Welcome to MPHI

Michigan Public Health Institute is a non-profit agency dedicated to improving community health through collaboration.

Our offices near Lansing, Michigan’s state capital, and in Washington, D.C., place us at the heart of a community of policy makers, health care providers, and leading universities. Our clients reap the benefits of these partnerships in the form of innovative community-based solutions for complex health system issues and research needs. Visit our website, www.mphi.org, and spend some time learning about our capabilities, experience, and people. We hope to hear from you about how we can help you meet your needs.

**Vision**

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

**Mission**

MPHI’s mission 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**

Our 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 clients.
Board of Directors

**Back Row (L to R)**

Jeffrey R. Taylor, PhD  
*Executive Director, MPHI, Ex Officio*

Daniel Hale, JD  
*Trinity Health*

Hiram Fitzgerald, PhD  
*Micigan State University*

Rick Severson, PhD  
*Wayne State University*

James Giordano, MBA  
*CareTech Solutions, Inc.*

Allen Goodman, PhD  
*Wayne State University*

**Front Row (L to R)**

Phyllis Meadows, PhD, MSN, RN  
*University of Michigan*

Dele Davies, MD, MSc  
*MPHI Board Secretary/Treasurer*  
*Micigan State University*

Dean Smith, PhD  
*MPHI Board Vice President*  
*University of Michigan*

Mary Kushion, MSA  
*Central Michigan District*  
*Health Department*

**Not Pictured**

Jean Chabut  
*MPHI Board President*  
*Micigan Department of Community Health*

Adnan Hammand, PhD  
*ACCESS Community Health & Research Center*

Richard Haverkate, MPH  
*Micigan Inter-Tribal Council*

Kurt E. Krause, JD  
*Micigan Department of Community Health*

Sarah Mayberry, MPH  
*WDIV-TV*
In November 2009, MPHI marked its 20th anniversary as a non-profit corporation committed to promoting the health of Michigan citizens. Since its inception, MPHI has implemented thousands of projects supported by hundreds of funders, and grown from a staff of two to nearly 300. We have developed an infrastructure that supports staff efficiency and provides our partners and clients with state-of-the-art solutions to implement innovative programs.

This review of our history led us to envision a path for our future. MPHI ended 2009 with creation of a new look and feel for our website (www.mphi.org) and Annual Report – a look that reflects the dynamic organization we have become. Our experienced and entrepreneurial staff offers cutting-edge services to support clients.

**Health Information Technology**
The wide range of health information technology (HIT) services we provide includes: system design and hosting; web development; informatics; security; and project management. Whether you need to design a custom enterprise application, implement a business intelligence strategy, or evaluate and select software, we provide tailored processes to fit your business objectives.

**Research and Evaluation**
Our approach to research and evaluation is rigorous but practical, producing results that lead to understanding and informing practice. Expertise includes data acquisition, management and analysis, qualitative and quantitative research, survey research, and GIS mapping.

**Learning Solutions**
MPHI provides education and training solutions in many platforms, including instructor-led trainings, large- and small-scale conferences, online courses, webinars, rich-media webcasts, and video conferences. Assistance can be provided at every phase of an event: training needs assessment; program concept; public relations and marketing; scriptwriting; speaker and facility logistics; exhibitor and sponsor solicitation; on-site staffing; and training evaluation.

**Health and Health Care Expertise**
Our highly educated and experienced staff provides expertise to enhance clients’ efforts to improve the public’s health. Our skills are valued at the federal, state, and community levels, where we work to improve physical and mental-health outcomes.

**Planning and Implementing Change**
Tough economic times can force us to streamline our processes, work with new partners, or find new funding. MPHI can facilitate a process that will help you plan, design, and manage change by reviewing existing practices, assembling experts to design a new course of action, or identifying funding sources.

In this report, you will find examples of how we provide these key services to clients, funders, and partners, to produce projects that result in improvement of the physical and mental health of Michigan’s residents. The final article, “Ready for the HITECH Act,” is an example of MPHI’s efforts to provide clients with current solutions in times of rapid change.

We look forward to meeting the challenges 2010 will present, as we continue to work toward maximizing public health conditions by providing clients with expertise in: HIT; research and evaluation; learning solutions; health and health care expertise; and ways to effectively plan and implement change.

Yours in Good Health,

Jean Chabut, President, MPHI Board of Directors
Deputy Director, Public Health Administration
Michigan Department of Community Health
The **Cancer Control Services Program** provides epidemiological and evaluation expertise to the State of Michigan’s cancer control programs. It offers technical assistance in: cancer prevention, screening, referral, tracking, and follow up; partnership and coalition development; quality assurance and improvement; education; surveillance; strategic planning; database management; and administration. Expertise is also provided in statistics, financial analysis, data analysis, and nursing.

The **Center for Data Management and Translational Research (CDMTR)** provides comprehensive data and research services to clients to meet our collective community health goals. CDMTR works collaboratively with project partners to generate and interpret information that can be put into practice. The program supports clients and partners through project management, evaluation, data collection, training, facilitation, and technical assistance.

The **Center for Healthcare Excellence (CHE)** works collaboratively with partners to transform public health systems and improve the health of communities. Services include health program evaluation, data analysis, coordination and facilitation of multi-agency projects, training and technical assistance for community organizations and public-sector agencies, and human service needs assessments. CHE focus on health promotion, disease prevention, quality improvement, community-based participatory research, and ecological approaches to investigating the social determinants of health behaviors and outcomes. The program’s Survey Research Unit performs telephone and in-person interviews; its Geographic Information Systems lab has broad capabilities.

The **Child and Adolescent Health Program (CAH)** provides technical assistance in design, implementation, and evaluation of innovative multidisciplinary programs aimed at improving the health, safety, and well being of children and families. CAH collaborates with national, state, and local partners on a wide range of programs that strengthen assets and reduce risks. Focus areas include child and infant mortality, child injury prevention, child maltreatment, adolescent health and sexuality, antibiotic resistance, and health and human services policy and procedure compliance.
**Education and Training**'s mission is to provide education and training to the public health workforce. Staff members help clients produce conferences, meetings, and e-learning methods. Expertise includes: design and analysis of training needs assessments; graphic design, public relations, and marketing; event business and online registration with e-commerce, event coordination, and provision of on-site staffing during events; group facilitation; curriculum design and implementation; continuing education administration; training material development and evaluation; and wraparound webcasting services.

The **Health Promotion and Disease Prevention Program** focuses on chronic disease prevention and health promotion at the national, state, and local levels. Services include translating scientific research and evidence-based interventions into program development and evaluation, social marketing, coalition development, and applied research. Professional disciplines represented include dieticians/nutritionists, health educators, researchers, evaluators, professional counselors, public health administrators, communication and community development experts, and psychologists.

The **Interactive Learning Center (ILC)** provides meeting space and electronic communication services for clients seeking a centralized meeting space or needing to communicate to multiple sites at once. Three meeting rooms at the center provide space for up to 100 people. Each room is electronically connected with computers and overhead projection equipment. In addition, the ILC assists customers with electronic communication services ranging from video conferencing, webinars, and satellite downlinks to rich media webcasting. Working with the ILC staff, customers can identify and implement the most efficient and effective meeting style to fit within their budget.

The **Interactive Solutions Group (ISG)** leverages technology and experienced staff to develop solutions for public-sector agencies and health care organizations by creating efficient, effective ways to exchange information, automate business processes, manage change, communicate, and train. ISG is committed to improving health care by advancing the adoption of health information technology and facilitating health information exchange.

ISG is affiliated with Workgroup for Electronic Data Interchange, National Medicaid EDI Healthcare Workgroup, Council on Affordable Quality Healthcare, Committee on Operating Rules for Information Exchange, National Council for Prescription Drug Programs, X12 (an ANSI-accredited standards committee), Health Level 7, and the American Immunization Registry Association.
The **National MCH Center for Child Death Review** is a resource center that supports and enhances methodologies to improve death investigations, forensics, and services to families, and helps states and communities develop strategies to prevent deaths and serious injuries to children. The center provides expertise across a broad spectrum of child health issues, including infant mortality, SIDS, unintentional injuries, and violence. It also provides consultation and trainings at national, state, and community levels, as well as leadership in building public and private partnerships to incorporate findings from death review teams into national policy and program efforts that improve child health and safety.

The center manages the web-based National Child Death Review Case Reporting System, used by the majority of U.S. states and representing more than 75% of the U.S. child population. The database includes information about the circumstances involved in child deaths, as compiled by death review teams. It is available to state users, government agencies, and researchers. Resource center offices are located in Okemos, MI, and Washington, D.C.

The **Systems Reform Program** facilitates the reform of human services systems with the goal of increasing the effectiveness of services for children and families. Staff members participate in a variety of collaborative efforts that apply outcome-based strategic planning and evaluation to health, human services, and education fields.

The **Center for Nursing Workforce & Policy** is an affiliated program for which MPHI provides management support services. The center supports nursing workforce policy efforts and health policy at national and state levels.

The **Center for Tobacco Prevention and Research** is an affiliated program for which MPHI provides management support services. The center analyzes 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.
Implementation of a new Medicaid Management Information System (MMIS) significantly changed the way Medicaid business was conducted and presented new roles and processes for Medicaid providers and staff to learn and implement. MPHI’s Interactive Solutions Group assisted the Michigan Department of Community Health (MDCH) with implementation of the new “Community Health Automated Medicaid Processing System” – “CHAMPS” – the replacement to the old system, which had been in use for 36 years.

Provider Support
The new system affects the ways Medicaid providers receive payments, how they register, determine eligibility, and receive remittance advice. Through CHAMPS, only enrolled providers are allowed to submit claims, upload electronic batch files, use Direct Data Entry screens, and view (new) real-time eligibility data.

Michigan’s 80,000 Medicaid providers were notified in November 2006 that they were required to register and revalidate business information. Over the next six months, a MDCH-MPHI team performed more than 50 outreach sessions to introduce the new system and help providers prepare for its arrival. MPHI produced webcasts and placed them on the provider web portal, allowing providers to participate in self-paced, distance training.

Staff Support
Changes to the system also affected Medicaid staff. In addition to the new CHAMPS program, a new Siebel Customer Relationship Management (CRM) system and an electronic Document Management System provided Medicaid with a new approach to serving its customers. The new CRM tracks service requests made to MDCH for beneficiary and provider assistance. Requests are automatically assigned to a state customer-service representative, who retrieves and views current and historical information through the CRM. Medicaid staff can also retrieve real-time beneficiary eligibility information using web-service calls to CHAMPS. CRM also provides an audit trail – a history of changes made to key data elements, useful for maintaining security, examining record history, documenting modifications for future analysis, and record keeping.

New User Support
To successfully launch CHAMPS, Medicaid staff and providers needed to be ready to use it on “go-live day,” September 14, 2009. Awareness announcements, training, and, ultimately, follow-along assistance helped to prepare them. MPHI assisted with distribution of brochures, bulletins, and letters to providers, and performed outreach and training sessions. MPHI also set up a toll-free help line at the institute’s call center, which provides phone and email support. In recognition of the fact that implementation of the new system may be frustrating to providers, center staff members received training on ways to address challenging customers and situations.
On go-live day, call-center staff used CRM to respond to provider requests for help with navigation, enrollment, revalidation, submittal of claims and prior authorization requests, and retrieval of beneficiary eligibility information. Once Medicaid began issuing checks, the center also assisted providers in retrieving new remittance advice and rejection code definitions.

MPHI’s team produced training guides, web-based training modules, and instructor-led classes for Medicaid’s 350+ staff members. Web-based training was provided in advance of instructor-led classes through MDCH’s learning-management system, to schedule, record, track, and report web-completion rates. The system also served as a repository and distribution mechanism for web modules, training guides, job aids, and survey results.

One mid-Michigan health services provider said that she “…enjoys calling the help line, as she always gets a live person who is very helpful.”

The $78 million replacement of the 36-year-old MMIS system significantly changed the way Medicaid staff members conduct business and the way providers interact with the Medicaid program (90% of the project was federally funded). Awareness, training, preparation, and follow-along assistance helped staff and providers interact with the new system quickly and efficiently. The call center and training team played vital roles in moving Medicaid staff and providers toward being prepared for dramatic changes in the ways they perform Medicaid business.
In 2006, the Bureau of Justice Statistics' special publication, Mental Health Problems of Prison and Jail Inmates, reported that more than half of the U.S. prison population is afflicted by mental-health problems – more than double the formerly accepted rate of 20%. In the same year, the Human Rights Watch argued that the increase in mental illness in prisons made them the largest mental-health providers in the U.S.

According to the Bureau of Justice, more than half of the people in U.S. prisons are afflicted by mental-health problems.

In response to questions regarding the incidence of mental illness in Michigan prisons and the adequacy of care provided, the Michigan Legislature passed Public Act 124 in 2007. The act called for a mandatory study by an independent agency to determine the prevalence of prisoners in need of mental-health treatment or substance-abuse services, as well as to determine the adequacy of the services they receive.

In 2008, Dr. Brant Fries, a professor in the University of Michigan's Department of Health Management and Policy, led the study, which consisted of psychiatric assessments of a random sample of Michigan prisoners, using the InterRAI Mental Health assessment instrument and subsequent data analysis.

The InterRAI Mental Health assessment instrument measures psychiatric problems and symptoms, including: mania; violence; suicidality; psychoses; affect; anxiety; cognition; post-traumatic stress; addictions; eating disorders; physical functions; and health conditions.

An advisory committee provided feedback to the University of Michigan (U-M) regarding the study. Advisors included representatives from the Michigan Department of Corrections (MDOC) and the Michigan Department of Community Health, which provide services to mentally ill prisoners.

U-M contracted with MPHI’s Center for Healthcare Excellence in November 2008 to collect data through 600 in-person assessments at 24 correctional facilities. To accomplish this, MPHI hired assessors with clinical experience in psychology; Dr. Fries trained the primary assessors and four alternates on the use of the InterRAI Mental Health instrument. U-M and MPHI developed a data-collection protocol specific to the prison setting and conducted a pilot to refine it. In addition, MPHI programmed the instrument into an electronic form to facilitate recordings of ratings and responses. The data-collection process and the form included checks to ensure data quality and completeness.
Facility staff recruited the participants, and MPHI managed two-person teams conducting the assessments, which took an average of one hour each to complete. The teams assessed four strata of prisoners: male general population, male segregated units, male special populations, and female populations. Input from facility staff supplemented the information obtained from participants. Prisoners were assured confidentiality unless they revealed plans to harm themselves or others; no one was required to participate.

MPHI and U-M representatives met weekly to discuss the study’s unique issues. In addition, U-M team members, including Dr. Fries and consulting psychiatrist Dr. Phil Margolis, accompanied assessors on a sub-set of facility visits. MPHI maintained the data and sample files, with attention to human subjects and privacy requirements.

Assessment and secondary data provided by the MDOC were merged, indicating mental-health diagnoses or services provided to the subjects, as well as information on demographics and sentencing.

Using the assessment data, the U-M team estimated the incidence of symptoms indicative of severe mental illness and compared findings with MDOC diagnoses and services. U-M provided a final report to the advisory committee by the September 30, 2009 deadline; a final report will be delivered to the Michigan Legislature in early 2010.


Interactive Learning Center:
Rich-Media Webcasts Offer
Convenience and Flexibility
by Larry Doele

High demands on employees’ time, shrinking budgets, and downsizing has brought about a need for user-friendly, cost-efficient ways to reach audiences that were once limited to coming together only at face-to-face events. Rich-media webcasts make it easy to translate, communicate, and coordinate information to an audience of any size at any time. Communicating via webcasting offers:

- A single source of information;
- Availability anytime, anywhere;
- Limitless audience sizes and schedules;
- Instant communication;
- The ability to reach more people for less money, sooner than any other method; and
- Simple production procedures.

State of Michigan clients have found that webcasts allow them to reach many people at lower costs and provide “on-demand” availability to staff whose days are full with meetings and other commitments.

In 2009, MPHI produced 367 webcasts that reached more than 89,000 people.

Michigan Department of Treasury
Utilizing live webcasts allowed the treasury to connect with large groups more cost effectively than meeting face to face, and to explain complicated forms and programs on its website. According to the department’s communications representative, Caleb Buhls, the webcasts exceeded expectations:

We weren’t expecting . . . the website referrals our sites received from the on-demand feature. In one webinar . . . Property Tax Explanation, many local units of government and state legislators referred their constituents to our website for an explanation of why their property taxes may go up while their values were going down.
that up-to-date immunization information reached providers quickly. Through webcasts, the division provided information about new immunization recommendations to 722 participants.

Rich-media webcasting meets clients’ widely varying needs and offers efficient, convenient, and cost-effective solutions by bringing current information directly to a targeted audience for viewing at their convenience.

Michigan Unemployment Insurance Agency
The agency began using MPHI’s services in 2009. Ann Marie Cardenas, acting manager of Employer Customer Relations, attests:

The webcasts help our customers understand the unemployment compensation process from beginning to end, 24 hours a day, seven days a week. In just six months, the webcasts had over 56,000 views and the feedback . . . has been very positive. Not only do our external customers find the webcasts helpful, many of our employees have been using them for their own training purposes. We are very pleased!

Michigan Department of Community Health
Oral Health Division
People with special needs often encounter barriers in accessing health care, and dental services are no exception. According to a recent survey, many dentists believe that their lack of education in treating this population group presents a barrier to patients receiving treatment. To address this issue, the Oral Health Division collaborated with the State of New York and began live webcasts of continuing-education seminars, focusing on treating patients with disabilities.

Immunization Division
The Immunization Division utilized MPHI’s services for the 2009 Adolescent Immunization webcast. As flu season approached and Michigan faced a possible H1N1 pandemic, it was important

“We reached many dental professionals at more sites. MPHI has been a key player in the success of the webcasts, and a pleasure to work with.”

– Jill Moore, MDCH Oral Health Division
The State of Michigan’s Women, Infants, and Children (WIC) program has demonstrated a positive effect on pregnancy outcomes and child growth and development. It provides nutritional education and counseling, supplemental food, referrals, and breastfeeding promotion to more than 200,000 families each month. MPHI’s Education & Training program has coordinated instruction sessions for WIC staff since 1998.

Partnering to Implement New Software and Train Staff
In 2007, a new project offered the opportunity for MPHI to work as a team with Three Sigma Software (of Maryland) and other consultants. The project involved transferring WIC’s mainframe system to the new web-based “MI-WIC” software, and training agency staff throughout Michigan on its use.

• Three Sigma transferred software it had developed and implemented in another state to Michigan, adapted it to Michigan requirements, and installed it at agencies statewide;
• Education & Training (E&T) coordinated the logistics of training the agency’s 900+ staff members on the new software; and
• Three Sigma, WIC, and MPHI’s Interactive Solutions Group (ISG) implemented software training sessions for local agency staff.

“MI-WIC” is now in use at every local agency in Michigan, and is the first web-based system to use online Electronic Benefits Transfer (EBT) cards in place of paper checks. The system:

• Provides greater functionality than the previous system;
• Helps staff be more productive;
• Interfaces with other key databases in Medicaid; and
• Helps to improve clinic flow by reducing waiting and servicing times for participants, enhancing delivery of services, and increasing outreach.

Within 11 months, more than 900 agency employees were trained on the new software.
Videos Educate Participants About Food Package Changes

Food packages provide supplemental foods to WIC participants valued at $30-$112 per month, based on each family’s need. The packages use a formulary designed to meet the special nutritional needs of low-income pregnant and postpartum women, infants, and children to five years of age who are at nutritional risk.

Changes in scientific knowledge related to nutrition, changes in the demographics of populations served by WIC, and the challenges of maintaining a healthy lifestyle resulted in the USDA charging the Institute of Medicine of the National Academies with creating a committee to evaluate the packages. As a result, packages were revised in 2009 to include more fruits, vegetables, and whole grains, and to contain less fat, sodium, and cholesterol. They also allow agencies flexibility in accommodating participants’ cultural food preferences.

These federally mandated changes provided an opportunity for E&T and ISG to collaborate with WIC consultants and contractors in facilitating production of video loops that explain the revisions and highlight the benefits of specific foods. The videos are narrated in English, Spanish, and Arabic, depending upon the needs of each agency’s participants. Videos began running in August 2009 in local agency offices and are also available online at www.michigan.gov/mdch.

In 2010, MPHI will work with WIC to facilitate production of videos that introduce changes to infant feeding and continue to focus on other items in the packages.

Coordinating the 2010 Michigan WIC Conference: “Changing Today for a Healthier Tomorrow”

MPHI will provide conference coordination services for WIC’s 2010 conference, expected to attract more than 600 agency and state staff members. The conference will be held at the Grand Traverse Resort in Acme, MI on April 27 and 28. It will offer 30+ exhibits, continuing education, and sharing of promising practices.

Collaboration among MPHI programs provides clients with a single-source solution, allowing them to serve their target audience more efficiently – to the benefit of Michigan’s most disadvantaged populations.

1Institute of Medicine, Food and Nutrition Board, Report Brief, WIC Food Packages: Time for a Change, (2005).
Background
Michigan and the nation are facing a severe nursing shortage, predicted to last through 2030. Governor Jennifer Granholm created the position of Chief Nurse Executive and appointed Jeanette W. Klemczak, MSN, RN as the first holder of that office in 2004. The Chief Nurse Executive serves as special advisor to the Governor, and is responsible for addressing the nursing shortage (it is estimated that Michigan will have a shortage of 18,000 nurses by 2015) and assuring a continuous supply of high-quality nurses and other health care professionals to meet Michigan residents’ needs. The nursing shortage is a major issue during a time of rising health care demand. Our aging population will use more health services, and health care reform will add up to one million newly insured Michigan residents to those seeking health care.

The Office of the Chief Nurse Executive (OCNE) is housed at the Michigan Department of Community Health (MDCH) and is funded through the Nurse Professional Fund, a restricted fund that receives a portion of nurse licensure fees.

Activities
Center for Nursing Workforce & Policy
Since 2005, MPHI’s Center for Nursing Workforce & Policy (CNWP) has assisted the OCNE by:

- Identifying and articulating nursing concerns;
- Developing strategies and action plans to address nursing concerns;
- Acquiring information to inform policy development;
- Organizing and staffing task forces on nursing issues;
- Facilitating the activities of the Coalition of Michigan Organizations of Nursing (COMON);
- Evaluating programs; and
- Reporting on outcomes and progress.

From 2005-06, MPHI worked with the OCNE and COMON to develop “The Nursing Agenda for Michigan 2005-2010,” a strategic plan to address the nursing shortage through education of more new nurses and improvement of practicing nurses’ work environments. Since the agenda was developed, it has structured the work of the OCNE and MPHI’s support activities.

Collaboration with Other MPHI Programs

- Since 2007, MPHI’s Education & Training program has partnered with the CNWP to improve communications and meeting coordination.
- In 2008 and 2009, the Michigan Nurse Mapping project engaged MPHI’s Center for Healthcare Excellence in developing a web-based mapping program that uses public licensure data. The nurse mapping website will “go live” during the first quarter of 2010, and will provide GIS information on the demographics and licensure of Michigan nurses, and assist employers, nurses, and policy-makers with planning and decision making.
The major OCNE projects and products of the past 4½ years include the following.

- For the “Michigan Accelerated Health Care Training Initiative” (2005-07), part of Governor Granholm’s “No Worker Left Behind” initiative, CNWP performed the evaluation and drafted the report.
- Governor Granholm established the Michigan Nursing Corps in 2007 to rapidly educate additional clinical and classroom nursing faculty; the CNWP provided assistance with structure and process.
- The Michigan Nursing Faculty Summits on Diversity project (2006-08), funded by the W. K. Kellogg Foundation and MDCH (with assistance from Michigan State University’s College of Nursing and Lansing Community College), built faculty awareness of student diversity and promoted strategies to improve retention and graduation of diverse students. The CNWP designed and implemented the evaluation and drafted the report.
- The MDCH-Task Force on Nursing Regulation (2007-08) reviewed rules and regulations and acquired information from nurses and health care partners on what should be changed to fix current problems and support nursing and health care in the future. The task force made recommendations to the Director of MDCH and the Michigan Board of Nursing; CNWP provided coordination, facilitation, and writing. See websites referenced above.
- The MDCH-Task Force on Nursing Education (2008-09) considered current nursing education and practice problems, asked nurses, nurse educators, and health care partners about their recommendations for change, and made recommendations to the Director of the MDCH. The CNWP provided coordination, facilitation, and writing services; see websites above.
- The MDCH Task Force on Nursing Practice (2010) will focus on existing practice problems and the changing demographics and needs of Michigan’s population, in addition to health care reform and the opportunities and challenges it presents to nursing practice, education, and regulation.

Outcomes
The major OCNE projects and products of the past 4½ years include the following.

- For the “Michigan Accelerated Health Care Training Initiative” (2005-07), part of Governor Granholm’s “No Worker Left Behind” initiative, CNWP performed the evaluation and drafted the report.
- Governor Granholm established the Michigan Nursing Corps in 2007 to rapidly educate additional clinical and classroom nursing faculty; the CNWP provided assistance with structure and process.
- The Michigan Nursing Faculty Summits on Diversity project (2006-08), funded by the W. K. Kellogg Foundation and MDCH (with assistance from Michigan State University’s College of Nursing and Lansing Community College), built faculty awareness of student diversity and promoted strategies to improve retention and graduation of diverse students. The CNWP designed and implemented the evaluation and drafted the report.
- The MDCH-Task Force on Nursing Regulation (2007-08) reviewed rules and regulations and acquired information from nurses and health care partners on what should be changed to fix current problems and support nursing and health care in the future. The task force made recommendations to the Director of MDCH and the Michigan Board of Nursing; CNWP provided coordination, facilitation, and writing. See websites referenced above.
- The MDCH-Task Force on Nursing Education (2008-09) considered current nursing education and practice problems, asked nurses, nurse educators, and health care partners about their recommendations for change, and made recommendations to the Director of the MDCH. The CNWP provided coordination, facilitation, and writing services; see websites above.
- The MDCH Task Force on Nursing Practice (2010) will focus on existing practice problems and the changing demographics and needs of Michigan’s population, in addition to health care reform and the opportunities and challenges it presents to nursing practice, education, and regulation.

The Center for Nursing Workforce and Policy has been privileged to work with the OCNE and nurses, nursing education leaders, and health care stakeholders. The center has learned a great deal about nursing and its pivotal role in health care, and looks forward to continuing to learn more in the years to come.

1Buerhaus, P I (2008). Current and Future State of the US Nursing Workforce, Journal of the American Medical Association. The current adequacy of the nursing supply is just a “blip” related to poor economic conditions; the shortage will again be obvious as soon as economic conditions start to improve.


Providing Technical Assistance to Maximize Community Impact

by Mary Z. Thompson, MBA

Health and human services organizations operating on the front lines of service delivery are rich in experiential knowledge and understanding of the communities they serve. Agency staff members often don’t have the time or resources to obtain specialized skills in areas crucial to success; inefficiencies occur when lessons learned and best practices are not disseminated to others. Funders seeking to maximize the impact of investments turn to organizations such as MPHI to help these agencies bring about changes that result in stronger, healthier communities by assisting with:

- Needs assessment and strategic planning;
- Sharing evidence-based approaches and best practices;
- Program planning;
- Policy analysis;
- Outreach; and
- Selecting and utilizing information technology.

MPHI has provided these services to numerous agencies; details of three of these projects follow.

**Michigan Crime Victim Services Commission**

The Crime Victim Services Commission at the Michigan Department of Community Health administers federal Victims of Crime Act funding to more than 90 agencies that serve victims of violent crime. People utilizing these agencies’ services include those who have suffered from hate and personal crimes, rape, domestic violence, and child abuse. For this project, MPHI provides technical assistance and facilitates the exchange of information between grantees and the commission. We bring the agencies together to share information and resources through: an annual Council of Advocates meeting; a website; and a newsletter. MPHI’s assistance helps to ensure the commission remains in compliance with federal assurances under the Victims of Crime Act.

MPHI also coordinates program evaluation training. Dr. Cris Sullivan of Michigan State University teaches participants how to develop and implement evaluation plans and use them to inform program development and meet funder reporting requirements.

“It is so helpful to talk with others about the same issues that we struggle with as agencies serving victims of crime.”

– Training Participant

**Juvenile Delinquency Prevention Program Evaluation**

The Michigan Title II and V Juvenile Delinquency Prevention Program Evaluation project is a statewide, multi-site initiative designed to prevent juvenile delinquency. MPHI provides technical assistance in evaluation and project sustainability.

The institute also collects federal performance data from grantees and submits the information on behalf of the state to the federal Office of Juvenile Justice and Delinquency Prevention. MPHI also visits sites biannually on behalf of Michigan’s Department of Human Services-Bureau of Juvenile Justice, for grant compliance purposes. Rosemary Sarri, PhD, of the University of Michigan’s Institute for Social Research, an expert in juvenile delinquency prevention, serves as a consultant for the project.
“The workshop was very understandable and practical. I... know what I need to change.”
— Training Participant

Technical assistance is tailored to meet each community’s needs. For example, MPHI works with Title V Prevention Planning grantees during the year-long planning phase to locate and analyze community-level data on risk factors for delinquency and community assets. Staff members also help grantees with report writing, programming selection, and preparation of the Title V Program Implementation funding application.

Assistance is also offered in: development of program goals and objectives; documentation of activities; collection of outcome measures; recognition and maintenance of compliance with grant requirements; and building program sustainability through other funding opportunities.

“Getting-the-Lead-Out Initiative”
The Kresge Foundation-funded “Getting-the-Lead-Out Initiative” funds six grantees in Michigan, California, and New Jersey to address the issue of childhood lead poisoning. Each grantee works with a collaboration of agencies to address lead-poisoning prevention, such as testing, education and outreach, worker training, and lead-paint abatement. The foundation funds the Kresge Program Office at MPHI to facilitate networking and sharing of innovative strategies among grantees, including an annual meeting that convenes national-level experts. MPHI also provides grantees with services including development of logic models, data-collection protocols and instruments, and data-collection implementation, analysis, and reporting.

These projects describe just a few ways MPHI brings people together to plan and implement changes that result in stronger, healthier communities. Services such as needs assessments, strategic planning, policy analyses, and outreach help organizations improve services to their target populations and achieve their goals.

“. . . MPHI staff has been invaluable to the (county) in regard to the Title V grant. They have responded in a positive, friendly manner to every question or problem we have encountered. Their knowledge of data collection and resources always amazes us . . .”
— Kim Loop, Program Director, Lake County
On February 17, 2009, President Obama signed the American Reinvestment and Recovery Act (ARRA), which includes sections on modernizing infrastructure, expanding educational opportunities, and improving health care. Behind the headlines focusing on economic stimulus were the relatively quiet but significant amendments that expanded portions of the Health Insurance Portability and Accountability Act (HIPAA), referred to as the Health Information Technology for Economic and Clinical Health (HITECH) Act.

The changes amend HIPAA privacy and security rules to ensure that electronically exchanged health information is protected and secure. MPHI began preparing for these changes in the summer of 2009 by forming a multidisciplinary work group to address them. The group identified five focus areas based on an analysis of the ARRA implementation requirements and compliance timeline.

1) Security Assessment and Analysis
An in-depth assessment and analysis identified where MPHI might enhance technology solutions related to data protection. The HIPAA security rule requires covered entities to conduct regular analyses to identify and assess risks and make recommendations to reduce potential risks. With the assistance of MPHI’s information technology program, compliance officers, and program directors, the assessment and analysis focused on technology as well as policies and procedures.
2) Attorney-Led Training
Attorney-led training for all MPHI employees provided a refresher on HIPAA rules and introduced changes in ARRA that impact the institute.

3) New Breach Notification Policy
In the ARRA, covered entities are required to report certain breaches of unencrypted protected health information. The work group drafted a new Breach Notification Policy and promulgated it throughout the institute in November.

4) Review and Update Business Associate Agreement
Under the ARRA, business associates are required to comply directly with many of HIPAA’s rules. In conjunction with MPHI’s Independent Review Board and security officer, the work group inventoried those projects; business associate agreements will be updated in early 2010 to meet the compliance deadline.

5) Update MPHI’s Privacy and Security Policies
The work group elected to update policies and procedures to incorporate the ARRA changes, as well as any recommendations based on the findings from the risk assessment and analysis. Those policies and procedures will be updated in early 2010 and institute-wide trainings will follow.

By proactively addressing the ARRA’s changes to HIPAA privacy and security rules, MPHI has continued to respond promptly to changes that affect our clients.
Allegiance Health
American Legacy Foundation
Arbor Circle Corporation
Automotive Industry Action Group
Berrien County Health Department
Blue Cross Blue Shield of Minnesota
Charlotte-Mecklenburg Hospital Authority
Children’s Trust Fund
Education Development Center, Inc.
EGS, Inc.
Eli Lilly and Company
Fieldstone Alliance, Inc.
Health Care Education and Training, Inc.
Health Research, Inc.
Inter Tribal Council of Michigan
McKing Consulting Corporation
Michigan Association of Local Public Health
Michigan State University
National Association for Chronic Disease Directors
National Association of City and County Health Officials
National Network of Public Health Institutes
Novartis Pharmaceuticals Corporation
Novo Nordisk, Inc.
Nurse Family Partnership National Service Office
Robert Wood Johnson Foundation
RTI International
Sanofi Aventis U.S.
Sault Saint Marie Tribe of Chippewa Indians
Southeastern Michigan Health Association
State of Georgia – Office of Child Fatality Review
State of Michigan – Department of Community Health
State of Michigan – Department of Corrections
State of Michigan – Department of Education
State of Michigan – Department of Human Services
State of Michigan – Department of Information Technology
State of Michigan – Department of Management and Budget
The Kresge Eye Institute
The Kresge Foundation
Three Sigma Software
U.S. Department of Health and Human Services – Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services – Centers for Disease Control
U.S. Department of Health and Human Services – Health Resources and Services Administration
U.S. Department of Transportation – National Highway Traffic and Safety Administration
University of Michigan
University of Texas Health Science Center
W.K. Kellogg Foundation
Wayne State University
Operational Indicators

Number of Projects Under Management

Number of Employees

Annual Income (in Millions)

Number of Funding Sources