembly or titin's functional properties.

"Calcium-Triggered Arrhythmias and Sudden Cardiac Death"

P.I.: Richard L. Moss

Agency: NIH NHLBI

Type: P01 (HL094291) Period: July 1, 2009 to June 30, 2014

Annual direct costs: \$1,433,000

The goal of this project is to determine mechanisms of arrhythmogenesis in animal models of CPVT and hypertrophic cardiomyopathies.

Changes to the Faculty Bylaws and
Creation of a Faculty Handbook
University of Wisconsin-Platteville

EDUCATION COMMITTEE

Resolution I.1.b.

That, upon recommendation of the Chancellor of the University of Wisconsin-Platteville and the President of the University of Wisconsin System, the Board of Regents approves the changes to the UW-Platteville Faculty Bylaws and the creation of a Faculty Handbook.

**FACULTY PERSONNEL RULES
CHANGES TO THE FACULTY BYLAWS AND THE CREATION OF
A FACULTY HANDBOOK
UNIVERSITY OF WISCONSIN-PLATTEVILLE**

BACKGROUND

Section UWS 2.02, Wisconsin Administrative Code (“Faculty Rules: Coverage and Delegation”), requires that rules, policies, and procedures developed by each institution in the System pursuant to Chapters UWS 3, 4, 5, 6 and 8 must be approved by the Board of Regents before they take effect.

The proposed revisions to the UW-Platteville Faculty Bylaws pertain to Chapters UWS 3, 4, 5, and 6 to be reported under Section UWS 2.02. Revisions to the Faculty Bylaws include changes in sections pertaining to faculty appointments. Deletion of sections from the Faculty Bylaws pertain to faculty appointments, procedures for dismissal, layoff and termination for reasons of financial emergency, complaints and grievances, and dismissal of faculty in special cases.

These deletions from the Faculty Bylaws were subsequently included in a newly created Faculty Handbook. The newly created Faculty Handbook also contains other sections from the Faculty Bylaws that remained unchanged.

REQUESTED ACTION

Approval of Resolution I.1.b., approving the revisions to the UW-Platteville Faculty Bylaws and the creation of a Faculty Handbook.

DISCUSSION

The proposed revisions to the Faculty Bylaws and the creation of a UW-Platteville Faculty Handbook incorporating parts of the Faculty Bylaws change a number of procedures regarding faculty appointments, procedures for dismissal, layoff and termination for reasons of financial emergency, complaints and grievances, and dismissal of faculty in special cases.

A Summary of all changes to the UW-Platteville Faculty Bylaws reported under Section UWS 2.02, Wisconsin Administrative Code follows below in tabular format. All proposed changes were approved by the UW-Platteville Faculty Senate on February 26, 2013. They have been reviewed by the UW System Office of General Counsel and Office of Academic and Student Affairs staff.

A clean copy of the relevant sections of the UW-Platteville Faculty Bylaws to be reported under Wisconsin Administrative Code 2.02 follows the above mentioned Summary. This document shows how the revised sections would read subsequent to Board approval. A clean copy of the sections to be reported under Section UWS 2.02, Wisconsin Administrative Code, in Chapter 6

of the Faculty Handbook is also attached below. The link below contains the original version of the UW-Platteville Faculty Bylaws, the version of the Faculty Bylaws with tracked changes, and a copy of the bylaws merged with the handbook (Chapter 6) with tracked changes:

<http://www.uwsa.edu/bor/agenda/2014/october-education-Revision-of-UW-PlattevilleFacultyBylaws.pdf>

RECOMMENDATION

The President of the UW System recommends approval of Resolution I.1.b., approving the revisions to the UW-Platteville Faculty Bylaws and the creation of a Faculty Handbook.



UNIVERSITY OF WISCONSIN
PLATTEVILLE
ACADEMIC AFFAIRS

TO: Dr. Ray Cross
UW System President
Dr. David Ward
Interim UW System Senior Vice President for Academic & Student Affairs
Tomas Stafford
UW System General Counsel

FROM: Dr. Mittie Den Herder *MWDH*
Provost, University of Wisconsin-Platteville

DATE: June 13, 2014

RE: Approval of changes to Faculty Bylaws

Please find attached to this letter a packet of documents outlining changes to the Faculty Bylaws approved by the Faculty at the University of Wisconsin-Platteville (UW-Platteville). I support these changes and respectfully request that they be added to a Board of Regents agenda for approval.

In 2009, the members of the UW-Platteville University Rank, Salary, and Tenure Policy Commission (URSTPC) began a multi-year project of reviewing institutional faculty personnel policies and procedures, researching faculty personnel policies at other comprehensive institutions in the UW System, and formulating recommendations for revisions to the UW-Platteville Faculty Bylaws. The review of practices at other comprehensive institutions revealed that the majority of institutions in this category place most of their faculty personnel policies and procedures in a faculty handbook (either as a standalone document or as a separate section in an expanded handbook that includes other governance groups) rather than in their faculty bylaws, as is the case at UW-Platteville.

UW-Platteville does not currently have a faculty handbook. There is an employee handbook that includes some policies and procedures that affect faculty (e.g., classroom policies, staff benefits, leaves), as well as a reference copy of the Faculty Constitution and Bylaws, but this handbook is intended to be used by UW-Platteville employees in general, rather than by one particular population of the academic community. The members of the URSTPC determined that the creation of a separate faculty handbook that would serve as the repository for all issues related to faculty personnel policies and procedures, academic policies, and faculty governance (including the Faculty Constitution and Bylaws) would be in line with common practice across the UW System, offer a better approach to organizing faculty documents, and improve accessibility and ease of use.

As part of the proposal for the creation of a separate faculty handbook, the members of the URSTPC recommended to the Faculty Senate that all of Part III “Personnel Rules and Procedures” of the Faculty Bylaws be removed and made part of the new faculty handbook. Additionally, the URSTPC recommended expanding some sections of the material removed from the Faculty Bylaws to include language that codified and/or clarified review procedures already in place but not specifically referenced in the Faculty Bylaws (e.g., procedures related to conducting a meeting of an appeal panel). Placing faculty personnel policies and procedures in a separate handbook will allow for minor changes to be made with the approval of the Faculty Senate alone, rather than by both the Faculty Senate and the General Faculty, which is the process that is required to amend the Faculty Bylaws.

The review of current faculty personnel policies and procedures, conducted over a span of almost three years, resulted in a set of recommendations made by the URSTPC to the Faculty Senate for reorganization of faculty review committees and procedures at the department, college, and university levels. These changes were incorporated into the proposal for a new faculty handbook and also led to revisions to Part II “Governance Structure” of the Faculty Bylaws.

The proposed revisions to Part II “Governance Structure” and Part III “Personnel Rules and Procedures” of the Faculty Bylaws were passed by the UW-Platteville Faculty Senate on a final reading on February 26, 2013, and, in accordance with the procedures set forth in the Faculty Bylaws, approved by the UW-Platteville General Faculty at a meeting on March 14, 2013.

Pursuant to UWS 2.02, Wisconsin Administrative Code, the revised sections of the UW-Platteville Faculty Bylaws and the sections of the new faculty handbook that fall under UWS 3, 4, 5, 6, 7, and 8 are submitted to the Board of Regents for approval. This document packet contains the following:

- a summary of changes made
- a copy of the relevant original sections of the UW-Platteville Faculty Bylaws
- a copy of the relevant sections of the UW-Platteville Faculty Bylaws, showing additions and deletions
- a clean copy of the relevant revised sections of the UW-Platteville Faculty Bylaws
- a copy of the relevant sections of the new UW-Platteville Faculty Handbook (Chapter 6), showing the material that was deleted from the UW-Platteville Faculty Bylaws and incorporated into the handbook
- a clean copy of the relevant sections of the new UW-Platteville Faculty Handbook (Chapter 6)

I would again express my support for these changes and on behalf of the UW-Platteville Faculty request approval of them by the Board of Regents.

Summary of Changes to UW-Platteville Faculty Bylaws Reported Under Wisconsin Administrative Code 2.02

Revisions to UW-Platteville Faculty Bylaws Reported under UWS 2.02

Wisconsin Administrative Code Chapter	Sections revised
3 (Faculty Appointment)	Part II, Article III Councils and Commissions <ul style="list-style-type: none"> • Section 5 University Rank, Salary, and Tenure Policy Commission • Section 6 Appeals Commission Part II, Article V Ancillary College-Level Structures <ul style="list-style-type: none"> • Section 3 College Rank, Salary, and Tenure Committees

Deletions from UW-Platteville Faculty Bylaws (included in Faculty Handbook) Reported under UWS 2.02

Wisconsin Administrative Code Chapters	Sections deleted from UW-Platteville Faculty Bylaws (Original Document) and included in Faculty Handbook	Material from Bylaws included in UW-Platteville Faculty Handbook (Revised Document)	Corresponding page reference in copy of Handbook (version with marked edits)
3 (Faculty Appointment)	Part II, Article V Ancillary College-Level Committees Section 4 Library RST Committee Part II, Article VI Department Review Bodies Section 1 Section 2 Section 3 Section 4 Section 5 Part III, Article III Recruitment and Initial Appointment Section 1 Section 2 Section 3	N/A; entire section was deleted as there are no longer any library faculty at UW-Platteville 6.3.4.5 Renewal and Tenure Review Body Section 1 Section 2 Section 3 Section 4 6.3.4.4 Section 5 (DSPC) 6.3.1 Recruitment and Initial Appointment 6.3.1.1 6.3.1.2 6.3.1.3	p. 9 p. 11 p. 13 p. 13 p. 9 p. 1 p. 2 p. 2

3 (Faculty Appointment)	Section 4	6.3.1.6	p. 3
	Section 5	6.3.1.7	p. 4
	Section 6	6.3.1.8	p. 5
	Part III, Article IV Recommendations Concerning Renewal of Probationary Appointments	6.3.6 Renewal of Probationary and Other Appointments	
	Section 1	6.3.6.5	p. 31
	Section 2 (first 4 sentences) (last 4 sentences)	6.3.6.9	p. 33 p. 34
	Section 3	6.3.6.11	p. 35
	Section 4	6.3.6.12	p. 35
	Section 5	6.3.6.9	p. 33
	Section 6	6.3.6.9	p. 33
	Part III, Article VI Recommendations Concerning Tenure	6.3.7 Granting of Tenure	
	Section 1	6.3.4.5 (Review Bodies)	p. 11
	Section 2 (subsection “a”) (subsection “b”)	6.3.7.12 6.3.7.8	p. 41 p. 39
	Section 3	6.3.7.8	p. 39
	Section 4	6.3.7.9	p. 40
	Section 5	6.3.7.15	p. 44
	Section 6 (subsection “a” and first sentence of “subsection ‘b’” (last sentence of subsection “b”)	6.3.7.9 6.3.7.12	p. 40 p. 42
	Part III, Article VIII Reconsideration and Appeal	6.3.12 Nonrenewal of Probationary Appointments /Denial of Tenure	
	Section 1 (subsection “b”)	6.3.7.12 (Early Tenure)	p. 42
	Section 2	6.3.12.2	p. 45
Section 3	6.3.12.3	p. 49	
4 (Procedures for Dismissal)	Part III, Article X Dismissals	6.3.13 Dismissals	p. 64
5 (Layoff and Termination for Reasons of Financial Emergency)	Part III, Article XI Faculty Terminated Because of Fiscal Emergency	6.3.14 Faculty Terminated Because of Fiscal Emergency	p. 64

6 (Complaints and Grievances)	Part III, Article IX Complaints and Grievances Introduction Section 1 Section 2 Section 3	6.3.16 Complaints and Grievances 6.3.16.1 6.3.16.2 6.3.16.3 6.3.16.4	p. 65 p. 65 p. 65 p. 66
7 (Dismissal of Faculty in Special Cases)	[Part III, Article X Dismissals]	[6.3.13 Dismissals]	[p. 64]

UW-Platteville Faculty Bylaws—Clean Copy of Revised Sections Reported under Wisconsin Administrative Code 2.02

(Includes section on new college compensation committee that was previously the college rank, salary, and tenure committee)

Approved by UW-Platteville Faculty Senate on 2-26-13; approved at a meeting of the General Faculty on 3-14-13.

Part II: Governance Structure

Article III Councils and Commissions

Section 5 University Rank, Salary, and Tenure (URST) Policy Commission

a. Responsibilities

- i. Evaluates and coordinates the policies of the department salary and promotion committees, the renewal and tenure review bodies, the college compensation committees, and the university promotion committee in a manner consistent with Faculty Senate and Board of Regents policies and procedures.
- ii. Develops and recommends for Faculty Senate adoption overall RST policies.
- iii. Consults with the Academic Planning Council in areas where academic and budgetary priorities and policies relate to questions of rank, salary, and tenure.
- iv. Sets the general policy guidelines and procedural standards (in addition to, and in conformity with, the RST procedures set forth in the Faculty Handbook) that will serve to guide the department salary and promotion committees, the renewal and tenure review bodies, the college compensation committees, and the university promotion committee in their work, and assures that the appropriate department, college, and university committees are informed about them and carry them out.
- v. Establishes the procedures according to which the resources for merit awards and inequity adjustments shall be made available to the college compensation committees, and monitors the standards and guidelines by which the college compensation committees shall make those awards and adjustments.
- vi. Recommends to the Faculty Senate the procedures for determining salaries.
- vii. Submits an annual report to the Faculty Senate that summarizes the college compensation committee reports concerning merit, inequities, and compression.
- viii. Conducts the faculty evaluations of the deans, provost, and chancellor.
- ix. Summarizes the evaluations and provides a copy of the summary to the administrator.

- x. Consults with the Provost and the Equal Employment Opportunity Officer when necessary.

b. Membership

- Faculty Representatives: Three faculty members from each college, with no more than one from any department. One of the three representatives from each college is appointed by and from each college compensation committee annually. The other members from each college must be tenured and are elected in an all-faculty election for two-year staggered terms. No member shall serve more than four consecutive years.
- Ex-Officio: Provost and college deans (non-voting)

Part II: Governance Structure

Article III Councils and Commissions

Section 6 Appeals Commission

For the purposes of this section, the Library faculty shall be considered a department.

a. Responsibilities

- i. Hears any faculty member's appeal of a decision not to renew a probationary member's appointment, or to deny tenure at the completion of the maximum probationary period, made by the tenured members of a department or its functional equivalent, according to the appeal procedure set forth in the Faculty Handbook.
- ii. Acts as an appeal body on the request of any faculty member against whom the Chancellor has filed charges that may lead to dismissal. In such circumstances, the commission shall act as a hearing agent for the Board of Regents pursuant to Section 227.12 Wis. Stat., and in accordance with all procedures set forth in UWS 4.
- iii. Acts as an appeal body on the request of any faculty laid off because of fiscal emergency, in accordance with all the procedures set forth in UWS 5.

b. Membership

- i. There shall be nine members on the commission appointed by the Faculty Senate upon recommendation of the Appointments and Elections Committee except that:
 - 1. there shall be no more than one member from any one department,
 - 2. each member shall be appointed to a three year term and a member may serve two consecutive terms, and
 - 3. all members shall be tenured.

ii. The Faculty Senate shall maintain a list of alternates to serve as members of the Appeals Commission under the conditions specified in b, iii, 2 below. These alternates shall serve three year terms and may serve consecutive terms unless they become active members of the commission. In this case they may not serve more than two consecutive terms as members or alternates.

iii. A panel of five members shall be selected by the Commission to hear a particular case according to the following:

1. No member of the appealing member's department or its functional equivalent may serve on the appeal panel for that faculty member.
2. In the case of an appeal of a non-renewal, the appealing faculty member shall have the option of disqualifying one member of the commission from serving on that faculty member's review panel; the review body that initiated the adverse decision shall also have the option of disqualifying one member; and commission members may disqualify themselves.

In the case of an appeal of a denial of tenure at the completion of the maximum probationary period, the appealing faculty member shall have the option of disqualifying one member of the commission from serving on that faculty member's review panel; the tenured members of the department or its functional equivalent shall also have the option of disqualifying one member; and commission members may disqualify themselves.

If fewer than five members remain on the review panel, the Executive Committee of the Faculty Senate shall appoint an alternate or alternates (sufficient in number to make a panel of five) from the list of alternates to be maintained according to b, ii, above.

3. In the event that not enough regular members or alternates are able to serve, the Executive Committee of the Faculty Senate shall prepare a list of alternates to be approved by the Faculty Senate.

iv. The Appeals Commission shall select its own Chair, and when constituted, each panel shall select its own Chair.

c. Reporting Procedures

- i. When acting on an appeal of a non renewal or denial of tenure at the completion of the maximum probationary period decision, its report may include remedies which can, without limitation because of enumeration, take the form of a reconsideration by the decision maker under instructions from the panel, or a recommendation to the next higher reviewing level. The panel shall remand all cases for reconsideration by the decision maker, unless it specifically finds that such a remand would serve no useful purpose. The

panel shall retain jurisdiction during the pendency of any reconsideration. If an adverse decision has been made by the department or its functional equivalent, and the appeals panel believes an error has been made, it shall abide by the provisions in the Faculty Handbook.

- ii. When acting on a dismissal case, the panel shall act in accordance with the provisions of UWS 4.07.
- iii. When acting on a layoff case, the panel shall act in accordance with all the provisions of UWS 5.14.

Part II: Governance Structure

Article V Ancillary College-Level Structures

Section 3 College Compensation Committees

a. Duties

- i. Review and act upon the appropriate department salary and promotion committee's evaluations and recommendations concerning merit, inequity, and/or compression. Each college compensation committee will require supporting information from the department salary and promotion committee, and if the department chair's evaluation and/or recommendation differs from those of the department salary and promotion committee, it will consider both. In making its own judgments, the college compensation committee will take into account the same criteria and standards incumbent upon the department salary and promotion committee.
- ii. May initiate the consideration of any faculty member under its jurisdiction for a merit award or inequity adjustment, but the college compensation committee may not make a merit award or inequity adjustment without the concurrence of the department salary and promotion committee.
- iii. Shall notify each faculty member in writing as soon as is practicable of all college compensation committee judgments concerning that member.
- iv. Shall notify the department salary and promotion committee when it (the college compensation committee) makes a judgment and/or recommendation contrary to one made by the department salary and promotion committee.
- v. Shall forward its recommendations concerning merit, inequity, and compression to the chancellor.
- vi. Shall forward an annual report to the University Rank, Salary, and Tenure Policy Commission that summarizes merit, inequities, and compression for the entire college.

b. Membership and Chair

Each college compensation committee shall consist of members in that college and shall consist of at least five tenured faculty members. No more than two members may be from the same department and no more than one member from the same discipline. Each member shall be elected by the whole college faculty. Department chairs, school directors, members of the department or school salary and promotion committees, and probationary faculty on a terminal contract are not eligible to serve.

Each college compensation committee shall elect yearly a chair from its membership. The college dean or the assistant/associate dean (non-voting) is eligible to serve in this capacity. Each college compensation committee shall select yearly from its membership, a member to serve on the University Rank, Salary and Tenure Policy Commission.

c. Voting Eligibility

No college compensation committee member may vote on his or her own evaluation or recommendation.

UW-Platteville Faculty Handbook (Chapter 6) --Clean Copy of Sections Reported under Wisconsin Administrative Code 2.02

6.3 Faculty Personnel Rules

6.3.1 Recruitment and Initial Appointment

6.3.1.1 Eligibility to Participate in the Recruitment Process

All department members are eligible to take part in the recruitment and initial appointment process described in this section, except

- the incumbent in the position to be filled if declared ineligible by vote of the department, and
- candidates for the position who are already department members.

Individual departments may decide by departmental vote to further limit eligibility to members of the discipline or program in which the appointment will be made.

If the vacancy is that of a department chair, the voting members of the department shall elect one of its eligible members to act as department chair in all matters relating to recruitment and initial appointment.

6.3.1.2 Position Description and Vacancy Announcements

By majority vote of the full department membership (defined in section 6.3.1.1) or by majority vote of members of the discipline or program if so determined by the department, a statement shall be adopted specifying

- the responsibilities to be assigned,
- the corresponding competencies required in the person filling the vacancy, and
- what type of contract is desired.

The vote may reaffirm a previous statement of such responsibilities and competencies.

The college dean and the department chair, in consultation with the chancellor, the provost, and the department, will then determine whether the appointment will be a regular academic year (or twelve-month) contract or an academic staff contract.

After the type of contract has been determined, the department chair and/or the chair of the search and screen committee will invite appropriate faculty and appropriate students to recommend candidates and ensure that the position is advertised widely in suitable media. That

notice must include a statement of the university's commitment to Affirmative Action and Equal Employment Opportunity recruitment policies and a statement indicating whether the appointment is to be filled by someone holding a regular academic year (or twelve-month) contract or an academic staff contract.

The department will keep in mind that where layoffs have occurred because of fiscal emergency, no person may be employed at the institution within three years to perform reasonably comparable duties to those of a faculty member laid off, without first offering reappointment to the laid-off faculty member without loss of tenure, seniority, or other rights.

6.3.1.3 Department Search and Screen Committee

Department search and screen committees must include a minimum of three faculty members from the department, subject to the exclusions outlined in section 6.3.1.1. A department may also vote to constitute itself as a search and screen committee.

If fewer than three faculty members from the department are available to take an active part in the search and screen process, the dean shall, after consultation with all the remaining department members, appoint additional faculty to the search and screen committee to make a committee of at least three. The additional faculty member(s) so appointed shall be members of a department or departments whose academic discipline is as nearly related as possible to the discipline of the department with the vacancy.

The final committee membership must be such that all required fields on the Position Search Form 2—Recruitment Plan are completed.

The college dean may, at his or her discretion, serve with the committee as consultant. Alternatively, the college dean may appoint the college assistant dean or associate dean to serve as his/her designee. Appropriate faculty and students will be invited to offer their evaluation of the candidates. The final selection is made by a majority vote of the search and screen committee on an affirmative motion.

6.3.1.6 Role of the Dean and Provost in the Recruitment Process

It is the responsibility of the search and screen committee chair to ensure that the appropriate paperwork is completed and forwarded to the dean for his or her approval. If the dean approves the candidate selected as the finalist for the position, he or she will sign the appropriate form and forward it to the provost. If the provost concurs with the dean's recommendation, the process moves forward with an offer to the candidate (see section 6.3.1.7).

If the dean does not approve the candidate selected as the finalist for the position, he or she will ask the department chair to convene a meeting of all department members (or members of the discipline or program if eligibility has been restricted as per section 6.3.1.1) in order to discuss the matter together. If, after the consultation, the dean's adverse judgment remains unchanged,

the department will retrace the appropriate steps in sections 6.3.1.2 and 6.3.1.3 above and offer another recommendation.

If the provost does not find the dean's recommendation acceptable, the dean and the provost will meet to discuss the matter together. If the provost's adverse judgment remains unchanged, the department will retrace the appropriate steps in sections 6.3.1.2 and 6.3.1.3 above and offer the dean another recommendation.

6.3.1.7 Offering an Initial Contract

When the provost accepts the dean's recommendation, the department chair and the dean, in consultation with the provost, together negotiate the terms and conditions of the appointment, including duration of the appointment, salary, rank, starting date, ending date, general position responsibilities, probation, tenure status, and any credit that will be given for prior service, including any years toward tenure. **NOTE:** Probationary faculty hired at mid-year will be evaluated (first review) with first-year probationary faculty hired in the fall semester of the next academic year.

If the candidate offers a verbal acceptance of an appointment on these terms, the provost, as the chancellor's designee, sends the following to the candidate:

- a letter of appointment that includes the terms as specified above,
- a copy of the department's profile of duties to be performed,
- an explanation of institutional and system rules and procedures relating to faculty appointments, and
- a form for the appointee to sign indicating formal acceptance of the appointment.

If the appointment is subject to advance approval by the Board of Regents, a statement to this effect must be included in the letter (UWS 3.03).

6.3.1.8 Types of Appointment and Length of Probationary Period

Faculty appointments may be for the academic year or twelve months and must be probationary or tenured.

The maximum probationary period shall be seven years as provided in UWS 3.04, and the maximum for a part-time position of at least half-time shall be ten years. No one holding less than a half-time appointment is eligible for tenure. A leave of absence, sabbatical leave, or a teacher improvement assignment does not constitute a break in continuous service and shall not be included in the probationary period (see section 6.3.2.4). Any shortening of the probationary period or counting of prior service must be based upon the recommendation of the department or its functional equivalent and approved by the chancellor or his or her designee.

Acting upon the recommendation of the department or its functional equivalent, the chancellor may grant prior service credit to the candidate for the purpose of reducing the maximum probationary period. Such creditable service must be (a) subsequent to completion of the

terminal degree and (b) in positions that have expectations for productivity in the areas of research and creative activity and public and professional service, as well as teaching. Credit for prior service must be negotiated at the time of the initial appointment and included in the contract offered to the candidate.

6.3.2 Period of Employment and Related Policies

6.3.2.1 Period of Employment

Most members of the instructional staff are engaged on an academic year appointment, which extends for the nine-month academic year (39 weeks, including days of registration, final examinations, and commencement) specified in the UW-Platteville calendar as approved by the Board of Regents. [Consult the Registrar's Office web site for the current academic calendar (<http://www.uwplatt.edu/registrar/calendars.html>).]

The instructional staff may be employed as needed for the summer session. An additional two-ninths of the academic year salary is paid for a full-time summer appointment. Summer employment cannot be guaranteed because it is contingent upon enrollment, departmental needs, and the individual's preparation for available assignments. Preference is given to regular faculty members for summer session teaching before seeking off-campus candidates.

The instructional staff may also be employed as needed for the winter session and are paid according to policies set by the provost. Employment is contingent upon enrollment, departmental needs, the individual's preparation for available assignments, and his or her willingness to teach an 11-day course immediately preceding the beginning of the spring semester.

6.3.2.3 Policy on Split Appointments

If a faculty member holds a split appointment between two or more departments, programs, or units, that individual is to be evaluated and recommended by the group in which he or she holds the major fraction of appointment. It is the responsibility of the renewal and tenure review body (RTRB) chair and the department salary and promotion committee (DSPC) chair to obtain written input from the other partial appointment area. In the case of a 50/50 appointment, the faculty member must designate the primary evaluating department, program, or unit.

The evaluation form of a faculty member to be reviewed and recommended by two or more such units will be marked so as to receive proper attention by the appropriate review body or bodies. The purpose of this special procedure is to ensure fair consideration of a faculty member's work in more than one department, program, or unit.

Faculty who have appointments split between teaching and administrative services will participate in the departmental, college, and university RST evaluation process. They will be evaluated and recommended by each group according to their percentage assignment before the final recommendation goes to the chancellor. The department or unit to which a majority of the staff member's time is assigned will have the primary responsibility for moving evaluation

materials forward. Performance reviews for faculty who are on limited appointments that do not include teaching assignments shall be based upon the major evaluation categories of job performance, professional/scholarly/creative activity, and university and public service activities as weighted by agreement between the faculty member, the department, and, when appropriate, the college dean.

It is this university's policy that faculty with split appointments, those on leaves of absence, sabbatical leaves, and especially those who have volunteered for retraining and reassignment will not be inadvertently penalized for their unusual assignments; instead, all review bodies will be expected to reward unusual efforts made on behalf of the total university. All review bodies should review the files of all such faculty with care and consideration.

6.3.2.4 Leaves of Absence

Per UWS 3.04, a leave of absence, sabbatical leave, or a teacher improvement assignment does not constitute a break in continuous service and shall not be included in the probationary period. Responsibilities with respect to childbirth or adoption, significant responsibilities with respect to elder or dependent care obligations, disability or chronic illness, or circumstances beyond the control of the faculty member shall not constitute breaks in continuous service, nor shall they be included in the probationary period when those circumstances significantly impede the faculty member's progress toward achieving tenure. It shall be presumed that a request made because of responsibilities with respect to childbirth or adoption shall be approved.

6.3.2.5 Suspension of Tenure Clock

Requests to "suspend the tenure clock" may not be initiated once the tenure file has been submitted for review. A request to "suspend the clock" for any of the reasons listed in section 6.3.2.4 must be made in writing to the department chair. The approved request must be forwarded along with the approval recommendation in turn to the dean, provost, and chancellor (see section 6.3.7.14 for a detailed description of the approval process). The chancellor, in consultation with the department chair, dean, and provost, may grant the request. If the request is denied at any level, the denial must be based upon clear and convincing reasons and must be in writing. More than one request may be granted because of responsibilities with respect to childbirth or adoption.

More than one request may be granted to a probationary faculty member, but the total, aggregate length of time of all requests, except for a request because of responsibilities with respect to childbirth or adoption, granted to one probationary faculty member shall be no more than one year. If a faculty member has been in probationary status for more than seven years because the clock has been "suspended" for one or more of the reasons listed in section 6.3.2.4, then the person shall be evaluated as if he or she had been in probationary status for seven years (see UWS 3.04).

Tenure is not acquired solely because of years of service. Granting tenure must result from an affirmative recommendation of the department or its functional equivalent and approval by the chancellor (see section 6.3.7).

6.3.4 Review Bodies

6.3.4.2 General Functions of Review Bodies

For the purpose of faculty review, references to departments and/or department salary and promotion committees (DSPCs) are intended to include schools and/or school salary and promotion committees (SSPCs). The director of a school is intended to be equivalent to a department chair.

Department Salary and Promotion Committee (DSPC)

The primary function of the department salary and promotion committee is to make promotion in rank and salary recommendations based on pertinent data in accordance with a department- and university-approved plan.

Renewal and Tenure Review Body (RTRB)

The primary function of the department renewal and tenure review body is to make decisions regarding renewal of probationary faculty and the granting of tenure. Such decisions will be made in accordance with a department- and university-approved plan.

College Compensation Committee (CCC)

The primary function of the college compensation committee is to review and evaluate DSPC recommendations for salary and to make separate recommendations in accordance with a university-approved plan.

University Promotion Committee (UPC)

The primary function of the university promotion committee is to review and evaluate DSPC recommendations regarding promotion in rank and to make independent recommendations in accordance with a university-approved plan.

University Rank, Salary, and Tenure Policy Commission (URSTPC)

The primary function of the University Rank, Salary, and Tenure Policy Commission is to set policies and monitor all promotion in rank, salary, renewal, and tenure procedures.

All of the above bodies will act in direct accordance with Affirmative Action and Equal Opportunity Laws and Regulations. The university affirmative action officer will direct the attention of the various review bodies to affirmative action problems and needs.

6.3.4.3 Voting Procedures for Review Bodies

All votes pertaining to actions of review bodies will be conducted by a show of hands; or signed ballots that will be saved and attached to the minutes (forwarded to the provost's office in the case of a tenure decision); or each person's vote can be recorded in the minutes; or a roll call vote, if requested by at least one member, with each person's vote recorded in the minutes. Departmental plans must specify which method(s) of voting will be used. In reporting the results

of any personnel action requiring a vote, the vote count (votes for and votes against) will be recorded on the appropriate form and provided to the individual under consideration in the personnel action (see 6.3.7 for information about the tenure and early tenure voting process).

To be considered a positive recommendation (i.e., supportive of renewal, tenure **at** the completion of the maximum probationary period, promotion, or salary), a simple majority of the votes cast must exist (more votes “for” than votes “against”). A personnel action that does not have a simple majority of the votes cast (either a tie or more votes “against” than votes “for”) is considered a negative recommendation (i.e., against renewal, tenure **at** the completion of the maximum probationary period, promotion, or salary). **NOTE:** The granting of tenure **before** the completion of the maximum probationary period (that is, less than seven years, including any years granted toward tenure) may be recommended by the appropriate RTRB only on the affirmative vote of at least **four-fifths** of the membership of the RTRB.

Abstentions from voting shall not be counted in determining a simple majority. The right to vote is limited to the members of the review body who are present in person or via synchronous discussion at the time the vote is taken at a legal meeting. [**Exception:** Members unavoidably absent from the meeting because of illness or emergency may vote by absentee ballot submitted to the chair prior to the meeting; members voting by absentee ballot must have reviewed the file prior to submitting the ballot.] There shall be no voting by proxy. Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes.

The vote is public record. The results of how each person voted, if a roll call or written ballot is used, is also public record and will be released upon request (see also section 6.1.2 “Wisconsin Open Meetings Law”).

6.3.4.4 Department Salary and Promotion Committees (DSPC)

Section 5 Authority of Representative Department Salary and Promotion Committees

When a department salary and promotion committee is representative (i.e., when a department or group of departments select some of its members to form a department salary and promotion committee instead of acting as a whole on salary and promotion matters), the decisions of the department salary and promotion committee may not be countermanded or altered in any way by that department (or departments).

6.3.4.5 Renewal and Tenure Review Body (RTRB)

Section 1 Establishment of Criteria for Evaluation

Each department, for the purpose of making decisions about renewal and tenure, shall establish criteria to serve as the basis of faculty evaluation of teaching effectiveness; professional, scholarly, and creative activities; and university and public service activities. The criteria must be consistent with current URSTPC policies as approved by the Faculty Senate and set forth in

this handbook. Multi-disciplinary departments may elect to establish sub-plans for individual programs within the department.

For faculty who have teaching appointments, teaching effectiveness shall receive top priority. Consistent deficiencies in teaching effectiveness cannot be offset by superior achievements in scholarship and service.

Performance reviews for faculty with non-teaching assignments shall be based upon the major evaluation categories of job performance, research and creative activity, and professional and public service as weighted by agreement between the faculty member, the department, and, when appropriate, the college dean.

Faculty subject to a renewal or tenure decision when criteria have significantly changed since time of hire should confer with the department and department chair to negotiate and clarify the criteria to be used. Consideration must be given to length of service under the prior criteria, the terms and expectations under which the initial hire was made, the decision process used to change the criteria, and the extent of prior consultation with the faculty member with respect to the changed criteria. These clarifications will be summarized in writing, approved by the respective college dean, the provost, and the chancellor, and entered into the faculty member's professional record. Decision-makers will use these clarified criteria in making their recommendations.

Probationary faculty hired at mid-year will be evaluated (first review) with first-year probationary faculty hired in the fall semester of the next academic year.

In determining their specific criteria for renewal and tenure, departments shall conform to the university standards given below. Departments and/or programs may choose to use section 6.3.5.5 (3) "Classification of Materials" as a reference guide in formulating their criteria for evaluation.

University standards:

- **Teaching Effectiveness**
The candidate must achieve a record of effectiveness in teaching, advising and other teaching-related responsibilities.
- **Professional, Scholarly and Creative Activity**
The candidate must achieve a record of professional research, or its creative equivalent, and other professional activity. This record should include evidence that the faculty member is in the process of achieving professional recognition in the individual's discipline through scholarly publications; professional papers, presentations, exhibitions or performances; artistic achievement; or other scholarly and creative activities.
- **University and Public Service Activity**
The candidate must achieve a record of service to the profession, to the university community, and to the public through various activities that take place outside the

classroom. The candidate must show a potential to assume a contributing role within the faculty as he or she moves toward the rank of professor.

- **Job Performance in Non-Teaching Assignments (if applicable)**

The candidate must achieve a record of effectiveness in professional effort and responsibility in the non-teaching assignment (such as department chair or program coordinator) and must demonstrate skills and knowledge relevant to the job.

Section 2 Establishment of Renewal and Tenure Review Body

For the purpose of renewal and granting tenure, the functional equivalent of the department shall be all the tenured faculty members of the academic discipline to which the probationary faculty member has been appointed to teach (see the sub-section below for an exception to this practice). If the department includes more than one academic discipline, the faculty members (tenured and probationary) of the department, in consultation with the college dean, shall determine which discipline is appropriate for the purpose of making renewal and tenure recommendations. In disciplines with fewer than three tenured members, the decisions about renewal and tenure shall be made by the tenured members of the discipline and as many additional tenured members of the department as are necessary to create an RTRB of at least three tenured faculty members (see section below on augmentation of the RTRB). In the event that there are fewer than three tenured members in the probationary faculty member's discipline and the department as a whole, decisions about renewal and tenure shall be made by all tenured faculty in the department and as many additional tenured members from a related area as are necessary to create an RTRB of at least three tenured faculty members (see section below on augmentation of the RTRB). In all cases, the membership of the renewal and tenure review body must be clearly defined in the department's RST plan.

The department chair is responsible for convening the initial meeting of the renewal and tenure review body. If the department chair is a tenured faculty member of the academic discipline to which the probationary faculty member has been appointed to teach, he or she is also a member of the RTRB and eligible to serve as chair of that body, unless the department plan specifically prohibits the department chair from serving in this capacity.

Exception to Section 2 above: Faculty hired into an interdisciplinary program

For the purpose of renewal and granting of tenure in the case of faculty hired into an interdisciplinary program, the interdisciplinary group or council that oversees the program may elect to establish the RTRB in one of two ways:

- assign the probationary faculty member to a single academic discipline (e.g., a probationary faculty member with a degree in chemistry could be assigned to the chemistry program for RTRB purposes even though he/she does not teach exclusively in the chemistry program). If this option is selected, the probationary faculty member shall be evaluated according to the criteria

established by the academic discipline and annually approved by the URSTPC.

- establish a separate RTRB. If this option is selected, the interdisciplinary group or council must create a separate evaluation plan that must be submitted annually for approval by the URSTPC. This plan may include sub-plans that address the review process for individual faculty. The chair of the interdisciplinary group or council is responsible for convening the initial meeting of the separate RTRB. If the chair of the interdisciplinary group or council is a member of the renewal and tenure review body, he or she is eligible to serve as chair of that body.

For both options above, the members of the RTRB must be clearly identified in the evaluation plan and the probationary faculty member must be informed of the composition of his or her RTRB. Once established, the RTRB for a probationary faculty member in an interdisciplinary program may not be modified without prior approval of the URSTPC.

Procedure for Augmentation of a Renewal and Tenure Body

In the event that there are fewer than three tenured faculty in a probationary faculty member's discipline, the department chair shall consult with the college dean to determine the list of faculty members within the department whose area of expertise is most closely related to that of the probationary faculty member. The list shall be submitted to the provost who shall randomly select faculty from the list to augment the RTRB in numbers sufficient to result in a committee of three.

In the event that there are fewer than three tenured faculty in a probationary faculty member's discipline and department as a whole, the department chair shall consult with the college dean to determine the list of faculty members from outside the department whose area of expertise is most closely related to that of the probationary faculty member. The list shall be submitted to the provost, who shall randomly select faculty from the list to augment the RTRB in numbers sufficient to result in a committee of three.

Section 3 Voting Eligibility

All tenured faculty members in the academic unit (or its functional equivalent as defined in section 2 above), except for those who have resigned for reasons other than retirement and those excluded by other UWS regulations (e.g., s. UWS 8.03 (3), the rule governing nepotism), are eligible to vote on renewal and tenure of probationary faculty appointments.

Section 4 Duties of the Department Renewal and Tenure Review Body

The department renewal and tenure review body shall:

- Conduct an annual evaluation of all probationary faculty under its jurisdiction for the purposes of renewal and tenure decisions. The RTRB’s review of probationary faculty shall be based on both peer and student evaluation of professional performance. Such evaluations are to be elicited according to a plan adopted by the department that is:
 - in compliance with evaluation criteria established according to the provisions of 6.3.4.5. section 1;
 - in compliance with Affirmative Action standards and Equal Employment Opportunity policies;
 - in compliance with standards listed in section 6.3.5; and
 - in accordance with general procedures set by the URSTPC.
- Use the evaluations to make a decision concerning renewal or tenure.
- Share the decision in writing with the affected faculty member, the appropriate dean, and the department chair (if he or she is not a member of the RTRB) prior to the time it is forwarded to the chancellor.
- Reconsider any of its evaluations and recommendations as is required if a faculty member invokes the privileges outlined in section 6.3.12.
- Abide by the more detailed rules and procedures for notification in matters having to do with nonrenewal, denial of tenure, and termination as set forth in section 6.3.12.

6.3.5 Review of Performance

6.3.5.3 Periodic Review of Faculty

UWS 3.05 Periodic review. The faculty and chancellor of each institution, after consultation with appropriate students, shall establish rules providing for periodic review of faculty performance.

Section 1 Probationary Faculty

The information gathered through the various phases of periodic review of probationary faculty is used in making personnel decisions as well as in the formulation of plans for the professional development of the faculty member involved. To promote the retention of qualified probationary faculty, the institution encourages departments to assign mentors to the new faculty, to monitor retention goals, and, in conjunction with the administration, work to enhance the intercultural climate. The evaluation policies and procedures shall respect the dignity and the academic freedom of the individual and shall recognize the importance of good staff morale to the achievement of academic excellence.

Section 2 Tenured Faculty

The information gathered through the various phases of periodic review of tenured faculty is used to ensure continuing growth and development in professional skills; to encourage faculty to explore new ways to promote academic excellence; and to identify areas for improvement and provide solutions for problem areas.

Section 3 Department Chairs

Department chairs with teaching responsibilities will be evaluated on teaching effectiveness, scholarly and professional activities, and service in the same manner as other department members, **according to their percentage appointment.**

Department chairs are responsible for ensuring that their files contain the annual evaluation of their performance as a chair by their department and college dean.

6.3.5.4 Criteria for Review

Section 1 Evaluation Criteria

Each department shall establish criteria to serve as the basis of faculty evaluation of teaching effectiveness; professional, scholarly, and creative activities; and university and public service activities. The criteria must be consistent with current URSTPC policies as approved by the Faculty Senate and set forth in this handbook. Multi-disciplinary departments may elect to establish sub-plans for individual programs within the department.

For faculty who have teaching appointments, teaching effectiveness shall receive top priority. Consistent deficiencies in teaching effectiveness cannot be offset by superior achievements in scholarship and service.

Performance reviews for faculty with non-teaching assignments shall be based upon the major evaluation categories of job performance, professional/scholarly/creative activity and university and public service activities as weighted by agreement between the faculty member, the department, and, when appropriate, the college dean.

The URSTPC shall require of each department a set of guidelines stating how (1) teaching effectiveness; (2) professional, scholarly, and creative activity; and (3) service to the university and to the community are evaluated and how each of the three categories in the evaluation is weighted. Departments have the option of subdividing category number 3 (service) into two subcategories of service to the university and service to the community.

As stated in section 6.3.2.3, it is this university's policy that faculty with split appointments, those on leave of absence, sabbatical leaves, and especially those who have volunteered for retraining and reassignment will not be inadvertently penalized for their unusual assignments; instead all review bodies will be expected to reward unusual efforts made on behalf of the total

university. All review bodies should review the files of all such faculty with care and consideration.

1) Teaching Effectiveness

Teaching expectations shall include, but not be limited to, classroom teaching and its ancillary activities such as advising, testing, supervision of independent work, career counseling, advising of student organizations, internships, student-faculty research projects, field trips, individual tutoring, coaching, supervision of student laboratory work, professional consultations with students on class progress and with colleagues on curriculum revision and development, class preparation and syllabus writing, and maintaining familiarity with technology. The relative weighting of these ancillary activities should be addressed in the departmental RST plan.

Effectiveness in teaching will be assessed through peer evaluations and student evaluations, as well as any other supporting materials that the faculty member includes in his or her file. Any additional types of evaluation that are required by a department or program must be clearly outlined in the departmental RST plan.

2) Professional, Scholarly, and Creative Activities

Professional involvement and accomplishments in research/scholarly/creative activity may include, but are not limited to, student-faculty or faculty research/scholarly/creative activity involving traditional discipline-related activity or the scholarship of teaching and learning, publications, presentations at professional organizations, grants applied for, grants received, exhibitions of works of art, performances, video productions, software production, participation in scholarly/scientific meetings, professional development activities, and appropriate consulting work. Work in progress may also be considered.

3) University and Public Service Activities

University and public service activities are defined as significant contributions at the departmental, college, university, community, state, national, or international level in categories other than those identified above. Such activities include, but are not limited to, participating in faculty governance; sharing professional expertise with government, business or private non-profit entities; and participating in non-academic local, regional, national, and international organizations whose aims parallel the professional interests of the faculty.

Failure to adhere to Federal, State, System and campus guidelines on discriminatory harassment or conduct based on race, sex, religion, color, creed, disability, sexual orientation, national origin, ancestry or age shall also be considered in the evaluation process.

6.3.5.6 Procedures for Review

Section 1 The Departmental Faculty Evaluation Plan and Procedures

The department faculty will meet annually for the purpose of discussing the criteria and procedures of the departmental RST plan. Multi-disciplinary departments may elect to establish sub-plans for individual programs within the department. All RST plans must clearly define the expectations for successful performance in the categories of (1) teaching effectiveness, (2) professional, scholarly, and creative activity, and (3) university and public service activities.

In addition to student evaluations, each phase of periodic review will provide for peer judgments of performance and may be conducted by means of classroom evaluations, information presented by the faculty member, information gathered through peer observations, or information provided by the department chair. For nonteaching faculty or faculty with a reduced teaching load, the plan shall follow the principles reflected in these guidelines with appropriate modifications based on the responsibilities and duties of the individual.

On an annual basis, the departmental RST plan (including any sub-plans) for the next academic year must be approved by the faculty in the department and submitted to the URSTPC for approval by the deadline set forth in the RST calendar (see section 6.4). If the department and the URSTPC cannot reach agreement on the departmental plan, the final review and approval will be made by the provost.

The departmental faculty evaluation plan shall include procedures that:

- Conform to the Wisconsin open meetings and records laws, the UW-System rules and policies, URSTPC guidelines, and Faculty Senate policies, all of which shall take precedence;
- Provide forms and procedures for administering and analyzing student evaluations and for maintaining the anonymity and integrity of those evaluations;
- Provide that the faculty member shall be given copies of all periodic reviews of faculty performance at the same time as such reports are submitted to the appropriate review body or individual;
- Provide that the faculty member be given an opportunity to examine his or her student evaluations; and
- Provide that the faculty member be given an opportunity to respond in writing to the student evaluations and the evaluation reports prepared by the appropriate review body or individual and that such responses are attached to the original documents before the evaluation report is forwarded to the next higher review body or individual.

Section 2 The Review Process

All departmental recommendations on renewal, promotion, tenure, and salary shall be based on a review of the materials in the faculty member's file. Recommendations must be reported on the appropriate form.

For renewal and tenure:

- Recommendation for Renewal or Tenure [Form 1]: completed by department chair, dean, RTRB, and chancellor
- Record of Peer Evaluation [Form 2]: completed by RTRB
- Record of Student Evaluation [Form 3]: completed by department chair

For promotion:

- Request for Promotion to Full Professor [Form 5]: completed by department chair, dean, DSPC, UPC, and chancellor

For salary:

- Salary Review [Form 6]: completed by department chair, DSPC, CCC, and chancellor

At all levels of review, the faculty member must be notified of the recommendation and allowed to request a reconsideration. The faculty member may not remove or change the review body's statements without its consent; however, he/she may add a counterstatement with respect to peer evaluation, student evaluation, or evaluation by any review body or individual.

Faculty members must submit their file(s) to their department chair by the deadline set forth in the RST calendar (see section 6.4.3). The department chair will include his or her evaluation as appropriate and ensure that the file is forwarded to the next review body or individual. The next review body or individual is then responsible for forwarding the file.

Higher levels of review, whether a body or an individual, may not accept any new "supporting evidence," regardless of the source, without the material first being reviewed by the appropriate lower-level review body or individual.

After the chancellor has taken action and the review process has been completed, files are returned to the appropriate department chair to be made available to individual faculty members.

Any department or college wishing to deviate from this procedure must have the approval of the appropriate college dean, the provost, and the URSTPC.

6.3.5.7 Responsibilities of Individuals and Review Bodies

Section 1 Faculty Members

It is the responsibility of all faculty who are to be reviewed for any action (renewal, tenure, post-tenure, promotion, or salary) in any given academic year to do the following:

- assemble the RST file(s) according to the university format (see section 6.3.5.5).
- submit the file(s) to the department chair by the deadline set forth in the RST calendar (see section 6.4.3).

Second-year faculty only:

Because of notification laws set forth in state statutes, second-year faculty are required to submit their file (for renewal only) to the department chair by the deadline set in **October** (see section 6.4.3); second-year faculty must **also** submit files (for renewal and salary) to the department chair by the deadline set for all probationary faculty in January (see section 6.4.3).

- abide by the procedures and deadlines for submitting counterstatements, requesting a reconsideration, and filing an appeal.
- complete the annual evaluation of the administrative performance of the department chair, the appropriate college dean, the provost, and chancellor.

Section 2 Department Salary and Promotion Committee Members and Chair

The composition of the DSPC is determined by the department. It is the responsibility of the members and chair of the department salary and promotion committee to do the following:

- meet to review the policies and procedures of the DSPC for inclusion in the departmental RST plan for the **next** academic year. The departmental RST plan must be submitted to the department for review and approval and then to the URSTPC for review and approval, following the deadlines for submission and approval set forth in the RST calendar (see section 6.4.3).
- coordinate the evaluation of the department chair, according to the RST calendar (see section 6.4.3). The DSPC chair distributes evaluation forms to all department members, collects completed forms, summarizes results, sends the summary and the completed forms to the dean's office, and places a copy of the summary in the department chair's RST file.
- give faculty members **written** notice at least 20 calendar days prior to the departmental review (promotion and/or compensation).
- post a notice of the review (time, place, and purpose of the meeting) at least seven calendar days in advance in a public place regularly used for posting of notices by the department.
- ensure that the independent evaluations made by the department chair regarding salary and/or promotion and the independent evaluations made by the dean regarding promotion have been included in the faculty file **before** the file is reviewed by the members of the

DSPC and that the faculty member has received a copy of the evaluation(s) prior to the meeting of the DSPC.

- notify the chair of the University Promotion Committee by October 15 of any promotion files that have been submitted for departmental review.
- convene a meeting (or meetings) in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes.

Evaluate the requests made by faculty for promotion in rank and/or salary adjustments (merit/inequity/compression). Compensation requests will be evaluated using the salary inequity study summary distributed to the DSPC by the CCC. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.

- complete the appropriate section of the form (to be placed at the front of the file) for promotion and/or the form for salary review, recording the number of votes for and against the action.
- abide by the deadlines set by the RST calendar (see section 6.4.3) for notifying faculty of promotion and/or compensation recommendations.
- give faculty under review written notice of the recommendations made. The notification must include information about the process for requesting a reconsideration of all recommendations. The reconsideration may include submission of a counterstatement and/or a request for a personal appearance before the DSPC. The DSPC also places a copy of the memo in the faculty member's file and notifies the department chair.
- post a notice of the reconsideration meeting (time, place, and purpose of the meeting) at least 24 hours in advance in a public place regularly used for posting of notices by the department, if such a meeting has been requested by any faculty member under review. The reconsideration meeting must be convened in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.
- complete the appropriate section of the form for promotion and/or the form for salary review, recording the number of votes for and against the original recommendation upon reconsideration.
- give any faculty member who has requested a reconsideration written notice of the results of the reconsideration, following the notification deadline set in the RST calendar (see

section 6.4.3). The DSPC also places a copy of the memo in the faculty member's file and notifies the department chair.

- forward the **promotion file** to the chair of the university promotion committee (deadlines are set in the RST calendar—see section 6.4.3). In the event that a request for promotion is **not** recommended by the DSPC, it is the responsibility of the faculty member under review to determine if the file is to be sent to the chancellor or returned to the faculty member with no further action taken.
- forward the **compensation file** to the chair of the appropriate college compensation committee (deadlines are set in the RST calendar—see section 6.4.3).

Section 3 Renewal and Tenure Review Body Members and Chair

The membership and chair of the renewal and tenure review body are defined in section 6.3.4.5. It is the responsibility of the members and chair of the renewal and tenure review body to do the following:

- meet to review the policies and procedures of the RTRB for inclusion in the departmental RST plan for the **next** academic year. The departmental RST plan must be submitted to the department for review and approval and then to the URSTPC for review and approval, following the deadlines for submission and approval set forth in the RST calendar (see section 6.4.3).
- give probationary faculty members **written** notice at least 20 calendar days prior to the meeting of the review body. This notice will inform the faculty member whether the review is to be conducted to determine a renewal decision only or to determine a decision for tenure. The notice must also include the statement that the individual has the right to request and receive an open meeting for the portion of the meeting that constitutes an evidentiary hearing or final action on consideration of **tenure** for that individual.
- post a notice of the review meeting (time, place, and purpose of the meeting) at least seven calendar days in advance in a public place regularly used for posting of notices by the department.
- ensure that the independent evaluation made by the department chair and the independent evaluation made by the dean have been included in the probationary faculty member's file **before** the file is reviewed by the members of the renewal and tenure review body and that the probationary faculty member has received a copy of the evaluations before the review body meets.
- convene a meeting (or meetings) in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.

- abide by the deadlines set by the RST calendar (see section 6.4.3) for notifying probationary faculty of renewal and tenure decisions.
- complete the appropriate section of the form (front of the file) for renewal or tenure, recording the number of votes for and against the action. If signed paper votes are used, they must be attached to the minutes and forwarded to the provost's office.
- give probationary faculty under review for renewal or tenure written notice of the decision made. NOTE: The RTRB will not provide to the probationary faculty member under review any written reasons for a negative decision unless requested to do so by the probationary faculty member; if requested, the RTRB is required to provide reasons (see section 6.3.12. for information about reconsideration and appeal). In the event that the decision on renewal or tenure is negative, the same notification must include information about reconsideration, appeal, and requesting written reasons for the decision. The reconsideration may include submission of a counterstatement and/or a request for a personal appearance before the RTRB. The RTRB also places a copy of the memo in the faculty member's file and notifies the department chair.
- post a notice of the reconsideration meeting (time, place, and purpose of the meeting) at least 24 hours in advance in a public place regularly used for posting of notices by the department, if such a meeting has been requested by any probationary faculty member under review (see 6.3.12 for information about reconsideration). The reconsideration meeting must be convened in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.
- complete the appropriate section of the form for a renewal or tenure decision, recording the number of votes for and against the original decision upon reconsideration. If signed paper votes are used, they must be attached to the minutes and forwarded to the provost's office.
- give any faculty member who has requested a reconsideration of a nonrenewal or denial of tenure written notice of the results of the reconsideration, following the notification deadline set in the RST calendar (see section 6.4.3). In the case of a nonrenewal or denial of tenure **at** the completion of the maximum probationary period, the written notice must include information about the process for initiating a formal appeal (see section 6.3.12). The RTRB also places a copy of the memo in the faculty member's file and notifies the department chair.
- forward the file to the chancellor's office if the original decision for renewal or tenure is positive or becomes positive upon reconsideration. If the original decision for renewal or tenure **at** the completion of the maximum probationary period is negative and remains negative upon reconsideration (or remains unchanged because the faculty member did not

exercise his or her right to reconsideration), the file remains under the jurisdiction of the renewal and tenure review body until such time as the period for filing a formal appeal has elapsed. If a formal appeal is filed by the aggrieved faculty member, the file is forwarded to the chair of the Appeals Commission. If a formal appeal is not filed by the aggrieved faculty member, the file is forwarded to the appropriate dean's office and the chancellor's office is notified. (See section 6.3.12 "Nonrenewal of Probationary Appointments/Denial of Tenure.")

Section 4 Department Chair

It is the responsibility of the department chair to do the following:

- advise all probationary and tenured faculty of the deadlines set forth in the RST calendar (see section 6.4.3) for submitting files for renewal, tenure, post-tenure, promotion, and salary review.
- distribute the departmental RST plan for the **current** academic year to all faculty in the department by the deadline set forth in the RST calendar (see section 6.4.3).
- complete an independent written evaluation of probationary faculty for the purpose of renewal/tenure and salary, following the deadlines set forth in the RST calendar (see section 6.4.3).
- complete an independent written evaluation of tenured faculty for the purpose of promotion, post-tenure and/or salary review, following the deadlines set forth in the RST calendar (see section 6.4.3).
- submit the independent written evaluation to the appropriate review body (either the DSPC or the RTRB) for inclusion in the faculty member's file **before** the review body meets to take action. A copy of the chair's evaluation must be sent to the faculty member under review. It is recommended that the chair also meet in person with probationary faculty to review the evaluation.
- ensure that the summary of student evaluations for individual faculty members is placed in the appropriate file.
- notify tenured faculty who are in the rotation for post-tenure review during the academic year of the procedures (see section 6.3.10) and deadlines for review (see section 6.4.3). The department chair will also arrange for a meeting with the faculty member to review the appropriate form, after which the chair will forward the form to the appropriate dean to be placed in the faculty member's personnel file. If the faculty member's review reveals a need for significant improvement, the department chair will report such to the college dean, with a copy forwarded to the faculty member under review.
- conduct a vote of the tenured faculty members in the department to determine departmental support for recommendations to emeritus status for faculty who have

formally notified the provost's office of their retirement date. The results of the vote are forwarded to the appropriate college dean.

Section 5 College Compensation Committee Members and Chair

The membership and chair of the college compensation committee are defined in section 6.3.4.6. It is the responsibility of the members and chair of the college compensation committee to do the following:

- meet to review the policies and procedures of the CCC for the purpose of submitting the CCC's evaluation plan for the **next** academic year to the URSTPC for review and approval, following the deadlines for submission and approval set forth in the RST calendar (see section 6.4.3).
- distribute the salary inequity study summary, provided by the URSTPC chair, to the DSPC chairs.
- post a notice of the review meeting (time, place, and purpose of the meeting) at least seven calendar days in advance in a public place regularly used for posting of notices by the college and send an e-mail notice out to the college.
- convene a meeting (or meetings) in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). **NOTE:** Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes.

Evaluate the recommendations made by the department salary and promotion committees and the department chairs for salary adjustments (merit/inequity/compression), using the salary inequity study summary distributed to the CCC by the URSTPC. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.

- abide by the deadlines set by the RST calendar (see section 6.4.3) for notifying faculty of recommendations concerning salary adjustments.
- complete the appropriate section of the salary review form, recording the number of votes for and against the action.
- give faculty under review written notice of the recommendations made; the same notification must include information about the process for requesting a reconsideration of all recommendations. The reconsideration may include submission of a counterstatement and/or a request for a personal appearance before the CCC. The CCC also places a copy of the memo in the faculty member's file and notifies the DSPC and the department chair.

- post a notice of the reconsideration meeting (time, place, and purpose of the meeting) at least 24 hours in advance in a public place regularly used for the posting of notices by the college, if such a meeting has been requested by any faculty member under review. The reconsideration meeting must be convened in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.
- complete the appropriate section of the salary review form, recording the number of votes for and against the original recommendation upon reconsideration.
- give any faculty member who has requested a reconsideration written notice of the results of the reconsideration, following the notification deadline set in the RST calendar (see section 6.4.3). The CCC also places a copy of the memo in the faculty member's file and notifies the DSPC and the department chair.
- forward the file to the chancellor's office.
- submit an annual report to the URSTPC that summarizes merit, inequities, and compression issues for the entire college.

Section 6 University Promotion Committee Members and Chair

The membership and chair of the university promotion committee are defined in section 6.3.4.8. It is the responsibility of the members and chair of the UPC to do the following:

- post a notice of the review (time, place, and purpose of the meeting) at least seven calendar days in advance in a public place regularly used for posting of notices by the university. DSPC chairs will notify the UPC chair by October 15 of any promotion files that have been submitted for departmental review; the UPC chair should begin the scheduling process at this time.
- convene one or more meetings as necessary for the purpose of reviewing as a group each candidate's teaching, professional development, and service accomplishments as presented in the promotion file. The meetings will be convened in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes.
- convene a separate meeting for the purpose of voting on the promotion requests. The meeting will be convened in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.

- abide by the deadlines set by the RST calendar (see section 6.4.3) for notifying faculty of decisions concerning promotion in rank.
- complete the appropriate section of the form for promotion, recording the number of votes for and against the action.
- give faculty under review written notice of the recommendations made; the same notification must include information about the process for requesting a reconsideration of all recommendations. The reconsideration may include submission of a counterstatement and/or a request for a personal appearance before the UPC. The UPC also places a copy of the memo in the faculty member's file and notifies the DSPC, the department chair, and the dean.
- post a notice of the reconsideration meeting (time, place, and purpose of the meeting) at least 24 hours in advance in a public place regularly used for posting of notices by the university, if such a meeting has been requested by any faculty member under review. The reconsideration meeting must be convened in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law (see section 6.1.2). NOTE: Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes. Votes must be conducted in accordance with department- and university-approved policies and with Wisconsin's Open Meetings Law.
- complete the appropriate section of the form for promotion, recording the number of votes for and against the original recommendation upon reconsideration.
- give any faculty member who has requested a reconsideration written notice of the results of the reconsideration, following the notification deadline set in the RST calendar (see section 6.4.3). The UPC also notifies the faculty member under review that the chancellor is the court of last appeal. The UPC places a copy of the memo in the faculty member's file and notifies the DSPC, the department chair, and the dean. In the event that a request for promotion is not recommended by the UPC, it is the responsibility of the faculty member under review to determine if the file is to be sent to the chancellor or returned to the faculty member with no further action taken.

Section 7 University Rank, Salary, Tenure Policy Commission Members and Chair

The membership and chair of the university rank, salary, tenure policy commission are defined in section 6.3.4.6. It is the responsibility of the members and chair of the URSTPC to do the following:

- meet to review the departmental RST plans and the college compensation committee plans for the next academic year, following the deadlines for submission and approval set forth in the RST calendar (see section 6.4.3).

- notify in writing each DSPC and CCC of any changes to be made (and the deadline for resubmission) or if no changes need to be made.
- submit any changes to the URST procedures for the next academic year to the Faculty Senate for approval.
- coordinate the process for evaluating the college deans, provost, and chancellor, following the RST calendar (see section 6.4.3).
- distribute the salary inequity study summary, provided by the university affirmative action officer, to the CCC chairs.
- submit an annual report to the Faculty Senate that summarizes the CCC reports.
- monitor the post-tenure review process in conjunction with the provost.
- respond to questions or concerns from any individual or review body.

Section 8 Deans

It is the responsibility of each college dean to do the following:

- complete the appropriate section of the forms for renewal, tenure, and promotion actions and notify the faculty under review of all recommendations made.
- serve on the college compensation committee as a non-voting member or, if so elected by the committee, serve as chair (non-voting). Alternatively, the dean may designate the college assistant dean or associate dean to serve in his/her place on the committee.
- distribute department chair evaluation forms to the chair of each department salary and promotion committee in the college, according to the RST calendar (see section 6.4.3). Completed evaluations are returned to the dean's office and used in the evaluation by the dean of the department chair's administrative performance.
- send a summary of post-tenure reviews to the provost's office by the deadline set forth in the RST calendar (see section 6.4.3).
- forward a recommendation (concurrence with department or not) to the chancellor on granting emeritus status to faculty who have formally notified the provost's office of their retirement date.

Section 9 Provost

It is the responsibility of the provost to do the following:

- serve as a non-voting chair of the university promotion committee.

- monitor the post-tenure review process in conjunction with the URSTPC.
- notify department chairs of impending retirements.

Section 10 Chancellor

It is the responsibility of the chancellor to do the following:

- review renewal and tenure decisions made by the renewal and tenure review body at the department level, following the RST calendar (see section 6.4.3).
- abide by the provisions of UWS 3.06 in making renewal and tenure decisions.
- give probationary faculty under review for renewal or tenure written notice of the decision made, following the RST calendar (see section 6.4.3) and state statutes governing notification by the institution. In the event that the decision on renewal or tenure is negative, the same written notice must include information about reconsideration and requesting written reasons for the decision. The reconsideration may include submission of a counterstatement and/or a request for a personal appearance before the chancellor. A copy of the memo must be placed in the faculty member's file and forwarded to the appropriate department chair, RTRB chair, and college dean.
- give any faculty member who has requested a reconsideration (in person and/or through submission of a counterstatement) of a nonrenewal or denial of tenure decision written notice of the results of the reconsideration, following the notification deadline set in the RST calendar (see section 6.4.3). A copy of the memo must be placed in the faculty member's file and forwarded to the department chair, RTRB, and dean.
- evaluate recommendations for promotion in rank made by the department salary and promotion committees and the university promotion committee. The final decision and notification of this decision will be made by the chancellor. A copy of the notification will be placed in the faculty member's file and forwarded to the department chair, the DSPC, the dean, and the UPC. The chancellor is the court of last appeal in all matters related to promotion in rank.
- evaluate the recommendations made by the department salary and promotion committees, the department chairs, and the college compensation committees for salary (merit/inequity/compression). The salary inequity study summary distributed to the URSTPC by the university affirmative action officer will be used for this evaluation. The final decision and notification of this decision will be made by the chancellor. A copy of the notification will be placed in the faculty member's file and forwarded to the department chair, DSPC, CCC, and dean.

6.3.6 Renewal of Probationary and Other Appointments

6.3.6.1 General Information

Section 2 Renewal/Tenure Decisions (decision vs. recommendation)

Decisions

Decisions regarding renewal or granting of tenure are made at only two levels: the department (or its functional equivalent) and the chancellor (or the chancellor's designee).

NOTE: This can be very confusing, especially since UWS 3.01 includes language referring to departmental **recommendations** (see section 1 above). To be absolutely accurate, one would say that a departmental action supporting appointment, renewal, or tenure is a recommendation, since the chancellor need not accept the decision of the department or its functional equivalent. However, an action denying appointment, renewal, or tenure is always a **decision** since the chancellor cannot appoint or reappoint absent the affirmative recommendation of the department or its functional equivalent, and the Board cannot award tenure without the affirmative recommendation of the department or its functional equivalent except under extremely narrow circumstances.

If the department says yes, the chairperson, dean, and provost may all recommend no, and the chancellor will decide. If the department says no, that ends the matter unless there is an appeal. The chairperson's and college dean's separate recommendations, if different from the decision of the department, would not affect the decision.

Faculty have the right to appeal a **decision** not to renew or not to grant tenure made at the department level.

Recommendations

Recommendations regarding renewal or the granting of tenure may be made by a faculty member's department chairperson or college dean, or by the provost. An adverse **recommendation** made by these individuals is not subject to appeal. However, faculty who appeal an adverse decision may call as a witness any person who made an adverse recommendation to the individual making the decision.

6.3.6.2 Composition of the Renewal and Tenure Review Body

The composition of the renewal and tenure review body is defined in section 6.3.4.5.

6.3.6.3 Voting Eligibility

Voting eligibility on the renewal and tenure review body is defined in section 6.3.4.5.

6.3.6.4 Criteria for Evaluation

Each department, for the purpose of making decisions about renewal and tenure, shall establish criteria to serve as the basis of faculty evaluation of teaching effectiveness; professional, scholarly, and creative activities; and university and public service activities. The criteria must be consistent with current URSTPC policies as approved by the Faculty Senate and set forth in this handbook. Multi-disciplinary departments may elect to establish sub-plans for individual programs within the department (see also 6.3.5.4).

For faculty who have teaching appointments, teaching effectiveness shall receive top priority. Consistent deficiencies in teaching effectiveness cannot be offset by superior achievements in scholarship and service.

Performance reviews for faculty with non-teaching assignments shall be based upon the major evaluation categories of job performance, professional/scholarly/creative activity and university and public service activities as weighted by agreement between the faculty member, the department, and, when appropriate, the college dean.

Faculty subject to a renewal decision when criteria have significantly changed since time of hire should confer with the department and department chair to negotiate and clarify the criteria to be used. Consideration must be given to length of service under the prior criteria, the terms and expectations under which the initial hire was made, the decision process used to change the criteria, and the extent of prior consultation with the faculty member with respect to the changed criteria. These clarifications will be summarized in writing, approved by the respective college dean, the provost, and the chancellor, and entered into the faculty member's professional record. Decision-makers will use these clarified criteria in making their recommendations.

Probationary faculty hired at mid-year will be evaluated (first review) with first-year probationary faculty hired in the fall semester of the next academic year.

In determining their specific criteria for renewal, departments shall conform to the university standards given below. Departments and/or programs may choose to use section 6.3.5.5 (3) "Classification of Materials" as a reference guide in formulating their criteria for evaluation.

University standards:

- **Teaching Effectiveness**
The candidate must achieve a record of effectiveness in teaching, advising and other teaching-related responsibilities.
- **Professional, Scholarly and Creative Activity**
The candidate must achieve a record of professional research, or its creative equivalent, and other professional activity. This record should include evidence that the faculty member is in the process of achieving professional recognition in the individual's discipline through scholarly publications; professional papers, presentations, exhibitions or performances; artistic achievement; or other scholarly and creative activities.

- **University and Public Service Activity**
The candidate must achieve a record of service to the profession, to the university community, and to the public through various activities that take place outside the classroom. The candidate must show a potential to assume a contributing role within the faculty as he or she moves toward the rank of professor.
- **Job Performance in Non-Teaching Assignments (if applicable)**
The candidate must achieve a record of effectiveness in professional effort and responsibility in the non-teaching assignment (such as department chair or program coordinator) and must demonstrate skills and knowledge relevant to the job.

6.3.6.5 Notification

The chair of the appropriate RTRB must give the faculty member at least 20 days' advance written notice of the departmental review. This notice will inform the faculty member whether the review is to be conducted to determine a renewal decision only or to determine a decision on tenure. This notice will also inform the faculty member of his/her right to request an opportunity to appear before the committee to present information on his or her behalf.

Second-year faculty must be notified of nonrenewal for a third year by December 15 and first-year faculty must be notified of nonrenewal for a second year by March 1.

6.3.6.6 Meeting for Discussion Prior to Vote

Before a vote is taken, the decision in question shall be discussed at a meeting of the renewal and tenure review body. The meeting shall be called under the provisions of s. 19.85, Wis. Stats., the Open Meetings Law (see section 6.1.2). The meeting shall be called and conducted by the chair so as to afford reasonable opportunities to ask questions, to offer additional information, and to discuss the decision in question. This discussion shall be based on documents in the probationary faculty member's file. The faculty member under review has the right to request an appearance before the renewal and tenure review body.

6.3.6.7 Voting Procedures

For at least a five-workday period before the vote is taken, every faculty member eligible to vote on the renewal decision shall be allowed access to the professional file for review purposes only.

As stated in section 6.3.4.3, all votes pertaining to actions of review bodies will be conducted by a show of hands; or signed ballots that will be saved and attached to the minutes (forwarded to the provost's office in the case of a tenure decision); or each person's vote can be recorded in the minutes; or a roll call vote, if requested by at least one member, with each person's vote recorded in the minutes. Departmental plans must specify which method(s) of voting will be used. In reporting the results of any personnel action requiring a vote, the vote count (votes for and votes

against) will be recorded on the appropriate form and provided to the individual under consideration in the personnel action.

6.3.6.8 Counting of Votes

To be considered a positive recommendation (i.e., supportive of renewal), a simple majority of the votes cast must exist (more votes “for” than votes “against”). A personnel action that does not have a simple majority of the votes cast (either a tie or more votes “against” than votes “for”) is considered a negative recommendation (i.e., against renewal).

Abstentions from voting shall not be counted in determining a simple majority. The right to vote is limited to the members of the review body who are present in person or via synchronous discussion at the time the vote is taken at a legal meeting. [**Exception:** Members unavoidably absent from the meeting because of illness or emergency may vote by absentee ballot submitted to the chair prior to the meeting; members voting by absentee ballot must have reviewed the file prior to submitting the ballot.] There shall be no voting by proxy. Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes.

The vote is public record. The results of how each person voted, if a roll call or written ballot is used, is also public record and will be released upon request (see also section 6.1.2 “Wisconsin Open Meetings Law”).

6.3.6.9 Reporting of Decision

Renewal and tenure review bodies shall decide annually to renew or not renew the appointment of faculty members on probationary appointments. The renewal and tenure review body shall forward to the chancellor its decision and the number of votes for and against renewal within five days of the time of the committee’s vote. It shall at the same time inform the faculty member, the department chair, and the dean of its decision in writing. **NOTE:** The RTRB will not provide to the probationary faculty member under review any written reasons for a negative decision unless requested to do so by the probationary faculty member; if requested, the RTRB is required to provide reasons. The chair of the RTRB shall be responsible for ensuring that departmental policy is followed when written reasons have been requested.

If the vote is for nonrenewal, the faculty member shall also be informed of his or her right to reconsideration and appeal and to receive written reasons for nonrenewal, as per UWS 3.07. If written reasons are requested, they shall become a part of the personnel file of the individual (see section 6.3.12 for information about reconsideration and appeal).

In situations where the department’s position allocation is reduced after the RTRB has made an affirmative recommendation, the department shall have the opportunity to reconsider its earlier recommendation in light of the reduction. The recommendation to renew a faculty member’s probationary contract may contain a further recommendation that the renewal take the form of a terminal contract (provided that the contract period does not extend beyond the maximum probationary period). The decision not to renew will be made known to the affected faculty

member in writing within twenty calendar days, and the faculty member shall be informed of the reconsideration and appeal procedures outlined in section 6.3.12.

6.3.6.10 Role and Authority of Chancellor

The RTRB and the chancellor make decisions on renewal and tenure considerations. All other levels of review make recommendations.

The chancellor shall inform the faculty member under review, the chair of the RTRB, the department chair, and the dean of his or her decision for the renewal or nonrenewal of the probationary appointment. If the decision is for nonrenewal, the faculty member shall also be informed of his or her right to reconsideration and to receive written reasons for nonrenewal, as per UWS 3.07. If written reasons are requested, they shall become a part of the personnel file of the individual (see section 6.3.12 for information about reconsideration and appeal).

6.3.6.11 Recommendation Concerning Renewal of Department Chairs

When the department chair is a probationary faculty member, he or she will not submit a recommendation for renewal concerning him- or herself. All other steps in the renewal process apply.

6.3.6.12 Recommendations Concerning Renewal of Academic Administrators

There are two types of renewal of academic administrators:

- a) When “renewal” applies to renewal of a probationary faculty appointment, all recommendations concerning such shall originate with the department wherein each holds rank.
- b) When “renewal” applies to the continuation of an administrative appointment, such as provost or college dean, the URSTPC shall solicit faculty contributions and shall forward them to the chancellor for consideration.

6.3.7 Granting of Tenure

6.3.7.1 General Information

Section 2 Renewal/Tenure Decisions (decision vs. recommendation)

Decisions

Decisions regarding renewal or granting of tenure are made at only two levels: the department (or its functional equivalent) and the chancellor (or the chancellor’s designee).

NOTE: This can be very confusing, especially since UWS 3.01 includes language referring to departmental **recommendations** (see section 1 above). To be absolutely accurate, one would

say that a departmental action supporting appointment, renewal, or tenure is a recommendation, since the chancellor need not accept the decision of the department or its functional equivalent. However, an action denying appointment, renewal, or tenure is always a **decision** since the chancellor cannot appoint or reappoint absent the affirmative recommendation of the department or its functional equivalent, and the Board cannot award tenure without the affirmative recommendation of the department or its functional equivalent except under extremely narrow circumstances.

If the department says yes, the chairperson, dean, and provost may all recommend no, and the chancellor will decide. If the department says no, that ends the matter unless there is an appeal. The chairperson's and college dean's separate recommendations, if different from the decision of the department, would not affect the decision.

Faculty have the right to appeal a **decision** not to renew or not to grant tenure made at the department level.

Recommendations

Recommendations regarding renewal or the granting of tenure may be made by a faculty member's department chairperson or college dean, or by the provost. An adverse **recommendation** made by these individuals is not subject to appeal. However, faculty who appeal an adverse decision may call as a witness any person who made an adverse recommendation to the individual making the decision.

Section 3 Policy on Tenure Density

Tenure density shall be based on the proportion of tenured to nontenured faculty and teaching academic staff in each department or its functional equivalent and shall be monitored on a continuing basis. When tenure density is significantly high, tenure should be recommended only in cases where the candidate has received the appropriate terminal degree and is deemed to be an exceptional present and future asset to the department (or its functional equivalent) and the university. Exceptions to the above terminal degree requirement may be made in extraordinary cases where, prior to appointment, the department or its functional equivalent has made a written justification that both the academic dean and the provost have approved.

Tenure should be recommended only by a department or its functional equivalent that can demonstrate long-term programmatic need. Ordinarily, tenure should not be recommended by any department or its functional equivalent that is characterized by a significantly high tenure density or by falling enrollments. Written justification to grant tenure in these cases must accompany a recommendation from the department or its functional equivalent.

A department or its functional equivalent that is characterized by a significantly high tenure density or by falling enrollments must be candid about the prospects for tenure with probationary faculty at the time of hire. Such a department or its functional equivalent is also urged to make nonrenewal decisions as early as possible in all impending tenure cases.

6.3.7.2 Composition of the Renewal and Tenure Review Body

The composition of the renewal and tenure review body is defined in section 6.3.4.5.

6.3.7.3 Voting Eligibility

Voting eligibility on the renewal and tenure review body is defined in section 6.3.4.5.

6.3.7.4 Criteria for Evaluation

Each department, for the purpose of making decisions about renewal and tenure, shall establish criteria to serve as the basis of faculty evaluation of teaching effectiveness; professional, scholarly, and creative activities; and university and public service activities. The criteria must be consistent with current URSTPC policies as approved by the Faculty Senate and set forth in this handbook. Multi-disciplinary departments may elect to establish sub-plans for individual programs within the department (see also 6.3.5.4).

For faculty who have teaching appointments, teaching effectiveness shall receive top priority. Consistent deficiencies in teaching effectiveness cannot be offset by superior achievements in scholarship and service.

Performance reviews for faculty with non-teaching assignments shall be based upon the major evaluation categories of job performance, professional/ scholarly/creative activity and university and public service activities as weighted by agreement between the faculty member, the department, and, when appropriate, the college dean.

Faculty subject to a tenure decision when criteria have significantly changed since time of hire should confer with the department and department chair to negotiate and clarify the criteria to be used. Consideration must be given to length of service under the prior criteria, the terms and expectations under which the initial hire was made, the decision process used to change the criteria, and the extent of prior consultation with the faculty member with respect to the changed criteria. These clarifications will be summarized in writing, approved by the respective college dean, the provost, and the chancellor, and entered into the faculty member's professional record. Decision-makers will use these clarified criteria in making their recommendations.

In determining their specific criteria for tenure, departments shall conform to the university standards given below. Departments and/or programs may choose to use section 6.3.5.5 (3) "Classification of Materials" as a reference guide in formulating their criteria for evaluation.

University standards:

- **Teaching Effectiveness**

The candidate must achieve a record of effectiveness in teaching, advising and other teaching-related responsibilities.

- **Professional, Scholarly and Creative Activity**
The candidate must achieve a record of professional research, or its creative equivalent, and other professional activity. This record should include evidence that the faculty member is in the process of achieving professional recognition in the individual's discipline through scholarly publications; professional papers, presentations, exhibitions or performances; artistic achievement; or other scholarly and creative activities.
- **University and Public Service Activity**
The candidate must achieve a record of service to the profession, to the university community, and to the public through various activities that take place outside the classroom. The candidate must show a potential to assume a contributing role within the faculty as he or she moves toward the rank of professor.
- **Job Performance in Non-Teaching Assignments (if applicable)**
The candidate must achieve a record of effectiveness in professional effort and responsibility in the non-teaching assignment (such as department chair or program coordinator) and must demonstrate skills and knowledge relevant to the job.

6.3.7.5 Notification

The chair of the appropriate RTRB must give the faculty member at least 20 days' advance written notice of the departmental review. This notice will inform the faculty member whether the review is to be conducted to determine a renewal decision only or to determine a decision on tenure. This notice will also inform the faculty member of his/her right to request and receive an open meeting for the portion of the meeting that constitutes an evidentiary hearing or final action on consideration of tenure for that individual.

6.3.7.6 Meeting for Discussion Prior to Vote

Before a vote is taken, the decision in question shall be discussed at a meeting of the renewal and tenure review body. The meeting shall be called under the provisions of s. 19.85, Wisconsin Statutes, the Open Meetings Law (see section 6.1.2). The meeting shall be called and conducted by the chair so as to afford reasonable opportunities to ask questions, to offer additional information, and to discuss the decision in question. This discussion shall be based on documents in the probationary faculty member's personnel file. The faculty member under review has the right to request an appearance before the renewal and tenure review body and to be present for the portion of the meeting that constitutes an evidentiary hearing or final action on consideration of tenure for that individual.

6.3.7.7 Voting Procedures

For at least a five-workday period before the vote is taken, every faculty member eligible to vote on the granting of tenure shall be allowed access to the professional record for review purposes only.

As stated in section 6.3.4.3, all votes pertaining to actions of review bodies will be conducted by a show of hands; or signed ballots that will be saved and attached to the minutes (forwarded to the provost's office in the case of a tenure decision); or each person's vote can be recorded in the minutes; or a roll call vote, if requested by at least one member, with each person's vote recorded in the minutes. Departmental plans must specify which method(s) of voting will be used. In reporting the results of any personnel action requiring a vote, the vote count (votes for and votes against) will be recorded on the appropriate form and provided to the individual under consideration in the personnel action.

6.3.7.8 Counting of Votes

To be considered a positive recommendation (i.e., supportive of tenure **at** the completion of the maximum probationary period), a simple majority of the votes cast must exist (more votes "for" than votes "against"). A personnel action that does not have a simple majority of the votes cast (either a tie or more votes "against" than votes "for") is considered a negative recommendation (i.e., against tenure **at** the completion of the maximum probationary period). **NOTE:** The granting of tenure **before** the completion of the maximum probationary period (that is, less than seven years, including any years granted toward tenure) may be recommended by the appropriate RTRB only on the affirmative vote of at least **four-fifths** of the membership of the RTRB (see section 6.3.7.12 below).

Abstentions from voting shall not be counted in determining a simple majority. The right to vote is limited to the members of the review body who are present in person or via synchronous discussion at the time the vote is taken at a legal meeting. [**Exception:** Members unavoidably absent from the meeting because of illness or emergency may vote by absentee ballot submitted to the chair prior to the meeting; members voting by absentee ballot must have reviewed the file prior to submitting the ballot.] There shall be no voting by proxy. Asynchronous meetings and discussion (electronic or otherwise) are contrary to state statutes.

The vote is public record. The results of how each person voted, if a roll call or written ballot is used, is also public record and will be released upon request (see also section 6.1.2 "Wisconsin Open Meetings Law").

6.3.7.9 Reporting of Decision

The renewal and tenure review body shall forward to the chancellor its decision and the number of votes for and against tenure within five days of the time of the committee's vote. It shall at the same time inform the faculty member, the department chair, and the dean of its decision in writing. **NOTE:** The RTRB will not provide to the probationary faculty member under review any written reasons for a negative decision unless requested to do so by the probationary faculty member; if requested, the RTRB is required to provide reasons. The chair of the RTRB shall be responsible for ensuring that departmental policy is followed when written reasons have been requested.

If the vote is for denial of tenure, the faculty member shall also be informed of his or her right to reconsideration and appeal and to receive written reasons for the denial of tenure, as per UWS

3.07. If written reasons are requested, they shall become a part of the personnel file of the individual (see section 6.3.12 for information about reconsideration and appeal).

6.3.7.10 Role and Authority of Chancellor

The RTRB and the chancellor make decisions on renewal and tenure considerations. All other levels of review make recommendations.

The chancellor shall inform the faculty member under review, the chair of the RTRB, the department chair and the dean of his or her decision on the granting of tenure. If the decision is for denial of tenure, the faculty member shall also be informed of his or her right to reconsideration and to receive written reasons for the denial of tenure, as per UWS 3.07. If written reasons are requested, they shall become a part of the personnel file of the individual (see section 6.3.12 for information about reconsideration and appeal).

6.3.7.11 Tenure and Promotion in Rank

As of [month, year], promotion to the rank of associate professor is concomitant with the tenure decision. Any probationary faculty member holding the rank of assistant professor who is granted tenure is also promoted to the rank of associate professor. Assistant professors tenured prior to [month, year] may apply for promotion to associate professor when they have met the minimum university requirements for education and time in rank (see section 6.3.8). In this case, the faculty member is only required to submit a letter requesting promotion (no file is required).

Faculty members hired at the rank of associate professor without tenure may be granted tenure without promotion to professor.

Associate professors may apply for promotion to professor when they have met the minimum university requirement for education and time in rank (see section 6.3.8).

6.3.7.12 Early Tenure

The length of the mandatory probationary period is established at the time of the initial appointment, but may be changed as provided in UWS 3.04, (1). “Early” tenure is considered to be the granting of tenure **before** completion of the maximum probationary period. Faculty at the rank of assistant professor may **not** be promoted to associate professor without a positive decision on tenure (either at or before the completion of the maximum probationary period).

(1) A faculty member who wishes to apply for an early tenure decision must present a written request for the early decision to the department chair or equivalent by the end of the semester prior to the academic year during which the decision is to be made.

(2) The granting of tenure before completion of the maximum probationary period (that is, less than seven years, including any years granted toward tenure) may be recommended by the appropriate RTRB only on the affirmative vote of at least **four-fifths** of the membership of the

RTRB. (See also section 6.3.4.5 (2) “Establishment of the Renewal and Tenure Body” and section 6.3.7.7 “Voting Procedures.”)

(3) If a faculty member’s request for early tenure is denied, the faculty member may request a reconsideration. The faculty member may **not** request an appeal or an additional early tenure consideration prior to the end of the mandatory probationary period established at the time of initial appointment.

(4) Denial of early tenure shall not prejudice action on the tenure decision to be made at the completion of the mandatory probationary period established at the time of the initial appointment.

6.3.7.13 Tenure upon Appointment

Faculty with outstanding credentials may be granted tenure at the time of the initial appointment. The granting of tenure upon appointment may be recommended by the appropriate RTRB only on the affirmative vote of at least **four-fifths** of the membership of the RTRB. (See also section 6.3.4.5 (2) “Establishment of the Renewal and Tenure Body” and section 6.3.7.7 “Voting Procedures.”) There must also be an affirmative decision by the chancellor.

The form used for initial appointment and tenure as well as all evidence required for making a tenure decision must accompany such a recommendation. The recommendation of the RTRB should be reviewed by the dean and the provost before being forwarded to the chancellor.

6.3.7.14 Circumstances That May Delay Tenure Decision

A leave of absence, sabbatical or a teacher improvement assignment does not constitute a break in continuous service and shall not be included in the 7-year period under UWS 3.04 (1). Circumstances in addition to those identified under UWS 3.04 (2) [leave of absence, sabbatical or a teacher improvement assignment] that do not constitute a break in continuous service and that shall not be included in the 7-year period include responsibilities with respect to childbirth and adoption, significant responsibilities with respect to elder or dependent care obligations, disability or chronic illness, or circumstances beyond the control of the faculty member, when those circumstances significantly impede the faculty member’s progress toward achieving tenure. The request shall be made in writing. It shall be presumed that a request made under this section because of responsibilities with respect to childbirth or adoption shall be approved. According to state statutes, a request for additional time “shall be made before a tenure review commences under s. US 3.06 (1) (c).”

- (a) A request for additional time because of responsibilities with respect to childbirth or adoption shall be initiated in writing by the probationary faculty member concerned and shall be submitted to the chair or academic unit head, who will forward it with a recommendation to the dean, who will forward it with a recommendation to the provost for approval. The provost shall specify the length of time for which the request is granted. The request should state the reason for the exception, and state the beginning

date and the ending date of the leave. Final approval and notification shall be made by the chancellor.

- (b) Except for a request because of responsibilities with respect to childbirth or adoption, a written request made because of other circumstances under this section shall be submitted to the chair or academic unit head, who will forward it with a recommendation to the dean, who shall forward it with a recommendation to the provost for approval. The provost shall specify the length of time for which the request is granted. The request should state the reason for the exception and state the beginning date and the ending date of the leave. Final approval and notification shall be made by the chancellor. A denial of a request shall be in writing by the chancellor and shall be based on clear and convincing reasons.
- (c) More than one request may be granted because of responsibilities with respect to childbirth or adoption. More than one request may be granted to a probationary faculty member but the total, aggregated length of time of all requests, except for a request because of responsibilities with respect to childbirth or adoption, granted to one probationary faculty member ordinarily shall be no more than one year.
- (d) If additional time is needed, the approval process must be reinstated.
- (e) The department chair shall notify the tenured faculty members that the leave has been approved and does not constitute a break in service. The chair does not need to notify the tenured faculty members as to the reason for the request.
- (f) If any faculty member has been in probationary status for more than 7 years because of one or more of the reasons set forth in this section, the faculty member shall be evaluated as if he or she had been on probationary status for 7 years.

6.3.7.15 Tenure of Administrators

All recommendations concerning the granting of tenure to department chairs, deans, and other administrative faculty shall originate with the department (or its functional equivalent) wherein the faculty rank is held and shall be based on academic achievement and experience.

Administrative candidates who may be offered tenure at the time of their hiring shall meet with the appropriate RTRB for the department or its functional equivalent in which they seek tenure during the campus interview process. In cases where the candidate might be considered for tenure in more than one department of its functional equivalent, the provost and/or chancellor shall identify, in consultation with the candidate, which department shall first consider the candidate for tenure.

To implement this policy, the chancellor informs the identified departments in writing that one, or more, of the candidates invited for campus interviews might potentially be tenured into their department. The chancellor also provides the department(s) with the following written information: (a) the curriculum vitae of the candidate(s); (b) a copy of the Faculty Handbook criteria on awarding tenure; (c) a copy of the criteria for considering tenure within the respective department; and (d) information about the potential impact of this hire on existing and future tenure-track positions in the department.

During the campus interview, the candidates meet with members of the identified department. Following that meeting, the tenured members of the department (or its functional equivalent) discuss the merits of the candidate relevant to the tenure criteria and forward a recommendation to the chancellor. The granting of tenure to administrators may be recommended by the appropriate RTRB only on the affirmative vote of at least **four-fifths** of the membership of the RTRB. (See also section 6.3.4.5 (2) “Establishment of the Renewal and Tenure Body” and section 6.3.7.7 “Voting Procedures.”) There must also be an affirmative decision by the chancellor.

Prior to the administrator returning to the department, the chancellor and/or provost shall meet with the department chair to consider the appropriate assignment of responsibilities.

6.3.12 Nonrenewal of Probationary Appointments and Denial of Tenure

6.3.12.2 Reconsideration of Nonrenewal or Denial of Tenure

Section 1 Overview of Process

Statement of Reasons

Once a nonrenewal or denial of tenure notice has been received from the RTRB or the chancellor, the faculty member has the right to request and receive a written statement of reasons by the decision-maker. The written request for those reasons must be made within five days of receipt of the nonrenewal or denial of tenure notice. **NOTE:** The RTRB will not provide to the probationary faculty member under review any written reasons for a negative decision unless requested to do so by the probationary faculty member; if requested, the RTRB is **required** to provide reasons. The chair of the RTRB shall be responsible for ensuring that departmental policy is followed when written reasons have been requested.

If a written request for reasons is made, the statement of reasons must be provided to the faculty member prior to the reconsideration. The statement of reasons also becomes a permanent part of the individual’s RST file. Faculty members have the right to review their own RST file. Faculty members also have the right to make written responses to any statements in the file and to have those responses placed in their RST file.

Reconsideration

The faculty member has the right to request a reconsideration by the decision-maker provided the request is submitted in writing within 20 days of receipt of the written reason(s) for nonrenewal or denial of tenure. Any written request for reconsideration must be granted. The faculty member also has the right of access to all materials which may have a direct bearing on a presentation at the reconsideration meeting. Any reconsideration must be held within 20 days of receipt of the request for reconsideration, except that this time limit may be extended by mutual

consent of the parties. The faculty member must be informed in writing of the decision within five calendar days after the initial reconsideration meeting, except that this time limit may be extended by mutual consent of the parties.

Written notice of a nonrenewal decision at either level of review (RTRB or chancellor) constitutes proper notice of nonrenewal as specified in UWS 3.07. If the affected faculty member requests a reconsideration in writing, he or she is further entitled to a ten-calendar-day advance notice of the reconsideration.

Review at the next appropriate level is postponed until the reconsideration at the lower level has been concluded.

If reconsideration results in a decision favorable to the faculty member, the reconsideration decision supplants the original, and the positive recommendation is sent forward to the next appropriate level.

If reconsideration affirms the initial decision made at the department level, the faculty member may either drop the matter or proceed to an appeal (see section 6.3.12.3). Exception: If the faculty member has been denied tenure before the completion of the maximum probationary period, he or she does not have the right to the formal appeal procedures outlined in section 6.3.12.3.

Section 2 Reconsideration Proceedings

- (a) It is to be understood that the purpose of the reconsideration shall be to provide an opportunity for a fair and full re-examination of all the relevant factors and circumstances, so that every reasonable effort shall have been made to assure that the decision was a sound one. Reconsideration is not a hearing or an appeal, and shall be non-adversarial in nature.
- (b) Reconsideration by the RTRB or the chancellor shall be completed and the faculty member informed in writing of the decision within five calendar days after the initial reconsideration meeting. This period can be extended upon mutual consent of the faculty member and the RTRB or the chancellor if extenuating circumstances exist.
- (c) The faculty member requesting reconsideration shall have the right to be counseled by any person(s) of choice. [In cases where there are multiple counselors, the convening party (whether the RTRB or the chancellor) may restrict discussion of each major issue to a single counselor. Determination whether more than one counselor should address an issue should be a procedural and unappealable determination of the RTRB or the chancellor.]
- (d) Reconsideration meetings shall be properly noticed and conducted according to 19.85 Wis. Stats. (see 6.2.1 “Wisconsin Open Meetings Law”). The faculty member being reconsidered may request that the meeting be held in open session. Members of the public attending an open meeting shall not have the right to participate in the proceedings.

- (e) The faculty member requesting reconsideration shall be given the opportunity to present his or her statements in writing prior to the initial meeting. The faculty member requesting reconsideration shall also be invited to appear before the RTRB or the chancellor to present further oral evidence germane to the decision.
- (f) The RTRB and the chancellor as well as the faculty member involved in the reconsideration proceedings shall have access to all documents used to make the nonrenewal or denial of tenure decision.
- (g) Audio recordings shall be made of all reconsideration meetings, with copies available at no cost to the faculty member. The provost's office shall keep this recording along with other documents pertaining to the proceedings.
- (h) The chairperson of the RTRB or the chancellor shall prepare a report that identifies the time, date, and location of the meeting, along with an identification of those present at the meeting. This report shall identify the evidence that was reviewed and considered. The report shall also include a written decision on the request for reconsideration of the decision as well as the rationale in support of that decision. Copies of this report shall be filed with all concerned parties and added to the faculty member's personnel file.
- (i) If reconsideration affirms the original decision, that reconsideration process ends. The faculty member requesting reconsideration of a nonrenewal decision or a denial of tenure at the completion of the maximum probationary period has the right to appeal under the provisions of section 6.3.12.3.

[NOTE: If the faculty member has been denied tenure before the completion of the maximum probationary period, he or she does not have the right to the formal appeal procedures outlined in section 6.3.12.3.]

- (j) If reconsideration causes the RTRB or the chancellor to change their decision, the prior decision is rescinded, and the decision in favor of renewal or tenure shall be advanced through the decision-making process. In these instances, each review level shall take action on the matter as soon as possible after receiving the file so as to restore the normal decision-making timeline. All of the provisions for action and consequences of renewal and tenure decisions shall be as if a nonrenewal or denial of tenure decision had not taken place.
- (k) The provost shall be the custodian of the minutes and reports of all levels of review involved in the reconsideration process. All documents shall be kept in a file, separate from the personnel files. The faculty member shall have access to review the contents of this file and may request copies of any documents or materials.

6.3.12.3 Appeal of Nonrenewal or Denial of Tenure

Section 1 Applicable Documents

A faculty member contemplating an appeal after having received notice of nonrenewal or denial of tenure is advised to become familiar with

- the appropriate departmental personnel rules and procedures;
- the appropriate sections of the Wisconsin Administrative Code, the UW System faculty personnel rules; and
- related documents in this handbook.

Section 2 Counsel

A faculty member contemplating an appeal may wish to seek advice from senior faculty or legal counsel familiar with the policies and procedures. The right to invite and seek council from an individual (or individuals) of the faculty member's choice during any hearing is guaranteed under these procedures.

Section 3 Burden of Proof and Scope of Appeals

Burden of Proof

The burden of proof in an appeal of nonrenewal or denial of tenure is on the faculty member.

Scope of Appeals

The scope of the appeal shall be limited to whether material prejudice to the individual resulted because the decision was based in any significant degree upon:

- conduct, expressions, or beliefs which are constitutionally protected, or protected by the principles of academic freedom; or
- factors proscribed by applicable state or federal law regarding fair employment practices; or
- improper consideration of qualifications, which shall be deemed to have occurred if material prejudice resulted because:
 - procedures required by the faculty or Board were not followed; or
 - available data bearing materially on the quality of performance were not considered; or
 - unfounded, arbitrary, or irrelevant assumptions of fact were made about work or conduct (see UWS 3.08 in section 6.3.12.1).

Section 4 Time Limits

Termination of Appeal

Failure to meet any time limits established by these procedures will likely end the proceedings. A faculty member considering an appeal of nonrenewal or denial of tenure is urged to review these procedures and to act promptly.

Length of Process

The time limits are intended to ensure action within a reasonable time period; nevertheless, the appeal process may be lengthy. The deliberative process in particular may take several months to conclude: the issues are significant; there is no limit on the number of deliberative sessions which may be held; and there is no limit on the length of the recesses which may occur between sessions.

Action on Nonrenewal or Denial of Tenure

The university will proceed on a nonrenewal or denial of tenure decision even if an appeal is in progress in order to meet obligations to provide adequate notice of nonrenewal as prescribed in UWS 3.09. Written notice of a nonrenewal decision at either level of review constitutes proper notice of nonrenewal as specified in UWS 3.09.

Section 5 Presence at Meetings

No Exclusions

Under the provisions of 19.89 of the Open Meetings Law, no member of a governmental body may be excluded from any meeting of that body. In addition, no member may be excluded from meetings of the body's subunits unless the rules of the parent body specifically state otherwise.

Right to Open Meeting

A probationary faculty member has the right to request and receive an open meeting for any meeting of a department, or unit, or subunit involving an evidentiary hearing or final action on consideration of **tenure** for that individual, even when departmental policies provide that subunit or committee meetings be restricted to members of the subunit or committee.

NOTE: A meeting with an administrator for the purpose of performance evaluation, even where the end result of the discussion will be a recommendation on renewal or the granting of tenure, is not subject to the provisions of the Open Meetings Law: an individual administrator is not a "formally constituted subunit." *19.85 Wis. Stats.*

Section 6 Rules and Procedures

Filing an appeal

Upon receipt of written notification that nonrenewal or denial of tenure at the completion of the maximum probationary period was affirmed in the reconsideration, the faculty member has 20 days in which to request a hearing by the Appeals Commission (25 days if notice is by first class

mail or publication). An aggrieved faculty member who does not exercise his or her right to reconsideration still retains the right to appeal a nonrenewal or denial of tenure.

- Failure to meet the 20 day deadline is presumptively likely to end the appeal.
- The request must be in writing and addressed to the chairperson or convener of the Appeals Commission.
- The request should provide a historical resume of all actions taken to this point and must state clearly and specifically the precise foundation on which the appeal is to be based.
- UWS 3.08 details the acceptable bases for an appeal (see section 6.3.12.1).

A faculty member may withdraw the appeal at any time. Upon receipt of a written request to withdraw an appeal, the chair of the appeal panel shall forward a copy of the request and the file to the dean. Such withdrawal terminates consideration of the faculty member's application for renewal or tenure. The dean will return the file and attached materials to the appellant.

Notification

The chairperson of the Appeals Commission will review the request for an appeal. If the chairperson determines that the appellant holds a faculty appointment, the chairperson will:

- provide written notification of the request for hearing to the provost so System legal counsel may be advised a case is pending;
- begin a file of all correspondence concerning the appeal, which will be passed on to the chairperson of the appeal panel;
- provide written notification to the chairperson of the appellant's renewal and tenure review body, the department chairperson, the dean, the provost, the chancellor, and the chairperson of the Faculty Senate that an appeal is in progress; and
- provide copies of all correspondence to the
 - appellant;
 - appeal panel; and
 - the members of the RTRB.

Appointment of an Appeal Panel

An appeal panel of five members shall be selected by the Appeals Commission to hear a particular case (see section 4.2 "The Faculty Bylaws" of this handbook; specifically, **Part II, Article III, Section 6 "Appeals Commission"** of the Faculty Bylaws).

Appeal Date

The appeal panel must meet to hear the matter within 20 days of receipt of the request for an appeal, except that this time limit may be extended by mutual consent of the parties or by order of the appeal panel. The faculty member requesting a hearing must receive 10 days notice of the hearing.

Appeal Panel Chairperson's Responsibilities

Once the appeal panel is appointed, the chairperson of the panel assumes responsibility for the appeal process. The chairperson must:

- conduct the hearing under the provisions of UWS 3.08, these policies and procedures, and the guidelines for appeal hearings (which may be found in section 7 of 6.3.12.3);
- establish appropriate communication with the appellant, the chairperson of the appellant's renewal and tenure review body, the department chairperson, the dean, the provost, and the chancellor, and keep each informed of the proceedings in the appeal;
- keep records of all correspondence among all the principals from the initiation of the appeal through its conclusion;
- appoint a secretary for the appeal panel and provide for a verbatim transcript of the hearing (usually a sound recording);
- secure appropriate facilities, schedule evidentiary hearings, and provide notices to conform with the Open Meetings Law;
- secure appropriate facilities and schedule and conduct deliberative sessions in which the panel formulates its findings and recommendations;
- distribute materials as necessary;
- prepare the written report of the panel's findings and recommendations and transmit the panel's report to the chancellor and other appropriate parties;
- send a copy of the appeal hearing procedures with each written notification of the hearing, and send written notification (see below) of the appeal hearing to the appellant, the decision-maker(s), other involved individuals, and witnesses asked to appear on behalf of the parties or called by the appeal panel.

Written notification of the appeal hearing must include statements

- of the date, time, and place of the hearing;
- that all parties may be represented by an individual(s) of their choice, which may include legal counsel;
- that normally, by a vote of the appeal panel, the evidentiary hearing and the deliberative sessions will be closed but the appellant, upon timely written request to the chairperson, has the right to request an open evidentiary meeting. Any such request in the case of an appeal of denial of tenure shall be honored.

- of whether the evidentiary hearing and the deliberative meeting will be closed or open;
- that both parties have a right to copies of all documentary evidence relevant to the appeal;
- **that all parties, including witnesses, are expected to provide to the appeal panel chairperson sufficient copies of their documentary evidence for all other parties, and that these materials should be provided in sufficient time prior to the hearing for distribution to all parties, but that failure to provide such copies will not preclude an individual from giving testimony;**
- that either party may call persons to offer evidence or testimony;
- that both parties will be sent a list of the names of any persons to be called by either party, or by the appeal panel;
- that either party may offer testimony from any source;
- that the appeal panel is not bound by statutory rules of evidence but may hear testimony having reasonable probative value;
- that adjournments will be granted to enable either party to investigate evidence as to which a valid claim of surprise is made;
- that the appellant has the right to a verbatim record of the hearing, which may be a sound recording, at no cost;
- that any personal notes made during the procedures and retained by a participant are **subject to subpoena** if the appeal is not resolved at the institutional or System level and becomes a legal matter;
- that a quorum for the evidentiary hearing consists of four members of the appeal panel;
- that a quorum for the deliberative sessions consists of four members of the appeal panel, except that in an emergency, the chairperson may declare a quorum when only three members are present;
- that the burden of proof as to the validity of the appeal is on the appellant; and
- that the appeal panel will give written statements of its findings and recommendations to the chancellor, provost, appropriate dean, department chairperson, appellant, and decision-maker(s).

Communication between the appeal panel and the appellant

All communication concerning an appeal by the appellant should be directed to the chair of the appeal panel and be limited to issues of policy and procedure. The appellant may not seek general advice or counsel from any member of the appeal panel at any point in the appeal process.

Section 7 Appeal Proceedings

Quorum

While all five members will be present whenever possible, a quorum for the appeal hearing and for meetings of the appeal panel consists of four members of the committee.

In an emergency, the chairperson of the appeal panel has the discretion to declare a quorum for deliberative sessions when only three members of the appeal panel are present.

Notice

Notices of meetings must be posted in a public forum (**without identifying the appellant**) and must indicate whether the meetings will be open or closed.

Confidentiality

All matters related to the appellant and the appeal are maintained in the strictest confidentiality by appeal panel members, except as may be necessary to meet provisions of the Open Meetings Law or other similar statutory, administrative rule, or faculty governance requirements.

Following the conclusion of all deliberations and the submittal of the appeal panel's report, the chairperson will collect all drafts and other documents related to the appeal from the members of the panel, from any appointed secretary, and from all other parties except the appellant and the appellant's representative(s). All minutes and materials provided by the parties and not forwarded to the chancellor as a part of the report will be sealed and filed in the office of the chancellor for a period of five years, after which they will be destroyed as permitted under the Public Records Law.

[**NOTE:** Participants are reminded that any personal notes made during the procedures and retained after the appeal hearing are **subject to subpoena** if the appeal is not resolved at the institutional or System level and becomes a legal matter.]

Evidentiary and Deliberative Sessions

The appeal process consists of an evidentiary hearing and a deliberative meeting.

The purpose of the evidentiary hearing is to determine the facts of the situation. Both parties may provide evidence at the evidentiary hearing and both parties have the right to be counseled by another individual(s), which may be legal counsel. The appeal panel is not bound by legal rules of evidence. The burden of proof is on the appellant.

The purpose of the deliberative meeting is for the appeal panel to reach its conclusions, after which the chairperson of the appeal panel will write a draft report of the findings and recommendations of the appeal panel. Each member of the appeal panel must sign the final report or file a dissent. The report will be distributed within 10 days of the close of deliberations.

Closed and Open Sessions

Evidentiary hearings and deliberative meetings must be conducted according to 19.85 Wis. Stats. (see 6.2.1 "Wisconsin Open Meetings Law"). The evidentiary meeting on an appeal of a tenure

denial will be open if requested by the appellant. Closed meetings require a majority vote of the hearing committee by a roll call vote.

If the evidentiary hearing is closed, only parties directly involved in the appeal (exclusive of the audio technician) may attend. Those permitted to attend, who may speak when recognized by the chairperson for that purpose, are

- members of the appeal panel;
- the appellant;
- members of the RTRB;
- representatives for the parties;
- witnesses for the parties;
- individuals specifically called or designated by the appeal panel, which may include legal counsel; and
- an appointed secretary, who need not be a member of the panel.

If the evidentiary hearing is open, anyone may attend but only those parties directly concerned with the appeal and recognized for the purpose of speaking by the chairperson of the hearing committee are permitted to speak.

Procedure for Evidentiary Hearing and Deliberative Meeting

The chairperson of the appeal panel convenes the hearing and serves as presiding officer. The chairperson assumes all the normal responsibilities of a committee chairperson and rules on such questions as may arise on the procedure of the hearing, admissibility of evidence, and all other matters related to the hearing.

The evidentiary hearing normally proceeds in the order described here, but the chairperson may change the order and procedures as circumstances may require.

- Call to order; introduction of members of the panel and of the secretary.
- Explanation of the Open Meetings Law and either
 - explanation of limitations of open meetings, if an open meeting has been requested, or
 - a request for a motion to close the meeting under the appropriate section(s) of 19.85 Wis. Stats. [19.85 (a), (b), (c), or (f)], and a roll call vote on the motion.
- Introduction of the appellant, and the appellant's representative(s), if any.
- Introduction of the decision-maker(s), and the decision-maker's representative(s), if any.

- Presentation of the appeal by the appellant or the appellant's representative.
- Presentation of witnesses on behalf of the appellant.
- Questions of appellant and appellant's witnesses by members of the appeal panel.
(Questions of the appellant and appellant's witnesses by the decision-maker or the decision-maker's representative should be addressed to the chair of the appeal panel.)

- Presentation of all relevant materials by the decision-maker or by the decision-maker's representative.
- Presentation of witnesses on behalf of the decision-maker.
- Questions of decision-maker and decision-maker's witnesses by members of the appeal panel.
(Questions of the decision-maker or the decision-maker's witnesses by the appellant or the appellant's representative should be addressed to the chair of the appeal panel.)
- Presentation by any witnesses who may have been called by the appeal panel and questions of these witnesses by members of the appeal panel.
(Questions of the appeal panel's witnesses by the appellant, the appellant's representative, the decision-maker or the decision-maker's representative should be addressed to the chair of the appeal panel.)
- Additional questions, if any, of witnesses by members of the appeal panel.
- Rebuttal or closing comments by the decision-maker or the decision-maker's representative.
- Rebuttal or closing comments by the appellant or the appellant's representative.
- Conclusion of the evidentiary hearing.
If the deliberative meeting does not follow immediately after the evidentiary hearing, the chairperson will request a motion to recess the hearing and to reconvene at the deliberative meeting (if possible, the date and time of the session will be included in the motion to recess), and will conduct a roll call vote on the motion.

The appeal panel deliberates on the appeal and writes a report which includes the findings and recommendations of the panel.

Findings

As noted in section 3 "Burden of Proof and Scope of Appeals" (see above), a finding that the facts are as described by the appellant is not, by itself, enough to find that the appeal is valid. The facts must support the contention that at least one of the factors described under UWS 3.08 entered into the decision to a significant degree and with material prejudice to the appellant.

The burden of proof is on the appellant to provide evidence that at least one impermissible factor entered into the decision to a significant degree and with material prejudice to the appellant.

Decision Upheld

If the committee finds for the decision-maker, it recommends the appeal be denied, and the appeal is ended.

Decision Rejected

If the committee finds for the appellant, it makes its recommendations for remedy as follows:

Recommendations for Remedy

All cases under UWS 3.08 must be remanded for reconsideration by the decision-maker(s) **unless** the appeal panel specifically finds that a remand would serve no useful purpose. If the appeal panel finds a remand would serve no useful purpose, the reasons for this finding must be included in the appeal panel's final report.

Even if it remands the matter, the appeal panel retains jurisdiction until it is satisfied that the appellant's rights have not been violated.

Possible Remedies for a **Nonrenewal**

If the committee finds that an appeal of a decision for nonrenewal is valid, possible remedies include, but are not limited to:

- reconsideration by the RTRB;
- reconsideration by the RTRB under instructions from the committee; or
- a recommendation to the chancellor.

Possible Remedies for a **Denial of Tenure**.

If the committee finds that an appeal of a denial of tenure is valid, possible remedies include, but are not limited to:

- reconsideration by the RTRB;
- reconsideration by the RTRB under instructions from the committee; or
- where the committee specifically finds that impermissible factors were used as a basis for denial and that no useful purpose would be served by a remand for reconsideration, a recommendation that a **special ad hoc credential review ("Notestein") committee** (Wisconsin Statutes 36.13 (2) (b)) be convened to provide an independent recommendation for tenure (see section below "Notestein Provisions" for procedures and findings).

In cases of an appeal of a tenure decision made by a renewal and tenure review body, if the appeal panel directs that an ad hoc credential review committee be formed, the appeal panel chair shall forward all materials to the Faculty Senate Chair, including any materials to be considered by the ad hoc committee.

Report

At an appropriate time in the deliberations, the chairperson recesses the meeting and prepares a draft report. The draft is circulated among the members, after which the panel reconvenes to review the draft and make appropriate modifications. After the report has been adopted by the appeal panel, each member of the panel signs the report or files a dissent.

- The report shall be adopted by a majority of the members of the appeal panel. The vote shall be a roll call vote, which shall be recorded.
- The report shall be distributed not later than 10 days following the close of deliberations.
- The chairperson provides a verbatim record of the hearing and a copy of the report to the faculty member, and a copy each of the report to the chancellor, the provost, the appropriate dean, the department chairperson, and the chairperson of the renewal and tenure review body.

Notestein Provisions

This section applies to an appeal of denial of tenure at the completion of the maximum probationary period that originated in an academic department (or its functional equivalent). After following the procedures listed above (i.e., after the matter has been remanded by the appeal panel for reconsideration—with or without restrictions—or after making a finding that such a remand would serve no useful purpose), if the appeal panel finds that the denial of tenure continues to be based on impermissible factors (as listed under UWS 3.08(1)), the following procedures shall apply:

(1) The report of the appeal panel to the chancellor must include a specific finding that one or more impermissible factors were considered by the academic department (or functional equivalent) in reviewing the credentials and in forming the recommendation that denied tenure.

- The report shall also list, identify and discuss the specific impermissible factor(s), as found by the appeal panel.
- On the basis of these findings, the appeal panel's report shall also recommend to the chancellor the formation (as set forth below) of an ad hoc or "Notestein" committee to make a recommendation on tenure as a substitute for the recommendation originally offered by the department (or functional equivalent).
- Recognizing the importance of resolving any pending appeal, the chancellor and the involved faculty are properly expected to devote the time required to bring this further review to an expeditious resolution.

(2) The chancellor shall approve all recommendations from appeal panels to form an ad hoc credential review committee. In these instances, the chancellor shall also inform the probationary faculty member of the specific actions that are to follow as provided under these rules.

(3) Upon receiving copies of the chancellor's action on the report of the appeal panel, the Executive Committee of the Faculty Senate, or a committee appointed by the Faculty Senate, shall appoint an ad hoc committee and chair to independently review the credentials of the concerned faculty member.

- The ad hoc committee shall have five members, including the chair, with at least three faculty members from UW-Platteville. The committee membership may include faculty appointed from outside the institution. The chair must be a member of the UW-Platteville faculty.
- No person may be appointed to this committee unless the person is knowledgeable or experienced in the academic field of the concerned faculty member or in a substantially similar academic field (per section 10 36.13(2)(b)3., stats.). No member of this committee may be a member of the academic department, or its functional equivalent, that has made the negative recommendation (per section 36.13(2)(b)3, 5 stats.)

(4) The ad hoc committee shall review the aggrieved faculty member's file, or, at the choice of the aggrieved faculty member, a revised file that contains all materials submitted to the RTRB at the time of the original decision, including the independent evaluation made by the department chair and the dean, but that excludes any evaluation by the RTRB on the matter of tenure and any materials relating to the appeal. This provision does not extend, change, or modify the original probationary period in that performance data beyond the time of the decision of the initial level of review shall not be considered or allowed. The ad hoc committee shall use the criteria for tenure as established by the department and the university.

- The ad hoc committee shall not base its tenure recommendation upon impermissible factors, as defined by UWS 3.08(1).
- Within 20 working days after appointment, unless the time is extended for cause by order of the provost, the ad hoc committee shall send its recommendation concerning tenure for the aggrieved faculty member to the following individuals and offices: the chair of the appeal panel, the chair of the committee that made the initial decision of denial of tenure, the appropriate chairperson, the appropriate dean, the chair of the Faculty Senate, the provost, and the chancellor.

(5) a. If the ad hoc committee recommends the **denial of tenure**, the chancellor will inform the faculty member of that decision to deny tenure. In this instance, the faculty member will be afforded an opportunity to request the reasons for the decision, and to pursue reconsideration of the decision through discussions with the ad hoc committee in a manner consistent with the general framework set forth in these rules.

If the ad hoc credential review committee, either initially or upon reconsideration, makes a negative decision, the appellant is, upon written application to the chair of the ad hoc credential review committee, allowed to copy all documents, transcripts and audio recordings possessed by the ad hoc credential review committee. In the case of a negative decision by the ad hoc credential review committee, the chancellor may not recommend that the Board of Regents grant tenure.

b. If the ad hoc committee recommends that **tenure be granted**, that recommendation shall have the force and status of the initial recommendation from the renewal and tenure review body, and the chancellor subsequently may recommend to the Board of Regents that a tenured appointment be granted without a concurring recommended action from the appellant's academic

department(s) or functional equivalent. The Chancellor's decision is final (UWS 3.08, (3)). Such action is in accord with Wis. Stats. 36.13 (2) (b).

If the chancellor decides to recommend a grant of tenure, the chancellor shall include in his or her written recommendation to the President of the University of Wisconsin System a summary of the original findings of impermissible factors and a specific notation that the recommendation for tenure was made by the ad hoc committee acting as a substitute for the department (or functional equivalent).

The campus administration shall be financially responsible for legitimate travel expenses incurred by the ad hoc credential review committee members who come from other institutions. Reimbursement shall be limited to transportation, lodging, and meals.

6.3.13 Dismissals

All procedures for dismissal for cause are set forth in UWS 4. The standing committee charged with hearing dismissal cases mandated in UWS 4 shall be the Appeals Commission (see the Faculty Bylaws, Part II, Article III, Section 6). In a dismissal case, if the chancellor is advised that a faculty member should be suspended from his or her duties, pending the outcome of the case, he or she shall consult the Executive Committee of the Faculty Senate before taking such action (see also section 9.4).

6.3.14 Faculty Terminated Because of Fiscal Emergency

The procedures for all faculty who are terminated because of fiscal emergency are set forth in UWS 5. The hearing committees mandated in UWS 5.11 shall be the Appeals Commission (see the Faculty Bylaws, Part II, Article III, Section 6). Seniority in matters of termination shall be by rank, and within rank, according to the total years of service to the local university (see also section 9.5).

6.3.16 Complaints and Grievances

6.3.16.1 General Information

The general meanings of the words *complaint* and *grievance* are set forth in the Faculty Bylaws, Part II, Article III, Section 7. The Complaints and Grievances Commission and the chancellor shall insure that pertinent rules and procedures are followed, including those identified in UWS 6.01 and 6.02.

6.3.16.2 Complaints

The following procedure shall be followed:

- The complainant shall state his or her complaint in writing to the chancellor, who shall review the complaint and take administrative action. The chancellor's administrative action may be to dismiss the complaint, invoke appropriate disciplinary action, or refer the complaint to the Complaints and Grievances Commission. A hearing by the commission shall take place at the request of the chancellor or, if the chancellor invokes a disciplinary action, at the request of the faculty member involved.
- The chancellor and the commission shall ensure that the faculty member involved receives:
 - a written statement of the complaint,
 - at least ten calendar days to prepare an appropriate response,
 - a written statement of the commission's findings within five calendar days of its decision, and
 - a prohibition of further jeopardy for the same incident of alleged misconduct after a final decision.

The chancellor shall also ensure that the appropriate university officials are apprised of the commission's findings and the chancellor's decision. The chancellor's decision on the recommendations of the commission, or on the complaint in the absence of a commission recommendation, shall be final, except that the Board of Regents at its option may grant a review on the record. All parties are due as prompt a resolution of the matter as is practicable.

6.3.16.3 Grievances

The following procedure shall be followed:

A faculty member with a grievance may submit his or her grievance to the Complaints and Grievances Commission. The aggrieved faculty member is entitled to a hearing before the commission within twenty calendar days of the written submission of the grievance to the commission chair. The colleague or colleagues against whom the grievance is lodged are entitled to at least a ten-calendar-day notice of all hearings related to the case. All parties are due as prompt a resolution of the matter as practicable.

6.3.16.4 Reporting Procedures

Reporting procedures are outlined in the Faculty Bylaws, Part II, Article III, Section 7.

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
WISCONSIN PARTNERSHIP PROGRAM
2013 ANNUAL REPORT**

BACKGROUND

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation, and the distribution of the proceeds from the sale of stock to the University of Wisconsin (UW) School of Medicine and Public Health (SMPH) and the Medical College of Wisconsin. In accordance with the Order, 35 percent of the funds were allocated for public health initiatives and 65 percent for education and research initiatives to advance population health. The Wisconsin United for Health Foundation, Inc., (WUHF) was created by the Insurance Commissioner to oversee the distribution of the proceeds; to approve the inaugural five-year plans of each school; and to receive subsequent five-year plans, annual reports on expenditures, and financial and program audits.

The Order required the UW System Board of Regents to create an Oversight and Advisory Committee (OAC) consisting of four public members (health advocates) and four SMPH representatives appointed by the Board of Regents, and one member appointed by the Insurance Commissioner. In accordance with the Order, the OAC is responsible for directing and approving the use of funds for public health. The committee also reviews, monitors and reports to the Board of Regents on the funding of education and research initiatives through the Wisconsin Partnership Program's annual reports.

The SMPH, in collaboration with the OAC, developed the inaugural Five-Year Plan (2004–2009) describing the uses of the funds. The plan also called for the appointment of the Partnership Education and Research Committee (PERC) by the SMPH, to be composed of a cross-section of the faculty, representatives of the OAC and leaders of the SMPH, to direct and approve the allocation for education and research initiatives.

Following approval of the Five-Year Plan by the Board of Regents in April 2003, the plan was reviewed and subsequently approved by WUHF in March 2004. Immediately thereafter, WUHF transferred the funds to the UW Foundation for management and investment based on the Agreement between the UW Foundation, the Board of Regents, and WUHF (Agreement). Since March 2004, the OAC and the PERC, collectively known as the Wisconsin Partnership Program, have been engaged in seeking proposals from community organizations and faculty, respectively, and in making awards in accordance with the Order, the Agreement and the Five-Year Plan. The current Five-Year Plan (2014–2019) was presented to and approved by the Board of Regents in December 2013.

As required by the Order and the Agreement, the SMPH, in collaboration with the OAC, must develop annual reports on the Wisconsin Partnership Program's activities and expenditures of funds for review by the Board of Regents. At the October 9, 2014, meeting of the Board of

Regents, the Education Committee will convene to review the 2013 Annual Report of the Wisconsin Partnership Program.

REQUESTED ACTION

No action required; for information purposes only.

DISCUSSION

In accordance with the Wisconsin Insurance Commissioner's Order and the Agreement, the 2013 Annual Report of the Wisconsin Partnership Program, covering the activities and expenditures from January 1, 2013 through December 31, 2013, is presented to the UW System Board of Regents. The annual report describes the activities leading to the awarding of grants by the Oversight and Advisory Committee (OAC) and by the Partnership Education and Research Committee (PERC) for projects that advance population health in Wisconsin.

2013 In Brief

The Wisconsin Partnership Program represents a far-reaching commitment by the University of Wisconsin School of Medicine and Public Health to improve the health and well-being of Wisconsin residents through investments in research, education, prevention practices and interventions, and policy development. The Wisconsin Partnership Program looks to the power of collaborative relationships – with community leaders, educators and researchers – to advance its mission of improving the health of the people of Wisconsin. The annual report provides an excellent opportunity to learn how the program is responding to Wisconsin's public health challenges through new directions, partnerships, and collaborations aimed at building healthier communities throughout the state.

In 2013, the Wisconsin Partnership Program through the OAC and PERC awarded over \$15.4 million in grants to improve the health and lives of individuals, families, and communities. The program continued its focus on the state's most pressing health challenges, including racial disparities in infant mortality, through its support of the Lifecourse Initiative for Healthy Families, which transitioned from development to implementation under the guidance of the newly established Regional Program Office at the Center for Urban Population Health in Milwaukee. In addition, extensive planning of a major interdisciplinary initiative to attack the state's obesity epidemic with an emphasis on children culminated in a joint funding proposal to PERC and OAC.

The OAC awarded 41 new grants totaling more than \$9.3 million to partnerships focused on improving health in communities across the state. Community initiatives included support to revitalize Milwaukee's Lindsay Heights neighborhood; a project to address obesity in Oneida County on many levels; an initiative to determine whether a computerized screening tool has a positive impact on risky adolescent behaviors, such as binge drinking and smoking; and a development project utilizing PHINEX (UW Electronic Health Record-Public Health Information Exchange) to track chronic disease and inform public health planning.

OAC continued its focus on the implementation of the Lifecourse Initiative for Healthy Families (LIHF) with an award of \$1.5 million to United Way of Greater Milwaukee to serve as the convening agency for Milwaukee LIHF. United Way, with its expertise in leading change efforts, is bringing together community members to formulate and implement strategies that address the root causes of infant mortality. To complement the work of the convening agencies in each of the four LIHF locations, 23 project grants totaling \$4 million were awarded to support community efforts that will lead to healthy birth outcomes among African Americans. These projects include: implementing a Centering Pregnancy model of care to ensure fewer pre-term and low-weight births, providing services to fathers with the goal of increasing involvement with their children and their partner, and improving health literacy.

The PERC awarded 14 new grants totaling more than \$6 million to support its balanced portfolio of applied public health, clinical and basic science research and education. The projects included: developing an integrated mental health and primary care model for patients with severe mental illness; understanding how HIV spreads from cell-to-cell and establishes a persistent infection; expanding a highly successful program of falls prevention, a costly public health issue which is increasing as Wisconsin's population ages; and accelerating the process of personalized cancer therapy to address the difficulties of predicting which patients will benefit from available chemotherapy agents.

PERC also renewed three programs aimed at educating policy makers on health care issues of immediate concern, ensuring that medical school graduates are well equipped to deal with complex health systems and to work within communities to improve population health, and coordinating and disseminating research that partners UW-Madison faculty with Wisconsin health care organizations to improve health care delivery.

OAC and PERC continued their commitment to work collaboratively on the following major initiatives: the Lifecourse Initiative for Healthy Families, the Obesity Prevention Initiative, and the Wisconsin Population Health Service Fellowship. Combining the resources of both committees promotes a more comprehensive approach—ranging from community interventions to research and education initiatives—to address the challenging public health issues facing Wisconsin of racial disparities in birth outcomes, an obesity epidemic, and ensuring a well-trained, sufficient public health workforce.

An important highlight of 2013 was the development of the third Five-Year Plan (2014 – 2019) of the Wisconsin Partnership Program. Both committees assessed their accomplishments over the past 10 years of grant making and made adjustments, resulting in new directions to refine the scope and focus of its efforts to ensure the greatest impact on the health of the people of Wisconsin. To that end, the UW School of Medicine and Public Health received the prestigious 2013 Spencer Foreman Award for Outstanding Community Service from the Association of American Medical Colleges. In large measure, this award resulted from the WPP's support of the transformation of the UW Medical School to an integrated School of Medicine and Public Health.

The Wisconsin Partnership Program's 2013 Annual Report, the tenth in the history of the program, illustrates the valuable work of its governing bodies, the Oversight and Advisory

Committee and the Partnership Education and Research Committee. These committees are responsible for ensuring the best possible stewardship of an endowment dedicated to addressing our state's most pressing health problems.

Grant outcome reports for the 20 projects which concluded in 2013 can be found in a supplement to the annual report made available to the Regents in the Board materials.

WISCONSIN PARTNERSHIP PROGRAM

2013 Annual Report



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A Message from the Dean

The Wisconsin Partnership Program (WPP) seeks to improve the health of all people in our state by providing community leaders, educators, policymakers, researchers and clinicians with funding to address the state's most pressing health issues. This Annual Report and the companion Outcomes Report highlight new opportunities for meeting these challenges and feature the successes of concluded grants.



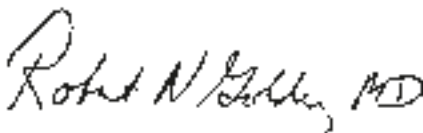
Since its founding in 2004, the WPP has made substantial progress in building important relationships that have launched innovative projects and programs. These and other aspects of our school's transformation received national recognition in 2013 when the Association of Academic Medical Colleges honored the UW School of Medicine and Public Health with the Spencer Foreman Award for Outstanding Community Service.

While this award acknowledges our many accomplishments, we know that far too many people in Wisconsin still are affected by obesity, infectious diseases, mental illness, drug and alcohol abuse and other health issues that limit their ability to enjoy a full life. Substantial resources far beyond financial support will be needed to thoroughly address these complex issues, and in collaboration with many organizations and stakeholders the WPP is tackling them with a broad array of approaches.

The WPP makes strategic investments in educating the future health workforce, forming partnerships to build healthier communities, and translating and disseminating knowledge throughout the state. Its 2014-2019 Five-Year Plan places a high priority on the obesity epidemic. Our first step in addressing this complicated public health issue occurred in 2013, with the WPP's creation of the Obesity Prevention Planning Committee. Research, education and community partnerships form the cornerstone of this initiative.

The WPP's other strategic initiative addresses the high incidence of infant mortality in the southeast region of the state. In 2013, the Lifecourse Initiative for Healthy Families began its transition from the development phase to implementation under the direction of a Regional Program Office at the Center for Urban Population Health in Milwaukee.

As the Wisconsin Partnership Program enters its second decade of improving health in our state, we look forward to expanding the successful relationships already in place and to establishing many others – all with the goal of making Wisconsin a healthier state for all.



Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison

Introduction

The University of Wisconsin School of Medicine and Public Health (SMPH) presents the 2013 Annual Report of the Wisconsin Partnership Program (WPP). This report documents the distribution of funds received by the SMPH following the conversion of Blue Cross & Blue Shield United of Wisconsin to a for-profit corporation in 2000.

The Annual Report and the accompanying Outcomes Report cover activities and expenditures from January 1, 2013, through December 31, 2013. The reports have been prepared in coordination with the WPP's Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) and in accordance with the WPP's founding documents.*

Highlights from 2013 include:

Supporting Communities. OAC awarded 41 grants totaling \$9.37 million to partnerships focused on improving health in communities across the state and helping ensure that Wisconsin's future public health workforce needs are met. Community initiatives include a project evaluating the impact of a computerized screening tool for risky adolescent behaviors and a project using a multi-faceted approach to reducing obesity in a rural county.

Investing in Education and Research. PERC awarded 14 grants totaling \$6.07 million to support applied public health, clinical research and basic science research. Projects include a collaboration of experts in falls prevention, systems engineering and physical therapy to reduce falls among the state's older residents and a program that trains surgeons in the use of a preoperative communications tool to promote dialogue, patient deliberation and shared treatment decisions that reflect the patient's values and reduce the burdens of unwanted aggressive care.

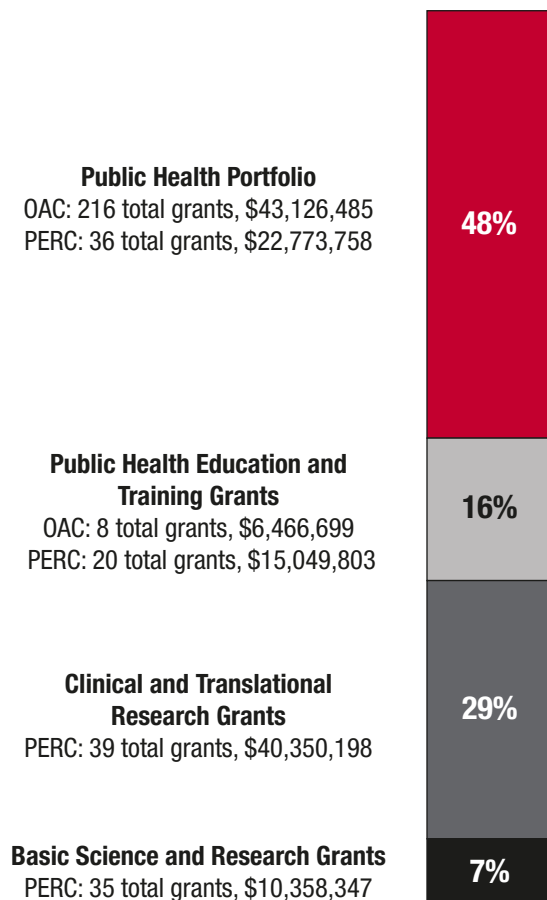
Strategic Planning. OAC and PERC finalized the partnership program's 2014-2019 Five-Year Plan, which includes joint-funding priorities such as the Obesity Prevention Initiative. The overarching strategies are system-level change, sustained change, evaluation and dissemination.

Measuring Outcomes. The WPP is committed to evaluating its grant-making and determining the long-term contributions of funded programs. Progress and impact will be measured by evaluating program-wide outcomes, evaluating grant category goals and monitoring individual grantee progress. The accompanying Grant Outcome Reports summarize the work of 19 projects that concluded in 2013.

* The Order of the Commissioner of Insurance and the Agreement between the Wisconsin United for Health Foundation, Inc. (WUHF), the University of Wisconsin Foundation and the University of Wisconsin System Board of Regents.



Total Grant Awards by Type: 2004-2013



Wisconsin Partnership Program Grant Programs

The Wisconsin Partnership Program administers seven grant programs, each employing a unique approach toward improving the health of the people of Wisconsin.

	Goal	Description	Grant Size/ Duration	Applicants	Community Role	UW Role	Grant Types
Community-Academic Partnership Fund	To improve the health of communities through initiatives to plan and implement health policies, practices and interventions	Promotes exchange of expertise between community and academic partners to design, implement and evaluate programs	Implementation: \$150,000 to \$400,000 over 3 years Development: Up to \$50,000 over 2 years	Wisconsin-based nonprofit organizations, and state, tribal and local government entities	Working in collaboration with a UW partner responsible for implementing the project	Roles defined collaboratively by community and academic partners with WPP guidance and support	Public health
Lifecourse Initiative for Healthy Families	To eliminate disparities in birth outcomes among Wisconsin's African American population	Expands access to care, strengthens support networks and addresses social and economic inequities in Beloit, Kenosha, Milwaukee and Racine	Variable	Wisconsin-based nonprofit organizations, and state and local government entities	Working in collaboration with a UW partner responsible for implementing the project	Roles defined collaboratively by community partners, the Regional Program Office and WPP	Public health
Healthy Wisconsin Leadership Institute	To build public and community health skills and leadership capacity across Wisconsin	Provides continuing education in leadership and skills needed to lead health improvement efforts	Year-long training for community teams, including three workshops and independent study	Community teams, coalitions or individuals from across the state	Organizing a team representing community stakeholders	Training and resources for successful teams, guidance in project development	Public health education and training
Wisconsin Population Health Service Fellowship	To develop professionals skilled in planning, implementing and evaluating public health programs	Places new public health professionals with community and academic partners to address local health issues	2-year paid service position with public health agencies	Individuals with advanced degrees in public health or related disciplines	Mentorship, service learning and skill-building activities	Education, training and supervision of fellows	Public health education and training
New Investigator Program	To support research and educational approaches that address Wisconsin's public health issues	Funds innovative proposals that may be leveraged for external funding	Up to \$100,000 over 2 years	UW School of Medicine and Public Health assistant professors	Dependent on project goals	Responsible for implementing the project	Public health education and training; applied public health, clinical and translational research; and basic science research
Collaborative Health Sciences Program	To support novel ideas and new approaches to research and education benefiting health in Wisconsin	Funds projects that cross traditional boundaries of basic science, clinical science, social science, education, population health science and/or community practice	Up to \$500,000 over 3 years	UW School of Medicine and Public Health full and associate professors, senior and distinguished scientists	Dependent on project goals; communities may be collaborative partners	Responsible for implementing the project	Public health education and training; applied public health, clinical and translational research; and basic science research
Targeted Education and Research Program	To craft new approaches to health care issues in response to recognized or emerging needs	Makes major investments in research and education to address the state's public health challenges	Variable	UW School of Medicine and Public Health full and associate professors	Dependent on project goals; communities may be collaborative partners	Responsible for implementing the project	Public health education and training; applied public health, clinical and translational research; and basic science research

Community-Academic Partnership Fund

By bringing public health support to every corner of the state, grants awarded through the Community-Academic Partnership Fund exemplify the Wisconsin Idea – the principle that the University of Wisconsin-Madison should improve people’s lives beyond the classroom. This cornerstone program relies on successful community collaboration with academic partners at the UW School of Medicine and Public Health and faculty from across the UW System – bringing together the expertise of communities and UW faculty and staff to produce sustainable health improvement and decrease health disparities for Wisconsin residents. During 2013, the Oversight and Advisory Committee awarded the following grants.

LARGE IMPLEMENTATION GRANTS AWARDED

Advancing Community Investment in Health: Implementation of the Innovation and Wellness Commons

The Commons is the next step in efforts to revitalize Milwaukee’s Lindsay Heights neighborhood. The community center seeks to foster wellness programs, community-engaged research, economic development initiatives and neighborhood action campaigns to strengthen a culture of wellness.

- Community partner: Walnut Way Conservation Corp.
- Academic partners: Cindy Haq, MD, and John Frey, MD, UW School of Medicine and Public Health, Department of Family Medicine
- Award: \$399,998 over three years

Dementia Wellness Project for Underserved African American Elders

The goal of this project is to improve the health and well-being of African American elders and their families by expanding the activities of a WPP-funded dementia screening clinic developed in consultation with the Department of Neurology. The Center for Urban and Population Health in Milwaukee will provide further evaluation of the screening and family education.

- Community partner: Milwaukee Health Services, Inc.
- Academic partner: Bruce Hermann, PhD, UW School of Medicine and Public Health, Department of Neurology
- Award: \$400,000 over three years

Northwoods LEAN (Linking Education, Activity and Nutrition): Pathways to Health

This project seeks to approach Oneida County’s obesity issue on many levels – implementing organizational, policy and environmental changes to support residents who are seeking to increase physical activity and improve nutrition. The multi-faceted approach to sustainable community change includes an awareness campaign, point-of-decision prompts, Safe Routes to School activities, garden-based nutrition and worksite wellness programs.

- Community partner: Oneida County Health Department
- Academic partner: Aaron Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics
- Award: \$400,000 over three years



The Northwoods LEAN coalition is working with the city of Rhinelander to build Safe Routes to School strategies into its long-range streets plan.

Community-Academic Partnership Fund



Diverse and Resilient staff members are working with county-level substance abuse prevention coalitions to implement an evidence-based intervention that has shown effectiveness in increasing knowledge and reducing alcohol consumption among LGBTQ youths.

Reducing Alcohol Abuse among LGBTQ Youth in Wisconsin

This project seeks to replicate a culturally competent alcohol harm reduction and prevention model tailored for lesbian, gay, bisexual, transgender and queer youths ages 14 to 20 in Milwaukee, Appleton and Green Bay. The goal is to increase access to interventions that support reduced binge and underage drinking.

- Community partner: Diverse and Resilient, Inc.
- Academic partners: Kathy Oriel, MD, MS, UW School of Medicine and Public Health, Department of Family Medicine; Lance Weinhardt, PhD, UW-Milwaukee, School of Public Health
- Award: \$400,000 over three years

Southeastern Wisconsin SBIRT Project

This project seeks to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in high schools. The goal is to evaluate the use of SBIRT in rural, suburban and urban schools to determine whether a computerized screening tool has a positive impact on risky adolescent behaviors such as binge drinking and smoking.

- Community partner: IMPACT Alcohol & Other Drug Abuse Services, Inc.
- Academic partner: Richard Brown, MD, MPH, UW School of Medicine and Public Health, Wisconsin Initiative to Promote Healthy Lifestyles
- Award: \$400,000 over three years

Strengthening Community Health Improvement Implementation and Evaluation for Greater Impact

The goal of this project is to increase capacity for implementing and evaluating community health improvement activities focused on alcohol misuse. Project leaders also seek to strengthen the local commitment to high quality Community Health Improvement Plans and Processes (CHIPPP) and outcomes by building skills in implementation and evaluation that can be applied in other health priority areas.

- Community partner: Wisconsin Association of Local Health Departments and Boards
- Academic partner: Julie Willems-Van Dijk, RN, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences
- Award: \$399,997 over three years

Women of Worth (WOW): Family-Centered Treatment Project

This project will focus on women and children who live or previously lived in homeless shelters in the Racine area. Its goal is to integrate an accessible and effective family-centered program for treating alcohol and other drug use and mental health disorders with medical and social services for women and their children.

- Community partner: Racine Interfaith Coalition
- Academic partners: Lisa Berger, PhD, and Ron Cisler, PhD, UW-Milwaukee, Center for Urban Population Health
- Award: \$399,120 over three years

Community-Academic Partnership Fund

SMALL IMPLEMENTATION GRANTS AWARDED

ACTIVATE: Advocacy for Children - Transformational Impact Via Action and Teamwork for Engagement

With 40 percent of children in Wisconsin living below 200 percent of the federal poverty level, this project seeks to identify, analyze and mobilize professional organizations, community-based agencies and training centers around critical child health topics. The goal is to change poor outcomes that potentially can result from early years spent in adversity.

- Community Partner: Wisconsin Academy of Pediatrics Foundation
- Academic Partner: Dipesh Navsaria, MD, MPH, MSLIS, UW School of Medicine and Public Health, Department of Pediatrics
- Award: \$162,077 over two years

Addressing the Mental Illness Tobacco Disparity: Peers Helping Peers

Using certified peer specialists, this project seeks to bring evidence-based tobacco dependence treatment to people with severe, disabling mental illness who receive care from the 79 community support programs in Wisconsin. The goal is to reduce the increasing gap in smoking rates between those with and without a mental illness.

- Community Partner: National Alliance on Mental Illness Wisconsin
- Academic Partner: Bruce Christiansen, PhD, UW School of Medicine and Public Health, Center for Tobacco Research and Intervention
- Award: \$149,999 over two years



The goal of the Bilingual Healthy Choices Program is to empower participants to adopt healthier eating patterns and a more active lifestyle.

Bilingual Healthy Choices Program

This project seeks to provide assistance to Milwaukee families with integrating physical activity into their daily routines and with selecting healthy food without increasing their grocery budget. A promotional website and training toolkit are planned, and evaluation results will be shared in community and academic settings.

- Community Partner: Sixteenth Street Community Health Centers
- Academic Partners: David Frazer, MPH, UW School of Medicine and Public Health, Center for Urban Population Health; Courtenay Kessler, MS, Center For Urban Population Health
- Award: \$149,481 over two years

Improving Well-Being among Wisconsin Older Adults

This project is designed to reduce depression and improve well-being and sleep among older people and people with physical disabilities in Kenosha, Brown and Rock counties through participation in Lighten UP. The goal of Lighten UP, a group-based wellness program, is to improve mental health and well-being through positive journaling.

- Community Partner: Kenosha County Division of Aging and Disability Services
- Academic Partner: Carol Ryff, PhD, University of Wisconsin-Madison, Institute on Aging
- Award: \$150,000 over two years

Community-Academic Partnership Fund

DEVELOPMENT GRANTS AWARDED

Applying Clinical Data to New Public Health: A Model for Accountable Care Communities

The Public Health Department of Madison and Dane County will partner with the Department of Family Medicine at the UW School of Medicine and Public Health to use the UW Electronic Health Record-Public Health Information Exchange (PHINEX) for informing public health planning processes. The project seeks to longitudinally track chronic disease and develop data-driven messages for engaging partners in chronic disease prevention initiatives.

- Community partner: Public Health Department of Madison and Dane County
- Academic partner: Lawrence Hanrahan, PhD, MS, UW School of Medicine and Public Health, Department of Family Medicine
- Award: \$50,001 over 18 months

Changing Views of Hunger: One Community at a Time

In an effort to reduce health disparities and chronic disease rates, this initiative seeks to convene a coalition of public, private and nonprofit community organizations in the Eau Claire area. The coalition will build upon community assessments and an existing community-academic partnership to better understand the social, economic and physical determinants of health and their effect on access to nutritious foods.

- Community partner: Feed My People, Inc.
- Academic partner: Mary Canales, PhD, UW-Eau Claire, College of Nursing and Health Sciences
- Award: \$49,995 over two years



Photo by UW-Eau Claire

Through the Changing Views of Hunger project, a coalition of Eau Claire-area organizations is aligning resources and developing an evidence-based strategic plan for increasing access to healthy foods for low-income residents.

LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation Cross Plains Community Project

Members of the Lifestyle Initiative for Fitness Empowerment (LIFE) Foundation in Cross Plains seek to improve health via physical activity and nutrition. With community participation and academic support, the goal is to develop evidence-based intervention strategies.

- Community partner: LIFE Foundation/Village of Cross Plains
- Academic partner: Daniel Jarzemsky, MD, UW School of Medicine and Public Health, Department of Family Medicine
- Award: \$50,293 over 14 months

Safe Schools for Wisconsin's Transgender Youth

Project leaders seek to conduct and disseminate research, assist in school district policy change and develop a model intervention to reduce discrimination and improve educational outcomes, social cohesion and health outcomes for transgender and gender non-conforming youths in Wisconsin public schools.

- Community partner: Gay Straight Alliance for Safe Schools
- Academic partners: Maurice Gattis, PhD, UW-Madison, School of Social Work; Sara McKinnon, PhD, UW-Madison, College of Letters and Science, Department of Communication Arts; Karma Chaves, PhD, UW-Madison College of Letters and Science
- Award: \$50,000 over 15 months

Yoga's Effect on Fall Risk Factors in Rural Older Adults

The Aging and Disability Resource Center of Southwest Wisconsin seeks to study yoga and its relationship to falls among older adults who live in rural areas. The goal is to develop a yoga program that is feasible, safe and acceptable to older adults in rural communities.

- Community partner: Aging and Disability Resource Center of Southwest Wisconsin
- Academic partner: Irene Hamrick, MD, UW School of Medicine and Public Health, Department of Family Medicine; Paul Smith, MD, UW School of Medicine and Public Health, Department of Medicine
- Award: \$49,998 over two years

Lifecourse Initiative for Healthy Families

The Wisconsin Partnership Program (WPP) of the UW School of Medicine and Public Health launched the Lifecourse Initiative for Healthy Families (LIHF) in 2009 to address the high incidence of infant mortality in the southeast region of the state. With a \$10 million pledge from the WPP, this unprecedented effort focuses on issues and opportunities to improve community conditions that lead to healthier birth outcomes among African American families.

A cornerstone strategy of the initiative is an investment in collaboratives in Beloit, Kenosha, Milwaukee and Racine to promote policy, systems and environmental change. These diverse groups include representatives from nonprofit and health care organizations, faith communities, local government entities and other local groups. In 2013, each collaborative focused its attention on systems coordination to ensure that needed supports were available and accessible for mothers and their families.

In addition, the WPP provided funding for 23 community-based projects identified in the community action plans developed by each collaborative. These projects focus on improving prenatal care, increasing family and community supports and strengthening father involvement. They combine the skills and expertise of community members with those of UW System faculty and staff to bring services and resources to at-risk African American families.

Regional Program Office

To support and enhance the work of the collaboratives and the overall initiative, the WPP established the Regional Program Office (RPO) in 2013. The RPO, which is staffed and directed by the Center for Urban Population Health in Milwaukee, provides training, technical assistance, programmatic support and guidance to the collaboratives and direction in program planning and evaluation. The RPO also ensures that evidence-based interventions and strategies to reduce disparities are promoted.

Improving Data Collection

The Wisconsin Partnership Program continues its work with Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS), an effort between the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. The PRAMS survey collects data on maternal behaviors and experiences before, during and after pregnancy. This collaboration has resulted in a more robust response rate for African Americans, which increased from 30 percent in 2009 to 35 percent in 2010 and to 51 percent in both 2011 and 2012.

Dissemination and Public Awareness

In 2013, the WPP shared information about the Lifecourse Initiative across a broad range of audiences, including public health professionals considering similar initiatives.

- *Maternal and Child Health Journal* published an article by WPP staff members describing application of the life course perspective through a major funding initiative.
- The *Milwaukee Courier* published an eight-article series titled “Unlit Candles” about healthy birth outcomes and the Lifecourse Initiative.
- WPP staff members shared lessons learned with maternal and child health experts during presentations to the Minnesota Department of Health and the Every Woman Southeast Coalition.

Leveraged Resources

To demonstrate local community ownership and investment, the collaboratives placed a high priority on leveraging support from public and private sources in 2013. Building on a successful planning phase, the collaboratives received almost \$800,000 in external funding and in-kind support.

Implementation Grant Awarded in 2013

Milwaukee Lifecourse Initiative for Healthy Families

The WPP awarded United Way of Greater Milwaukee a \$1.5 million grant over five years to serve as the convening agency for the city’s LIHF efforts. United Way is bringing together community members to formulate and implement strategies that address the root causes of infant mortality. Its expertise with leading change efforts, fund development and communications will be leveraged in Milwaukee and across the region. Funding of convening agencies at the other sites is expected in 2014.

Lifecourse Initiative for Healthy Families

Project Grants Awarded in 2013

BELOIT

Beloit Youth Internship (BYIn) Program

African Americans living in Beloit experience high levels of poverty, unemployment and underemployment as well as a disproportionately low college graduation rate – factors that contribute to poor health outcomes. The BYIn Program is being developed to provide meaningful internship experiences, mentoring, skills training and leadership development for African American youths to promote positive social, economic and health outcomes for them and their families.

- Community Partner: Pentecostal Tabernacle Church of God in Christ, Latoya Holiday
- Academic Partner: Brian Christens, PhD, UW-Madison, School of Human Ecology
- Grant Type: Development grant of \$47,342 over two years

Bethel AME Church Jobs for Fathers

Families experiencing economic stress are more likely to experience emotional, mental and physical health issues, and Beloit's unemployment rate is among the highest in Wisconsin. Bethel AME Church is partnering with UW Extension to evaluate a job skills and readiness program for African American men ages 18 to 30. The aim of this project is to understand the impact of social support and skills development on financial and employment planning.

- Community Partner: Bethel African Methodist Episcopal Church, Brenda Atlas, PhD
- Academic Partner: Jeffrey Lewis, PhD, UW-Extension, Program Development and Evaluation
- Grant Type: Implementation grant of \$150,000 over two years



The Jobs for Fathers project provides pre-employment training and support to young African American fathers through community circles, seminars and guest speaker presentations.

Family Peer Navigation and Home Visit Project

Navigating health and human service systems can be challenging for consumers in need of critical information and services. This project seeks to train peer navigators and improve access to community resources through information, referrals and advocacy. Another goal is to expand home-visiting services for pregnant African American women and families in Beloit.

- Community Partner: Children's Service Society of Wisconsin, Nancy Brooks
- Academic Partner: Sara Busarow, MD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences
- Grant Type: Implementation grant of \$150,000 over two years

Implementation of a Rock County Fetal Infant Mortality Review Team

Surveillance programs help public health organizations track, monitor and understand community-level needs as a basis for developing strategies to improve health outcomes. The aim of this project is to establish a Fetal Infant Mortality Review (FIMR) in Rock County. FIMR involves a systematic and multidisciplinary analysis of fetal and infant deaths. The information gathered will help identify potential policy, systems and environmental solutions to reduce mortality rates.

- Community Partner: Rock County Health Department, Janet Zoellner, RN, MS
- Academic Partner: Timothy Corden, MD, UW School of Medicine and Public Health, Department of Population Health Sciences
- Grant Type: Implementation grant of \$150,000 over three years

Lifecourse Initiative for Healthy Families

KENOSHA

Dismantling Racism in Kenosha County

Longstanding social and economic inequalities often lead to disparate health outcomes. The aim of this project is to form a team with representatives from local social organizations and African American residents in Kenosha County to raise awareness about the impact of racism and develop tools and a community action plan for addressing racism.

- Community Partner: Kenosha County Division of Health, Cynthia Johnson, MEd
- Academic Partner: Markus Brauer, PhD, UW-Madison, Department of Psychology
- Grant Type: Development grant of \$50,000 for one year

Healthy Families Kenosha

Using the evidence-based Healthy Families America model, this project expands prenatal and social support services for new mothers and their families in Kenosha, including culturally specific and intensive home-visitation services, parenting education and community resources. The project aims to create positive parent-child interaction, support healthy child development and increase family supports.

- Community Partner: Kenosha County Job Center, Ron Rogers
- Academic Partner: David Riley, PhD, UW-Madison, School of Human Ecology
- Grant Type: Implementation grant of \$400,000 over three years

Kenosha Fatherhood Involvement Planning Project

Research has linked positive father involvement with positive outcomes for children, families and communities. This project seeks to combine a review of literature on fatherhood programs with the perspective and needs of local men to develop a comprehensive father involvement initiative in Kenosha County.

- Community Partner: Racine Kenosha Community Action Agency, Pam Halbach
- Academic Partner: David Pate, PhD, UW-Milwaukee, Helen Bader School of Social Welfare
- Grant Type: Development grant of \$50,000 for one year

Healthy Kenosha County Moms & Babies: Centering Prenatal Model Program

This evidence-based model of group prenatal care brings together eight to 10 women to create a network that empowers them through learning, support and health assessment. Research has shown that participants in the Centering Pregnancy model of care have fewer pre-term and low-weight births.

- Community Partner: Kenosha Community Health Center, Inc., Mary Coffey, MBA
- Academic Partners: Douglas Laube, MD, UW School of Medicine and Public Health, Department of Obstetrics and Gynecology; Jacquelynn Tillett, CNM, ND, FACNM, Aurora Sinai Medical Center
- Grant Type: Implementation grant of \$150,000 over two years

Lifecourse Initiative for Healthy Families

MILWAUKEE

Direct Assistance for Dads (DAD) Project

Meaningful father involvement is critical for a child's development and well-being. Fathers' positive influences in a child's early years also lessen the child's risk of later incarceration, teen pregnancy, low educational attainment, crime and substance abuse. Through home visitation and one-on-one coaching, this project will provide direct services to fathers and fathers-to-be with the goal of increasing involvement with their children and their partner and ultimately improve health outcomes.

- Community Partner: City of Milwaukee Health Department, Bevan Baker, FACHE
- Academic Partner: Geoffrey Swain, MD, MPH, UW School of Medicine and Public Health, Department of Family Medicine
- Grant Type: Implementation grant of \$400,000 over three years

Engaging African American Fathers to Reduce Infant Mortality by Improving their Health Literacy

This project seeks to build the knowledge base on how fathers can be involved and supportive during the prenatal period. The project will develop tools that are sensitive to cultural and literacy needs of African American fathers, engage and train medical and nursing students to provide African American fathers with appropriate information, and evaluate the effectiveness of communication between fathers and health care providers.

- Community Partner: IMPACT Alcohol & Other Drug Abuse Services, Inc., Kathleen Pritchard, PhD
- Academic Partners: Kris Barnekow, PhD, UW-Milwaukee, College of Health Sciences; David Pate, PhD, UW-Milwaukee, Helen Bader School of Social Welfare
- Grant Type: Development grant of \$50,000 for one year



Expecting Moms, Expecting Dads

Using the nationally recognized, evidence-based Centering Pregnancy model, this project will provide health assessment, education and support to pregnant women in a group setting. One aim of this project is to design and pilot a father-friendly prenatal care curriculum to complement the traditional model of care.

- Community Partner: Wheaton Franciscan Healthcare – St. Joseph Foundation, Dawn Groshek, MA
- Academic Partner: Emmanuel Ngui, DrPH, UW-Milwaukee, Zilber School of Public Health
- Grant Type: Development grant of \$49,999 for one year

Family Connectedness for New & Expectant Mothers

Social support plays a critical role in providing pregnant women with the comfort, information and resources needed for a healthy pregnancy and birth. Using concepts from child-welfare interventions, this project will build a referral system for high-risk new and expectant mothers in three Milwaukee neighborhoods and connect them with extended and distant relatives for the mentorship, support and guidance needed to give their baby the best possible start.

- Community Partner: Children's Service Society of Wisconsin, Christie Guertin
- Academic Partner: Mary Jo Baisch, PhD, RN, UW-Milwaukee, College of Nursing
- Grant Type: Development grant of \$50,000 over two years

Several Milwaukee organizations are establishing partnerships, conducting focus groups and analyzing data to develop a program for African American men that provides information about supporting mothers through pregnancy and the first year of life.

Lifecourse Initiative for Healthy Families



Staff members in the neonatal intensive care unit at Aurora Health Care in Milwaukee connect African American mothers and families with existing home visitation programs to address issues around the mother's health needs and integrate a care plan with the family's primary care provider.

Healthy Parents, Healthy Babies (Healthy Next Babies)

Connecting with new mothers before they leave the hospital provides an opportunity for initiating discussion about care for their baby and for themselves. This project seeks to connect parents and their newborns served by Aurora's neonatal intensive care unit to care plans and increase provider collaboration when serving families with infants who have special medical needs.

- Community Partner: Aurora Health Care, Inc., Jane Pirsig-Anderson, MBA, MS
- Academic Partner: Ron Cisler, PhD, UW-Milwaukee, College of Health Sciences, and UW School of Medicine and Public Health, Department of Population Health Sciences
- Grant Type: Implementation grant of \$400,000 over three years

No Longer an Island: Creating a Place-based Men's Peer Outreach and Social Support Network

Based in Milwaukee's Lindsay Heights neighborhood, this project builds on a previous development grant that created a safe space for African American men to discuss issues related to identity, relationships, parenting and health. This project responds to discussion-group recommendations by establishing a leadership and social support network to increase engagement among African American men through peer mentoring and community health navigators.

- Community Partner: Walnut Way Conservation Corp., Sharon Adams, MSW

- Academic Partners: Amy Harley, PhD, UW-Milwaukee, Zilber School of Public Health; David Frazer, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences
- Grant Type: Implementation grant of \$399,995 over three years

Normalizing Breastfeeding: Building Social Support and Community Capacity

It is well-documented that breastfeeding is protective for mothers and babies by lowering the risk for health problems, supporting healthy development and strengthening mother-infant bonds. This project aims to increase breastfeeding initiation, duration and exclusivity rates by engaging pregnant women, expectant fathers and their families through health promotion, health education and social support programs.

- Community Partner: African American Breastfeeding Network, Dalvery Blackwell
- Academic Partner: Courtenay L. Kessler, MS, UW-Milwaukee and UW School of Medicine and Public Health, Center for Urban Population Health
- Grant Type: Implementation grant of \$150,000 over three years

Striving to Create Healthier Communities through Innovative Partnerships

Modeled after the Birthing Project USA, this project will recruit and train African American Sister-Friend volunteers who mentor, nurture and support women through pregnancy, birth and infancy of their children. The project seeks to determine if the intervention leads to lower stress levels, fewer pregnancy complications, better birth outcomes and increased father involvement among participants.

- Community Partner: Lovell Johnson Quality of Life Center, Inc., Lorraine Lathen
- Academic Partner: Mary Jo Baisch, PhD, RN, UW-Milwaukee, College of Nursing
- Grant Type: Implementation grant of \$149,906 over two years

Lifecourse Initiative for Healthy Families

Strong Families Healthy Homes Extension - Pregnancy Pilot Program

Building on the Healthy Families America home-visitation model, this pilot project is designed to be a preventive intervention for African America families coping with mental health and substance abuse disorders. Classes and in-home mentoring will assist expectant parents in understanding how to meet their child's needs before and after pregnancy with the goal of improving perinatal outcomes and decreasing adverse childhood experiences.

- Community Partner: Mental Health America of Wisconsin, Martina Gollin-Graves, MSW
- Academic Partner: Alice Yan, MD, PhD, UW-Milwaukee, Zilber School of Public Health
- Grant Type: Development grant of \$50,000 for one year

The Young Parenthood Project: A Father Engagement Strategy for Healthy Families

This project aims to demonstrate how hospitals and community clinics working together can have positive impacts on maternal and child health. It seeks to increase the involvement of young African American fathers during the prenatal period, facilitate healthy co-parenting practices, reduce parent stress and improve birth outcomes.

- Community Partner: Milwaukee Health Services, Inc., Tito Izard, MD
- Academic Partner: Paul Florsheim, PhD, UW-Milwaukee, Zilber School of Public Health
- Grant Type: Implementation grant of \$399,916 over three years

UNCOM Initiative for Healthy Families

Drop-in centers provide support services for at-risk populations and can lessen the risk of an issue becoming a crisis that places a burden on hospitals, law enforcement or other community services. United Neighborhood Centers of Milwaukee (UNCOM) seeks to train staff at its eight partner agencies on trauma-informed care and develop drop-in centers for child-bearing parents to alleviate stress and connect families to community resources.

- Community Partner: United Neighborhood Centers of Milwaukee, Anthony Shields, MSM
- Academic Partner: Mary Jo Baisch, PhD, RN, UW-Milwaukee, College of Nursing
- Grant Type: Implementation grant of \$150,000 over two years

Lifecourse Initiative for Healthy Families

RACINE

Centering Program of Racine Lifecourse Initiative for Healthy Families

Using the evidence-based Centering Pregnancy model, this project will provide health assessment, education and support in a group setting. The project aims to increase satisfaction between women and their health care provider to positively affect birth outcomes.

- Community Partner: Wheaton Franciscan Healthcare – All Saints Foundation, Chris Krizek
- Academic Partner: Teresa Johnson, PhD, UW-Milwaukee, College of Nursing
- Grant Type: Implementation grant of \$148,764 over two years

Focus on Fathers Initiative

Father involvement has been shown to improve family dynamics and positively affect self-esteem and educational outcomes for children. This project aims to engage and support noncustodial fathers in developing parenting skills and healthy relationships for co-parenting through home visitation and parent education.

- Community Partner: Young Men's Christian Association, Ahmad Qawi
- Academic Partners: Noelle Chesley, PhD, UW-Milwaukee, Department of Sociology; Sarah Halpern-Meekin, PhD, UW-Milwaukee, Department of Sociology
- Grant Type: Implementation grant of \$150,000 over two years

Professional Women's Network for Services Birthing Project

Family support plays an important role in helping women during pregnancy and with having healthy birth outcomes. Modeled after the Birthing Project USA, this project will recruit and train African American Sister-Friend volunteers who mentor, nurture and support pregnant women through pregnancy, birth and their child's infancy.

- Community Partner: Professional Women's Network for Services, Inc., GeorgAnn Stinson
- Academic Partner: Teresa Johnson, PhD, UW-Milwaukee, College of Nursing
- Grant Type: Implementation grant of \$149,499 over two years

Reducing African American Infant Birth Disparities through Decreased Prison Recidivism and Increased Living-Wage Employment of Mothers and Fathers

African Americans in Wisconsin are over-represented in the state's justice system, and those transitioning back into the community often face challenges. To help reduce repeat offenses among people with felony convictions, this project aims to improve economic stability of targeted families in Racine by providing intensive job counseling, placement, case management and educational readiness services.

- Community Partner: Racine Vocational Ministry, Mark Boatwright
- Academic Partner: Helen Rosenberg, PhD, UW-Parkside, Sociology and Anthropology Department
- Grant Type: Implementation grant of \$149,996 over two years

Healthy Wisconsin Leadership Institute

The Wisconsin Partnership Program and Advancing a Healthier Wisconsin at the Medical College of Wisconsin created the Healthy Wisconsin Leadership Institute (HWLI) in 2005 to develop community leaders who engage in innovative health improvement activities that effectively protect and promote the health of state residents. The purpose of HWLI is to build public health skills and leadership capacity throughout Wisconsin.

The HWLI holds regional workshops and sponsors the Community Teams Program, which provides training and technical assistance in building stronger community partnerships, implementing sustainable change strategies and measuring success. It is co-directed by Karen Timberlake, JD, UW School of Medicine and Public Health, Department of Population Health Sciences, and Peter Layde, MD, MSC, Medical College of Wisconsin, Department of Emergency Medicine. In 2013, six teams were selected to participate in the eighth class of this one-year leadership program.

Dane County

- Lifestyle Initiative for Fitness Empowerment: Addressing adult and childhood obesity and related chronic medical diseases in Cross Plains

Eau Claire County

- Healthy Communities Council/Mental Health Action Team: Improving access to mental health services by making it easier for both consumers and professionals to navigate the health care system

Langlade County

- Langlade County Health Coalition: Addressing obesity, improved wellness, prevention services and affordability of medical care

Polk County

- Polk United – Healthier Together: Uniting resources around mental health, obesity prevention and unhealthy alcohol use to coordinate efforts and prevent chronic disease

Portage County

- Suicide Prevention and Mental Health Awareness Committee of Portage County: Improving mental health outcomes in Portage County through education, policy change and community collaboration

Winnebago County

- Care Transitions Coalition: Maintaining and improving health by ensuring continuity of care of chronic diseases among older adults



The Langlade County Health Coalition participated in the Healthy Wisconsin Leadership Institute, focusing on obesity, improved wellness, prevention services and affordable medical care.

Wisconsin Population Health Service Fellowship

The primary goal of the Wisconsin Population Health Service Fellowship is to develop the next generation of leaders skilled in planning, implementing and evaluating community health initiatives. The two-year program provides participants with practical field placements in community-based, non-profit, governmental and health service organizations.

In 2013, the Wisconsin Partnership Program provided \$534,526 to support fellowships for 11 public health professionals. Since its inception in 2004, the program has placed 44 fellows in rural and urban settings to address the state's most pressing health challenges. Approximately two-thirds of fellowship graduates are employed as public health professionals in Wisconsin.

Through their placement communities, fellows contribute to a broad range of public health issues, including chronic and communicable disease prevention, health equity, community practice, and policy and systems change.

Directed by Thomas Oliver, PhD, MHA, UW School of Medicine and Public Health, Department of Population Health Sciences, the fellowship program is conducted in partnership with the Wisconsin Department of Health Services' Division of Public Health, the Milwaukee Health Department and other public and private organizations across the state.

2013-2015 Population Health Fellows

Mallory Edgar, MPH

Placement: Diverse & Resilient; Milwaukee Health Department Men's Health Unit

Tracy Flood, MD, PhD

Placement: Milwaukee Health Department; Wisconsin Medical Society

Crysta Jarczynski, MPH

Placement: Milwaukee Health Department, Office of Violence Prevention

e. shor, MPH

Placement: Wisconsin Department of Health Services, Division of Public Health, AIDS/HIV Program

Lauren Lamers, MPH

Placement: Menominee Tribal Clinic; Shawano/Menominee County Health Department

Colleen Moran, MPH, MS

Placement: Wisconsin Department of Health Services (DHS), Division of Public Health, Bureau of Environmental and Occupational Health; DHS, Nutrition, Physical Activity and Obesity Prevention Program

2012-2014 Population Health Fellows

Sara Geiger, MS, PhD

Placement: Wisconsin Department of Health Services, Bureau of Environmental and Occupational Health; Milwaukee Health Department

Christina Hanna, MPH

Placement: Wisconsin Department of Health Services, Division of Public Health, AIDS/HIV Program

Carly Hood, MPA, MPH

Placement: Wisconsin Department of Health Services, Division of Public Health; Wisconsin Center for Health Equity; Health First Wisconsin

Erica LeCounte, MPH

Placement: Milwaukee Health Department and the Center for Urban Population Health

Lindsay Menard, MPH

Placement: La Crosse County Health Department



Eleven Population Health Service fellows and their mentors are addressing some of the state's most pressing health challenges.

New Investigator Program

Five assistant professors at the University of Wisconsin School of Medicine and Public Health received grants through the New Investigator Program in 2013. The five grants approved by the Partnership Education and Research Committee (PERC) in 2013, totaling \$497,038, support innovative research and educational efforts related to health improvement in Wisconsin. The intent is to support preliminary work of faculty early in their careers, which is likely to leverage other funds for a larger-scale project.

New Investigator Grants Awarded in 2013

Nanoparticles for Treating Restenosis: Sustained and Targeted Local Drug Delivery

Recurrent cardiovascular disease following open vascular reconstruction is a serious public health problem that affects several hundred thousand people in the United States each year. The long-term goal of this project is to create a new drug delivery system that prevents the lining of a blood vessel from thickening and can be readily applied during open vascular surgery.

Drugs to prevent this complication of reconstructive procedures have been developed; however, delivering these drugs to treated arteries remains a challenge. An improved method of preventing recurrent vascular disease would substantially reduce morbidity and mortality for patients undergoing not only open vascular reconstruction but angioplasty as well.



Lian-Wang Guo, PhD

Principal Investigator: Lian-Wang Guo, PhD, UW School of Medicine and Public Health, Department of Surgery

Award: \$99,900 over two years

Mechanistic Insights into the Role of Grainyhead Proteins in Neural Tube Closure Defects

One of the most common and crippling human birth defects results from the failure to properly form the neural tube during embryonic development. Although maternal folate supplementation has decreased the occurrence of neural tube closure defects, rates remain at approximately 1 in 2,000 births in the United States.

The long-term objective of this research is to determine the causes of these folate-resistant defects with the hope of developing methods to treat or prevent spina bifida, anencephaly, encephaloceles and other neural tube defects. Given that the rate of these types of defects is higher in Wisconsin than the national average, this



Melissa Harrison, PhD

research has the potential to decrease the rate of neural tube defects among Wisconsin newborns.

Principal Investigator: Melissa Harrison, PhD, UW School of Medicine and Public Health, Department of Biomolecular Chemistry

Award: \$100,000 over two years

The Effectiveness of an Integrated Mental Health and Primary Care Model for Wisconsin Patients with Severe Mental Illness

Mental health disorders are the third most costly medical condition in the United States. In Wisconsin, 5.4 percent of adults have severe mental illness (SMI), including bipolar disorders or psychotic illnesses. Despite increasing awareness of the interdependence between physical and mental health, people with SMI usually receive care in separate primary care and psychiatric care systems.

To reduce this fragmentation and improve patients' health, it is critical to understand the effectiveness of a model that integrates mental health care and physical health care in the same setting compared to care delivered in separate settings. This research

compares outcomes in patients who receive care through an integrated model at a community health center to those in an academic health system through a usual care model.

Principal Investigator: Nancy Pandhi, MD, MPH, PhD, UW School of Medicine and Public Health, Department of Family Medicine



Nancy Pandhi, MD, MPH, PhD

Award: \$99,962 over two years

New Investigator Program

Aligning Preferences of Older Adults with Decisions for High-Risk Surgery

Each year, approximately 9,000 elderly people in Wisconsin undergo surgery during the last three months of life. Unfortunately, these surgeries often do not prolong survival or return patients to the quality of life they had before surgery. This study aims to improve the quality of life for these and other patients.

With the goal of preventing unwanted surgical treatments, this project will train surgeons in the use of a preoperative communication tool that helps older patients determine treatment choices that better reflect their preferences, values and goals. Designed for face-to-face clinical interactions, the communication tool in this study promotes dialogue, patient deliberation and

shared treatment decisions that reflect the patient's values and reduce the burdens of unwanted aggressive care.

Principal Investigator: Margaret L. Schwarze, MD, MPP, UW School of Medicine and Public Health, Department of Surgery

Award: \$100,000 over two years



Margaret L. Schwarze, MD, MPP

Understanding HIV-1 Cell-to-Cell Transmission

Although antiretroviral therapies can effectively suppress the spread of the human immunodeficiency virus (HIV) within the immune cells of infected individuals, the therapies are not curative and drug-resistant forms of HIV often emerge. Therefore, there is a critical need for new insights into how HIV spreads from cell to cell and establishes a persistent infection.



Nathan M. Sherer, PhD

This research focuses on the mechanisms of HIV cell-to-cell transmission with the potential for developing new therapies that halt the spread of HIV in infected people and dramatically reducing the impact of HIV/AIDS on public health. In Wisconsin, HIV infection remains a growing problem, especially among underrepresented populations with limited access to quality and affordable health care.

Principal Investigator: Nathan M. Sherer, PhD, UW School of Medicine and Public Health, Department of Oncology

Award: \$97,076 over two years

Collaborative Health Sciences Program

The Collaborative Health Sciences Program supports novel ideas and approaches to research and education benefiting the health of Wisconsin residents. Each interdisciplinary team is led by a principal investigator from the UW School of Medicine and Public Health and includes collaborators from other UW-Madison schools or colleges, UW System campuses, state and local governmental agencies or community organizations. In 2013, the Partnership Education and Research Committee (PERC) awarded nearly \$1 million to fund two projects.

Grants Awarded in 2013

Once 'Stepping On' Ends: Continuing a Group Falls Prevention Program via the Internet

Falls pose a critical and costly public health issue that will increase as Wisconsin's population ages. This new program expands Stepping On, an evidence-based, small-group falls prevention program. This project seeks to develop, evaluate and disseminate Keep On Stepping On (KOSO), an online, long-term group-based exercise maintenance program for Stepping On graduates. KOSO represents a new collaboration of experts in falls prevention, systems engineering and physical therapy.

Principal Investigator: Jane E. Mahoney, MD, UW School of Medicine and Public Health, Department of Medicine

Co-Principal Investigators: David H. Gustafson, PhD, UW-Madison College of Engineering; Bryan C. Heiderscheid, PhD, PT, UW School of Medicine and Public Health, Department of Orthopedics and Rehabilitation

Award: \$499,934 over three years

Multiplexed In Vivo Device to Assess Optimal Breast Cancer Therapy

Over the past 10 years, scientists have discovered that cancers are genetically distinct, making it difficult for oncologists to predict which patients will benefit from available chemotherapy agents. This project seeks to improve outcomes for women with breast cancer by developing a device that allows simultaneous testing of small amounts of multiple drugs within a tumor's discrete regions. By establishing the efficacy of each drug within the same cancer, this multi-disciplinary team of bioengineers, a medical oncologist and a surgeon seeks to accelerate the process of personalized cancer therapy.

Principal Investigator: Lee G. Wilke, MD, UW School of Medicine and Public Health, Department of Surgery

Co-Principal Investigators: Mark E. Burkard, MD, PhD, UW School of Medicine and Public Health, Department of Medicine; David J. Beebe, PhD, UW-Madison College of Engineering

Award: \$499,995 over three years

Targeted Education and Research Program

Targeted Education and Research Program awards are designed to take new approaches to health and health care issues in response to Wisconsin's emerging needs. Successful proposals advance biomedical research; promote the application of education and research to prevent, diagnose and treat disease; and disseminate knowledge to communities. Application to this program is by invitation from the Partnership Education Research Committee (PERC), which pledged \$4.3 million to six projects in 2013.

Grants Awarded in 2013

Advancing Evidence-Based Health Policy in Wisconsin

Renewal funding will enhance this UW-Madison educational resource, which provides public policymakers, researchers and private-sector partners with timely, nonpartisan information about health care issues of immediate concern. The Wisconsin Partnership Program and UW-Madison's Office of the Chancellor have jointly funded the project since 2006.

This multidisciplinary project is a unique collaboration of the UW Population Health Institute, UW La Follette School of Public Affairs and Wisconsin Joint Legislative Council. It bridges medicine and health policy, research and practice by increasing the exchange between policymakers and UW-Madison faculty during legislative briefings, symposia and forums to advance policy development.

Principal Investigator: Karen Timberlake, JD, UW School of Medicine and Public Health, Department of Population Health Sciences

Award: \$131,000 over three years

Health Innovation Program

The Health Innovation Program seeks to improve health care delivery and community health across Wisconsin and the nation by conducting and disseminating research that partners UW-Madison faculty with Wisconsin health care organizations. This renewal funding will support research that addresses three high-priority challenges:

- Better care for people who need preventive screening and chronic condition management
- Improved health outcomes for people who are overweight/obese and at risk of developing diabetes
- Greater health care value for people by supporting health care delivery at home and in the community and by reducing unnecessary hospital readmissions

Principal Investigator: Maureen Smith, MD, PhD, MPH, UW School of Medicine and Public Health, Departments of Population Health Sciences, Family Medicine and Surgery

Award: \$874,545 over three years



Christine Seroogy, MD, of the UW School of Medicine and Public Health (SMPH) center, is the principal investigator for the project "Improved Health Care Delivery to Wisconsin Amish Infants." Other SMPH faculty members leading the project include from left to right Ellen Wald, MD; Jennifer Laffin, PhD; Murray Katcher, MD, PhD; and Mei Wang Baker, MD.

Improved Health Care Delivery to Wisconsin Amish Infants

Almost all babies born in a Wisconsin hospital undergo newborn screening to identify congenital diseases that result in severe development delay or death. However, this is not the case for out-of-hospital deliveries, especially among Plainclothes populations (Amish, Mennonites and related sects).

The long-term goal of this project is to improve access to culturally appropriate, high-quality affordable health care for all Plainclothes children in Wisconsin. The work will focus on Amish infants in La Farge, where families have had substantial engagement with a trusted local practitioner, James Deline, MD.

Principal Investigator: Christine Seroogy, MD, UW School of Medicine and Public Health, Department of Pediatrics

Award: \$99,645 over two years

Targeted Education and Research Program Awards

Recruitment of Middle-Aged African Americans for Studies of Preclinical Alzheimer's Disease: Minority Alzheimer's Prevention Program – 2

This renewal funding supports efforts by the Wisconsin Alzheimer's Disease Research Center (ADRC) to expand the Minority Alzheimer's Prevention Program (MAPP). The project also further develops a service-based model of minority recruitment for use by other researchers at the UW School of Medicine and Public Health.

The MAPP has established an extensive research infrastructure and forged valuable partnerships within the African American community in Milwaukee. This new grant will support the ADRC's efforts to recruit and retain African American research participants in Dane and Rock counties. It also will help the ADRC meet the National Institutes of Health's mandate to increase health disparity research in Alzheimer's disease.

Principal Investigator: Sanjay Asthana, MD, UW School of Medicine and Public Health, Department of Medicine

Award: \$73,167 for one year

Transforming Medical Education 2.0: Health Care System Improvement, Community Engagement and Advocacy

This grant continues support for developing and implementing a fully integrated, competency-based educational program at the UW School of Medicine and Public Health (SMPH). With prior Wisconsin Partnership Program funding, the SMPH has integrated public health, biomedical sciences and clinical medicine competencies throughout its curriculum to better prepare students for addressing key health issues in Wisconsin.

The primary goal of this funding is to create a three-phase undergraduate medical education curriculum with the following threads: health system improvement through interprofessional teams, community engagement and advocacy. This project ensures graduates are well-equipped to work in complex health systems and within local, regional, national and global health communities to improve Wisconsin's health.

Principal Investigator: Christine Seibert, MD, UW School of Medicine and Public Health, Department of Medicine

Award: \$2,474,587 over three years

UW Preventive Medicine Residency Program Development Grant

This renewal grant supports the inaugural cohort of physician trainees in a two-year Preventive Medicine Residency Program at the UW School of Medicine and Public Health. The goal of the grant is to recruit and train two residents per year.

This program will contribute significantly to the school's transformation by training residents to better integrate medicine and public health and to become physician leaders serving the public health needs of Wisconsin.

Principal Investigator: Patrick Remington, MD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences

Award: \$650,976 over three years



The goal of the Transforming Medical Education 2.0 grant is to create a three-phase undergraduate medical education curriculum that helps ensure graduates are well-equipped to work in complex health systems and within local, regional, national and global health communities to improve Wisconsin's health.

Institute for Clinical and Translational Research

Since its inception in 2006, the UW Institute for Clinical and Translational Research (ICTR) has received more than \$17 million from the Wisconsin Partnership Program (WPP) to support the shared goal of improving the health of Wisconsin communities. The WPP supports ICTR Community & Clinical Outcomes Research, Patient-Centered Outcomes Research and Dissemination/Implementation Research Awards. Mark Drezner, MD, of the UW School of Medicine and Public Health is the director of ICTR.

ICTR Grants Awarded in 2013

Living Well with Memory Partners

It is estimated that 25 percent of people age 65 and older meet the criteria for Mild Cognitive Impairment (MCI) – the stage between cognitive health and dementia – and African Americans are nearly twice as likely to develop dementia as whites. By combining two interventions that have shown success separately, this project seeks to strengthen social connections for older adults with MCI and their families and to build skills for managing memory loss.

Principal Investigator: Carey Gleason, PhD, UW School of Medicine and Public Health, Department of Medicine (Geriatrics)

Community Collaborators: Wisconsin Institute for Healthy Aging, Alzheimer's and Dementia Alliance of Wisconsin

Award: \$75,000 over 12 months

Exploring How Hospital Nurses Perceive Patients Identified as Fall Risk and Influence on Decisions to Walk Patients

Each year in Wisconsin, about 12,560 older people will fall during a hospital stay, and 30 percent of these patients will sustain an injury that can lead to lengthy rehabilitation and reduced independence. This project seeks to fill a significant gap in understanding how nurses perceive patients who are at high risk of falling, how they care for patients at-risk and what barriers prevent them from getting at-risk patients to walk.

Principal Investigator: Barbara King, PhD, UW-Madison, School of Nursing

Community Collaborator: William S. Middleton Memorial Veterans Administration Hospital

Award: \$71,278 over 12 months

Better, Safer Care through Clear Communication

Effective communication among older adults and their health care team is critical to providing patient-centered care. This pilot program uses adult-learning theory to develop a workshop designed to enhance caregiver communication skills and confidence. The goal is to prepare caregivers to engage with physicians and other professionals as partners in the care of their loved one.

Principal Investigator: Paul Smith, MD, UW School of Medicine and Public Health, Department of Family Medicine

Community Collaborator: Aging and Disability Resource Center, Green County

Award: \$75,000 over 12 months

A Community-Based, Behavioral Intervention to Improve Screening for Hepatitis C among High-Risk Young Adults in Wisconsin

Baby boomers – those born between 1946 and 1964 – have the highest prevalence of hepatitis C, which is the leading cause of end-stage liver disease in Wisconsin and the number one reason for liver transplantation. The goal of this project is to test the effectiveness of a community-based project to increase the number of people who know their hepatitis C status and stop behaviors that can spread infection to others.

Principal Investigator: Ryan Westergaard, MD, UW School of Medicine and Public Health, Department of Medicine

Community Collaborators: AIDS Network-Madison, AIDS Resource Center of Wisconsin, Wisconsin Department of Health Services Division of Public Health

Award: \$75,000 over 12 months

Engaging Stakeholders to Deliver Family-Centered Diabetes Self-Management Resources

Unlike type 2 diabetes, type 1 diabetes cannot be prevented, cured or treated solely with better diet and exercise. Children with type 1 diabetes survive by enduring multiple insulin injections daily to control blood sugars. This project will use information from children and families as the basis for research on how to improve outcomes and provide self-management resources that address unique barriers.

Principal Investigator: Elizabeth Cox, MD, PhD, UW School of Medicine and Public Health, Department of Pediatrics

Community Collaborator: Juvenile Diabetes Research Foundation Western Wisconsin Chapter

Award: \$100,000 over 12 months

Expanding the Role of the Community Pharmacist in Falls Prevention

Medication classified as fall-risk-increasing drugs (FRIDs) can contribute to loss of balance and falls among older adults, who use these drugs regularly. This project focuses on reducing falls to improve the safety of older adults by creating a screening tool and referral process that links at-risk patients with local pharmacists.

Principal Investigator: David Mott, PhD, UW-Madison School of Pharmacy

Community Collaborators: La Crosse County Aging Unit; Aging and Disability Resource Center (ADRC) of Calumet, Waupaca and Outagamie counties; Brown County ADRC

Award: \$99,910 over 12 months

Reducing Readmission after Complex Cancer Surgery: A Human Factors and Systems Engineering Approach

Researchers will look at the window of opportunity before complex cancer surgery for possible interventions that could decrease the risk of readmission. They will assess the cause of readmission from the patient's and caregiver's perspective as well as the clinical risk factors associated with the increased risk of readmission. With this information, they plan to test this surgery-specific, readmission-reduction tool in a follow-up study to evaluate whether it will decrease the readmission rates for patients.

Principal Investigator: Sharon Weber, MD, UW School of Medicine and Public Health, Department of Surgery

Practice Stakeholders: UW Hospital and Clinics, Pancreas Cancer Task Force, UW Carbone Cancer Center

Award: \$100,000 over 12 months



Sharon Weber, MD, is leading a team of researchers who are developing a surgery-specific, readmission-reduction tool.

“Stepping On” to Pisando Fuerte: Adapting an Evidence-Based Falls Prevention Program for Latino Seniors

This project focuses on the increasing rate of hip fractures among Wisconsin's growing population of older Hispanic Americans. Researchers will develop and test a culturally and linguistically appropriate fall prevention program for decreasing falls, reducing morbidity and improving mobility and quality of life among this underserved group. The goal is to ensure that the Pisando Fuerte – Walking Tall – program effectively reduces falls and is feasible to implement in Hispanic communities across Wisconsin and the United States.

Principal Investigator: Jane E. Mahoney, MD, UW School of Medicine and Public Health, Department of Medicine

Community Collaborators: Latino Health Council, United Community Center, Centro Hispano, North/Eastside Senior Coalition, Greater Wisconsin Agency on Aging Resources

Award: \$150,000 over 24 months

Grants Concluded in 2013

Nineteen grants funded directly by the Wisconsin Partnership Program concluded in 2013. The grants addressed a wide range of health topics, including immunization, nutrition, maternal and child wellness, alcohol and other drug abuse, breast cancer and asthma. Details are in the 2013 Grant Outcome Reports. In addition, three grants funded through the Institute for Clinical and Translational Research concluded in 2013.

Community-Academic Partnership

Assessing the Nutrition Environment in Wisconsin Communities

Wisconsin Partnership for Activity & Nutrition (WI PAN)

Cashton Community Wellness Program

Scenic Bluffs Community Health Center

Community Investment in Health: Developing the Lindsay Heights Wellness Commons

Walnut Way Conservation Corp.



Led by Walnut Way Conservation Corp., a diverse group of more than 70 partners used a shared visioning process to develop a comprehensive implementation plan for the Innovations & Wellness Commons.

Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs

Alliance for Wisconsin Youth – Southeast Region

Expanding Access to Care in Rural and Underserved Areas

Wisconsin Primary Health Care Association

Family Table

West Central Wisconsin Community Action Agency, Inc.

Fit Families-Fit Communities

Portage County CAN

Healthy Hmong Women (Poj Niam Hmong Kev Noj Qab Haus Huv): Training Lay Health Educators to Address Hmong Cancer Health Disparities

Milwaukee Consortium for Hmong Health

Implementing Strategies to Increase Breastfeeding Rates in Milwaukee County

Milwaukee County Breastfeeding Coalition

Racine Family-Centered Treatment Project: Pilot Study of Regional Collaboration for Women and Children's Lifelong Health Improvement

Racine Interfaith Coalition

Rock County Coalition for STI Prevention

Rock County Health Department

Sports-Related Lower Extremity Injury Prevention in Rural High School Female Athletes

Rural Wisconsin Health Cooperative

New Investigator Program

Clinical and Public Health Data Exchange: Estimating Asthma Prevalence across Wisconsin

Principal Investigator: Theresa W. Guilbert, MD, UW School of Medicine and Public Health, Department of Pediatrics

Nuclear EGFR and Breast Cancer: Strategies for Increasing Efficacy of Anti-EGFR Based Therapies in Breast Cancer

Principal Investigator: Deric L. Wheeler, PhD, UW School of Medicine and Public Health, Department of Pathology and Laboratory Medicine

Grants Concluded in 2013

Collaborative Health Sciences Program

Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness and Health in Hispanic Children in Wisconsin

Principal Investigator: Aaron L. Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics

Medical Homes for High-Risk Pregnant Women in Southeast Wisconsin: Do They Improve Birth Outcomes?

Principal Investigator: Jonathan B. Jaffery, MD, UW School of Medicine and Public Health, Department of Medicine

Patient-Specific Induced-Pluripotent Stem Cell Models for Human Disease

Principal Investigator: Timothy J. Kamp, MD, PhD, FACC, UW School of Medicine and Public Health, Department of Medicine

Wisconsin Children's Lead Levels and Educational Outcomes

Principal Investigator: Marty Kanarek, PhD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences

Targeted Research and Education

Reducing Cancer Disparities through Comprehensive Cancer Control

Principal Investigator: Noelle LoConte, MD, UW School of Medicine and Public Health, Department of Medicine

Institute for Clinical and Translational Research

Coalition Building for Community Health in Milwaukee

Principal Investigator: Laura Senier, PhD, MPH, UW-Madison Department of Community and Environmental Sociology, and UW School of Medicine and Public Health, Department of Family Medicine

Collaborators: Sixteenth Street Community Health Center; Wisconsin Department of Natural Resources

Preparing Those with Significant and Persistent Mental Illness to Quit Smoking

Principal Investigator: Bruce Christiansen, PhD, UW School of Medicine and Public Health, Department of Medicine.

Collaborator: Jennifer Lowenberg, National Alliance on Mental Illness

Evaluating Innovative Public-Private Collaborative Initiatives to Improve Health, Safety and Quality of Life in Wisconsin Assisted-Living Facilities

Principal Investigator: David Zimmerman, PhD, UW-Madison College of Engineering

Collaborators: Kevin Coughlin, Wisconsin Department of Health Services; James Murphy, Wisconsin Assisted Living Association; John Sauer, LeadingAge Wisconsin

Wisconsin Partnership Program Leadership

The Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) serve as the Wisconsin Partnership Program's governance committees. Members carefully exercise their fiduciary responsibilities to improve the health of Wisconsin.

Oversight and Advisory Committee (OAC)

The University of Wisconsin (UW) System Board of Regents appoints four representatives from the UW School of Medicine and Public Health (SMPH) and four public health advocates to the nine-member OAC. The Wisconsin Office of the Commissioner of Insurance also appoints one OAC member. Members serve four-year terms and may be re-appointed. The PERC chair serves as an ex-officio OAC member along with a member of the Board of Regents. The primary responsibilities of the OAC are to:

- Direct and approve available funds for public health initiatives and public health education and training.
- Provide public representation through the OAC's four health advocates.
- Offer comment and advice on the PERC's expenditures.

Health Advocate Appointees

Katherine Marks, BA
Outreach Specialist, Wisconsin Women's Business Initiative Corp.
Category: Urban Health

Douglas N. Mormann, MS, Vice Chair
Public Health Director, La Crosse County Health Department
Category: Statewide Health Care

Gregory Nycz
Executive Director, Family Health Center of Marshfield, Inc.
Director of Health Policy, Marshfield Clinic
Category: Rural Health

Kenneth Taylor, MPP, Secretary
Executive Director, Wisconsin Council on Children and Families
Category: Children's Health

Insurance Commissioner's Appointee
Barbara J. Zabawa, JD, MPH
Owner, Center for Health Law Equity LLC

SMPH Appointees

Philip M. Farrell, MD, PhD
Professor Emeritus, Departments of Pediatrics and Population Health Sciences

Susan L. Goelzer, MD, MS, CPE
Professor, Departments of Anesthesiology, Medicine and Population Health Sciences
Associate Dean for Graduate Medical Education

Cynthia Haq, MD
Professor, Departments of Family Medicine and Population Health Sciences
Director, Training in Urban Medicine and Public Health

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

Ex-officio Members

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

Tim Higgins
Member, UW System Board of Regents

Wisconsin Partnership Program Leadership

Lifecourse Initiative for Healthy Families Steering Committee

The Steering Committee completed its important work in 2013. Key accomplishments include the development of guiding principles for the planning phase, an increase in public awareness about issues related to infant mortality, a review of funding solicitations and the development of recommendations for the initiative's overall direction.

Fredrik (Frits) Broekhuizen, MD
Professor, Department of Obstetrics and Gynecology, Medical College of Wisconsin
Clinical Adjunct Professor, Department of Obstetrics and Gynecology, UW School of Medicine and Public Health

Georgia Cameron, MBA, BS, RN
Director, Southeast Region Division of Public Health, Wisconsin Department of Health Services

Ron Cisler, PhD, MS
Professor, College of Health Sciences, UW-Milwaukee
Associate Professor, Department of Population Health Sciences, UW School of Medicine and Public Health
Director, Center for Urban Population Health

Deborah L. Embry, MBA
Director, Racine Mayor's Office of Strategic Partnerships/Grant Facilitator
City of Racine, Mayor's Office

Philip M. Farrell, MD, PhD, Co-Chair
Professor Emeritus, Departments of Pediatrics and Population Health Sciences, UW School of Medicine and Public Health

Veronica Lawson Gunn, MD, MPH, FAAP
Vice President, Population Health Management and Payment Innovation, Medical Director Community Services Division, Children's Hospital & Health Systems

Cynthia Haq, MD
Professor, Departments of Family Medicine and Population Health Sciences, UW School of Medicine and Public Health
Director, Training in Urban Medicine & Public Health, UW School of Medicine and Public Health

Mark Huber, MS
Vice President of Social Responsibility, Aurora Health Care, Inc.

Reverend James M. Ivy
Pastor, New Zion Baptist Church

Tito L. Izard, MD
President and CEO, Milwaukee Health Services, Inc.
Clinical Associate Professor, Family Medicine, UW School of Medicine and Public Health

Cheryl Jackson, JD
Community Volunteer

Sheri Johnson, PhD, MA
Assistant Professor, Department of Pediatrics, Medical College of Wisconsin

Murray Katcher, MD, PhD (Retired)
Chief Medical Officer, Bureau of Community Health Promotion
Director, State Maternal and Child Health
Professor Emeritus, Department of Pediatrics, UW School of Medicine and Public Health

Katherine Marks, BA, Co-Chair
Outreach Specialist, Wisconsin Women's Business Initiative Corp.

Stephen C. Ragatz, MD, FAAP
Chair, Department of Pediatrics, Wheaton Franciscan Healthcare-St. Joseph

Betty Stinson, BA
Chair, Racine Infant Mortality Coalition

Jack Waters, BS
Executive Director, Kenosha Community Health Center

Lora Wiggins, MD
Chief Medical Officer, Wisconsin Division of Health Care Access and Accountability
Associate Professor, Department of Medicine, UW School of Medicine and Public Health

Wisconsin Partnership Program Leadership

Partnership Education and Research Committee (PERC)

The Partnership Education and Research Committee (PERC) is broadly representative of faculty, staff and leadership at the UW School of Medicine and Public Health (SMPH) and includes representatives from the Oversight and Advisory Committee (OAC) as well as an external appointee. The PERC allocates and distributes funds designated for medical education and research initiatives that advance population health. The primary responsibilities of the PERC are to:

- Direct and approve available funds for education and research initiatives.
- Maintain a balanced portfolio of investments in population health.
- Strengthen collaborations with communities and health leaders statewide.

SMPH Leadership

Marc Drezner, MD

Senior Associate Dean for Clinical and Translational Research
Director, Institute for Clinical and Translational Research
Professor, Department of Medicine

Richard Moss, PhD, Chair*

Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies
Professor, Department of Cell and Regenerative Biology

Elizabeth Petty, MD*

Senior Associate Dean for Academic Affairs
Professor, Department of Pediatrics

Patrick Remington, MD, MPH

Associate Dean for Public Health
Professor, Department of Population Health Sciences

Department Chairs

K. Craig Kent, MD

Professor and Chair, Department of Surgery

James Shull, PhD*

Professor and Chair, Department of Oncology

Faculty Representatives

David Allen, MD

Professor, Department of Pediatrics
Representative: Clinical Faculty

David Andes, MD

Associate Professor, Departments of Medicine and Medical Microbiology and Immunology
Division Head, Infectious Disease
Representative: Clinical Faculty

Jenny Gumperz, PhD

Associate Professor, Department of Medical Microbiology and Immunology
Representative: Basic Science Faculty

Elizabeth Jacobs, MD*

Associate Professor and Associate Vice Chair for Health Services Research
Departments of Medicine and Population Health Sciences
Representative: Public Health Faculty

Patricia Keely, PhD

Professor and Chair, Department of Cell and Regenerative Biology
Representative: Basic Science Faculty

Robert Lemanske, MD*

(Term ended June 2013)
Professor, Departments of Pediatrics and Medicine
Representative: Clinical Faculty

Thomas Oliver, PhD, MHA*

Professor, Department of Population Health Sciences
Representative: Public Health Faculty

Academic Staff Representative

D. Paul Moberg, PhD

Research Professor, Department of Population Health Sciences
Representative: Academic Staff

External Appointee

Betty Chewning, PhD

Professor, UW-Madison School of Pharmacy
Director, Sonderegger Research Center, UW-Madison, School of Pharmacy

Ex-officio

Norman Drinkwater, PhD

Professor, Department of Oncology

Wisconsin Partnership Program Leadership

Oversight and Advisory Committee Appointees

Greg Nycz*

Executive Director, Family Health Center of Marshfield, Inc.

Patrick Remington, MD, MPH

Associate Dean for Public Health

Professor, Department of Population Health Sciences

OAC Chair

** PERC Executive Committee member*

Wisconsin Partnership Program Staff

UW School of Medicine and Public Health

750 Highland Avenue, 4230 HSLC

Madison, WI 53705

608-265-8215

Eileen M. Smith, Assistant Dean and Director

Quinton D. Cotton, Program Officer

Lisa Hildebrand, Senior Public Affairs Specialist

Mary Jo Knobloch, Senior Program Officer

Jim Krueger, Accountant

Tonya Mathison, Administrative Manager

Lifecourse Initiative for Healthy Families Regional Program Office

The Regional Program Office guides the implementation phase of LIHF. The office provides technical assistance and program support to the Wisconsin Partnership Program's grant partners in target communities and provides direction on program planning and evaluation.

Ron Cisler, PhD, Director, Center for Urban Population Health

Farrin Bridewater, Research Specialist

Michelle Corbett, Assistant Researcher-Evaluation

David Frazer, Community Partnerships and

Communications Manager

Lillian Paine, Program Manager

Financial Overview

The Wisconsin Partnership Program’s (WPP’s) assets and endowment value grew significantly during 2013. Total program assets increased \$38.6 million (11 percent), and investment returns exceeded distributions by more than \$36 million. The endowment distribution for program expenditures was \$13.5 million in 2013.

Administrative Expenses

WPP administrative expenses were \$1,089,174 and \$1,068,966 for the years ending December 31, 2012, and December 31, 2013, respectively. The UW School of Medicine and Public Health (SMPH) also provides in-kind support for WPP administrative expenses from the Office of the Dean; Senior Associate Dean for Basic Science, Biotechnology and Graduate Studies; Senior Associate Dean for Finance; and Associate Dean for Public Health. UW-Madison’s Department of Human Resources and Office of Legal Services also provide in-kind support along with the UW Health Marketing and Public Affairs Department.

WPP’s Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) approve annually the administrative budget. Allocation of costs in the Income Statement (Table 3) is based on a 35 percent OAC/65 percent PERC split. Detail expenditures for the period are as follows:

Table 1: Administrative Expenses

For the years ending December 31, 2012, and December 31, 2013				
	2013		2012	
Total Salaries	\$	650,430	\$	605,310
Total Fringe Benefits	\$	255,677	\$	267,215
Other Expenditures				
Supplies	\$	7,699	\$	10,696
Travel	\$	11,596	\$	12,361
Other Expenditures	\$	143,564	\$	193,592
Total	\$	1,068,966	\$	1,089,174
OAC (35%) Allocation	\$	374,138	\$	381,211
PERC (65%) Allocation	\$	694,828	\$	707,963
	\$	1,068,966	\$	1,089,174

Supplanting Policy

As outlined in the Decision of the Commissioner of Insurance in the Matter of the Application for Conversion of Blue Cross & Blue Shield United of Wisconsin, WPP funds may not be used to supplant funds or resources available from other sources. The school has designed a review process for determination of nonsupplanting, which was approved by the Wisconsin United for Health Foundation, Inc. The supplanting policy is available upon request from the WPP.

Annual Report

Based on the nonsupplanting determination made by the Senior Associate Dean for Finance, the Dean of the School of Medicine and Public Health has attested to compliance with the supplanting prohibition in the annual report. The UW-Madison Vice Chancellor for Finance and Administration also has attested that UW-Madison and the UW System have complied with the supplanting prohibition.

OAC Review and Assessment of the Allocated Percentage of Funds

As required in the addendum to the first Five-Year Plan, the 2009–2014 Five-Year Plan and the Grant Agreement, the OAC annually reviews and assesses the allocation percentage for public health initiatives and for education and research initiatives. The OAC took up the matter on October 16, 2013. It was moved to retain the allocation of 35 percent for public health initiatives and 65 percent for education and research initiatives until the next vote in 2014. The motion passed unanimously.

Change in Investment Allocation

The WPP has historically maintained funds that have been distributed from the endowment and available for expenditure in the UW Foundation expendables portfolio as described in the Current Investments section of this report. As of December 31, 2012, the WPP moved \$10 million of funds from the expendables portfolio to the endowment portfolio as described in the Noncurrent Investments section of this report. The purpose of this move was to achieve a higher rate of return to allow for increased grant levels. The program made a planned second reinvestment of \$10 million in March 2013. These funds remain fully available to the program and are reflected in Net Assets Temporarily Restricted – endowment.

Accounting

The following financial report consolidates activities of the UW Foundation and the SMPH for the years ending December 31, 2012, and December 31, 2013. Revenues consist of investment income and unrealized changes in market valuation, and expenditures consist of administrative and program costs. All expenses and awards are reported as either public health initiatives (OAC-35 percent) or partnership education and research initiatives (PERC-65 percent). Approved awards have been fully accrued as a liability less current year expenditures, as shown in Tables 2 and 3.

Financial Notes

Cash and Investments

The financial resources that support WPP grants for the years ending December 31, 2012, and December 31, 2013, (shown in Table 2) are generated from funds released by the Wisconsin United for Health Foundation, Inc., as prescribed in the Grant Agreement, as well as generated from investment income. All funds are housed and managed by the UW Foundation. As needed, funds are transferred to the UW School of Medicine and Public Health to reimburse expenses.

Income received on spendable funds is based on the performance of the underlying investments. All expenses are charged against spendable funds. Income received on endowment funds is based on the performance of the underlying investments and released in accordance with the UW Foundation's approved spending policy.

Current Investments

Current investments consist of participation in the UW Foundation expendables portfolio. The objective of the expendables portfolio is to preserve principal and provide a competitive money market yield. Investments in the expendables portfolio have a short-term horizon, usually less than three years and are mainly short-duration, fixed-income securities.

Noncurrent Investments

Noncurrent investments consist of participation in the UW Foundation endowment portfolio. The objective of the endowment portfolio is to achieve a long-term return that creates an income stream to fund programs, preserves the real value of the funds and provides for real growth. To achieve this, the endowment is invested in a diversified portfolio that includes domestic and international equity, fixed income, real assets, alternative assets and cash equivalents.

The UW Foundation uses quantitative models along with qualitative analysis to maximize returns while minimizing risk. The UW Foundation recognizes that individual investments or asset classes within the endowment will be volatile from year to year but believes that this risk will be mitigated through diversification of asset classes and investments within asset classes.

Table 2: Balance Sheet

For the years ending December 31, 2012, and December 31, 2013		
	2013	2012
Assets		
Current Investments	\$ 17,801,177	\$ 24,706,801
Non Current Investments	\$ 362,475,704	\$ 317,004,578
Total Assets	\$ 380,276,881	\$ 341,711,379
Liabilities and Net Assets		
Liabilities		
Accounts Payable	\$ 0	\$ 0
Grants Payable	\$ 30,980,587	\$ 26,186,675
Total Liabilities	\$ 30,980,587	\$ 26,186,675
Net Assets		
Temporarily Restricted - spendable	\$ 8,574,080	\$ 8,521,876
Temporarily Restricted - endowment	\$ 58,894,473	\$ 25,175,086
Permanently Restricted - endowment	\$ 281,827,742	\$ 281,827,742
Total Net Assets	\$ 349,296,295	\$ 315,524,704
Total Liabilities & Net Assets	\$ 380,276,881	\$ 341,711,379

Table 3: Income Statement

For the years ending December 31, 2012, and December 31, 2013		
	2013	2012
Revenues		
Gifts Received	\$ 0	\$ 0
Investment Income	\$ 33,278	\$ 76,238
Realized gains/(losses) on investments	\$ 50,021,922	\$ 26,289,185
Total Revenues	\$ 50,055,200	\$ 26,365,423
Expenditures		
OAC Initiatives		
Administrative Expenditures	\$ 374,138	\$ 381,211
Grant Expenditures	\$ 9,276,552	\$ 4,725,558
PERC Initiatives		
Administrative Expenditures	\$ 694,828	\$ 707,963
Grant Expenditures	\$ 5,938,091	\$ 17,237,313
Total Expenditures	\$ 16,283,609	\$ 23,052,045
Net Increase/(Decrease) in Net Assets	\$ 33,771,591	\$ 3,313,378

Financial Notes

Liabilities — Grants Payable

Grants payable are recorded as of the date of approval by the Oversight and Advisory Committee or Partnership Education and Research Committee. The liability reflects the total amount of the grant award, which ranges from one to three years in length, less any payments made before December 31 of the reporting year. Any subsequent modifications to grant awards are recorded as adjustments of the grant expense in the year the adjustment occurs.

Net Assets

Based upon the Grant Agreement, net assets are divided into three components:

Temporarily Restricted — Spendable Fund: The portion of net assets relating to funds that have been distributed from the endowment fund, along with related income that is available to the program. These funds are available for both grants and administrative expenses of the program.

Temporarily Restricted — Endowment Fund: The portion of net assets relating to realized gains or losses related to the permanently restricted funds that have not been distributed and remain within the endowment portfolio as of December 31, 2012, and December 31, 2013.

Permanently Restricted — Endowment Fund: The portion of the gift proceeds allocated to permanently endow the Wisconsin Partnership Program. These funds have been invested in the endowment portfolio of the UW Foundation, and the principal is not available to be spent for the purposes of the program.

Income Statement

Revenues

Revenues for the years ending December 31, 2012, and December 31, 2013, (shown in Table 3) consist of two components: (1) investment income, which has been recorded as earned throughout the year; and (2) net realized gains/(losses) on investments, which represents the difference between the original cost of investments and the sales proceeds (realized) or the fair-market value at the end of the year (unrealized).

Investment revenue amounts are shown after fees have been deducted (net of fees). The UW Foundation pays management fees to external asset managers and records its revenues net of these fees. In addition, the UW Foundation assesses an expense recapture fee of 1 percent of endowed funds to finance its internal operations (including administration, accounting and development). The

expense recapture fees were \$2,858,058 and \$3,103,017 in 2012 and 2013, respectively. WPP revenues are shown after these fees have been deducted.

In 2011, the UW Foundation modified its policy regarding the investment recapture fee, to be implemented effective January 1, 2012. The Foundation voted to decrease the fee from 1 percent to 0.7 percent on amounts above \$250 million per account. WPP funds exceed the newly established level, and the 2012 and 2013 fee amounts in the preceding paragraph reflect this decrease. The Dean of the School of Medicine and Public Health decided that the savings from this fee reduction would be fully allocated to the Oversight and Advisory Committee for public health initiatives. In 2012 and 2013, these savings were \$153,632 and \$258,436, respectively.

Investment income distributions to the spendable funds are based on the UW Foundation spending policy applied to the market value of the endowment funds.

Expenditures

Expenditures for the years ending December 31, 2012, and December 31, 2013, consist of grant awards, as described above, and administrative expenses. All expenses fall under one of the two major components identified in the Five-Year Plan: public health initiatives (OAC—35 percent) and partnership education and research initiatives (PERC—65 percent). OAC Award amounts are shown in Tables 4 and 5, while PERC Award amounts are in Tables 6 and 7.

Table 4: OAC Awards – Summary 2004-2013

	Total Awarded	Total Expended	Grants Payable
Total 2004 OAC Funding	\$ 8,779,958	\$ 8,779,958	\$ 0
Total 2005 OAC Funding	\$ 4,635,692	\$ 4,635,692	\$ 0
Total 2006 OAC Funding	\$ 6,259,896	\$ 6,259,896	\$ 0
Total 2007 OAC Funding	\$ 4,641,892	\$ 4,641,892	\$ 0
Total 2008 OAC Funding	\$ 0	\$ 0	\$ 0
Total 2009 OAC Funding	\$ 2,715,151	\$ 2,715,260	\$ 109
Total 2010 OAC Funding	\$ 2,887,086	\$ 2,399,389	\$ 487,697
Total 2011 OAC Funding	\$ 4,130,427	\$ 2,581,682	\$ 1,548,745
Total 2012 OAC Funding	\$ 4,867,166	\$ 1,428,320	\$ 3,438,846
Total 2013 OAC Funding	\$ 9,371,377	\$ 268,638	\$ 9,102,739
Total OAC Funding (2004-2013)	\$ 48,288,645	\$ 33,710,727	\$ 14,577,918

Due to the financial downturn during 2008/2009, OAC did not fund any grants in 2008.

Financial Notes

Table 5: 2013 OAC Awards

Project Title	Type ¹	Total Awarded	Total Expended	Grants Payable
IMPLEMENTATION GRANTS				
Northwoods LEAN (Linking Education, Activity and Nutrition): Pathways to Health	E, R, S	\$ 400,00	\$ 0	\$ 400,000
Reducing Alcohol Abuse among LGBTQ Youth in Wisconsin	E, R, S	\$ 400,00	\$ 0	\$ 400,000
Bilingual Healthy Choices Program	R	\$ 149,481	\$ 0	\$ 149,481
ACTIVATE: Advocacy for Children — Transformational Impact Via Action and Teamwork for Engagement	E, R, S	\$ 162,077	0	\$ 162,077
Southeastern Wisconsin SBIRT Project	E, R, S	\$ 400,000	\$ 0	\$ 400,000
Dementia Wellness Project for Underserved African American Elders	E, R, S	\$ 400,000	\$ 0	\$ 400,000
Women of Worth (WOW): Family-Centered Treatment Project	E, S	\$ 399,120	\$ 0	\$ 399,120
Addressing the Mental Illness Tobacco Disparity: Peers Helping Peers	E, R, S	\$ 149,999	\$ 0	\$ 149,000
Improving Well-Being among Wisconsin Older Adults	E, S	\$ 150,000	\$ 0	\$ 150,000
Strengthening Community Health Improvement Implementation and Evaluation for Greater Impact	E, R, S	\$ 399,997	\$ 0	\$ 399,997
Advancing Community Investment in Health: Implementation of the Innovations and Wellness Commons	E, R, S	\$ 399,998	\$ 0	\$ 399,998
DEVELOPMENT GRANTS				
Safe Schools for Wisconsin's Transgender Youth	E, R, S	\$ 50,000	\$ 0	\$ 50,000
LIFE (Lifestyle Initiative for Fitness Empowerment) Foundation Cross Plains Community Project	E, S	\$ 50,293	\$ 0	\$ 50,293
Yoga's Effect on Fall Risk Factors in Rural Older Adults	E, S	\$ 49,998	\$ 0	\$ 49,998
Changing Views of Hunger: One Community at a Time	E, S	\$ 49,995	\$ 0	\$ 49,995
Applying Clinical Data to New Public Health: A Model for Accountable Care Communities	E, R, S	\$ 50,001	\$ 0	\$ 50,001
LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES GRANTS				
Engaging African-American Fathers to Reduce Infant Mortality by Improving their Health Literacy	E, R	\$ 50,000	\$ 16,607	\$ 33,393
UNCOM Initiative for Healthy Families	E, S	\$ 150,000	\$ 5,366	\$ 144,634
Family Connectedness for New & Expectant Mothers	E, R	\$ 50,000	\$ 0	\$ 50,000
Direct Assistance for Dads (DAD) Project	E, R, S	\$ 400,000	\$ 7,477	\$ 392,523
Family Peer Navigation and Home Visit Project	E, S	\$ 150,000	\$ 9,210	\$ 140,790
Strong Families Healthy Homes Extension - Pregnancy Pilot Program	E, S	\$ 50,000	\$ 12,770	\$ 37,230
Healthy Families Kenosha	E, S	\$ 400,000	\$ 11,345	\$ 388,655
Centering Program of Racine Lifecourse Initiative for Healthy Families	E, R, S	\$ 148,764	\$ 3,530	\$ 145,234
Kenosha Fatherhood Involvement Planning Project	E, S	\$ 50,000	\$ 1,786	\$ 48,214
Dismantling Racism in Kenosha County	E, S	\$ 50,000	\$ 0	\$ 50,000
Expecting Moms, Expecting Dads	R, S	\$ 49,999	\$ 5,125	\$ 44,874
Implementation of a Rock County Fetal Infant Mortality Review Team	E, S	\$ 150,000	\$ 5,451	\$ 144,549
Normalizing Breastfeeding: Building Social Support and Community Capacity	E, S	\$ 150,000	\$ 44,449	\$ 105,551
No Longer an Island: Creating A Place-based Men's Peer Outreach and Social Support Network	E, S	\$ 399,995	\$ 2,138	\$ 397,857
Focus on Fathers Initiative	E, S	\$ 150,000	\$ 9,912	\$ 140,088
Bethel AME Church Jobs for Fathers	E, S	\$ 150,000	\$ 16,250	\$ 133,750
The Young Parenthood Project: A Father Engagement Strategy for Healthy Families	E, S	\$ 399,916	\$ 12,478	\$ 387,438
Professional Women's Network for Service Birthing Project	E, S	\$ 149,499	\$ 32,706	\$ 116,793
Healthy Parents, Healthy Babies (Healthy Next Babies)	E, S	\$ 400,000	\$ 10,950	\$ 389,050
Striving to Create Healthier Communities through Innovative Partnerships	E, S	\$ 149,906	\$ 0	\$ 149,906
Beloit Youth Internship (BYIn) Program	E, S	\$ 47,342	\$ 13,566	\$ 33,776
Healthy Kenosha County Moms & Babies: Centering Prenatal Model Program	E, S	\$ 150,000	\$ 275	\$ 149,725

Financial Notes

Reducing African American Infant Birth Disparities through Decreased Prison Recidivism and Increased Living-Wage Employment of Mothers and Fathers	S	\$ 149,996	\$ 21,278	\$ 128,718
Center for Urban Population Health Regional Program Office	E, R, S	\$ 215,000	\$ 25,969	\$ 189,031
LIHF Collaborative Implementation for Milwaukee United Way	E, R, S	\$ 1,500,000	\$ 0	\$ 1,500,000
Total 2013 OAC Funding		\$ 9,371,377	\$ 268,638	\$ 9,102,739

¹E = Education, R = Research, S = Service (community-based)

Table 6: PERC Awards – Summary 2004-2013

	Total Awarded	Total Expended	Grants Payable
Total 2004 PERC Funding	\$ 7,835,411	\$ 7,835,411	\$ 0
Total 2005 PERC Funding	\$ 13,001,789	\$ 13,001,789	\$ 0
Total 2006 PERC Funding	\$ 9,081,619	\$ 9,081,619	\$ 0
Total 2007 PERC Funding	\$ 5,511,524	\$ 5,511,524	\$ 0
Total 2008 PERC Funding	\$ 6,158,784	\$ 6,111,432	\$ 47,352
Total 2009 PERC Funding	\$ 19,686,413	\$ 19,668,709	\$ 17,704
Total 2010 PERC Funding	\$ 760,364	\$ 705,661	\$ 54,703
Total 2011 PERC Funding	\$ 1,496,626	\$ 922,049	\$ 574,577
Total 2012 PERC Funding	\$ 17,393,049	\$ 7,380,878	\$ 10,012,171
Total 2013 PERC Funding	\$ 6,068,050	\$ 371,886	\$ 5,696,164
Total PERC Funding (2004-2013)	\$ 86,993,629	\$ 70,590,958	\$ 16,402,671

Financial Notes

Table 7: 2013 PERC Awards

Project Title	Type1	Total Awarded	Total Expended	Grants Payable
COLLABORATIVE HEALTH SCIENCES PROGRAM				
Once 'Stepping On' Ends: Continuing a Group Falls Prevention Program via the Internet	R, S	\$ 499,934	\$ 0	\$ 499,934
Multiplexed In Vivo Device to Assess Optimal Breast Cancer Therapy	R	\$ 499,995	\$ 0	\$ 499,995
NEW INVESTIGATOR PROGRAM				
Aligning Preferences of Older Adults with Decisions for High-Risk Surgery	E, R	\$ 100,000	\$ 0	\$ 100,000
Mechanistic Insights into the Role of Grainyhead Proteins in Neural Tube Closure Defects	R	\$ 100,000	\$ 0	\$ 100,000
Understanding HIV-1 Cell-to-Cell Transmission	R	\$ 97,076	\$ 0	\$ 97,076
Nanoparticles for Treating Restenosis: Sustained and Targeted Local Drug Delivery	R	\$ 99,900	\$ 0	\$ 99,900
The Effectiveness of an Integrated Mental Health and Primary Care Model for Wisconsin Patients with Severe Mental Illness	R, S	\$ 99,962	\$ 0	\$ 99,962
TARGETED PROGRAMS				
Recruitment of Middle-Aged African-Americans for Studies of Pre-Clinical Alzheimer's Disease: Minority AD Prevention Program - 2	R, S	\$ 73,167	\$ 36,314	\$ 36,853
Advancing Evidence-Based Health Policy in Wisconsin	E, S	\$ 131,000	\$ 64,186	\$ 66,814
Health Innovation Program	R	\$ 874,545	\$ 31,547.96	\$ 842,997
Transforming Medical Education 2.0	E	\$ 2,474,587	\$ 239,837.43	\$ 2,234,750
Improved Health Care Delivery to Wisconsin Amish Infants	E, R, S	\$ 99,645	\$ 0	\$ 99,645
UW Preventive Medicine Residency Program Development Grant	E, S	\$ 650,976	\$ 0	\$ 650,976
Wisconsin Population Health Service Fellowship	E, S	\$ 267,263	\$ 0	\$ 267,263
Total 2013 PERC Funding		\$ 6,068,050	\$ 371,886	\$ 5,696,164

¹E = Education, R = Research, S = Service (community-based)

Policies and Procedures

The Wisconsin Partnership Program's (WPP's) governing committees follow standard Request for Proposal (RFP) guidelines, requirements, multi-step review processes and selection criteria. Throughout the year, WPP evaluates the progress and outcomes of funded grants using progress and final reports, financial status reports, presentations and site visits.

Training and Technical Assistance. WPP staff members provide training and technical assistance to ensure the greatest potential for successful proposals. During the 2013 application process, staff provided training to 18 of 31 Community-Academic Partnership Fund teams that were invited to submit full applications. Teams received training during individual meetings or Technical Assistance Days, which was held on the UW-Madison campus in August 2013. Technical Assistance Days provided personalized training for community teams on grant writing, financial and budget issues, evaluation and community-academic partnerships. WPP also offers webcast training sessions for all applicants.

Review and Monitoring. All grant applications undergo a multi-step review by WPP staff members; faculty and staff from UW-Madison, UW System and UW-Extension; and representatives from state and local agencies and non-profit organizations. The process includes:

- Technical review verifying eligibility and compliance with proposal requirements.
- Expert review consisting of independent assessment and scoring.
- Full committee review of top-ranked proposals and interview of applicants, as applicable.

In addition, grantees and their academic partners receive a team orientation and agree to a Memorandum of Understanding that outlines WPP requirements such as progress reports, financial status reports and a final report.

Open Meetings and Public Records. As directed by the Insurance Commissioner's Order approving the conversion of Blue Cross Blue Shield United of Wisconsin (BCBSUW) to a private entity, the Wisconsin Partnership Program conducts its operations and processes in accordance with the state of Wisconsin's Open Meetings and Public Records Laws. Meetings of the Oversight and Advisory Committee (OAC) and the Partnership Education and Research Committee (PERC) and their respective subcommittees are open to the public and held in accordance with the law. Agendas and minutes are posted on the WPP website (med.wisc.edu/wpp) and in designated public areas.

Diversity Policy. The Wisconsin Partnership Program is subject to and complies with the diversity and equal opportunity policies of the UW System Board of Regents and UW-Madison. The OAC and PERC have developed a policy to ensure diversity within the WPP's programmatic goals and objectives. The policy emphasizes the importance of a broad perspective and representation for the program's goals, objectives and processes.

The commitment to diversity is integral to WPP's mission to serve the public health needs of Wisconsin and to reduce health disparities through initiatives in research, education and community partnerships — thus making Wisconsin a healthier state for all.

A broad perspective helps WPP understand the most effective means to address population health issues and to improve the health of Wisconsin. The policy is available on the WPP's website, med.wisc.edu/wpp.



Wisconsin
Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

WISCONSIN PARTNERSHIP PROGRAM

Outcomes Report



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Strategies for improving nutrition environment identified: Waupaca Eating Smart pilot

Description: The Assessing the Nutrition Environment in Wisconsin Communities project examined the strengths and weaknesses of the nutrition environment along with the link to individual eating habits and weight. It also developed, implemented and evaluated a pilot intervention to promote healthy eating by improving the nutrition environment of restaurants and food stores in Waupaca. The nutrition environment is defined as the access to food as well as the availability, pricing, quality and promotion of food.

Relevance: More than two-thirds of adults in the United States are overweight or obese, and research increasingly suggests that the nutrition environment influences what individuals eat. Thus, interventions aimed at restaurants and food stores are important tools for obesity prevention.

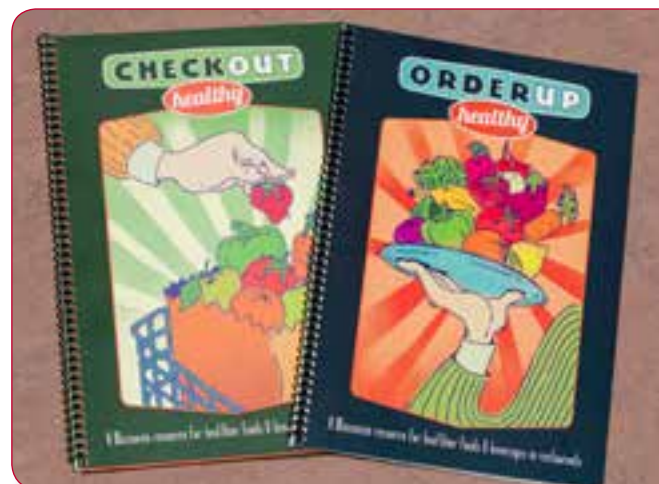
Results: Researchers used the Nutrition Environment Measures Survey and the Survey of the Health of Wisconsin to develop a statewide surveillance system for identifying strategies to improve the state's nutrition environment in restaurants and grocery and convenience stores. They also used a social marketing and community-based participatory research approach to develop the Waupaca Eating Smart pilot intervention with local stores and restaurants.

The project team found significant differences in the characteristics of the nutrition environment of various types of stores. Supermarkets and grocery stores generally had better availability and overall scores compared with convenience, gas station and other stores. For restaurants, the researchers found significant differences in the characteristics of the nutrition environment depending on the type of restaurant.

In addition, the project team worked with the Wisconsin Restaurant Association and Wisconsin Grocers Association to develop two toolkits: Check Out Healthy and Order Up Healthy. Research indicated high levels of participation, implementation and maintenance among association members as well as improvement of restaurant nutrition environment scores and a modest improvement in customer attitudes and behaviors for some demographic groups.

Published Articles: Hood, C., Martinez-Donate, A.P., Meinen, A. (2012) "Promoting Healthy Food Consumption: An Analysis of State Level Policies to Improve Access to Fruits and Vegetables in Wisconsin." *WMJ*.

Escaron, A.L., Meinen, A., Nitzke, S., Martinez-Donate, A.P. (2013) "Supermarket and Grocery Store-Based Interventions to Promote Healthful Food Choices and Eating Practices: A Systematic Review." *Preventing Chronic Disease*.



Check Out Healthy and Order Up Healthy were developed for community members to learn more about the foods and beverages available at stores and restaurants in their local area.

KEY INFORMATION

Grantee: Wisconsin Partnership for Activity & Nutrition (WI PAN), Judy Burrows

Grant title: Assessing the Nutrition Environment in Wisconsin Communities

Academic Partner: Javier Nieto, MD, MPH, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: January 1, 2010 – September 30, 2013

Amount: \$403,750 over three years

Program: Community-Academic Partnership

Project ID: 1621



Participants of all ages took part in the 5-kilometer walk/run during the Cashton Community Wellness Celebration in May 2013.

KEY INFORMATION

Grantee: Scenic Bluffs Community Health Center, Amy Schanhofer

Grant Title: Cashton Community Wellness Program

Academic Partner: Will Cronin, MPA, University of Wisconsin Extension

Dates: April 1, 2012 – May 31, 2013

Amount: \$20,000

Program: Community-Academic Partnership

Project ID: 2277

Wellness plan making strides in Cashton

Description: The Cashton Community Wellness Program developed a long-term and sustainable plan for creating convenient and engaging opportunities to combat the negative health impacts of living in a physically isolated region of the state. With the strength of current opportunities in Cashton and the addition of a well-designed plan, the project leaders are prepared to move on to the next phase of programming.

Relevance: Cashton, a federally designated health professional shortage area and medically underserved area, is located in Monroe County. Almost 4,000 people live in the Cashton School District, including 1,000 in the village of Cashton. The nearest urban center is La Crosse – 30 miles to the west.

Because of the community's small size, residents often must travel to La Crosse or elsewhere for employment, shopping, medical and dental care, and other services. Thus, driving can consume a large portion of a resident's day. Not only is driving a sedentary activity, the time required for traveling detracts from residents' physical and social activities.

In addition, more than one-third of the school district's students meet federal poverty criteria, 60 percent of sixth-graders in 2007 failed the Presidential Fitness Challenge and approximately 40 percent of students are considered overweight or at risk of overweight based on body mass index.

Results: This small development grant allowed the Community Wellness Committee to take the next step in its efforts to create a healthy community. Building on an existing partnership between the Cashton School District and Scenic Bluffs Health Center, the committee embarked on setting the stage for the future of this rural village.

Academic partner Will Cronin, MPA, of the University of Wisconsin Extension led the committee through a strategic planning process for improving the health and wellness of community members. This included program evaluations and a community needs assessment.

The evaluations showed that wellness programs generally attracted women and identified the need to improve outreach to men and Hispanic residents. Rather than a traditional survey of residents, the committee used a photo-visioning process that allowed Cashton residents to illustrate their health and wellness interests. The photos were displayed at a wellness celebration, and community members were invited to add their comments and suggestions.

The Cashton Community Wellness Program Strategic Plan, which serves as a framework for future programming and grant opportunities, identified four primary issues to be addressed:

- making wellness a year-round community norm for all ages and populations
- influencing village planners and decision makers to include wellness and multi-modal transportation in their planning
- developing a marketing and communication plan to better promote its vision
- creating a sustainable space to grow wellness programs

Neighbors set framework for Milwaukee's Wellness Commons

Description: The Community Investment in Health project brought together a diverse group of more than 70 partners to re-imagine a healthier Lindsay Heights neighborhood. Over 15 months, the project's Program Integration Committee (PIC) convened neighborhood residents and community and academic partners to develop an implementation plan for the Innovations & Wellness Commons. The Commons is a catalytic new development project on Milwaukee's near-north side that will integrate evidence-based wellness programs, community health research, economic development initiatives and neighborhood action for sustained impact.

Relevance: The Lindsay Heights Neighborhood is a 110-square-block area of Milwaukee facing numerous socio-economic and health challenges. For decades, Lindsay Heights was a vibrant neighborhood with many local businesses. By the late 1950s, however, the neighborhood was the target of harmful land-use policies that precipitated its decline. By 2000, it was characterized by numerous city-owned vacant properties, a poorly maintained public infrastructure and diminished air, water and soil quality. Residents also face disproportionate rates of obesity and chronic diseases such as diabetes and hypertension.

In 2008, after a decade of successful community organizing, Walnut Way Conservation Corp. received funding from the Zilber Family Foundation to lead a community-driven process for developing a Quality of Life Plan to improve the neighborhood's social, economic and physical conditions. The seeds for the Wellness Commons grew out of that plan as a next step in transforming a currently underdeveloped stretch of North Avenue into a vibrant commercial corridor that promotes neighborhood well-being.

Results: The PIC used a shared visioning process to develop a comprehensive implementation plan for the Innovations & Wellness Commons. PIC members created guiding principles; mapped individual, community and institutional assets; and identified principles to guide implementation of the Wellness Commons. Three design teams also created action plans for the initiative's core areas: wellness services, navigation and connectivity, and skill-building and training. The process led to a deep commitment to the Wellness Commons and built transformative relationships that will be critical to its success.

In addition, 15 people participated in Healing Circles, a demonstration project that introduced community members to the types of services that will be offered at the Wellness Commons. Sessions focused on health coaching, nutrition information, stress management and integrative medicine. Upon completion of the program, 92 percent of participants expressed interest in continuing to meet with the group.

To advance sustainability, Walnut Way secured external funding to support site renovation for the Wellness Commons as well as funding to expand the Healing Circles. Walnut Way also secured a \$400,000 Wisconsin Partnership Program implementation grant in 2013.

Publications: Walnut Way Conservation Corp. Transformative by Intention: Program Integration Committee 2013 Summary Report, 2013.

Brown, R. "Planned facilities, jobs headline Lindsay Heights community briefing." (November 21, 2013). *Neighborhood News Service*.

Walnut Way Community Newsletter, Summer 2013.



The Healing Circles demonstration project introduced community members to the types of services that will be offered at the Wellness Commons. Sessions focused on health coaching, nutrition information, stress management and integrative medicine.

KEY INFORMATION

Grantee: Walnut Way Conservation Corp., Sharon Adams

Grant Title: Community Investment in Health: Developing the Lindsay Heights Wellness Commons

Academic Partner: John Frey, MD, UW School of Medicine and Public Health, Department of Family Medicine

Dates: April 1, 2012 – September 30, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 2292



Ronna Corliss of the Prevention Network of Washington County, center, and other members of the Alliance for Wisconsin Youth-Southeast participated in training on the process, utility and benefits of Screening, Brief Intervention and Referral to Treatment. Mia Croyle, left, and Richard Brown, MD, MPH, of the UW School of Medicine and Public Health presented information about the evidence-based alcohol, tobacco and drug screening tool.

Communities embrace alcohol, tobacco and drug screening tool

Description: The project Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs educated members of the Alliance for Wisconsin Youth-Southeast (AWY-SE) about Screening, Brief Intervention and Referral to Treatment (SBIRT) – an evidence-based alcohol, tobacco and drug screening tool. It also laid the groundwork for implementation of SBIRT in community-based settings throughout the region.

Relevance: In its 2007 Youth Risk Behavior Survey, the Centers for Disease Control ranked Wisconsin first in the rate of current alcohol use among youths; third in the rate of binge drinking among youths; fourth in the rate of youths who rode with a driver who had been drinking; and fifth in the rate of youths who drove after drinking. The state also has some of the highest adult drinking rates in the nation

Results: This project provided AWY-SE members with a half-day training on SBIRT's process, utility and benefits. In addition, AWY-SE members developed informal plans for recruiting interested community partners and identified possible settings and tools that best suited local needs.

After the training, 86 percent of AWY-SE members were confident their group could successfully develop a strategy to implement SBIRT locally for high school students. That compared with 73 percent of members who agreed before the training that they could develop a strategy.

Presentations about SBIRT were given to community partners in Milwaukee, Ozaukee, Racine, Washington and Waukesha counties. After the presentation, 92 percent of community partners agreed they had a clear understanding of SBIRT and its benefits – up from 11 percent before the information was shared.

The AWY-SE members and community partners then determined the most appropriate setting for local SBIRT implementation. For instance, one county decided to work with the county human services department rather than with a school district. Two communities wanted to move forward immediately.

Community partners representing rural, suburban and urban communities decided to implement SBIRT, with letters of commitment secured from the following six AWY-SE members and seven community partners:

- Jefferson County Delinquency Prevention Council and Jefferson County Human Services Department (Rural)
- Prevention Network of Washington County and Hartford Union High School (Suburban)
- Prevention Network of Washington County and Kewaskum Community Schools (Rural)
- Racine County Youth Coalition and Racine Unified School District (Urban)
- Waukesha County Drug Free Community Coalition and School District of Waukesha (Urban)
- Waukesha County Prevention Network and Community Health Improvement Planning Process (Suburban)
- West Allis/West Milwaukee Community Coalition and West Allis/West Milwaukee School District (Suburban/Urban)

KEY INFORMATION

Grantee: Alliance for Wisconsin Youth-Southeast, Kathleen Pritchard

Grant Title: Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs

Academic Partner: Richard Brown, MD, MPH, UW School of Medicine and Public Health, Department of Family Medicine

Dates: April 1, 2002 – March 31, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 2290

Incubator for Community Health Center development piloted

Description: The project Expanding Access to Care in Rural and Underserved Areas developed a capacity-building program for communities interested in starting a Community Health Center (CHC) to expand health care access. The Wisconsin Primary Health Care Association (WPHCA), in partnership with the University of Wisconsin Center for Nonprofits, created a curriculum for each phase of CHC development and began training for the first three incubator models.

Relevance: CHCs have helped improve access to primary care in Wisconsin; however, the state hasn't been as successful as others in competing for federal grant funding. As part of the Patient Protection and Affordable Care Act of 2010, the federal government provides funding to create and expand CHCs across the country. This project's CHC incubator program enhances capacity to provide subject matter expertise, technical assistance and local grant support for planning CHCs.

Results: Collaborating partners created a CHC incubator program model with the following four phases: community organizing, organizational development, Section 330 grant readiness and operational readiness. They also developed a checklist that outlines critical steps that must be undertaken to be successful in each phase of the process.

The checklist has been distributed to several community stakeholders throughout the project, including Beaver Dam and Sauk County free clinics, a Walworth community member interested in exploring a federally qualified health center, a Grant County community group interested in submitting a new access point, Lakeshore Community Health Center and Gays Mills community members.

To assist communities with submitting competitive grant applications, WPHCA also significantly improved its needs-for-assistance reporting tool, which guides communities that are exploring options to improve primary care access. The tool was updated with 2010 census data and streamlined for easier use. These updates prompted the development of maps that proactively identify communities with high needs for primary care.

In addition, the incubator program provided training and technical assistance regarding program requirements, opportunities for expansion and other strategies for CHC development. Much of the training was recorded and posted online for use by interested communities.



KEY INFORMATION

Grantee: Wisconsin Primary Health Care Association, Lynsey Ray

Grant Title: Expanding Access to Care in Rural and Underserved Areas

Academic Partner: Brian Christens, PhD, UW-Madison, School of Human Ecology

Dates: April 1, 2011 – January 31, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 2002



The Family Table meal-preparation program for low-income and rural households with children in western Wisconsin included participatory nutrition education, cooking demonstrations, hands-on meal preparation and facilitated discussion over shared meals.

KEY INFORMATION

Grantee: West Central Wisconsin Community Action Agency, Inc., Robyn Thibado

Grant Title: Family Table

Academic Partner: Kirstin Siemering, DrPH, RD, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: April 1, 2012 – July 31, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 2280

Parents, children gain confidence to support healthy family meals

Description: The Family Table project engaged low-income and rural families with school-age children in identifying practical and feasible strategies for overcoming obstacles faced in creating healthy mealtime patterns. The project increased accessibility to and consumption of healthy, whole foods through an interactive meal preparation program in Barron, Dunn, Polk, Pierce and St. Croix counties.

Relevance: During 2010, the West Central Wisconsin Community Action Agency received requests for assistance from 5,107 households in Barron, Chippewa, Dunn, Pepin, Pierce, Polk and St. Croix counties. Almost three-quarters of these households reported income below 100 percent of the federal poverty level, 31 percent were headed by a single parent and almost 300 households reported being homeless.

In its 2010 needs assessment of low-income households, the agency reported a 47 percent increase in Food Share program participation over a three-year period. Also, 45 percent of households reported using food pantries to supplement their groceries.

Results: Project leaders developed a learner-centered curriculum to enhance nutrition knowledge and introduce basic cooking concepts. Participating families met weekly for two-hour classes that focused on increasing fruit and vegetable consumption, using more whole foods and less processed foods, adapting and improvising recipes to incorporate fresh fruits and vegetables, and creating meals that make the most of available time and money.

UW Extension's Wisconsin Nutrition Education Program (WNEP) was a vital partner in the effort. WNEP nutrition educators participated in curriculum development and revision and led every class session, which represented an enormous leveraging of in-kind human resources. Each class included participatory nutrition education, cooking demonstrations, hands-on meal preparation and facilitated discussion over shared meals. More than 200 adults and children participated in at least some classes during the 11 multi-week sessions.

Participants were asked to complete surveys at the beginning and end of each session, and data was collected on 25 adults who responded on behalf of their participating family members. Results showed statistically significant improvement in three areas: including children in meal preparation, confidence in healthy meal-planning skills and confidence in health meal preparation within time constraints.

Project leaders hoped to train peer leaders who could help sustain the classes through voluntary cooking clubs. However, this component was not implemented because of the difficulty in recruiting and maintaining participants. Notably, though, some families made new social connections and planned to stay in touch after the session concluded.

Momentum has been sustained through WNEP, which has integrated Family Table into its regular programming and continues to organize, lead and evaluate class sessions with diverse audiences, including participants in the Women, Infants and Children program and Hispanic families.

Publications: *New Richmond News*. "Area families learn to cook healthy meals." March 21, 2013.

Powers, P. "Family Table unites families in Menomonie around healthy meals." *Eau Claire Leader-Telegram*. February 27, 2013.

West Central Wisconsin Community Action Agency. *Family Table Curriculum Guide*. 2013.

Portage County residents develop tools for improved health, well-being

Description: The Fit Families-Fit Communities project improved Portage County residents' physical activity by increasing awareness of and involvement in activities, working with employers to offer workplace health promotion programs and collaborating with county and school staff to promote walking or biking to work and school. This was a multi-faceted approach and a good example of one rural community tackling the problem of obesity.

Relevance: According to estimates from the Centers for Disease Control and Prevention (CDC), 60 percent of adults in Portage County are overweight or obese. The CDC also estimates that 35 percent of coronary heart disease among people who lead a sedentary lifestyle could have been prevented by increasing physical activity. Heart and cardiovascular diseases are the leading cause of death in Portage County, which includes urban and rural communities in central Wisconsin.

Results: This grant allowed Portage County CAN to collect data about the physical activity habits and needs of adults and children in Portage County and to implement six strategies for developing partnerships and improving the well-being of all residents.

To increase residents' awareness of and involvement in physical activities, Portage County CAN developed a comprehensive website which included a county-wide activity calendar. A 52-page Portage County Physical Activity Guide with descriptions, locations and contact information for physical activity facilities and programs also was published. In addition, the grant helped establish the Central Wisconsin Worksite Wellness Network, which published a resource directory for area businesses.

Another strategy focused on schools and children. Portage County CAN's Youth & School Committee worked with UW-Stevens Point students to create an online log for children to track their activities and provided assistance with launching four local Safe Routes to School programs. The Bicycle Federation of Wisconsin also facilitated a Safe and Accessible Streets discussion with local government officials.

According to a Community Profile Survey conducted in 2012, more than one-third (38 percent) of respondents were as physically active as they wanted compared with 26 percent of respondents in 2008. Two-thirds of respondents in 2012 also increased their walking (67 percent) and 60 percent increased their working out during the previous year. In addition, 27 percent of respondents in 2012 believed they had more opportunities to be physically active than one year ago and 23 percent believed there were more opportunities for children to be physically active.

Publications: Central Wisconsin Worksite Wellness Network. *Member Resource Directory*. 2013.

Portage County CAN. *Portage County Physical Activity Guide*. 2013.



KEY INFORMATION

Grantee: Portage County CAN, Gary Garske

Grant Title: Fit Families-Fit Communities

Academic Partner: Annie Wetter, PhD, UW-Stevens Point, School of Health Promotion & Human Development

Dates: January 1, 2010 – June 30, 2013

Amount: \$400,000

Program: Community-Academic Partnership

Project ID: 1631



Community Health Worker Kao Feng Moua teaches Hmong women about cervical cancer.

KEY INFORMATION

Grantee: Milwaukee Consortium for Hmong Health,
Beth R. Peterman

Grant Title: Healthy Hmong Women (Poj Niam Hmong
Kev Noj Qab Haus Huv): Training Lay Health Educators to
Address Hmong Cancer Health Disparities

Academic Partner: Shannon Sparks, UW-Madison, School
of Human Ecology

Dates: July 1, 2011 – June 30, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 2007

Community members trained to help boost cancer screenings among Hmong women

Description: This project developed a lay health education/community health worker (CHW) model and curriculum to address breast and cervical cancer disparities and improve cancer health outcomes among Hmong women.

Relevance: Cancer is the leading cause of mortality for Asian American and Pacific Islander (AAPI) women in the United States. AAPI women also have the lowest cancer screening rates of any ethnic group. Of the 50-plus AAPI groups in the United States, the Hmong people have some of the worst cancer screening rates and health outcomes. Wisconsin has the third largest population of Hmong refugees in the United States; approximately one-quarter live in the Milwaukee area. While Wisconsin does not separately report cancer data for the Hmong, AAPI women generally demonstrate the highest incidence and mortality of cervical cancer compared to any other ethnic group.

Results: The community and academic partners created a culturally appropriate curriculum and trained seven Hmong women as lay community health workers. These women conducted eight educational workshops, reaching 94 Hmong women in the Milwaukee community. The team also developed a culturally appropriate community health mentor model and curriculum and trained two female Hmong cancer survivors as mentors.

In an attempt to identify newly diagnosed breast and cervical cancer patients, the partners built new relationships with Milwaukee-based clinics and health centers that serve Hmong families. They created a secure online referral form for use by health care providers. Due to several factors, the partners were unable to recruit participants for the project. The main challenges were the low number of newly diagnosed Hmong breast and cervical cancer patients in the Milwaukee area, trust issues on the part of Hmong women toward Western medicine and discomfort in talking about cancer.

Despite these obstacles, the project capitalized on unexpected opportunities. The partners developed and implemented two large educational events that allowed them to partner with other Hmong organizations, increasing the project's visibility and reach. One of the events grew from the increasing recognition of men in encouraging and supporting Hmong women in their decisions to seek breast and cervical cancer screening.

This pilot project demonstrated that community-based workshops led by lay health educators can positively affect knowledge and attitudes toward cancer screening, which should lead to earlier cancer detection and better health outcomes. The training programs and curricula also can be implemented in other Hmong communities throughout the state, thus increasing the project's impact.

The partners intend to use their findings and lessons learned for a larger-scale implementation of the CHW and community health mentor programs. They believe there is a great need for this service, but that more education and outreach is needed before Hmong cancer patients will feel comfortable reaching out for mentoring services.

Coalition members rally to boost Milwaukee's immunization rates

Description: The Immunize Milwaukee Coalition was created as the next step to increasing childhood and adolescent immunization rates within the state's largest city for both required and recommended vaccinations. This project assessed immunization barriers, resources and opportunities as a follow-up to the successful work of the Milwaukee School Immunization Task Force. To gather this information, 25 stakeholders from community, government and private-sector organizations were interviewed about immunization issues in the state's largest city.

Relevance: After six years of work that increased Milwaukee's school immunization compliance rate to 86 percent, the city's task force agreed that a diverse coalition of community organizations was necessary to increase immunization rates among all people in the Milwaukee area. Much of the literature surrounding low immunization rates focuses on parental determinants. In early 2010, only 39 percent of children 24 months old in Milwaukee had completed their primary immunization series.

Results: Interviews with local stakeholders shed light on stakeholders' perspectives about addressing barriers to increase immunization rates in Milwaukee. Perceived barriers ranged from missed opportunities in clinical settings to misconceptions about immunization on the community level. This information provided clear direction for the coalition in its beginning stages.

The top strategy identified by stakeholders for getting children immunized was meeting community members in their own neighborhoods (32 percent). Raising provider awareness and physician involvement, choosing respected community members to lead the effort and launching a community wide campaign were other frequently mentioned strategies.

The project focused on increasing community awareness about the need for childhood immunization by increasing the number of organizations actively involved in the coalition. The coalition worked to increase compliance with school requirements, implemented new initiatives to boost immunization rates and, as a result, successfully increased childhood immunization rates for the primary series – from 39 percent in 2010 to 63 percent in 2013.



With participation from a diverse group of community stakeholders, the Immunize Milwaukee Coalition implemented new strategies that have increased immunization rates.

KEY INFORMATION

Grantee: City of Milwaukee Health Department, Marisa M. Stanley, MPH

Grant Title: Immunize Milwaukee Coalition

Academic Partner: Paul H. Hunter, MD, UW School of Medicine and Public Health, Department of Family Medicine

Dates: April 1, 2011 – December 31, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 1998



Breastfeeding moms find support at Community Gatherings: Exploring new strategies

Description: The Milwaukee County Breastfeeding Coalition (MCBC), in partnership with the University of Wisconsin-Milwaukee College of Nursing and the African American Breastfeeding Network (AABN), implemented activities to improve the health and nutrition of infants by increasing breastfeeding initiation and duration. The project focused on the north side of Milwaukee and the Women, Infants and Children (WIC) clinics that had the lowest breastfeeding rates.

Relevance: Breast milk is widely acknowledged to be the most complete form of nutrition for infants. If a mother breastfeeds, sudden infant death syndrome (SIDS) is decreased by 50 percent, independent of sleep position.

Milwaukee County has significantly lower breastfeeding rates than Wisconsin as a whole. Breastfeeding rates differ substantially by race and socioeconomic level. Nationally, African American mothers are 2½ times less likely to breastfeed than Caucasian mothers. According to Milwaukee County's WIC program, 51.7 percent of African American mothers initiate breastfeeding in the hospital, but by 3 months, only 9.3 percent breastfeed exclusively.

Results: Project organizers developed, implemented and evaluated strategies to support more than 750 African American mothers in Milwaukee County. These strategies included the highly successfully Breastfeeding Community Gatherings created by the AABN. Participants in this community support program received dinner, childcare and information about breastfeeding.

The majority of participants during the grant period were pregnant women and breastfeeding mothers, with a significant increase in participation after fathers began attending. Participation grew from 77 during in 2011 to 288 in 2012, when 69 percent of attendees rated the gathering as excellent and 60 percent of pregnant participants reported that they were more likely to breastfeed when their baby was born.

In 2013, the AABN received an additional grant through the Wisconsin Partnership Program's Lifecourse Initiative for Healthy Families (LIHF) to expand this programming.

Another pilot demonstration within this project was the Mama Milk Project, which supported 10 women who participated in the Breastfeeding Community Gatherings. The women received home visits shortly after giving birth and three follow-up visits until their baby was 6 months old or weaned.

The Milwaukee County Breastfeeding Coalition also worked with WIC clinic staff and hospital lactation support staff to develop open communication between health care providers and the community. In addition, the coalition collaborated with the Milwaukee Public Schools to update information about breast health and breastfeeding in the human growth and development curriculum. The goal is to continue to integrate successful project elements into ongoing practices of project partners in the Milwaukee area.

Media Coverage: Stephenson, D. "A haunted young woman at last gives birth." (2011) *Milwaukee Journal Sentinel*.

Blackwell, D. "Community gathering promotes, supports breastfeeding." (2011) *The Milwaukee Times*.

KEY INFORMATION

Grantee: Milwaukee County Breastfeeding Coalition, Carrie Vanden Wymelenberg

Grant Title: Implementing Strategies to Increase Breastfeeding Rates in Milwaukee County

Academic Partner: Teresa Johnson, PhD, RN, UW-Milwaukee, College of Nursing

Dates: January 1, 2010 – June 30, 2013

Amount: \$400,000

Program: Community-Academic Partnership

Project ID: 1606

Women find worth through homeless shelter services

Description: The Racine Family-Centered Treatment Project addressed gaps in services available for women and their families in the Racine County area. The project team considered three business models for developing and providing evidence-based, family-centered treatment services. This collaborative effort resulted in the development and initial piloting of the Women of Worth (WOW) program, an effort to deliver trauma-informed, gender-specific care to women experiencing mental health and/or alcohol and other drug abuse (AODA) issues.

Relevance: For women exploring treatment options, having stable and secure housing and keeping their families united are two major considerations. Homeless shelters provide an important safety net, but they often are unable to provide intensive treatment to women with dual diagnoses, offer long-term housing for an entire family or address other challenges. Additionally, gender-specific care programs such as the WOW project can have a positive impact on the recovery process.

Results: Through implementation of the pilot, project partners learned that women value having a sense of independence and that the stigma of being in a homeless shelter affects treatment program participation. All five women enrolled in the WOW program completed a baseline assessment, and four of the five women remained in the program six weeks after their enrollment and completed their follow-up survey. Follow-up surveys showed small decreases in depression, anxiety and self-efficacy. Small increases in self-esteem and decision-making also were observed.

Another notable success was the training component. The program provided project partners and local health professionals with training in evidence-based best practices regarding gender-specific services, trauma-informed care and AODA issues among women. It also trained partners and providers in motivational interviewing and in many aspects of working with women who have mental health and/or AODA issues. Ultimately, the pilot project facilitated the adoption of more effective and sensitive ways to provide care to this population of women.

To track their growth as a team, project partners also completed the Wilder Collaborative Inventory, which showed that a cohesive group emerged. In addition, the pilot project received funding from the Runzheimer Foundation, BMO Harris and numerous private donations. Project leaders also secured a \$400,000 Wisconsin Partnership Program implementation grant in 2013.

Media Coverage: Bauter, A. (2013) "Pilot program to treat addicted mothers." *The Journal Times*.

Bauter, A. (2013) "New women-only program for addiction launched." *The Journal Times*.



The Women of Worth residential treatment program received an Outstanding Service Award from the Racine Interfaith Coalition. Accepting the award were Claudia Van Koningsveld, project director; Angela Holland, case manager; Melissa Lemke, evaluation team; Kimberly Kane; and Jane Witt.

KEY INFORMATION

Grantee: Racine Interfaith Coalition, Therese M. Fellner

Grant Title: Racine Family-Centered Treatment Project: Pilot Study of Regional Collaboration for Women and Children's Lifelong Health Improvement

Academic Partner: Ron Cisler, PhD, UW-Milwaukee, College of Health Sciences

Dates: April 1, 2012 – September 30, 2013

Amount: \$50,000 over two years

Leveraged Funding: \$21,450

Program: Community-Academic Partnership

Project ID: 2284



Rock County coalition tackles STI awareness, prevention

Description: To address the high rate of sexually transmitted infections (STIs), the Rock County Coalition for STI Prevention project focused its initial efforts on community awareness, education and outreach. This was the first collaborative effort in the county to focus solely on STIs, creating an opportunity for individuals and organizations to share their expertise, ideas and resources for effective initiatives aimed at reducing STIs and improving the overall reproductive health of county residents.

Relevance: Rock County consistently has one of the highest STI rates in Wisconsin, and the city of Beloit is disproportionately affected by the high rates. From 2009 to 2012, the number of confirmed STIs in Rock County increased an average of 8.8 percent annually, with the number of confirmed gonorrhea cases rising 23.5 percent between 2011 and 2012.

In the 2012 County Health Rankings, Rock County ranked 68th out of Wisconsin's 72 counties in health behaviors and had the fifth highest rate of chlamydia infection in the state.

STIs are associated with a significantly increased risk of cervical cancer, infertility and premature death. Risky sexual behavior also can influence infant mortality rates.

Results: This project successfully established a multi-sector and self-sustaining coalition with representatives from 29 community agencies and organizations. The coalition used the Community Readiness Model, developed by the Tri-Ethnic Center for Prevention Research at Colorado State University, to assess the potential for addressing the issue of STIs.

All interviews were recorded, transcribed and scored independently by two people. The scorers then discussed the results and calculated an overall score. Because Rock County's stage of readiness was extremely low (a two out of nine), the coalition decided its main objective would be to increase knowledge and awareness of STIs among county residents. This included awareness about the level of the problem, basic information about STIs and resources for prevention, testing and treatment.

The coalition developed an implementation plan to address prevention, testing and treatment of STIs. The plan had five phases: start-up, assessment, capacity building, planning and implementation.

Near the end of the grant period, Lesley Wolf of the Healthy Wisconsin Leadership Institute at the UW School of Medicine and Public Health facilitated a three-part capacity building and strategic planning workshop with the coalition. She assisted the coalition with developing a sustainability plan for continued work beyond the funding period and provided guidance on coalition structure and improving participation.

Publications: Rock County Coalition for STI Prevention. *Prevention, Testing, and Treatment for Sexually Transmitted Infections*, 2013.

Rock County Coalition for STI Prevention. *STI Insider*, December 2013.

Rock County Health Department. *STI Trends in Rock County: 2013 Data for Chlamydia and Gonorrhea*, 2013.

KEY INFORMATION

Grantee: Rock County Health Department

Grant Title: Rock County Coalition for STI Prevention

Academic Partner: Sara Busarow, MD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences

Dates: May 1, 2012 – December 31, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 2288

Compliance with at-home injury-prevention program for high school girls lacking

Description: This pilot project developed a DVD-based strength training, flexibility, balance and agility program to determine the feasibility of athletes' use at home to help prevent lower-extremity injuries among female high school basketball players in rural Wisconsin.

Relevance: Sports-related knee and ankle injuries are common and more severe in adolescent females than in males. Among directly comparable high school sports (soccer, basketball and baseball/softball), girls sustain more injuries than boys.

Ankle injuries are the most common sports-related injury and result in time lost from sports participation, lead to long term disability and have a major impact on health care costs. Females also are up to eight times more likely than males to sustain an anterior cruciate ligament (ACL) tear of the knee, which often requires surgery and lengthy rehabilitation and result in an increased risk of degenerative arthritis.

Injuries acquired in high school can result in long-term chronic pain, decreased function and poor quality of life; a subsequent decrease in lifetime physical activity increases the risk of developing chronic medical conditions such as diabetes and cardiovascular disease.

Results: Sixty-nine female basketball players from nine rural high schools completed several pre-tests and received instruction for using the video and equipment provided. Less than half of the participants completed both pre- and post-testing of balance and jumping activities, and nine of those did the exercises on the DVD more than 50 percent of the time during an eight-week period.

With players sharing various reasons for non-compliance, project partners determined that it was not feasible to expect female high school basketball players to independently perform 15 minutes of exercises three times per week. This was not the answer hoped for; however, the pilot materials can be used under director supervision with little, if any, instruction. Coaches can supervise athletes performing it as part of practice.

Publications: Rural Wisconsin Health Cooperative. "Sports-Related Lower Extremity Injury Prevention in Rural High School Female Athletes." Conference presentation, June 2013.

Rural Wisconsin Health Cooperative. "UW DVD to reduce rural girl b-ball injuries." *Eye on Health*, May 2013.

Thein-Nissenbaum, J. "Sports-Related Lower Extremity Injury Prevention in Rural High School Female Athletes." Wisconsin Physical Therapy Association presentation, March 2014.

UW-Madison Doctor of Physical Therapy Program. "Faculty news." *In Touch*, Summer 2012.



KEY INFORMATION

Grantee: Rural Wisconsin Health Cooperative, Mary Jon Hauge

Grant Title: Sports-Related Lower Extremity Injury Prevention in Rural High School Female Athletes

Academic Partner: Jill Thein-Nissenbaum, PT, DSc, SCS, ATC, UW School of Medicine and Public Health, Department of Orthopedics and Physical Therapy

Dates: May 1, 2012 – September 30, 2013

Amount: \$50,000

Program: Community-Academic Partnership

Project ID: 2281



Students took photos of their home, school and neighborhood environments as part of the data collection for a Collaborative Health Sciences project investigating obesity among middle school children at the Bruce-Guadalupe Community School in a predominantly Hispanic area of Milwaukee.

KEY INFORMATION

Grantee: Aaron Carrel, MD, UW School of Medicine and Public Health, Department of Pediatrics

Grant Title: Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness and Health in Hispanic Children in Wisconsin

Dates: July 1, 2010 – June 30, 2013

Amount: \$291,882

Program: Collaborative Health Sciences

Project ID: 1692

Examining environmental factors that affect Hispanic students' fitness and health

Description: The project Effects of Environmental Opportunities and Barriers to Physical Activity, Fitness and Health in Hispanic Children in Wisconsin brought together UW-Madison researchers from a broad range of disciplines to examine the effects of environmental and social factors on middle school students in a predominantly Hispanic area of Milwaukee. Researchers measured and documented precise assessments of the community, school and home environments and the causal relationships of these environments on children's physical health, community health or other factors (such as attitudes, perceptions and behaviors).

Relevance: Childhood obesity is especially prevalent in the Hispanic community, where nearly one-third of children are overweight. The epidemic has numerous causes, including physical environments that discourage walking, facilitate sedentary lifestyles and promote access to unhealthy food. Obesity, poor cardiovascular fitness and low amounts of physical activity are associated with the development of insulin resistance and subsequent risk for type 2 diabetes mellitus in children and adolescents. Hispanic youths appear to be particularly susceptible to this morbidity.

Results: The project provided evidence-based data on how the built environment affects children's physical activity. Students used global positioning system (GPS) receivers and heart monitors to collect data about their physical activity and energy expenditure within the home, school and neighborhood environments. The GPS devices documented extremely low levels of moderate to vigorous activity, most of which occurred during or was closely associated to school time.

Students also documented their use of the food and recreation environments, and researchers evaluated the students' cardiovascular fitness and body mass index (BMI). With 30 percent identified as obese, the middle school students demonstrated higher obesity rates for their age when compared to national rates for Hispanic children.

In addition, the researchers began development of a quantitative model to measure children's time-use patterns and examine the relationships between time use and children's risk for diabetes. The self-report instrument is particularly useful for assessing children's time-use patterns for specific sedentary activities, which typically are difficult to assess using GPS loggers and accelerometers.

Several of the researchers involved in this pilot project are using the data to design an intervention funded in 2012 by the Wisconsin Partnership Program that targets physical activity and healthy eating among students enrolled in the Bruce-Guadalupe Community School in Milwaukee.

Presentations: LaGro, J. Jr. "Why the Medical Professions Should Care About the Design of the Built Environment." UW Health Integrative Medicine Grand Rounds, Madison, WI. October 2012. Invited lecture.

Santiago, M., LaRowe, T., Sledge, J., Delgado, A., Gonzalez, M., Carrel, A., Allen, D., Schoeller, D., Adams, A. "Insulin resistance, fitness level and diet are associated with high obesity rates in Hispanic children living in an urban environment." NIH Summit on the Science of Eliminating Health Disparities. National Harbor, MD. December 2012.

Researchers partner with DHS to study medical homes for high-risk pregnant women

Description: The project Medical Homes for High-Risk Pregnant Women in Southeast Wisconsin evaluated care delivery processes and birth outcomes of patients who receive prenatal care from clinics participating in a medical-home pilot program in targeted ZIP codes. The study measured participating clinics against their individual benchmark measures for the process of prenatal and postpartum care, how the clinic intervention differs from pre-program standard of care and other attributes of the medical-home pilots.

Relevance: In 2011, the Wisconsin Department of Health Services (DHS) began requiring its contracted health maintenance organizations that participate in BadgerCare Plus to implement a medical-home pilot program for high-risk pregnant women in Kenosha, Milwaukee and Racine counties. BadgerCare Plus – the state’s joint Medicaid and Children’s Health Insurance Program – reaches more than three-quarters of racial and ethnic minority pregnant women in Wisconsin, which has one of the nation’s worst infant mortality rates for African Americans.

Results: With funding from DHS, the project is continuing for two years and is expanding significantly. Findings from the initial phase funded by the Wisconsin Partnership Program show that the pilot had a statistically significant positive effect on the likelihood of the patient having a timely postpartum visit and on the likelihood of having at least one dental visit. Results also show an increase in appropriate use of emergency department care.

The evaluation team conducted baseline surveys of each participating clinic. One year later, team members visited 15 participating clinics, meeting with 87 staff members and with each of the three participating health plans and health maintenance organizations. Researchers reported that care delivery processes in medical-home models, even when certified by the National Committee for Quality Assurance or recognized by another entity, differ substantially in practice.

Each clinic’s approach to the medical-home model is shaped by its corporate culture and the population it serves, but all models rely on care coordination as the central programmatic element. The implementation appears to depend on the commitment by both administrative and clinical leaders and on the up-front resource commitment to add a care coordinator or other designated capacity.

The study also compared patients’ pre- and post-program experiences with a similar group of patients in the target ZIP codes who received care in non-pilot clinics. The pre-post comparison of birth outcomes for patients receiving care from clinics in the pilot with those in non-pilot clinics is in progress and will continue under the next research phase funded by DHS.



Associate Professor Jonathan Jaffery, MD, is the UW-based principal investigator for a Collaborative Health Sciences project evaluating a medical-home pilot program for high-risk pregnant women in three counties. Dr. Jaffery collaborated with Lindsey Leiminger, PhD, of the University of Illinois-Chicago.

KEY INFORMATION

Grantee: Jonathan Jaffery, MD, UW School of Medicine and Public Health, Department of Medicine

Grant title: Medical Homes for High-risk Pregnant Women in Southeast Wisconsin: Do They Improve Birth Outcomes?

Dates: January 1, 2012 – December 31, 2013

Amount: \$199,541

Leveraged Funding: \$100,000, Wisconsin Department of Health Services; \$75,000, University of Illinois-Chicago

Program: Collaborative Health Sciences

Project ID: 2073



Professor Timothy J. Kamp, MD, PhD, FACC, led a team of investigators who developed improved methods for deriving patient- and disease-specific induced-pluripotent stem cells from skin biopsies.

KEY INFORMATION

Grantee: Timothy J. Kamp, MD, PhD, FACC, UW School of Medicine and Public Health, Department of Medicine

Grant Title: Patient-Specific Induced-Pluripotent Stem Cell Models for Human Disease

Dates: September 1, 2008 – August 31, 2012

Amount: \$499,993

Program: Collaborative Health Sciences

Project ID: 1333

Skin biopsy leads to new way for creating stem cells

Description: The Patient-Specific Induced-Pluripotent Stem Cell (iPSC) Models for Human Disease project generated powerful new ways to study inherited diseases and recruited patients with various heart, brain, skin and blood diseases to donate small skin samples from which the researchers generated iPSCs.

Relevance: The iPSC models will advance the basic understanding of diseases and enable the development of new therapeutic strategies. The power of the iPSCs is that they can be grown indefinitely in the laboratory and can be used to form specialized cell types that allow researchers to study the relevant cell type (for example, contracting heart cells for heart disease and functioning neurons for brain diseases).

Results: A team of investigators developed improved methods for deriving patient- and disease-specific iPSC lines from simple skin biopsies. These cell lines are similar to embryonic stem cells in their ability to differentiate into essentially any cell type in the body.

The researchers obtained skin biopsies from 23 patients (11 disease and 12 related unaffected controls) from which they generated iPSC lines. Studies with these cell lines have confirmed key features of the diseases, and ongoing studies are investigating mechanisms of disease and novel treatments.

Five laboratories are using the cell lines for studies that advance basic understanding of disease and potentially will lead to the development of new treatment approaches. In the case of heart cells, one of the first published reports about electrophysiological characterization of iPSC-derived cardiomyocytes came out of the principal investigator's lab.

Published Articles: Mummery, C.L., Zhang, J., Ng, E.S., Elliott, D.A., Elefanty, A.G., Kamp, T.J. (2012) "Differentiation of human embryonic stem cells and induced pluripotent stem cells to cardiomyocytes: A methods overview. *Circulation Research*.

Zhang, J., Wilson, G., Soerens, C.H., Yu, J., Palecek, S.P., Thomson, J.A., Kamp, T.J. (2009) "Functional cardiomyocytes derived from human induced pluripotent stem cells." *Circulation Research*.

Kamp, T.J. (2011) "An electrifying iPSC disease model: Long QT syndrome type 2 and heart cells in a dish." *Cell Stem Cell*.

Chen, G., Gulbranson, D.R., Hou, Z., Bolin, J.M., Rugotti, V., Probasco, M.D., Smuga-Otto, K., Howden, S.E., Diol, N.R., Propson, N.E., Wagner, R., Lee, G.O., Antosiewicz-Bourget, J., Teng, J.M., Thomson, J.A. (2011) "Chemically defined conditions for human iPSC derivation and culture. *Nature Methods*.

Zhang, J., Wilson, G.F., Soerens, A.G., Koonce, C.H., Yu, J., Palecek, S.P., Thomson, J.A., Kamp, T.J. (2009) "Functional cardiomyocytes derived from human induced pluripotent stem cells." *Circulation Research*.

Lead exposure linked to academic, discipline problems

Description: The Wisconsin Children's Lead Levels and Educational Outcomes project matched data from the Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP) with test scores from the fourth-grade Wisconsin Knowledge and Concepts Exam (WKCE). Researchers compared the lead levels in children's blood before age 3 (from the WCLPPP) with WKCE scores and disciplinary records for children from 1,133 families in Milwaukee and Racine that met the study criteria.

Relevance: Childhood lead poisoning is a well-known major public health issue, and it is estimated that children's blood lead levels in Wisconsin are more than twice the national average. The levels of lead poisoning commonly seen in the state are not widely associated with serious health problems, but they may be linked to cognitive and behavioral problems that affect children's school experience and performance.

Results: Almost 3,800 children were matched via the WCLPPP and WKCE records. In this group, approximately 80 percent of African American children and 64 percent of Hispanic children had lead in their blood, compared with 38 percent of white children.

After controlling for demographic and socioeconomic differences, data analysis found that children who had moderate lead exposure before age 3 scored significantly lower than non-exposed children on the fourth-grade WKCE. Lead exposure also was associated with a 40 percent to 70 percent increase in the odds of classification in a lower proficiency category, which has important implications for grade advancement and placement.

Additional analysis focused on suspensions and lead exposure. This investigation found that children exposed to lead at an early age were more than twice as likely to be suspended in the fourth grade as unexposed children. Nationally, African American students are three times more likely to be suspended than white students. The same discipline gap was found in this Wisconsin study, but 23 percent of the disparity was explained by differences in rates of lead exposure.

Although lead exposure traditionally has been treated as a public health problem, these results suggest that it also must be considered an educational problem by directly measuring the impact of exposure on educational outcomes. Health interventions among the moderately poisoned should be a funding and policy priority with both health and educational implications.

The researchers plan to use these results in a grant application to the Environmental Protection Agency with the hypothesis that lead exposure is not only higher for children who live in housing built prior to 1950, but children who live closer to major roads. Deposition from lead gasoline in soils has been associated with increased blood lead levels in children in Wisconsin; children who live near major roads may be more likely to have higher levels of lead exposure.

Published Articles: Amato, M.S., Magzamen, S., Imm P., Havlena, J.A., Anderson, H.A., Kanarek, M.S., Moore, C.F. (2013) "Early lead exposure prospectively predicts fourth grade school suspension in Milwaukee, Wisconsin (USA)." *Environmental Research*.

Magzamen, S., Imm, P., Amato, M.S., Haylena, J.A., Anderson, H.A., Moore, C.F., Kanarek, M.S. (2013) "Moderate lead exposure and elementary school end-of-grade examination performance." *Annals of Epidemiology*.



KEY INFORMATION

Grantee: Marty Kanarek, PhD, MPH, UW School of Medicine and Public Health, Department of Population Health Sciences

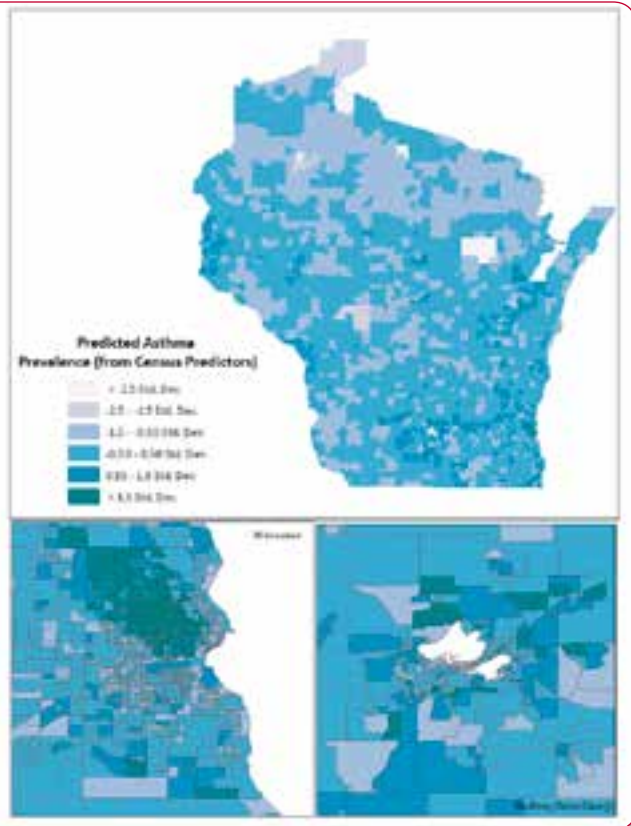
Grant Title: Wisconsin Children's Lead Levels and Educational Outcomes

Dates: September 1, 2008 – February 28, 2013

Amount: \$417,956

Program: Collaborative Health Sciences

Project ID: 1322



KEY INFORMATION

Grantee: Theresa Guilbert, MD, UW School of Medicine and Public Health, Department of Pediatrics

Grant Title: Clinical and Public Health Data Exchange: Estimating Asthma Prevalence across Wisconsin

Dates: June 1, 2011 – May 31, 2013

Amount: \$100,000

Leveraged Funding: \$17,826, Wisconsin Department of Health Services

Program: New Investigator

Project ID: 1980

Specialized technique shows asthma prevalence, distribution at neighborhood level

Description: The project Clinical and Public Health Data Exchange estimated the pattern of asthma prevalence at the neighborhood level (census block group of 600 to 3,000 people) across Wisconsin. These estimates were produced using data from the Behavioral Risk Factor Surveillance System (BRFSS) and the University of Wisconsin Electronic Health Record (EHR) Public Health Information Exchange (PHINEX).

Relevance: Asthma is a chronic disease affecting more than 500,000 children and adults in Wisconsin. BRFSS data are used to provide annual statewide asthma prevalence estimates; however, the data consist of small samples and self-reported health outcomes. Although data are provided at the county level, 14 counties are excluded due to insufficient observations. EHR data allows estimation to the neighborhood level, where many policies and interventions are designed and implemented.

Results: This study enhances knowledge about asthma prevalence and its distribution across Wisconsin. The focus on individual neighborhoods will allow state and local public health agencies, health care providers, advocacy groups and insurance companies to highlight areas of asthma disparity, allow discovery of novel risk factors and improve targeting of education and health care interventions.

The BRFSS sample of Wisconsin residents with asthma included 3,882 children (younger than 18) and 19,063 adults (age 18 and older). The PHINEX sample included 12,667 adults and children with asthma. At the county level, the BRFSS and PHINEX samples had similar estimates.

Using individual records from the BRFSS, Dr. Guilbert produced an asthma prevalence estimate for all 72 counties in Wisconsin. Simultaneously, she produced an estimate for the 72 counties using EHR data and associated demographic characteristics. EHR data also was used to produce an estimate for the asthmatic population at the census block group level.

Dr. Guilbert used small area estimation (SAE), a specialized analysis technique, to provide asthma prevalence estimates in the 14 counties with insufficient BRFSS observations (SAE was comparable to direct estimates in counties with sufficiently large sample sizes). Using census covariates, SAE was able to define areas of higher asthma prevalence at the neighborhood level.

Results showed that asthma prevalence was higher in children and around metropolitan areas. In Milwaukee, asthma prevalence among children exceeded 17.9 percent in several census block groups – the highest in the state.

This project helped establish the UW e-Health PHINEX project as a campus-wide collaborator through the Institute for Clinical and Translational Research. Research groups interested in other chronic diseases, such as diabetes and obesity, plan to use these methods and results for future grant submissions.

Harnessing antibody-based therapies for treating triple-negative breast cancer

Description: Triple-negative breast cancer (TNBC) is an aggressive form of breast cancer that has a poor prognosis and high rate of relapse. This type of breast cancer cannot be treated with hormone therapies or therapies targeting the growth factor receptor HER2. Recent research indicates that another growth factor receptor, the epidermal growth factor receptor (EGFR), is expressed and active in TNBC. This receptor increases the growth and metastasis of TNBC and thus represents a therapeutic target for the treatment of this disease.

Relevance: Currently, TNBC can be treated only with standard chemotherapy and radiation, thus, the need for more advanced treatment options is urgent. Studies by the Wheeler laboratory indicate that nuclear EGFR enhances TNBC growth and cannot be blocked by anti-EGFR antibody therapies such as cetuximab. The results of this study revealed that blocking EGFR trafficking to the nucleus could increase the efficacy of cetuximab in TNBC providing a new treatment option for patients.

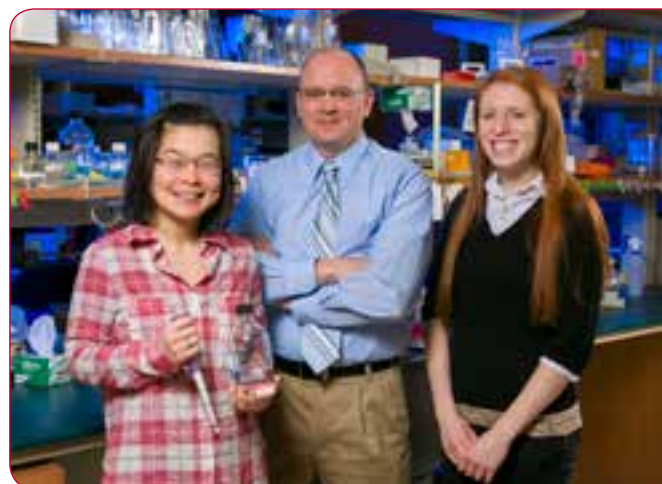
Results: Therapies that inhibit the EGFR have been used for decades to treat several cancers. One such therapy, cetuximab, is an antibody that can bind to the EGFR on the cell surface to prevent its activation. However, clinical trials testing the efficacy of cetuximab have yielded minor benefits.

Research in Dr. Wheeler's laboratory may explain why TNBC cells do not respond to cetuximab. In approximately 20 percent of TNBC patients, the researchers found the EGFR localized inside the tumor cells' nucleus, a cellular compartment that cannot be penetrated by antibody-based therapies such as cetuximab. Inside the nucleus, the EGFR can promote tumor cell growth and survival, which may lead to decreased overall survival of breast cancer patients.

Further studies indicated that a group of enzymes in TNBC cells called Src Family Kinases (SFKs) regulated nuclear EGFR translocation. Researchers found that inhibition of SFK activity blocked nuclear EGFR trafficking and led to an accumulation of EGFR on the cell surface. On the cell surface, the EGFR can be blocked by antibody-based therapies; thus, researchers observed an increase in tumor sensitivity to cetuximab. Collectively, these data indicate that targeting both nuclear EGFR and cell surface EGFR simultaneously may be a viable approach for treating patients with TNBC.

Publications: Brand, T.M., Iida, M., Dunn, E.F., Luthar, N., Kostopoulos, K.T., Corrigan, K.L., Wleklinski, M.J., Yang, D., Wisinski, K.B., Salgia, R., Wheeler, D.L. (2014) "Nuclear epidermal growth factor receptor is a functional molecular target in triple-negative breast cancer." *Molecular Cancer Therapeutics*.

Iida, M., Brand, T.M., Campbell, D.A., Li, C., Wheeler, D.L. (2013) "Yes and Lyn play a role in nuclear translocation of the epidermal growth factor receptor." *Oncogene*.



Associate Scientist Mari Iida, PhD, Assistant Professor Deric Wheeler, PhD, and Research Associate Toni Brand are studying new treatment options for triple-negative breast cancer.

KEY INFORMATION

Grantee: Deric Wheeler, PhD, UW School of Medicine and Public Health, Department of Cellular & Molecular Pathology

Grant Title: Nuclear EGFR and Breast Cancer: Strategies for Increasing Efficacy of Anti-EGFR Based Therapies in Breast Cancer

Dates: February 1, 2011 – March 11, 2013

Amount: \$100,000

Program: New Investigator

Project ID: 1990



The Rural Oncology Literacy Enhancement Study (ROLES) surveyed six oncology outreach clinics to evaluate health literacy barriers and patients' navigation needs. Norma-Jean Simon, MPH, MPA, left, served as project manager for ROLES, which was one of two areas studied by Ana Martinez-Donate, PhD, and Noelle Loconte, MD.

KEY INFORMATION

Grantee: Noelle Loconte, MD, UW School of Medicine and Public Health, Department of Medicine

Grant Title: Reducing Cancer Disparities through Comprehensive Cancer Control

Dates: July 1, 2009 – June 30, 2013

Amount: \$399,079

Program: Targeted

Project ID: 1687

Mitigation of colorectal cancer screening disparities targeted

Description: The project Reducing Cancer Disparities through Comprehensive Cancer Control increased targeted colorectal cancer screening among the underserved African American community and developed an urban patient navigation program. It also identified health literacy barriers and patient navigation needs of rural cancer patients in Wisconsin.

Relevance: Many cancer patients experience literacy barriers and navigation needs, especially in medically underserved communities in the state. Low health literacy can lead to delays in care, preventable hospitalization, medication errors and increased mortality among cancer patients. In rural Wisconsin, 33 percent of cancer patients have low health literacy skills.

Results: The Rural Oncology Literacy Enhancement Study (ROLES) surveyed six UW Carbone Cancer Center Oncology Outreach Clinics to evaluate health literacy barriers and patients' navigation needs. The assessment confirmed that the rural oncology clinics are a significant asset to the communities in which they serve.

Results from the needs assessment showed that approximately 50 percent of patients indicated that they sometimes or always have trouble understanding written materials from their clinic and more than 37 percent sometimes or always have trouble filling out medical forms by themselves. Health care professionals also identified several areas of concern, including the lack of referral agreements, limited access to previous medical records and lack of a system to assess and address patients' non-medical needs.

Based on the information received, researchers designed a patient navigation program that was implemented at Beaver Dam Community Hospital. The study partners continue to evaluate and strengthen the program for new cancer patients, and health literacy training is a mandatory element of nurses' orientation. Researchers also are seeking funds to expand the patient navigation program's evaluation protocol and to ease processes and data collection by integrating technology into daily nurse procedures.

The project also established the Milwaukee Westside Colorectal Cancer Screening Collaborative within the Milwaukee Regional Cancer Care Network. The collaborative implemented a colorectal cancer screening and navigation program for patients 50 and older who had not been screened in the previous year. Screening with the immunological fecal occult blood test (iFOBT) has increased, patients are more aware of and engaged in screening for colorectal cancer and many are pleased to have the iFOBT option.

Publications: Martinez-Donate, A.P., Halverson, J., Simon, N.J., Strickland, J.S., Trentham-Dietz, A., Smith, P.D., Linskens, R., Wang, X. (2013) "Identifying health literacy and health system navigation needs among rural cancer patients: Findings from the Rural Oncology Literacy Enhancement Study (ROLES)." *Journal of Cancer Education*.

Halverson, J., Martinez-Donate, A.P., Trentham-Dietz, A., Walsh, M.C., Strickland, J.S., Palta, M., Smith, P.D., Cleary, J. (2013) "Health literacy and urbanicity among cancer patients." *The Journal of Rural Health*.

Martinez-Donate, A.P., Simon, N.J., Halverson, J., Smith, P.D., Aagesen, E., Gaard, S., Hahn, D., Lubner, S., Leal, T., Strickland, J.S., Linskens, R., Trentham-Dietz, A. "Effectiveness of a health literacy training curriculum for providers and staff at rural oncology clinics: Results from the Rural Oncology Literacy Enhancement Study." American Public Health Association. Boston, MA. November 2013.





September 12, 2014

Dear Wisconsin Educators:

Greetings and welcome to the 2014-2015 school year. As you all know, schools across the country are increasingly concerned with preparing students to be college ready, thereby helping more students to pursue post-secondary education, where they will experience greater academic success and shorter times to degree. We would like to take this opportunity to inform you of a fantastic opportunity to use a free, easy, Wisconsin-built program that has been repeatedly shown to improve students' college-readiness in mathematics.

The Early Mathematics Placement Tool (EMPT) is sponsored by the UW-System, Wisconsin Technical College System, and the Department of Public Instruction, and is intended for use with high school juniors or advanced sophomores. This program helps teachers, students, and parents determine the extent to which individual students are prepared for college-level mathematics at UW System or WTCS campuses. Additionally, the EMPT identifies areas in need of remediation and appropriate high school coursework in which students should continue their study of mathematics. The EMPT also affords students the opportunity to become familiar with college-level expectations in mathematics.

Your Mathematics Department may be interested in the fact that the EMPT is a 40-item, 45-minute assessment, comprised entirely of former University of Wisconsin Math Placement Test items. The program is designed to be a flexible tool for use in all classrooms. The EMPT may be administered via paper and pencil or online, and can be administered either in the classroom or as a homework assignment. Through participating in the EMPT program, students and instructors receive valuable information, such as estimated math placement levels that reflect a student's preparation in comparison to expectations for mathematics courses at each UW and WTCS campus. Furthermore, students receive information on the math requirements necessary to complete each major at every campus in the state.

The EMPT has demonstrated an ability to identify strengths and weaknesses of students so they can properly focus their attention on pursuing their academic goals. Research on the EMPT has consistently shown that students who participate in the program as juniors place into remedial math in college less than half as often as students who do not participate in the program. Similarly, juniors participating in EMPT are 20% more likely to place into Calculus than are nonparticipants.

The EMPT is a fantastic resource, available free only to Wisconsin students and educators, and we urge you to use this instrument with your students to best prepare them for post-secondary success. More information on the EMPT, including instructions for registering your classes, can be found at: <https://exams.wisc.edu/empt/home.php>. If you have any questions about the program, please email the EMPT staff at empt@exams.wisc.edu.

Thank you for your time and we wish you all the best over the course of the school year.

Sincerely,

A handwritten signature in black ink that reads "Ray Cross".

Ray Cross
UW System President

A handwritten signature in black ink that reads "Morna K. F6y".

Morna K. F6y
Wisconsin Technical College System President