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<td>Coller, Ryan J</td>
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<td>Shiyanbola, Olayinka</td>
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<td>Westergaard, Ryan P</td>
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<td>Pharmacotherapeutic intervention to improve treatment engagement among alcohol-dependent veterans after hospital discharge</td>
<td>Brown, Randall T</td>
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<td>Lifestyle and Functional Exercise (LiFE) Program to reduce falls in Wisconsin Communities</td>
<td>Hamrick, Irene M</td>
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<td>Lauver, Diane</td>
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<td>Improving Health Outcomes after Breast Cancer Treatment: Assessing the Impact of Survivorship Care Plans on Wisconsin Cancer Survivors</td>
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<td>Disparities in Wisconsin’s Diabetes Outcomes: What can we learn from emerging data?</td>
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<td>Adding Depression to a Primary Care Screening System</td>
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<td>Community and family influences on healthy eating in rural American Indian communities</td>
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<td>Development of a Tool for Diabetes Risk Assessment in Children</td>
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2019 Awards

PIs: Ryan J Coller, MD, School of Medicine & Public Health; Nicole Werner, PhD, College of Engineering

Title: Participatory Design of a Learning Health System to Improve Medically Complex Enteral Tube Care

- **Academic Collaborators:** Mary Ehlenbach, MD, UW SMPH
- **Community Collaborators:** Family Voices of Wisconsin, Pediatric Complex Care Program, WI DHS Title V Program, Chartwell Midwest Wisconsin, UW Health

**Summary**

Family caregivers of the >1 million US children with medical complexity (CMC) are tasked with delivering care at levels performed by health professionals and caregivers report insufficient knowledge, skills, and confidence to deliver this care. The imbalance between caregiving demands and supports has health consequences, driving higher healthcare costs through avoidable hospitalization, and negative physical, mental, and socioeconomic outcomes. Device complications are among the most common reasons for hospitalization, accounting for 17% of all CMC hospitalizations, and many are preventable. This research seeks to improve CMC outcomes and family health by developing a caregiver learning health system (LHS) to support in-home caregiving. The aims of this project are to (1) conduct usability testing of a caregiver LHS designed to support in-home caregiving for enteral tube care (i.e., the mobile application @HOMEv1), and (2) evaluate feasibility and acceptability of @HOMEv1 to support enteral caregiving. Results will generate a finalized LHS prototype and preliminary data for a subsequent RCT.

PI: Alfonso Morales, PhD, College of Letters & Science

**Title:** Improving Hospital Nutrition Through Evidence Based Implementation of Behavioral Strategies

- **Academic Collaborators:** Phillip Warsaw, PhD, Michigan State University
- **UW Program Partners:** Wisconsin Network for Research Support (WINRS), Institute for Research on Poverty (IRP)
- **Community Collaborators:** UW Hospital, Upland Hills Hospital

**Summary**

Hospitals serve as anchor institutions contributing to both the population and economic health of their communities. Farm-to-hospital pipelines are one avenue by which hospitals can simultaneously support the health and economics of the communities they serve. To this end, hospital administrators have sought to procure more of their food from local and sustainable sources, supporting the local economy while reducing the “food miles” traveled by their products. This project will identify the metrics administrators need to evaluate the success of their food procurement policies, and create a data collection/analysis software, called Metrics and Indicators for Impact – Hospitals and Clinics (MIFI-HC) to collect food sales and procurement data and provide an analysis toolkit to track consumer responses to promotional strategies and the economic impact on both farmers and the economy more broadly. This software will be based on an existing software, Farm2Facts (F2F), which provides similar services to managers of farmers markets. The aims of this project are to work with hospital partners to develop a beta version of MIFI-HC. In the long term, this will generate two principal types of data—organizational analyses for hospitals, and a longitudinal panel dataset for basic and policy research. MIFI–HC enables data collection and reporting for relationship-building and is also well-suited for basic research purposes.
PIs: Maria Mora Pinzon, MD; Jane Mahoney, MD, School of Medicine & Public Health

Title: Steppin’ for Balance – A falls risk reduction program

- **Academic Collaborators**: Kristy Hallisy, PT, DSc; Ronald Gangnon, PhD, UW SMPH
- **UW Program Partners**: Community Academic Aging Research Network (CAARN)
- **Community Collaborators**: Safe Communities of Dane County

**Summary**

In Wisconsin, the overall age-adjusted death rate for falls among older adults is double the national average, with higher disparity seen among African Americans seniors, who have a rate 4-times larger than the African American national average. Evidence-based falls prevention programs are becoming more available across Wisconsin, but their reach among African American Seniors has been poor for many reasons, including the lack of cultural acceptability. Chicago Style Steppin is a popular dance program, well-received in African American senior programs, with potential to improve balance and mobility.

This pilot study will offer a modified version of Chicago Style Steppin’ with up to 40 seniors from African Americans communities in Dane County with aims to (1) characterize the key elements of the program and co-design an instruction manual, (2) assess feasibility of the research design and data collection strategies, and (3) estimate the effects of the program as a function of adherence to the program.

PI: Olayinka Shiyanbola, PhD, School of Pharmacy

Title: Partnering with Peers in the Community to Improve Diabetes Medication Adherence for African Americans

- **Academic Collaborators**: Earlise Ward, PhD, SoN; Jonas Joo-Young Lee, MD, UW SMPH, Lisa Sharp, PhD, University of Illinois - Chicago
- **UW Program Partners**: Wisconsin Network for Research Support (WINRS)
- **Community Collaborators**: NewBridge Senior Coalition, Second Harvest Food Bank

**Summary**

Approximately 356,000 adults in Wisconsin are diagnosed with diabetes, the seventh leading cause of death in the state, incurring $5.5 billion annually in healthcare costs. The burden of diabetes is higher among African Americans in Wisconsin; hospitalization rates for diabetes complications such as stroke and amputations are four times higher for African Americans than whites. The most important self-management behavior for improving diabetes outcomes is medication adherence; poor medication adherence leads to 125,000 deaths annually. Prior studies by this PI identified facilitators and barriers to adherence which informed a co-designed, peer-led intervention for African Americans with diabetes. This study aims to use a community engaged design to pilot the intervention, assessing the feasibility of gathering pre/post outcomes including culturally-informed diabetes-health beliefs, self-efficacy, patient activation, medication adherence (using surveys), and A1c, and further refine the intervention via feedback from an advisory board comprised of the Peer Ambassadors. Successful completion of this pilot will provide critical data to inform an R01 grant for a Colleage trial of the intervention’s impact.
### 2018 Awards

**PI: Meghan Brennan, MD, School of Medicine & Public Health**  
**Title:** Identifying strategies to provide integrated care for rural patients with diabetic foot ulcers  
- **Academic Collaborators:** Christie Bartels, SMPH  
- **UW Program Partner:** Wisconsin Research & Education Network (WREN)  
- **Community Collaborators:** Rural Wisconsin Health Cooperative  

**Summary**  
Approximately 2 million Americans develop a diabetic foot ulcer each year, of whom 5% lose a limb and 50% die within 5 years. Our team and others found that rural patients face even greater risks: 50% higher odds of major (above-ankle) amputation and 40% higher odds of death than their urban counterparts. Integrated care, or care that addresses four key physiologic precipitants of ulceration in a coordinated manner, reduces major amputation and death by >40%. This proposal directly addresses the rural-urban disparity in major amputations and death associated with diabetic foot ulcers. It aims to 1) identify existing strategies developed by primary care providers (PCPs) and their healthcare teams to provide integrated care for rural patients with diabetic foot ulcers, as well as barriers they continue to face and 2) prioritize emerging strategies and barriers using design for dissemination tactics. Results from this proposal will inform the design and future piloting of an intervention aimed at promoting integrated care for rural patients with diabetic foot ulcers.

**PI: Michelle M. Kelly, MD, School of Medicine & Public Health**  
**Title:** Sharing doctors’ notes to improve parent understanding of their hospitalized child’s care plan  
- **Academic Collaborators:** Peter Hoonakker, COE; Ryan Coller, SMPH; Dan Sklansky, SMPH; Shannon Dean, SMPH  
- **UW Program Partners:** Systems Engineering Initiative for Patient Safety (SEIPS)  
- **Community Collaborators:** Patient and Family Advisory Council, American Family Children’s Hospital  

**Summary:**  
Hospitalized children experience alarming rates of harm from medical errors, due, in part, to their reliance on adults to exchange information about their care and identify and report errors. Unfortunately, hospitalizations present unique challenges, with >45% of parents having a different understanding of their child’s care than their inpatient doctor. Sharing doctors’ notes with parents during their child’s hospitalization will improve their understanding of the child’s diagnosis and treatment care plan and, ultimately, improve their ability to identify and report medical errors. The aims are to (1) identify and compare parent and clinician perspectives of the benefits and negative consequences (outcomes) of sharing doctors’ notes with parents of hospitalized children, and (2) generate potential strategies that support parent use of doctors’ notes to improve their understanding of their child’s care plan and mitigate negative outcomes. The study findings will advance scientific knowledge regarding the potential for harnessing innovative health information technologies, like inpatient portals, to engage parents as active participants in inpatient care delivery and improve the safety of hospital-based care.

**PI: Jonathan Kohler, MD, MA, School of Medicine & Public Health**  
**Title:** Identifying Barriers to Age-Appropriate Umbilical Hernia Repair in Wisconsin Children  
- **Academic Collaborators:** Caprice Greenberg, SMPH; Jessica Schumacher, SMPH; Esra Alagoz, SMPH  
- **UW Program Partner:** Wisconsin Surgical Outcomes Research Program (WiSOR)  
- **Community Collaborators:** Mile Bluff Medical Center, Richland Medical Center, Vernon Memorial
Healthcare

Summary

Children in Wisconsin undergo umbilical hernia repair at unusually young ages, many undergoing unnecessary surgery before the age of 4. Umbilical hernias are present in up to 20% of children at birth and up to 90% of these hernias will close spontaneously by age 4 years, with a minute risk of complications during that time. Established best practice is to wait until age 4 years before operating to repair these defects, unless there are other complications. In Wisconsin in 2014, 47% of 473 pediatric umbilical hernia repairs were performed before age 4 suggesting that many Wisconsin children may be experiencing unnecessary operations. This project aims to (1) identify factors associated with early umbilical hernia repair in Wisconsin and (2) understand the barriers to implementing the umbilical hernia repair best practices in communities with low median age of umbilical hernia repair. Rural primary care physicians are engaged as stakeholders contributing to study design and interpretation of results to better reflect the realities of community practice.

PI: Justin Sydnor, PhD, School of Business

Title: A Randomized Controlled Trial of a Consumer Health Education Intervention to Promote Appropriate Use of Care and Financial Well-being

- Academic Collaborators: Donna Friedsam, SMPH, Allison Espeseth, SOHE
- Community Collaborators: UW Cooperative Extension, Milwaukee County; Covering Wisconsin (UW Health outreach program); Children’s Community Health Plan (“CHILDREN’S”)

Summary

U.S. residents broadly exhibit challenges with health literacy and health insurance literacy, but lower-income and low-resource populations are more likely to demonstrate significant disadvantage in this arena. Health literacy skills substantially affect health outcomes, along and often correlated with income, age, education level, and race. Through a partnership with Children’s Community Health Plan (“Children’s”) we will offer a randomized intervention to a newly-insured Milwaukee population of lower-income Medicaid and ACA covered members in order to assess the impact of two communication methods on consumer behavior/health outcomes. The study will use educational formats, materials, and messages designed particularly for low resource consumers, including those new to insurance coverage and Medicaid members. By helping consumers make effective choices about use of insurance and health care, this study seeks to both improve health outcomes and enhance cost savings.

2017 Awards

PI: Christopher Crinch, MD, School of Medicine & Public Health

Title: Instrument Development for a Social Network Analysis (SNA) of Antibiotic Prescribing in Skilled Nursing Facilities

- Academic Collaborators: Marlon Mundt, Paula Lueras, SMPH
- UW Program Partners: UW Survey Center, Wisconsin Network for Research Support
- Community Collaborators: Badger Prairie Health Care Center, Leading Age, Wisconsin Health Care Association, Wisconsin Medical Directors Association

Summary

Antibiotics are a common cause of adverse drug events, antibiotic resistance and Clostridium difficile infection (CDI). Older adults, such as those residing in a Skilled Nursing Facility (SNF), are more susceptible to the adverse consequences of antibiotics, which underscores the
importance of appropriate antibiotic use in this population. The relationship between nursing home staff and PCP is an important one to understand if we want to improve antibiotic prescribing. Although the decision to prescribe an antibiotic is the responsibility of the prescriber, many individuals at the SNF interact with the prescriber to provide important clinical information used to make the antibiotic decision. Social Network Analysis is a promising method to understand the antibiotic decision-making process in SNFs. In this study, we propose development and validation of a data collection instrument for conducting a SNA of the SNF antibiotic prescribing network. Our goal is to investigate how the interactions between nursing home staff and PCPs influence the decision to prescribe an antibiotic. By studying the interactions between nursing home staff and PCPs, we hope to improve how healthcare professionals work together as a team to deliver the best care possible to older adults.

PI: Amye Tevaarwerk, MD, School of Medicine & Public Health
Title: Engineering cancer survivorship care planning to address primary care information needs in order to improve health outcomes for cancer survivors
- Academic Collaborators: Mary Sesto, James Haine, David Hahn, SMPH
- UW Program Partners: Wisconsin Research & Education Network, UW Carbone Cancer Center
- Community Collaborators: Gilda’s Club Madison

Summary
Poorly coordinated aftercare threatens the health and well-being of millions of American cancer survivors. Since 2006, the Institute of Medicine (IOM) has recommended personalized care plans as one solution to facilitate communication and coordination of care between oncology and primary care. These plans summarizing diagnosis, treatment, and follow-up recommendations are to be prepared for every survivor and his/her primary care provider (PCP). The current system neglects evidence from other chronic disease conditions demonstrating improved outcomes when (1) PCP-specialist communication is optimized and (2) electronic health record (EHR) system design ensures the effective delivery of information. A critical need exists to ensure care plans are accessible and beneficial to all end-users. This project employs an interdisciplinary team of experts in oncology, cancer survivorship, primary care and engineering to identify the necessary elements to develop a PCP-centered care plan from an existing patient-centered and EHR-based care plan.

2016 Awards

PI: Karla Ausderau, PhD, OTR/L, Education, Kinesiology, OT Program
Title: Parent-Mediated Intervention for Families with Children with Autism and Feeding Challenges
- Academic Collaborators: Sigan Hartley, PhD, Human Ecology; Leann Smith, PhD, Waisman Center; Dorothy Farrar-Edwards, PhD, Education
- Community Collaborators: Autism Society of South Central Wisconsin; Communication Innovations, Pediatric Therapy Services

Summary
Up to 89% of children with autism spectrum disorder (ASD) have feeding challenges, which impact their development, health, social interactions, and parent–child relationships. There is a critical need to take a more holistic approach to the complex problem of feeding challenges in ASD by developing evidence-based interventions to address these challenges in the parent-child dyad and home environment, the natural mealtime context. Parent-mediated interventions are a triad of an
interventionist, parent, and child working together through education, modeling, and independent parent implementation to address the child’s goals in a natural context. The overall objective of this proposal is to develop and pilot a parent-mediated intervention for feeding challenges in children with ASD. The proposed intervention will be the first of its kind with the largest sample to address feeding disorders within a parent-child system addressing child and family outcomes.

PI: Alison Brooks, MD, MPH, UW School of Medicine & Public Health, Peds/Ortho & Rehab/Sports Med
Title: Academic Effects of Concussion in High School Student Athletes
- Academic Collaborators: Elizabeth Cox, SMPH; Traci Snedden, SON; Lyn Turkstra, L&S; Tim McGuine, SMPH; Roger Brown, SON; David Bernhardt, SMPH
- Community Collaborators: Madison Metropolitan School District, Wisconsin Interscholastic Athletic Association

Summary
The Centers for Disease Control and Prevention (CDC) estimate that approximately 1.6 to 3.8 million sport-related concussions occur each year in the United States with near 500,000 in the child and adolescent athlete. These concussions account for more than 100,000 Emergency Department (ED) visits for children and adolescents yearly. Financial costs of concussion account for nearly 81% of the 1.59 billion in health costs for pediatric TBIs in the first year. Although school learning and academic performance are critical to adolescent development, few studies have examined the effect of concussion on the student athlete in the academic learning setting nor generated best practices for supporting academic success. Among the limited published studies on post-concussion learning, none were specific to the high school population, whose futures are especially at risk. The overall objective of this pilot proposal is to conduct a longitudinal mixed method study that will inform clinicians, school systems, and policy makers of the prevalence and extent of concussion-related adverse effects in high school athletes. Results from this study will be used to inform the development of interventions, processes and policies aimed at ameliorating the adverse academic effects for post-concussion high school athletes.

PI: Dan Grupe, PhD, Center for Healthy Minds, L&S
Title: Mindful Policing: A holistic approach to improving officer well-being and police work
Healthy Minds
- Academic Collaborators: Richard Davidson, UW College of Letters and Sciences; Charles Raison, Human Ecology, Center for Health Minds
- Community Collaborators: Madison Police Department; Madison Professional Police Officers’ Association; Law Enforcement and Leaders of Color Collaboration; United Way Dane County; Dane County NAACP

Summary
Police officers face extreme levels of occupational stress that can have deleterious effects on their physical and mental health, inter-personal relationships, and job efficacy. Within their first 12 months on the job, 89% of urban law enforcement officers will be exposed to a critical incident sufficiently traumatic to lead to post-traumatic stress disorder (PTSD); in their first 4 years, these officers will encounter an average of 11 such incidents. Many of these events are relatively uncommon, but their inherent unpredictability and traumatic nature can engender a state of hypervigilance that interferes with functioning outside of work. Reducing the impact of stress will improve officer well-being as well as the overall well-being of the communities these officers serve. The overarching aim of this study is to adapt a mindfulness-based training program for the Madison Police Department (MPD), and to investigate this program’s
benefits on outcomes of practical significance for well-being and police work.

2015 Awards

PI: Lisa Cadmus-Bertram, PhD, UW College of Education (Kinesiology)
Title: Active Living after Cancer: Building a Physical Activity Intervention into Clinical Care for Breast and Colorectal Cancer Survivors in Wisconsin
Co-Funding: UW Carbone Cancer Center
- Academic Collaborators: Amye Tevaarwerk, UW SMPH; Mary Sesto, UW SMPH; Greg Kennedy, UW SMPH; Ron Gangnon, UW SMPH
- Community Collaborators: Gilda’s Club, Madison; Breast Cancer Recovery

Summary

Physical activity after a cancer diagnosis is associated with better health outcomes for patients, including a 20-50% lower risk of cancer mortality, yet the majority of breast and colorectal cancer survivors are inactive. We propose a 12 week randomized physical activity trial to gather preliminary data on the feasibility and outcomes of an intervention which includes a technology-based physical activity tracker (Fitbit) delivered within the context of the Survivorship Care Plan (SCP), as compared with standard physical activity recommendations within the SCP. This study leverages the survivor’s social support network by enrolling both the survivor and “co-survivor” (an adult co-habitant) to participate in each arm. The long-term goal is to support exercise rehabilitation as a standard component of cancer survivorship care.

PI: Deborah Ehrenthal, MD, MPH, UW School of Medicine & Public Health
Title: Big Data for Little Kids: Establishing Population Effectiveness of Maternal and Child Health Programs
- Academic Collaborators: Eric Grodsky, UW L&S; Lawrence Berger, UW L&S; Donna Fiedsam, UW SMPH; UW Institute for Research on Poverty
- Community Collaborators: Wisconsin Department of Health Services; Department of Public Instruction; Wisconsin Association for Perinatal Care; Madison Dane County Health Department; Milwaukee Health Department

Summary

Health disparities in the US are closely tied to race, education and income. Research suggests that pregnancy and early childhood are the periods when investment in programs will show the greatest return over a lifetime. This pilot will support the creation of a data system to analyze the reach and impact of Prenatal Care Coordination (PNCC), a Medicaid benefit that provides enhanced prenatal services to eligible women in Wisconsin. This project will merge the advanced data infrastructures of the Institute for Research on Poverty, and the Wisconsin Department of Public Instruction, allowing the study of variations in PNCC reach statewide, and its relationship to children’s health and educational outcomes. The infrastructure and proof of concept completed as a result of this pilot will support future efforts to examine the impact of policies, programs, and the environment, on women and children’s health and children’s educational outcomes in Wisconsin and beyond.

PI: Kevin Look, PharmD, PhD, UW Pharmacy
Title: Barriers faced by caregivers managing older adults’ medications in rural areas
- Academic Collaborators: Michelle Chui, UW Pharmacy; Jane Mahoney, UW SMPH
- Community Collaborators: Clark County Aging Department; Greenwood and Loyal Housing Authorities

Summary
Approximately 30% of family caregivers and their older adult care recipients live in rural areas. Rural residents are more likely to be older and sicker than urban residents, and face considerable disparities in access to and quality of the care they receive. Managing medications is the most common medical task reported by family caregivers and 35% of family caregivers report at least 1 problem with medication management activities. Little is known about rural family caregivers and medication management issues. We will conduct focus groups with family caregivers to examine the challenges and barriers faced by this population, and to identify strategies that help overcome these barriers. Our ultimate goal is to improve the safety and appropriateness of medication use by older adults in rural areas who receive assistance from a family caregiver.

**PI: Margaret Wise, PhD, UW Pharmacy**
**Title: My Life, My Dialysis Choice: A Decision and Patient/Nephrologist Communication Tool**
- Academic Collaborators: Betty Chewning, UW SOP; Micha Chan, UW SMPH
- Community Collaborators: Medical Education Institute, Patient/Community Advisors, UW Health, Medical College of Wisconsin

**Summary**
Projections suggest that 785,000 Americans will use dialysis by the year 2020. Despite the fact that in-center hemodialysis (ICH) has greater rates of severe side effects than the self-administered home hemodialysis and peritoneal dialysis option, 89% of current dialysis patients use ICHD. The National Kidney Foundation recommends that nephrologists engage pre-dialysis patients in shared decision-making (SDM) to incorporate evidence and patient values into these treatment decisions. This pilot will incorporate a dialysis decision-aid tool into the nephrology clinic workflow (My Life, My Dialysis Choice) and analyze whether patients in this group had more dialogue with their clinician, and made different dialysis decisions than those who did not have the decision-aid tool. We will also assess the feasibility of integrating the SDM tool within clinic workflow.

**2014 Awards**

**PI: Christie Bartels, MD, MS, UW SMPH**
**Title: Stepping Up in Specialty Clinics to Reduce Blood Pressure**
- Academic Collaborators: Diane Lauver, UW SON; Heather Johnson, Yingqi Zhao, UW SMPH
- Community Collaborators: UW Health Rheumatology Clinic

**Summary**
The Centers for Disease Control (CDC) named hypertension (persistently high blood pressure) “public enemy #2.” Hypertension affects 1/3 of adults in Wisconsin and nationwide, contributing to stroke, heart disease, kidney disease, and $131 billion in annual US healthcare costs. While addressing high BPs in primary care is common, research has shown that specialty care settings fail to address this health problem. At UW, less than 1/3 of visit notes written by specialists mentioned BP elevations, and fewer than 1 in 10 recommended BP follow-up. The objective of this research is to modify an established primary care hypertension follow-up protocol for use in specialty clinics, assess whether this approach is feasible, and evaluate how it impacts timely BP follow-up. The long term research goals are to improve hypertension control and reduce cardiovascular events in patients requiring specialty care.
PI: Michelle Chui, PharmD, PhD, UW SOP
Title: *Exploring Over the Counter Medication Safety in Older Adults*
- Academic Collaborators: Cynthia Phelan, UW SON; Lauren Welch, VA; Jamie Stone, UW SOP
- Community Collaborators: Oregon Area Senior Center; Supporting Active Independent Lives (SAIL); Pharmacy Society of Wisconsin; ShopKo Pharmacies

**Summary**
Research has shown that over half of older adults taking chronic prescription and over-the-counter (OTC) medications were not taking their medications safely because they were unaware that their OTC medication may interact with other medications. The lack of awareness of this potentially enormous patient safety gap has significant ramifications. It is estimated that adverse events from medications like ibuprofen can lead to upwards of 400,000 hospitalizations each year for older adults, costing more than $2 billion annually. Despite the fact that seniors taking OTCs while also on prescribed medication can result in adverse events, no effective interventions exist to help older adults make safe OTC choices. This research project proposes a unique and innovative way to make the pharmacist more accessible to the senior while making decisions to purchase OTCs. The ultimate goal for this body of research is to prevent adverse drug events. If evidence is found that this intervention is successful, it could provide the foundation to heighten awareness and reduce hospitalizations.

PI: Korey Kennelty, PharmD, PhD, UW SOP
Title: *Community Pharmacists’ Perspectives of Medication Reconciliation Processes for Recently Discharged Patients*
- Academic Collaborators: David Kreling, Margaret Wise, UW SOP; Amy Kind, UW SMPH
- Community Collaborators: Mallatt’s Pharmacy; Marshfield Clinic Pharmacies

**Summary**
When patients are hospitalized and then discharged back into their home, one key challenge is ensuring all medication changes made during hospitalization are relayed to both the patient as well as to their other healthcare providers. This communication is important because it helps prevent errors discovered when comparing the hospital’s discharge medication records and medications the patient actually takes at home. Patients with these medication discrepancies are 2.5 times more likely to be re-hospitalized within 30 days and studies repeatedly find that nearly 50% of medications are discrepant. Many patients obtain their medication from community pharmacies (e.g. CVS, Target, Walgreens); however, research to date has not examined how medications between hospitals and community pharmacies are reconciled after discharge. This research project seeks to ensure all patients receive the planned medications from community pharmacies after hospital discharge and will solicit input from community pharmacists throughout Wisconsin to better understand the medication reconciliation processes (soliciting input from patients will be the next stage of this research). This work has the potential to be transformational by identifying processes community pharmacists use for medication reconciliation along with strategies to improve them. Findings will help inform future healthcare interventions for recently discharged patients to improve their safety throughout Wisconsin.
2013 Awards

PI: Barbara King, Assistant Professor, UW Nursing
**Title:** Exploring How Hospital Nurses Perceive Patients Identified as Fall Risk and Influence on Decisions to Walk Patients
- **Academic Collaborators:** Jane Mahoney, UW SMPH; Barbara Bowers, UW Nursing
- **Community Collaborators:** William S. Middleton Memorial Veterans Administration Hospital, UW Hospital and Clinics

**Summary**
Each year in Wisconsin, about 12,560 older people will fall during a hospital stay. Most of these falls occur in people over 65 years of age. Thirty percent of patients who fall in hospitals sustain a physical injury such as hip or pelvis fractures; head injuries leading to death; and serious minor injuries such as bruising and sprains—which in turn can lead to lengthy rehabilitation and reduction of independence of the older person, sometimes permanently. The American Nurses Association supports that patient fall rates can be most improved by nursing care. Nursing care of fall-risk patients centers around identifying those at risk by placing a star outside the patient room and using alarms to alert the staff that the patient is moving (from a chair or bed). Despite the fact that limited patient walking in hospital settings has been associated with significant decreases in balance, leg strength and ability to maintain independent ambulation, nurses often do not walk patients who are high-risk for falls. By not walking patients, nurses could put them at greater risk for falls and decline in health. This research project hopes to fill a significant gap in understanding how nurses perceive patients who are high-risk for falls, how they care for fall-risk patients and barriers that prevent nurses from getting fall-risk patients up to walk. Because of their 24-hour presence at the bedside, nurses are the frontline providers of health care in hospital settings. Until we understand how nurses approach care for fall-risk patients, we will be stagnant in our abilities to reduce patient falls in hospital settings.

PI: Paul Smith, Professor, UW SMPH, Family Medicine
**Title:** Better, Safer Care through Clear Communication
- **Academic Collaborators:** Betty Chewning, UW Pharmacy; Beth Martin, UW Pharmacy; Karen Kehl, UW Nursing
- **Community Collaborators:** Aging and Disability Resource Center, Green County

**Summary**
Health literacy is about people understanding health information so they can make decisions and act on them in a way that fits with their health beliefs and life goals. Effective communication among elders and their health-care team is critical to providing safe, effective patient-centered care. In many cases, it is a caregiver who is helping a loved one struggling to understand medical directives, maintain independence, and communicate with health professionals. According to the Wisconsin Department of Health Services (2009), Wisconsin had over 600,000 caregivers. More effective communication between caregivers and health-care professionals has the potential to increase effectiveness of recommended treatments and avoid medication errors, adverse drug events, use of home care services, frequency of unnecessary Emergency Department visits, and hospitalizations. If all these benefits are ultimately realized, caregivers will be less likely to burn out and require the use of paid home health support or transfer to expensive assisted living or nursing home facilities. This pilot program will use adult learning theory to
develop and refine a workshop with four interactive sessions designed to enhance caregiver skills and confidence to communicate more effectively with health-care professionals. Our goal is to prepare caregivers to engage with physicians, pharmacists, and other health-care professionals as partners in health care for their loved one.

PI: Ryan Westergaard, Assistant Professor, UW SMPH, Medicine
Title: A community-based, behavioral intervention to improve screening for hepatitis C among high-risk young adults in Wisconsin
- Academic Collaborators: Shawnika Hull, UW SMPH; Ajay Sethi, UW SMPH
- Community Collaborators: UW Hospital & Clinics, AIDS Network-Madison, AIDS Resource Center of Wisconsin, WI Department of Public Health

Summary
Every year, between 2,000 and 3,000 people in Wisconsin are diagnosed with hepatitis C. Hepatitis C virus is the leading cause of end-stage liver disease in Wisconsin and the number one reason for liver transplantation. As “baby boomers,” the age group with the highest prevalence of hepatitis C, age into their 60s and 70s, it is expected that the cost of medical care for complications of hepatitis C will place an extraordinary burden on the health-care system. There have been major recent advances in treatment and prevention of hepatitis C, but these have not yet been successfully implemented on a large scale. The goal of our research is to test the effectiveness of a community-based project to (1) increase the number of people who know their hepatitis C status and (2) stop behaviors that can spread hepatitis C infection to others in the community. We will accomplish this goal by collaborating with the two largest HIV prevention agencies in Wisconsin—the AIDS Resource Center of Wisconsin (ARCW) in Milwaukee and the AIDS Network in Madison. HIV is spread through the same behaviors as hepatitis C, but unlike hepatitis C, HIV has become rare among people who inject drugs in Wisconsin. The experience of our community partners makes them highly qualified to provide a brief, computerized intervention that can deliver education, motivational feedback, and referrals to services.

PI: Carey Gleason, Assistant Professor, UW SMPH, Medicine
Title: Living Well with Memory Partners
- Academic Collaborators: Richard Chappell, SMPH/Biostatistics; Dorothy Farrar-Edwards, UW Education; Susan Flowers-Benton, UW Education; Joseph Gaugler, University of Minnesota; Nora Jacobson, UW Nursing; Rachel Smedley, Community-Academic Aging Research Network
- Community Collaborators: Wisconsin Institute for Healthy Aging, Alzheimer’s and Dementia Alliance of Wisconsin

Summary
It is estimated that 25% of adults age 65 and older meet criteria for Mild Cognitive Impairment (MCI), the stage between cognitive health and dementia; most will live with the condition for years before it progresses to dementia. Because they are nearly twice as likely to develop dementia as whites, African Americans are disproportionately affected by this impending health-care crisis. The challenge for our society is to develop innovative and cost-effective interventions to help older adults with MCI and their families adapt and manage successfully. The Living Well with Memory Partners project intends to strengthen social connections, and build skills and self-efficacy to manage memory loss by combining two
interventions that have shown success separately, but that we hope will be even more effective together. The first introduces a “memory partner” who provides a supportive relationship and helps attain shared goals; the second provides disease management education and self-efficacy through Living Well workshops. We will be taking this innovative approach to improve health for older African Americans with MCI in collaboration with our community-based partners.

2012 Awards

PI: Randy Brown, MD, PhD, FASAM
Title: Pharmacotherapeutic intervention to improve treatment engagement among alcohol-dependent veterans after hospital discharge
- Academic Collaborators: SMPH, School of Social Work
- Community Collaborators: William S Middleton Veterans Hospital

Summary
Problem alcohol use is a prevalent and crucial health issue in the U.S. In 2010, 18.5 million people met criteria for an alcohol use problem, but only 8% received needed treatment. Rates of problem alcohol use among veterans (particularly combat-exposed veterans) exceed those in the general population, and fewer than 4% of alcohol-dependent veterans access needed treatment. Patients with problem alcohol use, including veterans, experience myriad complications of their alcohol use and, hence, are more frequently hospitalized than the general population. Even after a hospitalization, patients often do not access recommended behavioral treatment. The transition from hospital to community is a critical one for patients with alcohol use disorders, and methods to foster treatment uptake and adherence after hospital discharge are clearly needed. FDA-approved pharmacotherapies are available to assist patients in their recovery from alcohol dependence. However, non-adherence to daily medication-taking has been a barrier to sustained recovery. The availability of a long-acting, monthly injectable medication may overcome this barrier. The proposed project is a pilot feasibility study of inpatient veterans with problem alcohol use at the William S. Middleton VA Hospital to understand the impact of medication adherence upon engagement in behavioral treatment for alcohol use disorders.
PI: Caprice Greenberg, MD, MPH  
**Title:** A video analytic approach to deconstructing surgical skill  
- **Academic Collaborators:** Douglas Wiegmann, PhD, UW Engineering and UW SMPH; Robert Radwin, PhD, UW Engineering and UW SMPH  
- **Community Collaborators:** Madison Surgical Society; Wisconsin Surgical Society  

**Summary**

Studies have shown that more people die annually from adverse events in the healthcare system than from motor vehicle accidents, breast cancer or AIDS and that a many of these events are related to an operation. Specifically, during a hospitalization, 2-3% of all patients will experience an adverse event and almost half of these complications are related to an operation. Over 1.5 million procedures are performed by surgeons in Wisconsin annually. Extrapolating from this translates into more than 40,000 adverse events or 2,900-7,500 deaths per year from surgical complications in Wisconsin. The majority of surgical adverse events originate in the operating room (OR); not surprising as the most invasive and highest risk activities occur in this environment. The majority of these events are due to a technical error, yet little is known about technical skill. This project will develop a quantifiable measure of surgical technical skill in this unique collaboration between industrial engineers and surgeons. Utilizing a video system to record surgical procedures, the research team will analyze the hand activity of surgeons taking advantage of novel motion analysis software. Using industrial engineering methods, surgical procedures will be broken down into smaller tasks and primary movements and exertions. The ultimate goal is to develop a model that characterizes these elements into a single measure of skill. Such a measure of technical skill is the critical first step to a better understanding of surgical skill and the design of interventions to reduce technical errors, improve patient safety and save lives.

PI: Irene Hamrick, MD  
**Title:** Giving life to LiFE: Lifestyle and Functional Exercise Program to Reduce Falls in Wisconsin Communities  
- **Academic Collaborators:** Jane Mahoney, MD, MaryBeth Plane, PhD  
- **Community Collaborators:** Community-Academic Aging Research Network (CAARN)  

**Summary**

Accidental falls happen in about one third of adults over age 65, with Wisconsin having one of the highest rates of death from falls in the nation. Resulting injuries often lead to loss of independence, nursing home placement or even death. Several studies have shown that exercise reduces falls, but only two research-based programs have been translated into practice. A new program from Australia called Lifestyle and Functional Exercise (LiFE) integrates balance and strengthening exercises into a patient’s daily activities, which has been shown to cause patients to continue practicing the exercises longer than other programs. Traditionally, therapists counsel older patients to avoid daily activities that may be challenging to their balance such as reaching into high cupboards. LiFE, unlike any other therapy program, teaches older adults how to do such activities safely, helping them to improve their balance while doing daily activities. LiFE is the only falls prevention exercise program that has been shown to improve older adults’ abilities to do daily living activities. By translating this program from research to widespread use in the U.S., we will change therapists’ practice, decrease falls, and help older adults stay independent.

PI: Diane Lauver, PhD, RN, RFP-BC, FAAN  
**Title:** Improving Bone Health among Older Adults in Rural Wisconsin Communities  
- **Academic Collaborators:** Nursing, SMPH
• Community Collaborators: UW Health Rheumatology Clinic

Summary
Almost one in 2 women and 1 in 4 men will have a bone fracture due to osteoporosis (OP) in their lifetime and as the US and Wisconsin populations age, the numbers of adults experiencing OP-related fractures are dramatically rising. OP preventive and diagnostic measures exist; however, they are extremely under-used. Obstacles to engaging in OP-preventive behaviors include (a) mistaken beliefs about fracture risk, (b) lack of perceived competence in taking steps to reduce this risk and (c) external, system conditions, such as geographic accessibility and affordability. We propose a new intervention with practical components to improve OP preventive behaviors with overall goals including offering a new intervention that participants find helpful, and which will improve older adults’ calcium, vitamin D intake, and intentions to discuss OP risk and testing with primary providers.

PI: Laura Senier, PhD, MPH, BA
Title: Coalition Building for Community Health in Milwaukee
• Academic Collaborators: Community & Environmental Sociology, Department of Family Medicine
• Community Collaborators: Sixteenth Street Community Health Center; Wisconsin Department of Natural Resources

Summary
Milwaukee consistently ranks last or next-to-last in Wisconsin in morbidity, mortality, self-reported health, and several important health determinants (e.g., access to health care, substance abuse, diet and exercise). This project seeks to identify processes that enhance or impede the development of multidisciplinary partnerships to promote community health. Specifically, this research will identify the types of organizations that play crucially important roles in brokering partnerships, and will identify the strategies these brokers use to recruit new partners to community health partnerships and build a community’s ability to identify, mobilize, and address social problems.

PI: Amye Tevaarwerk, MD
Title: Improving Health Outcomes after Breast Cancer Treatment: Assessing the Impact of Survivorship Care Plans on Wisconsin Cancer Survivors
• Academic Collaborators: Department of Medicine- Division of Hematology/Oncology
• Community Collaborators: Marshfield Clinic Research Foundation; Marshfield Survivorship Program Advisory Council; Security Health Plan

Summary
One in two men and one in three women in Wisconsin will be a cancer survivor. With 65% of individuals diagnosed with cancer surviving 5 years or more, cancer care (oncology) needs to expand beyond its traditional short-term focus to management of long-term health risks and lingering treatment side effects. Most survivors are unsure about the details of diagnosis and treatment, many are unprepared for the persistence of chronic side effects or the possible appearance of future side effects. Finally, both survivors and their primary care providers (PCPs) report that the strategies for follow-up testing (e.g. screening for new cancers, recurrence or side effects) are not clearly laid out. Because of this, the Institute of Medicine (IOM) proposed in 2005 that all survivors receive a Survivorship Care Plan which would provide a comprehensive outline for follow-up care and the Commission on Cancer will require these plans as a standard of care in 2015; however, we do not have solid evidence about whether or not
survivor knowledge or satisfaction improves after receiving a care plan and how content, timing and delivery methods might impact these outcomes. This project engages cancer survivors to address three goals: (1) assess the impact of care plans on survivor knowledge and satisfaction, (2) assess survivor and PCP perception of care plan usefulness and (3) assess difference in the education and support needs of cancer survivors based on their rural versus urban access to resources.

2011 Awards

PI: Elliot Friedman, PhD, UW SMPH  
Title: Promoting Well-Being in the Elderly: A Pilot Intervention with Community Partnership  
- Academic Collaborators: SMPH, Institute on Aging, Carol Ryff, Jane Mahoney  
- Community Collaborators: LaVerne Jaros, Kenosha County Division of Aging and Disability Services  
  Co-funders: Community Academic Aging Research Network (CAARN); UW ICTR

Summary
Older adults in Wisconsin often suffer from psychological distress, including depression and anxiety, with estimates ranging from 10-15% of all men and women to as much as 40% of those who are most frail. Distress in the elderly is particularly damaging, not only because it reduces quality of life, but because it also adds to difficulties living independently, managing chronic disease, and partaking of programs designed to promote later life health, such as regular exercise. Although treatments for distress are available, most require visits to health care professionals; a barrier for older adults who are known to be much less likely than other age groups to seek treatment from the medical community. These realities underscore the need for community-based services to improve mental health in older adults. UW-Madison researchers have shown that adults with greater psychological wellbeing have fewer biological signs of disease than adults with lower levels of well-being. The proposed study will develop and test a new intervention to promote psychological well-being older adults living in Kenosha County, WI. We anticipate that community elders will be able to complete the intervention, and that they will experience increases in well-being, and related declines in depression and anxiety, as a result of participating.

PI: Amy Harley, PhD, UW SMPH; School of Public Health, Milwaukee  
Title: Youth Chef Academy: Effectiveness Of A Plant-Based Cooking, Nutrition And Food System Education Course For Urban Middle-School Students  
- Academic Collaborators: University of Wisconsin-Milwaukee School of Public Health, UW SMPH, Department of Population Health Sciences, Melissa Lemke  
- Community Collaborators: Lisa Kingery, Fondy Food Center; Lora Jorgensen, University of Wisconsin-Milwaukee; Young Kim, Fondy Food Center; Kimberly Njoroge, Fondy Food Center

Summary
Less than one quarter of Wisconsin youth eat the recommended five servings of fruit and vegetables per day despite a growing understanding that diets high in fruits and vegetables, legumes, and whole grains lead to reduced risk for heart disease, certain cancers, diabetes, and obesity. Eating a diet rich in plant-based foods is even more difficult in areas with low socioeconomic position. Milwaukee’s North Side has been described as a “food desert” – with a high concentration of hunger, poverty, and dependence on emergency food pantries: 89% of food retailers are convenience stores, gas stations, and fast food restaurants – only 11% of retailers are small-scale grocery stores. Established in 2000, Fondy Food Center works to connect Milwaukee’s North Side to locally grown, healthy foods. In 2005, Fondy conducted focus groups...
of children and discovered that these children commonly began cooking for the family when they reach middle school. Some children were responsible for cooking up to five meals per week, and all used highly processed, “convenience” ingredients. As a result of these findings, Fondy developed Youth Chef Academy (YCA), a 12-unit school-based curriculum that is plant-based, whole foods focused, and highlights local cultural food traditions—and also includes a parent component with weekly newsletters and at-home family activities. This pilot project will test the effectiveness of this program in eight middle school classrooms in the Milwaukee Public School (MPS) system in hopes of extending it throughout MPS and elsewhere if found effective.

PI: Sigan Hartley, PhD, School of Human Ecology  
Title: Cognitive-Behavioral and Caregiver Education Group Intervention For Depression In Adults With Mild Intellectual Disability  
- Academic Collaborators: Human Ecology, Nursing, Barb Bowers  
- Community Collaborators: Paul White, Community Ties; Waisman Center; UW ICTR

Summary

Intellectual disability (ID) involves impairments in cognitive functioning and everyday living skills. There are approximately 90,000 individuals with ID living in Wisconsin and it is well established that adults with ID suffer from depression at rates equal to or higher than that of the general population. Yet depression is often left untreated in adults with ID, or only treated with medications. There are virtually no established psychosocial interventions to treat depression in adults with ID. The individual, family, and societal (i.e., medical and support services) costs of untreated depression are enormous. The proposed study seeks to address this gap in clinical care by developing and pilot testing a cognitive-behavioral and caregiver education intervention to treat depression in adults with mild ID. Through our close collaboration with our community partner and focus groups with the constituencies of our research (adults with mild ID, family members, and disability service partners) we will be able to solicit feedback on the intervention to ensure that it fits with the current disability service system and is appropriate and acceptable to adults with ID, their families, and staff at disability service providers.

PI: David Mott, PhD, Pharmacy  
Title: Preventing Falls Among Older Adults: The Role Of The Community Pharmacist  
- Academic Collaborators: SMPH, Pharmacy, Beth Martin, Betty Chewning, Jane Mahoney, Bob Breslow  
- Community Collaborators: Barb Michaels, Aging & Disability Resource Center, Green Bay, WI; Jeff Kirchner, Streu’s Pharmacy Bay Natural, Green Bay, WI

Summary

One-third of people 65 years and older and one-half of people 80 years and older will fall in a given year. Falls lead to injuries, emergency department visits, hospitalizations, nursing home placements, functional decline and are the number one cause of injury-related death for older (65 years and older) Wisconsin residents. Hospitalizations and emergency department visits due to these falls result in $496 million in hospital charges each year in Wisconsin and over 70% of these costs are paid for by government insurance programs such as Medicaid and Medicare. One of the causes of falling is medication use; there are even several therapeutic categories of drugs classified as “fall risk-increasing drugs” (i.e. FRID). The use of these medications by older fallers is very common; therefore, assessing and modifying medication use is an important public health issue. Pharmacists have the skills and training to meet with patients,
identify medications that may lead to falls and recommend medication changes to prescribers. The goal of this study is to investigate whether a pharmacist-provided individualized medication therapy management session will lead to changed medication use and fewer falls. If the program proves effective, the number of pharmacists trained to provide this intervention could be increased and the program could be extended beyond older fallers to low-income and house-bound fallers.

PI: Emma Seppala, PhD, Waisman Center
Title: Complementary and Alternative Interventions For Veterans With PTSD: Community Program Evaluation Study
- Academic Collaborators: Waisman Laboratory for Brain Imaging & Behavior, Richard Davidson, Jack Nitscke
- Community Collaborators: Todd Dennis, Wisconsin For Veterans; Jennifer Kannel, Wisconsin For Veterans; Nathan Toth, Wisconsin For Veterans; Richard Low, GE Veterans’ Network – Madison; Eileen Ahearn, Veterans Administration Hospital; Dean Krahn, Veterans Administration Hospital

Summary
Twenty percent of the approximately 2 million veterans returning from Iraq and Afghanistan suffer from the symptoms of Post-traumatic Stress Disorder (PTSD), which may be the reason behind alarming increases in suicidal behavior among returning veterans in Wisconsin and nation-wide. In addition to traditional treatments, Veterans Administration (VA) Hospitals and other community institutions for veterans are actively seeking alternative ways to help returning vets with PTSD and have started offering complementary and alternative (CA) programs to their patients to address this debilitating disorder. Research to date suggests that CA programs may provide effective relief from anxiety while increasing psychological well-being for the general population; however, little research exists on the effects of these alternative treatment programs for combat veterans with PTSD. This pilot study aims to address this important gap in knowledge by assessing two CA programs: a meditation-based program and a controlled breathing program. The overarching goal of this project is to research whether CA treatments are effective in decreasing PSTD symptoms in veterans, which CA treatments are most effective, and how individual differences predict treatment efficacy.

2010 Awards

PI: Daphne Kuo, UW SMPH
Title: Disparities in Wisconsin’s diabetes outcomes: What can we learn from emerging data?
- Academic Collaborators: Dave Vanness, UW SMPH
- Community Collaborators: Julie Bartels, Wisconsin Health Information Organization; Cindy Schlough, Wisconsin Collaborative for Healthcare Quality

Summary
Diabetes and its complications are the largest causes of morbidity and mortality in this country. Nearly 13% of U.S. adults are estimated to be diabetic and 30% are considered pre-diabetic. It is well documented that racial and ethnic minorities demonstrate higher risk of diabetes and those with diabetes suffer worse outcomes than the majority population. Despite intense national and state focus on reporting on quality of diabetic care, far more needs to be understood regarding disparities in care quality and outcomes. This project will examine social and geographic disparities in diabetic care, control, and co-morbid conditions using medical claim records reported to the Wisconsin Health Information
Organization (WHIO) and care quality data from the Wisconsin Collaborative for Healthcare Quality (WCHQ). Project goals include identifying regions and providers associated with significant variations in care and assessing how to improve quality of care in these places. A successful project will both help better understand disparities in diabetic care and outcomes and will complete the first use of WHIO data for health research.

**PI: Mary Sesto, UW SMPH**  
**Title: Reducing work disability in breast cancer survivors**

- Academic Collaborators: Amye Tevaarwerk, UW SMPH; Susan Heidrich, UW Nursing
- UW Program Partners: Douglas Wiegmann, IsyE; Martha Gaines, Center for Patient Partnerships; Deborah Fuderer, patient advocate; Anna Marie Shanahan, Plastic Ingenuity; Judi Janowski, Breast Cancer Recovery

**Summary**

Advances in the detection and treatment of cancer have resulted in more than 4.8 million cancer survivors of working age in the U.S. Surviving cancer is a huge hurdle, but challenges still exist after treatment, including symptoms such as memory loss, pain, fatigue, among others. These symptoms represent some of the reasons why nearly 30% of previously employed cancer survivors do not return to work—despite a desire to return to the workplace for financial and social reasons. No effective intervention exists to improve employment outcomes following any cancer diagnosis, including breast cancer. This research proposes to test the feasibility and usability of a symptom-management and ergonomic educational intervention—in coordination with employers and breast cancer-survivor employees—with the ultimate goal being development of effective interventions to reduce work disability and improve employment outcomes of breast cancer survivors.

**PI: Ajay Sethi, UW SMPH**  
**Title: Knowledge and attitudes about vaccines among Wisconsin healthcare workers**

- Academic Collaborators: Nasia Safdar, UW SMPH; Sharon Dunwoody, UW College of Letters and Science; George Mejicano, UW SMPH
- Community Collaborators: Edward Belongia, Marshfield Clinic Research Foundation; Stephanie Schauer, Wisconsin Department of Public Health Immunization Program

**Summary**

The Centers for Disease Control and Prevention recommends that all health-care workers be vaccinated for important diseases—not only to prevent getting ill themselves, but also to reduce the possibility of transmitting disease to the patients in their care. Despite this recommendation, vaccination rates among health-care workers and adults are low. This study will focus on two illnesses for which vaccines are available and recommended: pertussis and influenza. The study involves surveying doctors, nurses and pharmacists in Wisconsin to learn more about their own knowledge and attitudes towards these vaccines and about the messages that they impart to others. A successful project will help explain if and how health-care workers impact vaccination decisions, which will then lead to developing educational tools for all health-care workers about vaccinations.

**PI: Dolores Severtson, UW Nursing**  
**Title: Testing maps and graphics to promote safe drinking water from private wells**

- Academic Collaborators: Barb Bowers, UW Nursing; Roger Brown, UW Nursing; James Burt, UW
Summary

The use of maps to relay information—including risk information—can be an effective communication tool; despite a relative lack of published research looking at how mapping risk information is understood by the general public. This study will look at maps that illustrate environmental health risks for drinking water from private wells in Wisconsin. Nationally, more than 23% of sampled private wells indicate presence of a contaminant exceeding human-health benchmarks. 30% of Wisconsin’s residents have a private well for residential drinking water and private residents carry the responsibility for testing their own wells. This study will look at how maps impact risk beliefs and behavioral intentions; a successful study will support evidence-based mapping practice at the Wisconsin Center for Groundwater Science & Education and other Wisconsin agencies toward a goal of promoting accurate public risk beliefs and appropriate actions to promote health.

PI: Shannon Sparks, UW Human Ecology

Title: The role of organizations and inter-organizational relationships in reducing disparities in infant mortality

Summary

Wisconsin today has one of the worst infant mortality rates for African-Americans in the U.S. In 2006-2008, the black infant mortality rate was 15.2 per 1,000 live births—nearly three times the white infant mortality rate of 5.4. Interestingly, from 1990 to 2007, the black infant mortality rate in Dane County declined 67% from 19.4 to 6.4 per 1,000. Then, after seven years of consistent decline, the rate spiked in 2008—the most recent year for which data are available. This study is an effort to better understand potential contributors to that decline, not from individual risk factors or individual-level interactions, but as it may be related to community and institutional systems. There are many nonprofit, public and private organizations involved in health-care delivery and social services of particular relevance to expectant and new mothers. This study will look at the history and perceived role of these systems as they relate to birth outcomes. The next phase will analyze inter-organizational networks in order to point to the strategies and practices that made a difference and delineate best practices.

PI: Carmen Valdez, UW Education

Title: Family-focused intervention for Latino families affected by parental depression

Summary

Depression is an illness that affects how a person feels about themselves, how they think, and how much energy, motivation, and concentration they have to perform daily activities. Depression can lead to a loss of interest in life, minimal involvement in activities, and fading hope for the future,
and is the leading cause of suicide. Although depression can have a profound personal impact, it can also significantly strain family resources. Children who live with a mother with depression are more likely to develop depression, drug abuse, and academic problems that start early and continue into adulthood. The Latino community in Wisconsin has grown by 158% over the last 10 years; depression is substantially high among Latinos given stressors related to immigration, legal status, and adaptation to U.S. culture. Separation of extended family ties, loss of parental authority, and cultural disconnects between parents and children contribute to depression among Latino parents and threaten already taxed family resources. Despite these risks, Latinos are less likely to receive counseling and there are no existing family programs for Latino families with a mother suffering from depression. The primary goal of this project is to test a culturally adapted family program "Fortalezas Familiares" (Family Strengths) for Latino families in Wisconsin. A successful pilot will evaluate whether Latino families from Madison (a) can be identified and enrolled in the program, (b) can attend and complete the program, (c) value and accept the program, and (d) show initial signs of improvement in mother, child, and family functioning.

2009 Awards

PI: Elizabeth Bade, UW Medical Group/Aurora

Title: Motivational Interviewing for Health Maintenance and Promotion in a Primary Care Setting

- Academic Collaborators: Amy Harley, UW-Milwaukee; Olga Yakusheva, Marquette University
- Community Collaborators: Aurora Sinai Family Care Center

Summary

Obesity in America increases at alarming rates each year. Exercise and nutrition have been shown to improve outcomes in many obesity-related chronic diseases, including cancer, coronary heart disease, diabetes, and hypertension. Many of these same diseases have been cited as indicators of health disparities amongst minority and underserved populations. Providing health behavior interventions within primary care clinics is one access point to try to encourage healthier living. The goal of this project is to evaluate the use of a non-medical professional to conduct nutrition and exercise-related motivational interviewing (MI) with patients at Aurora Sinai. MI is a type of counseling that is non-judgmental and non-confrontational. It is culturally sensitive and realizes that there are genuine barriers to change that can be system-related (access to healthy foods or safe places to exercise) or personal (not being ready to change habits). There have been limited studies previously utilizing this type of intervention in a primary care clinic, and few that evaluated cost-effectiveness of this approach.

PI: Christopher Crnich, UW SMPH

Title: Pilot study of the Veterans Administration MRSA Initiative in a Milwaukee Community Living Center

- Academic Collaborators: Edmund Duthie, Medical College of Wisconsin; Warren Rose, UW Pharmacy
- Community Collaborators: Milwaukee Veterans Administration Community Living Center

Summary

Infections caused by MRSA (methicillin-resistant Staphylococcus aureus) are responsible for more deaths than AIDS every year. Hospital patients and nursing home residents are particularly susceptible to infection due to MRSA’s ability to spread where groups of individuals who may already have weakened immune systems, are in close quarters. The Veterans Health Administration (VHA) has made considerable progress in controlling the spread of MRSA in its hospitals through a multifaceted
program that stresses hand washing, rapid identification and isolation of those patients with MRSA. Buoyed by this success, the VHA has recently expanded this program into its nursing homes. However, isolation can significantly impair a nursing home resident’s quality-of-life due to restrictions on mobility and human contact. As a result, the VHA has implemented a modified version of its hospital-based MRSA control program that isolates only those residents that pose the highest risk of transmitting MRSA to others. This collaborative study with the Milwaukee VHA nursing home seeks to determine: 1) the process by which nursing home staff assign MRSA transmission risk to their residents; 2) the accuracy of this assignment and 3) a determination if there are better methods for deciding if a MRSA-colonized resident poses a risk to others.

**PI:** Jonathan Patz, UW SMPH and UW College of Letters and Science  
**Title:** Evaluating Participatory Photo Mapping for Improved Community Health Promotion  
- Academic Collaborators: Suzanne Gaulocher, UW SMPH; Samuel Dennis Jr., UW College of Agriculture and Life Sciences  
- Community Collaborators: Center for Sustainability and the Global Environment

**Summary**  
The goal of this project is to evaluate the effectiveness of Participatory Photo Mapping (PPM) as a methodology used to generate information that informs decision making related to community health. PPM, as a method, combines photography, maps and narratives to assess the community and environmental contributions to health, safety and well-being. This information can then be used by people in health departments, community organizations, neighborhood associations or community centers, to uncover supports or barriers to health. Health in this context is not simply the absence of disease, but includes social, mental, spiritual and physical health. For the past three years UW researchers, clinicians and community partners have engaged in multiple projects using the PPM method. This project will focus on a participatory evaluation to test and refine this method as a viable tool for helping community partnerships develop effective community health strategies. The premise of this study is that if we understand how people experience health, we can better understand how to intervene in a meaningful way within their socio-ecological context.

**PI:** Leann Smith, Waisman Center  
**Title:** Psycho-education Intervention for Families of Adolescents with Autism Spectrum Disorders  
- Academic Collaborators: Lawrence Kaplan, Waisman Center; Marsha Mailick Seltzer, Waisman Center; Jan Greenberg, UW College of Letters and Science  
- Community Collaborators: ICTR-CAP

**Summary**  
Autism spectrum disorder (ASD) is a developmental disability characterized by difficulties in communication, difficulties in social interaction, and repetitive behaviors. It is estimated that ASD affects 1 in 150 children in the US. Although there is a wide variety of early intervention programs available to families of young children with ASD, there are few programs available to families as children move into adulthood, even though the stresses of parenting persist. The paucity of evidenced-based programming during this transition period is especially concerning given that past research has shown adolescence to be a time of notably high stress for families. The proposed study addresses this gap by developing an intervention program for families prior to the transition out of high school. The proposed study aims to benefit families of adolescents with ASD by reducing levels of distress within the family system and improving family coping.
strategies, which in turn will benefit the adolescents with ASD. A community advisory board of stakeholders comprising family advocates from community organizations such as the Autism Society of Greater Madison and local professionals in the area of ASD research and services will provide advisement on the development and implementation of the intervention and will help ensure that the study is acceptable and beneficial to community members. The board will also act as a bridge between the university and the local ASD community for future community collaborations and outreach.

**PI: James Sosman, UW SMPH**

**Title: Smoking Cessation-related Information, Motivation, and Behavioral Skills Specific to HIV-infected Smokers**

- **Academic Collaborators:** Nasia Safdar, UW SMPH; Laura Thibodeau, UW Nursing
- **Community Collaborators:** Douglas Jorenby, CTRI; Sheryl Catz, GHC Center for Health Studies; Karen Dotson, AIDS Network

**Summary**

Nationally, there are over 1.2 million persons living with HIV/AIDS, and more than 50,000 new HIV infections occur each year. There are over 7,000 Wisconsinites living with HIV/AIDS. The prevalence of cigarette smoking is estimated to be 50-70% among HIV-infected persons versus 20.8% overall. Effective treatment has allowed those with HIV to live long enough to experience smoking’s adverse effects; reducing smoking in this population is difficult due to higher rates of depression and substance use. Many people are unaware of the ways in which HIV and tobacco use interact, and may have low motivation or lack skills to add smoking reduction to their already extensive HIV self-care activities. Our objective is to describe the level of smoking and smoking related information, motivation, and behavioral skills among a sample of Wisconsin HIV+ smokers. Identifying this information with regard to HIV+ smokers will inform the development of a smoking intervention tailored to HIV+ smokers. The goal of this study is to advance our understanding of unique issues regarding tobacco use and HIV/AIDS, as a first step to intervening on a major public health problem among a vulnerable population where few interventions currently focus—on groups who may have the most difficulty quitting smoking.

**PI: Leah Whigham, UW SMPH**

**Title: Prevention of Excess Gestational Weight Gain in Overweight and Obese Low-Income Women**

- **Academic Collaborators:** Gloria Sarto, Aubrey Smith, UW SMPH
- **Community Collaborators:** Brenda Jenkin, UW OB/GYN Hospital and Clinics/Meriter; Karri Bartlett, Dane County WIC; A. Michelle Booker, community advocate; Betty Banks, Today Not Tomorrow, Inc.; Carmen Westphal, community advocate; Lucretia Wade-Sullivan, community advocate; Chanel Tyler, community advocate

**Summary**

In Wisconsin, the majority of overweight and obese women have gestational weight gains well above the national recommendations, putting themselves and their infants at risk for significant perinatal complications and elevated long-term chronic disease risk. Nevertheless, little has been done to identify why these mothers-to-be do not adopt healthy diets and lifestyle behaviors, especially those at highest risk—low-income overweight and obese pregnant women—or what challenges their doctors face to successfully counsel for weight management during pregnancy. This study will inform the development of a culturally-appropriate intervention for increasing healthy diet and lifestyle behaviors during pregnancy and thus decreasing adverse perinatal outcomes associated with excess gestational weight gain. The investigators have formed an advisory committee that includes community
members, clinicians, and health officials to guide the development of the study. The investigators’ long term goal is to develop and test the effectiveness of community-based interventions to prevent excessive weight gain during pregnancy.

**PI: Henry Young, UW Pharmacy**
**Title: The Role of Pharmacist Evaluation in Activation of Adult Asthma Patients**
- Academic Collaborators: Sonderegger Research Center, Pharmacy, SMPH
- Community Collaborators: Mary Jo Knoblock, Susanne Nadra Havican, Sara Griesbach, Jennifer Grimm, Tonja L Larson, Douglas Seubert, Marshfield Clinic

**Summary**
Asthma affects 7% of the population, or 20 million Americans. The prevalence of asthma in Wisconsin has climbed to a high of 13%. Prescription drugs are a vital part of asthma treatment, however many people fail to use prescription asthma medications safely and effectively. Pharmacists are in an ideal position to help asthma patients use their medications appropriately; however, asthma-related pharmacist care programs have not been implemented through the telephone, nor have they targeted underserved, rural populations in a comprehensive manner. The goal of this study—a collaboration between UW-Madison Pharmacy researchers and Marshfield Clinic pharmacists—is to test the effectiveness of a telepharmacy intervention to improve underserved, rural asthma patients’ use of prescribed medications and asthma control. This telepharmacy program will provide a new method for identifying and resolving rural asthma patients’ medication-related problems and improve their overall well-being. Furthermore, the telepharmacy program may be adapted to help people with other medical conditions.

**2008 Awards**

**PI: Dr. Bruce Christiansen, UW SMPH, General Internal Medicine**
**Title: Treating Tobacco Dependence through Community Agencies**
- Academic Collaborators: Vicki Stauffer, Mary Jo Baisch, Stevens Smith
- Community Collaborators: Kevin Reeder, The Salvation Army

**Summary**
Great gains have been made in reducing the numbers of smokers in the U.S.; but despite these reductions, tobacco use is still the primary cause of "preventable illness and premature death." We also now know that of those who do still smoke, many have limited education and live in poverty. Because this population of smokers often has limited access to health insurance or primary care, it is more difficult to reach out to them to implement effective interventions. This study creates a partnership between the UW-Madison School of Medicine and Public Health and The Salvation Army and its staff to implement a program that may have greater success in reaching these populations. If successful, this research may illustrate how other community-based agencies can be valuable partners in our efforts to reduce tobacco dependence.

**PI: Dr. Colleen A. Mahoney, UW School of Social Work**
**Title: Talking about Medication in Assertive Community Treatment**
- Academic Collaborators: Betty A. Chewning, UW Pharmacy
- Community Collaborators: Ronald J. Diamond, Mental Health Center of Dane County

**Summary**
Mental illness is a significant health issue for millions of Americans and has serious and widely-
recognized implications for the individual dealing with the illness, their friends, family and the larger community. Within this population, medication management, in particular the risks of not taking medication, is a significant problem. Managing medication use has often been addressed by an approach called Assertive Community Treatment, designed to improve client medication adherence through assertive participation of a case manager/ACT provider. This study will look at patient-provider communication within this model and at how movement towards greater shared decision-making may impact medication management.

**PI: Dr. Nasia Safdar, UW SMPH, Medicine**  
**Title: Optimizing Management of Ventilator-associated Pneumonia in the ICU**  
- Academic Collaborators: Pascale Carayon, UW School of Engineering; Kenneth E Wood, UW SMPH  
- Community Collaborators: Matthew C Hall, Marshfield Clinic  

**Summary**  
Estimates suggest that as many as one hospital patient in ten acquires a nosocomial infection, otherwise known as a hospital-acquired infection, each year. The most common of these found in the intensive care unit (ICU) is called ventilator-associated pneumonia (VAP) with research showing that 10-20% of patients receiving over 48 hours of mechanical ventilation develop this pneumonia. This is of special concern to those critically ill patients who come to the ICU for whom the added burden of VAP can prove fatal. While national guidelines outline steps for diagnosing and treating VAP to improve patient health, not all ICUs follow these guidelines for reasons we do not yet fully understand. In partnership with the UW School of Engineering the researchers hope to identify and understand barriers to the implementation of these guidelines..."[The] long-term goal is to improve adherence to the guidelines by developing methods to reduce barriers where possible and assist healthcare workers in working around others.

**PI: Dr. Jennifer Weiss, UW Hospital, Medicine & Clinical Oncology**  
**Title: Primary care provider barriers to colon cancer screening**  
- Academic Collaborators: Patrick Pfau, UW SMPH, Medicine; Sally Kraft, UW SMPH, Medicine; Maureen Smith, UW SMPH, Population Health; Michael Lucey, UW SMPH, Gastroenterology, Hepatology  
- Community Collaborators: University of Wisconsin Medical Foundation, Health Innovation Program  

**Summary**  
Colorectal cancer (also called colon cancer or large bowel cancer) is the third most common form of cancer and the second leading cause of cancer-related death in the Western world. Current screening techniques that identify and remove the polyps that can turn into colorectal cancer are widely available and can decrease chances of death by up to 75-90%. However, there is significant variability in screening rates, even when health insurance coverage is not a barrier. This research pilot will survey primary care clinics and providers to better understand attitudes toward and training in colorectal cancer screening, cancer screening beliefs and practices and system-related issues to determine whether barriers to screening as seen by providers explain differences in rates of screening.

**PI: Dr. Audrey Tluczek, UW Nursing**  
**Title: Wisconsin Model of Family-Centered Genetic Counseling**  
- Academic Collaborators: Michael Rock, UW SMPH
• Community Collaborators: Bradley Sullivan, Marshfield Clinic Research Foundation; Diana Quintero, Children's Hospital of Wisconsin

Summary
This study is unique for its application of the patient/family-centered models to the context of genetic counseling for newborn screening, innovatively using mental health clinical skills to address parents' emotional needs as well as their cognitive styles. The research team will compare this family-centered counseling approach with the traditional patient-education model in families with infants screening positive for cystic fibrosis.

PI: Dr. Randall Brown, UW SMPH, Family Medicine
Title: Treatment of Opioid Dependence in Drug Treatment Court
• Academic Collaborators: Michael Fendrick, Michael Brondino, Lisa Berger, UW Milwaukee; James Swartz, University of Illinois-Chicago
• Community Collaborators: Joseph Bluestein, Madison Health Services

Summary
The negative impact of substance abuse and misuse on public health and safety and individual and community well-being has been well-documented. "In one of the largest studies in the U.S., use of illicit drugs accounted for 500,000 emergency room visits, 1.3 million hospitalizations, and 39,000 deaths." In order to turn the tide of this trend, we need to identify and support effective interventions for drug offenders that will significantly reduce drug use and its impact on personal and public health. This study will test a collaborative approach that introduces a "primary care" model into existing Drug Court interventions that if successful, could be further tested and introduced in communities throughout Wisconsin to strengthen their existing drug court programs through work with primary care providers.

PI: Dr. Richard Brown, UW SMPH, Family Medicine
Title: Adding Depression to a Primary Care Screening System
• Academic Collaborators: Teresa Elaina Woods UW SMPH; David Katzelnick, UW SMPH
• Community Collaborators: Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL)

Summary
The prevalence of depression among primary-care populations is estimated to be 10%, although almost one-half of these depressed patients receive no treatment because systematic screening and effective treatment are lacking. This study will examine whether health educators can improve depression outcomes in primary care clinic settings by providing an intervention of modest intensity.

PI: Elizabeth Cox, UW SMPH, Pediatrics
Title: Patient-Centered Care for Children with Chronic Disease
• Academic Collaborators: UW SMPH- Department of Pediatrics
• Community Collaborators: Betty Chewning, UW Pharmacy; Mary Bekx, UW SMPH; Ellen Connor, UW SMPH; Mark Moss, UW SMPH; Michael Rock, UW SMPH; Roger Brown, UW Nursing, UW SMPH

Summary
Children with chronic disease face complicated self-management regimens, often with dismal adherence. Patient-centered care (formation of a physician-patient relationship and patient participation in self-management decisions) could improve adherence and ultimately health
outcomes. Cox will modify tools she developed to gauge decision-making in the pediatric primary-care setting to assess participation in deliberation for families facing chronic disease management.

**PI: Dr. David A. Feldstein, UW SMPH, General Internal Medicine**  
**Title: Improving and Expanding Primary Care Treatment of Chronic Kidney Disease (CKD)**  
- Academic Collaborators: Jonathan B Jaffrey, UW SMPH, Medicine; Richard E. Rieselback, UW SMPH, Medicine; Douglas A. Wiegmann, UW School of Engineering; Linda B. Manwell, MPH  
- Community Collaborators: Thomas C. Gabert, Marshfield Clinic; Paul D. Smith, WREN  
**Summary**  
Chronic Kidney Disease (CKD) is a worldwide epidemic with rapidly increasing rates in the United States and Wisconsin with significant impact on health care spending and quality of life. Early recognition and treatment of this disease can have significant health impacts, but often, primary care physicians may not have access to the best available research evidence. This study will develop and test an internet-based electronic patient management tool (PMT) given to 20 primary care physicians (from the Wisconsin Network for Health Research/WiNHR, and the Wisconsin Research and Education Network/WREN) that will include a CKD guideline checklist, educational modules, and electronic access to a nephrologist for consultation. The goal of this research is to give primary care physicians effective tools to best address the needs of their patients with CKD.

**PI: Dr. Sarah Khan, UW SMPH, Family Medicine**  
**Title: Intervention for Adults with Obesity: Feasibility Study**  
- Academic Collaborators: David P Rakel, UW SMPH, Family Medicine; Bruce Barrett, UW SMPH, Family Medicine  
- Community Collaborators: Odana Atrium Clinic  
**Summary**  
Obesity is at epidemic levels in the United States and in Wisconsin. While programs to address weight loss abound, this feasibility study will combine elements of exercise, nutrition and a mindfulness component that targets sustained behavior modification. In addition, the program designed for this study brings together for both development and implementation a team of experts including a primary care doctor, nurse practitioner, nutritionist, exercise instructor and a mindfulness instructor. Results from this research will help us learn more about how to craft and apply successful weight reduction and lifestyle modification programs.

**PI: Tara LaRowe, UW SMPH, Family Medicine**  
**Title: Community and Family Influences on Healthy Eating in Rural American Indian Communities**  
- Academic Collaborators: Alexandra Adams, UW SMPH; Sam Dennis, UW College of Agriculture and Life Sciences  
- Community Collaborators: Scott Krueger, Menominee Tribal Clinic  
**Summary**  
There is little research on the impact of both environmental influences and family food-access issues on obesity prevention in rural communities, and in particular on American Indian reservations. The study will involve families with young children living on the Menominee, Wisconsin reservation and will examine dietary information, the location of food outlets, and food habits and attitudes. The
information gathered will be used to identify ways to target community-based interventions for healthier nutrition.

**PI: Dr. Mark Benson, UW SMPH, Medicine & Clinical Oncology**

**Title:** Madison Area Collaborative Colonoscopy Improvement Project  
- Academic Collaborators: Carla Alvarado, UW Engineering; Pascale Carayon, UW Engineering; Patrick Pfau, UW SMPH; Mark Reichelderfer, UW SMPH  
- Community Collaborators: Christopher Rall, Marshfield Clinic Research Foundation

**Summary**  
Most colon cancers begin as benign polyps, called adenomas. Removing adenomas during colonoscopy prevents colon cancer. Nonetheless, the ability to detect adenomas varies up to tenfold among clinicians performing the colonoscopy. This research will examine potential factors influencing the number of adenomas detected as a way to design a more effective colonoscopy.

**PI: Dr. Susan Riesch, UW Nursing**

**Title:** Authoritative Parenting: Could it reduce teen weight?  
- Academic Collaborators: Dr. Bradford Brown, UW Education; Dr. Carmen R. Valdez, Dept. of Counseling Psychology; Dr. Whitney P. Witt, Dept. of Population Health  
- Community Collaborators: Dr. Aaron L. Carrel, UW Pediatric Fitness Clinic

**Summary**  
Obesity in youth and adults has been linked to cardio-vascular disease, diabetes, hypertension among many other ailments that impact an individual’s quality of life and put a strain on our health care system. While there are many factors that can lead to childhood overweight and obesity, this study will look at the impact of parenting style on a child’s eating and exercise habits. Specifically, an interdisciplinary team of health, social and behavioral scientists will research, design and test an intervention for parents of overweight teenagers that focuses on setting firm and fair limits conveyed in an affectionate manner.

**PI: Dr. Lyn Turkstra, UW College of Letters and Science**

**Title:** Remote Assessment of Communication Ability in Adults with Traumatic Brain Injury  
- Academic Collaborators: Department of Communicative Disorders  
- Community Collaborators: Marilyn Workinger, Maura Quinn-Padron, Marshfield Clinic Research Foundation

**Summary**  
Chronic communication problems are common in those with traumatic brain injury (TBI), which can lead to other difficulties, such as depression, social isolation, and unemployment. For those with limited access to long-term services because of geographic isolation, telemedicine offers remote assessment of potential communication difficulties. This work will compare remote and direct assessment of conversations in individuals with TBI to refine clinical practice guidelines.

**PI: Dr. Todd Varness, UW SMPH Pediatrics**

**Title:** Development of a Tool for Diabetes Risk Assessment in Children
• Academic Collaborators: Aaron Carrel, David B. Allen, Jens Eickhoff
• Community Collaborators: Sherman Middle School and Cherokee Middle School

Summary
Translating measurements that can be readily obtained in the community to a reliable indicator of the risk of developing type 2 diabetes would be of great importance for community-based interventions for childhood obesity and diabetes prevention. The specific aim of this project is to develop and validate a cost-effective and feasible field-based tool for diabetes risk assessment in children. This project engages schools, children, and parents as partners in the research process.

PI: Dr. Eva Marie Vivian, UW Pharmacy
Title: Utilizing Novel Interventions to Prevent Diabetes in Youth (UNITY)
• Academic Collaborators: Patricia Kokotailo, UW SMPH; Pamela Myhre, UW Nursing
• Community Collaborators: Kenneth Loving, Access Community Health Center; Naomi Wedel, Dean West Clinic

Summary
National reports have cautioned that one in three children born in the year 2000 would develop type 2 diabetes. According to the American Diabetes Association, Type 2 diabetes is more common in African Americas, Latinos, Native Americans and Asian Americans/Pacific Islanders and those with type 2 diabetes have a higher risk of heart disease, blindness, nerve and kidney damage. A vital component of treating type 2 diabetes is screening for and addressing this disease in younger populations. This research study is designed to determine if a community-based, family-centered diabetes prevention program with a peer component might increase the success rate of identifying teens with or at risk of developing type 2 diabetes and teach us more about some of the problems children and families face when trying to lead a healthy lifestyle.

PI: Dr. Earlise Ward, UW Nursing
Title: The Oh Happy Day Depression and Alcohol Intervention (OHDDA)
• Academic Collaborators: Michael Fleming, UW SMPH; Molly Carnes, UW SMPH; Susan Heidrich, UW Nursing
• Community Collaborators: Mt. Zion Baptist Church, Second Congressional District

Summary
African-Americans across the United States face significant disparities in mental health and receipt of health care. Ward developed the OHDDA intervention in response to her research showing this population preferred obtaining counseling in community settings such as churches and community centers. This study will test feasibility and acceptability of the intervention, as well as the effectiveness of using pastoral staff to refer individuals for counseling.

PI: Dr. Douglas A. Wiegmann, UW Department of Industrial and Systems Engineering, UW SMPH, Surgery
Title: Improving Cardiac Surgical Care: A Work System Approach
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Summary
Heart surgery is one of the most common surgeries performed in hospital operating rooms (OR) and while we have witnessed significant improvement in survival rates over the past 50 years, there is still a great
deal of variability in surgical outcomes across surgeons and across institutions. Whereas part of this variability can possibly be associated with individual surgeon skill, other factors may play a role as well. This research study will look at cardiac surgery from a "work systems" approach and try to identify and explain how other variables—such as staffing, equipment reliability, team familiarity, workload—contribute to surgical performance. "The long term goal of this research is to further improve cardiac surgical care by enhancing or re-engineering the surgical care process."