

IMPROVING THE HEALTH OF COMMUNITIES



CENTER FOR URBAN POPULATION HEALTH

ANNUAL REPORT

2016

Center for Urban Population Health

Working together to improve the health of communities



OUR MISSION

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

OUR VISION

To be a destination where researchers can lead innovative, community-connected urban population health research and education.

OUR PRINCIPLES AND VALUES

- Promoting a **population health framework** as a unifying approach for addressing health determinants, interventions, and outcomes
- Forging **equitable and sustainable partnerships** with community and academic experts from diverse organizations, backgrounds, and disciplines
- Creating an environment of **innovation**
- Using research to **impact** effective policies, programs, and practices
- **Fostering knowledge transfer** through clinical and community-based learning
- **Reducing health disparities**
- Delivering **exceptional value** by integrating the best available resources and methodologies to address key issues with **integrity, objectivity, and responsiveness**

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Greetings from the Center for Urban Population Health!

The 2016 year was yet another remarkable year for the Center and marked 16 years of research and education dedicated to improving the health of urban communities. Our committed faculty and staff worked tirelessly here at home in Milwaukee and in other urban communities across the great State of Wisconsin.

With the support of our institutional partners, Aurora Health Care, the University of Wisconsin-Milwaukee, and the University of Wisconsin School of Medicine and Public Health, we once again made a return on investment. For every \$1 invested, we returned \$5 in extramural funding.

A few highlights from the year include:

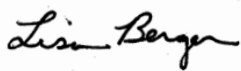
- Supporting the establishment a new affiliate center, the Center for Community Engagement and Health Partnerships led by Gina Green-Harris
- Welcoming new colleagues and projects from the UW Milwaukee Center for Urban Initiatives & Research
- Recruiting a new faculty Director
- Supporting 5 CDC funded projects in partnership with the WI Department of Health Services
- Expanding staffing by 30%
- Increasing extramural funding by 29%

As the new Director of the Center for Urban Population Health, our goal is to continue working together with new and existing partners to improve the health of urban communities.

In the following pages, you will read about population health and three projects working toward improving it.

We welcome you to our Center!

Sincerely,



Lisa Berger, PhD

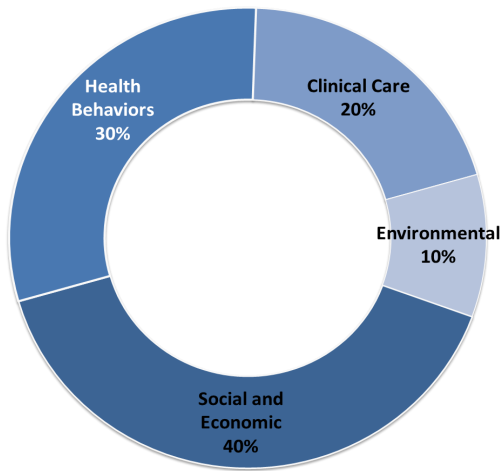


In Memory

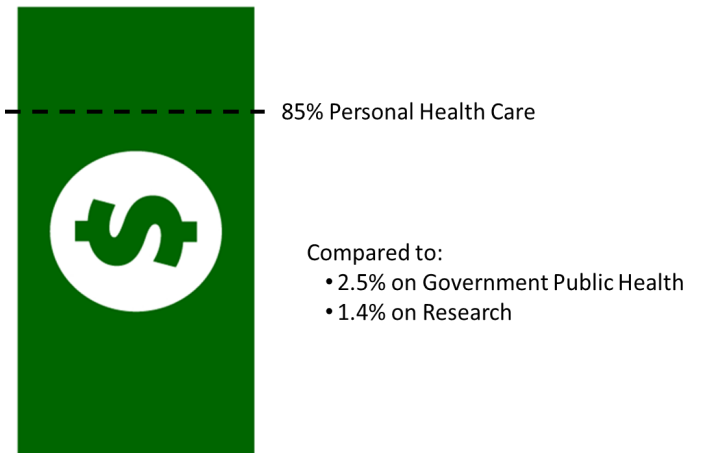
Earlier this year (2017), the Center lost a dear friend and colleague, Farrin Bridgewater. She was a Research Specialist who had been with the Center more than 8 years. She has worked on a long list of projects and touched so many people.

This report is dedicated to her memory.

Drivers of Health and Well-being¹



Drivers of National Health Expenditures²



Working together to improve the health of communities.

Our colleagues at the [County Health Rankings](#) estimate that health care contributes to roughly 20% of a community's health and well-being while the remaining 80% is estimated to come from where we live, learn, work and play. The Centers for Medicare & Medicaid Services, Office of the Actuary estimate in 2015 that 85% of the annual national health expenditures go toward covering personal health care and only about 2.5% pays for governmental public health and even less for research.

With so little invested in public health and so much at stake in health care; its increasingly important that all stakeholders work together to tackle the triple aim as adapted as part of the US strategy for tackling health care issues in 2010: "improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations."

For the Center, the population health perspective provides a research framework to better understand and address the health and well-being of

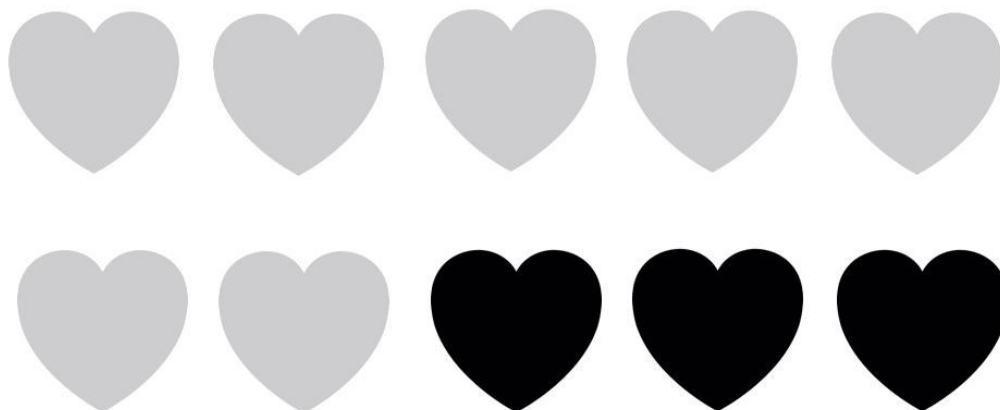
communities. Population health focuses on identifying the determinants of health, disease, and well-being in populations, designing and implementing preventive or treatment interventions and measuring their effectiveness against health outcomes of a community.

As a partnership between two universities and a health care system, we seek to convene partners and do our part in tackling the triple aim. We seek to improve patient care through improving clinical practices. We seek to improve the health of populations through research and rigorous evaluation of public and community health interventions and policies to build evidence and scalability. We seek to reduce cost of care through demonstration projects that improve the way our systems work together to support and treat our communities.

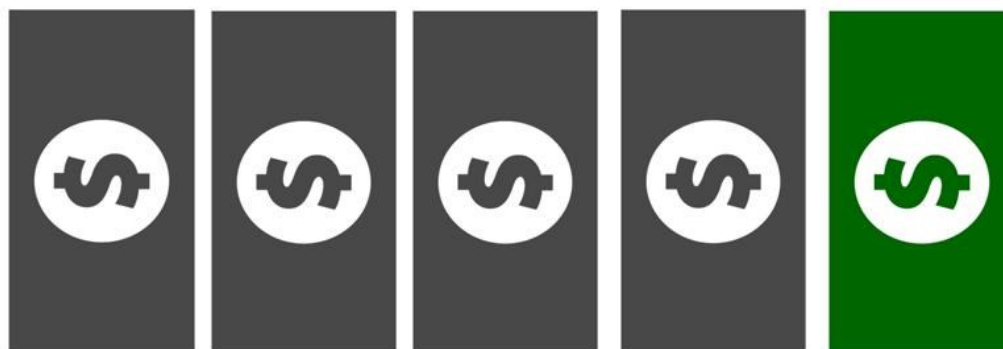
The following pages provide a brief insight into three projects that demonstrate our work to improve systems, clinical practice, and community interventions to *improve the health of our communities*.

1. Booske, Athens, Kindig, Park, Remington, *Different Perspectives for Assigning Weights to Determinants of Health*, Feb 2010
 2. Data Source: Centers for Medicare & Medicaid Services, Office of the Actuary. (2015)

The Heart of It



7 out of 10 leading causes of death in Wisconsin are due to chronic disease¹



\$4 out of \$5 spent on healthcare in the US are for people with one or more chronic conditions²

Getting to the Heart of It

7 out of 10 leading causes of death in Wisconsin are due to chronic disease, accounting for two out of every three deaths annually¹. More than 4 out of every 5 dollars spent on healthcare in the US are spent on people with one or more chronic conditions.

The Center supports research and evaluation that aims to understand and address chronic disease from the community to the hospital. It's not the only area of focus but it is an important factor to improving the health of communities.

We have selected three projects to profile. The first demonstrates our contributions to understanding and improving the way systems work together to support stroke survivors. The second project seeks to improve clinical practice and linkages to healthy lifestyle programming. The third project is a family-focused, culturally-tailored program to support lifestyle changes at the individual and family levels.

1. *Annual Wisconsin Death Report, 2014, Wisconsin Department of Health Services, Office of Health Informatics (2015)*

2. *Gerteis J, et al. Multiple Chronic Conditions Chartbook. Agency for Healthcare Research and Quality, 2014.*



Participating in the system mapping process (with Coverdell) helped us to identify a number of areas for improvement to better our patient outcomes both in short term goals and long term goals. We are beginning to work on implementing some of these now.

Cody Monyelle , Beloit Health System



Improving the Response System

Stroke kills almost 130,000 of the 795,000 Americans who have a stroke each year—that's 1 out of every 20 deaths from all causes. About 25% die at the time of the stroke event or soon after. Death is not the only concern, 15%–30% remain permanently disabled and their families live with the disabling effects of stroke.¹ Transport of stroke patients to the hospital results in faster treatment, yet one-third of stroke patients do not call 9-1-1 and use Emergency Medical Services (EMS) to get to the hospital. Gaps remain in the quality of care provided to acute stroke patients.

The Wisconsin Department of Health Services was awarded a 5-year cooperative agreement from the CDC's Paul Coverdell National Acute Stroke Program. This grant

supports state health department efforts to promote health and prevent and control chronic diseases and their risk factors.

The goals of the Wisconsin Coverdell Stroke Program are to develop comprehensive stroke systems that increase public awareness and the use of EMS for suspected stroke; improve pre-hospital, acute and post-stroke patient care; improve rehabilitation and recovery through better clinical-community linkages, and reduce complications and early mortality through improvements in secondary prevention.

Reaching these goals will in the long term reduce costs in health care and improve the quality of

life for the patients and their families.

The Center is assisting in developing the program's evaluation plan, conducting interviews with hospital partner staff and others involved in the process of transporting stroke patients to model hospitals. Process mapping provides an opportunity to collaborate and identify areas for system improvement so that more people survive and thrive after their stroke.

Partners: WI Department of Health Services, Metastar, Beloit Health System, UW Health, UW-Milwaukee.

Funding: Centers for Disease Control

¹. CDC, *Division for Heart Disease and Stroke Prevention, [Stroke Fact Sheet](#).*

Improving Practice



We are helping screen, create goals, connect patients to resources and in the end, we are saving lives. The extra time we take with the women in the program allows us to build more trust which makes follow up that much easier. We are able to build relationships with them. We are making an impact.

Maria Perez Garcia, Walkers Point Clinic

Improving clinical practice and connections to lifestyle programming

Wisconsin has developed a strong capacity over the past 18 years to address the needs of low-income underserved women throughout the state. Wisconsin has been a CDC Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program grantee since 2008. WISEWOMAN extends preventive health services to women who are participants of the CDC-funded National Breast and Cervical Cancer Early Detection Program.

Clinical Practice. Wisconsin WISEWOMAN works with health care providers to provide cardiovascular disease risk factor screenings to low-income, underinsured/uninsured women between the ages of 40 to 64

years. These screenings include blood pressure, glucose, and cholesterol as well as assessing height, weight, medical history, quality of life indicators, tobacco use, diet/nutrition and physical activity. Wisconsin provides screening, medical support, and risk reduction counseling through working with **Aurora's Walker's Point Clinic** in Milwaukee.

Lifestyle Programming. The program also offers health coaching through coaches trained in Motivational Interviewing. Wisconsin also refers WISEWOMAN clients to community-based lifestyle programs including the National Diabetes Prevention Program, Take Off Pounds Sensibly (TOPS),

and Wisconsin Expanded Food and Nutrition Education Program (Eating Smart. Being Active).

Center researchers have designed and are implementing an evaluation of the local work, informing the quality improvement of services and overall outcomes of the initiative.

Partners: WI Department of Health Services, Wisconsin's Women Health Foundation, and Aurora's Walker's Point Clinic

Funding: Centers for Disease Control



Community Programming: Focusing on the Family.

In partnership with Sixteenth Street Community Health Center (SSCHC), Center researchers have designed and implemented an evaluation of their bilingual Healthy Choices program. Healthy Choices aims to empower patients and community members to adopt healthier eating patterns and more active lifestyles. The program assists individuals and families in building capacity for making health-minded decisions such as the incorporation of more physical activity in their daily lives and selecting more healthy food items without increasing their budget.

The program attempts to increase the family and community connections of individuals as a way to decrease stress levels, which has been linked to overeating and obesity. SSCHC patients plus community members

are referred to this lifestyle intervention. The program is family-focused and splits the family by age, providing the same information to each group but in age and language appropriate methods. Initial findings prove that culturally- and linguistically- tailored family-centered obesity prevention programs, like Healthy Choices, can play an important role in reducing obesity risk in the Latino community, particularly among adults.

Partners: Sixteenth Street Community Health Center, UW School of Medicine and Public Health, UW-Milwaukee, Y-Eat Right.

Funding: Wisconsin Partnership Program

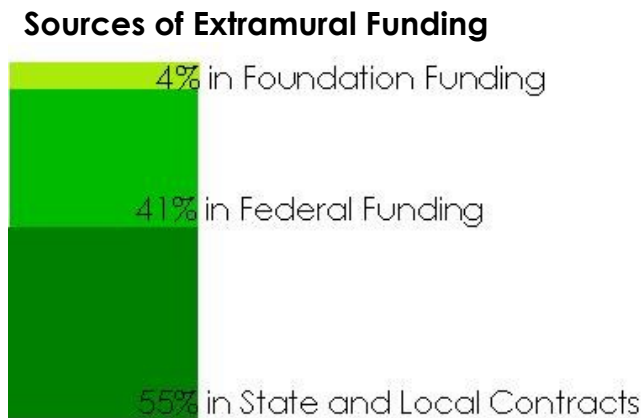
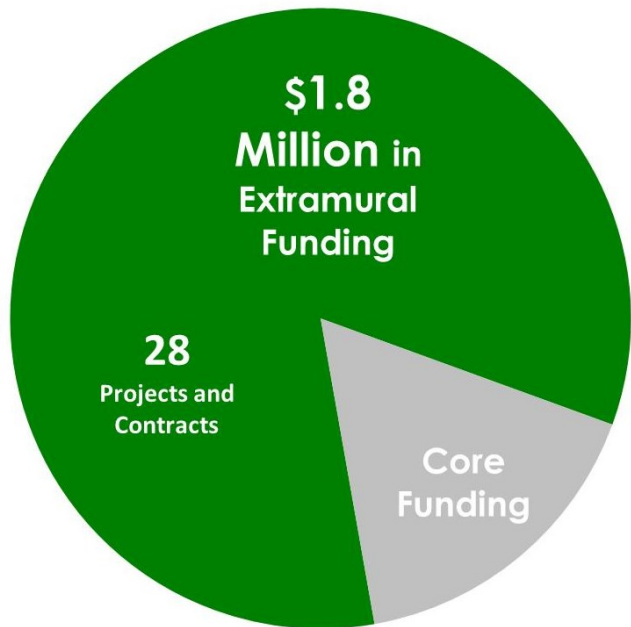
Photo: Healthy Choices participants



It's exciting to see families who join the program and are not sure if they will make it but they are there at graduation providing testimonials about how they feel, look and have improved their relationship with food.

Tatiana Maida, Sixteenth Street Community Health Center

The return on the Center's mission and joint partnerships translate into a healthy and sustainable Center and significant financial support to local initiatives.



29% increase in extramural funding.



30% increase in Center and Affiliate Program staff



\$360,000 invested in 2016 from founding institutions, Aurora Health Care, UW-Milwaukee and UW School of Medicine and Public Health

\$1,837,455 grants and contracts awarded in 2016 to Center faculty and staff

For every \$1 invested, we have returned 5 times in extramural funding

LEADERSHIP

Lisa Berger, Ph.D.

Director, Professor of Social Work at the University of Wisconsin-Milwaukee

Dennis Baumgardner, M.D.

Associate Director; Director of Research, Aurora UW Medical Group; Clinical Adjunct Professor of Family Medicine, UW School of Medicine and Public Health

Our staff and faculty have joined the Center because of their desire to use their talents, skills, and expertise in partnership with providers, community leaders, organizations and residents in identifying, testing and evaluating solutions to the challenges that prevent communities from realizing their full health potential.

INSTITUTIONAL LEADERSHIP COMMITTEE

Kurt Waldhuetter, Ph.D.

Aurora Research Institute

Mark Harris, Ph.D., M.S.

University of Wisconsin-Milwaukee

Patrick Remington, M.D., M.P.H.

UW School of Medicine & Public Health

2016 Faculty & Staff

Allison Antoine, B.S.

Karen Blanchard

Farrin D. Bridgewater, M.S.

Patricia A. Batemon, M.S.

A. Michelle Corbett, M.P.H.

David Frazer, M.P.H.

Gina Green-Harris, M.B.A.

Danielle Greer, Ph.D.

Stephanie Houston, M.B.A.

Paul Hunter, M.D.

Jessica J.F. Kram, M.P.H.

Joshua Lang, M.A.

Melissa Lemke, M.A.

Sarah Luongo, B.A.

Meridith Mueller, M.P.H.

Nia Norris, M.A., B.A.

Karen A. Palmersheim, Ph.D.

Karen Pankowski

Carrie Stehman, M.A.

Geoffrey Swain, M.D., M.P.H.

Kaija Zusevics, Ph.D.

CENTER SCIENTISTS & AFFILIATES WITH ACTIVE PROJECTS

Betty Amuzu, MD, Aurora UW Medical Group
Andy Anderson, MD, MBA, Aurora Health Care
Nicole Angresano, MPH, United Way of Greater Milwaukee
Sanjay Asthana, MD, UW School of Medicine and Public Health
Howard Bailey, MD, UW School of Medicine and Public Health
Luis “Tony” Báez, PhD, Council for the Spanish Speaking, Inc.
Bevan Baker, FACHE, Milwaukee Health Department
Susie Barlow-Stanis, RN, Aurora Family Service
Dennis Baumgardner, MD, Aurora UW Medical Group
Lisa Berger, PhD, UW Milwaukee
Jake Bidwell, MD, Aurora UW Medical Group
Dalvery Blackwell, BS, African American Breastfeeding Network of Milwaukee
John Brill, MD, MPH, Aurora UW Medical Group
Maebe Brown, MS, WISEWOMEN Program
Michelle Buelow, MD, MPH, UW Madison
Stephanie Calloway, MS, CORE El Centro
Andra Cicero, Aurora UW Medical Group
Teresa Contreras, Core El Centro
Ann Conway, RN, MS, MPA, WI Association for Prenatal Care
Kevin Cookman, MBA, Homeless Area Leadership Organization (HALO)
Thomas Chua, MD, FACS, Aurora Health Care
Ron Cisler, PhD, UW Milwaukee / UW School of Medicine and Public Health
Jody Clark, Wheaton Franciscan All Saints Racine
James Cleary, MD, UW School of Medicine and Public Health
Ahmed Dalmar, MD, MS, CCTI, Aurora Health Care
Rev. Will David, Invisible Reality Ministries
Darryl Davidson, MS, City of Milwaukee Health Department
Melissa DeNomie, MS, Medical College of Wisconsin
Jackie Dickinson, Aurora Family Service
Benjamin Dorion, MD, Aurora UW Medical Group
Marc Drezner, MD, UW School of Medicine and Public Health
Darcy Dubois, MPH, City of Milwaukee Health Department
Ella Dunbar, MS, Social Development Commission
Dorothy Edwards, PhD, UW Madison School of Education
Genyne Edwards, JD, WOO Connections
Terron Edwards, BASC, Walnut Way
Patrick Falvey, PhD, Aurora Health Care
Michael Farrell, MD, Aurora UW Medical Group
Francine Feinberg, Meta House
Therese Fellner, PhD, Independent Contractor
Jennifer Fink, PhD, UW Milwaukee College of Health Sciences
Michael Fiore, MD, UW School of Medicine and Public Health
Paul Florsheim, PhD, UW Milwaukee Zilber School of Public Health
Marie Forgie, MD, Aurora UW Medical Group
John Frey, MD, UW School of Medicine and Public Health
Mary Jo Gerlach, RN, City of Milwaukee Health Department
Anne Getzin, MD, Aurora UW Medical Group
Danielle Greer, PhD, Aurora Health Care
Bonnie Halvorsen, MA, UW Milwaukee
David Hahn, MD, MS, UW School of Medicine and Public Health
Cindy Haq, MD, UW School of Medicine and Public Health
Amy Harley, PhD, MPH, RD, UW Milwaukee Zilber School of Public Health
Honore Harvey, MED, Milwaukee Public Schools
Barbara Horner-Ibler, MD, Bread of Healing Clinic
Mark Huber, MPH, Aurora Health Care
Julie Hueller, MSM, Wheaton Franciscan All Saints Racine
Paul Hunter, MD, UW School of Medicine and Public Health and the Milwaukee Health Department
Tom Jackson, MD, UW School of Medicine and Public Health
Arshad Jahangir, MD, Aurora Health Care
Sheri Johnson, PhD, Medical College of Wisconsin
Tanya Johnson, Milwaukee Public Schools
Vanessa Johnson, New Concept Self Development Center, Inc.
Ariba Kahn, MD, Aurora UW Medical Group
Kimberly Kane, BA, Kane Communications
Arianna Keil, MD, Pediatric Medical Home Program, Children’s Hospital of Wisconsin
Mira Ketzler, RN, MSN, Aurora Health Care
Kjersti Knox, MD, Aurora UW Medical Group
Fabiana Kotovicz, MD, Aurora UW Medical Group
Jessica J.F. Kram, MPH, Aurora UW Medical Group
Robert Lamanske, MD, UW School of Medicine and Public Health
Randy Lambrecht, PhD, Aurora Health Care
Andrea Libber, The Parenting Network
David Liners, Wisdom, Inc
Noelle LoConte, MD, UW School of Medicine and Public Health
Leah Ludlum, RN, Wisconsin Department of Health Services
Laurie Lund, MSN, Aurora Sinai Medical Center NICU
Esperanza Magana, Sixteenth Street Community Health Center
Tatiana Maida, Sixteenth Street Community Health Center
Michael Malone, MD, Aurora UW Medical Group
Edwin Matheny, New Concept Self Development Center, Inc.
Jennie Mauer, MPA, Wisconsin Department of Public Instruction
Mary Mazul, CNM, UW Milwaukee, Wheaton Franciscan Services
Susan McRoy, PhD, UW-Milwaukee, Computer Science
Mike Michalkiewicz, PhD, Aurora Health Care
Jeanette Mitchell, EDD, Cardinal Stritch Leadership Center
Tiffany Mullen, DO, Aurora Health Care

Lucy Mkandawire-Valhmu, PhD, RN, UW-Milwaukee, College of Nursing

Gail Morgan, BA, Alzheimer's Association

George "Chip" Morris, MD, Ascension Health

Jessica Namaste, BA, COA Youth and Family Centers

Nigeria Nealy, African American Breastfeeding Network of Milwaukee

Emmanuel Ngui, DrPH, UW-Milwaukee, Zilber School of Public Health

Lori Obluck, BS, Arthritis Foundation

Kevin O'Brien, LMFT, LCSW, Aurora Family Service

Mallory O'Brien, PhD, Milwaukee Police Department

Steve Ohly, RN, NPC, Aurora Health Care

Kal Pasupathy, PhD, Aurora Research Institute

Timothy Patrick, PhD, UW-Milwaukee College of Health Sciences

Samantha J. Perry, MPH, Racine Kenosha Community Action Agency

Jane Pirsig, MSW, MBA, Aurora Family Services

Sara Planton, RN, BSN, CCRC, Aurora Research Institute

Heather Puente, MPH, City of Milwaukee Health Department

Betty Ragalie, MS, Milwaukee Health Care Partnership

Vani Ray, MD, Aurora Health Care

Lisa Robinson, RHIA, Aurora Health Care

Julie Rothwell, United Way

Shelly Reid, MSN, Aurora Sinai Medical Center NICU

Patrick Remington, MD, MPH, UW School of Medicine and Public Health

Susan Rose, PhD, UW-Milwaukee Helen Bader School of Social Welfare

Paula Rhyner, PhD, UW-Milwaukee College of Health Sciences

Nikki Salvo, MD, Aurora Health Care

Karl Schoendorf, La Causa

Dawn Shelton-Williams, LCSW, Aurora Family Services

Deb Simpson, PhD, Aurora UW Medical Group

Marahaj Singh, PhD, Aurora Research Institute

Kara Singleton, Children's Hospital of Wisconsin Community Services

David Smith, MD, MPH, Aurora Health Care

Pamela Smith, MS, Kenosha County Division of Health

Chris Sorkness, PharmD, RPh, UW School of Medicine and Public Health

Scott Strath, PhD, UW-Milwaukee College of Health Sciences

Pat Stevens, PhD, RN, FAAN, UW-Milwaukee College of Nursing

Brittney Stevenson, Hopkins Lloyd Community School

Lisa Sullivan Vedder, MD, Aurora UW Medical Group

Geof Swain, MD, MPH, UW School of Medicine and Public Health and Milwaukee Health Department

Joy Tapper, MPA, Milwaukee Health Care Partnership

Michael A. Thompson, MD, PhD, Aurora Research Institute

Judy Tjoe, MD, FACS, Aurora Health Care

Claudia VanKoningsveld, WISDOM (Wisconsin's Interfaith Coalition)

Regina Vidaver, PhD, UW School of Medicine and Public Health

Kurt Waldhuetter, PhD, Aurora Research Institute

Renee Walker, DrPH, UW-Milwaukee Zilber School of Public Health

Trina Salm Ward, PhD, MSW, UW-Milwaukee Helen Bader School of Social Welfare

Tyler Weber, MPH, Walnut Way

Lance Weinhardt, PhD, UW-Milwaukee Zilber School of Public Health

Marianne Weiss, DNSc, RN, Marquette University, College of Nursing

Jane Witt, AS, Racine Interfaith Coalition (RIC)

Stacey Yonkoski, MD, MSW, LCSW, Wheaton Franciscan All Saints Racine



Center Biostatistician/Epidemiologist, Danielle Greer, PhD describes a recent study at the 2017 Aurora Scientific Day.

SELECTED PRESENTATIONS AND PUBLICATIONS

Publications

Baumgardner DJ. Asking questions, seeking improvements. *J Patient-Centered Res Rev.* 2016;3:6-8. <http://dx.doi.org/10.17294/2330-0698.1253>

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Fendrich, M., **Berger, L.,** & Fuhrmann, D. (2017). The association of long-term alcohol biomarkers with risk for alcohol-related injury: Implications for screening. *Journal of Substance Use*, 2, 232-235.

Haq C, Lemke M, Buelow M, Stearns M, Ripp C, McBride P. Training in urban medicine and public health: preparing physicians to address urban health care needs. *WMJ* 2016;115:322-325.

Huber ME, **Baumgardner DJ, Kram JJ, Lemke MA.** Geodemographic features of human blastomycosis in eastern Wisconsin. *J Patient Cent Res Rev* 2016;3:90-98.

Kram JJ, Baumgardner DJ, Vander Wyst KB, **Lemke MA.** Geographic distribution of maternal group B Streptococcus colonization and infant death during birth hospitalization: eastern Wisconsin. *J Patient Cent Res Rev* 2016;3:66-78.

May, T., Evans, J. P., Strong, K. A., **Zusevics, K. L.,** Derse, A. R., Jeruzal, J., ... & Grotevant, H. D. (2016). Issues of "Cost, Capabilities, and Scope" in Characterizing Adoptees' Lack of "Genetic-Relative Family Health History" as an Avoidable Health Disparity: Response to Open Peer Commentaries on "Does Lack of 'Genetic-Relative Family Health History' Represent a Potentially Avoidable Health Disparity for Adoptees?". *The American Journal of Bioethics*, 16(12), W4-W8.

May, T., Strong, K. A., **Zusevics, K. L.,** Jeruzal, J., La Pean Kirschner, Farrell, M., A. Derse, Evans, J., & Grotevant, H. (2016). Does lack of 'Genetic Relative Family Health History' represent a potentially avoidable health disparity for adoptees?. *The American Journal of Bioethics*, 16(12), 33-38.

Powers, G., **Berger, L.,** Fuhrmann, D., & Fendrich, M. (2017). Family history density of substance use problems among undergraduate college students: Associations with heavy alcohol use and alcohol use disorder. *Addictive Behaviors*, 71, 1-6.

Strong, K. A., McCauley, M., La Pean Kirschner, A., Jeruzal, J., **Zusevics, K. L.**, Wilson, S., Knight, C., & May, T. (2017). Adult adoptees' attitudes regarding the potential use of genetic information to fill the gap in their family health history. Accepted for publication in *Adoption & Fostering*.

Topitzes, J., **Berger, L.**, Otto-Salaj, L., Mersky, J. P., Weeks, F., & Ford, J. D. (2017). Complementing SBIRT for alcohol misuse with SBIRT for trauma: A feasibility study. *Journal of Social Work Practice in the Addictions*, 17, 188-215. doi: [10.1080/1533256X.2017.1305392](https://doi.org/10.1080/1533256X.2017.1305392)

Vander Wyst KB, **Kram JJ, Baumgardner DJ**. Clinical approach to nonresponsive pneumonia in adults diagnosed by a primary care clinician: a retrospective study. *J Patient Cent Res Rev* 2016;3:79-89.

Presentations

Amphlett, A., **Batemon, P.**, Perry, S. & Smith, P. (2017). Moderated panel discussion about local and regional collaboration to reduce racial disparities in infant mortality in Wisconsin. Association of Maternal & Child Health Programs Annual Conference, Kansas City, MO

Antoine, A., Corbett, A.M., Stehman, C., Frazer, D., Conlon, A., LoConte, N. (2017). Wisconsin's Collaborative Approach to Increase Colorectal Cancer Screening. Presentation by Antoine, A. and Corbett, A.M. at Centers for Disease Control and Prevention *Colorectal Cancer Control Program's Grantee Implementation Webinar Series*.

Beck, B., & **Zusevics, K. L.** (2017). Urban Youth Knowledge and Understanding of Gun Violence and Recommendations for Reducing Gun Violence. Poster presentation at the 2017 American Public Health Association Annual Meeting, Atlanta, GA.

Berger, L., DiPaolo, M., Topitzes, D., Davis, D., Otto-Salaj, L., and the UWM SBIRT Training Team. (2016). Organizational factors associated with adoption and implementation of Screening, Brief Intervention, and Referral to Treatment for substance misuse. 39th Annual Research Society on Alcoholism Scientific Meeting, New Orleans, LA.

Buelow M, **Haq C, Lemke M.** (2016). TRaining In Urban Medicine and Public Health (TRIUMPH): Sustaining Engagement Within Medically Underserved Urban Areas. Oral Presentation accepted for 2016 Society of Teachers of Family Medicine: Medical Student Education Conference. Phoenix, AZ.

Darcy, D., **Zusevics, K. L.**, LaCoute, E.S., & **Swain, G. R.** (2017). The DAD Project: Supporting Fathers to Build Strong Families. Oral presentation at the 2017 CityMatCH Leadership Conference and Healthy Start Convention, Nashville, TN.

DuBois, D., **Zusevics, K. L.**, LaCounte, E. S., & **Swain, G. R.** (2016). An Innovative Public Health Program to Strengthen Father Involvement in Families: The Direct Assistance for Dads (DAD) Project. Oral presentation at the 2016 American Public Health Association Annual Meeting, Denver, CO.

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PARTNERS

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1020 N. 12th Street, Suite 4180
Milwaukee WI 53233
414.219.5100
www.cuph.org

