

# IMPROVING THE HEALTH OF COMMUNITIES

## FROM CLINIC TO COMMUNITY

# 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!

**Dear Colleagues:**

The 2017 year was another year of growth for the Center for Urban Population Health and marked 16 years of the Center serving urban communities through impactful research and education. The 2017 year also marked an increase in the number of new partnerships and a strengthening of relationships with existing community-based organizations.

We thank our core partners, Aurora Health Care/Aurora Research Institute, the University of Wisconsin-Milwaukee, and the University of Wisconsin School of Medicine and Public Health for their continued support.

The following are key CUPH accomplishments in 2017.

We increased:

- Center and Affiliate Program staff by 38% through new hires, a new Affiliate Program and a merger of the Center for Urban Initiatives and Research
- Extramural funding by 14% through funded grants and contracts, and
- Diversity of extramural funding; foundation funding by 80% and State and local contracts by 30%.

Our Center's mission is to advance population health research and education to improve the health of urban communities, and our definition of health is broadly defined. It includes the physical, mental, and behavioral health of a group of individuals and the range of factors that influence health. One of these broad factors is the social determinants of health, and looking ahead, our Center seeks to continue to develop projects in this area.

In this report, you will read about several of our recent projects. Most notably, a number of these projects are on the topic of substance abuse given the current opioid death epidemic. Narcotic deaths in Milwaukee County spiked in 2017 with an all-time high over the past several years.

We welcome you to our Center, and please feel to contact me if you might be interested in learning more about our work and/or potentially partnering on a future project.

Finally, I would like to thank Dr. Dennis Baumgardner, CUPH Associate Director, Ms. Jessica Kram, Manager of Translational Research, and especially Mr. David Frazer, CUPH Associate Director, for their efforts in putting together this annual report.

Sincerely,



Lisa Berger, PhD



# Burden of Alcohol and Other Drugs on a Community

The opioid crisis sweeping our communities is the current substance of intense focus but the root causes driving substance use are even more pervasive. Mental health problems, including psychological trauma are unfortunately common. In 2016 in the US, 44.7 million adults had a mental illness; 16.2 million adults had a major depressive episode and 3.1 million youth (age 12-17) had a major depressive episode. But 6 in 10 youth with a major depressive episode did not receive treatment for their depression. More than half of the adults with any mental illness did not receive mental health services and a third of adults with serious mental illness did not receive mental health services. Moreover, over 90% of adults with both a mental illness and substance use disorder did not receive treatment (SAMSHA).

Turning to Wisconsin, alcohol is the most frequently consumed substance of use and misuse, contributing to consequences that affect all of the state residents. The state reports that in Milwaukee in 2013, the economic burden resulting from excessive alcohol consumption totaled \$1 billion dollars. This includes costs for healthcare and lost productivity. These costs fall on taxpayers, families and our society (WI DHS).

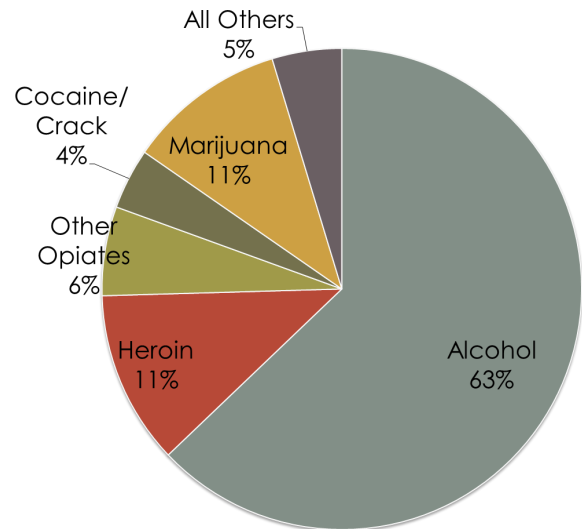
Alcohol is not the only substance affecting our residents. Heroin, cocaine and marijuana all contribute to treatment admissions in Wisconsin.

The prevalence of drug-related deaths in Milwaukee County continues to be nearly twice that of the rest of the state of Wisconsin (Drug Abuse Warning Network).

The complexity of the issue and gravity of burden on our community requires improved, appropriate and accessible care and treatment but also requires that organizations across the community work together in new and different ways to prevent the use, change the culture and support our families and individuals through the long recovery journey.

## Treatment Admissions by Primary Substance

(Wisconsin 2005-14)<sup>1</sup>



## The Burden of Excessive Alcohol Use

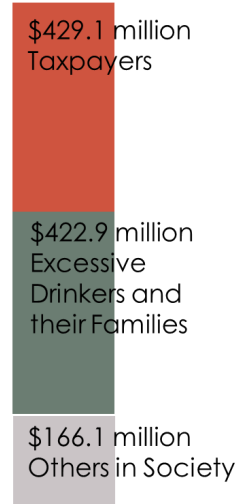
(Milwaukee 2011)<sup>2</sup>

**\$1 Billion** Annual economic cost of excessive alcohol use in Milwaukee County

### What We Pay For

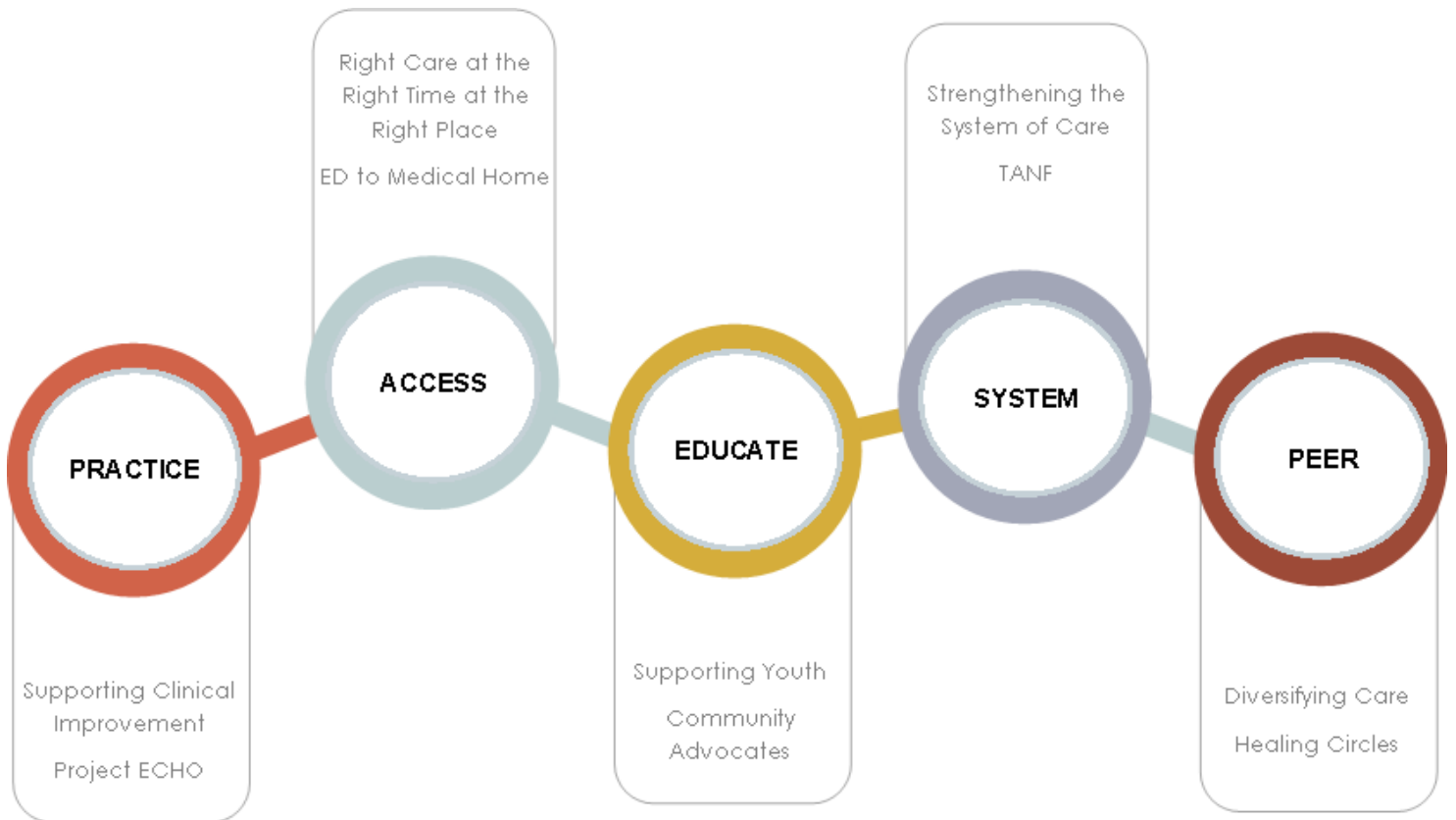


### We All Pay



1. Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2016. Wisconsin Department of Health Services.

2. Black PD, Paltzer JT. The Burden of Excessive Alcohol Use in Wisconsin. University of Wisconsin Population Health Institute, February 2013.



## Path to Health, Healing and Recovery Across a Community

It is not a secret that our state and Milwaukee specifically has a long relationship with beer and alcohol. The burden of the misuse of alcohol and other drugs is significant. The issue and root causes require that health care, health departments, community organizations and policy makers work together to meet the need.

We know that there are opportunities to improve access and coverage of substance use and mental health treatment,

but in a population health framework, this is only a small portion of the solution. We also need to find evidence-based, culturally appropriate, community-based programming that will support a change in awareness and culture, that will strengthen systems and provide a path for our community to lead the way.

The Center for Urban Population Health does not provide direct services but we do support the development,

implementation and evaluation of a variety of programming from clinic to community with the aim to improve the mental health and recovery of our communities.

The following pages provide insight into a number of programs that we support along the pathway to health, healing and recovery.



**PRACTICE**

**Supporting Clinical  
Improvement  
Project ECHO**

**Project ECHO.** Project ECHO (Extension for Community Healthcare Outcomes) is a flexible model based upon a hub and spoke education platform which allows experts in any field to share their knowledge with providers in identified communities, using cloud-based video teleconferencing for providers to increase knowledge.

The Wisconsin Project ECHO provides a distance education model to connect specialists to numerous providers across the state of Wisconsin, with the purpose of providing facilitated training, including case-based learning, and mentoring support to address the state's opioid crisis.

Targeted provider types (psychiatry, general medicine, OB/GYN, advance practice nurses (APRN), physician assistant, (PAs) etc.) and settings (mental/substance abuse clinics, medical practices, opioid treatment centers, opioid treatment programs, medical schools, human services, college level programs, including continuing education programs, etc.).

The Center is supporting Project ECHO with a gap analysis and overall evaluation.

**Partners:**

- State of Wisconsin Department of Health Services' (DHS) Division of Care and Treatment (DCTS),
- Department of Family Medicine, University of Wisconsin School of Medicine & Public Health,
- Wisconsin chapter of Addiction Society of Medicine (WIASAM)

**Funding:** State Targeted Response to the Opioid Crisis



Right Care at the  
Right Time at the  
Right Place

ED to Medical Home

ACCESS

Each year, nearly half of all emergency department (ED) visits in Milwaukee County are classified as non-emergencies, with about 65% of those visits for Medicaid and uninsured individuals. The **Emergency Department Care Coordination Initiative**, has worked since 2007 to decrease avoidable ED visits and related hospitalizations, reduce duplicative ED tests and procedures, and connect high-risk individuals with health homes and other health resources, including behavioral health and dental care.

This community-wide health improvement initiative, involving eight adult emergency departments and more than 20 safety net clinics, uses standard transition care management processes, aided by health information technology, to connect patients with appropriate health care services.

In 2016, ED case managers scheduled 5,332 appointments with area safety-net clinics for pregnant women, individuals with chronic medical conditions and frequent ED users.

In addition to evaluating the outcomes of this initiative, CUPH also conducted a study in 2012 that demonstrated a 44% reduction in subsequent ED visits for those patients who kept their scheduled primary care appointment.

More intensive ED transition care coordination models are being piloted in Aurora Health Care for frequent users with complex health and social needs.

**Partners:**

- Milwaukee area Emergency Departments,
- 20 safety net clinics
- Milwaukee Health Care Partnership

**Funding:** Milwaukee Health Care Partnership





## EDUCATE

Supporting Youth  
Community  
Advocates

Community Advocates provides funding for public or private, not-for-profit organizations or government entities located in Milwaukee County to provide programming and services directed toward the prevention of alcohol and other drug use and abuse.

Funding is made available through the Milwaukee County Behavioral Health Division. AODA (Alcohol and Drug Abuse) issues have broad and significant impacts on the overall health and well-being of all Milwaukee County residents.

Community Advocates allocates funding each year to youth serving organizations through various programs including:

- Brighter Futures
- Stay Strong
- Title V Pregnancy Prevention Program
- Bureau of Milwaukee County Children's Welfare


Prevention programming is intended to reduce the consequences of substance abuse in communities as well as prevent the onset and/or reduce progression of substance abuse in individuals. In addition, it promotes individual, family and community health, prevents mental health disorders, supports resilience and recovery, and prevents relapse.

The Center is the overall evaluator of the various initiatives as well as provides evaluation technical assistance and capacity building for each funded youth serving organization.

### Partners:

- Community Advocates,
- Walkers Point Youth and Family Center,
- SET Ministries,
- Parenting Network,
- Milwaukee Christian Center,
- Boys & Girls Clubs of Greater Milwaukee,
- Neu Life Community Development,
- Big Brothers Big Sisters of Metro Milwaukee,
- Children's Hospital of Wisconsin Community Services
- Pathfinders Milwaukee, Inc.

**Funding:** Substance Abuse and Mental Health Services Administration (SAMHSA), Milwaukee County Behavior Health Division, WI Department of Health Services



**Strengthening the  
System of Care**

**TANF**

**SYSTEM**

The Temporary Assistance for Needy Families- Alcohol and Other Drug Abuse (TANF AODA) is a project of the Milwaukee County Behavioral Health Division's Community Access to Recovery Services (CARS).

The comprehensive program addresses the need for substance use disorder treatment and recovery support services for TANF-eligible individuals and their families, with a focus on special populations, multiple system service delivery and coordination that is strength-based, gender and culturally-sensitive, and family focused.

One of its many aims includes monitoring services to meet quality criteria (evidence-based or promising practices in accordance with the elements, standards, and core values) and administer quality improvement plans and training in order to ensure that programming is able to support positive family functioning, self-directed recovery and improved quality of life among persons and families served.

The Center in partnership with the UWM Helen Bader School of Social Welfare leads the evaluation and supports CARS in strengthening the publicly-funded AODA treatment system of care in Milwaukee.

**Partners:**

- Milwaukee County Behavioral Health Division's Community Access to Recovery Services (CARS)

**Funding:** State of Wisconsin Department of Health Services; Division of Care and Treatment Services.



Through our community-academic partnership with Walnut Way, the partners are expanding upon a successful pilot program by implementing and evaluating new wellness programming, developing a network of wellness practitioners, and building the technical systems required to evaluate impact across partners and programs.

The central activity of this project is the Healing Circle. The Healing Circles are a safe space for women of color to gain skills in self-care. The program uses meditation, relaxation, breathing techniques, essential oils, integrative medicine, energy balance, movement, and more to face life's challenges.

The Healing Circle sessions are a wonderful opportunity to advance practice of self-love and growth in a growing community of supportive women. It is lead by Angela Smith, Holistic Health Coach. Angela has also paved the way and mentored other practitioners of color to provide services to the Healing Circle participants and for the neighbors of Walnut Way.

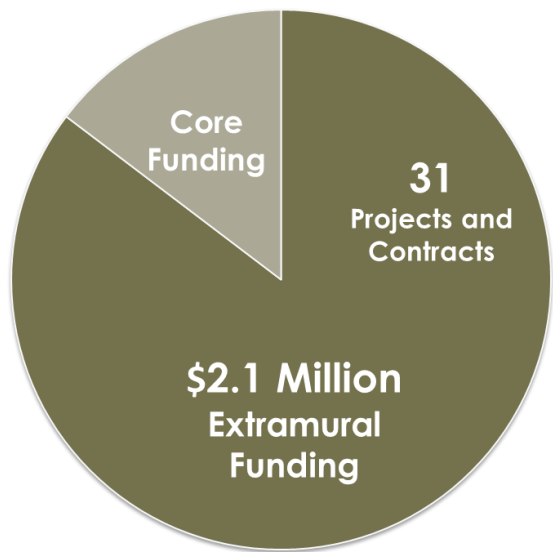
The Center has been involved since the inception of the pilot in the development and evaluation of the various aims.

**Partners:**

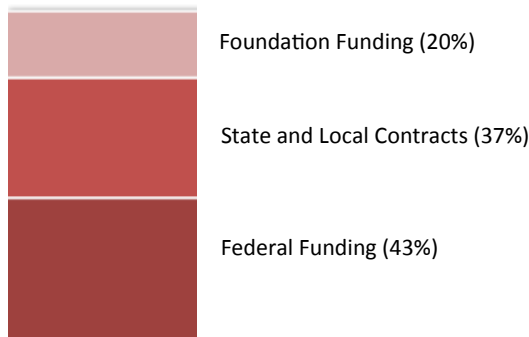
- Walnut Way,
- UW School of Medicine and Public Health,
- Cross Lutheran Church

**Funding:** Wisconsin Partnership Program

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



**Sources of Extramural Funding**



14% increase in extramural funding



38% increase in Center and Affiliate Program staff



\$360,000 invested in 2017 from founding institutions, Aurora Health Care/ Aurora Research Institute, UW-Milwaukee and UW School of Medicine and Public Health

\$2,094,211 grants and contracts awarded in 2017 to Center faculty and staff

**For every \$1 invested, we have returned 5.8 times in extramural funding.**

## LEADERSHIP



**Lisa Berger, Ph.D.**

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



**David Frazer, MPH**

Associate Director, UW School of Medicine and Public Health



**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, MS**

Vice President Research Innovation & Business Services, Aurora Research Institute

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

Vice Provost for Research, Office of Research, Professor, Department of Geosciences, University of Wisconsin-Milwaukee

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

Professor and Associate Dean for Public Health, Department of Population Health Sciences, UW School of Medicine & Public Health

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Danielle Greer, Ph.D.

Stephanie Houston, M.B.A.

Paul Hunter, M.D.

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Joshua Lang, M.A.

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Meridith Mueller, M.P.H.

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Karen Pankowski

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

Kaija Zusevics, Ph.D.

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**Kevin Cookman, MBA**, Homeless Area Leadership Organization (HALO)  
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**Jody Clark**, Wheaton Franciscan All Saints Racine  
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**Mike Michalkiewicz, PhD**, Aurora Health Care

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**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



### PARTNERSHIP AND TRAINING

In October of 2017, a group of researchers from the Institute of Mental Health, Singapore spent several days in Milwaukee and with the Center.

The group received training in Motivational Interviewing and Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance misuse. Upon their return to Singapore, Dr. Mythily Subramaniam, Director of the Research Division, wrote a grant to test SBIRT among individuals with mental health issues. The partnership between the Institute of Mental Health, Singapore and the Center may partner in the future on other SBIRT grant opportunities.

# SELECTED 2017 PRESENTATIONS AND PUBLICATIONS

## Publications

Abbs ES, **Brown M, Lemke, MA**, Bauer L, Ohly S, and **Haq C**. ¡Venga Y Relajese! (2017). Pilot Stress Reduction Program for Migrant Latina Women Living in Low-Resource Settings from Milwaukee to Lima. *Wisconsin Medical Journal*, 116 (3): 168-170.

**Baumgardner DJ**. Did you hear what I meant to say? *J Patient Cent Res Rev* 2017;4:5-6.

**Baumgardner DJ**. Every word, every gesture. *J Patient Cent Res Rev* 2017;4:136-138.

**Baumgardner DJ**. The value in verifying medical folklore. *J Patient Cent Res Rev* 2017;4:101-103.

**Berger, L.**, Hernandez-Meier, J., Hyatt, J., & Brondino, M. (2017). Referral to treatment for hospitalized medical patients with an alcohol use disorder: A proof-of-concept brief intervention study. *Social Work in Health Care*, 56, 321-334. doi: 10.1080/00981389.2017.1299073

**Farrell MH**, Sprenger CR, Sullivan SL, Trisler BA, **Kram JJF**, Ruppel EK. Benefit of report card feedback after point-of-care assessment of communication quality indicators. *J Patient Cent Res Rev* 2017;4:7-17.

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*, 22, 232-235. doi: [10.1080/14659891.2016.1217090](https://doi.org/10.1080/14659891.2016.1217090)

**Harley A, Lemke, MA**, Brazauskas R, Bokowy L, and Kingery L. (2018). Youth Chef Academy: Pilot Results from a Plant-Based Culinary and Nutrition Literacy Program for 6<sup>th</sup> and 7<sup>th</sup> Graders. *Journal of School Health*, (In Press).

**Kram JJF, Greer DM**, Cabrera O, Burlage R, Forgie MM, Siddiqui DS. Does current cefazolin dosing achieve adequate tissue and blood concentrations in obese women undergoing cesarean section? *Eur J Obstet Gynecol Reprod Biol* 2017;210:334-341.

Mubanga N, **Baumgardner DJ, Kram JJF**. Health care transitions for adolescents and young adults with special health care needs: where are we now? *J Patient Cent Res Rev* 2017;4:90-95. doi: 10.17294/2330-0698.1406

Patel K, **Kram JJF, Baumgardner DJ**. Risk factors associated with carbapenem-resistant *Pseudomonas aeruginosa*. *WMJ* 2017;116:208-212.

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. doi: 10.1016/j.addbeh.2017.02.015

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)

Strong, K. A., May, T., McCauley, M., Pean Kirschner, A. L., Jeruzal, J., Wilson, S. L. **Zusevics, K.L.**, & Knight, C. (2017). Adult adoptees' attitudes regarding the potential use of genetic information to fill the gap in their family health history. *Adoption & Fostering*, 41 (2), 159-169.

**Zusevics, K. L.**, Strong, K., McCauley, M., Kirschner, A. L. P., Jeruzal, J., Wilson, S., Knight, C., & May, T. (2018). Community Engagement, Trust, and Genetic Testing for Inherited Diseases Among Adopted Persons. *Escaping the Vines of the Ivory Tower: Reflections of an Engaged Professor* Page 9, 69.

## Presentations

**Antoine A, Corbett AM, Frazer D**, Kerch S, **Stehman C, LoConte NK**. Wisconsin's Collaborative Approach to Increase Colorectal Cancer Screening. UW Carbone Cancer Center 2018 Research Retreat, April 5, 2018, Madison, WI.

**Antoine A**, Conlon AJ, **Corbett AM, Frazer D, Stehman C, LoConte NK** Lessons From the Field: Implementing Evidence Based Interventions to Increase Colorectal Cancer Screening Rates in



Community Health Centers. Dialogue for Action, April 11-13, McLean, VA.

Beck, B., **Zusevics, K. L.**, & Dorsey, E. (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.

Behrens JA (presenter), **Greer DM, Kram JJF**, Schmit E, Forgie MM, Salvo NP. Management of the third stage of labor in second trimester deliveries: How long is too long? Oral presentation. The Central Association of Obstetricians and Gynecologists (CAOG), October 18-21, 2017, Scottsdale, AZ.

**Berger, L.** (2018). Screening, Brief Intervention, and Referral to Treatment for substance misuse. *Aurora Sinai Medical Center Grand Rounds*, February. Milwaukee, WI.

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# PARTNERS

AFRICAN AMERICAN CHAMBER OF COMMERCE CENTER ON AGING COMMUNITY: LEADERSHIP COUNCIL COALITION OF WISCONSIN AGING GROUPS FIGHT ASTHMA MILWAUKEE ALLIES GREATER MILWAUKEE TRIAD GROWING POWER HEALTH CARE TASK FORCE ON PRE- AND INTER-CONCEPTION CARE HEALTHY BIRTH OUTCOMES: ELIMINATING RACIAL AND ETHNIC DISPARITIES STATEWIDE ADVISORY WORKGROUPS HISPANIC YOUTH COLLABORATIVE LGBT YOUTH HEALTH COALITION MILWAUKEE AGING

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