

## VISION

MPHI will be a unique public trust which will enable communities to apply state-of-the-art community health practices.

## MISSION

The mission of MPHI is to maximize positive health conditions in populations and communities through collaboration, scientific inquiry, and applied expertise which:

- ◆ Carry the voice of communities to health policy makers, scientists, purchasers, and funders;
- ◆ Advance the application of scientific health practices in communities; and
- ◆ Advance community capacity to improve health and reduce disparities among population groups and geographic areas.

## VALUES

MPHI's board of directors, management, and staff are committed to uphold these values in our work, relationships, and governance:

- ◆ Collaboration and inclusiveness among MPHI, government, communities, and institutions in approaching matters of the public's health.
- ◆ State-of-the-art research, education, and demonstration as vehicles for advancing health practice.
- ◆ Leadership and service for the benefit of community, rather than to advance institutions, partners, or staff.
- ◆ Prevention of disease and promotion of health.
- ◆ Ethical behavior in all scientific, professional, and interpersonal matters.
- ◆ Quality, professionalism, and integrity in the work we do, the people we hire, and the workplace we create.
- ◆ Innovation and continuous improvements in the workplace, as our assurance of maintaining our responsiveness and utility to our clients.

# MICHIGAN PUBLIC HEALTH INSTITUTE

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Today's public health programs operate on the premise that all of us — public health agencies, governmental units, medical professionals, health insurers, health payers, and individuals — are stakeholders in the common good and therefore must work together to foster and maintain conditions in which the residents of our communities can enjoy good health and vitality.

One of the main ways in which we do this is by designing and employing interventions that are aimed at preventing disease and ensuring conditions in which people can be healthy. In fact, “if public health professionals were pressed to provide a one-word synonym for public health, the most frequent response would probably be prevention.”<sup>1</sup>

This emphasis on prevention has given us many successes and has greatly improved both the length and quality of our lives. Between 1900 and the early 1990s, the average lifespan of a U.S. resident increased by more than 30 years. Population-based prevention efforts aimed at both infectious and chronic diseases were responsible for 25 of those 30 years of increased life, while advances in medical care were responsible for five of those years. But, prevention played a significant role even among the latter five years — one and a half of those additional years can be attributed to immunizations, screening tests, and other clinical preventive services.<sup>2</sup>

In 1999, the Centers for Disease Control and Prevention named what it considered to be the 10 greatest public health achievements in the United States during the 20th Century (vaccination; motor-vehicle safety; safer workplaces; control of infectious diseases; decline in deaths from coronary heart disease and stroke; safer and healthier foods; healthier mothers and babies; family planning; fluoridation of drinking water; and recognition of tobacco use as a health hazard).<sup>3</sup> None of those 10 achievements would have been possible without preventive health interventions.

At the Michigan Public Health Institute, we recognize that disease prevention and health promotion offer intrinsic value to our society, and they hold a prominent place in our Statement of Values. Studies have shown that these efforts can return investments many times over, not only in terms of dollars and medical cost-effectiveness, but also in terms of better individual health, stronger, safer communities, and a more productive civilization.

This report includes examples of MPHI's commitment to engage in proactive, collaborative, community-based interventions that monitor and improve the health and well-being of our citizens throughout the course of their lives and also help ensure our society's ability to meet both current and future public health challenges in our changing world.

We invite you to read through these pages and get a sense of our work, who we are, and what we envision. While you read, keep in mind that this report represents only a sampling of the projects in which we are involved. MPHI is a major contributor to community health in Michigan, and our staff is comprised of more than 200 individuals, including researchers, data analysts, evaluators, and scientists who are trained in a broad array of health fields and have extensive experience in community-based work.

For more information about the Institute and its projects, visit our web site at [www.mphi.org](http://www.mphi.org), stop by one of our offices, or contact MPHI Director of Programs and Operations, G. Elaine Beane, PhD, at 517-324-8301 (e-mail: [ebeane@mphi.org](mailto:ebeane@mphi.org)).

Working together with you for healthier communities,

***The MPHI Board of Directors***

- 1 Turnock, B.J. *Public Health: What It Is and How It Works*. (Gaithersburg, MD: Aspen Publishers Inc., 2001)
- 2 Bunker, J.P., Frazier, H.S., Mosteller, F. “Improving Health: Measuring Effects of Medical Care.” *Milbank Quarterly* 1994; 72(2):225-258.
- 3 Centers for Disease Control and Prevention. “Ten Great Public Health Achievements—United States, 1900-1999.” *Morbidity and Mortality Weekly Report* 1999; 48(12):241-243

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# *Strengthening MPHI's Infrastructure to Better Serve Clients*

MPHI staff members worked diligently throughout 2001 to strengthen the Institute's infrastructure and enhance its ability to serve both current and future clients. What they did will pay off handsomely in increased staff efficiency, improved communication, sharpened accountability, and enhanced security.

## **NEW SUPPORT SOFTWARE**

One of the major changes is the selection and implementation of an enterprise resource planning software system called Systems, Applications and Products in Data Processing (SAP). MPHI will use SAP for accounting functions and to help staff members fulfill the different reporting requirements of the Institute's project funders.

SAP operates as a relational database, meaning that information entered into the system by a staff member working in one MPHI office is immediately accessible to authorized staff members working in all other parts of the Institute. With the proper authorization, staff members can access and revise the information in the SAP database whether they are working on-site at one of the Okemos, Ann Arbor and Detroit MPHI offices or off-site at a project or client location.

MPHI Special Programs & Benefits Manager Leeanna Travis, who served as the MPHI project manager for the software selection and implementation process, says SAP will incorporate many different processes for MPHI.

"It will provide our programs with the tools and information they need to help them better manage their projects and be more responsive to our funders," she explains. "It also will provide us with the tools we need to establish an integrated and flexible foundation that will support our growth and changing environment."

## **ENHANCED NETWORK CAPABILITIES**

During 2001, MPHI also prepared to add a fourth building to its Okemos campus to house the MPHI Office of Technology and Information Systems (OTIS). The move will enable OTIS to consolidate its operations into one space and will double the program's square footage. It also will provide a state-of-the-art server room, increased security for computer inventory and the MPHI network, and vastly improved computer technician lab space.

For the purposes of server redundancy and network stability, OTIS will maintain two server rooms, keeping its former server room in Building 3 as MPHI's primary server facility and using the new Building 4 facility as a backup in case of problems. To ensure that the Building 3 server room can handle the increased server load required by SAP and other infrastructure changes, OTIS staff members are expanding the facility and upgrading it to the same state-of-the-art standards as the new Building 4 facility.

"The fact that we'll be much more efficient with our server rooms means that we'll be able to administer many, many more systems in a much more efficient way and be much more productive on the internal technology front," states OTIS Program Director Jeff Wehl.

During 2001, OTIS also connected all four MPHI buildings and the two remotely located MPHI affiliated programs (the Center for Advancing Community Health and the Center for Tobacco Prevention and Research) to the fiber network that runs throughout much of the office park in which they are located.

The completion of the fiber network connections means that all MPHI offices and affiliated programs share the same computer network and high-speed Internet access capabilities. It also enables MPHI to connect to any future campus buildings it may open within The Woodlands office park, giving those offices the same capabilities.

## Teaching Adolescents How to Avoid Risky Behaviors

By Ellen A. Ives, MPH, and Theresa M. Covington, MPH

In 1993, the Michigan Department of Community Health (MDCH) launched a statewide, grassroots campaign to positively impact adolescent health by encouraging youth ages 9-17 to abstain from risky behaviors, such as sexual activity and the use of alcohol, tobacco and other drugs. This campaign is known as the Michigan Abstinence Partnership (MAP) program.

As part of the MAP program, MDCH awarded competitive grants to 17 community coalitions across the state to assist them in their efforts to develop and implement adolescent abstinence strategies that are tailored to the specific needs of their own communities.

The **MPHI Child & Adolescent Health Program** provides technical support and evaluation assistance to each of these 17 MAP coalitions. MPHI community health consultants monitor grant requirements and provide the coalitions with direct technical assistance and consultation regarding adolescent health issues, coalition development, collaborative practices, and program implementation.



### GIVING A BIG PICTURE PERSPECTIVE

MPHI community health consultants help the coalitions develop effective programs by providing them with support and updated information and resources through newsletters, resource manuals, a MAP resource library, networking meetings, and trainings. Both MPHI staff and the community coalition members agree that technical assistance and program evaluation are key components of the assistance MPHI provides MAP coalitions.

Kathy Stiffler, director of the MDCH Adolescent Health Unit, oversees the MAP program for the state and says the type of assistance MPHI provides is invaluable.

“The [MDCH] Division of Family and Community Health has recognized the importance of high-quality technical assistance since the inception of the Michigan Abstinence Partnership,” Stiffler says. “Evaluation has indicated that the technical assistance provided is one of the key components to the success of the program.”

Heidi Mellema, coordinator of the Kent County COACH (Coalition on Adolescent Choices and Health), echoes that sentiment.

“MPHI has been helpful in giving our coalition a ‘big picture’ perspective,” Mellema says, adding that MPHI staffers provide “the link to other communities’ programs, as well as the state perspective on the issue of sexual abstinence.”

All MAP-funded community coalitions follow federal abstinence education guidelines and emphasize intervention strategies that provide at least 10 hours of youth contact. In addition, each of the 17 coalitions strives to reinforce self-esteem, self-efficacy, and goal setting among the adolescents it serves.

Local MAP programs not only help adolescents understand the issues involved with the choice of abstinence, they also employ strategies that focus on helping youth go the extra step and develop the skills they need to make their own healthy life decisions on a daily basis. With MPHI's assistance and support, each MAP coalition develops and implements a multitude of innovative prevention strategies that are tailored to meet the particular needs of its own target youth population.

MAP coalition coordinators say this ability for each of the 17 funded coalitions to construct a community-based program that recognizes its own local needs and the needs of its youth population is a crucial element in the overall success of the program.

"[One of] the key strengths of MAP is the belief in grassroots structuring of programming to fit the individual needs of our own communities," Mellema explains.

Today, the MAP program is working throughout Michigan, reaching out to adolescents in their own communities where they live and go to school. In the last fiscal year alone, almost 21,000 youth across Michigan were reached through intense interventions conducted by local MAP coalitions.

"The majority of communities with MAP program funding have shown a statistically significant shift from pre-test to post-test in the knowledge, skills, attitudes, and intended behaviors of youth participating in [the] programming," MAP Evaluation Consultant Taggart Doll says. "It is exciting to see and hear the positive impact the MAP programming is having in the lives of Michigan's youth, and we are proud to be a part of it."

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## *Five Areas of Emphasis That Will Make a Difference*

In the face of serious rates of sexually transmitted infections and teenage pregnancy, the 17 MAP-funded community coalitions are developing and implementing strategies that focus on five high-impact areas that will positively affect the health of Michigan's youth. Each community coalition's plan addresses:

1. The need to teach young people the decision-making skills necessary to reject sexual advances, avoid risky situations, and understand the relationship of alcohol and other drug use to increasing sexual vulnerability;
2. The need to build environments for supporting sex-free and drug-free lives for youth;
3. The need to teach youth ages 9-17 years the relationship between early sexual activity and sexually transmitted diseases and how to avoid sexual activity;
4. The need to teach young people about the association between teen parenting and poverty, and the importance of achieving self-sufficiency; and
5. The need to teach parents how to effectively communicate with their children about the importance of avoiding sexual activity and other risky behaviors, such as the use of alcohol, tobacco and other drugs.

## Helping Communities Prevent Infant Deaths

By Rosemary Fournier, RN, BSN, and Theresa M. Covington, MPH

Infant mortality rates often are used as indicators of a community's well being. With that in mind, 10 communities throughout Michigan with relatively high infant death rates are working to understand the reason for their high rates and are taking action to improve perinatal systems of care for women and infants. These communities have established Fetal and Infant Mortality Review programs, better known as FIMRs.

Members of each community's FIMR team work to first identify all infant deaths in their community and then select a representative sample of those deaths for review. As part of the review, FIMR team members collect medical and social histories for each case and conduct interviews with the mothers. They share the collected information at FIMR review meetings. Information is shared in aggregate only; none of the case information presented at the meetings is identifiable as belonging to any particular infant or family.

Each community's FIMR team reviews all of the information available in an attempt to identify local systems problems that can be addressed. FIMR team members share their review findings with community action team members who, in turn, use the information to implement changes in local health systems and improve community-based services for women and infants.

Nationally, FIMR is a project of the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau, and technical support is provided by the National FIMR Support Center at the American College of Obstetrics and Gynecology.

From 1991 to 1997, local Michigan FIMR teams received technical support from the national center. In 1998, the Michigan Department of Community Health (MDCH) received a three-year grant from HRSA to establish a state-level FIMR and support efforts to build FIMR capacity in interested communities.

A special appropriation was made in the State of Michigan budget in 2000 to enhance the existing FIMR programs in Kalamazoo, Genesee and Saginaw counties and to provide funding to local teams in communities that have infant mortality rates higher than the state average and/or significant disparities in black/white infant mortality.

As part of this change to state-level oversight, the **MPHI Child & Adolescent Health Program** now coordinates the Michigan FIMR program in collaboration with MDCH and Michigan State University (MSU).

MPHI provides technical support and training to local FIMR teams, teaching them how to review and abstract medical records and how to conduct interviews and gather information from parents of infants who have died. In addition, MPHI staff manages the State FIMR Network, a group of more than 40 individuals who meet once a month to share experiences and advance their FIMR-related knowledge and skills.



## MEASURING SUCCESS IN LIVES SAVED

A total of 10 counties are now actively involved in the Michigan FIMR program and their teams already have abstracted cases and reviewed more than 100 deaths. An additional five counties are exploring the possibility of creating their own FIMR teams.

The Kalamazoo County FIMR team has focused its attention on educating women about the signs and symptoms of pre-term labor. Sixteen fewer babies died in Kalamazoo last year than the year before, representing a decrease in the Kalamazoo County infant mortality rate of nearly 50 percent from 1998 to 1999.

Saginaw County's FIMR case reviews showed that violence and physical abuse (domestic violence) was a factor in more than 60 percent of the cases in which women had experienced the death of an infant. Now, as a direct result of FIMR efforts, assessment for abuse is a standard of care for any woman seeking prenatal care in three high-risk clinics in Saginaw County.

"FIMR has a lot to offer in helping communities develop and rallying the leaders around issues of needed change," national FIMR Program Director Kathy Buckley says. "The Saginaw FIMR program is an excellent example of what can be done over time...fleshing out problems and strengthening systems of care and delivery of services throughout the years."

Cheryl Lauber, PhD, project director for Michigan FIMR and an infant health nurse consultant for MDCH, says she has seen a real change in trends for post-neonatal deaths in Michigan during the years since FIMR teams have been active. As just one example, Lauber says the sudden infant death syndrome (SIDS) rate in Michigan fell 23 percent, from 148 deaths to 114, in 1999. FIMR teams, she says, "have been instrumental in identifying these changing trends."

Peter Vasilenko, PhD, director of clinical and community research in the MSU College of Human Medicine, also stresses the positive impact FIMR has had.

"While significant and impressive strides have been made in infant mortality reduction over the last decade, FIMR has helped individual communities focus their attention on specific reasons that infants die and has led to significant improvements in maternal and child health care," he says.

The FIMR program's multidisciplinary, collaborative approach to problem-solving has resulted in better cooperation among agencies and the removal of barriers to care within individual communities.

Ultimately, the fact that local community members are integrally involved with the FIMR process will pay off in large dividends, making it possible not only to correctly identify local factors that are contributing to infant deaths, but also to shape and implement an action agenda to address those factors and prevent future infant deaths.

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## *About the Child & Adolescent Health Program*

The **Child & Adolescent Health Program** provides technical assistance to state and local partners in the design, implementation and evaluation of innovative, multidisciplinary and community-based programs that strengthen families and children and reduce risky behaviors, leading to improvements in the health, safety and well-being of Michigan's families. Current major projects include: the Michigan Abstinence Partnership program; the Michigan Child Death Review program; the Fetal and Infant Mortality Review program; the Michigan Antibiotic Resistance Reduction Coalition; the Michigan Surveillance of Child Maltreatment Project; and the Teen Father Support Program. The Child & Adolescent Health Program operates from offices in Okemos, Detroit and Saginaw.

## *Supporting Innovations in Graduate Medical Education*

*By Greg Cline, PhD*

Among the work of the **MPHI Center for Collaborative Research in Health Outcomes & Policy (CRHOP)** is the support and evaluation of the Innovations in Graduate Health Professions Education program, a multi-year, multi-site initiative funded by the Michigan Department of Community Health Medical Services Administration (MSA).

The Innovations program is the result of a sea change in Michigan's approach to the public funding of graduate medical education. Program participants include seven graduate medical education consortia operating in 23 Michigan counties, as well as a W.K. Kellogg Foundation-funded graduate nursing education consortium that has voluntarily joined Innovations as a comparison consortium. These consortia include:

- ◆ Capitol City Consortium;
- ◆ Consortium for Osteopathic Managed Care Education (West Michigan Consortium);
- ◆ Detroit Medical Center (Wayne State University);
- ◆ Genesee County Innovations in Primary Care Education;
- ◆ Henry Ford Health System;
- ◆ Michigan Academic Consortium: Nurse Managed Primary Care;
- ◆ Southwest Michigan Health Professions Education Initiative; and
- ◆ University of Michigan Health Professionals Education Consortium.



Participants in the Innovations program focus their efforts on two goals. The first is to design and implement unique approaches to prepare health professionals to practice in managed care settings. The second is to improve health care services for patients who are covered by Medicaid, indigent, and/or members of medically underserved populations.

Under contract to the state health department, CRHOP staff members assist the eight medical and nursing school consortia by providing them with technical assistance, data management, and program evaluation expertise.

“The ultimate goal of the Innovations program is to stimulate innovation in graduate medical education by better tying public funds to those that do the teaching,”

Denise Holmes, director of the MSA Plan Administration Bureau, says. “The CRHOP evaluation team will help us understand how effective we were in reaching that goal, and how we may better reach that goal in the future.”

## HAVING A POSITIVE IMPACT

Members of the participating consortia span the breadth of the health care systems in their communities and include hospitals, clinics, universities, local health departments, and managed care organizations.

“I don’t think the Medicaid agency knew when it began the Innovations project that it would be building relationships amongst a variety of health care institutions and then enabling broad innovation,” Darlene Burgess, vice president for government relations at Henry Ford Health System, says. “But, this relationship-building was a very positive outcome.”

Each consortium has its own beginning and end project dates, occurring between September 1997 and December 2002, and all but one of the consortia completed a three-year project.

CRHOP staff members say that coordinating the evaluation aspects of a program that has created multiple consortia operating in multiple counties across Michigan was “a welcome challenge.” They add that the opportunity to assess the effectiveness of such an innovative approach to allocating public funds for graduate medical education was one “not to be missed.”

Members of each consortium worked collaboratively to develop and implement a number of innovative products in the areas of curriculum, technology and patient care. As part of that work, they have embraced a number of goals, including training health care providers how to:

- ◆ adjust to changes occurring in the managed care market;
- ◆ adapt to the shift of care from inpatient hospitals to ambulatory settings; and
- ◆ better understand the changing needs of the Medicaid population, especially individuals from culturally diverse populations.

The consortia also are striving to encourage these future doctors and nurses to practice in areas of the state where a shortage of health care professionals exists, or where there are access to care problems for the Medicaid population. Their efforts are bearing fruit.

“The positive reaction of learners to the innovations implemented by each consortium has been tremendous,” MSA Plan Administration Bureau Program Specialist Bob Buryta says. “We are very pleased with the reactions of learners to improving their skills in serving Medicaid’s culturally diverse populations.”

*Greg Cline, PhD, is the director of the MPH Center for Collaborative Research in Health Outcomes & Policy. He can be contacted at 517-324-8352 (e-mail: gcline@mph.org).*

## *About the Center for Collaborative Research in Health Outcomes & Policy*

The Center for Collaborative Research in Health Outcomes and Policy is dedicated to innovative and collaborative public health research. Its purpose is to expand current patterns of thought through the creation and dissemination of public health knowledge. The Center has assembled a group of individuals who possess extensive experience and expertise in designing and implementing health outcomes and policy research. Center team members use innovative technologies to create systems and conduct research for the development, management and understanding of health improvement, outreach and promotion, as well as disease management, clinical outcomes and health policy analysis. They create synergy among a wide range of project partners by combining their issue-specific, scientific and technical expertise to advance theory, policy and practice.

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# Professionals Educating Professionals in Long Term Care

By Carl A. Gibson, PhD

The **MPHI Center for Long Term Care** develops and delivers products and services that promote care and service excellence in the long term care environment. Throughout the course of their work, Center staff members seek to:

- ◆ ensure that long term care facility professional staff who provide direct care and related services are empowered with superior skills and knowledge;
- ◆ provide long term care services that are client-focused and needs-based;
- ◆ assist long term care facilities in effectively managing resources, maintaining standards of quality, and supporting organizational health and leadership; and
- ◆ inform and educate nursing facility residents and the general public regarding long term care issues and policy

## SPECIALIZED OFFERINGS

Over the past four years, the Center’s Collaborative Remediation Project (CRP) has provided valued remediation services to nursing home providers statewide as an alternative to other financial enforcement remedies.

Using a collaborative model unique to Michigan, the CRP team works with facility staff to develop directed plans of corrections, implement corrective actions, and enhance the facility’s current care and monitoring systems. Additionally, a variety of directed in-service trainings on significant clinical issues are available to allow CRP participants to focus on clinical systems analysis and staff education.

The plans of corrections and in-service trainings establish an effective quality assurance process with the goal of sustained compliance. One measure of success occurs when the nursing facility is revisited by the State Survey Agency; nursing facilities that effectively utilize the CRP services have an average compliance rate of 94 percent.

One CRP component involves the Accredited Remediator service. The Center reviews individuals and their credentials, accredits them, and maintains a corps of Remediators to meet State Survey Agency requests for temporary managers, administrative advisors, or clinical advisors for facilities needing assistance. The service is popular and highly regarded.

Also frequently requested is the Center’s Resident and Family Education Project (RFE). Under the State of Michigan’s Resident Protection Initiative, Michigan’s Medicaid program contracts with the Center to provide these important educational opportunities to the public.

The goal of the RFE is to educate consumers by offering residents and family members informative programs about common long term care issues. A number of program topics are currently available, including: The Basics of Long Term Care, The Art of Visiting, Alternatives to Restraints, and Understanding Dementia/Alzheimer’s Disease. These are offered at no charge and can be scheduled at the facility’s convenience; community members are encouraged to participate in the programs.



The Center for Long Term Care is proud to have served as the home office through the end of 2001 for the Michigan Region of the Eden Alternative™ training program. The Eden concept presents a whole new way for long term care facilities to introduce culture change and caring human habitats—a welcome shift away from the traditional medical-institutional setting. Through its volunteer board of directors, the BEAM (Bringing Eden Alternative™ to Michigan) has developed into an independent, nonprofit organization, and BEAM will move from the Center to an off-site location in early 2002.

## MAJOR CENTER EVENTS

The Center for Long Term Care enjoyed a number of successes in 2001. In April, Eden Alternative™ Founder Dr. William Thomas joined Center staff and guests in the inauguration of the Center's Long Term Care (LTC) Leadership Institute. LTC Leadership Institute staff immediately set about partnering with a variety of multi-disciplinary educational and health care organizations to build the collaborative relationships necessary to offer a wide range of trainings that address the needs of professionals in the long term care continuum.

In 2001, at the request of the State of Michigan, the Center facilitated the legislatively mandated, semi-annual Joint Provider/Surveyor Training sessions, which focus on current clinical issues; an average of 650 persons attended each session. In addition, during 2001, the Center:

- ◆ hosted the First Annual Long Term Care Interdisciplinary Team Conference;
- ◆ co-sponsored two Dynamics of Nursing trainings with the Michigan Chapter of the National Association of Directors of Nursing Administration/LTC;
- ◆ offered a very well-received Certified Nursing Assistants training series at numerous locations around the state; and
- ◆ presented the first in a series of Dementia Sensitive Care trainings.

Throughout the year, the Center partnered with key organizations to expand the range and depth of its training curricula. These organizations include: BEAM; the Michigan Society for Infection Control; Eastern Michigan University (with which the Center co-sponsored the annual Edna Gates Conference); and the Geriatric Education Center of Michigan (which collaborated with the Center on successful quality assurance/continuous quality improvement on-site services).

Each member of the Center's team brings years of experience and recognized expertise in the delivery of care and service excellence to the elderly. Their unique ability to integrate and deliver facility-tailored services is based upon a foundation of mutual professional respect and the spirit of collaboration. Above all else, each Center staff member is dedicated to the premise that the lives of long term care residents must be celebrated and valued, and their work reflects that dedication.

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*Carl A. Gibson, PhD, is director of the MPHI Center for Long Term Care. He can be contacted at 517-324-7340 (e-mail: cgibson@mphi.org).*

## *About the Center for Long Term Care*

The Center for Long Term Care strives to partner with other educational and health service entities to strengthen organizations and communities. Its mission is to improve and promote quality of care and quality of life by mentoring professionals in the long term care continuum in clinical practices, management skill building, and the art of caregiving. The Center offers directed plans of correction, in-service training for nursing home staff, remediation accreditation and placement, resident and family education, and quality assurance/continuous quality improvement evaluation and mentoring. In addition, it serves as an agent of the State of Michigan in the facilitation of nursing home closure and relocation of residents and also provides onsite certification of critical access hospitals and rural health clinics.

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*The Center's mission is to improve and promote quality of care and quality of life by mentoring professionals in the long term care continuum in clinical practices, management skill building, and the art of caregiving.*

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# Improving Services for Victims of Crime

By Julie A. Hagstrom, MAE, and Jennifer Sykes McLaughlin, MA

In 1984, Congress answered the appeal of a presidential task force calling for more attention to the needs of crime victims. The resulting legislation, the Victims of Crime Act (VOCA), mandates that fines and penalties paid by federal criminals be earmarked for services provided to victims of violent crime. State governments disperse these funds in grants to agencies that are committed to providing services to victims of crime.

In Michigan, the responsibility to make grants to crime victim service agencies is entrusted to the Michigan Crime Victim Services Commission (CVSC), a division of the Michigan Department of Community Health.

Striving to best serve thousands of crime victims in Michigan, the CVSC has partnered with the **MPHI Evaluation and Training Program** for an undertaking like no other in the country: the Michigan Crime Victim Services Commission Technical Assistance Project. This unique collaboration supports nearly 90 community-based public and private agencies providing direct service to victims of violent crime in Michigan.

## STRENGTHENING COMMUNITY AGENCIES

The face of the person who receives these VOCA-funded agency services varies. It often is that of a battered woman, a rape survivor, a physically or sexually abused child, a victim of a drunk driver, or a hate crime survivor. This diverse population of victims of violent crime may require assistance such as crisis intervention, hotline counseling, group support, emergency food/clothing/shelter, legal advocacy, and other services.

Given that victims of violent crime have a broad array of needs, VOCA grants are crafted to support an expansive range of direct services critical to recovery. Many of these services seek to mend the physical and emotional damage wrought by criminal acts.

As partners, the CVSC and the MPHI Evaluation and



Training Program strive to assist service providers by giving VOCA grantees a strong voice in the grant process.

The MPHI team helps maintain a continual flow of communication between the CVSC and grantees, a vital component that allows the Commission to consistently respond to emerging challenges in providing victim services. This responsive relationship has resulted in improved assistance to service providers in the following areas:

- ◆ **Building capacity for self-evaluation.** MPHI Evaluation and Training team members provide training opportunities to victim service agencies supported by VOCA grants. The MPHI team has carefully crafted a curriculum around the merits of integrating program evaluation into already existing agency activities without compromising the privacy and needs of often-traumatized crime victims. In this way, they have fostered a process in which evaluation truly becomes a tool for program effectiveness, rather than a burden.
- ◆ **Facilitating grant compliance and needs assessment.** In addition to facilitating grant accountability, CVSC and MPHI staff remain mindful of the dynamic nature of providing services to victims. They constantly seek information regarding what service providers require to best serve crime victims. The CVSC-MPHI collaboration has created a highly responsive process in which the requests of VOCA grantees are not only welcomed, but also acted upon decisively.
- ◆ **Enhancing communication within the crime victim services community.** All community-based agencies that provide services to victims of violent crimes engage in the demanding work of continuously seeking to improve services to victims in a sensitive and effective manner. This shared experience prompted the creation of *The Michigan Advocate*, a publication dedicated to sharing the struggles and triumphs in assisting crime victims in Michigan.

Throughout the course of their partnership, CVSC and MPHI staff continue to honor their commitment to *listen* and *respond* to these VOCA-funded community agencies. The Commission and MPHI bring together dedicated advocates. These champions of victim services not only provide constructive feedback regarding how to better serve victims, but also paint a very human picture of the needs of the thousands of crime victims who live in communities throughout the state of Michigan.

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*The collaboration has created a highly responsive process in which the requests of grantees are not only welcomed, but also acted upon decisively.*

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## *About the Evaluation and Training Program*

The **Evaluation and Training Program** provides services that build community capacities in the areas of program evaluation, planning, and public health workforce development. Evaluation design, technical assistance, and training are provided for multi-site, community-based projects in the areas of juvenile delinquency prevention, sexual assault and rape prevention, and Native American/Alaska Native tribal youth programs. The program coordinates trainings in many public health areas, including maternal and child health, nutrition, and chronic disease, and offers a yearlong community health leadership course of study. In addition to offering grant monitoring and compliance services, the MPHI Evaluation and Training Program facilitates the accreditation process for Michigan local health departments.

## Working in Partnership to Reduce the Burden of Asthma

By Cheryl Schott, MPH, and Amy Slonim, PhD

Early in 2000, a task force comprised of more than 125 Michigan asthma experts convened over a six-month period to develop a statewide plan to reduce the burden of asthma. The purpose of the strategic planning process was to build on the existing momentum and commitment within the Michigan asthma community to: 1) set collective direction for public and private action; 2) create a sound basis for decision-making; and 3) mobilize broader commitment and resources.

The resulting plan, *Asthma in Michigan—A Blueprint for Action: Recommendations of the Michigan Asthma Strategic Planning Initiative Task Force*, outlines 24 recommendations to address the problem of asthma across the state. As Task Force Co-Chairs Noreen M. Clark, PhD, and B. David Wilson, MD, said, “Every recommendation has been developed to improve the quality of life for persons with asthma and their families and caregivers. The recommendations were developed to maximize the potential for impact, assure feasibility, and foster linkages among issues and stakeholders.”

In 2001, Michigan was one of three states to receive a five-year grant from the Centers for Disease Control and Prevention to support implementation of its statewide asthma plan.

Implementation is a joint effort of the Michigan Department of Community Health (MDCH), the American Lung Association of Michigan, local asthma coalitions, Michigan universities, health plans, and the **MPHI Health Promotion & Disease Prevention Program**.



### IMPLEMENTATION ACTIVITIES ALREADY UNDERWAY

The Asthma Initiative of Michigan is truly a collaborative effort of individuals and organizations across the state.

Implementation activities are guided by a 40-member Asthma Advisory Committee under the leadership of Dr. Clark, dean of the University of Michigan School of Public Health. The Advisory Committee is subdivided into work groups, which meet regularly to plan and implement activities related to specific recommendations in the plan. Each of the work groups made great strides in the first year of implementation:

- ◆ The Environmental Quality group is working with five schools in the Lansing School District to evaluate the feasibility and usefulness of the U.S. Environmental Protection Agency’s Indoor Air Quality Tools for Schools Action Kit (TFS). TFS is an educational and assessment program that helps teachers and staff identify indoor air quality problems that may exacerbate asthma and apply practical low-cost or no-cost solutions to these problems.

- ◆ The Financial Issues group has developed a report that provides a foundation for understanding the dimensions of who has access to what care services for asthma in Michigan and presents a synthesis of the literature on the cost-effectiveness of various asthma care strategies.
- ◆ The Quality Improvement in Asthma Care group has designed a tool to help health care professionals assess and select comprehensive asthma education materials in order to deliver more effective asthma education services.
- ◆ The Surveillance and Epidemiology group is collaborating with researchers at Michigan State University in a survey of Michigan school nurses that will help assess how they identify children with asthma and monitor their in-school asthma management.
- ◆ The Michigan Asthma Communication Network Committee is developing an interactive Web site that, when launched in 2002, will provide a one-stop source of asthma information and resources for people with asthma, health care professionals, schools, worksites, coalitions, and the public at large. The Web site will be accessible through multiple Internet addresses: ([www.michiganasthma.com](http://www.michiganasthma.com); [www.michiganasthma.org](http://www.michiganasthma.org); [www.getasthmahelp.com](http://www.getasthmahelp.com); and [www.getasthmahelp.org](http://www.getasthmahelp.org)).

Another vital component of the Asthma Initiative is the partnership with Michigan's 11 local asthma coalitions. These coalitions provide an essential grassroots foundation for effectively reaching out to community members and local professionals in order to improve asthma management and quality of life for those with the condition. Support dollars are provided to each coalition for local and collaborative activities.

"Michigan is very fortunate to have such an active asthma network of coalitions and community organizations in place," Asthma Advisory Committee member Ellen Metzgar, RN, BSN, of the Pediatric and Adult Asthma Network of West Michigan, says. "This network provides a unique and strong foundation on which to broaden our linkages and expand the network throughout the entire state."

The Asthma Initiative of Michigan is a model of unique partnerships and collaboration, not only in terms of its diverse participants, but also with regard to its multi-disciplinary staff.

The staff is comprised of personnel from the MDCH Bureau of Epidemiology, the MDCH Division of Chronic Disease & Injury Control, and the MPHI Health Promotion & Disease Prevention Program, which provides programmatic coordination and support. This combination of varied disciplines and expertise brings a unique perspective to the program and strengthens the translation of data and research into public health programming.

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*“Michigan is very fortunate to have such an active asthma network of coalitions and community organizations in place.”*

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## *About the Health Promotion & Disease Prevention Program*

The **Health Promotion & Disease Prevention Program** works collaboratively with clients to optimize scientific inquiry and program development, implementation and evaluation focused on positive health outcomes. It focuses its efforts on the areas of: cancer; nutrition; asthma; physical activity; obesity; dementia; diabetes; osteoporosis; injury prevention; and managed care. Program staff include: researchers; data analysts; evaluators; nurses; statisticians and epidemiologists; public health administrators; dietitians and nutritionists; health educators; communication experts; organizational behaviorists; and international health and community development experts.

## *Ensuring That Children Get the Vaccinations They Need*

*By Laura Z. Korten, MPH, and Jeffrey S. Weibl, MA*

“What shots does this child need today?” Immunization providers ask this question on a daily basis. To answer it, they must scan the child’s immunization record and determine the correct sequence and spacing of multiple vaccinations.

With immunity to 10 potentially deadly, vaccine-preventable diseases (diphtheria, tetanus, pertussis, haemophilus influenza type B, polio, measles, mumps, rubella, hepatitis B, and varicella [Chicken Pox]) now required for daycare and school entry, health care providers must examine many, often fragmented, records. Add in the rapidly expanding list of combination vaccines that often are licensed only for certain doses, and you have a situation that makes administering childhood immunizations a very complicated task.

The Michigan Childhood Immunization Registry (MCIR) makes information on the correct immunization schedule available to the professionals who must determine whether children are up-to-date on their shots. Doctor’s offices, local health departments, and schools may register for an ID and password to access and use the MCIR. Based upon the immunization history for each child, MCIR users can easily assess when that child is due for his or her next shots.

### **A GIANT STEP FORWARD**

The MCIR was first envisioned in 1995, when Michigan’s immunization levels ranked as some of the lowest in the nation. Public health advocates worked with state legislators to address the problem. Their efforts resulted in the passage and signing of Michigan Public Act 540 of 1997, which created the MCIR within the Michigan Department of Community Health (MDCH).

Prior to the existence of the MCIR, the immunization histories of Michigan children who received vaccines at multiple doctors’ offices and health departments were not tracked centrally. There were no comprehensive records of which vaccines individual children had received, and no way to accurately determine which immunizations they needed next. In fact, many children received unneeded or duplicate doses of vaccines because of incomplete immunization records.

The MCIR changed all that. Today, Michigan immunization providers are required to file a report with the MCIR every time they give a child a vaccine. Whenever a child receives a vaccine, the parents are informed about the MCIR and how it tracks immunization histories.

With these types of safeguards in place, the MCIR has helped ensure that Michigan children receive only the vaccination shots they need, when they need them. Registry staff produces reports for providers and official immunization records for parents, schools and communities to enable them to check their immunization coverage over time.



The MCIR was the first statewide immunization registry in the nation to combine records from both public and private providers for all children. The **MPHI Office of Technology & Information Systems (OTIS)** has been engaged in developing, implementing and supporting the MCIR, one of the largest and most comprehensive immunization registries in the country.

OTIS partnered with MDCH to provide the subject matter experts, systems analysts, and programmers who together created the first version of the MCIR software. MPHI applied for, and won, a competitive grant from the U.S. Department of Commerce to help implement the MCIR system in eight southeastern Michigan counties. OTIS staff helped the staff of local health departments and Women, Infants and Children (WIC) clinics install and operate the new MCIR software. They wrote and distributed marketing materials, user manuals, and software, and also provided computers and printers to public clinics to help start the MCIR system.

In 1998, the Robert Wood Johnson Foundation (RWJF) selected the MCIR as one of the nation's top 12 registries, and awarded a two-year All Kids Count grant to enable MDCH and MPHI to identify and address barriers to provider participation in the MCIR and extend the registry statewide. MPHI recently has received additional RWJF funding to link the MCIR with child health information systems, such as blood-lead and newborn screening data systems.

### WORKING FOR TODAY, AND TOMORROW

MPHI-OTIS continues to provide the programmers and analysts to refine and update the MCIR system. Its staff members assist all six regional MCIR offices in implementing the MCIR for all childhood immunization providers in the state. They also operate a help desk that provides high-level technical support to quickly resolve MCIR data connectivity problems.

In addition to their in-state MCIR activities, members of the OTIS team also have been very active in promoting and developing immunization registries at the national level. OTIS helped found (and now provides the national chair for) the Committee for Immunization Registry Standards for Electronic Transactions, facilitating nationwide communication.

With the assistance of OTIS staffers, Michigan became the second state in the nation to receive millions of dollars in Medicaid-match funding for immunization registry development. These funds are being used to create the next generation of the MCIR. OTIS is providing several of the programmers and analysts who are designing the Web version of the MCIR system. For more information about the MCIR, visit [www.mcir.org](http://www.mcir.org).

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*“MPHI has been instrumental in making the Michigan Childhood Immunization Registry a success, and supporting the MCIR has been one of the major activities of the MPHI Office of Technology & Information Systems.”*

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## *About the Office of Technology & Information Systems*

The **Office of Technology and Information Systems (OTIS)** provides information system development and support services to clients. Projects include: Health Insurance Portability and Accountability Act (HIPAA) transactions compliance for Medicaid; administering Healthline (Michigan's online community for public health); Web site design and hosting; information network integration; and supporting the Michigan Childhood Immunization Registry. OTIS also manages MPHI's information systems and provides technical support to MPHI staff and projects. The OTIS staff includes: technology project managers; systems analysts; PC support technicians; telecommunications specialists; and computer network specialists. OTIS specializes in tailoring technical support projects to meet customer needs.

## *Helping to Build a System to Care for Children with Special Needs*

*By Cynthia A. Cameron, PhD*

Throughout 2001, the **MPHI Systems Reform Program** continued its efforts to improve the lives of children with special needs and their families. In the past, members of the Systems Reform Program team have provided training and technical assistance to professionals and paraprofessionals working with young children with special needs. This year, team members focused on the myriad of issues involved with providing quality, accessible child care for children with special needs through age 18.

As welfare reform requires more single parents to enter the workforce or job training programs, these parents are faced with the problem of finding quality, accessible child care for their children while they are on the job or in school. When children require a higher level of care due to special needs, there are additional challenges and barriers to finding quality care.

Providers are sometimes reluctant to care for children with special needs due to increased costs of providing specialized care for them. Most providers have not been trained to care for children with special needs and, as a result, they have not developed the requisite skills. Many parents of children with special needs fear that their children will be ostracized, and will not be safe in settings with untrained providers.



### **ACTIVELY SEEKING A SOLUTION**

In an effort to begin addressing these issues, the Michigan Family Independence Agency (FIA) Child Development and Care Program commissioned the MPHI Systems

Reform Program to conduct a comprehensive study of child care for children with special needs. FIA requested that the end product of the study identify options and costs for providing care for children with special needs, and also offer recommendations to improve the quality and accessibility of child care for these children.

Accepting this charge, Systems Reform staff members began the work of gathering the anecdotal and statistical information that would help them develop utilitarian, feasible recommendations that considered the concerns of all stakeholders and would lead to quality, inclusive child care that is more accessible to all children. They first identified a plan of action, and then began the strategic steps required to accomplish that plan. With the goal of gathering as much relevant information as possible, members of the Systems Reform team:

- ◆ trained a small group of parents of children with special needs how to facilitate focus groups, and then helped them conduct such groups throughout the state in an effort to learn what types of barriers families experience when trying to find quality child care in their communities;
- ◆ interviewed 39 key individuals in state government and local agencies and representatives of 13 advocacy groups to identify current child care practices in Michigan and elicit their opinions regarding what steps should be taken to improve child care for children with special needs;
- ◆ conducted a mail survey of 2,000 child care providers across the state to determine their concerns about caring for children with special needs and the overall availability of high-quality, easily accessible child care in the state;
- ◆ interviewed 48 national experts and key individuals from other states to identify promising practices and learn how those practices are being implemented in other locations across the country.

Following this intensive information-gathering stage, Systems Reform staff members compiled and analyzed the data and anecdotal information they had gathered and used them to identify solutions that might work in Michigan. They then developed recommendations that focused, whenever possible, on enhancing or modifying current practices in Michigan, rather than on developing new ones. Recommendations included ways in which existing systems could work together to improve the quality of child care for children with special needs.

The completed study includes a number of thoughtful, fact-based recommendations, including: addressing the rate structure for paying providers who care for children with special needs; providing training and consultation for providers; encouraging interagency collaboration; and evaluating the need for changes in state policy covering the care of children. The study will be used to help dismantle the barriers faced by Michigan parents who must find appropriate child care for their children with special needs.

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*Cynthia A. Cameron, PhD, is senior program director of the MPHI Systems Reform Program. She can be contacted at 517-381-1115 (e-mail: ccameron@mph.org).*

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*“Other than my current daycare, other daycares have hurt, ignored, or restrained her, shut her in a room by herself, made her eat by herself, etc. ADHD children need special care and understanding. There should be training.”*

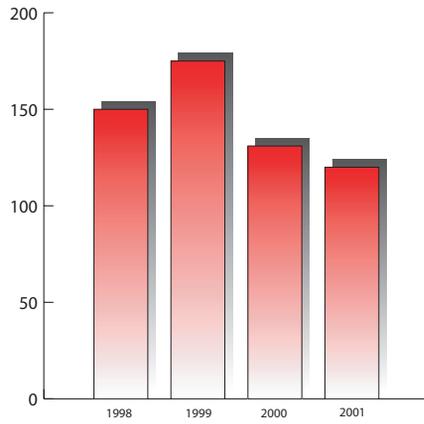
*—Parent of a child with special needs*

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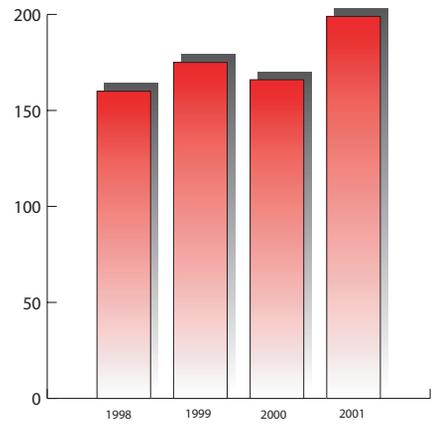
## *About the Systems Reform Program*

The focus of the **Systems Reform Program** is to facilitate the reform of human services systems in order to increase the effectiveness of services for children and families. The Systems Reform Program staff provides a variety of services, including: training and technical assistance on outcomes-based planning and evaluation; learning opportunities for direct service providers on family-centered practice and early intervention; evaluation of existing programs; and facilitation of outcomes-based planning for organizations and collaborative groups.

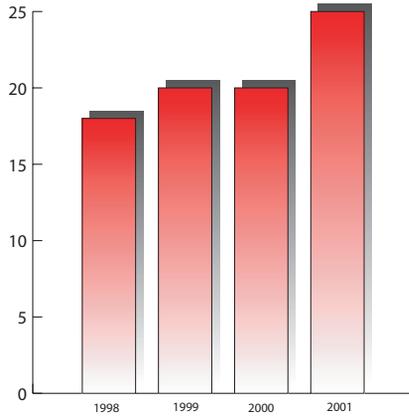
# MPHI Operational Indicators



*Number of projects under management*

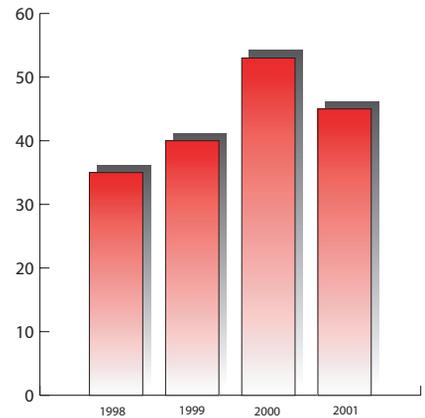


*Number of employees*



*Annual income (in millions)*

*Number of funding sources*



## *MPHI Project Funders, 2001*

American Legacy Foundation  
Arbor Circle  
Aspen Institute  
Association of Public Health Laboratories  
Blue Cross Blue Shield of Michigan Foundation  
Bringing the Eden Alternative to Michigan  
Center for Health Care Strategies  
Children's Trust Fund  
Council of Michigan Foundations  
Genesee Coalition of Adolescent Pregnancy, Planning and Prevention  
GlaxoSmithKline  
Global Enterprise for Water Technology  
GM Foundation  
Harvard University School of Public Health  
Michigan Antibiotic Resistance Reduction (MARR)  
Michigan State University  
Michigan Virtual University  
Muskegon Community Health Project  
Northern Michigan Community Mental Health  
P&G Pharmaceuticals  
Robert Wood Johnson Foundation  
Shiawassee Regional Education Service District  
Skillman Foundation  
Southeastern Michigan Health Association  
State of Michigan  
    Family Independence Agency  
    Michigan Department of Community Health  
    Michigan Department of Consumer and Industry Services  
    Michigan Department of Education  
    Office of Highway Planning & Safety  
Texas Department of Transportation  
The Task Force for Child Survival and Development  
U.S. Department of Health and Human Services  
    Agency for Healthcare Research and Quality  
    Centers for Disease Control (CDC)  
    Centers for Medicare & Medicaid Services  
    (formerly Health Care Financing Administration)  
    National Institutes of Health  
        National Cancer Institute  
U.S. Department of Justice  
University of Michigan  
W.K. Kellogg Foundation  
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