

# HEALTHIER WISCONSIN PARTNERSHIP PROGRAM

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*Improving health through community-academic partnerships*

## Funded Project Report



## REPORT CONTENT

The vision of the Healthier Wisconsin Partnership Program is to improve the health of the people of Wisconsin. The Healthier Wisconsin Partnership Program advances this vision by awarding project funding and supporting community-medical school partnerships that focus on broad determinants of health in communities.

To document the progress towards achieving this vision, the Healthier Wisconsin Partnership Program requires each funded project to use this form to provide performance and financial reports.

This report contains four sections:

1. Cover Page
2. Performance Report
3. Financial Status Report
4. Signature Page

Please carefully complete each section according to the instructions.

## REPORT SUBMISSION DEADLINE

### 1. Progress Reports

A written performance report is required at six (6) month intervals throughout the duration of the project. HWPP defines the six month reporting periods as July 1 through December 31 and January 1 through June 30. Performance reports are due 30 days following the completion of each six month reporting period.

### 2. Final Report

A final written performance report, in conjunction with the final financial status report and final invoice, is required no later than 60 days after the end of the project.

## REPORT SUBMISSION INSTRUCTIONS – THE FOLLOWING THREE STEPS ARE REQUIRED

1. Complete this Report on behalf of whole Project. This Report must contain all four sections: Cover Page, Performance Report, Financial Status Report, and Signature Page.
2. Mail or hand-deliver one complete paper/original Report to HWPP, as listed below. (This final report requires **original** signatures – NO Faxed or Copied Signatures.)

### Mail

Healthier Wisconsin Partnership Program  
c/o Jean Moreland  
Medical College of Wisconsin  
8701 Watertown Plank Road  
P.O. Box 26509  
Milwaukee, WI 53226-0509

### OR

### Hand-Delivery

Healthier Wisconsin Partnership Program  
Curative Building, Room 2536  
1000 N. 92<sup>nd</sup> Street  
Milwaukee, WI  
(414) 456-4122

3. Send one complete electronic copy to: [jmoreland@mcw.edu](mailto:jmoreland@mcw.edu)

*Please use the tab key to navigate through the cells of this form.  
This will allow for the appropriate formatting to show.*

# HEALTHIER WISCONSIN PARTNERSHIP PROGRAM FUNDED PROJECT REPORT COVER PAGE

## PROJECT NAME

Indicate Project name: **Community Mobilization Initiative Addressing Disparities in STDS and Unintended Pregnancies**

Indicate HWPP Project Number: **2005D-042**

In the space provided, please summarize the Project. (Project Synthesis)

**This initiative seeks to improve sexually transmitted diseases (STDs) and adolescent pregnancy prevention outcomes for minority, uninsured youth in Milwaukee through new community planning and mobilization efforts.**

## AWARD CATEGORY / REPORTING PERIOD

Indicate the award category, total amount awarded, reporting period, and if this is a Final Report.

- Development Award** **\$ 50,000**  
Dates: 07/01/## to 12/31/## or 01/01/## to 06/30/## **7/1/2006 to 6/30/2007**
- Impact Award (Check One)** **\$**
- Year One Dates:** 07/01/## to 12/31/## or 01/01/## to 06/30/## **to**
- Year Two Dates:** 07/01/## to 12/31/## or 01/01/## to 06/30/## **to**
- Year Three Dates:** 07/01/## to 12/31/## or 01/01/## to 06/30/## **to**
- Final Report**

## PROJECT CONTACT INFORMATION

Please provide updated information on a primary contact for the Project. This person facilitates all administrative coordination with the Healthier Wisconsin Partnership Program. Please do not exceed space provided.

Contact Name **James M. Vergeront, MD**

Organization **Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Communicable Diseases and Preparedness, STD/HIV Programs**

Title **Wisconsin AIDS/HIV Program Director**

Mailing Address **P.O. Box 2659**

City / State / Zip **Madison, WI 53701**

Phone / Fax **tel: 608-266-9853 / fax: 608-266-2906**

Email **vergejm@dhfs.state.wi.us**

# PERFORMANCE REPORT

**Please check the Health Improvement Model areas addressed by this Project.**  
 (Refer to the Health Improvement Model section of the Project proposal.)

### Address major areas of health risks

- Access to primary and preventive health services
- Communicable diseases
- Environmental and occupational health hazards
- High risk sexual behavior
- Intentional and unintentional injuries
- Mental health and mental disorders
- Nutrition
- Overweight, obesity, and lack of physical activity
- Social and economic factors that influence health
- Substance abuse and addiction
- Tobacco use and exposure
- Other (specify) \_\_\_\_\_

### Focus on specific populations

- Children and adolescents
- Disabled
- Men
- Racial and ethnic populations
- Rural
- Seniors
- Uninsured
- Urban
- Women
- Other (specify) \_\_\_\_\_

### Emphasize prevention of causes of death and disability

- Heart disease
- Cancer
- Stroke
- Intentional and unintentional injuries
- Chronic obstructive pulmonary disease
- Other (specify) STD and Unintended Pregnancy

### Transform health improvement efforts through capacity-building and systemic programs

- Organizational, sector and/or system capacity building
- Community health improvement processes
- Sufficient and competent workforce
- Public health leadership and policy
- Other (specify) \_\_\_\_\_

**Please document the progress towards achieving/accomplishing the Project Strategies, Project Outcomes and the Partnership Goals for the Project.**

**Yellow Section:** List and number the Project Strategies, Project Outcomes and Partnership Goals for this Project. It is critical to refer back to the Project proposal for the specific Project Strategies, Project Outcomes and Partnership Goals

**Green Section:** Report and number the qualitative and quantitative accomplishments for each Project Strategies, Project Outcome and Partnership Goal of this Project.

**Blue Section:** Place an \* (asterisk) in the respective row of the Project Strategies, Project Outcome and Partnership Goal that were not accomplished within the established time line. The Project Strategies, Project Outcomes and Partnership Goals with an \* (asterisk) will be discussed in the Lessons-Learned section.

List & Number Project Strategies (Refer back to the Project proposal)	Report & Number Project Strategies (Please be specific and brief.)	Place an * if not met by indicated time line. <b>Please Number the *.</b>
<ol style="list-style-type: none"> <li>1) Conduct enhanced analysis of Wisconsin surveillance and other epidemiologic data to improve understanding and promote awareness of STDs and unintended pregnancies.</li> <li>2) Implement a resources and best practices inventory to assist in identifying strengths and gaps in the current services system, allowing for prioritization of areas of systems improvement.</li> <li>3) Facilitate a short term, outcome</li> </ol>	<ol style="list-style-type: none"> <li>1) A 47-page report was completed detailing U.S. census information and STD and HIV surveillance information in the 10 identified zip codes. This report is on the project website: <a href="http://www.mashp.net">www.mashp.net</a>. The United Way Report - "If Truth Be Told..." provided a comprehensive description of unintended teen pregnancy in the key areas of Milwaukee, and this document informed our work on pregnancy.</li> <li>2) 13 issue papers were written</li> </ol>	

<p><b>focused community planning and mobilization process that convenes diverse community and provider stakeholders. Planning activities will occur through 4-6 full planning group meetings, and additional sub-committee meetings as needed. A major product will be the development of a Strategic Plan.</b></p>	<p><b>identifying resources and best practices for the reduction of STDs and unplanned pregnancies in Milwaukee. These papers enabled the coordinating team to prioritize recommendations for systems improvement in the draft strategic plan. These papers are also listed on the MASH website (listed above).</b></p> <p><b>3) A draft strategic plan has been developed by the coordinating team (see attachment) and a community planning and mobilization process will begin in Spring 2007. Initially, 4-6 meetings were planned to correlate with the 6 major planning areas from Healthier Wisconsin 2010. The current draft of the Strategic Plan organizes recommendations by 3 service sectors. Based on this organization, 3 community meetings will be scheduled between March and May to obtain input and finalize the Strategic Plan and to mobilize the community for implementation.</b></p>	
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<p><b>List &amp; Number Project Outcomes</b> (Refer back to the Project proposal)</p>	<p><b>Report &amp; Number Project Outcomes</b> (Please be specific and brief.)</p>	<p>Place an * if not met by indicated time line. <b>Please Number the *</b></p>
<p><b>1) A comprehensive community based profile of STDs and unintended pregnancies, service delivery needs, and community strengths and assets;</b></p> <p><b>2) A Strategic Plan that addresses 2010 Healthier People objectives related to high risk sexual risk behavior and health disparities with specific recommendations in the six major areas of planning;</b></p> <p><b>3) Establishment of a formal, ongoing network of committed providers and community members to implement the Strategic Plan;</b></p> <p><b>4) High level of awareness, readiness, and commitment from community leadership to take action and mobilize the community to address disparities in STDs and unintended pregnancies.</b></p>	<p>1) A community based profile of STDs and unintended pregnancies was developed as indicated in #1 above. Service delivery needs and community strengths and assets were identified through the issue papers described in # 2 above. A community assessment entitled "Community Voices" is currently underway. Data have been gathered from the targeted zip code areas through focus groups, key informant interviews, intercept surveys, and geo-risk mapping. The data are currently being analyzed to provide detailed information on the at-risk population in these areas.</p> <p>2) A draft Strategic Plan has been developed and will be finalized through a community planning and mobilization process scheduled in Spring 2007.</p> <p>3) The community planning and mobilization process will initiate the development of a formal, ongoing network, but this will not be accomplished in this grant period. The Project Partners are calling this network - for which we are building the foundation - the Milwaukee Alliance for Sexual Health (MASH).</p> <p>4) Engagement of community leaders is anticipated as part of the community</p>	<p><b>3)*</b></p> <p><b>4) *</b></p>

	planning and mobilization process, but this outcome will not be accomplished as described prior to the end of the grant period.	
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<b>List &amp; Number Partnership Goals</b> (Refer back to the Project proposal)	<b>Report &amp; Number Partnership Goals</b> (Please be specific and brief.)	Place an * if not met by indicated time line. <b>Please Number the *</b>
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<p><b>There were no additional Partnership Goals listed in the original proposal. However, the following goals were implicit in our process:</b></p> <p><b>1) Ensure effective communication among partners;</b></p> <p><b>2) Capitalize on each partner's strengths;</b></p> <p><b>3) Effectively work together to develop the Strategic Plan;</b></p> <p><b>4) Continue to develop and strengthen the partnership.</b></p>	<p><b>1) Communication among partners occurs through e-mail, conference calls, and face-to-face meetings. Initially, meetings to prioritize recommendations for the Strategic Plan were planned for conference calls among the partners. However, it quickly became apparent that the quality of discussion would improve with in-person meetings, so this change was made. The Division of Public Health has coordinated and facilitated communication among the partners.</b></p> <p><b>2) Each partner has approached the project with his/her own experience and knowledge regarding STD and/or pregnancy prevention activities. This experience and knowledge has been crucial in developing the issue papers and prioritizing recommendations for the draft Strategic Plan. The relationships that each partner has with other key stakeholders had been important in keeping the lines of communication open between our Project and related activities, and these relationships will be relied upon during the upcoming community planning meetings.</b></p> <p><b>3) Each partner has contributed to the process of reviewing, prioritizing, and developing the draft Strategic Plan.</b></p> <p><b>4) In the first 6 months of the project, additional members have been added to the partnership (e.g. Darryl Davidson, School Age Health Manager - City of Milwaukee Health Dept), and others have been consulted for their expertise in a particular area (e.g. Judy Gerrity - Milwaukee Public School System). In addition, both the Milwaukee Health Department and the Division of Public Health mobilized their UW Population Health Fellows to work on the Project.</b></p>	
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## LESSONS LEARNED - REFLECTIONS

Briefly summarize the obstacles and/or challenges encountered by the Project that prevented the accomplishment of the Project Strategies, Project Outcomes and/or Partnership Goals within the defined timeline. (These should tie directly to strategies/outcomes/goals not achieved/accomplished as noted with an \* (asterisk) in the prior section.)

**Project Strategies** (Please be specific and brief.)

N/A

**Project Outcomes** (Please be specific and brief.)

**Outcome #3:**

- Due to the breadth of the literature on teen STDs and pregnancy prevention, development of a comprehensive resources/best practices inventory and draft strategic plan took more time than anticipated. Given the staffing resources available to this project - and the busy schedules of the funded community partners - accomplishment of only outcomes # 1 and #2 might have been more realistic.

- In order to establish a formal, ongoing network of community providers and members, the Strategic Plan needs to be in place. Once this plan has been reviewed by the community providers and members in Spring 2007, it will be possible to obtain buy-in from key stakeholders to move forward with the plan.

-Pregnancy prevention efforts in Milwaukee are numerous and diffuse. Attempting to coordinate these activities, along with STD prevention activities, will take diplomacy and sustained leadership. This will require a dedicated staff person to work with several groups to coordinate activities, ensure commitment, and develop the "network." The City of Milwaukee Health Department has submitted a development proposal to the Healthier Wisconsin Partnership Program for the upcoming grant cycle to complete Outcomes 3 and 4 and to plan for implementation of the recommendations.

**Outcome #4:**

- Outcome 4 relies to a great extent on Outcome 3. During the remaining months of the current grant period, the coordinating team will be engaging community leaders that have access to funding and resources for the prevention of teen STDs and unplanned pregnancies. The purpose of these meetings will be to direct significant resources for the implementation of recommendations in the strategic plan. However, a "high level of awareness, readiness, and commitment from community leadership to take action" will require more time to promote and develop ownership of the Strategic Plan among community stakeholders currently involved in this work.

**Partnership Goals** (Please be specific and brief.)

N/A

**ADDITIONAL REFLECTIONS:** Help contribute to HWPP's understanding of any additional **LESSONS LEARNED** or future concerns about the Project. Reflect on how this Project will improve the health of the people of Wisconsin. Please be specific and brief.

**The issue papers identified service delivery needs and community strengths and assets. However, this will need to be an ongoing process. As we get closer to implementing recommendations, more detail related to services delivery, gaps, and community strengths/assets will be required.**

**Pregnancy prevention efforts are numerous, but not coordinated. It has taken some time to understand the different groups and their focus. Some of these groups have not yet been formally engaged. Creating a network will require a dedicated staff person to integrate efforts in a diplomatic manner, while engaging resources to address STD prevention, as well.**

**This Project focuses on structural interventions, which affect many people at once by changing their environment (e.g. social, political, or clinical environments). Improving the environment makes it easier for adolescents to make healthy choices. The creation of the Milwaukee Alliance for Sexual Health and implementation of an evidence-based Strategic Plan will ensure an integrated, long-term strategy for reducing STDs, unintended pregnancies, and related long term consequences, among African American youth in the city of Milwaukee.**

## ADDITIONAL PROJECT MEASURES

Please answer each of the following questions in a specific and brief manner.

1. What new additional funding or in-kind resources have been secured by the Project partners for this project?

**The Project partners have secured in-kind resources by engaging Masters of Public Health (MPH) students and Population Health fellows from the University of Wisconsin - Madison. Several MPH students researched and wrote issue papers for the Project., estimated at approximately 150 hours of time. Casey Schumann, a Population Health fellow based at the Division of Public Health, led the Strategic Planning process and wrote the draft Strategic Plan. Casey has dedicated 75% of her time (estimated at 450 hours) to MASH since September . These staff resources were essential in completing the work of the Project.**

**In addition, several staff who were not written in to the grant, from both the City of Milwaukee and the Division of Public Health, have devoted significant time to the Project. Combined, the amount of time these staff ontributed is estimated between 100-200 hours.**

2. What new skills or capacities have been developed by any of the Project partners?

**Cross-agency decision making among the partners and the development of the draft Strategic Plan were skills that have been refined through this process.**

3. Describe documented innovations and/or evidenced-based practices developed through this Project? How will this information be shared (eg. in peer reviews, other recognition, community dialogue, etc)?

**Since the partners are in the Strategic Planning phase of this Project there are no new practices to report at this time. However, a review and summary of evidence-based practices were the foundation for the issue papers and inform the recommendations of the draft Strategic Plan.**

4. What Project publicity and/or published any brochures, etc. has this Project received/produced? (Please submit copies of these publications.)

**The Project developed a website for the "Milwaukee Alliance for Sexual Health" which can be found at [www.mashp.net](http://www.mashp.net)**

5. What policy change activities, if any, have been initiated by this Project?

**Proposed policy change activities are outlined in the draft Strategic Plan. Future work includes advocating for:**

- legislative change to allow Expedited Partner Therapy. This enables physicians to provide STD treatment medication to a patient to be given to the patient's partner(s).
- policy change within the Milwaukee Public School system to allow educational and skill-building information around, and access to, condoms in the school setting using an opt-out policy.
- the creation of minimum standards in the Milwaukee Public School system for implementation of the human growth and development curriculum.



# FINANCIAL STATUS REPORT

Have any budget changes been authorized during this reporting period?     Yes     No

Document amounts **expended** in relation to amount **awarded** for each expense category. Please check with invoicing Community Partner(s) and the MCW lead academic partner for accurate, up-to-date information.

*Please use the tab key to navigate through the cells of this form. This will allow for the appropriate formatting to show.*

Description	Community Partner Aggregate		MCW Partner Aggregate		TOTAL PROJECT	
	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted
<b>Salaries/Wages</b>	\$0.00	\$16,630.00	\$6,374.56	\$12,929.00	\$6,734.56	\$29,559.00
<b>Fringe Benefits</b>	\$0.00	\$6,511.00	\$1,880.50	\$3,620.00	\$1,880.50	\$10,131.00
<b>Supplies/Services</b>	\$0.00	\$9,910.00	\$0.00	\$0.00	\$0.00	\$9,910.00
<b>Equipment</b>						
<b>Rent/Utilities</b>						
<b>Travel</b>	\$0.00	\$0.00	\$0.00	\$400.00	\$0.00	\$400.00
<b>Other (specify)</b>						
<b>TOTAL</b>	\$0.00	\$33,051.00	\$8,255.06	\$16,949.00	\$8,255.06	\$50,000.00

*Please explain all variances:*

## SIGNATURE PAGE

*By signing this form, each respective organization represents that the information provided in this submission is accurate, complete, and current and the individual signing affirms that s/he has authority to execute this form on behalf of the organization. Add additional signature lines, if needed.*

### Community Partners

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Community Organization Director Signature

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Organization and Director Name and Date

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Community Organization Director Signature

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Organization and Director Name and Date

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Community Organization Director Signature

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Organization and Director Name and Date

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Community Organization Director Signature

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Organization and Director Name and Date

### Medical College of Wisconsin Partners

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Full-time or Full professional effort MCW Faculty Signature

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Department and Faculty Name and Date

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MCW Department Chair Signature

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Department and Chair Name and Date

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Full-time or Full professional effort MCW Faculty Signature

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Department and Faculty Name and Date

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MCW Department Chair Signature

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Department and Chair Name and Date