Moving Data to Action to Improve the Health of Communities

2012 ANNUAL REPORT

Center for Urban Population Health

Working together to improve the health of communities
Mission
Advancing population health research and education to improve the health of urban communities.

Vision
A nationally recognized center that inspires collaborative, innovative, community-relevant urban population health research and education.

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Dear Colleagues and Partners,

Partnerships are complex. They start with individual relationships and grow into a purposeful partnership that builds on mutual benefit for the two or more organizations and the broader community.

Partnerships are also journeys for those involved with the growth and success as well as the challenges. Regardless of the challenges, the benefits in engaging in community-academic partnerships are plentiful. We believe that community-academic partnerships provide an environment that can assist in:

- increasing the understanding of a community’s needs and assets,
- developing widespread public support for issues or action-based in evidence and driven by the community,
- sharing and developing resources for action and problem solving,
- minimizing duplication of effort and services, and
- promoting community wide change though the use of multiple approaches including the involvement of various stakeholders not always associated with health.

We are very proud of our partnerships and the work we are able to do together. We have recently gone through an internal strategic planning process that has helped us narrow in on what strengths we bring to our partnerships. Our current projects increasingly fit within three main areas:

- tracking the health of communities,
- evaluating efforts to improve practice and programs, and
- making health research and promotion information accessible.

Our core values have not changed, we accomplish these main activities through:

- supporting health research,
- engaging community and academia in partnerships, and
- providing experiential learning opportunities.

We are happy to offer insight into our work and provide a few examples that highlight what and how we are working together to improve the health of our communities.

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The Center for Urban Population Health was initiated in 2001 to improve individual and population health through health services research, evaluation, professional education, and health promotion and programming. The Center was established through a pioneering partnership between the University of Wisconsin School of Medicine and Public Health (UWSMPH), Aurora Health Care, Inc. (AHC) and the University of Wisconsin - Milwaukee (UWM).

**Innovation and Impact**

The Center is committed to population health and connections to communities in Wisconsin’s urban areas. To make a difference in people’s lives, scientific knowledge about population health must be interwoven with community partnerships. Therefore, the Center has charted a course to engage in transformational collaborations with multiple stakeholders in order to advance research and evaluation aimed at improving the public’s health.

Partnerships draw on a combination of elements in order to see innovation and positive outcomes. They apply the current scientific evidence that exist as appropriate with the resources available to meet the community identified needs and be consistent with their missions and values. This delicate balance paves the way for innovation and community impact.

With the ability to access community-based health data, connect multiple organizations and disciplines, and offer expertise to support collaborations working to transform public health, the Center’s distinctive expertise and influence lie in its:

- Objectivity among multiple stakeholders and organizations
- Interdisciplinary nature
- Ability to address broad population health concerns
- Research and information technology infrastructure, and
- Community connectivity.
Our Approach

For the Center for Urban Population Health, the population health perspective provides a research framework to better understand and address the health and well-being of communities. Population Health focuses on **identifying** the determinants of health, disease, and well-being in populations, **designing** and **implementing** preventive or treatment interventions and **measuring** their effectiveness against health outcomes of a community.

What We Do

Exceedingly our projects and partnerships fall within **four main areas**:

- **Research and Assessment**: Support research and assess health and factors that influence health
- **Plan**: Engage in planning processes that value community, evidence, and accountability
- **Evaluate**: Evaluate programs, practices and policies to understand, value, and improve the contributions of partners
- **Engage**: Collaborate on targeted efforts to educate, communicate, disseminate or translate assessment, evaluation, or research findings to foster individual and community awareness and action

So that Our Partners Can....

- ...Realize their goals.
- ...Inform systems change.
- ...Advocate for their community.
- ......Have regional impact.
African American Breastfeeding Network of Milwaukee

The African American Breastfeeding Network of Milwaukee (AABN) was formed to address breastfeeding disparities, increase awareness of the benefits and value of mother’s milk, build community allies and de-normalize formula use. Its mission is to promote breastfeeding as the natural and best way to provide optimal nourishment to babies and young children.

The African American Breastfeeding Network of Milwaukee (AABN) has created an innovative program, The Community Breastfeeding Gatherings (CBG). Developed in 2008, the purpose of CBG is to

(1) Promote breastfeeding as the natural way to provide the best nutrition to babies
(2) Provide accurate information about breastfeeding and
(3) Provide support to breastfeeding women and their families.

This project is designed to increase initiation, duration and exclusivity of breastfeeding.

What We Do.....

In partnership with the African American Breastfeeding Network, their leadership and advisory board, the Center is assisting in developing and implementing an evaluation of their program with funding from the Wisconsin Partnership Program’s Lifecourse Initiative for Healthy Families.

The goal of the evaluation is to track progress toward their goals, including process, outcome and impact measures across all activities. The evaluation is feasible to implement within the capacity and resources available, relevant to the identified project goals and stakeholders, and responsive to changes the program adopts throughout the two years of funding.

We will work together to make a difference for infants and families by improving infant and maternal health through increasing breastfeeding rates among 120 African American families in Milwaukee, normalizing breastfeeding through peer networks and building community capacity to address health problems through culturally relevant program delivery models.
We AABN Can Realize their Goals.

The AABN’s focus is to ‘normalize’ breastfeeding by bringing pregnant and breastfeeding mothers and their families together with lactation consultants. This program has seen continuous growth since its inception has reached over 800 pregnant women. The Community Breastfeeding Gathering has started to work on a standard curriculum that includes a 4 class series:

1. Getting Off to the Best Start with Breastfeeding
3. Protecting & Building Your Milk Supply
4. The fourth class will have a special focus and will only be offered once during the year.

New this year is a Peer Father Advocate component. The Peer Father Advocate will work individually with the men, to deliver, key messages that include how to support breastfeeding, how to bond with their breastfed baby, and how to continue to support breastfeeding when the mother returns to work and/or school.

Photos: Images from a Community Breastfeeding Gathering.
Wisconsin Project LAUNCH

Project LAUNCH seeks to improve the lives of children ages 0-8 years and their families. The Substance Abuse and Mental Health Administration (SAMHSA)-funded program works in 35 communities to “increase the quality and availability of evidence-based programs, improve collaboration among child-serving organizations, and integrate physical and behavioral health services and supports for children and their families.”

Wisconsin Project LAUNCH has focused its efforts in 12 ZIP codes in the city of Milwaukee, implementing programs and identifying needs in the five LAUNCH prevention and promotion strategies: home visiting, family strengthening and parent skills training, mental health consultation, screening and assessment, and integration of behavioral health into primary care settings. The project focuses on service implementation through to policy and systems-level change, working with a wide range of local and state partners to implement these strategies.

What We Do.....

SAMHSA requires Project LAUNCH grantees to participate in a cross-site evaluation and to develop a separate, site-specific local evaluation that includes all five LAUNCH strategies. CUPH has been engaged in collecting all data required by the cross-site evaluation, and has designed the detailed local evaluation. Because the design of LAUNCH means that the project is always identifying needs and opportunities for change, the evaluation has needed to respond to different initiatives developed by Wisconsin partners as the project has evolved. The evaluation team works closely with the project coordinators and other project leaders to ensure each component is evaluated appropriately. Our goals for each component of the evaluation is as follows: (1) include process and outcome oriented information; (2) tell stories while also collecting quantitative data; (3) create an evaluation process easy for partners to follow; and (4) provide data that are relevant and meaningful to project stakeholders.
......So LAUNCH Can Inform Systems Change.

The work of Project LAUNCH requires buy-in from grassroots community groups, providers serving young children, and policymakers. Meanwhile, the federal funders hold the project accountable to its ultimate goals and objectives. At the most basic level, the CUPH-led evaluation helps meet the reporting requirements of the grant. More meaningfully, our evaluation provides information and data that can inform program next steps and communication efforts with potential partners and the broader public. Project data can be used in real time to make changes. For example, evaluation team member Carrie Stehman has worked with Milwaukee’s Home Visiting Community of Practice (CoP), an initiative developed in part through LAUNCH to help local home visiting programs identify best practices and opportunities to collaborate and share resources. The steering committee for this group values evaluation, and administers a survey at each CoP meeting. Carrie analyzes the data and brings her results back to the steering committee in a brief format. The group actively discusses these results and implements changes in their plans for the next meeting.
The older population in the United States continues to grow. The 65 years and over population has increased from 35 million in 2000 to 40 million in 2010 and is projected to reach 55 million in 2020—a 36% increase in this decade.

Milwaukee County is no different. The Milwaukee County Department on Aging released the third edition of The Face of Aging in Milwaukee County. This report takes a comprehensive look at the many determinants of health and wellbeing, describes the demographic makeup of the current aging community and describes the outcomes this community is currently experiencing.

What We Do.....

The Center for Urban Population Health was enlisted by the Milwaukee County Department on Aging to update The Face of Aging report. This publication chronicles the changes in the aging community of Milwaukee County using secondary data. In partnership with AARP Wisconsin and the Center for Urban Population Health, AARP State Research and AARP Research and Strategic Analysis contributed to the publication where indicated. Funding to support the third edition of The Face of Aging was made possible by a generous donation from the Helen Bader Foundation.

Facilitation of the partnership and discussions that set the framework for the report was provided by the Wisconsin Alzheimer’s Institute (WAI) Milwaukee Program, under the leadership of Gina Green-Harris, Director of Milwaukee Outreach Program. WAI also contributed to the information on Alzheimer’s Disease.

The report utilizes secondary data, mainly obtained from the US Census, to describe the state of aging in Milwaukee County. Report identified a number of key trends or changes that have taken place over the past decade. The summary and the full report are meant to be a sourcebook for stakeholders, program planners, and policy makers.
Individuals with chronic diseases and a recent history of hospitalization or emergency room use are at high risk for return hospitalization. Mounting evidence associates hospitalization with medical errors and life-threatening, new infections. Hospitalization of our seniors is often a “tipping point” for decline. African American seniors are especially “at-risk” because their rates of hospitalization are higher than others. Many non-elective hospitalizations are preventable.

A partnership that started in Milwaukee in 2005 is now a network of ten Milwaukee pastors, their church communities and seven organizational partners: Medical College of Wisconsin, Columbia College of Nursing, St. Joseph Family Care Center, Arthritis Foundation, Alzheimer’s Association, the Center for Urban Population Health and Milwaukee Inner-City Congregations Allied for Hope (MICAH).

Their current work includes promoting healthy living conditions for seniors. The pastoral leaders are creating a campaign to make the homes of their community seniors safer places to live. The work has been guided by the above partners and their commitment to learn through community resources such as one-on-one conversations with senior parishioners and by the Face of Aging in Milwaukee County Report.
Lifecourse Initiative for Healthy Families

In 2008 the Wisconsin Partnership Program (WPP) committed $10 million investment and the release of new Collaborative planning grants to four cities most affected by racial disparities in infant mortality: Beloit, Kenosha, Milwaukee, and Racine.

Hundreds of community members, organizations and partners gathered to create Community Action Plans for each city.

In 2012 the WPP released a request for proposals to community-academic partnerships who would implement evidence-based programs identified as priorities in each city’s Community Action Plan.

What We Do.....

Academic Partnerships & Evaluation

The Center for Urban Population Health is closely involved with six grantees funded by the Wisconsin Partnership Program. We serve as academic partners on a number of the grants and support the implementation and evaluation in all of them.

Current LIHF Funded Projects

- Normalizing Breastfeeding: Building Social Support and Community Capacity
  Academic Partner: Courtenay Kessler, MS.
- Healthy Parents, Healthy Babies (Healthy Next Babies)
  Academic Partner: Ron A. Cisler, PhD
- Healthy Kenosha County Moms and Babies: Centering Prenatal Care Model
  Academic Partner: Jackie Tillett, ND, CNM, FACNM
- No Longer an Island: Creating a Place-based Men’s Peer Outreach and Social Support Network
  Academic Partner: Amy Harley, PhD
- Direct Assistance for Dads (DAD) Project
  Academic Partner: Geoffrey R. Swain, MD, MPH
- Striving to Create Healthier Communities through Innovative Partnership
  Academic Partner: Whitney P. Witt, PhD, MPH
...So the Region Can Reduce
African American Infant Mortality

To enhance and maximize the work of the LIHF Collaboratives, the Wisconsin Partnership Program has established the Regional Program Office (RPO).

Operated and staffed by the Center for Urban Population Health, the RPO will serve as an essential resource for community based research, data analysis, evaluation, communications and publications related to improving birth outcomes in southeastern Wisconsin.

More specifically, the RPO will provide Beloit, Kenosha, Milwaukee, and Racine with the necessary technical assistance, consultation services and training opportunities needed to meet community needs and expectations.

Photo: Scene from No Longer An Island Video, video documenting the work of the Men’s Wellness Council that led to the new funded LIHF grant.

LifeCourse Initiative for Healthy Families
Regional Program Office
A program of the Center for Urban Population Health
Working together for regional impact on infant mortality
This year the Center assisted over 60 university, health care and community investigators in implementing over 50 research projects. In 2012, Center faculty and staff contributed to the submission and awards of extramural grants totaling $1.8 million. For a comprehensive listing of current and past projects facilitated through the Center for Urban Population Health please visit www.cuph.org.
Leadership

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Faculty and Staff Education

MD 13%
PhD 22%
Undergraduate 9%
Graduate 56%

Faculty and Staff Disciplines

Public Health 23%
Formal Science 30%
Applied Health Science 10%
Social Science 30%
Medical 7%
Center Scientists and Affiliates with Active Projects in 2012

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Hong Yu, PhD, UW-Milwaukee College of Health Sciences

Jun Zhang, PhD, UW-Milwaukee College of Health Sciences

Tian Zhao, PhD, UW-Milwaukee College of Engineering and Applied Sciences
Select Presentations


Harley, A; Frazer, D; Odom-Williams, C; Men's Wellness Council: The Participants have Names not Numbers Poster presentation, American Public Health Association Annual Meeting, San Francisco, CA, USA, October 27-31, 2012

Harley, A; Frazer, D; Odom-Williams, C; Men's Wellness Council: The Participants have Names not Numbers Poster presentation, American Public Health Association Annual Meeting, San Francisco, CA, USA, October 27-31, 2012


Kessler CL, Hunter PH. Setting the Table for a Potluck Meal: Developing a Responsive Evaluation of Multi-Site, Site Specific Pilot Nutrition Education Program. Oral presentation, American Evaluation Association Annual Meeting, Minneapolis, MI, USA, October 22-27, 2012


Ratteree, K; Arneson, M; Stehman, C; Kessler, C; Frazer, D; Community Engagement in the Mobile Markets Nutrition Education Project. Wisconsin Research and Education Network, Wisconsin Health Improvement & Research Partnerships Forum, Monona Terrace Community and Convention Center, Madison, WI. 9/21/12


Soryal S, Baumgardner D, Bernhard K, Carvin J, Danto-Nocto E, Yasmim N. Senior Care in the Emergency Department: A Qualitative Study. Poster presentation. Aurora Health Care’s 2012 Quality Roundtable. October 9, 2012, Milwaukee, WI.

Stehman, C; Hahn, A; Kessler, C; Frazer, D; Hunter, P; Benefit or Burden?: Evaluating a Collaborative Process of Creating a Nutrition Education Program. Wisconsin Research and Education Network, Wisconsin Health Improvement & Research Partnerships Forum, Monona Terrace Community and Convention Center, Madison, WI. 9/21/12


**Select Publications**


A new textbook, “Fundamental Medical Mycology,” edited by Errol Reiss, H. Jean Shadomy and G. Marshall Lyon, III (Wiley-Blackwell, 2012), typically uses two case reports to introduce the clinical aspects of each disease/chapter. The Blastomycosis chapter uses the following as one of the case reports: Lee D, Eapen S, Van Buren J, Jones P, Baumgardner DJ. A young man who could not walk. *Wis Med J* 2006;105:58-61. The first two authors were Internal Medicine residents in our program at the time of manuscript preparation.