



MICHIGAN PUBLIC
HEALTH INSTITUTE®

2003 ANNUAL REPORT



WORKING TOGETHER WITH YOU TO IMPROVE HEALTH



v i s i o n

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

m i s s i o n

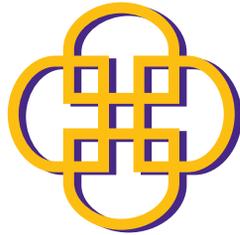
The mission of MPHI is to maximize positive health conditions in populations and communities through collaboration, scientific inquiry, and applied expertise which:

- 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.

v a l u e s

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®



In my introduction to last year's annual report, I wrote that Michigan's public health community was being challenged as never before and that we were facing the prospect of making tough choices that would enable us to do more with less.

Unfortunately, the situation this year is just as challenging, at least in terms of financial resources. During 2003, budgetary shortfalls continued to place a severe strain on our infrastructure, and yet, the need for an effective, public health system remained as strong as ever. In our efforts to meet the needs of Michigan's communities, we have sought, and found, new and creative ways to address today's complex public health challenges. In the process, we have been able to maintain and, in some cases, even begin the first steps of rebuilding our state's most successful prevention-based programs.

We have found value in a variety of strategies, and we have recognized anew the power that exists when stakeholders from all corners—public health agencies, the community, business, academia, and the nonprofit sector—join together in collaboration to share resources and work side by side to build healthier communities and improve the lives of our families, friends, coworkers, and neighbors.

This kind of collaborative approach to solving problems is not new to our state. In fact, Michigan has long served as a nationally recognized model of collaborative successes in many areas of public health. The products being developed on a daily basis here at MPH I in conjunction with the Institute's four founding partners (Michigan State University, the University of Michigan, Wayne State University, and the Michigan Department of Community Health) and other stakeholders are wonderful examples of Michigan's leadership in community health. One by one, they stand in testimony of the Institute's vision statement, which is to serve as a unique public trust that will enable communities to apply state-of-the-art community health practices that will better the lives of their residents.

The National MCH Center for Child Death Review, one of the MPH I projects profiled in this year's report, is an outstanding example of our commitment to develop, and apply, such state-of-the-art community health practices.

Created in part with a grant from the Health Resources and Services Administration Maternal and Child Health Bureau, the Center is the first of its kind—a centralized, national resource base for state and local child death review (CDR) programs. Each day, Center staff members at MPH I work to promote, support and enhance CDR methodology and activities across all levels—community, state and national—and to build public and private partnerships that will take these cutting-edge CDR findings and put them into action to improve the health and well-being of our nation's children.

As part of this landmark effort, Center staffers are joining forces with state-level CDR coordinators, key community contacts, and nationally recognized experts to develop an array of training and technical resources, including standardized protocols and materials and a national Web-based reporting tool and system, that will provide invaluable assistance to all stakeholders working to stem the tide of child injuries and deaths.

In the years since the Institute was founded in 1990, MPHI has had the privilege of directing or being involved with an impressive number of groundbreaking projects that have helped prevent disease and promote public health through a mixture of policy development, planning, scientific research, service demonstrations, education, and training.

Another successful collaboration facilitated by MPHI is the Michigan Academic Consortium: Nurse Managed Primary Care. The Michigan Academic Consortium, funded by a grant from the W.K. Kellogg Foundation is comprised of MPHI and four schools/colleges of nursing at University of Michigan, Michigan State University, Wayne State University and Grand Valley State University. Dr. Joanne Pohl, Associate Dean in the College of Nursing of the University of Michigan is the Principal Investigator. MPHI is a key project partner on the steering committee, holds fiduciary responsibility for the project, and facilitates collaborative evaluation activities.

The goals for the Michigan Academic Consortium include curriculum development for nurse practitioner students, informing policy related to nursing practice, and supporting the role of nurse managed health centers in providing high quality, cost effective care to underserved patients. The effectiveness of this collaboration was recognized when the W.K. Kellogg Foundation awarded the Michigan Academic Consortium a second grant to establish a National Network for Nurse Managed Health Centers.

At the core of each and every one of these efforts is the concept of collaboration and the knowledge that, by working together, these organizations can not only stretch their limited human and financial resources, but also greatly increase the effect of their efforts, and MPHI is an integral part of these efforts.

These pages are filled with other examples of our work. I urge you to sit back, take some time, and learn about these projects, which are just a sampling of those we've undertaken during the past year. As you review these pages and the programs they feature, I also encourage you to stop and think about how you can partner with other organizations to pool your constrained resources and individual organizational strengths and work together toward realization of our common goal: generations of happy, healthy people living in vibrant, supportive communities.

For Michigan's future,



Janet Olszewski
*President, MPHI Board of Directors &
Director, Michigan Department of Community Health*

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The National MCH Child Death Review Resource Center:

Building Capacity in States to Prevent Child Deaths

Children are not supposed to die

The death of a child represents unjust suffering, unfulfilled promises, and great loss to family, friends and community. Child Death Review (CDR) is a process that studies child deaths in order to prevent harm to other children. It is a collaborative approach that brings people together at a state and/or local level and from multiple disciplines to share and discuss comprehensive information regarding the circumstances leading to the death of child and the response(s) to that death.

CDR is a relatively new public health approach

CDR began in scattered communities throughout the United States in the 1970 and 1980s in an attempt to better investigate and report on deaths from child abuse. Teams sprang up independently from Los Angeles to South Carolina. There was limited but significant national support for CDR. The American Bar Association developed training resources to help establish review teams; the American Medical Association and the American Academy of Pediatrics issued policy statements supporting the premise of CDR, the U.S. Department of Health and Human Services encouraged reviews as part of its *Healthy People 2000* objectives; and the Maternal and Child Health (MCH) Bureau of the U.S. Health Resources and Services Administration (HRSA) recommended that prevention be the primary purpose of the CDR process.

Michigan established its CDR program in 1994, with a grant to the Michigan Public Health Institute. A decision was made then by the participating state agencies to focus on prevention and to broaden reviews to all child deaths.

Today, 49 states have child death review programs. There is great variance in the scope of CDR programs across the U.S, but they do share one common premise: the tragedy of a child's death should be a difference-maker and help foster positive change within a community. Most CDR programs today believe that their efforts to understand the entire spectrum of factors that led to a child's death can help prevent more deaths, as well as poor health outcomes or injuries that might otherwise be suffered by children within the community.

Michigan Serves as a National Model

Michigan was one of the first states to expand the focus of CDR to all child deaths from birth to age 18 (approximately 2,000 a year in Michigan). Managed at the Michigan Public Health Institute (MPHI) and funded by the Family Independence Agency, we were able to demonstrate that a prevention-based approach actually improves our ability to identify child abuse and neglect deaths while expanding efforts to all other preventable deaths of children. The approach is also successful in catalyzing communities to take action to prevent deaths. Since the program began, local teams in Michigan have reviewed over 4,000 deaths and made 1,500 recommendations to prevent deaths. More than 725 of these recommendations have resulted in child health and safety initiatives at the state and local level.

Michigan's program became a model for other states, and for several years staff were often asked to provide training and technical assistance to these states. In 2002, in a move to provide stronger national leadership, the HRSA Maternal and Child Health Bureau made funds available for a national resource center for child death review.[†] In part, because of our success with our public-health model, MPHI received the three-year grant from the Bureau. The Institute has since established the National MCH Center for Child Death Review.

The focus of the new Center is to promote, support and enhance child death review methodology and activities at the local, state and national levels. In its first year and a half, the Center has provided on-site training and technical support to more than 30 states, helping them review all child deaths and offering methodologies to help translate CDR findings into state and local actions for preventing child deaths and injuries.



By Theresa M. Covington, MPH, and Sara K. Rich, MPA*

Helping Build CDR Capacity Nationwide

In the fall of 2003, the Center hosted a meeting in Chicago for state CDR coordinators and CDR advocates. This inaugural event brought together more than 100 participants from 46 states to build a network of CDR advocates. Participants shared experiences, learned new skills, networked, and celebrated the successes of their CDR programs across the country.

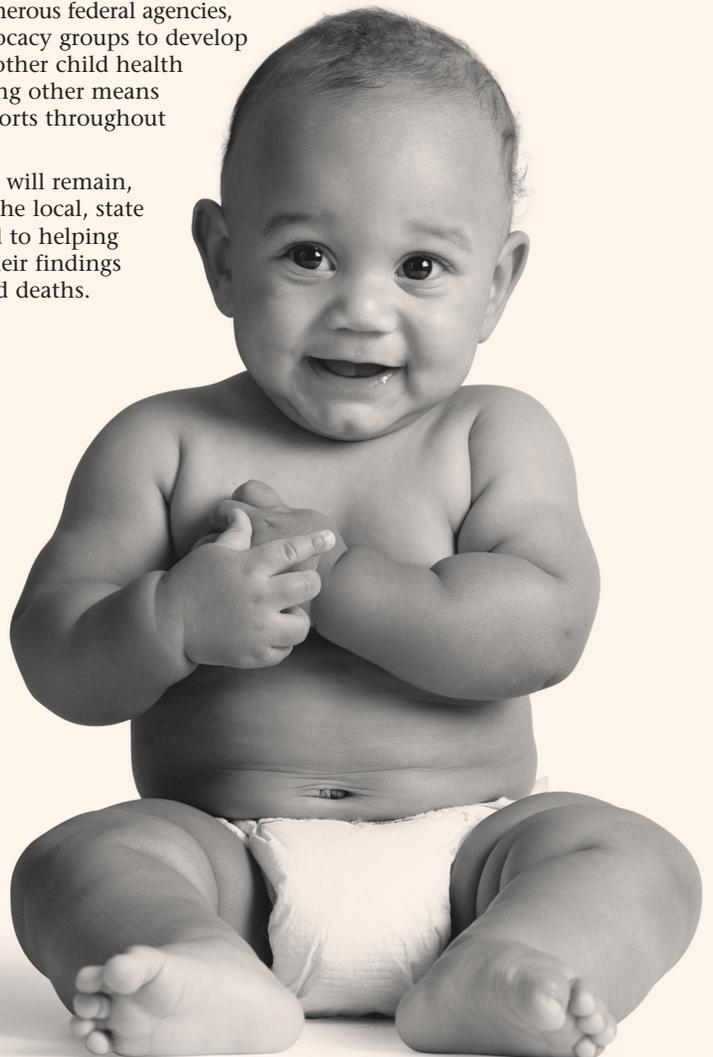
This network of CDR advocates is now working to develop resources and materials to help build capacity for CDR at both state and local levels. Two major efforts are currently underway.

One work group of 12 states is developing electronic and print resources, including a CDR program manual and training curricula.

Another group of 16 states has been working to build a national Web-based child death reporting system. Using the software programming resources of MPHI, this Web-based data reporting system will provide a mechanism for any local or state CDR teams to collect information surrounding the circumstances of the cases they are reviewing. State and local programs will have access to their own local and state data. The Center will manage the national database of CDR findings that can then be used by stakeholders advocating for national child health and safety programs, services and legislation.

The Center is working closely with numerous federal agencies, national organizations, and child advocacy groups to develop linkages between CDR programs and other child health and safety efforts and is actively seeking other means of empowering CDR programs and efforts throughout the country.

The child death review process is, and will remain, a powerful mechanism for change at the local, state and national levels. MPHI is dedicated to helping local and state CDR teams translate their findings into action to prevent infant and child deaths.



More Information:

For more information, contact the Center at: 2438 Woodlake Circle, Suite 240, Okemos, MI 48864 (toll-free: 800-656-2434) or visit the Center's web site at www.childdeathreview.org.

Information about Michigan's program, Keeping Kids Alive, can be found at www.keepingkidsalive.org.

* Theresa M. Covington, MPH, is director of the National MCH Center for Child Death Review and senior program director of Child and Adolescent Health at MPHI. Sara K. Rich, MPA, is project coordinator for the Center.

¹ The National MCH Center for Child Death Review is supported in part by Grant No. 1 U93 MC 00225-01 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.



The SAP Enterprise Resource Planning System:

Increasing MPHI's Ability to Track and Report on Projects

Introduction

In its second year now, the Systems, Applications, and Products in Data Processing (SAP) has become an extremely useful information system for MPHI. The system provides the institute with outstanding tools for storing and extracting integrated data, as well as improving reporting, and increasing efficiency. The system will continue to meet the needs of project and administrative staff as additional features are utilized.

MPHI's SAP system has come a long way since it was launched in January of 2002. The addition of a quality assurance server has enabled MPHI to thoroughly test configuration changes using a copy of the live production system. The SAP support team has increased database storage, tightened system and server security, tuned system performance, and introduced new capabilities into the system.





By Sean Kellogg and Limin Kinsey, CPA*

How the SAP System Works

At the core of MPHI's SAP system is the Finance and Controlling (FI/CO) module, which the Finance and Contracts department uses to perform a multitude of tasks more easily and efficiently. While FI/CO is the center of the system, other modules in use include: Human Resources, Materials Management, Project Systems, and Sales and Distribution. System improvements already being planned for 2004 include the addition of tools and modules, such as Employee Self Service, Applicant Tracking, Project Management, and additional functionality within Grants Management.

The interface of the system is truly a user-friendly one. Navigation within all SAP application components is similar, making it a straightforward process for users to move from one section to another in the system's relational database. The system's easy-to-use screens enable users to work quickly and customize their own workspace, if desired.

When an Institute employee is assigned his or her individual user role within the SAP system, he or she is assigned not only the menu, but also the authorizations that are required to successfully access the information; this ensures that the data stored within the system is always secure and available only to those with the proper authorization.

The system's features mean that users can take advantage of a large repository of information and have all the data relevant to their projects readily available at the click of the mouse. Because the SAP system employs a relational database, information entered into the system by one MPHI staff member is immediately accessible to all other staff members authorized to access it, whether or not they are located within the same physical site. Thus, a project team member working on-site at one of the Institute's offices or off-site at a project or client location can enter data into the system and everyone else with the proper authorization for that project can access the information instantly, independent of physical location.

One of the most popular attributes of the SAP system is its real-time information processing capabilities, which enable users to input data and immediately observe the results. This represents a tremendous advantage for MPHI and its staff, because it allows users to track and print self-customized reports of up-to-the-minute project information that can prove invaluable when analyzing and managing project activities and outcomes. In contrast, the previous database employed by MPHI required that reports be printed by the Institute's Finance and Contracts Office and then distributed to staff members.

The SAP system makes financial management of individual projects easier by enabling users to process purchase orders and encumber the various funds against the project's budget. Managers of the funds can assign specific individuals to the projects so only those individuals are authorized to charge against the project's budget. As an added benefit, the drill-down capabilities on various transactions allow users to view the originating document right from their desktop.

Another SAP tool provides an additional mechanism of control over the allowance of costs against a specific project's budget. Through this mechanism, a set of messages are broadcast to the user based upon certain thresholds that have been set in the system to alert the user if the project budget is nearly exhausted; in some cases, the system may completely stop the user from charging expenses to a particular budget if the funds are not available for a specified budget line.

More Information:

For more information, contact the Management Information Technology department at 2501 Jolly Road, Suite 180, Okemos, MI 48864 (Phone: 517-324-8369).

* Sean Kellogg is director of Management Information Technology for MPHI. Limin Kinsey, CPA, is assistant controller for the Institute.

Providing Resources for Long-Term Care Workers & Families

Introduction

The MPHI Center for Long Term Care develops and delivers unique products, resources and services that promote care and service excellence in the long-term care environment. Collaboration with a wide variety of community organizations is key to our success.

The Center strives to partner with other educational and health service entities to strengthen organizations and communities, and staff members take the Center's mission to heart: *To mentor professionals in the long-term care continuum in clinical practices, management skill building, and the art of caregiving to improve and promote quality of care and quality of life.*

The Center is dedicated to the premise that the lives of long-term care residents must be celebrated and valued, and each staff person's work reflects that dedication.

Remediation Services

For six years, the Center's Collaborative Remediation Project (CRP) has delivered valued remediation services to nursing facilities statewide as an alternative or complement to other regulatory enforcement remedies. Using a collaborative model unique to Michigan, the Center assists facility staff as they develop Directed Plans of Corrections designed to enhance the facility's current care and monitoring systems.

A variety of Directed In-Service Trainings on significant clinical issues are available. In addition to current standards of practice, these services are designed to focus on clinical systems analysis and staff education.

Center staffers are proud of the fact that nursing facilities that effectively utilize the Center's CRP services have an average compliance rate approaching 96 percent when revisited by the state survey agency.

A significant component of the CRP involves the Accredited Remediator service. The Center maintains a corps of remediators to meet state survey agency requests for temporary managers, administrative advisors, or clinical advisors for facilities needing administrative or clinical assistance. Additionally, the Center serves as an agent of the state in the facilitation of other specialized resident-focused services.

Education Services

The Center's mission is to promote educational excellence for long-term care professionals within Michigan. The Center partners with a variety of educational and health care organizations, including universities and other non-profit associations, to address the needs of these professionals. The Michigan Nurses Association has approved the Center as a provider of nursing contact hours.

From March 1998 to September 2003, the Center offered the Resident and Family Education Project through a grant from the Michigan Department of Community Health. This project offered on-site education for residents and family members on a variety of topics, including: visiting the nursing home; alternatives to physical restraints; caring for the person with dementia; and basic issues in long-term care. During the project's five and a half years, the Center delivered more than 850 programs in 356 nursing facilities statewide.

The Dementia Sensitive Care Series contains four educational programs designed to give participants the knowledge and skills needed to enhance the quality of life for a person with dementia. Developed for all caregivers, including staff, family or community members, each program provides a variety of techniques that build upon the strengths of the person with dementia and can be used to form a positive approach to care and interactions.

Through an Agreement with the Bureau of Health Systems, the Center facilitates the semi-annual Joint Provider/Surveyor Trainings. More than 800 individuals attended each of the 2003 spring and fall events, both of which featured nationally recognized speakers. These trainings are legislatively required to focus on survey compliance topics of significance within the state, and they include the rollout of clinical process guidelines.

Education Services (cont'd.)

Among the key events during 2003 was The Third Annual Long-Term Care Interdisciplinary Team Conference. Equipping managers and frontline workers with the skills to improve their performance was the recurring theme of speakers throughout the two-day conference. The Center purposefully tailors the fees and agenda for these meetings in such a way as to encourage facilities to send staff from multiple disciplines to develop their professional skills from an interdisciplinary framework.

Also during the past year, the Center offered its third Dynamics of Nursing conference, with support of the Michigan Chapter of the National Association of Directors of Nursing Administration/LTC. This three-day conference is designed to enhance the skills and knowledge base of nurse managers working in long-term care. Participants are provided with skills and background they will need to develop, implement and monitor systems that will strengthen their team's ability to deliver quality care to residents.

The Center, in collaboration with the Geriatric Education Center of Michigan (GECM), continued the exciting and innovative Continuous Quality Improvement (CQI) Project, which is designed to provide expert assistance to select facilities seeking to achieve a level of long-term care and service excellence. As part of the project, a joint team of Center and GECM CQI experts facilitates educational training (via regional videoconferencing), as well as on-site mentoring of each facility's interdisciplinary team over a period of 12 months.

As part of its work, the Center also forges partnerships with other organizations that are resident-centered in their educational objectives.

This includes faculty support to BEAM (Bringing Eden Alternative to Michigan) trainings for the Eden Alternative™ and co-sponsorship of the Lillian and James Portman Conference and the Edna Gates Conference on Dementia Care presented by Eastern Michigan University's Alzheimer Education Unit.

Through staff involvement, the Center actively supports T.E.A.C.H., a networking organization for staff development coordinators in southeast Michigan. The Center also contracts with the Michigan Society for Infection Control for conference coordination services, and Center staffers are partners within the following organizations and coalitions: Michigan Society of Gerontology, Michigan Direct Care Workers Initiative, Michigan Dementia Coalition, and the Nursing Home Quality Initiative of MPRO.

Publications

In August, the Center released the first edition of its *Regulation Manual* (commonly known as *The Little Purple Book*), which is unique due to its portable size, easy-to-read format, and low selling price. This comprehensive manual contains required survey forms, federal regulations, state rules, life safety code, and plan of correction and IDR guidelines. To date, long-term care professionals have purchased more than 550 manuals. This positive response reaffirms the Center's goal to equip caregivers with the appropriate tools and resources to enhance the quality of resident care.

In October 2003, the Center developed a 750-pages-plus *Nurse Manager Reference Manual*. Designed for nurse managers and directors of nursing, the manual includes: clinical practice guidelines; professional standards of practice and standards of care; regulatory and resource contact information; policies and procedures; organizational management strategies; staff development requirements and forms; and professional development materials.

More Information

For more information, contact the Center for Long Term Care at 2438 Woodlake Circle, Suite 200, Okemos, MI 48864 (Phone: 517-324-7340).

* Carl A. Gibson, PhD, is senior program director of the MPH Center for Long Term Care. Paula Hoegemeyer, RN, NHA, is senior remediation specialist for the Center.



Spreading the Message of Cancer Control and Prevention

Introduction

The Michigan Cancer Consortium (MCC) Initiative is an innovative approach to comprehensively fight cancer. Among the many collaborative activities and interventions being undertaken by MCC member organizations are two of particular note. The first focuses on increasing awareness of the importance of colorectal cancer screening. The second addresses the need to provide men newly diagnosed with prostate cancer with the tools and information they need to make informed decisions about their treatment.

The MPHI Cancer Control Services Program is proud to be providing technical support and assistance to the MCC in these efforts.

Colorectal Cancer Awareness Network (CRAN)

Founded in October 2002, the Michigan Colorectal Cancer Awareness Network (CRAN) is comprised of individuals and representatives of groups, agencies and organizations interested in disseminating information about colorectal cancer. The network's stated mission is "To promote colorectal cancer awareness and the importance of screening among all Michigan men and women through public education."

CRAN helps participants develop community-based colorectal cancer education/awareness programs by supplying resource materials, communicating ideas for public education activities, and providing networking and partnership opportunities with individuals and organizations dedicated to raising public awareness about the benefits of colorectal cancer screening.

After one year, thanks to outreach and word-of-mouth efforts, the network includes more than 230 participants representing 145 unique organizations. During its first year, CRAN assisted network participants by:

- *Building partnerships and facilitating collaboration.* The CRAN Planning Committee organized two conferences in 2003 to inform participants of available resources for their use when planning colorectal cancer educational/awareness activities in their communities and to initiate opportunities for networking and establishing partnerships. The format of the meetings included: roundtable presentations, tailored to allow for information exchange, peer-to-peer learning opportunities, and sharing of best practices; sessions addressing a variety of topics, such as legislative updates, social marketing, program evaluations, public relations activities and support, and dissemination of sample resource materials.
- *Providing resources materials.* Brochures, fact sheets, posters, reminder stickers, bookmarks, and other resource materials are available to network participants, free of charge, through the CRAN clearinghouse. Information about colorectal cancer screening guidelines and follow-up for abnormal screening results, as well as statistics about colorectal cancer within Michigan, also are readily available. The Centers for Disease Control and Prevention "Screen for Life" materials have been translated into Arabic and are being distributed within Michigan by the Arab Community Center for Economic and Social Services (ACCESS).
- *Enhancing communication.* Network participants receive periodic e-mail communiqués to alert them to statewide colorectal cancer activities. One of these statewide activities, organized by the CRAN Planning Committee, is the colorectal cancer billboard campaign. The campaign, planned to coincide with the March observation of National Colorectal Cancer Awareness Month, targets Michigan counties that have a higher-than-state-average mortality rate for colorectal cancer. CRAN participants are also notified whenever new resource materials are posted to the CRAN WebBoard. This valuable tool provides participants with the ability to download resource materials that can be used in program planning and also includes a "chat" feature that enables participants to communicate with one another.



Prostate Cancer Education Materials

Prostate cancer accounts for a substantial portion of Michigan's cancer burden. Reaching the newly diagnosed prostate cancer patient with necessary treatment-related information can be a challenge when dealing with men who are part of populations that traditionally are less prone to seek treatment, have a low literacy rate, or are not comfortable talking about their health concerns.

Yet, research has shown that it is critical that men who are newly diagnosed with prostate cancer understand what treatment options exist and the significant side effects of the treatments in order to make informed decisions about their health care. The MCC Prostate Cancer Action Committee was established to ensure that Patient Education Materials with this information is available.

The group's Prostate Cancer Education project, which began in September 1999, was conducted in four phases:

- Evaluation of the knowledge and understanding of prostate cancer and treatment options among men newly diagnosed with prostate cancer;
- Review of existing prostate cancer patient educational materials;
- Development of a new educational tool in booklet, audio and Web-based versions; and
- Dissemination of materials to health professionals and newly diagnosed prostate cancer patients.

The project's initial survey of men newly diagnosed with prostate cancer identified informational needs and factors associated with informational vulnerability (e.g., level of education, race). The review of existing materials demonstrated that currently available patient education materials were not patient-centered (e.g., used medical terminology, did not fully describe treatment options or serious side effects).

To address these concerns, the project team developed "Making the Choice: Deciding What to Do About Early Stage Prostate Cancer" educational materials. The materials are written in an easy-to-read format with charts and diagrams, and complex medical information has been "translated" for a low literacy level. The team field-tested the materials throughout the development cycle to assess their efficacy in improving patient knowledge.

The materials are now available as an 8½-by-11-inch color booklet, as well as in audio (CD-ROM and cassette) and Web-based versions. The Internet version includes an easy-to-navigate Web adaptation of the booklet and an interactive tool that enables patients to determine five-year survival rates using their PSA results, tumor state, and grade. An Adobe Acrobat PDF version of the booklet is available for download from the site; the audio version can also be downloaded. The free-of-charge materials can be ordered directly from the Web site or by calling 800-249-0314.

A sample packet of the materials was recently mailed to 275 Michigan urologists. Future mailings also are being planned, and partnerships with the American Cancer Society, Great Lakes Division, Inc., and other MCC member organizations are being formed to help disseminate these educational materials.

More Information:

For more information, contact the MPHI Cancer Control Services Program at 2438 Woodlake Circle, Suite 240, Okemos, MI 48864 (Phone: 517-324-7300).

Information about CRAN can be obtained by e-mailing cranstaff@michigancancer.org or visiting the CRAN Web Board at <http://cranwebboard.michigancancer.org:8081>. Information about "Making the Choice: Deciding What to Do About Early Stage Prostate Cancer" materials can be found at www.prostatecancerdecision.org or by contacting Judith A. Suess, MD, MPH, Prostate Cancer Project Coordinator at jsuess@mphi.org or at 517-324-7391.

Tracking the Incidence, Impact and Cost of Brain Injuries

Introduction

In September of 2003, the MPHI Center for Collaborative Research in Health Outcomes and Policy (CRHOP) received funding from the Centers for Disease Control and Prevention (CDC) to determine the incidence of, and outcomes associated with, non-hospitalized, mild traumatic brain injury (MTBI) cases within Michigan.

This funding is one of the first scientific research awards that CRHOP and MPHI have received. To attain this funding, CRHOP leveraged two of its key strengths: collaboration and current project work.

Building on Expertise

CRHOP often facilitates and conducts health-related research, injury surveillance systems, and program evaluations in conjunction with researchers, state governmental departments, and community-based organizations throughout the state. CRHOP frequently draws upon these existing relationships to create partnerships or collaborative relationships for the purpose of developing new research opportunities.

For the MTBI project, CRHOP collaborated with two University of Michigan researchers and a Michigan hospital emergency department to recruit study participants. In addition, CRHOP leveraged its own expertise gained from two of its ongoing projects, the Michigan Emergency Department Community Injury Information Network (MEDCIIN) and the Traumatic Brain Injury (TBI) State Demonstration Project, to enhance its proposal.

The MEDCIIN is a voluntary injury surveillance system developed and maintained in conjunction with the Michigan Department of Community Health (MDCH). MEDCIIN collects emergency department data from a representative sample of 23 sentinel hospitals around the state to study the types and causes of injuries, as well as the demographic characteristics of people presenting in emergency departments for injuries.

The research team analyzed available MEDCIIN data from 1999 and 2000 in order to present the magnitude of these injuries in Michigan in the proposal and to identify the potential number of MTBI cases in the hospital emergency department where study participants will be recruited. The team will use data collected from the MEDCIIN injury surveillance system to address several of the MTBI study goals.

In the multi-year collaborative TBI State Demonstration project, CRHOP operates under a contract with MDCH to research and promote strategies that enhance public service delivery and coordination for individuals with a TBI in Michigan. In addition to improving service delivery, the TBI project also analyzes data from various sources, including:

- Mortality and hospital discharge data to determine the frequency and causes of hospitalized and fatal TBI;
- Medicaid and private insurance claims data to identify costs and reimbursable services utilized; and
- MEDCIIN data to identify the causes of injuries and to present a picture of non-hospitalized TBI cases in Michigan.

The preliminary findings from these data sources has supplied the research team with a fairly clear picture of the magnitude of TBI in Michigan, as well as the causes, demographic characteristics, and costs related to TBI in our state.

What the MTBI Study Will Entail

Each year, approximately 1.5 million Americans suffer TBI as a result of motor vehicle collisions, falls, recreational accidents, and violence-related events. The CDC estimates that more than 50,000 people die every year due to TBI, and 5.3 million U.S. citizens—2 percent of the population—live with a disability resulting from TBI.[†]

Guerrero, Thurman, and Sniezek estimate the ratio of mortality, non-fatal hospitalizations, and emergency department visits associated with TBI to be 1:4:5:20.[‡] Moreover, Thurman and Guerrero indicate that the rate of hospitalization for TBI is decreasing, and care for mild injuries is shifting to outpatient settings.[§]

Despite this, there are very few emergency department-based studies of TBI. Therefore, while it is recognized that MTBI is an important health problem, there is inadequate data to accurately determine the extent of MTBI among non-hospitalized injuries and the outcomes associated with MTBI among non-hospitalized patients. The primary aims of the MTBI study are to:

- Determine the prevalence and characteristics of non-hospitalized MTBI patients;
- Determine the outcomes associated with non-hospitalized MTBI, in particular post concussive syndrome (PCS); and
- Evaluate the level of agreement between case identification of non-hospitalized MTBI using surveillance ICD-9-CM criteria versus case identification protocols in the emergency department cohort study.

The secondary aims of the MTBI study are to:

- Determine the costs and services associated with non-hospitalized MTBI, and
- Compare hospitalized and non-hospitalized TBI cases on the basis of demographic variables and the nature and severity of injuries.

The MTBI project will be conducted using two broad study designs: 1) analysis of secondary data using Michigan emergency department data, Medicaid and private insurer's data systems to determine the incidence, nature, causes of, costs incurred by, and services utilized by non-hospitalized TBI individuals; and 2) a panel study consisting of a sample of adults treated at an emergency department for TBI and subsequently discharged home from the emergency department who will be surveyed four times within a period of one year after their injury event.

Outcomes for the cohort study will be summarized at baseline, 1 month, 3 months, and 12 months post injury, and will include: incidence and severity of PCS, service utilization and need, health status, adaptive functioning, substance abuse, productive activity, and community integration.

More Information

For more information, contact the MPH Center for Collaborative Research in Health Outcomes and Policy at 2440 Woodlake Circle, Suite 190, Okemos, MI 48864 (Phone: 517-324-7389) or visit www.ccrhop.org.

* M. Lynn Breer, PhD, is deputy director of the MPH Center for Collaborative Research in Health Outcomes and Policy

† CDC. National Center for Injury Prevention and Control. Traumatic Brain Injury in the United States, 2002. Available at www.cdc.gov/ncipc/didop/tbi.htm.

‡ Guerrero JL, Thurman DJ, Sniezek JE. "Emergency Department Visits Associated with Traumatic Brain Injury: United States, 1995-1996." *Brain Injury*. 2000; 14(2):181-186.

§ Thurman D, and Guerrero J. "Trends in Hospitalization Associated with Traumatic Brain Injury." *JAMA*. Sept. 8, 1999; 282(10):954-957.





Covering Michigan's Kids & Families:

Increasing the Number of Families with Health Care Coverage

Introduction

“Covering Michigan’s Kids & Families” is part of a nationwide effort to enroll families in Medicaid and the State Children’s Health Insurance Program (SCHIP). This initiative began in February 2002 and is sponsored by The Robert Wood Johnson Foundation. The MPHI Systems Reform Program is the statewide lead agency, guiding the work of the statewide coalition and the local sites participating in the project.

A majority of the more than eight million uninsured children in the United States are eligible for Medicaid and SCHIP, but are not enrolled. Many factors (e.g., low literacy levels, lack of awareness, the perceived complexity of the application process, the perceived stigma attached to public coverage, disruption of continuous coverage due to changes in eligibility, and the lack of seamless coordination across public and private sector programs) have contributed to under-enrollment in this program.

Work at the State Level

The mission of the Covering Michigan’s Kids & Families Project is to increase the number of health care coverage-enrolled families within Michigan by focusing on the following three strategies:

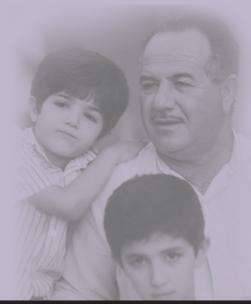
- Conducting and coordinating outreach programs;
- Simplifying enrollment and renewal processes; and
- Coordinating existing health care coverage programs.

The MPHI Systems Reform Program has established a statewide steering coalition to provide guidance and advice to the overall initiative. Membership of that group includes more than 25 organizations dedicated to improving the health and well-being of children in Michigan. The key activities of the Covering Michigan’s Kids & Families Coalition are:

- to prepare and communicate policy recommendations related to outreach strategies and activities;
- to facilitate dissemination of information and networking;
- to problem-solve and provide advice to participants; and
- to monitor the progress and outcomes of the project.

Through MPHI’s support as statewide lead agency, the Coalition has been able to accomplish many significant goals. Notably, it has assisted with the implementation of the state’s electronic application for Medicaid and SCHIP.

Developed in 2002, Michigan’s electronic application is not just an outreach strategy; it is also a simplification and coordination strategy that maximizes the self-declaration of income policy, reduces the fear and/or stigma of applying for assistance, and gains access to isolated populations. The electronic application reduces errors, prompts for incorrect or missing information, and re-uses information entered once so that it appears on all forms. It also enables increased mobility for an outreach worker or applicant through the use of a laptop and a portable printer. The application takes about 25 minutes to complete and is available to anyone with access to the Internet; eligibility is determined in two to three minutes real-time, provided the information entered is complete.



By Ann McMillan, MSW*

Work at the Local Level

As part of the Covering Michigan's Kids & Families projects, MPHI coordinates the activities of four local sites around the state that conduct retention, simplification, coordination, and outreach activities within their geographic areas. These include:

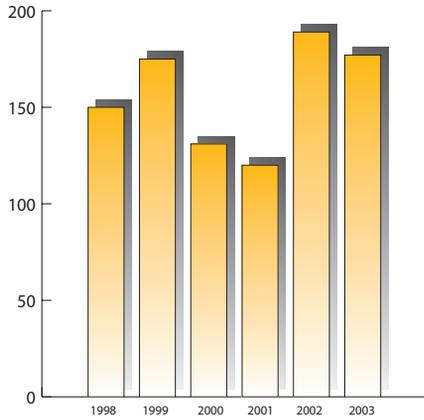
- *Muskegon Community Health Project:* This group works in Muskegon, Newaygo and Oceana counties, focusing on the Latino and migrant communities and children of the working poor. Muskegon also enhances enrollment opportunities to the parents of eligible children through a locally based coverage program for small businesses called "Access Health."
- *Catholic Social Services of the Upper Peninsula:* This group coordinates a coalition of Upper Peninsula outreach workers, with special attention to developing ways to reach out to homeless children and the Native American community. Catholic Social Services also is working with the Medical Care Access Coalition, a group providing coverage to adults in Marquette.
- *Detroit/Wayne County Child Health Care Coalition:* This group reaches out to the Detroit/Wayne County area by partnering with four organizations: Arab American Center for Economic and Social Services (ACCESS); Oakwood Teen Health Centers; and the Eastside Access Partnership. The group also enhances community relations with the local offices of the Michigan Family Independence Agency.
- *Michigan Center for Rural Health:* This group focuses on select rural communities in north-eastern lower Michigan. Among its activities: conducting educational seminars for small businesses and farmers; convening problem-solving forums with non-traditional community stakeholders; developing individualized plans to identify and remove barriers; and engaging rural communities in entering into, and remaining in, health care coverage programs.



More Information:

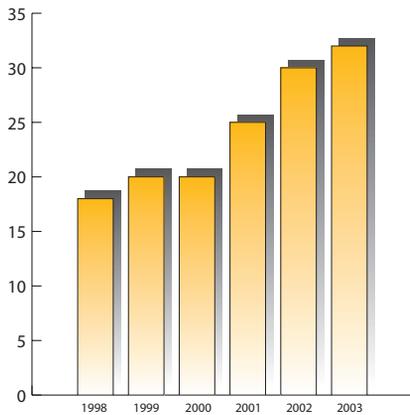
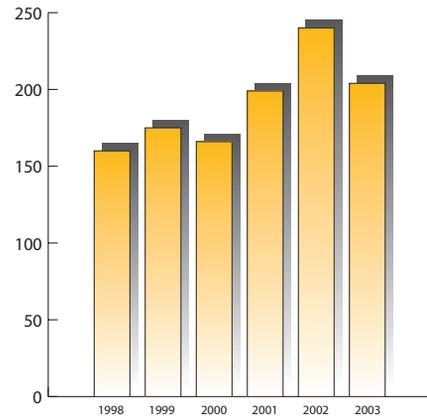
For more information, contact the Systems Reform Program at 2438 Woodlake Circle, Suite 200, Okemos, MI 48864 (Phone: 517-324-8311).

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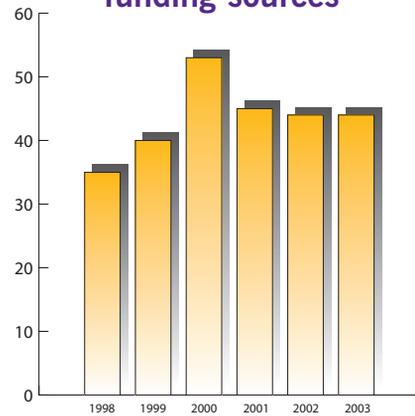
Number of projects under management

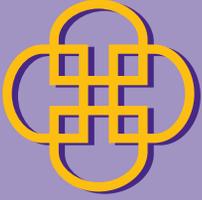
Number of employees



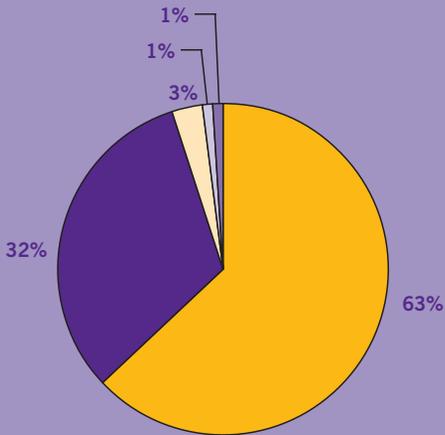
Annual income (in millions)

Number of funding sources



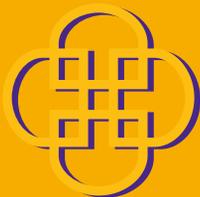


2003 MPHI Project Funders



- Direct Federal and Federal pass-through
- State Funding
- Foundations (3%)
- University (1%)
- Other (1%)

- Actors' Fund of America
- American Legacy Foundation
- Arbor Circle Corporation
- Children's Hospital of Michigan
- Council of Michigan Foundations
- Emory University
- GlaxoSmithKline
- Global Enterprise for Water Technology
- Harvard School of Public Health
- Health Management Associates
- Karmanos Cancer Center
- Meridian
- Michigan Health Professional Recovery Corporation
- Michigan Primary Care Association
- Michigan State University
- Muskegon Community Health Project
- National Association of County and City Health Officials
- Ohio Department of Health
- P&G Pharmaceuticals
- Rallying Points
- Robert Wood Johnson Foundation
- Shiawassee Regional Education Service District
- Southeastern Michigan Health Association
- State of Michigan
 - Department of Community Health
 - Department of Consumer and Industry Services
 - Department of Education
 - Department of Environmental Quality
 - Department of State Police, Office of Highway Safety Planning
 - Family Independence Agency
- State of Texas, Department of Transportation
- The University of Michigan
- U.S. Department of Health and Human Services
 - Centers for Disease Control and Prevention
 - Centers for Medicare and Medicaid Services
 - Health Resources and Services Administration
 - National Institutes of Health
 - National Cancer Institute
 - National Library of Medicine
- U.S. Department of Justice
- Walther Cancer Institute
- Wayne County Department of Public Health
- West Michigan Community Mental Health
- W.K. Kellogg Foundation
- Wyeth Pharmaceuticals



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