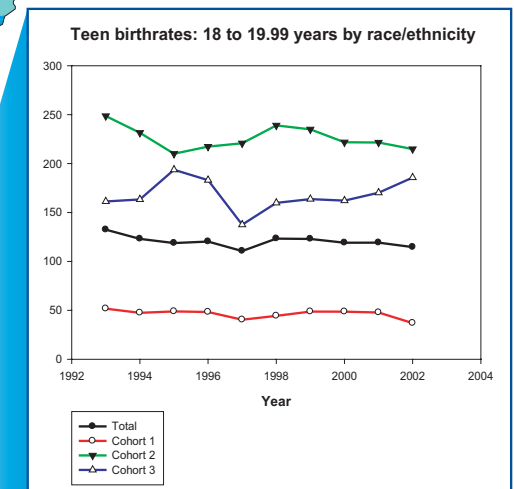
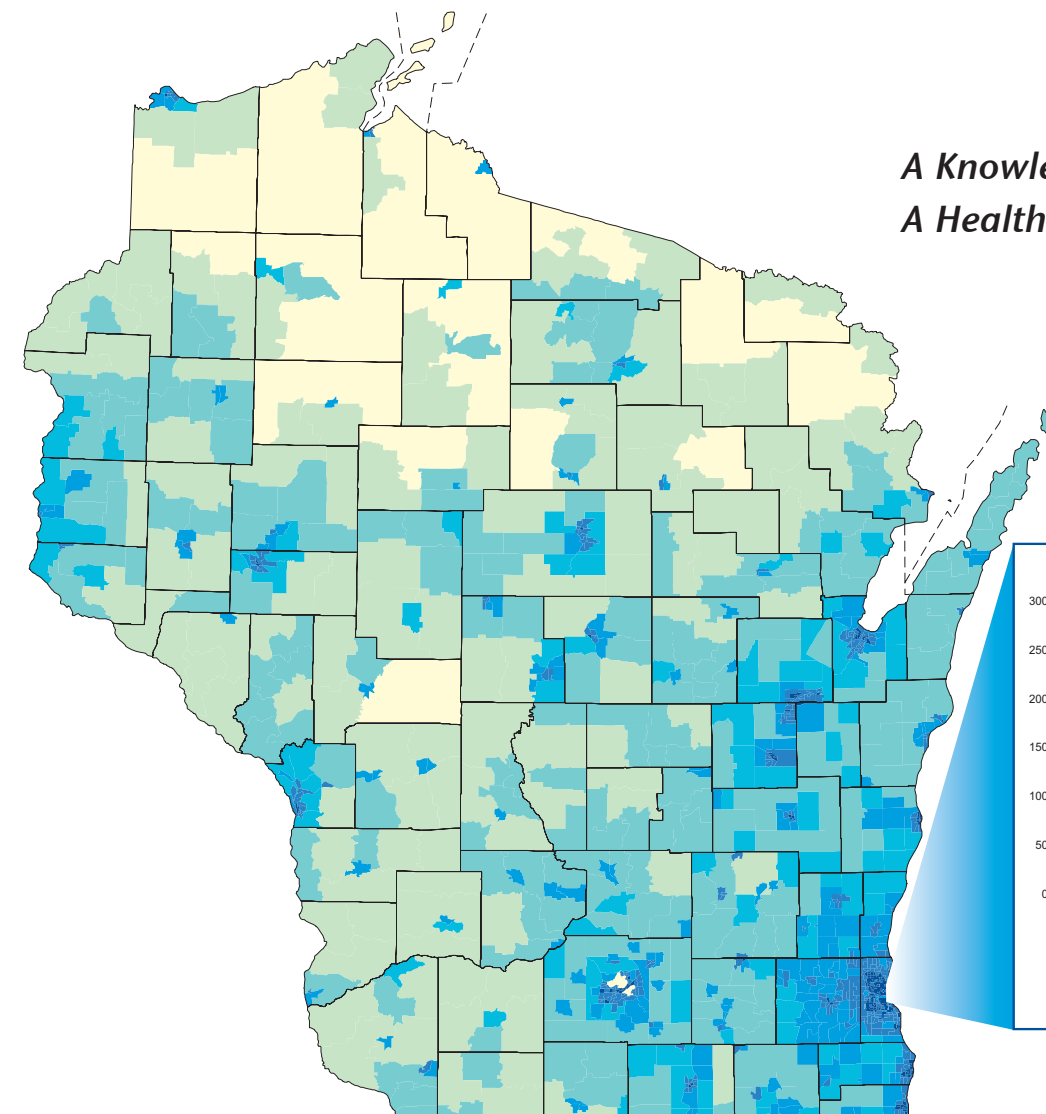


*A Knowledgeable Community
A Healthier Population*



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Dear Colleagues and Partners,

It is with great pleasure that I present to you the first report of activities of the Center for Urban Population Health (CUPH). The pages herein provide only a glimpse of our activities, as we have chosen to highlight the projects that have had the greatest impact on the health of our urban community.



Ron A. Cisler, Ph.D.

Since the establishment of the Center in 2001, our diverse, interdisciplinary faculty and staff have grown to about 15 currently. We began with a few predominantly academic-based projects and have expanded to include numerous community-connected projects and initiatives. At present, we conduct a wide variety of projects across the lifespan, including: (1) infant- and child-focused projects such as a statewide perinatal database and policies around children with special health care needs; (2) youth-focused projects such as the wireless technology vision screening project, the health professions pipeline program, and the health information systems development program, all with Milwaukee Public Schools; and (3) adult-focused trials on a variety of behavioral health issues including alcohol abuse and dependence, smoking cessation, diabetes management and obesity management.

We are attempting to advance our understanding of the health of communities and of individuals through a population health approach that provides the necessary framework for conducting interdisciplinary, community and academic collaborative research. Importantly, all of our projects address psychosocial factors related to health disparities that especially impact urban minority residents.

In the next few years, we look forward to better defining and focusing our efforts on quality research and information technology development. We plan to enhance our ability to conduct innovative population health research through continued collaboration with academic and community organizations. In short, our faculty and staff will strive to build a nationally-recognized, multidisciplinary research Center that is community-connected, innovative, vibrant and sustainable.



Yours truly,

Ron A. Cisler, Ph.D.
Director and
Associate Professor of Health Sciences
University of Wisconsin-Milwaukee
Affiliate Associate Professor of Population Health Sciences
University of Wisconsin Medical School

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Sulagna Sarker, MD, MPH, *CHIP Intern*
Donna Wilson, *Secretary II*

Our Background and Current Focus

The Center for Urban Population Health was initiated in April 2001 as a partnership among Aurora Health Care, the University of Wisconsin Medical School, and the University of Wisconsin-Milwaukee to address their cumulative missions to meet the health needs of Wisconsin and beyond through excellence in education, research, patient care and service. It was born from a desire to create a central repository, or “data warehouse” for research being done on health issues in Wisconsin, and to provide support and resources to investigators working in this area.

Our Mission

The Center’s mission is to improve the health and well being of Wisconsin’s urban communities through health services research, evaluation, research education and training, and health promotion. To accomplish this mission, faculty, residents, health care workers, government and community members work with Center staff to address the medical and non-medical factors that contribute to individual and community health.

Our Goals

- Building the capacity of urban communities to address and resolve their own health interests;
- Promoting the health of urban communities;
- Examining the socioeconomic determinants of health;
- Exploring health disparities;
- Providing useful empirical data.

The Center’s work is population-focused and community-based with a health and wellness perspective and a strong commitment to cultural diversity. Center personnel strive to be effective in communication across cultures and maintain dyadic relationships to learn and teach simultaneously. In understanding communities, the Center works to emphasize community and individual assets and resilience over deficits and chronic need.

Our Partnership

In fulfilling its critical functions, the Center for Urban Population Health facilitates collaborative activities that connect the University of Wisconsin Medical School - Milwaukee Clinical Campus, the University of Wisconsin-Milwaukee (UWM), Aurora Health Care, and the community. These associations address the health needs of southeastern Wisconsin and beyond through excellence in education, research, patient care and service. The Center also enables Milwaukee Clinical Campus, UW Medical School, and UWM programs to collectively engage in active learning and scholarship in the area of population health. The Center also participates in the education of students and residents for the University of Wisconsin Medical School’s Milwaukee Clinical Campus through creation of training opportunities in population health concepts and community-oriented health care, as well as its expertise in research design, outcome evaluation and analysis.

The Center’s unique partnership between the academic and clinical worlds of health care provides an interdisciplinary focus that includes direct service providers, educators, and research/data analysts. The Center’s research is based on experience, rapid access to community-oriented primary care professionals, and partnership with Wisconsin’s urban university campuses and the largest health care provider in Wisconsin. In addition, the Center is linked to the larger community allowing projects that address the needs of government, business, industry and other consumers of population health research.

Why Population Health?

Population health research is a way of understanding communities. During the 1990s the term took on a specific connotation, referring to a conceptual framework for thinking about why some people are healthier than others, as well as the policy development, research agenda, and resource allocation that flow from this framework. The Association of American Medical Colleges defines a population health perspective as an “ability to assess the health needs of a specific population, implement and evaluate interventions to improve the health of that population, and provide care for individual patients in the context of the culture, health status, and health needs of the population of which that patient is a member.”



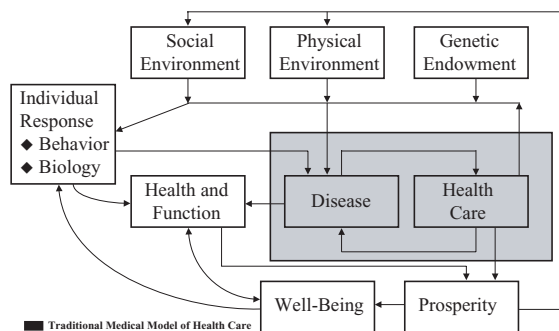
Population health focuses on identifying the determinants of health, disease, and well being in populations, designing and implementing preventive interventions that promote the health and well-being of populations, and measuring their effectiveness. Population health brings together a variety of disciplines, including sociology, demography, geography, social work, psychology, education, anthropology, public health, and clinical services (medicine, nursing, allied health services). Tools employed in the practice of population health include needs assessment, ethnography, public health surveillance, data collection and linkage, epidemiology and biostatistics, together with community-based interventions and studies.

A population health perspective can increase the understanding of critical health issues that are outcomes of social inequities and of policies that maintain them. Indeed, population health research can provide the benefit of increased prosperity, as well as health, since a healthy population contributes to a vibrant economy with reduced health and social service expenditures and increased overall social stability and well being.

The Center evaluates health programs to determine which practices result in superior health outcomes, as well as minimize the cost of care to the consumer and to the community. These programs might include almost any organized public health activity from direct service interventions or community mobilization efforts to communication systems and professional education services.

To generate insights into population health, Center scientists have conceptualized a model of an urban area in a data warehouse. This model is based on the Evans and Stoddart Conceptual Framework of Population Health Determinants. It allows the Center to incorporate data on the perceptions, behaviors and attributes of individuals, assessed at varying ecological scales in relation to measures and attributes of the physical, social and familial environments.

Conceptual Framework for Population Health



Source: modified from Evans RG, Barer ML, Marmor TR, Eds. *Why are some people healthy and others not?* New York: Aldine de Gruyter, 1994

Our Structure

The Center has developed a comprehensive structured approach to population and community health that is centered around four cores. These cores combine the academic and professional expertise of the University of Wisconsin Medical School, its Milwaukee Clinical Campus, the University of Wisconsin-Milwaukee, and Aurora Health Care with the experience and knowledge of various community groups and individuals.

Professional Education Core

The mission of the Professional Education Core is to provide service and assistance to the faculty and learners of our partner organizations. It collaborates with faculty, residents, students and community members in curriculum development and assessment, development of strategies for the evaluation of learners, curriculum growth in public health, epidemiology and cultural competence, and in educational grant writing. An additional focus of this core is the partnering of faculty and residents of the University of Wisconsin's Medical School with various schools in the Milwaukee Public Schools system to foster interest in health careers and to provide role modeling for elementary, middle and high school students interested in health careers.

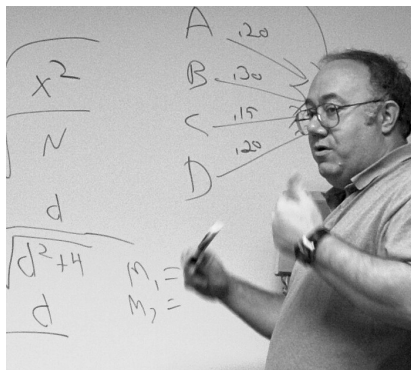
Health Services Research Core

The Center's Health Services Research Core provides collection, coordination and management of population health data. This Core supplies a framework for the analysis, interpretation and application of population-based data. Data is used to increase understanding of the determinants of health

through research, patient, provider, and community education, and public participation. Woven through the work of this Core is the challenge of increasing the understanding of population health issues through the creative and clear presentation of data.



Ron Cisler, Pimjai Sudsawad, Tim Halkowski and Susan Partington listen to a presentation at the Center's monthly Research Methodology Forum



UWM Professor Mike Allen discusses meta analysis techniques during a research forum meeting at the CUPH

Community Health Promotion Core

The Community Health Promotion Core focuses on building integrated and collaborative health promotion and disease prevention education and outreach programs. It evaluates the effects of community education on defined populations.

The purpose of this Core is to assess resiliency and health risk factors in individuals and groups and suggest appropriate interventions to improve the community's health, and assure the quality and integrity of Center intervention activities.

Planning and Evaluation Core

The Planning and Evaluation Core taps into communities' and practitioners' sense of what affects health through methods including interviews, focus groups and partnering with community-based organizations. The Core assists

health care providers in determining what patients and communities want from them, what their effectiveness is in delivering culturally sensitive, patient-centered care, and what they can do to modify practice to more effectively meet patient and community needs. This core also develops outcome-based evaluation, and community planning for diverse audiences including community-based organizations, employers, health care practitioners and health care systems.

Our Resources

The Center’s research-related work is focused initially on establishing a health database and projects that address the health needs of women and children, the aging population, minority groups, and the economically disadvantaged, as well as population health needs reflected in the State of Wisconsin health plan known as *Healthiest Wisconsin 2010*. Important initiatives include:

- Improving children’s health, with an emphasis on obesity and nutrition;
- Better prenatal care and improved birth outcomes, especially among minority populations; and
- Breast and other cancers, osteoporosis and behavioral health.

The Center’s institutional partners contribute significant resources to the development and maintenance of the Center. Its offices are located at Aurora Sinai Medical Center, where the CUPH enjoy the services and facilities of Aurora Health Care. The data warehouse is owned by the University of Wisconsin Medical School. The

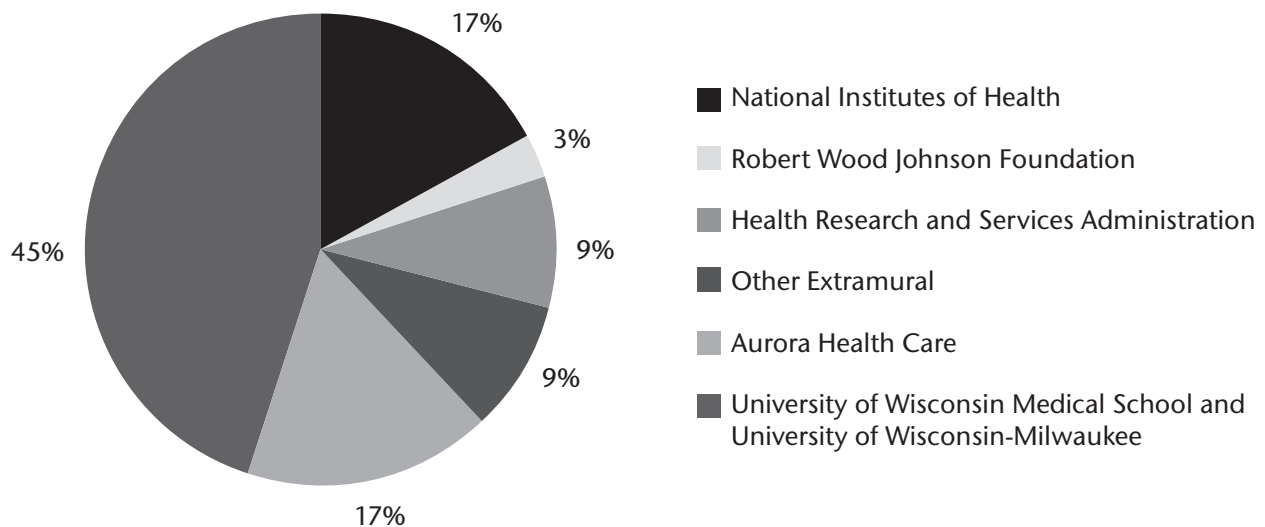
infrastructure of the Center is further supported with financial and human resource contributions from the University of Wisconsin Medical School’s Milwaukee Clinical Campus, the University of Wisconsin-Milwaukee, and Aurora Health Care.

Center personnel offer expertise in a variety of areas including:

- Project management
- Outcome evaluation and statistical analysis
- Participatory and community-based research
- Qualitative and quantitative needs assessment
- Survey research methodologies
- Data collection, management and integration
- Research design and implementation
- GIS/Spatial analysis

In addition, the Center receives extramural funding through various government and community agencies and foundations.

The Center has been very successful during 2003 – 2004 in obtaining significant extramural funding for its research endeavors. The pie chart below illustrates sources of funding as of June 30, 2004.



Our Connections

Professional

The Center serves as the research hub for the Milwaukee Clinical Campus (MCC) of the University of Wisconsin Medical School. One of the missions of the MCC is to prepare medical students and residents to practice in urban communities. Research is a key piece of this mission, particularly research that emphasizes achieving positive outcomes for Wisconsin's urban communities, and in particular, the underserved population in the Milwaukee area, most of whom are minorities.

In collaboration with the MCC, the Center, through its Professional Education and Health Services Research Cores, strives to enhance integrated research and scholarly activities of faculty, residents and staff by:

- Focusing on evidence-based practices used in Aurora Health Care (AHC) programs (e.g., Care Management, Aurora Research Initiatives) in order to assess the value of current practices and use research to improve practice and clinical outcomes;
- Increasing capacity for faculty research; and
- Facilitating fulfillment of medical resident research education requirements.

The Center provides the MCC with a team of expert methodologists, epidemiologists and statisticians to address the research education needs of faculty and residents and provide methodological planning and analysis of projects.

It also offers information systems support linking MCC and AHC databases to the overall CUPH data repository containing both local and statewide data. And the Center supplies administrative support (e.g., grant writing, grants administration, data processing) for research activities.

In addition, the CUPH collaborates on ventures directed by UW Medical School faculty in Family Medicine and Population Health Sciences. Projects such as the Healthier Moms study (Michael Fleming, MD, MPH), smoking cessation (Michael Fiore, MD, Thomas Jackson, MD) and fetal alcohol syndrome (D. Paul Mobey, PhD, Georgiana Wilton, PhD) are just a few of our collaborative research endeavors.

Cooperative relationships exist or are being developed between the CUPH and Madison-based centers such as the Center for Tobacco Research and Intervention, the Wisconsin Public Health and Health Policy Institute, the University of Wisconsin Comprehensive Cancer Center and others.

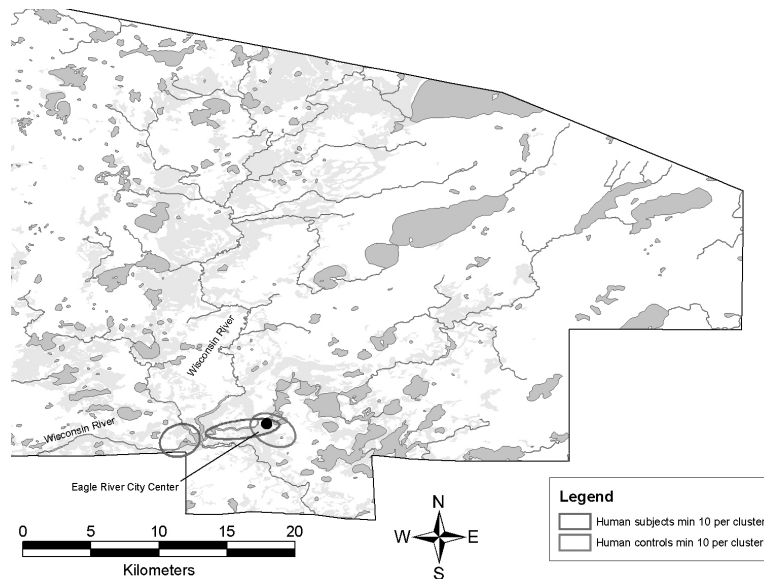
The CUPH also participates in joint research activities with UW-Milwaukee-

based centers and institutes such as the Center for Addiction and Behavioral Health Research (social work), the Institute for Urban Health Promotion (nursing), and Partnerships for Healthy Milwaukee (health services).

Finally, the Center has collaborations with other academic centers outside the UW system such as the Center for AIDS Intervention Research at the Medical College of Wisconsin and Marquette University's Department of Psychology and College of Nursing.

Community

The Center is actively involved in the community. The Center gets population health research "out of the box" and into the community through evaluation, planning, and professional and community education. Center staff have demonstrated experience in partnerships with community-based organizations, as well as other public and private health care providers.



The Center also addresses the difficulties in health care planning in Milwaukee and other urban centers in Wisconsin and elsewhere. The changing face of Milwaukee County has contributed to an alteration in several key population health factors. Challenges include providing follow-up care to a shifting and mobile population, increased difficulty for several populations in accessing health care, and very high substance abuse and smoking rates. In fact, there has been a significant increase in several health care problems affecting specific urban populations.

The Center, as an objective resource, can collect and analyze community-based health data to guide health care planners in making decisions regarding the location of new clinics, types and delivery of new services, and trends in urban settings, and then disseminate this knowledge more broadly.

Catalyzing Community-Academic Partnerships

During the period of September 2003 – March 2004, the Center’s Community Health Promotion Core conducted a rapid assessment to identify community-based organizations (CBOs) and other institutional partners for future collaborative projects. Using a “snowball” technique, Core staff met with key representatives from more than 50 CBOs and other institutions in Milwaukee. One of the primary goals was to identify their main program and research priorities related to community health promotion. Another goal was to identify and meet with potential partners who promised a high probability of successful community-academic partnerships, sustainability, innovation, and demonstration of commitment to methodological rigor in evaluation.

As the Wisconsin Partnership Fund for a Healthy Future (the University of Wisconsin Medical School’s Blue Cross/Blue Shield initiative) developed throughout 2003 and up to mid-2004, several CBOs and other institutions included in that rapid assessment approached the CUPH to develop proposals. In all, 27 community organizations asked

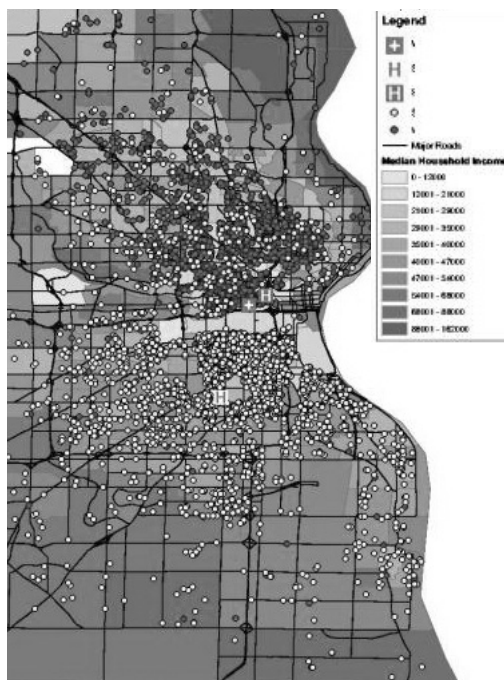
the CUPH to partner with them. Most proposals included a community health promotion component. (See page 15 for details.)

Establishing and Expanding Community Connections

The Community Health Promotion Core has been very active in attending local and statewide meetings and conferences that focus on community health promotion topics. Currently the Core is participating in three committees that focus on adolescent pregnancy prevention: the Adolescent Pregnancy Prevention Committee of the Wisconsin Department of Health and Family Services (Madison), the Adolescent Pregnancy Prevention Workgroup (coordinated by the Milwaukee Health Department) and the Milwaukee Teen Pregnancy Prevention Network (Milwaukee).

The Planning and Evaluation Core develops outcomes-based evaluation and community health planning for diverse audiences including CBOs, employers, health care practitioners, and health care systems. Examples include:

- Assisting community-based organizations with evaluation and outcomes;
- Assisting employers with programs for health care issues that affect employee performance such as obesity and weight management, diabetes and other care management issues;
- Assisting partners with developing benchmarks to measure success with the goal of improved health of the community;
- Providing recommendations on the best practice model for service delivery based on objective evaluation and planning;
- Helping UW Medical School, UW-Milwaukee, Aurora Health Care, and others to translate the care management initiatives developed by these organizations to the populations served in our partners’ communities.



Example of the use of geocoding to relate Milwaukee patient population to income levels.

International Partnerships

Dr. Antonio Leal, a Fellow from Porto, Portugal, joined the Center for three months in 2003. Dr. Leal is the President of the Liga Portuguesa de Profilaxia Social in Porto, Portugal. The Liga is a private health care organization in Porto, Portugal with a particular interest in community health in the lower socioeconomic districts of Porto. During Dr. Leal's tenure in Milwaukee he gave three presentations on the Liga role and functions. The presentations were given at UW-Milwaukee, UW-Madison, and Aurora Health Care.

The primary focus of Dr. Leal's Center Fellowship was to work in collaboration with Dr. Neil Oldridge who was the Center's Director of the Health Services Research Core. Together they analyzed health-related quality of life data collected on a cohort of patients with heart disease in Porto, Portugal.



Dr. Antonio Leal presenting at the University of Wisconsin-Milwaukee



Agreement signing between Liga Portuguesa de Profilaxia and CUPH (left to right) Neil Oldridge, Antonio Leal, Ron Cislser

Local Partnerships

The Center had the privilege of sponsoring two major events in the past two years. The first of these, *Narrowing the Gap: Mobilizing Resources in the Greater Milwaukee Community to Address and Eliminate Health Disparities*, was held at the Italian Community Center on November 5, 2003, in collaboration with Partnerships for Healthy Milwaukee. Nearly 300 public health and business professionals, educators, faith and political leaders, and government representatives participated in this daylong forum. This group shared and expanded plans, activities, and programs designed to improve health outcomes and reduce the growth of health disparities that exist in Milwaukee. Participants also had an opportunity to dialogue about collaborating, partnering and moving toward implementation of best practices.

The second event that the Center sponsored was *A Town Hall Meeting on Racial and Ethnic Disparities in Health Care: Closing the Gap-Part II* in collaboration with Cream City Medical Society and the University of Wisconsin-Milwaukee (UWM) Department of Multicultural Affairs. This event was held November 6, 2004 at the UWM Zelazo Center for the Performing Arts. Attendees continued to dialogue, identify solutions and provide information on the current status of the gaps in health care in Milwaukee. The Town Hall Meeting raised awareness of the severity of disparities in access to and quality of care. The group intends to continue meeting in order to develop strategies and action plans to address these disparities. The group will also explore changes in local, state and national policies that could facilitate the closing of these gaps.

Health Professions Partnership Initiative (HPPI)

The Center is home to the Outreach Program Manager of the Health Professions Partnership Initiative (HPPI). This program was started under the American Association of Medical Colleges Project 3000 by 2000 and was designed to increase under-represented minority enrollment in US medical schools. One of the goals of HPPI is to improve student achievement in elementary and high school to enable more minority students to move into health professions.

The HPPI Outreach Program Manager collaborated with community partners, Center staff, and Milwaukee Clinical Campus faculty to develop and implement programs that have the potential of contributing to an increase in the number of under-represented minorities entering the health professions applicant pool. These projects include the following:

Sarah Scott Middle School for the Health Sciences

Since 2002, residents from the Internal Medicine Residency at Aurora Sinai Medical Center have been serving as guest lecturers/presenters to Sarah Scott students as they study various human body organ systems. In September 2004, Sarah Scott health science teachers collaborated with the Outreach Program Manager from the Center for Urban Population Health and staff from the UW-Medical School Milwaukee Clinical Campus to draft a plan for the residents to teach middle school students during the school year. During the fall semester, the residents taught the digestive system to the 6th grade, the circulatory system to the 7th grade, and the nervous system to the 8th grade.

The teaching sessions began with the medical residents presenting an overview of the body system using models or drawings. Then the residents quizzed the students on their understanding of the body systems by having them identify specific organs, their location and how they function. The residents often added a level of excitement to the sessions by dividing the classes into teams and having them compete for treats. The



Internal Medicine Residency Director Dr. Mark Gennis (standing, right) works with Sarah Scott students.



An Internal Medicine resident demonstrates an anatomical feature of the brain to Sarah Scott students.

students were also encouraged to apply what they had learned to daily life. For example, in each session time was allotted for the students to ask the residents questions related to family members or friends with medical disorders (i.e., asthma, diabetes, heart attacks, etc.).

By the end of the fall semester, 11 Internal Medicine residents, 6 health science teachers and nearly 550 Sarah Scott students participated in 24 teaching sessions. During the spring semester, medical residents are scheduled to teach the skeletal and respiratory systems to grades 6 and 7, respectively. In a pilot venture, two fourth-year UW Medical School students will teach the 8th

grade students human reproduction/sex education. This teaching intervention will also be presented at Aurora Scientific Day in May 2005.

The students were eager to learn from the residents, felt at ease to discuss their career plans with them, and often queried them about how they became doctors. Future plans include having the residents teach on a monthly basis during the 2004-2005 school year, and presenting a mini-medical school week in May 2005.

Rufus King Health Career Club

In December 2003, the HPPI Outreach Program Manager met with Rufus King International Baccalaureate High School staff and Tito Izard, MD, Medical Director of the Aurora Sinai Family Care Center, to plan an after-school activity for students with a health career focus. The Rufus King Health Career Club met for the first time on January 13, 2004, with 34 initial members.

The club meets twice a month during the school year. Family Practice residents, faculty, and community partners present on topics such as diabetes, sickle cell, HIV/AIDS, the science of X-ray and casting, the skin, and spinal cord injuries. The Club will continue in the 2004-2005 school year and discussions have begun about expanding the program to interested students from other nearby high schools.

Health Careers Opportunity Program (HCOP)

The Health Careers Opportunity Program (HCOP) is a federal program begun in 1980 to increase the number and quality of individuals from disadvantaged backgrounds entering health professions schools, allied health professions schools, graduate programs in behavioral and mental health, and programs designed to train physician assistants. To meet the expanding health care needs, especially in underserved areas, the HCOP strives to develop a more competitive applicant pool to build diversity in the health professions. HCOP provides students from disadvantaged backgrounds an opportunity to enhance their academic skills and obtain support to successfully compete, enter and graduate from health professions schools.

All health career opportunities programs:

- Recruit individuals from disadvantaged backgrounds for health professions training;
- Assist disadvantaged students to enter training programs in health or allied health professions;
- Provide counseling, mentoring and other

services that help students successfully complete their training;

- Provide preliminary education and health research training;
- Publicize financial aid and financial planning resources to students and parents, as well as information about health care careers and training;

- Expose students to community-based primary health care with public and private nonprofit providers;
- Develop a larger and more competitive applicant pool through partnerships with institutions of higher education, school districts and other community-based entities.



Sharon Abston-Coleman, HPPI Outreach Program Manager, helps students learn to use a microscope.



Tito Izard, MD, works with Rufus King students as they learn CPR.

In June 2004, Aurora Sinai Medical Center hosted 12

undergraduates from the University of Wisconsin Milwaukee (UWM) College of Health Sciences Summer Enrichment Program (SEP) II under HCOP. During four weeks of job shadowing, students rotated through the Clinical Laboratory, the Internal Medicine Residency, Radiology/Imaging, and Sports Medicine/Rehab. They also completed coursework developed by the UWM HCOP faculty that focused on the fundamental skills needed in professional health care careers. Future plans include a repeat of the program in 2005.

Milwaukee Area Health Education Center (AHEC) Community Health Internship Program (CHIP)

The Milwaukee Area Health Education Center, in collaboration with the City of Milwaukee Health Department, the University of Wisconsin Medical School, and other area schools, offers a summer internship program each year for college students interested in community health. Students work closely with mentors from local businesses and organizations on community health projects designed to advance health care for underserved populations in Milwaukee.

The program has a three-fold mission:

- To provide college students with experiential knowledge in the field of community health;
- To present community health and health care delivery concepts in a didactic format through engaging health experts from the community to talk about their work;
- To ensure the recruitment of new health professionals, in all the health disciplines and sub-disciplines, into the broad field of community health.

In 2004, the Center was fortunate to have two outstanding interns, DeAnnah Byrd and Sulagna Sarker. For a term of six weeks, both interns were mentored by two Center staff members, Ron Cisler, Director, and Laura Paluch, Research Specialist.



DeAnnah Byrd

DeAnnah Byrd

was mentored by Dr. Cisler in a project on Disparities of STD, alcohol problems, and sexual risk behaviors among city of Milwaukee residents. The goal of this project was to investigate the relationship between the use of alcohol and sexual risk behaviors

primarily through analysis of data already collected. DeAnnah worked closely with Dr. Cisler at the CUPH and Dr. Lance Weinhardt at the Center for AIDS Intervention Research at the Medical College of Wisconsin, on database access, analysis and writing a draft report. DeAnnah also received direct experience in working at the City of Milwaukee Health Department STD clinic with Dr. Geoffrey Swain. Center staff were very proud when DeAnnah won the award for best research presentation among 2004's Milwaukee AHEC interns.



Sulagna Sarker

Sulagna Sarker

was mentored by Laura Paluch on the MEMO (Minimizing Error, Maximizing Outcomes) project. MEMO is a three-year national multi-site project designed to study the effect of health care work conditions on physician stress and

satisfaction, and ultimately on the quality of care and medical errors. The MEMO study has three phases: recruitment of physicians, survey distribution to clinic managers, and patient recruitment. Sulagna worked on phase three, maintaining and updating Access and Excel databases with patient survey status information. She also assisted with recruitment of patients and conducted patient surveys via telephone, mail and in person.

Our Research

Wisconsin Partnership Fund for a Healthy Future

The year 2004 marked the initial year for distribution of the Blue Cross/Blue Shield funds in Wisconsin. On June 3, 1999, Blue Cross/Blue Shield United of Wisconsin announced its intention to convert to a for-profit corporation and to distribute the proceeds from the sale of its stock to the UW Medical School and the Medical College of Wisconsin to advance the health of the state's residents. The two schools organized a comprehensive assessment of the health status and needs of Wisconsin's diverse population. The results were used by the two schools to create a document titled *Advancing the Health of Wisconsin's Population*. Based on this proposal, the Wisconsin Insurance Commissioner determined that each school would distribute 35% of the conversion funds for public health and public health community-based initiatives called "Public Health Partnerships."

The University of Wisconsin Medical School, under the direction of its Oversight and Advisory

Committee, established the Wisconsin Partnership Fund for a Healthy Future as the vehicle for distribution of its share. The Fund is designed to provide resources to help address Wisconsin's most pressing health needs. To accomplish this, the Fund developed a five-year plan that focuses on creating community-academic partnerships and supporting medical education and research. It is designed to address the goals of the state's health plan, *Healthiest Wisconsin 2010*, to eliminate health disparities, promote health, and transform Wisconsin's public health system. A cornerstone of the plan is the Community-Academic Partnership Fund that provides grants to community-based organizations to improve the health of the public through an annual Request for Partnership (RFP) process. The first RFP was issued on May 3, 2004.

Twenty-seven community organizations asked the CUPH to partner with them in this first round. Of the 18 proposals that were ultimately submitted, one planning grant and two implementation grants were funded.



Aurora Sinai Medical Center, Milwaukee, Wisconsin

New Concept Self-Development Center, Inc. received a \$26,000 planning grant to develop the design for a community mental health training institute that would identify and train community mental health workers who can provide (a) crisis intervention services available during non-traditional hours; (b) in-home and community-based mental health education and counseling services; (c) targeted training focused on providers of faith-based counseling, those serving children coming out of institutions and in non-public schools, families reuniting with a parent who has been incarcerated and intergenerational families; and, (d) other targeted services based on continuing assessment of community mental health needs. The Center is assisting in the development of the design and in drafting a proposal for a future implementation grant to establish the institute.

The Milwaukee Police Department, in collaboration with the City of Milwaukee and the Milwaukee County District Attorney's office, received \$429,415 for *The Milwaukee Homicide Review Commission*, a comprehensive initiative to promote healthy and safe neighborhoods and reduce the occurrence of homicides in Milwaukee County. In keeping with emerging best practices in public health and criminal justice, the project will assemble a working team of professionals charged with developing a multi-level, multi-disciplinary, and multi-agency homicide review process. The process will include interventions to promote neighborhood safety and strategic responses to the problems of homicide in Milwaukee County. The CUPH will provide technical expertise in data collection and analysis for the project.

PeriData: A Rural Urban Information Network, another step in an on-going project the **Wisconsin Association for Perinatal Care** and the CUPH are involved in. This grant for \$395,819 will extend the statewide perinatal database, **PeriData.Net™**, to 34 rural Wisconsin birth hospitals and train all birth hospital users in database applications, including analysis and use. As a result, 104 Wisconsin birthing hospitals in 72 counties will have access to **PeriData.Net™**. Please see page 18 for more information on the **PeriData.Net™** project.

In addition to these successful applications, the **Center for Urban Population Health** was awarded approximately \$300,000 for two years to develop *Multi-Level Information Systems and Health Promotion Interventions* for Milwaukee's school children with the

Milwaukee Public Schools. The overall purpose of this project is to assess the general health and health risks of Milwaukee school children and examine the utility and impact of public health-trained nurses and health specialists utilizing broad-based normative data to provide feedback for improving health outcomes. This is a multi-level, systems-based project that will (1) institute a health information data collection system within the Milwaukee Public Schools system; (2) use the data collected to plan preventive health interventions with a school-based health team; and, (3) develop and implement the "Milwaukee School Health Model" that will focus primarily on curricular and other preventive health interventions with school children. This funding will allow completion of phases 1 and 2.

Project 20/20: Advanced Technology for Vision Screening

An 11-year-old girl is at a restaurant enjoying a Sunday dinner with her family. Her younger brother, who has been looking out the window, asks her father, "Who is Steuben?" Her father explains that he was a hero from the American Revolution. The girl is puzzled. She asks her brother, "Why did you ask about Steuben? Where did that name come from?" Her father and brother explain that Steuben is the name on the statue standing about 30 feet outside the window. The girl looks, sees the statue but can't see the name. She can't even see the engraved stone holding the name. This is the first time in the girl's life that anyone realizes she has a vision problem.

How could this happen? Very easily. The girl was short and so she was seated in the front row in all her classes. And, more importantly, because she had this vision problem since birth, she never realized that she couldn't see the things other people saw.

Today, it is estimated that nearly 25% of school-age children have vision problems. By the time these children are teenagers, 11.5% will still have undetected or untreated problems.¹ This has a serious detrimental effect on education and quality of life for these children.

In response to this, the federal government included vision objectives in *Healthy People 2010*, the nation's

¹ Ferebee A. Childhood Vision: Public Challenges & Opportunities. A Policy Brief. The Center for Health and Health Care in Schools. George Washington University. November 2004

health promotion and disease prevention agenda. One of these objectives is to reduce blindness and visual impairment in children and adolescents aged 17 years and under.

To prevent the educational consequences of poor vision, Milwaukee Public Schools (MPS) conducts vision screenings of 5-year-old kindergarten students and 5th graders. Students who are found to have potential vision problems are referred for further evaluation and treatment. MPS found that while the screening program was successful, the referral and follow-up process was difficult to manage efficiently and in a cost-effective manner. Therefore, MPS has partnered with the CUPH and Prevent Blindness Wisconsin (PBW) to demonstrate the impact of technology on the efficacy and efficiency of vision screening and follow-up eye care. The project aims to provide service to approximately 5,000 students annually in 30 urban elementary schools. The Project 20/20 program is funded by a grant from the National Telecommunications and Information Administration (NTIA), Technology Opportunities Program (TOP).



Project 20/20 Development Team (left to right): Dale Steber, Kathleen Murphy (MPS), Dustin Aubert (MPS), Monica Kail (MPS), Donna Brady (PBW)

- Increase the use of appropriate technology to ensure screening results and accurate recording and follow-up information are maintained in a database that allows easy monitoring of the follow-up status for an individual child.
- Maintain or decrease the number of volunteers required for vision screening while reducing the amount of oversight of their efforts.
- Link vision status to attendance.
- Ensure all children receive vision screening, early intervention, appropriate referral and follow-up eye care.

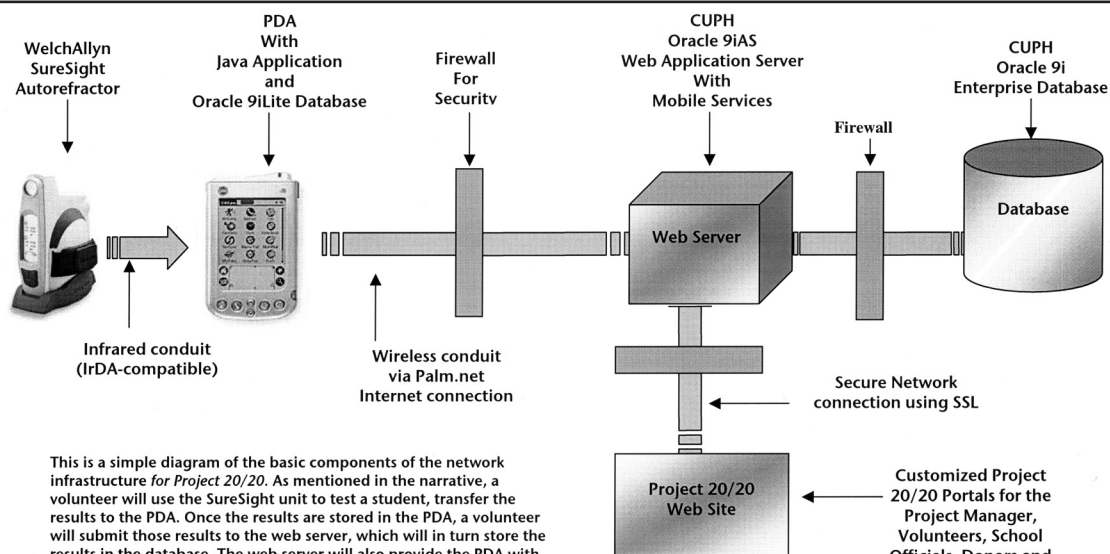
The Center is creating a wireless Vision Screening program that interfaces with a vision-screening device called an autorefractor. CUPH, along with Welch-Allyn, manufacturer of the SureSight autorefractor, will coordinate technology adaptation. Screening data from the SureSight

autorefractor will be captured in a personal digital assistant (PDA) from each group of students that is screened. CUPH will create the program on the PDA to retrieve the results from the SureSight.

CUPH is developing a J2EE (Java 2 Enterprise Edition) web-based application to enhance the ability of other groups to deploy the Project 20/20 application. CUPH will also construct this web application using J2EE so that other groups can

Project Goals:

- Reduce barriers to learning by increasing the efficiency of the process by which traditionally underserved children are identified, screened, and referred for vision problems.



This is a simple diagram of the basic components of the network infrastructure for Project 20/20. As mentioned in the narrative, a volunteer will use the SureSight unit to test a student, transfer the results to the PDA. Once the results are stored in the PDA, a volunteer will submit those results to the web server, which will in turn store the results in the database. The web server will also provide the PDA with web clippings and class lists. The concept of portals will be used to provide customized access and security to different levels of data (individual, aggregate) depending on the audience.

Customized Project 20/20 Portals for the Project Manager, Volunteers, School Officials, Donors and the public.

deploy the application on existing web servers using free or open source server and database software on a wide range of network infrastructures.

CUPH will provide MPS with a collaborative web application server that will interact with the PDA. The Center is providing a majority of the technical expertise to develop the three main Project 20/20 components.

Statewide Perinatal Database

Since 1989, the State of Wisconsin has used a system known as PC-LOG to collect essential data on births in Wisconsin. This DOS-based program was developed jointly by the Wisconsin Division of Health Care Financing, the Wisconsin Association of Perinatal Care (WAPC), and a third-party vendor. The purpose of the database was (1) to allow hospitals to efficiently collect and share information with Vital Records in compliance with applicable State statutes, and (2) to offer WAPC opportunities to conduct statistical analysis and benchmarking in order to promote perinatal care. Demographic, socioeconomic, and health data are collected on approximately 90% of live births in Wisconsin through PC-LOG.

In March 2003, the WAPC issued a Request for Proposal for a replacement system that would be Windows-based, provide richer surveillance and analysis opportunities, and comply with the Health Insurance Portability and Accountability Act (HIPAA).

The Center submitted a proposal to build a PeriData network and the proposal was accepted by WAPC. The new system will be compatible with national surveillance systems and will allow the collection of enhanced quality-of-care indicators.

Benefits of PeriData.Net™

- State-of-the-art web access
- Cost-effectiveness
- Easier interface and improved utilization by personnel
- High access security (encryption/firewalls)
- High on-site security
- Continuous system support
- Flexible data management/reporting
- Improved data retrieval algorithms

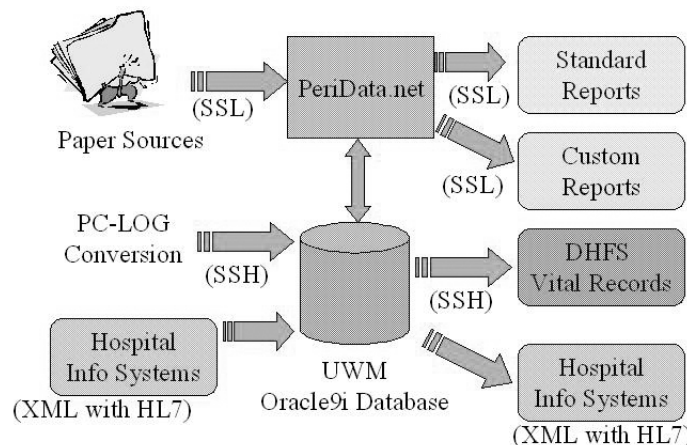


Some of the PeriData team (l-r): Marianne Weiss (MU), Ron Cisler, Susan Partington, Ann Conway (WAPC), Dale Steber

As a result of a Wisconsin Partnership Fund grant received by the Wisconsin Association of Perinatal Care (see page 16), CUPH will extend the statewide perinatal database, PeriData.Net™ to 34 rural Wisconsin birth hospitals and train these birth hospital users in the database applications, including analysis and use. The project will enable rural hospitals to improve quality assurance and monitoring of birth outcomes and conform to legal and regulatory requirements. *The PeriData.Net™ team: Ron Cisler, Ann Conway (WAPC), Marianne Weiss (Marquette University), Susan Partington, Dale Steber, Russell S. Kirby (Univ. of Alabama).*

PeriData Architecture

(Meets NEDSS Base System 2.0 Recommendations)



Community Health Survey

In the summer of 2003, Aurora Health Care partnered with 30 local health departments to survey residents on their health status and habits to:

- Gather specific data on behavioral and lifestyle habits of the adult population. Selected information was also collected about respondent households;
- Gather data on the prevalence of risk factors and disease conditions existing within the adult population;
- Compare, where appropriate and available, health data of residents to state and national measurements.

The surveys were conducted through a grant provided by Aurora. The reports are part of a comprehensive survey of eastern Wisconsin commissioned in partnership with local health departments to identify areas of greatest need. Center staff performed data analysis. *(Mark Huber (AHC); Ron Cisler; Susan Partington; Marianne Byers (AHC))*

The report is available at www.aurorahealthcare.org/yourhealth/comm-health-reports/art/eastern-wi-rollup.pdf.

Milwaukee Data Consortium

The Milwaukee Data Consortium involves the efforts of individuals from a diverse group of community-based organizations that have a variety of health, social service and public databases. There are 15 members currently, including the CUPH, Making Connections Milwaukee, City of Milwaukee Health Department, Milwaukee Public Schools, United Way of Greater Milwaukee, Impact 211, Nonprofit Center of Milwaukee, The Planning Council, and the City of Milwaukee Police Department among others. Another nine community agencies participate in the discussions. Plans are underway to integrate health, social services, housing, business, employment, crime, census and educational data into compatible systems so that it will be possible to examine relationships among community-wide progress markers. *(Susan Partington; Dale Steber)*

Health Department Vital Records Project

In 2003, Center faculty and staff working with birth certificate data files from the City of Milwaukee Health Department (MHD), created a standardized, master birth file containing birth certificate data from 1993. Prior to this consolidation, data existed in 11 different

files in four different file formats with a variety of field names and coding schemes. Differences in data format, file type, field names and coding were reconciled in a Microsoft Access database. Programs were written in Access to create calculated variables including the Kotelchuck index. A standardized updating procedure was developed to add annual data to the master file. This master file allows the MHD to analyze birth statistics across years and examine longitudinal trends in birth rates and events. *(Kathy Blair (MHD), Susan Partington, Dale Steber, Lea Soderstrom)*

Identification of Repeat Pregnancies in Adolescents

Study after study has shown numerous adverse outcomes that result for adolescent mothers and their children and the potential for perpetuating the cycle of teen pregnancy, poverty and poor health. This project sought to identify adolescents in the City of Milwaukee who had one or more teen births. This was accomplished by linking records within the City of Milwaukee Health Department birth certificate database. Once these mothers were identified, CUPH staff were able to calculate teen birth rates and repeat birth rates across the ten-year span of the birth certificate database using the Freely Extensible Biomedical Record Linkage (FEBRL) program. The staff determined neighborhood-level factors associated with increased rates of teen birth and repeat birth by census tract. These factors can be used by pregnancy prevention groups to identify groups and geographic areas within the City of Milwaukee at high risk of teen birth and repeat birth and to target programs and services. The project will also provide outcome data for pregnancy prevention programs by linking program participants to the birth database. This study was funded by the Robert Wood Johnson Health and Society Scholars Program in conjunction with the City of Milwaukee Health Department, and the University of Wisconsin Medical School. *(Kathy Blair (MHD), Susan Partington, Dale Steber, CapriMara Fillmore (MHD))*

Population, Risk and Probability as Theoretical and Folk Concepts: Studying Folk Usage to Deepen the Conceptual Framework of Population Health

While physicians increasingly need to include patients in decision-making, patients regularly approach these discussions from wholly different foundations and

assumptions. Physicians need to have a sense of patients' lay-notions of population, risk, and probability, so as to effectively translate these issues for patients. This skill is an essential aspect of being a culturally competent health care provider.

With funding from the Robert Wood Johnson Health and Society Scholars Program (UW-Madison, Department of Population Health), Center staff are doing a discourse analytic study of videotapes and

audiotapes of 100 primary care encounters, so as to identify, catalog, and analyze physician and patient uses of the concepts of *population*, *risk* and *probability*. The results of the study will be used to improve the training of medical students and residents so that they will be better able to discuss difficult and complicated medical decisions with their patients. (*Timothy Halkowski*)

Other Projects

A Prevalence and Dose Finding Treatment Study of Vitamin D Insufficiency. Study to examine the association between blood levels of Vitamin D and the prevalence of Osteoporosis. *S. Kidambi (principal investigator-UWMS), S. Partington, (subject interviews), D. Wilson (scheduling), K.E. Hansen, N.C. Binkley (UWMS), M.K. Drezner, M.B. Elliot.* Completed.

Assessment of Children with Special Health Care Needs. Project to assess the prevalence of children with special healthcare needs (CSHCN) residing in the City of Milwaukee. The CSHCN Screener[®], an instrument designed to identify CSHNC, was included in the administration of the Greater Milwaukee Survey, implemented by the Institute for Survey & Policy Research at the University of Wisconsin-Milwaukee in 2004. The CUPH is doing the data analysis. This project is funded by the State of Wisconsin Department of Health and Family Services through Children's Hospital of Wisconsin. *S. Partington, R. Cisler, K. Blair (MHD).* Project Timetable: 2003 to present.

Aurora Health Care Safety Climate Survey. Developed form, analyzed data for correlation with Aurora Pulse Survey questions. *K. Leonhardt (AHC), A. Caceras (UWMS), A. Staroszczyk (AHC), S. Partington, D. Steber and clerical support.* Completed.

Aurora Healthy Lifestyle Study. Funded by the Robert Wood Johnson eHealth Technology Initiative. Five hundred Aurora Health Care employees will participate in this study designed to evaluate the effectiveness of online weight management tools and techniques in improving a variety of health outcomes. *P. Hartlaub (principal investigator-UWMS/AHC), L. Paluch (study coordinator-UWMS), R. Cisler, S. Partington, J. Englund (AHC/UWMS), M. Doherty (AHC), P. Franklin (AHC), N. Linkon (AHC), D. Steber (database construction).* Project timetable: September 2004 to present.

Aurora Sinai Perinatal Database. Convert pre-existing perinatal database from Paradox to Access 97 and provide data entry personnel with training. *L. Robinson (project director-AHC), D. Steber (programming), H. Stowe (AHC), L. Stachowiak.* Completed.

Blastomycosis Study. A spatial analysis of the incidence of Blastomycosis among humans and dogs in Vilas County, Wisconsin. *D. Baumgardner (principal investigator) (UWMS), D. Steber (GIS support and data access), R. Glazier (senior analyst-market research).* Completed. Baumgardner DJ, Steber D, Glazier R, Paretsky DP, Egan G, Baumgardner AM, Prigge D. (In Press) Geographic information system analysis of blastomycosis in northern Wisconsin, USA: waterways and soil. *Medical Mycology.*

Bread of Healing Clinic. Assist the Milwaukee Clinical Campus in determining the patient population of this free clinic for strategic planning for the growth of the clinic. *T. Jackson (principal investigator) (UWMS), D. Steber (data access and GIS support), B. Horner-Ibler (UWMS), S. Ohly (AHC), S. Turner (AHC).* Project Timetable: November 1, 2003 to Present.

Community Pulse Survey. Created a template to include community health issues in Continuing Medical Education (CME) programming and dissemination of the data to the Milwaukee Clinical Campus. *T. Halkowski, D. Steber, A. Stevens (MAHEC intern).* Completed.

Comparison of Filshie Clip and Pomeroy Method for Obstetric Sterilization. *D. Siddiqi (principal investigator-UWMS), S. Partington, A. Al-Niaimi (AHC/UWMS), B. Selman, R. Narayan (UWMS).* In design phase.

Diabetes Care Management. Flagship study to explore Aurora Care Management data by CUPH investigators. *P. Hartlaub (UWMS/AHC), S. Strath (UWMS), A. Swartz (UWMS), R. Cisler, P. Falvey (AHC), D. Steber.* In design phase.

Family Medicine Faculty Evaluation Resident Survey. Resident evaluation of Department of Family Medicine faculty. *D. Baumgardner, S. Partington, L. Soderstrom (data analysis), M. Anderson (staff support).* Completed.

Health Disparities in Premature Births – Low Birth Weight in Minority Populations. Assisted with interviews of physicians related to disparities in premature births in Milwaukee. *M.K. Madsen (UWM), L. Bradford (UWM), R. Cisler.* Completed.

Measurement of Barrett’s Esophagus. Analysis of inter- and intra-observer variability in the measurement of length of endoscopies. *N. Guda (principal investigator-UWMS), N. Vakil (Aurora Medical Group-UWMS), S. Partington (data analysis).* Completed. *Guda NM, Partington S, Vakil N. (2004). Inter- and intra-observer variability in the measurement of length at endoscopy: Implications for the measurement of Barrett’s esophagus. Gastrointestinal Endoscopy. 59(6), 655-8.*

Meta Analysis of Extracorporeal Shock Wave Lithotripsy in the Treatment of Pancreatic Stones. *N. Guda (principal investigator), S. Partington (analysis), N. Vakil.* Meta Analysis of Extracorporeal Shock Wave Lithotripsy in the treatment of pancreatic stones. Completed.

Minimizing Error Maximizing Outcome (MEMO): The Physician Worklife Study II. MEMO is investigating the relationship between ambulatory practice organization and the quality of care received by patients including medical errors. *M. Linzer (principal investigator), B. Horner-Ibler (site PI for Milwaukee site-UWMS), L. Paluch (research specialist), A. Maguire (Medical College of Wisconsin).* Project Timetable: November 1, 2001 to October 31, 2004.

Neonatal Intensive Care Unit – Very Low Birth Weight Babies. Multi-site study examining clinical benefits and costs of neonatal intensive care. *M. Palta (Department of Population Health Sciences, UWMS), J. Garland (St. Joseph’s Hospital), L. Chambers (Aurora Sinai Medical Center), R. Cisler.* Ongoing.

On-line CME – Improving Mental Health Care in Nursing Homes. Created a new online CME course that tracks the usage by each participant and links tests, evaluations, and registrations. *M. Malone (Aurora Geriatrics Institute), D. Steber (programming).* Course available at www.cuph.org/cme/mental/.

On-line CME – Diabetes Mellitus in the Elderly. Created a new version of the online CME course that tracks the usage by each participant and links tests, evaluations, and registrations. *M. Malone, G. Graham (AHC) A. Klein, D. Steber, E. Stuffers.* Course available at www.cuph.org/cme/diabetes/.

Online CME – Geriatrics Practice: The Art of Survival. Created a new online CME course that tracks the usage by each participant and links tests, evaluations, and registrations. *M. Malone, D. Steber.* Course available at www.cuph.org/cme/survival/.

Online CME – Oral Health and Aging. Created a new online CME course. The CUPH also hosted a pre-conference education course, links to real-time streaming video from Marquette at a live conference, and a post-conference repository. *A. Lacopino (principal investigator-Marquette University), M. Malone, D. Steber, S. Barnes (Wisconsin Geriatrics Education Center Coordinator-Marquette University), G. J. Pray (Marquette University).* Course available at www.wgec.org/.

Online CME – The Management of Persistent Pain in Older Persons. Created a new online CME course that tracks the usage by each participant and links tests, evaluations, and registrations. *M. Malone, D. Steber.* Course available at www.cuph.org/cme/pain/.

Patient Satisfaction Survey. Conduct bi-annual survey of outpatients at Milwaukee Clinical Campus clinics and report results. *S. Partington (project leader), D. Steber (database), L. Soderstrom (data analysis), D. Wilson and M. Anderson (support services).* On-going.

Physicians’ Attitudes and Practices related to Osteoporosis Screening in African-American Women. Survey of midwest physicians to determine knowledge, attitudes, and practices related to osteoporosis screening in African-American women. *D. Kidambi, (principal investigator-UWMS), S. Partington, D. Wilson, L. Burke (AHC).* Project Timetable: August 15, 2003 to present.

Prevalence of Osteoporosis and Assessment Factors Contributing to Low Bone Mass in African American Wisconsin Women. To assess the prevalence of low bone mass in pre- and post-menopausal African American women in the Midwest and related risk factors. *D Kidambi (principal investigator), S. Partington, N. Binkley (UWMS), D. Wilson, M. Anderson (support services).* Completed. Paper submitted to Journal of General Internal Medicine.

Proximity Study. Investigating whether the proximity of a clinic influences the receipt of proven health care interventions, specifically blood pressure screenings and immunizations. *D. Baumgardner (principal investigator), D. Steber (database access), S. Halsmer (UWMS), D. Shah (AHC/UWMS).* Project Timetable: June 1, 2002 to Present.

Reach Out and Read. Analysis of preliminary program outcomes of the Aurora/UWMS-MCC Reach Out and Read program. *Janice Litza (principal investigator-UWMS), M. Brondino (UWM), S. Partington, L. Soderstrom.* Completed.

Sexual Assault Treatment Center. Research and consultation to the Sexual Assault Treatment Center concerning technical aspects of using digital photography. *D. Steber.* Completed.

Smoking Cessation Study. Chart abstractions performed to evaluate how medical assistants, nurses and doctors respond to patients who smoke. *S. Worku (principal investigator-UWMS), D. Steber, S. Partington, D. Harley, J. Miller.* Completed.

Symptomatic Gastro-Esophageal Reflux, Arousals and Sleep Quality in Patients Undergoing Polysomnography for Possible Obstructive Sleep Apnea. Investigation of sleep apnea, reflux disease and their effects on sleep-related quality of life. *N. Guda, S. Partington, N. Vakil.* Completed. Guda N, Partington S, Vakil N. (2004). Symptomatic gastro-oesophageal reflux, arousals and sleep quality in patients undergoing polysomnography for possible obstructive sleep apnea. *Aliment Pharmacol Ther.* 20, 1153-1159.

Systematic Review and Meta-analysis of the Efficacy of the Stool Antigen Test in the Detection of Helicobacter pylori Before and After Treatment in Adults and Children. *H. Lanz (principal investigator-AHC), S. Partington (analysis), N. Vakil.* Completed.

Work Home Balance Survey. To objectively outline retention and leadership roles of men and women of the Milwaukee Clinical Campus. *B. Amuzu (principal investigator-UWMS), D. Baumgardner, K. Hemesath, S. Turner (AHC), E. Danto-Nocton (UWMS), D. Steber (database access), M. Anderson (scanning and data input), S. Partington (analysis).* Project Timetable; March 18, 2003 to Present.

Publications

Baumgardner DJ, **Steber D**, Glazier R, Paretsky DP, Egan G, Baumgardner AM, Prigge D. (In press). Geographic information system analysis of blastomycosis in northern Wisconsin, USA: waterways and soil. *Medical Mycology*.

Charles P, Cleary L, Dudding B, **Hemesath K**, Marcdante K, Shumway J, Smith C, Stearns J, Yoder E. (2004). Assessment of Professionalism Annotated Bibliography, Undergraduate Medical Education Section, American Association of Medical Colleges (AAMC). www.aamc.org/members/gea/ugmesection/ugmeprofessionalism.pdf

Cisler RA, Kivlahan DR, Donovan D, Mattson ME. (In press). Assessing non-drinking outcomes in combined pharmacotherapy and psychotherapy clinical trials for treatment of alcohol dependence. *Journal of Studies on Alcohol. In conjunction with the Center for Addiction & Behavioral Health Research*.

Cisler RA, Barrett D, Zweben A, Berger L. (2003). Integrating a brief treatment for problem drinkers in an outpatient behavioral health clinic: Client characteristics, utilization of program services and preliminary outcomes. *Alcoholism Treatment Quarterly*, 21(3), 1-21. *In conjunction with the Center for Addiction & Behavioral Health Research*.

COMBINE Study Research Group (Including **Cisler RA**). (2003). Testing combined pharmacotherapies and behavioral interventions in alcohol dependence: Rationale and methods. *Alcoholism: Clinical and Experimental Research*, 27(7), 1107-1122.

Couper DJ, Hosking JD, **Cisler RA**, Gastfriend DR, Kivlahan DR (In press). Factorial designs in clinical trials. *Journal of Studies on Alcohol. In conjunction with the Center for Addiction & Behavioral Health Research*.

Dowell D, Manwell L, Maguire A, An P, **Paluch L**, Felix K, Williams E. (In press). Urban outpatients' views on quality and safety in primary care. *Longwood Review*.

Guda N, **Partington S**, Vakil N. (2004). Inter- and intra-observer variability in the measurement of length at endoscopy: implications for the measurement of Barrett's esophagus. *Gastrointestinal Endoscopy*. 59(6), 655-8.

Guda N, Noonan M, Kreiner M, **Partington S**, Vakil N. (2004). Use of intravenous proton pump inhibitors in community practice: an explanation for the shortage? *American Journal of Gastroenterology*. 99(7), 1233-7.

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Hemesath K, Stearns J. (In press). ACGME Core Competencies. In Paulman P, Susman J, Harrison J, Finkelstein K. (Eds.) *Precepting Medical Residents in the Office*. Baltimore: Johns Hopkins University Press.

Hosking JD, **Cisler RA**, Couper DJ, Gastfriend DR, Kivlahan DR, Anton RF. (In press). Designing Clinical Trials that Combine Pharmacological and Behavioral Treatments. *Journal of Studies on Alcohol. In conjunction with the Center for Addiction & Behavioral Health Research*.

Kalichman SC, Cain D, Zweben A, **Swain G**. (2003). Sensation seeking, alcohol use and sexual risk behaviors among men receiving services at a clinic for sexually transmitted infections. *Journal of Studies on Alcohol*. 64(4), 564-9.

Mattson ME, **Cisler RA**, Donovan D, Longabaugh R, Zweben A. (In press). Quality of life in alcoholism treatment clinical trials. *Journal of Studies on Alcohol. In conjunction with the Center for Addiction & Behavioral Health Research*.

Reed KD, Melski JW, Graham MB, Regnery RL, Sotir MJ, Wegner MV, Kazmierczak JJ, Stratman EJ, Li Y, Fairley JA, **Swain GR**, Olson VA, Sargent EK, Kehl SC, Frace MA, Kline R, Foldy SL, Davis JP, Damon IK, (2004). The detection of monkeypox in humans in the Western Hemisphere. *New England Journal of Medicine*. 350(4), 342-50.

Solliday-McRoy C, Campbell TC, Melchert TP, Young TJ, **Cisler RA**. (2004). Neuropsychological functioning of homeless men. *Journal of Nervous and Mental Disease*. 192(7), 471-8.

Zarkin GA, Bray JW, Mitra D, **Cisler RA**, Kivlahan DR. (In press). Cost methodology of COMBINE. *Journal of Studies on Alcohol*. In conjunction with the Center for Addiciton & Behavioral Health Research.

Zweben A, **Cisler RA**. (2003). Clinical and methodological utility of composite outcome measures in alcoholism treatment research. *Alcoholism: Clinical and Experimental Research*, 27(10), 1680-168. In conjunction with the Center for Addiction & Behavioral Health Research.

Presentations

Abston-Coleman S, Hawkins G. *HPPI: What Have We Learned?* Oral presentation and break out session at the Association of American Medical Colleges Sixth Annual Joint Meeting of HPPI/SMEP, Scottsdale, AZ, December 2004.

Abston-Coleman S. *Rufus King IB High School Summer Prep Academy: A Grassroots Effort toward Increasing Diversity in the Health Professions*. Poster presentation at Aurora Scientific Day, Milwaukee, WI, May 2004.

Abston-Coleman S, Gennis M, **Hemesath K**. *Residents as Teachers: A Middle School Health Science Curriculum Experience*. Poster presentation at Aurora Scientific Day, Milwaukee, WI, May 2003.

Abston-Coleman S, Smith-Mack F. *Making More than Just Cheese in Wisconsin*. Poster presentation at 4th Annual Joint Meeting of Health Professions Partnership Initiative (HPPI) and Minority Medical Education Program (MMEP), Association of American Medical Colleges, Seattle, WA, December 2002.

Abston-Coleman S, Gennis MA, **Hemesath K**. *Residents as Teachers*. Presentation at the American Association of Medical Colleges' Central Group on Educational Affairs annual meeting. Iowa City, IA, March 2003.

Barry D, Bates ME, Morgenstern J, **Cisler RA**, Tonigan JS, Voelbel W, Fals-Stewart W. Neuropsychological impairment and social support for abstinence. 26th Annual Research Society on Alcoholism Meeting, Fort Lauderdale, FL, June 2003.

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(Left-right) Kimberly Bastic, Meridith Mueller, Marilyn Anderson, Laura Paluch, Susan Partington, Sharon Abston-Coleman, Tim Halkowski, Antonio Leal (back), Donna Wilson, Dale Steber (back), Ron Cisler, Neil Oldridge (Not pictured: Loren Galvao, Karla Hemesath, Andrea Schreiber, Lea Soderstrom, Geoffrey Swain, Anne Marie Talsky)