

Collaboration forms basis for activities that engage community, combat disparities

John R. Raymond, Sr., MD President and CEO, Medical College of Wisconsin

I was evident to me immediately upon joining The Medical College of Wisconsin as President and CEO that the College has spent years cultivating strong community-academic partnerships. I have seen the value of this model first-hand, and it is proven to be highly effective for addressing important public health issues.

Collaborations provide perhaps the best opportunity to address the pressing health care needs of those in our state and region who suffer from health disparities, hopelessness and the cycle of poverty. By committing to and investing in community-based research, the Medical College has developed numerous initial projects derived from collaborative relationships.

Our growing efforts have precipitated the need for a dynamic community engagement infrastructure to help coordinate, build and sustain the partnerships essential for success. The Institute for Health and Society recently established by the Medical College meets this need by advancing the integration of public and population health across research, clinical care, education and community initiatives both locally and globally.

Directed by Cheryl A. Maurana, PhD, Professor and Senior Associate Dean for Public & Community Health at the Medical College, the mission of the Institute is to improve health and advance health equity through community and academic partnerships. Its programs reflect the 4 missions of the Medical College and span approximately 300 diverse community partners including

Federally Qualified Health Centers, clinics in federally designated physician shortage areas and social service and faith-based organizations. More than 150 Medical College faculty members collaborate with communities across the state to support over 100 programs

The national average infant mortality rate is 6.7 per 1,000 births, yet Milwaukee has an infant mortality rate of 10.8 per 1,000. Even more pronounced is the teen birth rate, which in Milwaukee is 60.3 per 1,000 females between the ages 15-19. This significantly

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serving Wisconsin's health needs through the Institute's Healthier Wisconsin Partnership Program.

The Institute is one of many initiatives supported, in part, by funding from the Advancing a Healthier Wisconsin endowment given to the Medical College during the Blue Cross Blue Shield privatization.

The Institute is developing a framework for community partners to mutually identify avenues of inquiry and research best tailored to deliver answers that address the health care inequalities that burden our state by translating results into successful health promotion practices.

There is a sense of urgency in Wisconsin for the inspired ideas that evolve from collaboration. Health disparities are especially critical in the state's largest population center, Milwaukee, as evidenced in the 2010 Milwaukee Health Report.

exceeds the US average of 42.5. Wisconsin has a higher percentage of smokers (19.9 percent) than the US average of 18.4 percent, with an especially high concentration in Milwaukee, where 24.2 percent of people smoke. Another preventable cause of death and disability, binge drinking, is excessive in Wisconsin, where 22.8 percent of residents say they engage in this behavior. Milwaukee has a rate of 21.1 percent, while 15.6 percent is the average nationally.1

In addition to being timely, the Institute is designed to be results-oriented. It will support translating research into action so these disturbing health trends may be mitigated. Through its Health Equity and Urban Clinical Care Partnerships program, the Institute will team with community leaders, academics, policy makers and funding entities to identify and dismantle the barriers that contribute to these disparities.

Since research is fundamental to accomplishing this goal, a resource center within the Institute will feature services that build upon the Medical College's successful biostatistics consulting services and epidemiology data services. A key benefit will be the Institute's ability to marshal funding opportunities for researchers that might not be available to them as individuals, such as program project grants.

It is our hope that the Institute will serve as a gateway to new community-academic partnerships and house the technical resources to facilitate collaboration and communication among faculty members and diverse partners. As home to those health professionals committed to community-engaged scholarship, the Institute for Health and Society fosters the mentoring of faculty new to the field while supporting the bioethics, biostatistics and public and community health PhD, MPH, and MA programs within. Several initiatives that advance cross-cutting, interdisciplinary research and education including Biostatistics, the Center for Bioethics and Medical Humanities and the Global Health Program within the Institute, will better position the Medical College to collaborate with other academic institutions in the state, including University of Wisconsin-Milwaukee. UW-Madison. Marquette University, Milwaukee School of Engineering and the Clinical and Translational Science Institute of Southeast Wisconsin.

Our inclusive and thoughtful approach should benefit the people of Wisconsin and the

physicians who care for them. A sustainable infrastructure enables meaningful, far-reaching collaborations throughout the region now and in the future. This will support education at the Medical College dedicated to developing generations of physicians and researchers with strong community health competencies. Consequently, the long-range outlook for Wisconsin will improve as the Institute for

Health and Society cultivates researchers and leaders dedicated in partnership to the discovery and application of knowledge that promotes health and reduces disparities.

Reference

1. Chen H-Y, Baumgardner DJ, Rice JP, Swain GR, Cisler RA. *Milwaukee Health Report 2010: Health Disparities in Milwaukee by Socioeconomic Status*. Milwaukee, WI: Center for Urban Population Health; 2010.

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