



*Working with You to Promote Health*

# ANNUAL REPORT 2012

# 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](http://www.mphi.org) to learn about MPHI's capabilities.

## ***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 that:

- 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.



# President's Letter

For more than 20 years, the Michigan Public Health Institute (MPHI) has been an integral piece of the public health framework serving Michigan's residents. As the concept on "new public health" emerges, collaboration is essential among all facets of public health, whether local, statewide or federal. Assuring the health of the public in the 21st century, however, has become too critical for governmental public health agencies to address alone. MPHI is helping to fill the gap between what communities need to be healthy – places to live, learn, work, and play – and what can be provided by governmental health systems. This is being accomplished through a variety of key objectives.

## ***Collaboration***

MPHI is a trusted voice in the dialogue among communities and government and serves as a neutral convener, bringing multiple stakeholders together to work toward the common goal of improving the public's health. When MPHI facilitates collaborative efforts, members interact comfortably and efficiently, and develop results-driven, cooperative outcomes.

## ***Policy Change***

MPHI functions independently of political ties that may restrict governmental agencies, and is able to promote discussions on difficult topics in a neutral forum. This fosters an environment of education, aimed at arming policy makers with information crucial to promote change that impacts the health of Michigan residents.

## ***Fiscal Intermediary***

Funds are often available that require specialized staff to be hired quickly to implement federal projects. MPHI is able to handle this "pass through" money from public sectors or foundations, and rapidly hires professionals to work alongside governmental public health workers on specific projects or to manage programs for local or state governmental agencies.

## ***Research and Outcome Assessment***

MPHI can contribute to all facets of public health research and evaluation through its multiple topic-focused programs and a superior health information technology program. The Institute's 24 employees with Ph.D., M.D., and J.D. degrees have a rich background in top-level research, study design, and evaluation.

The future will bring more changes, and MPHI will continue to provide its expertise to protect the health of Michigan's communities.

Yours in Good Health,

A handwritten signature in blue ink that reads "Nick Lyon". The signature is stylized and cursive.

Nick Lyon, President, MPHI Board of Directors  
Chief Deputy Director, Michigan Department of Community Health

# Board of Directors



**Nick Lyon, B.A.**  
President, MPHI Board of Directors  
Chief Deputy Director  
Michigan Department of Community Health



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Vice President, MPHI Board of Directors  
Professor, Health Management and Policy, Director of Executive Education  
University of Michigan School of Public Health



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Deputy Director, Public Health Administration  
Michigan Department of Community Health



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Senior Director, ACCESS Community Health and Research Center  
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Central Michigan District Health Department



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WDIV-TV



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University of Michigan School of Public Health



**Dawn Misra, Ph.D.**  
Associate Chair for Research, Department of Family Medicine & Public Health Sciences  
Wayne State University School of Medicine



**Michael R. Rip, B.Sc., M.Sc., Ph.D.**  
Founding Director, Program in Public Health, College of Human Medicine  
Michigan State University



**Jeffrey R. Taylor, Ph.D.**  
Chief Executive Officer  
MPHI, *Ex Officio*

# Key Staff and Expertise

## ***Administrative Leadership Team***



Jeffrey Taylor, Ph.D.  
Chief Executive Officer

Jeffrey Taylor, Ph.D., has led the Michigan Public Health Institute (MPHI) since 1994. Dr. Taylor is a Michigan Association of Health Plans Foundation board member and participates on advisory committees for the General Preventive Medicine Residency Program (University of Michigan) and the Area Health Education Center (Wayne State University). He has served on a Robert Wood Johnson Foundation panel at the National Academy of Sciences Institute of Medicine, which made recommendations for establishing a national accreditation program for state and local governmental health agencies. He has also served on national panels that have focused on expanding and communicating the role of hospitals in public health and on establishing governance structures for accrediting state and local health agencies. He is past president and a founding board member of the National Network of Public Health Institutes. He received bachelor's and master's degrees from the University of Washington in Seattle and earned a doctorate at Michigan State University.



Cynthia Cameron, Ph.D.  
Chief Program Officer

For more than 20 years, Dr. Cameron has taken an active role in the effort to reform Michigan's health and human services systems to better meet the needs of children and families. She joined MPHI in 1995, and shortly thereafter became director of the Systems Reform program. From 2008-2012, in addition to her role as program director, she served as director of Corporate Planning. In this role, she worked with the Board of Directors and staff to strengthen MPHI by improving internal operations and expanding and diversifying business with external partners. In 2012, Dr. Cameron was appointed chief program officer; duties include business development, supervising and mentoring program directors, overseeing the Institutional Review Board, and continuing to lead strategic planning efforts. She is a member of the National Network of Public Health Institutes' Board of Directors. Dr. Cameron received a Ph.D. in family ecology with a cognate in public policy analysis from Michigan State University.



Heather White, M.S.A.  
Chief Administrative Officer

Ms. White works closely with the chief executive officer to assess, organize, and delegate administrative functions. She also works with the chief financial officer, addressing administrative and financial oversight throughout MPHI's programs. In addition, she implements hiring policies, acts as a staffing agent in recruiting candidates, provides administrative direction to programs, and assists in program development. As Equal Employment Opportunity coordinator, Ms. White develops and implements the Affirmative Action plan, oversees employee evaluations, and provides guidance to the Management Team in Human Resources-related areas. She has 18 years of experience in human resource management, and holds a B.S. in business from Ferris State University and an M.S. in administration from Central Michigan University.



Limin Kinsey, CPA  
Chief Financial Officer

Ms. Kinsey works with the chief executive officer to provide strategic financial planning and ensure the integrity of financial information and the protection of MPHI's assets. She oversees all financial aspects, including financial operations, grants and contracts management, and payroll and benefits administration. She also plans and oversees financial and compliance audits. Ms. Kinsey has 20+ years of experience working in the private industry and auditing organizations and governmental entities. She holds a B.S. in business administration with a major in accounting from the University of South Florida (Magna Cum Laude) and has received certification in grants management.



Tom Shewchuk  
Chief Information Officer

Mr. Shewchuk leads the Innovative Solutions Team (IST), which includes consultants, business analysts, project managers, and IT professionals who serve MPHI's clients and staff. He also oversees IST's strategic planning, operations, administration, systems design and implementation, service delivery, customer satisfaction, and resource management. Mr. Shewchuk has 30+ years of experience, providing IT/business systems design and development, strategic planning, project management, technical and consulting resource management, and service delivery. He is currently an advisory committee member of the Michigan Digital Government Summit and Lansing Community College's technology advisory committee. Mr. Shewchuk obtained a B.A. in business administration from Northwood University.

## ***Programs***



May Darwish-Yassine, Ph.D.  
Program Director

The **Cancer Control Services Program** provides epidemiological and evaluation expertise to the State of Michigan's cancer control programs. Staff offer technical assistance in: cancer prevention, screening, referral, tracking, and follow-up; quality assurance and improvement; partnership and coalition development; communications and events coordination; health education; surveillance data analyses; database management; claims and reimbursement data management; cancer policy; and administration. Expertise is also provided in statistics, financial analysis, nursing, and patient navigation systems.

# Key Staff and Expertise

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.



Shannon Stotenbur-Wing, M.S.W.  
Program Director

**Child and Adolescent Health (CAH)** collaborates with national, state, and local partners on programs that strengthen 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, and health and human services policy compliance. With its partners, CAH provides Death Scene Investigation Trainings to professionals involved in investigating childhood deaths.



Theresa Covington, M.P.H.  
Senior Program Director

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. The center helps clients develop strategies to prevent childhood death and serious injury, and provides expertise across a broad spectrum of child health and injuries, including infant mortality, SIDS, unintentional injuries, and violence. Staff also provide 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, D.C.



Clare Tanner, Ph.D.  
Program Director

The **Center for Data Management and Translational Research (CDMTR)** provides data, evaluation, and research services 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. CDMTR led the 2012 proposal to the Centers for Medicare and Medicaid Services Innovation Center, which resulted in the award of “Michigan Pathways to Better Health,” a joint project with MPHI’s Center for Nursing Workforce and Policy. The project is based on the Community Hub Model pioneered by Drs. Mark and Sarah Redding of Mansfield, OH. The project will fund community health workers in Muskegon, Saginaw, and Ingham counties to provide care coordination and linkages to community services that address the social determinants of health. CDMTR staff provide data analytics for program implementation and monitoring.



Julia Heany, Ph.D.  
Program Director

The **Center for Healthy Communities (CHC)** works collaboratively with partners to improve public health systems and the health of communities. CHC specializes in community-based research and evaluation, and provides training and technical support on performance management, quality improvement, and community assessment. With rich experience in a wide range of topic areas, a majority of CHC’s current work aligns with five core content areas: tribal health and wellness; healthy development; active living and healthy eating; healthy relationships; and accreditation and quality improvement. CHC’s approach is community-based and participatory, to ensure that processes and products align with partners’ values, needs, and priorities.



G. Elaine Beane, Ph.D.  
Senior Program Director

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



Stephanie Halfmann, M.S., R.D.  
Senior Program Manager

**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, and coalition development. Disciplines include dietitians/nutritionists, health educators, researchers, and community development experts.



Lisa Gorman, Ph.D.  
Program Director

**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. Systems Reform's goal is to work with partners to develop and implement strategic plans that improve services and outcomes for children and families.

### ***Innovative Solutions Team***



Jeff Allison  
Engagement Director

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



Jamie Ralph  
Event Planner/ILC Manager

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 a computer for the presenter, an overhead projection system, and virtual meeting technology. Staff members assist clients with electronic communication services, including video/audio conferencing and webcasting, and help clients identify affordable ways to maximize training resources. In addition, monthly trainings are offered to clients interested in utilizing virtual meeting technology.

# Connecting Adolescents to Teen-Friendly Sexual and Reproductive Health Care Services

The Centers for Disease Control and Prevention-funded program “Project Connect Health Services Intervention” is designed in consideration of high rates of sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), and pregnancy in teenagers. It utilizes a socio-ecological approach to promote positive behavior change, with the overall goal of linking adolescents to teen-friendly sexual and reproductive health care services.

The CDC originally funded “Project Connect” (PC) in 12 Los Angeles school districts. Project staff developed a school-based referral system and created a guide that identified where adolescents could find “teen-friendly” providers of sexual and reproductive health care.

## **Project Connect Detroit**

Following the Los Angeles project, the CDC wanted to implement PC in another large urban area with high rates of STDs, HIV, and teen pregnancy, but with different demographics than Los Angeles. In 2010, the Michigan Public Health Institute (MPHI) obtained funding to manage the three-year “Project Connect Detroit” project, adapting the Los Angeles program for implementation in Detroit. PC Detroit is aimed at achieving the following outcomes.

- *Health Impact (long-term)* – Reduce the annual number of new STD and HIV infections and reduce pregnancy rates among adolescents.
- *Structural Outcomes (intermediate)* – Strengthen the existing STD and HIV referral network for Detroit adolescents and improve program collaboration and service integration among multi-disciplinary organizations.
- *Access to Health Care Services (short-term)* – Increase teens’ access to and utilization of sexual and reproductive health care services.

The project is currently active in three Detroit high schools – Osborn, Central and East English Village. MPHI staff targeted these schools based on zip-code-level data indicating high rates of chlamydia and gonorrhea in the 15-24-year-old age group.



**People 15-24 years old living in the City of Detroit have significantly higher rates of chlamydia and gonorrhea than people in the same age bracket in other Michigan cities. In Detroit, 37% have chlamydia and 49% have gonorrhea.<sup>1</sup>**

### *“Teen Health Resources Referral Guide”*

Before developing this guide that identifies teen-friendly health care providers, staff developed and refined a provider key informant interview tool in consultation with the CDC. Staff interviewed health care providers from more than 60 Detroit clinics and visited clinics to assess their “teen friendliness.” Clinics included in the referral guide (RG) were required to meet the following criteria:

- Provide general health services, STD testing and treatment, pregnancy testing and prevention services.
- Be located within a reasonable distance of at least one of the targeted schools.
- See patients without parental consent.
- Accept patients regardless of insurance status or type.

The RG lists relevant information about each clinic, including services provided, contact information, hours of operation, distance from the school(s), and payment options. School staff members disseminate the guide, and MPHI staff help with distribution during school events such as “STD screening blitzes” and anti-violence rallies. MPHI also conducts annual trainings with school staff.

To collect data on the RG’s impact, each school administers a youth survey. Adolescents also complete surveys at participating health centers; the information they provide is linked to medical records so data can be extracted on sexual and reproductive health service utilization/outcomes. Key informant interviews indicated that school-based health center staff often refer adolescents to outside clinics/school-linked health centers so teens can receive services the school health center does not provide, such as birth control and prenatal care.



**When asked to identify the referral guide’s strengths, key informants replied:**

**“The RG gives the kids options and choices to take care of their health ... (it) provides them with the tools to be responsible for their own health and well-being.”**

**– nurse, Osborn High School**

**“The Project Connect RG provides the students (with) additional services to go to for birth control and partner referrals that a school cannot provide.”**

**– nurse practitioner, Central High School**

<sup>1</sup> Michigan Department of Community Health (2012). Michigan Sexually Transmitted Diseases Database, Sexually Transmitted Disease Section, Division of HIV/AIDS-STD.

# Advancing Health Information Exchange in Michigan

Even though it may seem that everything is computerized nowadays, the health care industry lags behind in making good use of technology to maximize outcomes and minimize costs. It is unlikely today that your doctor can instantly access your lab results or details about a recent urgent-care visit and refer you to a specialist without you needing to make an appointment. The specialist needs your consent to access your health history, complaint, and insurance information, but wouldn't it be better if the information could be available during your appointment? Information about a reportable disease should immediately make its way into a national registry that would help public health officials identify potential outbreaks as they occur, but this does not happen now. These are just a few examples of what health information exchange (HIE) can accomplish. Many Michigan Public Health Institute (MPHI) projects are aimed at advancing HIE in Michigan and realizing the true possibilities of health information technology.

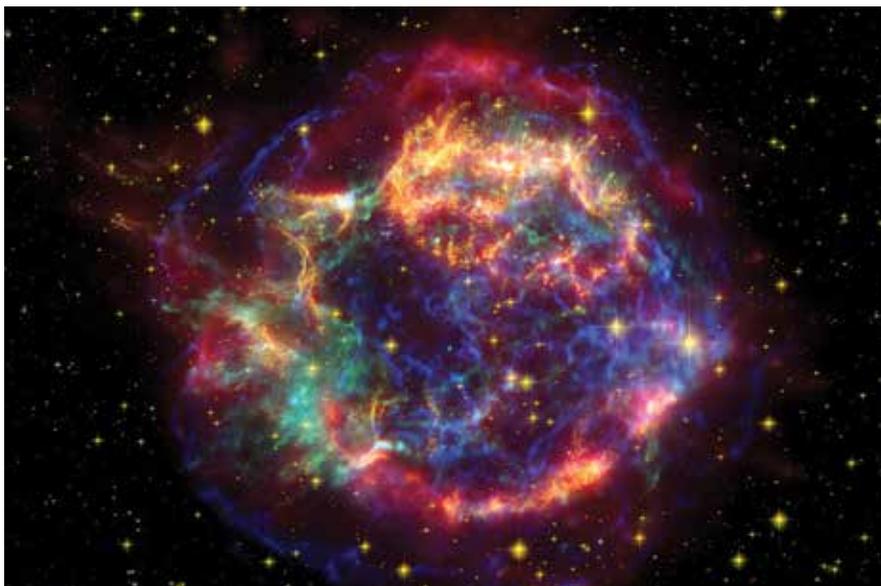
## ***Developing a Statewide Plan for Health Information Exchange***

***Michigan Health Information Network***  
– In 2006, MPHI became part of a monumental effort to “improve the quality, safety and efficiency of health care delivery by accelerating adoption and use of health information technology and health information exchange,” through the Michigan Health Information

Network’s “Conduit to Care” project. The Conduit to Care plan, developed by the Michigan Department of Community Health and the former Michigan Department of Information Technology (now the Department of Technology, Management, and Budget), established a framework to help realize better, safer, and more efficient health care through HIE. The Conduit to Care framework has grown into a collaborative public-private coordination of HIE initiatives in Michigan. This grew into Michigan Health Information Network Shared Services.

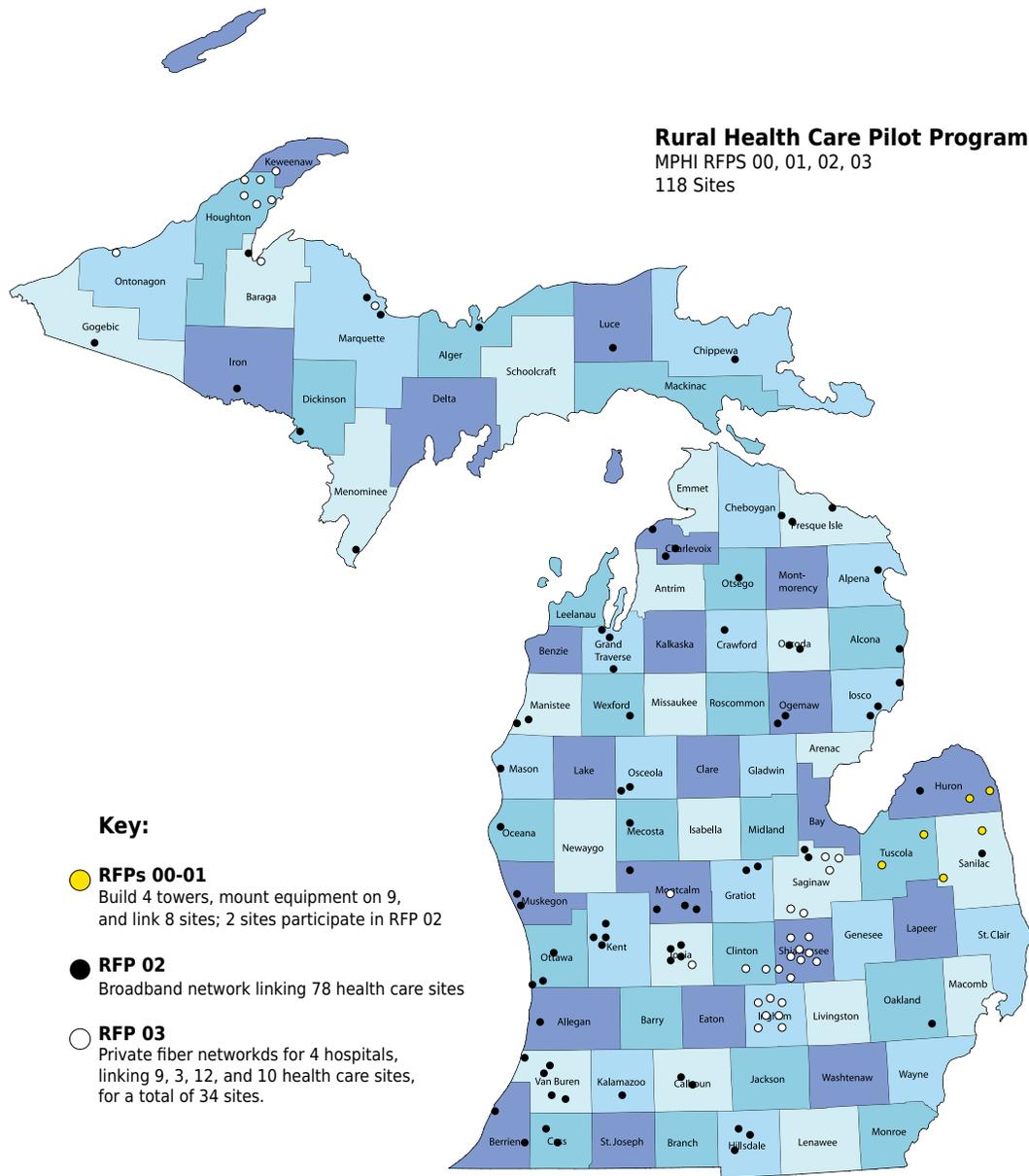
***Michigan Health Information Network Shared Services*** – In 2010, the Michigan Health Information Network Shared Services (MiHINSS) was created to administer an HIE

cooperative agreement between the state and the Office of the National Coordinator (ONC). MiHINSS is now fostering collaboration among Michigan’s existing HIEs, insurers, and state government, and developing technical infrastructure that is helping the state become a national leader in achieving public health data exchange and analysis. MPHI has provided MiHINSS with a variety of services since April 2012, including subject-matter expertise. The Institute’s assistance has helped MiHINSS plan for the future as a self-sustaining service, earn recognition from ONC for an evaluation plan that will be used as a national model, and establish baseline information to grow the electronic exchange of lab results.



Health information exchange is the connection between points of data that reveals the bigger picture of an individual's or a population's health status.

Image Credit: NASA/JPL-Caltech/STScI/CXC/SAO



### Michigan's Participation in the FCC's Rural Health Care Pilot Program

Across the United States, many health care providers do not have high-speed access to the Internet, an expensive luxury in a rural area – if it's even available. The Federal Communications Commission (FCC) created the Rural Health Care Pilot Program in 2006 and awarded MPHI \$20.91 million in 2007 to bring high-speed Internet access to providers that serve critical populations in rural areas. MPHI used the funding for three projects.

**Thumb Rural Health Network (TRHN)** – The TRHN is a consortium of eight small hospitals that serve people in

Michigan's Thumb area. It began building a nine-tower wireless network in 2008 but exhausted funding and could not complete the project. MPHI built four towers that the TRHN could not complete and furnished the telecommunications equipment for all of the towers. The network was completed in 2010.

**Statewide Health Care Telecommunications Network** – MPHI is constructing this \$9.7 million, statewide, fiber optic network that links 78 sites, including the TRHN. Participants range from large hospital systems to small health organizations. Construction will be complete in 2013 and will provide a range of broadband speeds.

*Private Fiber Networks for Four Hospital Systems* – The final project is construction of private fiber networks for four hospital systems, which will enable each system to connect its main hospital(s) to its rural satellite locations. All will be built by 2013. Participating hospital systems include:

- Portage Health (Hancock) – Linking three rural hospitals and six other rural sites.
- Memorial Healthcare (Owosso) – Connecting its main hospital to 11 rural sites.
- The Edward W. Sparrow Hospital Association (Lansing) – Linking five hospitals and five clinics.
- Covenant Medical Center (Saginaw) – Connecting its two hospitals and its primary clinic site.



## ***Modernizing Michigan's Medicaid Information Technology Systems***

The cost of health care in the U.S. is currently consuming one-sixth of the country's gross domestic product. To curb and eventually lower health care costs, the federal government has launched a number of efforts, including providing incentives to health care providers to implement electronic health records (EHRs) and build infrastructure to support health information exchange (HIE).

As the provider of Medicaid, Medicare, and Tricare (the health care program for military service personnel), the federal government is the nation's largest health insurer, and is using these insurance programs to increase the use of EHRs and facilitate HIE. MPHI is working closely with Michigan Medicaid on both efforts, and collaborated to apply for \$50 million in funding from the federal Centers for Medicare and Medicaid Services to pay for this work. Medicaid has enhanced its information technology systems to process federally funded payments to health care providers who use EHRs, and is working on building infrastructure to enable Michigan's health care systems, including Medicaid, death records, and the immunization registry, to share information.



### ***Helping Providers Meet Immunization Requirements for “Meaningful Use”***

In collaboration with the Michigan Care Improvement Registry (MCIR) and the State of Michigan Health Information Exchange (SoMHIE), MPHI assisted with developing and testing the electronic transmission of immunization records using the “HL7” format. HL7 is the most widely used standard for transmitting health care records electronically, and enables health care providers to meet federal reporting requirements for “meaningful use” of EHRs. Meaningful use is associated with the American Recovery and Reinvestment Act of 2009 (ARRA), which authorizes the Centers for Medicare & Medicaid Services to provide reimbursement incentives for medical professionals and hospitals that become compliant in the meaningful use of certified EHR technology. Meaningful use is achieved by using EHR technology to:

- Improve quality, safety, and efficiency, and reduce health disparities.
- Engage patients and families.

- Improve care coordination and population and public health.
- Maintain privacy and security.

*Achieving “Meaningful Use”* – MPHI works closely with the Michigan Department of Community Health’s Division of Immunization, assisting health care providers with connecting their EHR systems with MCIR, one of the largest and most comprehensive immunization registries in the nation. As of September 2012:

- 965 health care provider sites had met meaningful use requirements by submitting a successful HL7 immunization test message.
- 270 sites had established a secure connection to SoMHIE for submitting immunization records electronically. MPHI is currently assisting these providers with data-quality testing.
- 23 sites were submitting immunization data to MCIR using HL7 messaging.



# Evaluating and Promoting Continuous Quality Improvement in Michigan's "Maternal, Infant, & Early Childhood Home Visiting Program"

The most important people in children's lives are their parents, but raising children can be an isolating experience, especially for single parents, parents living in poverty, and teenaged parents. Home visiting is a comprehensive prevention strategy that involves trained professionals or paraprofessionals visiting the homes of pregnant and parenting families to identify family strengths and risks, connect them with services, provide education and support, and help parents create a safe and nurturing environment that supports healthy child development.

The U.S. Patient Protection and Affordable Care Act (ACA) established the "Maternal, Infant, & Early Childhood Home Visiting" (MIECHV) program, which is intended to ensure effective coordination and delivery of health, development, early learning, child abuse and neglect prevention, and family support services to at-risk children and families. It requires that all states receiving funding make progress in six legislatively mandated benchmarks:

1. Improvements in maternal and newborn health.
2. Reduction in child injury, abuse, neglect, or maltreatment, and emergency department visits.
3. Advancements in school readiness and achievement.



4. Reduction in crimes or incidents of domestic violence.
5. Improvements in family economic self-sufficiency.
6. Progress in coordination and referrals to other community resources and supports.

### **Michigan's MIECHV Program**

The federal Health Resources and Services Administration awarded the Michigan Department of Community Health (MDCH) a MIECHV grant to expand existing evidence-based home visiting programs in Michigan counties with the highest need. Michigan's MIECHV program is designed to build the home visiting system in the state and integrate

it with the comprehensive early childhood system. The program's goals are to:

- Create a family-centered, evidence-based, data-driven home visiting system that will improve the health and well-being of families and children in high-need communities.
- Create a well-integrated, comprehensive, high-quality early childhood system that will improve the health and well-being of families and children in all communities.

Working collaboratively with MDCH, the Michigan Public Health Institute (MPHI) is evaluating Michigan's MIECHV program and using evaluation data to support continuous

quality improvement (CQI) at state and local levels. MPHI has designed an evaluation that meets federal reporting requirements and aims to provide partners with useful and actionable information to improve the quality of home visiting services. State and local program staff are engaged as partners in the evaluation, supporting development of objectives and data collection tools, engaging in data collection, and determining how findings will be used. MPHI has provided training on program evaluation and, in the future, will provide additional training and technical assistance that focuses on data collection and use.

**CQI is a systematic approach to improving program implementation and outcomes through regular data collection, identifying opportunities for improvement, and testing changes that may lead to improvements in performance.**

MPHI is also supporting the use of CQI at state and local levels. Staff provided a two-day training to state and local CQI teams, which included an overview of MIECHV's CQI Plan and Plan-Do-Study-Act (PDSA) methodology. The training emphasized hands-on activities and the application of CQI tools to improve home visiting programs. Participants also received evaluation data to begin identifying opportunities for improvement. MPHI will provide CQI teams with data outputs on a quarterly basis to inform ongoing CQI projects designed to improve program implementation and outcomes. MPHI will also provide CQI training and technical assistance to support progress toward achievement of the ACA's legislatively mandated benchmarks.

This project illustrates the complementary functions of evaluation and CQI. Evaluation produces a wealth of data regarding program strengths and opportunities for improvement that can inform efforts to improve the quality of programs and services by applying CQI tools and techniques.



# Working to Achieve “Healthy Native Communities, Healthy Native Babies”

The *Anishinaabe* in Michigan – the Chippewa, Ottawa/Odawa, and Potawatomi, collectively known as *People of the Three Fires* – experience wide and persistent disparities in maternal and infant health. Rates of infant morbidity and mortality, in particular Sudden Unexpected Infant Death (SUID), in the American Indian (AI) population are as much as six times higher than the rates of White infants. The reasons for these disparities are complex and grounded in aspects of the historical context and social determinants of health, including poverty, limited access to high-quality care, cultural incompetence of providers, institutional racism, high rates of chronic disease and health-risk

behaviors, and the inter-generational effects of historical oppression and trauma that influence health- and help-seeking behaviors.

Efforts to understand these disparities have been central to the Inter-Tribal Council of Michigan’s (ITCM) “Healthy Start” program – titled *Maaajtaag Mnobmaadzid* – meaning “start of a healthy life.” Healthy Start is a federal grant program aimed at reducing infant mortality through comprehensive, community-driven, and service-focused programming that uses a lifespan approach. The purpose of ITCM’s program is to address disparities in perinatal health by reducing maternal and infant

morbidity and mortality, provide services, education, and support for Native families, and promote the development of perinatal systems based on a family-centered, community-based maternal and child health care model that works for Native families.

While *Maaajtaag Mnobmaadzid* has resulted in improved maternal and infant health outcomes and helped close the gap in infant mortality rates, some disparities persist. In 2007, MPHI partnered with ITCM to support development of projects that enhance key aspects of the *Maaajtaag Mnobmaadzid* program. Recognizing how systemic and environmental factors affect maternal and infant health in ways that cannot be addressed solely by providing direct services, MPHI applied to the Centers for Disease Control and Prevention’s (CDC) “Racial and Ethnic Approaches to Community Health – Communities Organized to Respond and Evaluate” program in 2010, on behalf of *Maaajtaag Mnobmaadzid*. The CDC awarded funding for the two-year “Healthy Native Communities, Healthy Native Babies” (HNCHNB) project, which engaged seven Native American communities in a comprehensive assessment and planning initiative aimed at identifying and addressing the root causes of health disparities.



MPHI provided training and technical assistance to the communities to complete the “Mobilizing for Action through Planning and Partnerships” (MAPP) process, a community-driven approach to assessing community health. Over an 18-month period, each site:

- Developed a local consortium of public health system partners and community members.
- Conducted a visioning process and identified core values.
- Completed assessment tools to identify community themes and strengths, assess the performance of the local public health system, describe the community’s health status, and identify forces of change.
- Identified evidence-based, culturally appropriate strategies to address priorities.
- Developed a comprehensive community action plan (CAP) driven by the assessment results.

Due to the fact that a portion of Michigan’s Native Americans live outside of tribal communities and may receive services in the general community systems of care, state-level efforts were also necessary. Building upon the *Maajtaag Mnobmaadzid* program’s existing structure and objectives, HNCHNB adopted a CAP to be implemented by a statewide consortium of tribal community members, service providers, and partner agencies. The statewide CAP has four overarching goals: increasing capacity within AI communities to effectively address infant mortality; engaging state and local partners in system changes; improving data systems for monitoring and surveillance of AI



birth outcomes and risk factors; and increasing access to and quality of maternal and child health services for AI families.

MPHI coordinated the statewide consortium, provided training and technical assistance on the MAPP process and evidence-based public health strategies, and conducted program evaluation and reporting. A community-based participatory approach was essential as MPHI sought to uphold the principles of this approach through every aspect of the HNCHNB initiative. Meeting the CDC’s requirements while honoring tribal sovereignty and the unique cultural context of each community was paramount to MPHI’s role. Building a bridge between what is “acceptable” to outside institutions and what actually works for Native American communities is a challenge, and MPHI strived to ensure that the

cultural relevancy of the *Maajtaag Mnobmaadzid* program was upheld with this initiative.

The HNCHNB project was characterized by many successes. Local consortia reported the MAPP process helped strengthen existing partnerships and encouraged the formation of new partnerships with agencies that may not usually be involved in Native health initiatives. Some of the consortia found the process of collecting data through the assessment tools to be useful for highlighting gaps in data and prioritizing the community’s future data collection needs. Finally, the MAPP approach and process helped local consortia members to understand and explore strategies for improving community health broadly, which increased their potential to have an even more significant impact on health disparities.

# Providing Information to Improve Health Outcomes

## ***Providing Professional Continuing Education to Achieve Quality Care for Michigan Families***

The Michigan Public Health Institute (MPHI) has provided continuing education (CE) to public health workers in Michigan and other states since 1997. Educational opportunities are delivered through numerous modalities, including face-to-face interactions, video conferences, webcasts, webinars, and online courses. Webcasts are produced at MPHI and focus on public health topics, some of which include domestic violence, health equity, infant safe sleep, reproductive health, substance abuse, and Medicaid policies and forms.

MPHI manages more than 90 events annually, and its Continuing Education Provider Unit has provided CE opportunities for nurses and social workers at more than 20 conferences and 100 public health trainings. Staff also have the expertise to manage CE applications for other disciplines.

## ***Continuing Education for Registered Nurses & Licensed Social Workers***

MPHI is approved by the Ohio Nurses Association (ONA) to provide continuing nursing education. ONA is accredited by the American Nurses Credentialing Center Commission on Accreditation (ANCC), which promotes excellence in nursing and health care through credentialing programs.

The ANCC's requirements for continuing nursing education (CNE) have evolved rapidly over the past three years. CNE currently requires learning activities and courses to address gaps in knowledge, skill, or practice and produce measureable outcomes, including showing evidence that they have enhanced the quality of practice. MPHI has a clear understanding of CNE trends and requirements, and enhanced its educational design process in 2012 to allow for development of new learning opportunities that meet current requirements.

**Since 2010, MPHI has awarded 1,127.53 nursing contact hours and 7,570 certificates**

MPHI is also a Social Work Continuing Education Collaborative-approved CE provider, and delivers opportunities that allow social workers to maintain sound knowledge and practice in their field. Since 2010, MPHI has provided 230.75 CE hours and 3,856 certificates to social workers.

## ***Supporting Michigan Department of Community Health Program Areas***

In addition, MPHI administers CE nursing contact hours and social work credits for many Michigan Department of Community Health program areas, including the Division of Family and Community Health's Maternal Infant Health Program (MIHP). This home visiting, population-based program promotes healthy pregnancies, positive health outcomes, and healthy infants.





MIHP certifies nearly 130 health care providers who deliver care to women enrolled in Medicaid in Michigan. Each provider is required to utilize a multi-sectorial discipline approach based on the beneficiary care plan, which includes a registered nurse, licensed social worker, registered dietitian, and infant mental health specialist. MPHI provides these diverse professionals with a range of CE opportunities annually through online learning.



### **Connecting Populations to Information through Technology**

Mobile technology has evolved rapidly over the last several years. Funding agencies are now frequently requiring applications (“apps”) to be developed for smart phones and tablets to deliver project-related information to

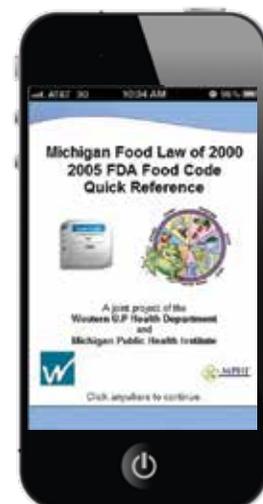
target audiences quickly and easily. Apps have been key components of some of MPHI’s recent projects, including “Project Connect Detroit” and the “Michigan Food Safety Mobile App” projects. Both apps can be downloaded at <http://mphimlearn.org>.

#### **Project Connect Detroit**

“Project Connect Detroit” is currently being implemented in three Detroit high schools and links adolescents to sexual and reproductive health care services. MPHI developed a free app for students’ use that identifies “teen-friendly” clinics located near the targeted schools and lists their services, locations, hours, payment options, and bus lines. To learn more about Project Connect, see the “Connecting Adolescents to Teen-Friendly Sexual and Reproductive Health Care Services” article in this report.

#### **Michigan Food Safety Mobile App**

This app, developed in collaboration with the Western Upper Peninsula Health Department, provides 2005 Food Code information to food-safety workers. It features a “quick-find menu” with 20 informational areas, with the goal of reducing the occurrence of food-safety violations and allowing workers to prepare, serve, and store food in the safest possible conditions. The cost of the app is \$3.00.

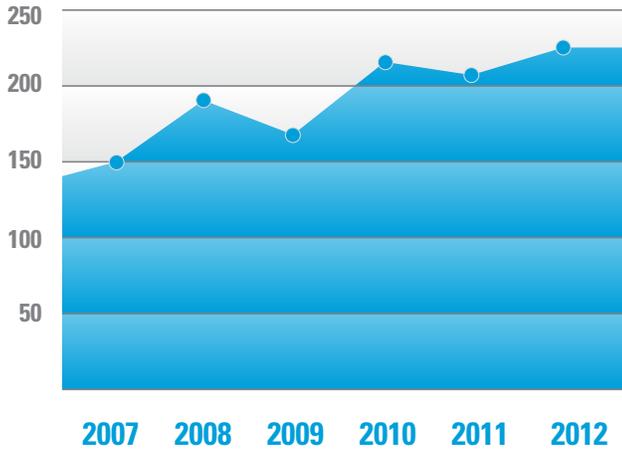


# 2012 Funders

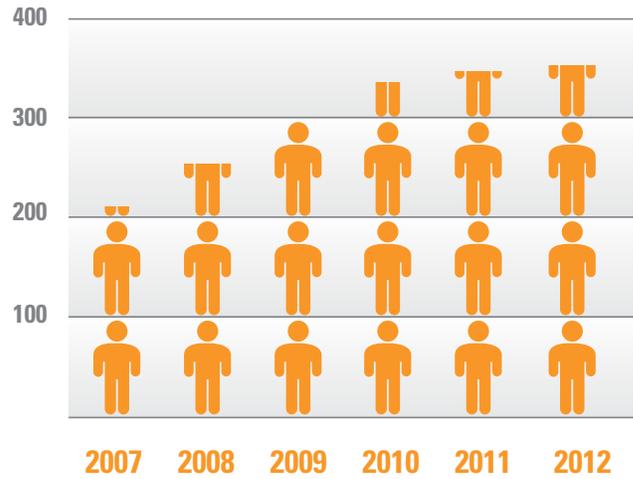
Alliance of Chicago Community Health Services  
Altarum Institute  
Arbor Circle Corporation  
Blue Cross Blue Shield of Minnesota  
Chamberlain Communications, LLC  
Chippewa County War Memorial Hospital  
Covisint – A Compuware Company  
Early Childhood Investment Corporation  
EGS, Inc.  
Emory University  
Enbridge Energy  
Ethel & James Flinn Foundation  
Genetic Alliance, Inc.  
Hannahville Indian Community  
HTC Global Services, Inc.  
Institute for Population Health  
Inter-Tribal Council of Michigan  
Kent County Health Department  
Macomb County Health Department  
March of Dimes  
Medversant Technologies, LLC  
Metropolitan Chicago Healthcare Council  
Michigan Association of Health Plans  
Michigan Health Information Network  
Michigan Primary Care Association  
Michigan State University  
Midwest Clinicians Network  
National Association for Chronic Disease Directors  
National Kidney Foundation of Michigan  
National Network of Public Health Institutes  
National Newborn Screening and Genetics Resource Center  
Pennsylvania Chapter of the American Academy of Pediatrics  
Public Sector Consultants  
Robert Wood Johnson Foundation  
RTI International  
Saginaw Intermediate School District  
Sault Saint Marie Tribe of Chippewa Indians  
Southeastern Michigan Health Association  
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 Licensing and Regulatory Affairs  
State of Michigan – Department of Technology, Management and Budget  
State of New Jersey – Department of Children and Families  
State of Ohio – Department of Health  
State of Wisconsin – Department of Health Services  
The Kresge Foundation  
U.S. Department of Defense  
U.S. Department of Health and Human Services – Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services – Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services – Health Resources and Services Administration  
U.S. Department of Health and Human Services – National Institutes of Health  
U.S. Department of Veterans Affairs  
United Dairy Industry of Michigan  
University of Michigan  
W.K. Kellogg Foundation  
Walter R. McDonald & Associates, Inc.

# Operational Indicators

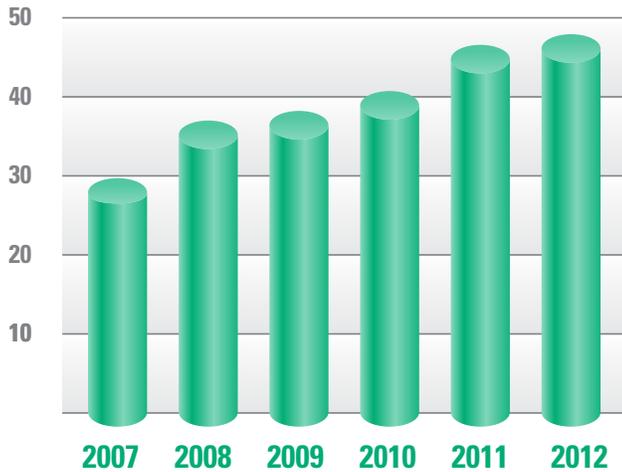
**Number of Projects Under Management**



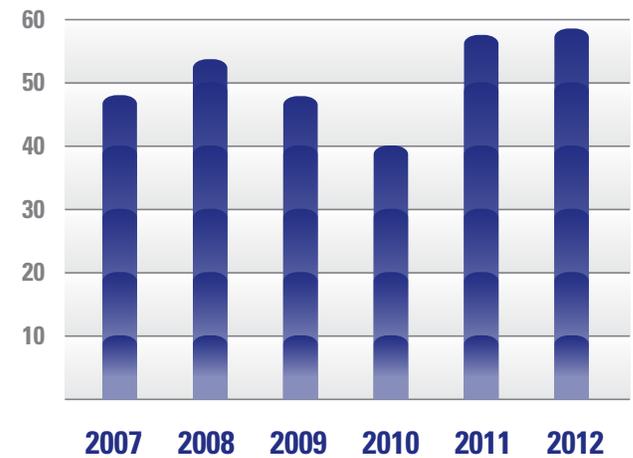
**Number of Employees**



**Annual Income (in Millions)**



**Number of Funding Sources**





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