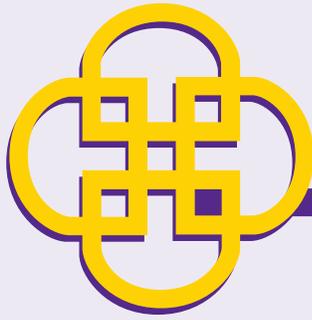


MPHI™

2006 ANNUAL REPORT



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.

2006 Board of Directors



As of 12/31/2006

Top row left to right: ***Jeffrey R. Taylor, Ph.D.**, Executive Director, MPHI; **James Randolph**, Senior Associate Director, University of Michigan; **Matthew L. Boulton, M.D., MPH**, Associate Professor, University of Michigan; **Sarah Mayberry, MPH**, Medical Producer, WDIV-TV; ***Michael A. Mortimore, M.Ed., MPH**, Health Officer, Berrien County Health Department; and, **James Giordano**, President and CEO, CareTech Solutions, Inc.

Bottom row left to right: ***Denise Holmes**, Secretary/Treasurer MPHI Board, Assistant Dean for Government Relations and Outreach, Michigan State University; ***Jean Chabut**, President MPHI Board, Chief Administrative Officer of Public Health, Michigan Department of Community Health; ***R. Michael Massanari, M.D.**, Vice President MPHI Board, Director, Center for Healthcare Effectiveness Research, Wayne State University; **Jacquelynne Borden-Conyers**, Communications Manager, W.K. Kellogg Foundation

Not Pictured: **Karen Aldrige-Eason, MPA**, Foundation Liaison, Office of the Governor, State of Michigan; **Hiram Fitzgerald, Ph.D.**, Assistant Provost, Michigan State University; **Kimberly Horn**, President and CEO, Priority Health; **Gail A. Jenson, Ph.D.**, Associate Professor, Institute of Gerontology & Department of Economics, Wayne State University; **Janet Olszewski**, Director, Michigan Department of Community Health; **Angela G. Reyes**, Executive Director, Detroit Hispanic Development Center; and, **David McLaury**, Interim Chief Deputy Director, Michigan Department of Community Health.

*** = Executive Committee**



Health Care Research and Economic Development

The “New Economy” is about the transformation of all industries and the overall economy and it is here to stay, according to a report by the Progressive Policy Institute (PPI).

The New Economy represents a complex array of dramatic changes, including “reorganization of firms, more efficient and dynamic capital markets, more economic churning and entrepreneurial dynamism, relentless globalization, continuing economic competition, and increasingly volatile labor markets.”

Michigan, a traditionally strong manufacturing state, now has only 19.8 percent of its labor force working in this field, but manufacturing remains an important force in bringing in money from outside the region that, in turn, supports local businesses.

The automotive industry is organizing work around advanced manufacturing technology, demonstrated by the Navistar’s Indianapolis plant which, after \$285 million in new investment, moved from 900 workers making 175 engines per day in 1994 to 900 workers producing 1,400 engines today.

Health care has organized around technology in its diagnostic and treatment regimens, and now is applying information technology to its business and informational needs. Potential savings to the industry are estimated to be in the 15 to 20 percent range, a substantial amount given that we spend 16 percent of our gross national product on health care, compared to nine percent spent in Japan.

In 2006, the Michigan Public Health Institute was pleased to provide project management and infrastructure support in the preparation of the report to the Governor – Conduit to Care – a plan developed by 200 volunteers drawn from industry, the provider community, public health, university and insurance experts. Principles of consumer privacy, security and confidentiality guided report preparation which emphasized the need to create strong regional health information organizations serving all of Michigan.

Health care research organizations, like MPHI, are made up largely of those in “knowledge jobs.” In the old economy, our state prospered by having workers who were skilled with their hands and could work in physically demanding occupations. Today’s knowledge workers succeed with their minds, and they are concentrated in managerial, professional, and technical positions. While Michigan ranks 19th out of 50 states in this category with 10 percent of its labor force in knowledge jobs, 70 percent of MPHI’s 200 workers are in this category. And all of these jobs were created since the company’s founding in 1990.

During its 16 year history, MPHI has brought \$58 million into the local Mid-Michigan economy from federal, foundation, nonprofit and private resources. With its academic partners at the University of Michigan, Michigan State University, and Wayne State University, we find our health care researchers to be competitive with any in the nation. We are positioned for a bright future.



Jean C. Chabut, President, MPHI Board of Directors
Deputy Director, Public Health Administration, Michigan Department of Community Health

Program Descriptions

Interactive Solutions Group (ISG) helps health care organizations and public-sector agencies operate more efficiently and effectively by redesigning business processes and automating information exchange. The project managers, business analysts, subject matter experts, trainers, and technical staff are skilled at leveraging electronic data interchange (EDI), Internet/web technology, and learning management systems on behalf of their clients. Their comprehensive approach combines information technology, project management methodology, and training/outreach processes to help their clients manage change and more effectively interact with their business partners and constituents.

Child and Adolescent Health (CAH) provides technical assistance to federal, national, state and local partners in the design, implementation and evaluation of evidence-based, multidisciplinary and community-centered programs that strengthen assets and reduce risky behaviors, leading to improvements in the health, safety and well-being of infants, children, adolescents and their families. Current focus areas include child and infant mortality, youth abstinence promotion, antibiotic resistance, injury prevention and home based services for high risk families.

Systems Reform Program works with health, human service, and educational systems to improve services for children and families. Systems Reform staff facilitate collaboration among service providers and families, assists in the development of a strategic plan and provides technical support on how to implement and evaluate quality improvement efforts.

Center for Collaborative Research in Health Outcomes and Policy (CRHOP) provides a number of services including 1) project development and management, 2) data collection, management, analysis, and reporting, 3) coordination and facilitation of multidisciplinary work and/or research, 4) dissemination of findings, 5) technical assistance and training, and 6) program evaluation. In any of these services, we may coordinate, provide support, or manage the entire process.

Health Promotion and Disease Prevention (HPDP) focuses on the areas of asthma, nutrition, physical activity, obesity, dementia, diabetes, osteoporosis, cancer, epidemiology and evaluation, managed care, and tobacco. Disciplines include researchers, evaluators, professional counselors, public health administrators, dietitians/nutritionists, health educators, communication experts, psychologists, epidemiologists, and international health/community development experts.

Education and Training Program (E&T) facilitates the transfer of content curriculum into the production of public health trainings, conferences and webcasts. The program provides needs assessment design and analysis; focus group facilitation; curriculum structure; speaker search; logistical planning and coordination; professional continuing education administration; on-line registration management; graphic design; public relations and event promotion; sponsorship and exhibitor solicitation; webcast and videoconference services; training material development; on-site event staffing; training technical assistance; script-writing; grant-writing; consulting; and training evaluation.

Program Descriptions

Center for Healthcare Excellence (CHE) although it is a new program in name, this program is composed of staff with a long history at MPHI. CHE has assembled a group of individuals with a wide array of experience and expertise in a number of areas, including evaluation, consulting, research, data analysis, survey services, and program management and monitoring. In particular, CHE staff has extensive experience evaluating health programs and analyzing health data, coordinating and facilitating multi-agency projects, providing training and technical assistance to a variety of community organizations and state agencies, and conducting human service needs assessments.

Center for Tobacco Prevention and Research is an affiliated program for which MPHI provides management support services. This center focuses on analyzing depositions and trial testimony from tobacco lawsuits to assess what they reveal in areas such as nicotine addiction and pharmacology, the health consequences of tobacco use, tobacco-product design and manufacturing, tobacco advertising and promotion, youth smoking initiation, and tobacco use cessation.

Cancer Control Services Program (CCSP) provides technical assistance and support to the Cancer Control and Prevention Section (CCPS) of the Michigan Department of Community Health (MDCH) and its partners in developing and maintaining data systems, in epidemiology, surveillance and evaluation, and in coordination of programs and interventions related to cancer prevention and control. This unit also works on design, development and implementation of cancer-related special studies and surveys and assuring that data used by the cancer program are scientific and up-to-date. Program disciplines include epidemiologists, evaluation specialists, database experts, health educators, financial analysts, data analysts, nurses, and public health consultants and administrators.

Investing In Our Infrastructure to Prepare for the Future

You may have heard the old adage “hope for the best and prepare for the worst.” MPHI business continuity planners have kept this in mind as we have prepared to respond to a pandemic outbreak or a natural disaster. We recognize that the best time to plan for an adverse event is well before it occurs.

Experts say that even with solid business continuity planning, an organization cannot guarantee its survival during a major disruption in normal operations. Without formal disaster planning in place, it is unlikely that a business will recover in time to keep clients, employees, or its business reputation intact. MPHI is relying on solid planning, but is also mixing in flexibility and repetitive training to ensure business continuity.

In 2001, we reported that MPHI had taken a huge leap forward in the information systems world by implementing an enterprise resource planning system called SAP. This was a major financial investment for the organization that continues to pay off each year. Some of the benefits can be seen in the tracking and reporting of real-time financial information for each of our projects and funding sources. With solid backups, MPHI has the ability to be up and running with the most recent financial information in a short period of time. We now have a flexible foundation to support our growing and ever-changing environment, and keep our clients informed and up-to-date with current information.

In 2005, we further increased our abilities to continue business operations by implementing generators for our buildings and technology infrastructure. In 2006, we invested in an off-site location that was large enough to house key IT and operations staff and also serve as a records archiving facility, in addition to hosting critical technology systems. We focused on bolstering our business continuity plan to avoid being caught off-guard by adverse circumstances, such as a fire, water damage, or tornado. This site gives us the ability to minimize disruption to business operations so that our clients and contributors will not be seriously impacted by any interruption.

MPHI has also made provisions for allowing key staff the ability to work from home in case of an emergency situation. We have also implemented an emergency calling tree and practice calling exercises on a regular basis. This helps to ensure that we have a reliable means of communicating with all staff during non-business hours or in an emergency. In addition, MPHI set up a secondary means for all staff to communicate with each other – this time via the web. MPHI created a business continuity website that is hosted by a third-party and accessible to all staff from any location.

MPHI has a diverse group of thinkers and planners contributing to the sustainability of the organization. Over the past five years we have consolidated technology systems, provided more redundancy for critical applications, ensured that backups were stored off-site and quickly accessible, provided backup-power to the campus, and have now secured a site to continue critical operations. We have refined our communication abilities, outlined our critical users, and provided a means of keeping our organization afloat by remote access. We realize that planning can go awry in emergency situations, but good planning with flexibility and practiced responses will be the key to our success. We hope for the best, but prepare for the worst.

Creating a Road Map for Health Information Exchange in Michigan

Michigan has an unusually diverse population that represents more than 80 different nationalities, cultures and ethnicities, including every socio/economic group, and every major form of healthcare delivery, making the state a microcosm of the complexity of healthcare across the entire nation. Essential to the continued prosperity of Michigan will be the ability to create a health information exchange in a fashion that addresses the concerns of its diverse population.

Recognizing the need to include all stakeholders in fostering the environment for adoption of health information exchange, Michigan Department of Community Health (MDCH) and Michigan Department of Information Technology (MDIT) held stakeholder forums with providers, payers, employers, labor unions and consumers to hear their perspectives on the role of state government in health information technology policy.

Based on the recommendations of these forums that all stakeholders should be involved, Governor Jennifer M. Granholm, along with MDCH Director Janet Olszewski and MDIT Director Teri Takai, convened the new Michigan Health Information Network (MiHIN) in December 2005. The MiHIN brought together more than 300 stakeholders from all over the state. This group heard from national, regional and local speakers on the latest developments in health information exchange and also agreed to continue working with the state and other stakeholders to develop solutions and strategies in developing a statewide health information exchange.

Beginning in April 2006, the MiHIN team of volunteers and consultants were charged with the task of building a plan that will improve the quality, safety and efficiency of health care delivery by accelerating adoption and use of health information technology and health information exchange. Successfully accomplishing this major advance in the state's health care system required a collaborative approach from all stakeholders involved, including consumers, providers, payers, employers, and policy makers. The Conduit to Care project was a "180 day" partnership of the many different voices and distinct viewpoints of more than 200 Michigan stakeholders.

Under the leadership of MDCH and MDIT, the Michigan Public Health Institute helped coordinate and facilitate the MiHIN Conduit to Care project. MPHI leveraged its unique position as an organization with the ability to leave "light footprints," preferring to work behind the scenes to build links between stakeholders. More than 200 volunteers from across the state participated in six distinct work groups that rose to the challenge of creating a road map for health information exchange in an unprecedented 180 days. The report was released on December 11, 2006.

The MiHIN Conduit to Care will help bring Michigan health care into the 21st century. Creating a system and supporting regional initiatives will not only allow for quality improvement, but will eventually help to engage patients more directly in their care. It articulates a path to develop a health information network connecting health care communities across Michigan, with an infrastructure and governance model for long-term sustainability through public-private partnership.

Learn More

For more information about ISG, contact ISG at 2501 Jolly Road, Suite 180, Okemos, Michigan 48864 or visit MPHI's website at www.MPHI.org.



Far left: Dana Ashley Green, MBA, CPA, PMP, is Senior Project Manager at ISG where she directs a variety of projects with a focus on health information technology.

Left: Kelly K. Coyle, J.D., is Project Operations Manager at ISG where she oversees internal operations for the program and also serves as the Privacy Officer for MPHI.



Reaching Anyone, Anywhere, at Anytime

For Michigan governmental organizations, communication with employees, vendors and constituents of their services is a daunting task. Not only must the information be consistent to all, it must also be delivered in the most economic method. For the past two years, the Interactive Solutions Group (ISG) has assisted the Michigan Department of Community Health with this task through the Mihealth online training program, providing free training to state employees, medical providers, and the general public. At present there are more than 16,000 registered students in the ISG Learning Management System. Those 16,000 registered students, if compared to a Michigan community college system, would make ISG the third largest community college in Michigan behind Oakland and Grand Rapids Community Colleges. The 16,000 students have taken more than 44,000 courses through the Learning Management System. The course topics range from informational - "What is Medicaid," "Medicaid Managed Care" and "What is Children's Special Health Care Services" - to more specific training programs, such as "Smoke Free Baby and Me," "Birth Defects Registry" and "Newborn Screening". In 2006, ISG expanded its online course-building services to other state agencies such as the Michigan Department of Education and the University of Michigan - School of Public Health, leading to additional courses that provide training to improve work skills for more Michigan workers.

Also in 2006, ISG added webcasting/recording to its portfolio of electronic communication services. Webcasting/recording enables ISG customers to provide information immediately to anyone at anytime, directly to their desktop. ISG, in partnership with MPHI Education and Training, started webcasting/recording in July 2006. That partnership opened new opportunities within WIC, Family Planning, Maternal Infant and Health Services, Medicaid and even provided 2007 benefits information to internal MPHI staff. By the end of the year, more than 3,100 individuals had viewed the 23 webcast/recordings produced by ISG.

Webcasting/recording has the following important features:

- Immediate communication
- Unlimited coverage
- Single source of information
- Available everywhere, 24 hours per day, seven days per week
- Reduces travel time and expenses

Viewer surveys on ISG webcast/recordings have shown the following high satisfaction levels:

- 68% first-time viewers
- 87% clear and satisfactory audio quality
- 90% clear and satisfactory visual quality
- 89% consider viewing the archive webcast
- 96% of viewers will recommend the webcast to a colleague

Most important to ISG's Michigan state governmental customers is that webcasting/recording has shown to reduce costs for both the producer of the webcast and the viewer of the webcast. In fact, webcast/recording has the ability to save at the most \$8.03 for every \$1.00 spent, and on average will save \$4.37 for every \$1.00 spent.

The culmination of ISG's webcasting/recording services was the production of the Multi-Learning Collaborative live webcast. This two-hour live webcast entailed multiple cameras, both live and recorded speakers, and enhanced graphics. This proved to the ISG team that it can produce webcast/recordings that range from a quick informational presentation to a full scale multimedia production. ISG projects high growth in the area of electronic communication services in 2007.



Learn More

For more information on electronic communication, contact ISG at 2436 Woodlake Circle, Suite 380, Okemos, Michigan 48864 or call 517-324-6044. Online courses and webcast/recordings are available at www.training.mihealth.org.

Larry Doele is an Account Executive for the Interactive Solutions Group and also runs the Interactive Learning Center.



The Children's Safety Network

Injury as a Public Health Problem

Injury and violence are often referred to as a “neglected epidemic” within public health. As the leading cause of death and disability for persons age 1 to 44 in the U.S., the public health response to injury has been limited compared to the impact. Working with states and national organizations is essential as the field of injury science is developing and attracting increased attention from a wide range of disciplines. Important advances have been made in delivering emergency services, saving lives, reducing disability, and demonstrating the efficacy and cost-effectiveness of preventive interventions to be implemented on a wide scale. Future advances depend on the continued development of the infrastructure through tested interventions, data gathering, and community ownership for this major child and adolescent public health problem.

A Leader in Child and Adolescent Injury and Violence Prevention

This year, MPHI was awarded a contract to provide technical assistance in children's injury prevention to states through the Children's Safety Network (CSN). The Children's Safety Network was established in 1992 with funding from the Health Resources and Services Administration - Maternal and Child Health Bureau, U.S. Department of Health and Human Services. CSN is a national resource center for state health and maternal and child health staff serving the injury and violence prevention needs of children and adolescents. CSN works collaboratively with all 50 state and territorial health departments and assorted national organizations to enhance the capacity of states to develop, implement, and evaluate injury and violence prevention activities. The “network” of sites include locations in Washington D.C., Maryland, Pennsylvania, Massachusetts, and most recently, MPHI in Okemos. The lead center is the Education Development Center (EDC), Inc. in Newton, Massachusetts. MPHI and others serve as subcontractors to EDC.

Reaching Out to State Maternal and Child Health

Christian Hanna, a national children's rural injury expert, relocated from the CSN site at Marshfield, Wisconsin to MPHI. Mr. Hanna serves as an outreach specialist to states as well as a national injury prevention expert, with special expertise in teen driving, youth suicide, and rural injury prevention. Other CSN staff at sites throughout the U.S. are as diverse as they are talented. Staffing includes research scientists, economists, public health writers, librarians, statisticians, epidemiologists, and information technology specialists who work together on a wide array of subjects. CSN staff tackle both big and small technical assistance requests based on identified needs by each state health and MCH agencies. Examples of past assistance include: facilitating a state injury and violence prevention five-year strategic plan; providing an urgent request for data from a health department requesting consideration in suicide prevention legislation; providing programmatic assistance to child and adolescent health staff for identification of depression and suicidal ideation among pregnant adolescents; assisting maternal and child health staff to update a behavioral survey on product safety; developing a summary of knowledge on the scope of the problem, prevention strategies, and data regarding rural motor vehicle crashes among young drivers; estimating the number of emergency department visits resulting from self-inflicted injuries; and calculating the benefit-cost ratio on car seat distribution and car seat check points for policy development.

CSN at MPHI

The relocation of CSN to MPHI affords greater collaboration with the MPHI-based MCH National Child Death Review Resource Center (NCDRRC) and the increasing number of state health and maternal and child health departments with child death review teams. Specifically, proximity will enable CSN to provide technical support, training and guidance to state and local child death review teams to implement child and adolescent injury and violence prevention recommendations. CSN and NCDRRC not only share a common funding source, but also a zeal for protecting children and adolescents from injury and violence.



Learn More

For more information about the CSN, contact CSN at 2438 Woodlake Circle, Suite 240, Okemos, MI 48864, call 517-324-8344, or visit the Center's Web site at www.childrenssafetynetwork.org.

Christian L. Hanna, MPH, is a state outreach specialist with the Children's Safety Network project in Child and Adolescent Health for MPHI and also assists with the Michigan Child Death Review Project.

Preventing Expulsion from Child Care

Addressing the Mental Health Needs of Young Children

The mental health system in the United States was not designed to address the needs of infants, toddlers, and preschoolers. The very idea that young children can have mental health problems is unfathomable to the general public and is still a fairly radical proposition in the eyes of policymakers. However, research shows that young children do, in fact, experience mental health problems including depression, anxiety, post-traumatic stress, and negative/defiant disorders. Michigan was one of the first states to recognize the mental health needs of infants and toddlers when it funded local community mental health agencies to pilot infant mental health services in 1975.

When discussing young children, mental health problems are often referred to as social-emotional or behavioral problems. Although there is no national epidemiological data at this time, an estimated 17% of children up to age five have diagnosable disorders, while an additional 10% have problem behaviors. Young children from low-income communities are three times more likely to have social-emotional or behavioral problems compared to young children from higher-income neighborhoods.

The President's New Freedom Commission on Mental Health Report (2003) states that early childhood is a critical period for the onset of emotional and behavioral impairments, and young children are being expelled from preschools and child care facilities for severely disruptive behaviors and emotional disorders. Since children develop rapidly, early and swift delivery of mental health services and support is necessary to avoid permanent consequences and to ensure that children are ready for school. Emerging neuroscience highlights the ability of environmental factors to shape brain development and related behavior. Consequently, early detection, assessment, and links with treatment and support can prevent mental health problems from worsening. Without intervention, child and adolescent disorders frequently continue into adulthood.

Kaufmann & Hepburn (2005) identified seven factors that have converged to compel policy makers to acknowledge that the time has come to address the mental health needs of young children: 1) increased awareness of the mental health problems of young children; 2) evidence on early brain development; 3) increasing use of psychotropic drugs with young children; 4) increasing numbers of young children being expelled from child care and early education settings due to challenging behaviors; 5) the emergence of infant and early childhood mental health as a field; 6) the importance of environment and relationships to the mental health of young children, and 7) the relationship between healthy social and emotional development and later school success.

Child Care Expulsion Prevention (CCEP) Initiative

Nearly 61 percent of Michigan's children under the age of six require child care. In recent years, child care providers have begun clamoring for help in working with young children with challenging behaviors. Challenging behaviors include externalizing behaviors (e.g., prolonged crying, biting, hitting, kicking, etc.), as well as internalizing behaviors (e.g., social withdrawal, depressed affect, fearfulness, recurring physical symptoms, etc.).

The prevalence of challenging behavior among infants, toddlers and preschool-age children in early care and learning settings ranges from 3 to 15%, and child care programs are expelling increasing numbers of children due to challenging behavior. A national study (Gilliam, 2005) found that pre-kindergarten students are expelled at a rate more than three times that of their older peers in the K-12 grades, but that the likelihood of expulsion decreases significantly with access to classroom-based behavioral consultation.

In 1998, Michigan became one of the first states to establish an early childhood mental health consultation initiative to address the problem of infants, toddlers and preschoolers being expelled from child care. Child Care Expulsion Prevention (CCEP) is funded through the Michigan Department of Human Services and administered by the Michigan Department of Community Health, (MDCH) in collaboration with the Michigan Community Coordinated Child Care

Association (4C) and Michigan State University Extension (MSUE). MDCH contracts with community mental health agencies to implement CCEP projects at the local level, in partnership with local/regional 4C and MSUE offices.

CCEP projects are integrated within child care settings not only to prevent expulsions, but to promote the social-emotional development of infants, toddlers, and preschoolers. CCEP projects serve licensed child day care centers, licensed group day care homes, registered family day care homes, day care aides, and relative care providers.

Currently, there are 16 CCEP projects serving 31 Michigan counties. These projects are staffed by masters-level consultants with expertise in early childhood mental health. MDCH Mental Health Services to Children and Families contracts with MPHI Systems Reform to coordinate technical assistance for CCEP consultants and administrators, and to provide program support at the state level.

CCEP projects provide two types of relationship-based consultation:

1. **Child-family centered consultation for parents and child care providers concerned about a young child who is exhibiting challenging behaviors that put him at risk for expulsion.** The CCEP consultant works with parents and child care providers as a team to determine the underlying reason for a particular child's challenging behavior, and then helps the child by using strategies that specifically target the underlying reason. For example, one child may be hitting and kicking because the adults in his life are expecting him to do something he is not yet developmentally capable of doing; another child because of sensory integration problems; a third because of a very stressful home environment; a fourth because he is hungry; and a fifth because he has a severe social-emotional or behavioral disorder. The child-family centered consultation process includes: observation of the child at child care and at home; functional assessment of child's behavior; development of an individualized positive guidance action plan for the child; and support for parents and providers to implement the plan (e.g., coaching and supporting them to learn new ways to interact with the child, providing educational resources for them, arranging for specialized evaluations, modifying the physical environment, connecting the family to community resources, etc.).
2. **Programmatic consultation for child care providers who want to strengthen the overall social-emotional quality of the care they provide.** This may include training and coaching for administrators, caregivers and parents on: the importance of consistent, nurturing relationships between caregivers and children for social-emotional development; using strategies and curricula to promote social-emotional competence and reduce challenging behaviors; partnering with parents; strengthening communication between child care administrators and caregivers to improve the work climate; and other quality improvement activities.

In FY 2006, CCEP projects served 590 children with challenging behaviors. Ninety six percent of these children remained in their child care placement. An additional 5,214 children were served indirectly, in that they benefited from changes implemented by their child care providers subsequent to programmatic consultation. CCEP has garnered national attention and was featured in *USA Today* in 2005. A comprehensive, multi-year evaluation of CCEP will begin in March 2007.



Learn More

For more information about the CCEP initiative, contact Sheri Falvey, Director, MDCH Mental Health Services to Children & Families, Falvey@michigan.gov or call 517-241-5762.

Deb Marciniak, MA, has worked at the local and state levels as a consultant and technical assistance coordinator in early childhood mental health, maternal and child health, and early intervention programs. She can be reached at dmarcini@mphi.org or 517-381-8247, Ext. 13.

Improving Public Services for Persons with Traumatic Brain Injury

The Michigan Department of Community Health (MDCH) Traumatic Brain Injury (TBI) Project began as a collaborative effort to improve public services for persons with TBI in Michigan. Successful collaboration between MPHI, MDCH, the Michigan Department of Education, the Michigan Department of Military and Veterans Affairs, the Department of Human Services, as well as the Brain Injury Association of Michigan has led to the receipt of three successive federal grant awards to Michigan – totaling \$1.1 million for eight years of funding. The first grant was received in 1998 from the federal Health Resources and Services Administration (HRSA) - Maternal and Child Health Bureau (MCHB). Since then, MPHI has partnered with MDCH to facilitate, conduct, and evaluate grant activities.

Early project efforts focused on conducting a needs assessment and developing a state action plan to address the needs of Michigan residents with TBI. Because the State of Michigan has limited specialized services in the public sector for individuals with TBI, they may seek services from agencies/programs that focus on physical health, mental health and substance abuse, and other social services – each with their own referral processes, scope of services, eligibility rules, and payment sources. This situation can cause individuals with TBI to fall through the cracks and not receive needed services.

In 2004, the TBI Project produced a report titled *Addressing Michigan's Public Service Gaps for Persons with Traumatic Brain Injury*, which focused on incidence, the use and cost of healthcare, public service availability, assistive technologies, consumer experience with public services, and pilot systems change studies. Findings from this report were used to clarify and guide project goals and efforts. Additionally, MPHI has prepared a number of materials to educate both consumers and providers about TBI and available services. One of the most popular is the comprehensive *Michigan Resource Guide for Persons with Traumatic Brain Injury and their Families*.

Highlights of the TBI Project: 2005-2006

During 2005 and 2006, MDCH, with support from a HRSA-MCHB Post Demonstration Grant, acted to fulfill a number of goals set out in the 2004 report.

Web-based training modules

MPHI – with input from project partners – developed and hosted a web-based training course for providers who serve clients with TBI. Targeted to human services professionals in public agencies and non-profit organizations, this free, online course is an innovative means to reach and educate more individuals than traditional courses for professional development. Since April 2006, more than 500 people have registered to use this online training, which has been very well received at both state and national levels. The TBI Project is currently working to offer continuing education credits for completion of this training course.

Outreach

The TBI Project has been actively disseminating information to individuals in Michigan and nationally to educate about TBI. Outreach efforts include publication of newsletter articles, presentations and product distribution at annual conferences, and discussion of a process that would allow veterans and their families to seek help for TBI, using existing state and federal programs.

Measuring consumer satisfaction

To aid MDCH with systems improvement efforts for people with TBI, MPHI designed and implemented a consumer satisfaction survey. This survey was sent to 98 living beneficiaries (and/or their caregivers) who had been enrolled in the small MDCH Traumatic Brain Injury Rehabilitation Program during the last five years, and for whom MDCH had current addresses. Program beneficiaries were invited to complete the survey themselves or with assistance, as well as nominate a close relative or caregiver to respond. Responses were received from 42 beneficiaries and 16 caregivers. In general, respondents are fairly satisfied with service providers. However, respondents report less satisfaction with accessing needed services in the following areas: education, employment, advocacy, and support services. Barriers to receiving services are most commonly related to paying for services. These data will provide a reference point against which future results may be measured.

Support for systems change

MDCH has convened an interagency workgroup to explore the feasibility of designing a Medicaid Waiver Program for persons with TBI. This will be a service package targeted to persons with TBI who would otherwise be at risk of living in an institutional setting. The workgroup hopes to complete an application to the federal Centers for Medicare and Medicaid Services by the end of 2006. MPHI supports the workgroup through analysis and reporting of data on the significance of TBI and current Medicaid service utilization by persons experiencing TBI.

Next Steps

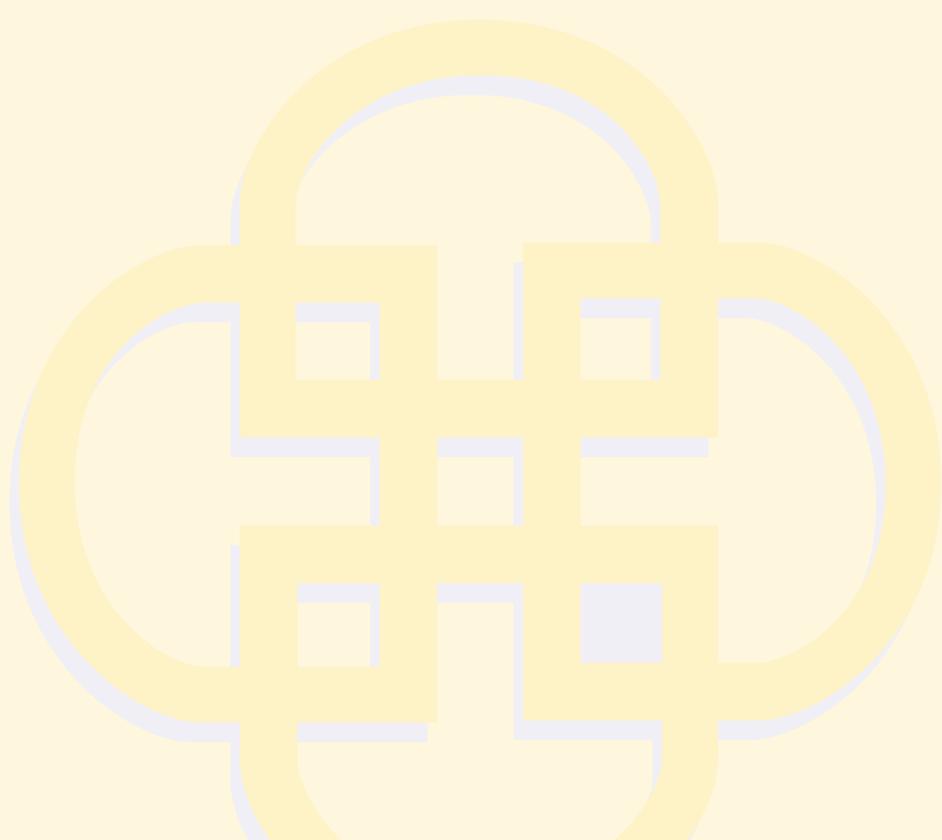
The TBI Project received a three-year Partnership Grant from HRSA, which will begin in April 2007. This funding will be used for outreach and TBI education, further data analysis in support of TBI systems change, and the continued expansion of current project efforts.

Learn More

For more information about the Michigan Traumatic Brain Injury Project, contact the MPHI Center for Collaborative Research in Health Outcomes and Policy at 2440 Woodlake Circle, Suite 100, Okemos, MI 48864, or call 517-324-7381. To view the TBI online training course, please visit mitbitraining.org. Additional materials may be accessed at: mitbitraining.org.



Courtney Chapin, BS, is a research assistant with the Traumatic Brain Injury Project and various other projects in the Center for Collaborative Research in Health Outcomes and Policy for MPHI.



Taking Steps Toward Healthier Michigan Workplaces

Most adults spend approximately half of their waking hours at their place of employment, and evidence shows that healthy employees are more productive and utilize fewer sick days than their unhealthy counterparts (msnbc, July 2006). The workplace environment is positioned to play a significant role in the health and well-being of Michigan's workforce; however, while employers are beginning to recognize the importance of providing a healthy environment for their employees, most have not invested time and revenue to create policies and/or environmental changes around healthy eating and increased opportunities for physical activity. The influence and importance of the workplace as an avenue to improve the health and well-being of employees cannot be over-emphasized or over-utilized.

A recent report commissioned by the Michigan Economic Development Corporation concluded that unhealthy lifestyles are contributing to the state's excess healthcare costs and leading to slower economic growth and less job creation in Michigan (Altarum Report, March 2004). Medical care costs currently consume nearly 50 percent of corporate profits for many employers in Michigan and across the nation. In response, businesses are passing on healthcare premium costs to their employees or abandoning health insurance coverage altogether. The Governor's Council of Economic Advisors has submitted to the Governor recommendations to reduce the economic burden of providing employer-sponsored healthcare benefits. Among its nine recommendations is improvement of the health status of Michigan's workforce. This recommendation was rated as a high priority with a very high potential return on investment.

In June 2006, Michigan Surgeon General, Dr. Kimberlydawn Wisdom, along with the Cardiovascular Health, Nutrition and Physical Activity (CVHNPA) section at Michigan Department of Community Health and MPHI collaborated with Governor Jennifer M. Granholm's health policy office to develop a response to the National Governor's Association Center for Best Practices to develop and implement the *Michigan's Healthy Workplaces Project*. Dr. Wisdom leads a high-level interdisciplinary policy team in guiding the project, which seeks to work with small- to medium-sized businesses in implementing worksite wellness action plans that assure supportive workplace environments and motivate employees to assume personal accountability for their health. The project leadership team, including the MPHI CVHNPA staff is guiding the project and serving as liaison to the Governor's office. Integrating the project into the Governor's *Cities of Promise* initiative and the *Michigan Steps Up* statewide healthy lifestyles initiative will leverage existing momentum and resources.

The *Michigan's Healthy Workplaces Project* will recruit 25 businesses (each with 50 employees or more) from the *Cities of Promise Initiative* to receive intensive technical assistance from the MPHI CVHNPA staff and funding to implement at least one change. Efforts will focus on completion of a free, online policy and environmental assessment tool designed specifically for the workplace and development of at least one policy and/or environmental change to improve the health and well-being of employees. Results of this project will guide development of state-wide worksite wellness initiatives.



Learn More

For more information about the Michigan's Healthy Worksite Project, contact Stephanie K. Halfmann at 2438 Woodlake Circle, Suite 240, Okemos, MI 48864, call 517-324-7311, shalfma@mphi.org, or visit our web site at <http://mihealthtools.org/work>.

Stephanie K. Halfmann, MS, RD, is a community health consultant in Cardiovascular Health, Nutrition and Physical Activity for MPHI.



Education and Training Program

A Continuum of Learning to Improve Michigan's Public Health Workforce and Health Outcomes

"Building the Bridge Between Knowledge and Care"

Training Michigan's Public Health Professionals

Due to an aging workforce and the state's struggling economy, Michigan's number of experienced public health workers is declining. According to a joint study released in November 2004 by the Michigan Department of Labor and Economic Growth (DLEG) and the Michigan Department of Community Health (MDCH), Michigan will need to fill more than 100,000 professional and technical health care jobs over the next decade. Michigan has the lowest number of state employees since 1974, and the general revenue fund is the lowest since 1970. The State of Michigan workforce has 27% of the state employees eligible to retire in five years and 49% eligible in less than ten years. Further, almost 65% of state employees are 45 years of age or older. Yet, as Governor Jennifer M. Granholm noted in her 2005 State of the State Address, the state is providing services to 1.3 million more citizens than 34 years ago. Furthermore, DLEG reported in 2004 that Michigan's population aged 65 and older would grow by 25 percent, from 1.2 million in 2000 to an estimated 1.5 million by 2015, leaving a demand for health care services as the population ages. Therefore, building capacity among public health workers through education and training is crucial for Michigan.

MPHI's Education and Training Program (E&T) trains more than 3,500 public health professionals annually at the state and local level through meetings and conferences, webcasting and videoconferencing. Through these various modalities, Michigan's public health professionals attain the necessary knowledge, skills, and abilities to improve health outcomes and economic growth both now and in the future.

With more than 25 years of experience, the E&T Program provides needs assessment design and analysis; grant-writing expertise; group facilitation; curriculum structure; logistical coordination; continuing education administration; on-line registration management; training material development; on-site event staffing and technical assistance; and training evaluation. The program's mission is *to provide high quality education and training to the public health workforce in an effort to improve overall health status in Michigan and beyond.*

Since 1996, E&T has been the contracted logistical planner for numerous MDCH training programs that are geared toward state and local staff that provide services to low- to no-income families. E&T delivers over 70 trainings annually for program areas such as Women, Infants and Children, which provide services to more than 229,000 Michigan clients each month. E&T also works with MDCH Local Public Health Services, the Bureau of Epidemiology and Laboratories, and sections of the Division of Family and Community Health (Early Hearing, Detection and Intervention, Family Planning, and the Maternal Infant Health Program). Further, E&T worked with trainers at the Medical Services Administration to bring a comprehensive on-line training on Governor Granholm's five-year *PLAN FIRST!* Initiative to providers of family planning services benefiting for non-pregnant Michigan residents ages 19 to 44 who meet eligibility requirements.

Beyond statewide initiatives, E&T also has been involved in national initiatives, such as the Environmental Protection Agency's National Tribal Conference on Environmental Management; Midwest Border Health Conferences; United States Department of Agriculture, Food and Nutrition Service, (USDA-FNS) Midwest Region - Value Enhanced Nutrition Assessment (VENA) Train-the-Trainer session; and the Midwest Regional Laboratory PulseNet Conference.

The role as the logistical coordinator for more than 50 trainings annually for the staff of MDCH WIC agencies was pivotal in securing a contractor role in coordinating the July 2006, USDA-FNS, VENA training session, and most recently a subcontractor role in the highly anticipated Michigan WIC Systems Upgrade Initiative. E&T will be working alongside the awarded agent, Three Sigma Software, a West Virginia based software solutions company that specializes in WIC automation systems, and BCS, Incorporated, based in Maryland, in the transfer of a centralized

Education and Training Program

web-based system and deployment of training to more than 900 WIC staff across Michigan. The transfer system will replace the WIC M-TRACX mainframe-based system and will allow for greater functionality for agencies, including increasing staff productivity by improving system process efficiencies, integrating other health and human services systems, improving clinic flow, and enhancing the delivery of services to WIC participants.

Expanding the Power of Distance Learning Technology

Webcast technology has helped E&T and their clients create innovative methods to modify trainings for adult learning while broadening the education and training reach to all regions within the state and nationally. Five webcasts (live and recorded) have been broadcast since June 2006, and the trainings have successfully reached more than 1,000 public health workers.

MPHI's continued partnership with the Michigan Public Health Training Center (MPHTC) also illustrates a continued commitment to public health workforce development. The Training Center is administered through the University of Michigan, Office of Public Health Practice, whose mission is to increase the knowledge and strengthen the skills of Michigan's present and future public health workforce. The Training Center is one of 14 training centers throughout the nation funded by the Health Resources and Services Administration, Bureau of Health Professions. The Center has offered training courses (instructor-led and online instruction) since 2002 to more than 5,500 public health professionals. Ms. Rollins, Director of Education and Training, presently serves as Chair of the Program Advisory Committee. The most recent Training Center accomplishment is the Center's participation in the Michigan Regional Skills Alliances Initiative (MiRSA) whose overarching purpose is to ensure workers are efficiently trained and employed. The Center's fundamental goal is to address the community health worker's (CHW) challenges, which include identifying job placement, skill training, and a lack of advancement opportunities and employment retention in southeastern Michigan public health and health care organizations. The Detroit Department of Health and Wellness Promotion, City of Detroit Health Department, was the fiduciary of one of eight new RSAs in Michigan. The Department is the 10th largest public health department in the nation. The partnership is working with educational institutions to formalize a curriculum and certificate program for CHW training with a distance learning component that allows for work-based learning for advancement opportunities of CHWs. With a 47% response rate, the project partners created, disseminated and collected survey findings from 37 Wayne County employer organizations in 2006 assessing employment tracks and opportunities for CHWs. MPHTC will be working closely with the health department and its partners to secure additional funding to further the project's efforts.



Learn More

For more information about the support services of the Education and Training Program, contact the MPHI - Education and Training Program at 2436 Woodlake Circle, Suite 380, Okemos, MI 48864, call 517-324-8357, or visit www.mphi.eductrng.net

Hope Rollins is Director of the Education and Training Program.

Improving Motorcycle Safety in Michigan

In Michigan and across the nation, motorcycle crashes and serious injury and death due to these crashes are on the rise, even when accounting for increased ridership. According to the Michigan Office of Highway Safety Planning (OHSP), in 2005 the number of motorcycle crashes in Michigan increased more than five percent from the previous year. Motorcycle-related fatal crashes increased by 30 percent in that same time period, and the number of motorcycles involved in fatal crashes has increased 98.4 percent since 1996. Nearly half of the motorcyclists involved in these crashes do not have a motorcycle endorsement - the valid form of license for motorcycle riders. In order to develop countermeasures to motorcycle fatalities, OHSP hopes to develop knowledge regarding the extent of the problem and the reasons why motorcyclists are not seeking training or license endorsements.

OHSP recently contracted with MPHI in an effort to address these issues and identify available remedies to correct this problem. MPHI has designed a process and outcome evaluation of Michigan's motorcyclist licensing and training programs, which will also assess barriers to enrolling in rider training courses and identify the reasons motorcyclists obtain a temporary instruction permit (TIP) instead of an endorsement or remain unlicensed. To address the evaluation objectives, MPHI will administer a survey to motorcycle riders who have completed rider training and those who have not completed training, review secondary data sources that include crash data and best practices in rider education and licensing, conduct focus groups with licensed and unlicensed riders, administer pre- and post-test assessments of rider knowledge, and conduct in-depth interviews with road safety experts.

The evaluation project is currently in its early stages. The evaluation team is currently creating survey and focus group instruments, as well as reviewing information related to the rider training curriculum. The next step in the evaluation will be to administer the survey instrument at motorcycle-related events in the early part of 2007. Evaluation of the rider training curriculum will begin when the first classes of the year begin in March.

The evaluation team expects to have preliminary data and early findings to answer the fundamental question to be addressed - why motorcyclists are not getting the official license endorsement - to be ready by the end of April 2007. The evaluation team will create a final report containing all findings at the end of the fiscal year.



Learn More

For more information about the Improving Motorcycle Safety in Michigan Project, contact Jessie Jones, MPA at the MPHI Center for Healthcare Excellence at jjones@mphi.org or call 517-324-8387.

Jessie Jones, MPA, is a research associate with the Center for Healthcare Excellence at MPHI.

Collaborative Efforts in Quality Improvement within the Field of Public Health

The Center for Healthcare Excellence at MPHI houses projects dealing with local public health accreditation, both with a national and a Michigan focus. In October 2005, Michigan became one of five states participating in the first round of the Multi-state Learning Collaborative (MLC) sponsored by the National Network of Public Health Institutes, the Robert Wood Johnson Foundation, and the Health Leadership Society. The purpose of the MLC was:

To bring together states that are implementing innovative public health agency performance and capacity assessment or accreditation programs to: 1) further their current efforts and 2) identify and disseminate best practices to the broader public health practice community. The long-term goal is to maximize the effectiveness and accountability of governmental public health agencies.

Collaboration between Michigan, Missouri, Illinois, North Carolina, and Washington resulted in the formation of a peer network to exchange information and strategies for conducting assessment/accreditation programs. In addition, MLC participants contributed to the growing momentum for developing similar programs throughout the country, and informed the development of recommendations for a voluntary national accreditation program released by the Exploring Accreditation Project.

Michigan's Involvement

Michigan's participation in the MLC is a collaborative effort between members of the Michigan Local Public Health Accreditation Program that includes; MPHI, 45 Local Health Departments (LHDs), the Michigan Department of Community Health (MDCH), the Michigan Department of Agriculture (MDA), the Michigan Department of Environmental Quality (MDEQ) and the Michigan Association for Local Public Health (MALPH).

In preparation for the first year of the MLC, Michigan established objectives to:

- Assess opportunities for enhancement to the current accreditation approach
- Draft a voluntary accreditation component to enhance the current approach
- Develop tools to enhance reviewer team and LHD interface
- Develop a model for ongoing awareness, education, and training of local governing entities
- Establish an evolving digital library of Michigan accreditation information
- Develop a model to establish a best practices information exchange
- Disseminate products for these objectives using webcasts, publications & presentations

Three workgroups and a steering committee worked to fulfill these objectives and produced the following products:

- A model quality improvement process to enhance LHD organizational capacities
- Criteria for designation and training of accreditation on-site reviewers and LHD counterparts
- A *2006 Guide for Local Governing Entities* and associated education and awareness tools
- A web-based digital library of accreditation information and a web-based model practices information exchange
- A nationally available webcast providing an overview of the Michigan Accreditation Program, MLC-1 products, and a discussion of the utilization of the MLC-1 products in upcoming MLC-2 activities

The impact of MLC participation on Michigan's Accreditation Program included many benefits -- Michigan enhanced its accreditation program, learned with and from other states, informed the national Exploring Accreditation Project, and expanded the knowledge base for the broader public health community. Unanticipated benefits were evident in increased opportunities for state, local, and institute collaboration; a renewed commitment to collaboration that is inclusive, genuine, and continuous; increased awareness and support of national performance improvement tools and efforts; and an elevation in the value of accreditation with Michigan stakeholders.

The MLC –Year 2

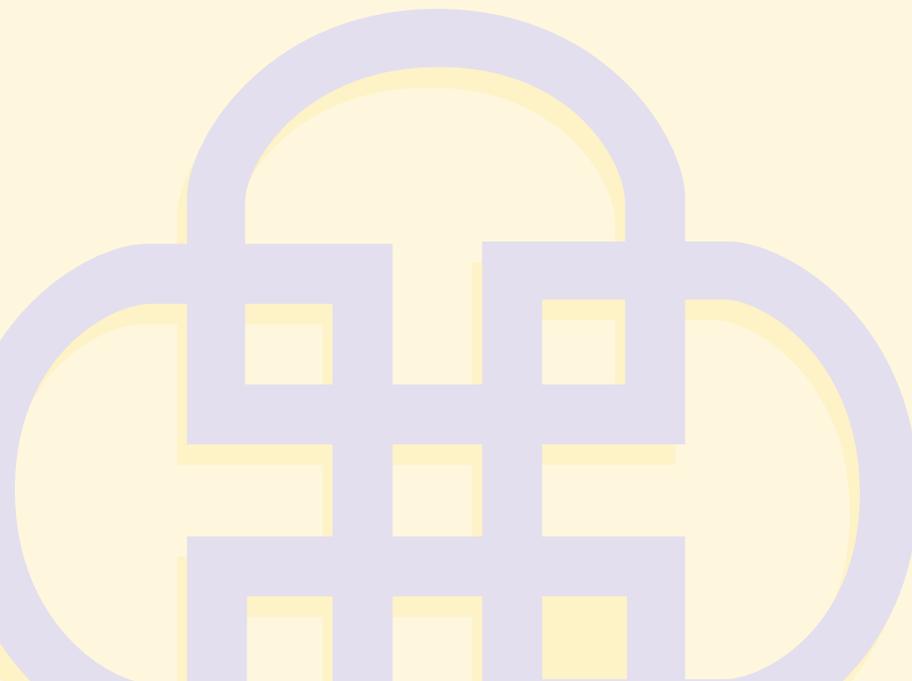
Beginning in December 2006, Michigan, along with nine other states: Florida, Illinois, Kansas, Minnesota, Missouri, New Hampshire, North Carolina, Ohio, and Washington, began participation in a second year of the MLC (MLC-2), to explore approaches to quality improvement within the field of public health. MLC-2 is once again made possible with support from the National Network of Public Health Institutes, the Robert Wood Johnson Foundation, and the Health Leadership Society. Michigan's MLC-2 project is lead by staff at MPHI and MDCH, and by the MLC-2 Steering Committee.

The overall goal of MLC-2 in Michigan is to advance Michigan's Accreditation Program to systemic continuous quality improvement at the LHD level, supporting its value as an element in the accreditation process by addressing the following objectives:

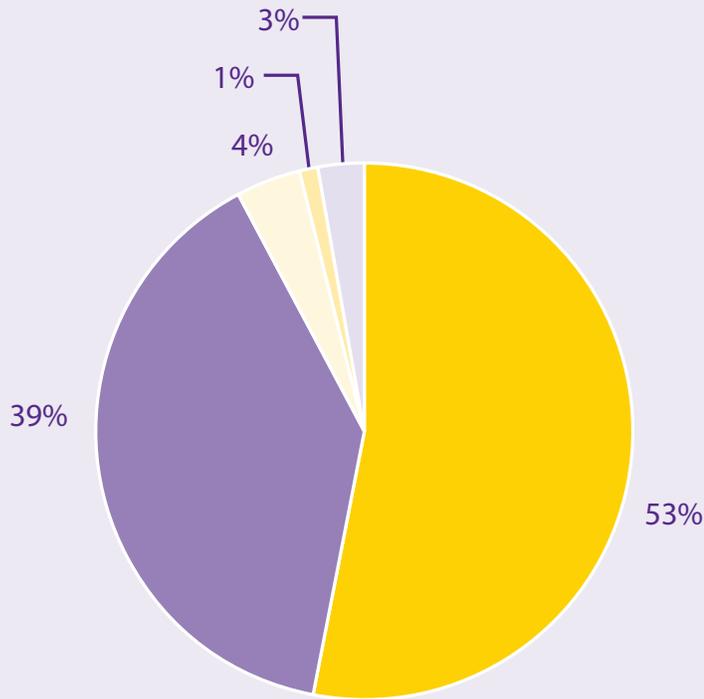
- Informing LHDs about the merits of continuous quality improvement as a means for improving local health department organizational capacity
- Providing LHDs with learning opportunities about continuous quality improvement approaches, techniques, and tools
- Engaging LHDs in a collaborative effort to test, evaluate, and improve a continuous quality improvement process based on Michigan's voluntary continuous quality improvement model developed during MLC-1

MLC-2 has engaged four Michigan LHDs in a pilot project designed to produce a collaborative learning module on continuous quality improvement in the context of local public health organizational capacity. This module will be shared with all Michigan LHDs at the end of the project. The four pilot LHDs are also implementing and evaluating their own continuous quality improvement projects. The LHD participants have chosen an organizational capacity improvement, are applying a continuous quality improvement approach, and are evaluating their successes. The pilot LHDs will report their experiences to their peers and the larger public health community at the end of the MLC-2 project.

For more information about the Michigan Local Public Health Accreditation Program and Michigan's participation in the Multi-State Learning Collaborative, contact the MPHI Center for Health Care Excellence at 2440 Woodlake Circle, Suite 100, Okemos, MI 48864 or call 517-324-8340.



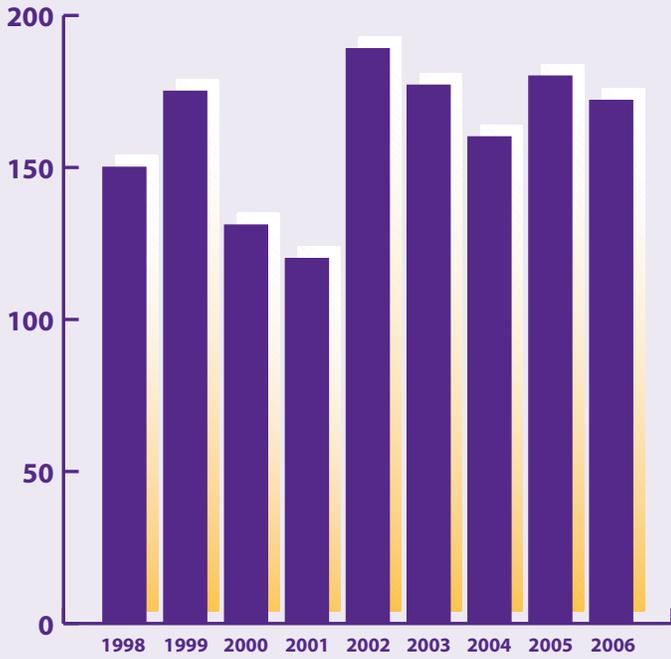
2006 MPHI Project Funders



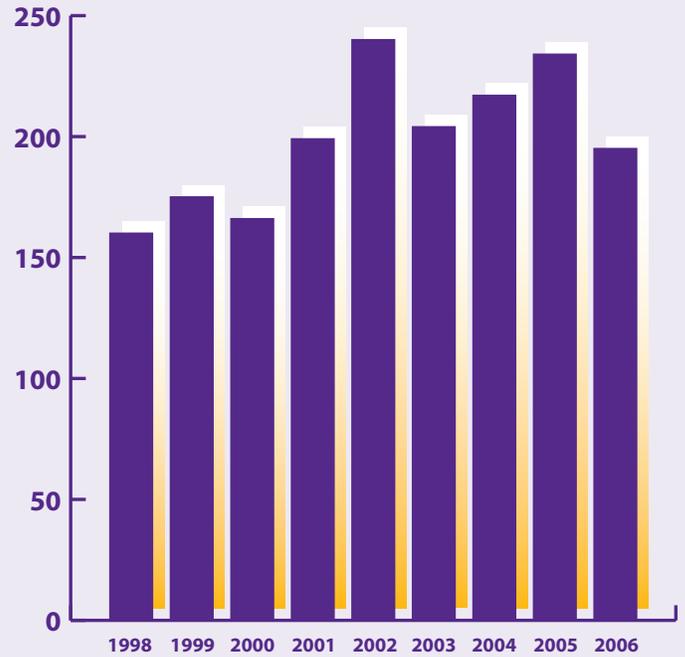
- Direct Federal and Federal pass-through (53%)
- State Funding (39%)
- Foundations (4%)
- University (1%)
- Other (3%)

- American Legacy Foundation
- American Lung Association of Michigan
- Arbor Circle Corporation
- Blue Cross Blue Shield of Minnesota
- Centers for Disease Control (CDC)
- Centers for Medicare & Medicaid Services
- Children's Trust Fund
- Chronic Disease Directors
- Copper Country Mental Health Services
- U.S. Department of Health & Human Services (DHHS)
- Department of Transportation / National Highway Traffic Safety Administration
- Education Development Center, Inc.
- Emory University
- GenProbe
- GlaxcoSmithKline
- Health Resources & Services Administration (HRSA)
- HTC Global Services, Inc.
- Inter Tribal Council of Michigan
- Karmanos Cancer Center
- Kresge Eye Institute (Detroit Medical Center/Wayne State University)
- McKing Consulting Corporation
- Meridian
- Michigan Association of Centers for Independent Living
- Michigan Association of Health Plans Foundation
- Michigan Association of Local Public Health
- Michigan Department of Community Health
- Michigan Department of Education
- Michigan Department of Environmental Quality
- Michigan Department of Human Services
- Michigan Department of Management and Budget
- Michigan Primary Care Association
- Michigan State University
- National Governor's Association for Best Practices
- National Network of Public Health Institutes
- Native American Alliance Foundation
- Office of Highway Safety Planning
- Pfizer, Inc.
- Robert Wood Johnson Foundation
- Shiawassee Regional Education Service District
- Southeastern Michigan Health Association
- United Dairy Industry of Michigan
- University Of Michigan
- W.K. Kellogg Foundation
- Waste Management Charitable Foundation

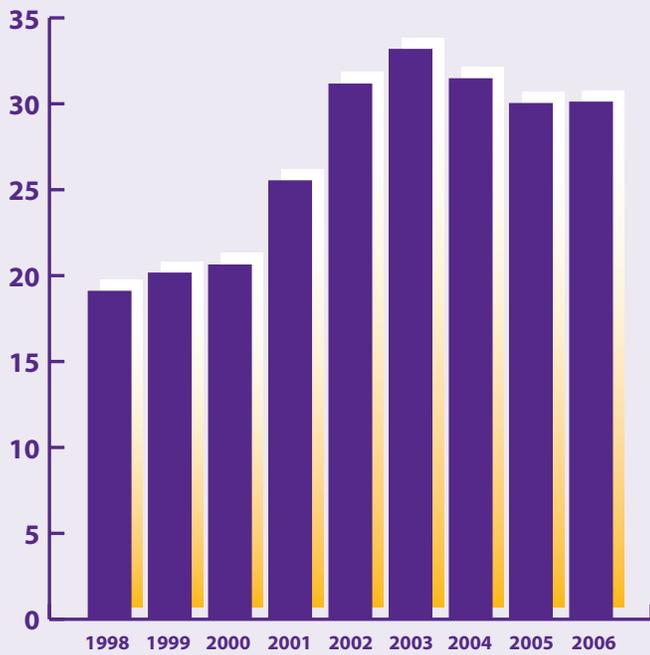
MPHI Operational Indicators



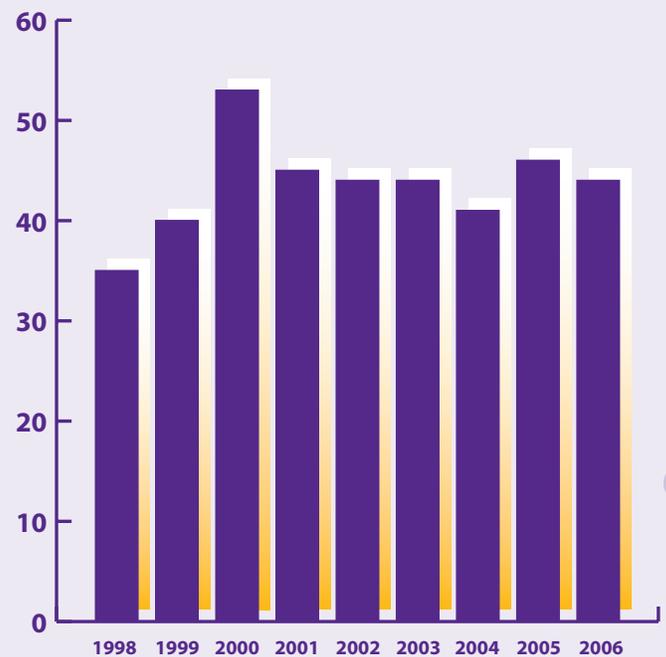
Number of projects under management



Number of employees



Annual income (in millions)



Number of funding sources



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