



## Wisconsin's Opportunity to Become a Beacon for the Nation in Advancing Health

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On May 15, 2025, I had the great honor of becoming the 10th Dean of the University of Wisconsin School of Medicine and Public Health and Vice Chancellor for Medical Affairs at the University of Wisconsin–Madison. The writing of this column marks my 6-month anniversary as a Wisconsinite.

I am a surgeon scientist and have spent my career in multiple academic health systems. I am also a profound believer of the power of the people in academic medicine, who bring the best of science along with their heart and soul to solving critical problems while working in concert with community partners and organizations. This synergy is what attracted me here. The key question that motivates me is: How can we tap into the power of the university and our allies to help people?

In my first 6 months, I have made many connections and learnt so many amazing facts about our Badger state. I have also been impressed by seeing individual humility tempered with pride in the state, and witnessing the legendary Midwestern work ethic. These qualities have been evident throughout organizations such as UW–Madison, Medical College of Wisconsin,

and leading corporations headquartered in the region. But I have also found it sobering to see some of the realities of a state where a sizable percentage of the population living in rural zones experiences a fragmented health delivery system and uneven health outcomes.

Harry Waisman in the 1960s, and the first accurate rapid lead poisoning test developed by Frederic Blodgett in 1972. On the public safety front, Wisconsin was home to the first seat belt installation law in the nation in 1961. And the state has a history of innovation in health insur-

**By working together, the physicians, health care professionals, and public health experts of Wisconsin can make a lasting impact on the challenges at hand.**

I hope we can use this journal and column to connect and problem-solve together. Academic medicine's purpose is to be a catalyst, driving positive change by sparking connections between theory and practice, concepts and applications, population needs and medical discoveries.

### Wisconsin's Strengths and Opportunities

Wisconsin has a proud legacy of health and public health innovations. Its medical association, the Wisconsin Medical Society, is older than the state itself. The society's founding in 1841 by an act of the Territorial Legislature signaled early interest in establishing quality standards for medical care. Wisconsin is the birthplace of clinical tests such as the Prothrombin Time/International Normalized Ratio (PT/INR) test based on work by Armand J. Quick in 1932, the first phenylketonuria test developed by

ance, with some of the earliest examples of worker's compensation insurance, employee-sponsored health insurance, and health maintenance organizations including one described as the nation's first rural HMO.

These examples illustrate defining features of Wisconsin's approach to health: taking a systems thinking perspective, valuing quality and innovation, and showing concern not only for the individual but for all residents.

That spirit of purposeful ambition and sense of service is evident at the UW School of Medicine and Public Health. As the only public medical school in the state, and the first institution in the nation to integrate the fields of medicine and public health,<sup>1</sup> our actions are guided by the interests of the people of Wisconsin and the world. Our training programs and solutions seek to spark health and vitality, aligning with the school's vision of healthy people and healthy communities.

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While we recently celebrated the 20-year anniversary of integrating public health into our name and missions, we have long ensured that our health professions students are training in all corners of Wisconsin.

Designating the needs of the broader community as our institution's North Star yielded discoveries such as Mohs surgery in the 1930s, which became the gold standard for skin cancer treatment, the UW Solution in the 1970s and 80s for organ preservation during transplantation, 5-fluorouracil in the 1950s as a frontline chemotherapeutic agent, tamoxifen in the 1970s for advanced breast cancer, reverse transcriptase in 1970 leading to HIV antiretroviral therapy, and the world's first derivation of human embryonic stem cell lines in 1998 and the creation of induced pluripotent stem cells in 2007 leading to regenerative medicine therapies.

We must build on this legacy to address today's health needs.

## Moving Health Forward

What are the state's "burning platform" health issues today? Many signs point to variable health outcomes as causing increasing strain. Area Deprivation Index data, made available as the Neighborhood Atlas via the Center for Health Disparities Research led by Amy Kind, MD, PhD, at the UW School of Medicine and Public Health, show mixed trends across Wisconsin<sup>2</sup> in ADI's composite measure of factors related to income, education, employment, and housing quality. High levels of disadvantage are found in northern and northeastern regions of the state, as well as parts of central and southeastern Wisconsin. These areas correlate with measures of rurality.<sup>3</sup>

Variability also surfaces in population forecasts, with pockets of the state expected to shift upward in median age. A report on State and County Population Projections 2020-2050<sup>4</sup> predicts a 13-county region in the northern region where every county is expected to have between 27% and 45% of its population comprised of people age 65 and older by 2050. Twelve of the 13 counties are currently classified as primary care Health Professional Shortage Areas.<sup>5</sup> Simply put, few physicians and other health care professionals are avail-

able in the precise areas of the state where they will be needed most. We must take steps now to address this, as the impacts are already acute and will soon be critical.

A path forward can be found in the concept of healthspan, which aims to increase the number of years spent in good health and free from age-related chronic disease and disability. University of Wisconsin–Madison has committed to creating a "brain trust" of healthspan researchers through an initiative called RISE-THRIVE, standing for Wisconsin Research, Innovation and Scholarly Excellence Transforming Healthspan through Research, Innovation, and Education. Through accelerated and strategic faculty hiring, research and infrastructure enhancement, interdisciplinary collaboration, and enhanced learning opportunities, RISE-THRIVE aims to generate discoveries in immunology and healthy aging that will inform preventive measures and lead to new treatments. This could have enormous benefits for the population by increasing quality of life and transforming the health economics of aging.<sup>6</sup> These efforts will also involve key partnerships, building on the university's successful track record of connecting communities and industry on collaborative solutions.

Rural health care workforce training also plays a key role in addressing population needs. As a public land grant university, our institution's commitment to rural health runs deep. We are proud to be ranked 14th by *US News and World Report* among medical schools with the most graduates practicing in rural areas.<sup>7</sup> The Wisconsin Academy for Rural Medicine (WARM) has added 331 MD graduates to the workforce since it launched in 2007. Eighty-two percent of WARM graduates practice in Wisconsin and about half practice in a rural area. Recently, we piloted a short-track 3-year MD program called WARMeRR as an expedited, competency-based undergraduate medical education-GME pathway to rural practice in Wisconsin.

Combined with additional rurally focused programs for precollege and bachelor's students through the Wisconsin Area Health Education Center and rural residency or fellowship programs in obstetrics and gynecology, family medicine, psychiatry, general

surgery, preventive medicine and public health, we offer a comprehensive spectrum of rural health training programs. This complements our rural health services research, continuing medical education and training tailored for rural health professionals, and funding for rural health initiatives through the Wisconsin Partnership Program and the Orion Initiative.

Our internationally recognized expertise in Alzheimer's disease and related dementias research is also poised for impact. Current studies include Wisconsin Registry for Alzheimer's Prevention (WRAP), which is the largest family history study of Alzheimer's disease in the world; Clarity in Alzheimer's Disease and Related Dementias Research Through Imaging (CLARITI), which is a nationwide study to provide state-of-the-art imaging and blood-based biomarkers for researchers around the world to use; and data and expertise that helped validate the first commercially available blood plasma test for Alzheimer's disease biomarkers. Additionally, we support a statewide network of 40 memory clinics to provide early-stage diagnosis and treatment services and support for caregivers. Broader biology of aging research programs are devoted to neurodegeneration, musculoskeletal aging, and a recently announced Wisconsin Nathan Shock Center of Excellence in the Basic Biology of Aging. This new center focuses on the intersection of metabolic dysfunction and aging-related diseases and conditions.

These are just a few examples of the research, training, care, and outreach efforts that address pressing health needs in Wisconsin. Importantly, this is a team effort. It is more critical than ever to move forward in strong partnership with private sector research collaborations. Our biohealth industry partnerships have led to several new research agreements, with more to come. Additional key relationships involve philanthropists, public health departments, community organizations, and tribal nations and communities throughout the state.

## Conclusion

Forming a sense of what it means to be a Badger over the past few months has been

personally fulfilling. Former US ambassador to the United Nations Adlai E. Stevenson II summarized Wisconsin's distinctive approach well, saying, "...the Wisconsin tradition meant more than a simple belief in the people. It also meant a faith in the application of intelligence and reason to the problems of society."

I look forward to partnering with readers of *Wisconsin Medical Journal* to learn more about your good ideas addressing health needs of the state. By working together, the physicians, health care professionals, and public health experts of Wisconsin can make a lasting impact on the challenges at hand. I truly believe there is a bright future ahead, one filled with hope and promise. We have every key factor required for success: connectedness, a drive to discover, the ability to test innovative ideas and scale those that are most effective, and powerful determination reflected in strong work ethic, humility, and a sense of service to humanity. Together, we can leverage academic medicine as an engine for good.

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advancing the art & science of medicine in the midwest

**WMJ**

*WMJ* (ISSN 2379-3961) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

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