Welcome to MPHI

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

Offices near the state capital in Lansing, MI and in Washington, DC place MPHI at the heart of a community of policy makers, health care providers, and leading universities. Clients enjoy the benefits of these partnerships in the form of innovative community-based solutions for complex health system issues and research needs.

Visit www.mphi.org, and spend some time learning about MPHI’s 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 that will enable communities to apply state-of-the-art community health practices.

**Mission**
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.
- 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 the advancement of 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 work place we create.
- Innovation and continuous improvements in the work place, to ensure we maintain responsiveness and utility to clients.
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ACCESS Community Health & Research Center

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Central Michigan District Health Department

Sarah Mayberry, M.P.H.
WDIV-TV

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Bradley Patterson, B.A.
Capital Region Community Foundation
The Michigan Public Health Institute (MPHI) provides five core services to achieve its mission. The following projects, summarized further in this report, illustrate these services.

**Health & Health Care Expertise** – *National Institutes of Health and MPHI Improving Health Outcomes for Children* – The federally funded “Region 4 Genetics Collaborative,” directed by MPHI, facilitates partnerships to ensure children born with genetic conditions receive optimal services. The National Institutes of Health granted MPHI $4.5 million to expand Region 4’s work by collecting data from 21 clinics in 14 states to define natural histories of inborn errors of metabolism and understand the effect of treatment.

**Health Information Technology** – *Electronic Health Records: Meaningful Use and Beyond* – The HITECH Act of 2009 identified adoption of electronic health records (EHR) as the foundation of high-quality, efficient health care. MPHI is a founding partner of the Michigan Center for Effective IT Adoption, a Regional Extension Center assisting primary care providers with EHR adoption.

**Research & Evaluation** – *Empowerment Evaluation* – Agencies that work to prevent adverse health outcomes want to ensure their work is effective. Through “empowerment evaluation,” MPHI offers an approach that is practical, accessible, and useful, and provides program practitioners with tools to use evaluation results to improve programs.

**Planning & Implementing Change** – *Michigan’s Multi-State Learning Collaborative (MLC)* – The MLC brought stakeholders together to improve public health services by implementing quality improvement (QI) practices. MPHI convened and worked with partners to build QI capacity among local health departments, helped local and state health departments prepare for national accreditation, and contributed to the Public Health Accreditation Board’s national voluntary accreditation program.

**Learning Solutions** – *Newborn Screening: Educating Prenatal Providers Online* – Nearly all babies born in the U.S. undergo newborn bloodspot screening (NBS), which involves testing the infant’s blood for genetic conditions that may not be obvious at birth, but could affect long-term health or survival. The “Region 4 Genetics Collaborative” (directed by MPHI) developed an online course to educate prenatal providers about NBS and provide them with information to educate expectant parents.

MPHI’s Ph.D.- and masters-level professionals engage in a high level of scientific research and connect effectively with community partners to improve health.

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 and data analysis, and nursing.

The **Center for Child and Family Health** provides technical assistance in design, implementation, and evaluation of multidisciplinary programs to improve the health, safety, and well-being of children and families.

**Child and Adolescent Health (CAH)** collaborates with national, state, and local partners on programs that strengthen existing assets and reduce risks to children and families. Focus areas include child and infant mortality and child death, child injury prevention, child maltreatment, adolescent health and sexuality, health and human services policy compliance, antibiotic resistance, and home-based services for high-risk families. With its partners, CAH provides Death Scene Investigation Trainings to professionals involved in investigating child deaths. CAH also provides case policy compliance services and consultation on policy development and training.

The **National Center for the Review and Prevention of Child Deaths** promotes, supports, and enhances methodologies to improve death investigations, forensics, and services to families. It also helps clients develop strategies to prevent childhood death and serious injury. The center provides expertise across a broad spectrum of child health and injuries, including infant mortality, SIDS, unintentional injuries, and violence. It also provides community-, state-, and national-level consultations and trainings. The center manages the web-based National Child Death Review Case reporting system. Used by the majority of states and representing more than 80% of the U.S. child population, it is a database of information on circumstances involved in individual child deaths, compiled by local and state child death review teams. The center permits access to the database to state users, government agencies, and researchers. It provides national leadership in building public and private partnerships to incorporate findings from local and state death reviews into policy and program efforts that improve child health and safety. Offices are in Okemos and Washington, DC.

The **Center for Data Management and Translational Research** (CDMTR) provides data and research services to clients to achieve collective community health goals. CDMTR works collaboratively with partners to generate and interpret information that can be put into practice. It supports clients and partners through project management, evaluation, data collection and warehousing, training, facilitation, and technical assistance.
The **Center for Healthy Communities (CHC)** works collaboratively with partners to transform public health systems and improve the health of communities. Services include participatory evaluation, community assessment, and survey research. CHC houses the Office of Accreditation and Quality Improvement, which offers quality assurance and improvement training, consultation, and facilitation. CHC’s approach is community based and participatory, ensuring that processes and products align with partners’ values, needs, and priorities. CHC applies various research methods and tools to understanding public health problems, including multimodal survey research and geographic information systems.

The **Center for Nursing Workforce and 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.

**Health Promotion and Disease Prevention** focuses on chronic disease prevention and health promotion at 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. Disciplines include dieticians/nutritionists, health educators, researchers, counselors, public health administrators, and community development experts.

The **Interactive Learning Center (ILC)** is a conference center that provides meeting space and electronic communication services. Three meeting rooms accommodate up to 100 people, and a computer lab can accommodate 20 people. Each room is equipped with an instructor computer with overhead projection. Staff members assist clients with electronic communication services, including video and audio conferencing and webcasting, and help clients identify affordable ways to maximize training resources.

The **Interactive Solutions Group (ISG)** leverages technology and experienced staff members’ broad array of talents and capabilities to formulate integrated solutions for clients 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 the 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.

**Systems Reform** provides strategic planning services for a multitude of collaborative initiatives that range from grassroots efforts led by community members to development of national strategic plans led by panels of experts. Staff members focus on identifying participants’ commonly shared values so they build a commitment to action from a shared foundation. They are encouraged to speak from their own experience, thus acknowledging everyone’s reality. Full participation results in broad buy-in to the outcomes of the process. System Reform’s goal is to work with partners to develop and implement strategic plans that improve services and outcomes for children and families.
The U.S. health care system is poised to undergo perhaps its greatest restructuring in history. The enactment of the U.S. Patient Protection and Affordable Care Act (ACA) will cost billions of dollars and add millions of people to public insurance programs. Michigan Medicaid will be strongly impacted, and its ability to keep pace with federal initiatives and technology-related changes will be central to achieving optimal health outcomes.

Health care reform legislation sets deadlines for modernizing health care through the use of information technology. These deadlines require the Michigan Department of Community Health (MDCH) to adopt new ways of thinking about health care delivery, as well as new tools and collaborations to accomplish community health improvements. Over the past 10 years, the MPHI’s Interactive Solutions Group (ISG) has been helping MDCH organize health care reform-related initiatives and meet ambitious goals. In particular, ISG has been a key partner in drafting the Michigan Medicaid Health Information Technology Plan, bringing in federal funds to assist MDCH in preparing for the future. Staff are also:

- Helping Medicaid and Medicare providers learn about the benefits of electronic health records (EHR), and assisting with administration of the EHR incentive program, which rewards providers who use EHR in a meaningful way to benefit patients and contribute to public health goals.
- Helping the state meet new regulations to ensure the majority of funding for health care reform-related projects and the costs associated with the increased number of new Medicaid enrollees will come from federal sources, rather than state funds.
- Documenting collaborative meetings, where stakeholders from state government and the health care industry discussed the creation of a new statewide Health Insurance Exchange.

While some states have taken a cautious approach to health care reform, Michigan is emerging as a leader in new health technology solutions. MPHI will continue to assist with coordination and implementation of new initiatives, and leverage federal guidance and funding opportunities to help MDCH control costs and create a healthier future.

As a result of health care reform, Michigan is preparing for up to 500,000 new Medicaid members in 2014.

Michigan Department of Community Health
Three Year Strategic Plan, October 2011 - September 2014
Comprehensive newborn screening (NBS) is designed to improve health outcomes for children and save the lives of infants who screen positively for rare conditions. NBS identifies infants who will benefit from early intervention to reduce death, serious developmental delays, and other significant health problems, so babies can be engaged in effective care. NBS reaches its full potential when infants with rare genetic conditions have access to diagnostic evaluations, and those with confirmed diagnoses have access to appropriate care.

**Federal Grant Funds “Region 4 Genetics Collaborative”**
The provision of optimal genetic services to children born with rare genetic conditions relies on a partnership between public health programs, screening/diagnostic laboratories, health care providers, and families of children with the disorders. The Region 4 Genetics Collaborative (Region 4), housed at and managed by MPHI, facilitates these partnerships.

The federal Health Resources and Services Administration (HRSA) agency has funded Region 4 since 2004. Collaborative partners include genetic experts, health care providers, state newborn screening lab and follow-up programs, and families. These partners work together to plan and implement strategies to improve genetic services and newborn screening. Stakeholders from seven states, Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, and Wisconsin, participate in Region 4.

**Region 4 Work Group Addresses Long-Term Follow-Up of Rare Disorders**
One of Region 4’s first tasks was to establish a work group to address long-term follow-up of disorders identified through NBS, which is critical to monitor health outcomes and evaluate the effectiveness of NBS. Obtaining more information about outcomes for genetic conditions is essential to a better understanding of disease progression and development of evidence-based models for treatment. The disorders identified by NBS are very rare, affecting about 1 in 1,500, and collecting long-term data can be challenging because:

- Collaboration across multiple clinics is required to collect enough cases for statistical significance in outcome studies.
- The progression, or “natural history” of many disorders is not completely understood. Complications may develop over the course of the lifespan that have yet to be described.
Clinical care varies greatly among genetic specialists, and standards of clinical care for most screened conditions have never been subjected to evidence-based study.

New Federal Award Funds Registry to Track Long-Term Health Outcomes of Children with Genetic Conditions

Region 4’s Long-Term Follow-Up Work Group identified the need for a registry to collect sufficient data to track clinical management and health outcomes for children born with inborn errors of metabolism (IBEM), which are rare genetic conditions of biochemistry. The group defined data elements for patients with medium chain acyl-CoA dehydrogenase deficiency (MCADD), the most common IBEM disorder. MCADD prevents the body from properly breaking down, or metabolizing, fat. People with MCADD rely on glucose for energy, and during an illness or long periods without food, glucose supplies may be low, which can lead to dangerously low blood sugar levels and a build-up of toxins, which can be life-threatening.

HRSA awarded Region 4 with additional funding to support this project in 2007, which allowed for more IBEM disorders to be added to the registry. Interest from the genetics community increased, and, beginning in 2009, other regions supported clinics to participate in the registry. As of October 2011, data elements for 56 IBEMs were defined and 400 cases were entered.

Additional Federal Funds Allow for Study of the Natural History of Rare Disorders

In 2010, the National Institutes of Health (NIH) announced funding to study the natural history of rare disorders over the lifespan. Region 4 formed partnerships with additional clinics, and MPHI submitted an application to establish the “Inborn Errors of Metabolic Collaborative” (IBEMC) on Region 4’s behalf. NIH awarded the five-year, $4.5 million grant to MPHI in April 2011. The IBEMC’s goal is to define natural histories of inborn errors of metabolism and gain an understanding of the effect of treatment. MPHI’s Cynthia Cameron, Ph.D., director of Region 4, and Susan Berry, M.D., of the University of Minnesota, serve as co-principal investigators for the IBEMC.

The IBEMC is collecting longitudinal data from 21 clinics in 14 states, and is:

- Investigating the relationship between NBS values, early manifestations and complications of IBEM, and patients’ genetic makeup (genotype).
- Evaluating the impact of early identification and intervention on IBEM.
- Informing decision-making about optimal public health investment in NBS.
- Clarifying the natural history of very rare metabolic conditions.
- Identifying current nutritional and therapeutic interventions and evaluating their effectiveness.

Based on current case loads, clinics estimate they will enter data on more than 2,000 patients by 2016, which will provide a foundation for clinical trials and result in improved treatment for children with metabolic conditions.

Clinics Participating in IBEMC

- Children’s Memorial Hospital
- Children’s Mercy Hospitals & Clinics
- Cincinnati Children’s Hospital
- Hackensack University
- Medical College of Wisconsin
- Nationwide Children’s Hospital
- Riley Children’s Hospital
- Saint Francis Hospital
- Sanford Children’s Hospital
- University of Illinois
- University of Louisville
- University of Michigan
- University of Minnesota
- University of Missouri
- University of Nebraska
- University of Oklahoma
- University of Pittsburgh
- University of Rochester
- University of Wisconsin
- Wayne State University
- Women’s & Children’s Hospital of Buffalo
The Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 identified the widespread adoption of electronic health records (EHR) as the foundation of high-quality and efficient health care. HITECH sought to rectify financial, technical, and organizational barriers to successful adoption and “meaningful use” (MU) of EHR through provisions that include:

- A certification program that raises the bar for EHR product functionality.
- Incentives for eligible providers and hospitals to adopt and use EHR.
- Establishment of Regional Extension Centers (RECs) to assist priority primary care providers in transitioning from paper to electronic records.

The Michigan Center for Effective IT Adoption (M-CEITA) is one of 62 RECs in existence across the country. MPHI is a founding partner of M-CEITA, and currently serves 962 health care providers.

The HITECH Act’s recognition that organizational change itself is a barrier to EHR adoption is consistent with estimates that up to 73% of EHR implementations fail (New England Journal of Medicine, April 2009). These failures are due to a lack of EHR software functionality, implementation style, and a lack of change management.

On the other hand, more than 90% of practices who adopt specific change management techniques find EHR success. M-CEITA coaches primary care providers through a organizational change process so they may avoid becoming another failure statistic.

The potential financial incentive per provider for adoption and MU of an EHR is $44,000-$63,750. Health care providers could have begun reporting MU adoption in 2011, and become eligible for first-year incentive payments of $18,000-$21,250. These incentives are significant, but present some challenges for providers over and above the adoption of health information technology. Specifically, providers must register and demonstrate eligibility for the programs and attest to meeting 20 objectives and measures. The requirements for continued receipt of incentive payments in future years will increase in ways that have yet to be fully defined, so providers must make ongoing investments and improvements in technology adoption. MU metrics to which providers must attest fall into five categories:

- Improve quality, safety, efficiency, and reduce health disparities.
- Engage patients and families.
- Improve care coordination.
- Ensure adequate privacy and security protections for personal health information.
- Improve population and public health.

Feedback from Health Care Providers Receiving MPHI’s M-CEITA Services:

“I have been completely pleased with the services I have received from M-CEITA and . . . have gotten way more than I ever thought I would be getting . . .”

“M-CEITA’s impact on our practice has been transformational.”

“Working with M-CEITA has been a joy. Our M-CEITA representative has made it interesting and rewarding . . . [meaningful use] will only strengthen our use of EHR and quality of health care. I thank our M-CEITA representative for her diligence in being ‘on it.’”

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1. “Priority providers” are defined as primary care providers in small practices, Federally Qualified Health Centers, Rural Health Clinics, Critical Access Hospitals, and other settings serving underserved populations.

Comprehensive Support throughout the Entire EHR Implementation Process

1. Engage
   Staff and Workflow Discovery

2. Select
   Review of EHRs and local offerings

3. Plan
   Staff and Workflow Preparation

4. Implement
   Vendor Oversight and Issues Mgt

5. Meaningful Use
   MU Gap Analysis and Responses

User Rqmts & Staff Input

Best-fit Selection of System

MU-Focused Process Redesign

Effective Transition to EHR Use

Effective Transition to MU

MPHI and its M-CEITA partners help priority providers keep up with evolving requirements, and meet them wherever they are in the transition from paper to EHR. The program is conceived in five steps, all with their own objectives and work plans (see graphic).

MPHI provides M-CEITA services to priority primary care providers who are located throughout a wide swath of Michigan's Lower Peninsula, including Southwest, Central and Mid-Michigan, the Thumb, and much of northern Lower Michigan. Of the nearly 1,000 signed providers (as of January 2012), 438 have implemented an EHR, and 31 have qualified for Medicaid or Medicare MU incentives.

M-CEITA's vision to remain a provider resource for years to come becomes relevant when looking to the future. Medical providers are concerned not only with MU requirements, but also ICD-10, Accountable Care Organizations (ACOs), health information exchanges, patient-centered medical homes, and a host of other payer and government-backed efforts to reform health care. On October 20, 2011, the federal Department of Health and Human Services issued its final rule on Medicare ACOs, retaining EHR meaningful use as a quality measure, and weighing it more than any other measure for quality-scoring purposes.

MPHI's M-CEITA team is helping Michigan health care providers transition from paper to EHR, which are foundational to participation in health reform initiatives and will translate to better patient care and a healthier Michigan.

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“Empowerment evaluation” provides program practitioners with the tools they need to use evaluation results to improve program implementation and outcomes. It enables organizations to integrate evaluation into program structure, so evaluation tools can be used to analyze programming and develop quality improvement (QI) strategies.

MPHI’s Center for Healthy Communities uses an empowerment approach in designing and implementing evaluation projects in collaboration with partners. This approach is guided by the key principles of empowerment evaluation, including:

- Encouraging community ownership and collaborative participation.
- Pairing the results of rigorous program evaluation (“evidence-based practice”) with evaluation practice that works well at the community level over time (“practice-based evidence”).
- Using data to inform continuous learning and improvement.
- Building organizational capacity to own the process of designing, implementing, and using evaluation.

- Using evaluation to pursue social justice goals, including reducing disparities and meeting the needs of vulnerable and marginalized groups.

MPHI works collaboratively with partners to build capacity and ownership over the evaluation process. Staff members are using this approach to guide the evaluation of several Michigan Department of Community Health (MDCH) programs, including the: Michigan Abstinence Program (MAP); Taking Pride in Prevention program; and Rape Prevention and Education program. Each provides federal funding to local agencies to implement programming designed to achieve local, state, and federal objectives.

- MAP has funded nine community-based programs that deliver pregnancy prevention by educating youth about abstinence. It directs programming to vulnerable populations and includes a parent-education component. Grantees also develop and maintain local advisory councils and increase community awareness of abstinence and healthy relationships.

- Taking Pride in Prevention (TPIP) has funded 14 community programs to deliver evidence-based, comprehensive sex-education prevention programming to youth. Curricula also include content on healthy relationships, adolescent development, and parent-child
communication. Grantees deliver programming for parents, develop and maintain local advisory councils, and build community awareness.

• The Rape Prevention and Education program is comprised of the Sexual Violence Prevention (SVP) grants program, which funds 12 primary prevention programs across the state. Grantees utilize the “Spectrum of Prevention” framework to educate youth, providers, and community groups on sexual violence. They also foster community partnerships and coalitions to drive primary prevention efforts at the local level, and work with community organizations to revise sexual harassment policies and inform policy and legislation at state and local levels.

Using an empowerment model, MPHI works collaboratively with each of these programs to implement an evaluation strategy that meets federal and state reporting requirements and can be used at the local level to inform ongoing QI. A variety of evaluation methods are used, but each engages program staff in the process of developing tools, implementing data-collection strategies, and using findings. For example, MAP and TPIP grantees collect surveys from youth and parents, track program activities, and submit data using an online system developed by MPHI. The surveys are developed and tested in collaboration with local agencies and are designed to capture information about program outcomes and fidelity, as well as participant satisfaction. MPHI will use these data to recommend state-level program improvements and will provide technical assistance to local grantees so they can use the data to speak to their successes and identify areas for improvement. MPHI has provided grantees with training on evaluation planning and will continue to develop training and technical assistance tools that will allow for integration of evaluation into program structures.

MPHI is also currently using a social network analysis survey tool to measure outcomes, contributions, and cohesion of local coalitions and advisory councils that are an integral part of each of these programs. Local grantees play a key role in gaining buy-in and participation from partners by emphasizing the benefits of measuring their partnership. MPHI provided grantees with a “partnership toolkit” that includes implementation materials and a webcast training on the social network analysis tool, grantees’ roles, and evaluation of local- and state-level partnerships. At the local level, data can be used to revitalize partnerships by celebrating successes and identifying gaps. Data will be returned to grantees in a report template, which will provide resources to help them speak about their partnerships’ successes and gap-filling strategies. At the state level, outcome data can be used to improve coalition strategies.

Agencies that work toward the prevention of adverse health outcomes want to ensure they are as effective as they can be. Empowerment evaluation offers an approach that provides this information in a practical, accessible, and useful way. ■
The launch of the Public Health Accreditation Board’s (PHAB) national voluntary accreditation program in September 2011 marked a major milestone in the history of public health. While public health accreditation had been discussed for nearly a century, it was not until 2007 that PHAB was incorporated as a nonprofit entity. PHAB was charged with developing and implementing an accreditation program that would improve and protect the health of the public by establishing a set of optimal standards to advance the performance of all public health agencies. PHAB accomplished this with the support of national partners and leaders in public health, and with guidance from state-based public health accreditation programs, such as Michigan’s Local Public Health Accreditation Program. This program is coordinated by MPHI and administered by the Michigan Department of Community Health (MDCH).

To convene states with existing accreditation or accreditation-like programs, as well as those with interest in quality improvement (QI), the Robert Wood Johnson Foundation funded the Multi-State Learning Collaborative (MLC). The MLC brought together state and local practitioners and other stakeholders in a community of practice to:

- Advance the application of QI methods that result in specific, measurable improvements, and advance institutionalization of QI practice in public health departments.
- Contribute to development of the national voluntary accreditation program.
- Prepare local and state health departments for national accreditation.

MPHI was an MLC grantee for all five years of the initiative, which ended in April 2011. The MLC was organized through the National Network of Public Health Institutes. MPHI convened accreditation partners, including MDCH, the Michigan Department of Agriculture and Rural Development, Michigan Department of Environmental Quality, Michigan’s local health departments (LHDs), and the University of Michigan. Together, these partners worked to facilitate contributions to the national voluntary accreditation program, help prepare Michigan’s local and state health departments for national accreditation, and build QI capacity among LHDs.

As the state with the first and longest-running public health accreditation program in the country, Michigan made significant contributions to development of the national voluntary accreditation program. For example, Michigan participated in “Exploring Accreditation,” which determined national public health accreditation was feasible. MPHI and MLC partners also participated in national meetings, provided feedback on PHAB’s development, and participated in work groups that informed development of components of PHAB’s program.
Near the end of the project, MPHI surveyed Michigan's LHDs to examine the MLC's impact. In response to one survey, 78% of respondents indicated that building capacity to do QI was a top priority, and 90% indicated that staff members support building QI capacity. Many reported that they were prepared to meet several PHAB standards related to QI, and 84% indicated that one or more programs in their LHD have QI plans in place. Of the 36 responding LHDs, five planned to apply for national accreditation within the first two years of the program, and 12 indicated they planned to apply within the first four years.

The national voluntary accreditation program establishes a vision for the future of public health. Through the MLC, Michigan's accreditation program played an important role in shaping that vision and beginning to translate it into practice. MPHI is building on the successes of the MLC by continuing to provide QI training and tools, including completing a second edition of Michigan's Quality Improvement Guidebook.

Through the MLC, MPHI also helped to prepare state and local public health agencies for national accreditation. MPHI worked with MDCH to complete the National Public Health Performance Standards Program, an assessment of the performance of Michigan's public health system. The results were used to prepare MDCH to apply to be a Beta Test site for the PHAB program; it became one of eight state health departments to participate in the Beta Test. This process provided MDCH with information about how to prepare for national accreditation.

A core feature of national voluntary accreditation is a focus on QI. To help Michigan's public health departments prepare, Michigan's MLC team led 16 health departments through a QI project using “Plan-Do-Study-Act” methodology. MPHI and MLC partners provided the departments with a small grant, training, technical assistance, a mentor from another health department, site visits, teleconferences, and webinars. Michigan’s MLC team also developed a resource for using QI in public health, “Embracing Quality in Local Public Health: Michigan’s Quality Improvement Guidebook.” The guidebook is available online and has been downloaded more than 95,000 times. Finally, MPHI supported development and implementation of the Quality Improvement Supplement (QIS) to Michigan’s accreditation program, which mirrors PHAB’s draft standards for QI in public health. Twenty of 45 Michigan health departments participated in the QIS during the last cycle of accreditation.

Based on expertise gained through the MLC projects, MPHI is assisting MDCH in training managers in its Public Health Administration on QI methodology. MPHI is also working with LHDs that are completing community health assessments and health improvement plans as part of preparing for PHAB accreditation. Through these and other activities, MPHI is building on the MLC and applying expertise in quality assurance and improvement, assessment, and planning to advance Michigan’s public health system. For more information visit: http://mphiaccredandqi.org
The prenatal period can be a time of great emotion, learning, and growth for expectant parents. It is also the time soon-to-be parents can prepare for the tests their baby will undergo in the hospital, which include newborn bloodspot screening (NBS). The best time to become informed about NBS is during pregnancy, and prenatal care providers are the most reliable source of information. They should be knowledgeable about newborn screening, able to answer questions, and steer parents to appropriate and reliable resources.

Nearly all infants born in the United States undergo NBS, which involves pricking a baby’s heel to obtain blood. The blood is tested for genetic conditions that may not be immediately obvious at birth, but could affect the infant’s long-term health or survival. Newborn screening has been available for nearly 40 years. However, many parents and health care providers are not aware of the specific conditions for which babies are screened, how screening takes place, or who to contact for more information. In addition, there is considerable variability in states’ NBS programs regarding the conditions for which blood is tested, bloodspot retention, and use of the bloodspot beyond newborn screening.

In recent months, there has been controversy about the use of bloodspots, which has led to confusion about the basic intent of NBS, which is to detect genetic conditions and initiate treatment early, so health problems can be avoided. Mental retardation, physical disability, and death can occur when disorders go undiagnosed. It is imperative that accurate and state-specific information about the NBS process is available to health care professionals who serve expectant parents, including:

- The necessity for quality bloodspot collection.
- Implications of a positive screen.
- Importance of timely notification to the parents and the infant’s health care provider.
- Timely follow-up by rescreening or diagnostic consultation.
- Resources for accessing information and services.

To increase knowledge and awareness about NBS and better inform parents’ and health care providers’ decision-making processes, the Education Work Group of the Region 4 Genetics Collaborative developed the online course, “Newborn Screening: What Caregivers Need to Know.” The course educates health care professionals about the NBS process and provides them with information they can use to educate expectant parents. Prenatal care providers

The “Region 4 Genetics Collaborative” is a federally funded project that is managed by and housed at MPHI. Its goal is to ensure newborns receive state-of-the-art screening and those with genetic conditions have access to appropriate care and expertise.
are in a unique position to inform parents about this safe and easy way to ensure a baby’s healthy start. The course prepares caregivers to fulfill their essential role of assisting parents in becoming informed and prepared before their baby is screened. It prepares learners to:

- Locate state-specific newborn screening information.
- Identify important aspects of the newborn screening process.
- Discuss the purpose and benefits of newborn screening with parents.

Course content includes:

- Laws and legislation.
- Components of newborn screening programs.

- Newborn screening results.
- Specimen collection.
- Repeat screens and repeat specimen collections.
- Follow-up procedures.
- Hearing screening.
- Tips for communicating with parents.
- Resources.

Course content is not limited to information that is applicable only to Region 4 states. Since it became available in 2007, more than 1,100 nurses, physicians, genetic counselors, nursing students, and childbirth educators from 24 states, Canada, and Mexico have completed it. The course is available free of charge on Region 4’s website, www.region4genetics.org. Nurses are eligible to receive free continuing education units.
<table>
<thead>
<tr>
<th>2011 Funders</th>
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<tbody>
<tr>
<td>Altarum Institute</td>
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<tr>
<td>American Legacy Foundation</td>
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<tr>
<td>Arab Community Center for Economic &amp; Social Services</td>
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<tr>
<td>Arbor Circle Corporation</td>
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<tr>
<td>Blue Cross Blue Shield of Michigan</td>
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<td>Blue Cross Blue Shield of Minnesota</td>
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<td>Central Michigan District Health Department</td>
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<tr>
<td>Chamberlain Communications, LLC</td>
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<tr>
<td>Children's Hospital of Philadelphia Research Institute</td>
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<tr>
<td>Children's Trust Fund</td>
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<tr>
<td>Crim Fitness Foundation</td>
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<tr>
<td>District 5 Hospital Preparedness Planning Committee</td>
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<td>Early Childhood Investment Corporation</td>
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<td>EGS, Inc.</td>
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<td>Genetic Alliance, Inc.</td>
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<td>Hannahville Indian Community</td>
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<tr>
<td>Healthy Mothers Healthy Babies</td>
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<td>Henry Ford Health Systems</td>
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<tr>
<td>Illinois Department of Public Health</td>
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<tr>
<td>Inter Tribal Council of Michigan</td>
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<tr>
<td>Kent County Health Department</td>
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<tr>
<td>Kresge Eye Institute, The</td>
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<td>Macomb County Health Department</td>
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<td>March of Dimes</td>
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<td>Medversant Technologies, LLC</td>
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<td>Metropolitan Chicago Healthcare Council</td>
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<td>Michigan Primary Care Association</td>
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<td>Michigan Public Health Association</td>
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<td>Michigan State University</td>
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<tr>
<td>National Association for Chronic Disease Directors</td>
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<tr>
<td>National Network of Public Health Institutes</td>
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</tbody>
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Operational Indicators

Number of Projects Under Management

Number of Employees

Annual Income (in Millions)

Number of Funding Sources